

CRS Report for Congress

Homelessness: Targeted Federal Programs and Recent Legislation

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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 and whose primary nighttime 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 homeless persons. 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 provide housing and supportive services for very low-income veterans and their families, 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 homeless persons 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 persons in a year, the characteristics of homeless individuals, 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 Systems (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 Homeless Persons: 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 2007 and surveyed 25 cities, 23 of which responded.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 (those residing in emergency shelters or transitional housing) using HMIS data collected from 64 communities during the period from February through April of 2005. Because HMIS data did not include *unsheltered* homeless individuals, the AHAR supplemented the HMIS data with information from the grant applications that local communities submitted to HUD in 2005 for homeless assistance funds (applicant communities must include estimates of homeless persons, both sheltered and unsheltered, from counts conducted at least every two years in their grant applications).⁷

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 Technical Report*, Urban Institute, August 1999, available at [http://www.huduser.org/publications/homeless/homeless_tech.html].

⁶ U.S. Conference of Mayors, *Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America's Cities*, December 2007, available at [<http://www.usmayors.org/HHSurvey2007/hhsurvey07.pdf>].

⁷ HUD did not require CoCs to conduct a point-in-time count in 2006.

The AHAR used HMIS data to report three point-in-time estimates of the number of *sheltered* homeless individuals, as well as an estimate of the number of persons who were homeless (and sheltered) in the three month period during February 1 to April 30, 2005. 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. According to data from the HMIS sample communities, an estimated 313,722 persons were homeless on 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. The total number of persons estimated to be homeless between February 1 and April 30, 2005, using HMIS data, was 704,146.

The community grant applications to HUD provided a count of 415,366 *sheltered* homeless persons during a single day in the month of January 2005.⁸ The number of *unsheltered* homeless persons on a single day in January as reported by the community counts was 338,781. The total estimate of homeless persons on a single day in January 2005 was 754,147.

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 persons with disabilities.

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.⁹

⁸ HUD directed communities to conduct their counts during the month of January 2005, so not all counts occurred on the same day in January.

⁹ 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].

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 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 nonprofits and 34% were operated by faith-based nonprofits. Government agencies operated only 14% of homeless assistance programs.

The 2007 U.S. Conference of Mayors Survey

In 2007, the U.S. Conference of Mayors appointed 25 mayors to serve on its Task Force on Hunger and Homelessness. The cities where those 25 mayors serve were surveyed for the organization's annual report on hunger and homelessness between November 1, 2006, and October 31, 2007; 23 cities responded.¹⁰ 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. Many of the responses from surveyed cities were categorized by one of two household types: households with children or households consisting of single adults and unaccompanied youth.

The 2007 survey showed that, on average, households with children in the survey cities remained homeless for an average of 5.7 months while single adults and unaccompanied youth were homeless an average of 4.7 months.¹¹ Cities were also asked to list the three main causes of homelessness for both families with children

¹⁰ The cities surveyed were Boston, Charleston, Charlotte, Chicago, Cleveland, Denver, Des Moines, Detroit, Kansas City, Los Angeles, Louisville, Miami, Nashville, Philadelphia, Phoenix, Portland (OR), Providence, Salt Lake City, San Francisco, Santa Monica, Seattle, St. Paul, and Trenton.

¹¹ *Hunger and Homelessness Survey 2007*, p. 16.

and for individuals. The most common responses for the causes of homelessness among families with children were (1) lack of affordable housing (87% of respondents), (2) poverty (57% of respondents), and (3) domestic violence (39% of respondents). The most common responses for single adults and unaccompanied youth were (1) mental illness (65% of respondents), (2) substance abuse (61% of respondents), and (3) lack of affordable housing (43% of respondents).¹²

Regarding the demographics of the homeless population, the surveyed cities estimated that 76% of homeless persons were single individuals, 23% were members of a family with children, and 1% were unaccompanied youth. Among single individuals and unaccompanied youth, an estimated 67.5% were men, 22.4% had mental health issues, 37.1% had substance abuse issues, and 16.9% were veterans.¹³ The single homeless population was estimated to be 50.0% white, 45.7% African American, 12.8% Hispanic, 2.5% American Indian, and 1.6% Asian. Among homeless families with children, 60.6% were estimated to be under age 18, 65% of adults were female, and 12.0% of adults were victims of domestic violence. Members of homeless families with children were estimated to be 47.0% white, 47.0% African American, 24.0% Hispanic, 4.0% American Indian, and 2.0% Asian.

The 2007 surveyed cities estimated that between 2006 and 2007 the overall number of available beds for persons experiencing homelessness increased by 5,694, for a total of 115,121 beds. This number includes beds in emergency shelters (36,552), transitional housing (38,433), and permanent supportive housing for persons with disabilities (40,136).¹⁴ Over half of surveyed cities (52%) reported that shelters had to turn away homeless people due to lack of capacity. However, this was a decrease from 77% of surveyed cities in 2006. Of the cities surveyed, 65% expected an increase in emergency shelter requests for 2008.

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

¹² Ibid., p. 12.

¹³ Ibid., p. 15.

¹⁴ Ibid., p. 17.

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 Youths (Also known as the Education for Homeless Children and Youth Program). (42 U.S.C. §§11431-11435) This program was initially 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 Program 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 also 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 the No Child Left Behind Act of 2001 (NCLB) through FY2007 (FY2008 with the automatic one- year extension provided by the General Education Provisions Act).¹⁵ It is expected that the reauthorization of NCLB, including the Education for Homeless Children and Youth Program, will be considered by the 110th Congress.

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,¹⁶ was established in March 1983 and is administered 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 such as groceries, food vouchers, and transportation expenses related to the delivery of food; items for mass shelters such as hot meals, transportation of clients to shelters or food service providers, and toiletries; payments to prevent homelessness such as utility assistance, hotel or motel lodging, rental or mortgage assistance and first month's rent; and local recipient organization program expenses such as 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.

¹⁵ See Section 422 of the General Education Provisions Act, as amended by P.L. 103-382. 42 U.S.C. §1226a.

¹⁶ The Runaway and Homeless Youth Program, discussed later in this report, was enacted in 1974.

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 184 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 CY2006 approximately 701,623 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.)

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.¹⁷

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

¹⁷ For more information, see [<http://pathprogram.samhsa.gov>].

involvement, reduced substance abuse, and improved mental health. In FY2007, SAMHSA budgeted \$37.1 million for Section 506 grants.¹⁸

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 through FY2008 — 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.¹⁹ Although the 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 FY2007, approximately 330 BCP shelters in all 50 states, Puerto Rico, America Samoa, and Guam served 43,867 youth.²⁰ 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.

¹⁸ For more information, see [http://www.samhsa.gov/Matrix/matrix_homelessness.aspx].

¹⁹ Other program activities include a national communications system for runaway youth and their families, logistical support for grantee organizations, HHS's National Clearinghouse 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.

²⁰ U.S. Department Health and Human Services, *Administration for Children and Families Justification of Estimates for Appropriations Committees*, FY2008, p. 93. 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].

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, American Samoa, and the Northern Mariana Islands) receives a minimum of \$45,000 of the total appropriations. Grantees are required to establish relationships 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 FY2007, just over 200 organizations received TLP grants and served 3,662 youth.²¹ All but five states (Idaho, Nevada, New Hampshire, North Dakota, and Wyoming), Puerto Rico, and Guam appear to have at least one TLP grantee.²² 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. 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.

²¹ U.S. Department Health and Human Services, *Administration for Children and Families Justification of Estimates for Appropriations Committees*, FY2008, p. 93.

²² 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>].

Street Outreach Program.²³ (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 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 FY2007, street workers with grantee organizations made 661,286 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.

²³ This program is also known as the Education and Prevention Services to Reduce Sexual Abuse of Runaway, Homeless, and Street Youth Program.

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 FY2008, 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) program, 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 when Congress gave HUD the authority to use SHP funds for these programs.

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 officials 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; recipient governments may then 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 housing for up to 24 months, permanent housing for disabled individuals, or single room occupancy dwellings. 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 boards. 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 nonprofit organizations, 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). Currently HVRP is authorized through FY2009 at \$50 million per year. (For more information about programs for homeless veterans, see CRS Report RL34024, *Veterans and Homelessness*, by Libby Perl.)

Demonstration Program for Referral and Counseling for Veterans Transitioning from Certain Institutions. (38 U.S.C. §2023) The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) instituted a demonstration program to provide job training and placement services to veterans leaving prison, long-term care, or mental institutions who are at risk of homelessness. The enacting law gave both the VA and the Department of Labor authority over the program. By 2005, the program awarded \$1.45 million in initial grants to seven recipients and extended these seven grants through March 2006 with funding of \$1.6 million.²⁴ 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, discussed later in this report) propose to extend the program.

²⁴ U.S. Department of Labor, Office of the Assistance Secretary for Veterans' Employment and Training, *FY2005 Annual Report to Congress*, March 23, 2007, p. 13, available at [http://www.dol.gov/vets/media/FY2005_Annual_Report_To_Congress.pdf].

Department of Veterans Affairs (VA)

Health Care for Homeless Veterans (HCHV).²⁵ (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 contract community-based facilities. Housing is provided either through residential treatment facilities that contract with the VA or through organizations that receive Grant and Per Diem funding for transitional housing (see description of the Grant and Per Diem program, below). In FY2006, VA's 131 HCHV sites provided outreach, treatment, and referral services to just over 60,857 homeless veterans.²⁶ Of those receiving assistance, 1,131 veterans stayed in residential treatment facilities in FY2006, with an average stay of about 58 days.²⁷ The HCHV program is authorized 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.²⁸ (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 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 portion of the 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 Grant and Per Diem program is permanently authorized 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

²⁵ Formerly called the Homeless Chronically Mentally Ill Veterans (HCMI) program.

²⁶ Wesley J. Kaspro, Robert A. Rosenheck, Diane DiLello, Leslie Cavallaro, and Nicole Hareluk, *Healthcare for Homeless Veterans Programs: Twentieth Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 31, 2007, p. 25.

²⁷ *Ibid.*, pp. 117-118.

²⁸ Formerly called the Homeless Veterans Comprehensive Services Programs.

ill, or chronically mentally ill. The program was initially authorized at \$5 million per year for FY2003 through FY2005. The program was reauthorized from FY2007 through FY2011 at \$7 million per year (P.L. 109-461).

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 38 locations with 1,991 total beds across the country.²⁹ 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 FY2006, 5,394 veterans completed treatment in DCHV programs with an average stay of 104 days at the VA facilities.³⁰

Compensated Work Therapy Program (formerly the Special Therapeutic and Rehabilitation Activities Fund).³¹ (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

²⁹ Sandra G. Resnick, Robert Rosenheck, Sharon Medak, and Linda Corwel, *Eighteenth Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2006*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 2007, p. 1.

³⁰ *Ibid.*, p. 9.

³¹ The program was created by the Veterans Omnibus Health Care Act of 1976 (P.L. 94-581).

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 to two multifamily housing projects. One project, sponsored by Catholic Charities of Chicago, opened in January 2007 with 141 transitional units for homeless veterans.³² A second project in San Diego is also expected to provide 144 transitional housing units.³³

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 HUD-VASH, 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 relationship 1,780 vouchers were created. 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. In the 109th Congress, P.L. 109-461 similarly authorized additional HUD-VASH vouchers for FY2007 through FY2011. However, funds were not provided for additional vouchers until the 110th Congress, when the FY2008 Consolidated Appropriations Act (P.L. 110-161) allocated \$75 million for additional HUD-VASH 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

³² See U.S. Department of Veterans Affairs, "Multifamily Transitional Housing Loan Guarantee Program: Program Overview," Presentation by Claude B. Hutchinson, Jr., July 2007, available at [http://www1.va.gov/homeless/docs/Loan_Guarantee_Informational_Video_Slides.ppt].

³³ 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.

services to homeless veterans (38 U.S.C. §2066). The Advisory Committee is authorized through December 30, 2011 (P.L. 109-461).

Another VA 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.³⁴ 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.

Social Security Administration

The Social Security Administration (SSA) operates an initiative to increase the access of homeless individuals to federal benefits through employee training, outreach to homeless persons, and assistance with applications. Through the program, called the *Homeless Projects Outreach and Evaluation (HOPE)* initiative, SSA employees conduct outreach to disabled, chronically homeless individuals and assist them with filling out applications for benefits such as Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).³⁵ The program also helps individuals find assistance for their other needs such as health care, counseling, and housing. Congress provided \$8 million per year for the HOPE initiative in FY2003, FY2004, and FY2005, and this funding has been used to support 41 HOPE programs

³⁴ Comprehensive Homeless Centers are located in Anchorage, Brooklyn, Cleveland, Dallas, Little Rock, Pittsburgh, San Francisco, and Los Angeles.

³⁵ For more information about the HOPE Initiative, see the SSA "Service to the Homeless" website at [<http://www.socialsecurity.gov/homelessness/index.htm>].

throughout the country.³⁶ An evaluation of the program found that, despite the fact that SSI and SSDI applications from HOPE program participants were processed more quickly than comparison groups, there was no significant difference in allowance rates between applications from HOPE programs and the comparison groups.³⁷ However, the evaluation found improved housing conditions for HOPE program participants.³⁸ Smaller percentages of participants were living on the streets, in shelters, or in places not meant for human habitation 12 months after participating in HOPE.

A collaboration among SSA, HUD, and HHS makes technical assistance available for training state and local human services workers to better serve homeless individuals with mental illnesses or substance use disorders who may qualify for Social Security benefits. The program is called *SSI/SSDI Outreach, Access and Recovery (SOAR)*, and since the program began, employees at both the state and local government level in 24 different states have received SOAR training.³⁹ A preliminary evaluation of seven states and localities that received SOAR assistance found higher than average approval rates (among homeless applicants) on initial applications for SSI and SSDI, improved access to housing for some individuals who gained benefits, and cost savings for state public benefits programs.⁴⁰

Administration Initiatives

The Chronic Homelessness Initiative

In 2002, the Bush Administration 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.”⁴¹ An impetus behind the initiative to end chronic homelessness is that chronically homeless individuals are estimated to

³⁶ Marion L. McCoy, Cynthia S. Robins, James Bethel, Carina Tornow, and William D. Frey, *Evaluation of Homeless Outreach Projects and Evaluation (HOPE)*, Social Security Administration, October 2007, p. 1-1, available at [<http://www.socialsecurity.gov/homelessness/docs/hopefinalreport.doc>].

³⁷ *Ibid.*, pp. 3-11 and 3-13.

³⁸ *Ibid.*, p. 3-15.

³⁹ In August 2007, an additional 10 states were selected to participate in SOAR training. See USICH Newsletter, August 9, 2007, available at [http://www.ich.gov/newsletter/archive/8-09-07_e-newsletter.htm].

⁴⁰ *Preliminary Outcomes from the SOAR Technical Assistance Initiative*, Policy Research Associates, March 23, 2007, available at [http://www.prainc.com/SOAR/about/SOAR_PreliminaryOutcomes.pdf].

⁴¹ 24 C.F.R. §91.5.

account for about 10% of all users of the homeless shelter system, but are estimated to use nearly 50% of the total days of shelter provided.⁴²

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.⁴³ By 2003, the Interagency Council on Homelessness had been re-engaged and charged with pursuing the President's 10-year plan.⁴⁴ As of the date of this report, 49 states, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and 300 cities and counties had developed ten-year plans to end chronic homelessness.⁴⁵

Permanent supportive housing is generally seen as a solution to ending chronic homelessness.⁴⁶ 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. Providing permanent supportive housing to homeless adults with mental illnesses or substance abuse disorders is sometimes referred to as the "housing first" approach — housing is found for homeless individuals prior to treatment of their illnesses and addictions. Beginning in the late 1990s, research began to show that finding housing for homeless individuals with severe mental illnesses meant that they were less likely to be housed temporarily by more expensive public services, such as hospitals, jails, or prisons.⁴⁷ More recently, a HUD study of three housing first programs found that

⁴² Randall Kuhn and Dennis Culhane, "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data," *American Journal of Community Psychology*, vol. 26, no. 2 (April 1998), p. 219.

⁴³ The report is available at [<http://govinfo.library.unt.edu/mhc/MHCReport.pdf>].

⁴⁴ 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.

⁴⁵ Interagency Council on Homelessness, "City and County 10-Year Plan Update," available at [<http://www.usich.gov/slocal/10-year-plan-communities.pdf>].

⁴⁶ 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, pp. 12-13, available at [<http://aspe.hhs.gov/hsp/homelessness/strategies03/>].

⁴⁷ See Dennis Culhane, Stephen Metraux, and Trevor Hadley, "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive

during a one year period, 43% of clients remained in housing during the entire twelve-month period. Another 41% stayed intermittently, ultimately returning to the housing first programs before the end of the year.⁴⁸ The study also looked at health outcomes; it found little change in psychiatric impairment among those who stayed in housing permanently or intermittently and some decrease in participants' level of impairment related to substance use.⁴⁹

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 long-term addiction to alcohol. The initiative awarded two-year grants totaling just under \$10 million to 12 grantees for FY2005.⁵⁰ According to the Interagency Council on Homelessness, the program has provided supportive housing to over 500 homeless clients.⁵¹

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 chronically homeless individuals; \$3 million was available through HHS's Health Resources and Services Administration to provide primary care for chronically homeless individuals; 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.⁵² *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

⁴⁷ (...continued)

Housing," *Housing Policy Debate*, vol. 13, no. 1 (2002): 107-163.

⁴⁸ Carol L. Pearson, Gretchen Locke, Ann Elizabeth Montgomery, and Larry Buron, *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness*, U.S. Department of Housing and Urban Development, July 2007, p. 62, available at [<http://www.huduser.org/Publications/pdf/hsgfirst.pdf>]. The sample size in the study was 80 individuals.

⁴⁹ *Ibid.*, pp. 83-84 and 88-89.

⁵⁰ For a list of grantees see *Federal Register*, vol. 71, no. 167, August 29, 2006, p. 51207.

⁵¹ 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].

⁵² *Ibid.*

million from DOL to help chronically homeless individuals in five communities gain access to employment and permanent housing.⁵³

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.

Legislative Activities in the 110th Congress

General Homelessness Legislation

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.⁵⁴ 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

⁵³ These cities are Portland, OR, Boston, San Francisco, Indianapolis, and Los Angeles. See the Department of Labor website, available at [<http://www.dol.gov/odep/programs/homeless.htm>].

⁵⁴ 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.

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.)

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.

The Homeless Access to Recovery and Treatment (HART) Act (H.R. 4129) would make amendments to various portions of the Public Health Service Act in order to ensure that homeless individuals receive available mental health and substance abuse treatment. The bill would require that any state supported inpatient health facility, or any facility receiving federal funds under the Public Health Service Act or Medicaid, establish systems to ensure that individuals are discharged into appropriate housing. The bill would also require that recipients of block grants for the prevention and treatment of substance abuse (42 U.S.C. §300x-21) and mental health services (42 U.S.C. §300x-2) give preference in receiving services to persons experiencing homelessness. H.R. 4129 would also prioritize certain treatment services for runaway and homeless youth and would reauthorize the portion of the Public Health Service Act devoted to substance abuse treatment services for children and adolescents. In addition, H.R. 4129 would reauthorize Grants for the Benefit of Homeless Individuals (and rename it Grants for Treatment and Recovery of Homeless Persons) and the Projects for Assistance in Transition from Homelessness

(PATH) program. Another portion of H.R. 4129 would require the Secretary of Health and Human Services to prepare a plan that summarizes current federal, state, and local efforts to address homelessness, addiction, and mental illness; identifies barriers to access and care of homeless persons; and recommends action that could be taken to increase the access of homeless persons to addiction and mental health services.

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.

S. 1098 and H.R. 2636, bills to amend the Public Health Service Act to increase minimum allotments for the Projects for Assistance in Transition from Homelessness (PATH) program, were introduced on April 12, 2007, and June 7, 2007, respectively. The bills 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.

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).

Legislation Regarding Homeless Veterans

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 services to very low-income veteran families living in permanent housing. The bill would also extend the authority for the Program of

Referral and Counseling for At-Risk Veterans Transitioning from Certain Institutions, which was authorized in P.L. 107-95 as a demonstration program. 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.⁵⁵ 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 Program of Referral and Counseling for At-Risk Veterans Transitioning from Certain Institutions and would 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. 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.

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

⁵⁵ See S.Rept. 110-147 to accompany S. 1233.

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.

The Enhanced Opportunities for Formerly Homeless Veterans Residing in Permanent Housing Act (S. 2273), introduced on October 31, 2007, would create several pilot programs to assist low-income and formerly homeless veterans. One of these programs would make grants available to public and private nonprofit organizations to provide supportive services to very low-income, formerly homeless veterans living in permanent housing. The permanent housing would have to be located on qualifying property — former federal property or military property available through the base realignment process — in order to receive funds for services. The bill would authorize \$3 million in each year from FY2009 through FY2013 to award up to ten grants to service providers. Another pilot program proposed in S. 2273 would make funds available to public and nonprofit organizations that provide outreach to low-income and elderly veterans in rural areas to inform them about pension benefits. S. 2273 would authorize \$1.275 million for each year from FY2009 through FY2013 for this purpose. A third pilot program would make grants to public and nonprofit organizations to provide supportive services to veterans participating in vocational rehabilitation activities. Eligible services would include transportation, child care, and clothing assistance. The bill would authorize \$5 million for each year from FY2008 through FY2010 for these supportive services grants.

Two bills entitled the Veterans Homelessness Prevention Act (S. 2330 and H.R. 4161), introduced on November 8, 2007, and November 16, 2007, respectively, propose a pilot program similar to a program proposed in the Homes for Heroes Act

(S. 1084 and H.R. 3329). The pilot program would provide permanent supportive housing together with supportive services for very low-income veterans' families. Under S. 2330 and H.R. 4161, funds provided through HUD would be available to both plan for and finance the construction or rehabilitation of permanent housing for eligible families. Funds could also be used for rental assistance. Funds would be provided through the VA for supportive services such as case management, health services, financial planning, transportation, financial planning, employment and training, education, legal aid, and child care, among other services.

Legislation Regarding Homeless Children and Youth

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 guardian⁵⁶). 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 that in 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 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 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.

A bill to amend the McKinney-Vento Homeless Assistance Act to provide for the implementation of protection and services for children and youth in out of home

⁵⁶ 42 U.S.C. 11434a(6).

care (H.R. 4880), was introduced on December 19, 2007. The bill defines “children and youth in out of home care” as those in the custody of public child welfare agencies, including foster care, kinship care, and group homes. H.R. 4880 would extend No Child Left Behind provisions that ensure equal access to education for homeless children and youth to those children and youth who are in out of home care. The provisions would take effect if either the appropriation for the Education for Homeless Children and Youth program reached \$90 million or two years after enactment of H.R. 4880, whichever occurred first. Among the protections that would be extended by H.R. 4880 are the opportunity to remain in the school of origin during the duration of the child’s or youth’s time in out of home care; immediate enrollment in one’s school of choice; timely transfer of records; assurances that children and youth will not be segregated in separate schools or separate programs due to their status; and equal access to services and programs. H.R. 4880 would also ensure that transportation would be provided to enable out of home care children and youth to remain in their school of origin in certain circumstances — if the appropriation for the Education for Homeless Children and Youth program were to reach \$140 million, if transportation is required by law, or if the child welfare agency reimburses the costs of transportation.

Funding

Table 1 shows final appropriation levels for FY2005-FY2008 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, FY2005-FY2008
(\$ in thousands)

Program	Agencies	FY2005	FY2006	FY2007	FY2008
Education for Homeless Children & Youth	ED	62,496	61,871 ^a	61,871	64,067 ^b
Emergency Food & Shelter	DHS/ FEMA	153,000	151,470	151,470	153,000
Health Care for the Homeless ^c	HHS	149,000	161,000	170,968	177,590 ^b
Projects for Assistance in Transition from Homelessness	HHS	54,809	54,223	54,261	53,313 ^b
Consolidated Runaway and Homeless Youth Program	HHS	88,725	87,777	87,837	96,128 ^b
— <i>Runaway and Homeless Youth - Basic Center</i>	<i>HHS</i>	<i>48,786</i>	<i>48,265</i>	<i>48,298</i>	<i>d</i>
— <i>Runaway and Homeless Youth - Transitional Living</i>	<i>HHS</i>	<i>39,939</i>	<i>39,511</i>	<i>39,539</i>	<i>d</i>
Runaway and Homeless Youth - Street Outreach Program	HHS	15,178	15,017	15,027	17,221 ^b
Homeless Assistance Grants	HUD	1,240,511	1,326,600	1,441,600	1,585,990
Homeless Veterans Reintegration Program	DOL	20,832	21,780	21,809	23,620 ^b
Transitional Housing Assistance for Child Victims of Domestic Violence, Stalking, or Sexual Assault ^e	DOJ	14,840	14,808	14,847	17,390

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. In the FY2008 Consolidated Appropriations Act, P.L. 110-161, Division G, Section 528, an across-the-board rescission of 1.747% was applied to nearly all Departments of Labor, Health and Human Services, and Education programs. The values in the table reflect the rescission.
- c. The Health Care for the Homeless 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.
- d. As of the date of this report, it was not known how Consolidated Runaway and Homeless Youth funds would be divided between the Basic Center and Transitional Living programs.
- e. 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.

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