

# Federal Programs to Address Homelessness in the United States

## Health Care for the Homeless Program\*

### Funding:

FY 2002 Appropriation = \$116 million (out of \$1.34 billion for consolidated health centers)

FY 2003 Appropriation = \$130 million (out of \$1.51 billion for consolidated health centers)

FY 2004 Appropriation = \$137 million (out of \$1.59 billion for consolidated health centers)

FY 2005 Appropriation = \$149 million (out of \$1.734 billion for consolidated health centers)

FY 2006 Appropriation = \$155 million (out of \$1.782 billion for consolidated health centers)

FY 2007 President's Request = \$171 million (out of \$1.963 billion for consolidated health centers)

**Our Request = \$175 million** (out of \$2.038 billion for consolidated health centers)

**Administered by:** HRSA (HHS)

### Background:

The HCH program (Section 330(h) of the Public Health Service Act) makes grants to community-based organizations in order to assist them in planning and delivering high-quality, accessible health care to people experiencing homelessness. The HCH Program is a competitive grant program. Projects provide primary health, mental health, addiction, and social services with intensive outreach and case management to link clients with appropriate services.

The Health Care for the Homeless Program was first established with the McKinney Homeless Assistance Act of 1987 after the successes of earlier Robert Wood Johnson/Pew Memorial Trust demonstration projects in 19 cities. Congress reauthorized the HCH program in 2002 via the Health Care Safety Net Amendments Act. That law retained the relationship between HCH projects and the community health centers, migrant health centers and health centers for residents in public housing as programs in the "consolidated health centers" budget. The federal funding to Health Care for the Homeless projects is appropriated annually in the consolidated health center account. The program receives 8.7 percent of the total health center appropriation. In FY 2006, the Health Care for the Homeless Program received \$155 million out of a \$1.782 billion consolidated health centers budget.

### Eligible Projects

HCH projects are initiated, designed, and managed at the community level. Any public or private nonprofit entity is eligible to apply for HCH funds, including freestanding community-based and faith-based organizations, community health centers, hospitals, local health departments, shelters, and homeless coalitions. HCH service delivery sites vary by project but include fixed-site health clinics, services provided at homeless shelters and soup kitchens, mobile medical units, and street outreach teams.

### Talking Points

- HCH projects assure access for individuals experiencing homelessness to primary care and related services through *integrated* systems of care.
- The HCH program currently funds 182 grantees in all states, the District of Columbia, and Puerto Rico.
- In 2004, HCH projects served more than 600,000 men, women, and children; 58 percent of participants were male, 42 percent were female.
- More than 71 percent had no financial resources or were living below the Federal poverty level, and approximately 70 percent had no public or private health insurance (2004).

\* For more detailed information, consult the Health Care for the Homeless fact sheet at [www.nhchc.org](http://www.nhchc.org).

## Projects for Assistance in Transition from Homelessness Program\*

### Funding:

FY 2002 Appropriation = \$40 million  
FY 2003 Appropriation = \$41.3 million  
FY 2004 Appropriation = \$49.8 million  
FY 2005 Appropriation = \$55 million  
FY 2006 Appropriation = \$54 million  
FY 2007 President's request = \$54 million

**Our Request = \$65 million (the authorized amount)**

**Administered by:** SAMHSA (HHS)

### Background:

The Projects for Assistance in Transition from Homelessness (PATH) program funds outreach, behavioral health care, case management, and other support services for people with serious mental illnesses as well as individuals with co-occurring substance use disorders who are homeless or at risk of becoming homeless. PATH funds are distributed through a formula grant process from SAMHSA in HHS. Under the formula, each state (including D.C. and Puerto Rico) receives at least \$300,000 in PATH funds. Each U.S. territory receives a minimum of \$50,000. PATH was last authorized in FY2001-FY2003 as part of SAMHSA reauthorization legislation.

PATH is administered at the state level; each state doles out PATH funds to local service providers. States must match every \$3 of federal funds with at least \$1 of state or local funds. Many PATH service providers are community mental health centers. A majority of PATH consumers are living either on the street or in an emergency shelter at the time that they receive PATH services. PATH served 85,608 people in FY 2004.

### Talking points:

- The PATH program provides mental health services specifically for people experiencing homelessness. Insufficient funding for this program, however, precludes many individuals from obtaining these necessary services.
- In FY 2004, 438 local organizations in all 50 states, the District of Columbia, Puerto Rico, and the territories reported 85,608 enrollments for PATH-supported services.
- Under the PATH formula grant, only 30 states share in the program's annual appropriations increases. The remaining 26 states and territories have consistently received the minimum grant. To account for inflation, the minimum allocations should be raised to \$600,000 for state and \$100,000 for territories.

\* For more detailed information, consult the PATH Program fact sheet at [www.nhchc.org](http://www.nhchc.org).

## Treatment of Homeless Persons Program\*

### Funding:

FY 2002 Appropriation = \$11 million  
FY 2003 Appropriation = \$16.7 million  
FY 2004 Appropriation = \$37.2 million  
FY 2005 Appropriation = \$40.1 million  
FY 2006 Appropriation = \$44 million  
FY 2007 Budget Request = \$39 million  
**Our Request = \$52 million**

### Administered by: SAMHSA (HHS)

The Treatment of Homeless Persons (THP) Program – also referred to as the Grants for the Benefit of Homeless Individuals (GBHI) Program – awards grants, contracts, and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance abuse services for homeless individuals. The program was last authorized in FY2001-FY2003 as part of SAMHSA reauthorization legislation. The National Health Care for the Homeless Council urges Congress and the Administration to appropriate \$52 million for THP.

### Talking Points:

Why is the THP program needed?

- People experiencing homelessness face major barriers to accessing, utilizing, and succeeding in mainstream addiction and mental health services, including lack of income verification documentation, difficulties in maintaining schedules, and lack of transportation.
- Many mainstream addiction and mental health service providers are not equipped to handle the complex social and health conditions that the homeless population presents.
- Resource constraints and lack of familiarity with the unique needs and life circumstances of people experiencing homelessness preclude many providers from offering the long-term, residentially-based aftercare and housing services that are essential to their adherence to treatment and maintenance of improved health condition.
- Many service providers are not typically linked to the full range of health, housing, social, and maintenance services that homeless people with addictions and mental illnesses require for recovery and residential stability.

\* For more detailed information, consult the Treatment of Homeless Persons Program fact sheet at [www.nhchc.org](http://www.nhchc.org).

# Runaway and Homeless Youth Act Programs

## Funding:

FY 2002 Appropriation = \$88 million (consolidated), \$15 million (street outreach)  
FY 2003 Appropriation = \$90.5 million (consolidated), \$15.5 million (street outreach)  
FY 2004 Appropriation = \$89.4 million (consolidated), \$15.3 million (street outreach)  
FY 2005 Appropriation = \$88.7 million (consolidated), \$15.1 million (street outreach)  
FY 2006 Appropriation = \$87.8 million (consolidated), \$15.0 million (street outreach)  
FY 2007 President's Request = \$87.8 million (consolidated), \$15.0 million (street outreach)  
**Our request = \$120 (consolidated), \$20 million (street outreach)**

**Administered by:** Family and Youth Services Bureau (FYSB) (HHS)

## Background:

The RHYA *Basic Center program* provides grants to community-based nonprofit and public organizations to support emergency shelter (no greater than 15 days) for minors as well as counseling to help reunite families or connect youth to alternative supervised settings.

The RHYA *Transitional Living program* provides grants to community-based nonprofit and public organizations to support longer-term residential supports (up to 18 months) as well as life skill supports to youth ages 16-21 who are unable to return home safely. The program promotes teenagers' successful transitions to adulthood and self-sufficiency.

The RHYA *Street Outreach program* (a.k.a. the Sexual Abuse Prevention Program or the Runaway Prevention program) provides grants to community-based nonprofit and public organizations to support street-based outreach and education to runaway, homeless, and street youth who have been sexually abused or are at risk of sexual abuse. The program connects these most vulnerable youth with services and a chance for a safe and healthy future.

The RHYA also establishes and authorizes funding for: a national communications system for runaways and their families; regional training and technical assistance for RHYA grantees, youth workers, and other youth-serving agencies; an information clearinghouse; outcome and performance measurement; peer monitoring of grantees; and youth development research and demonstrations.

The Runaway and Homeless Youth Act (RHYA) was originally enacted as Title III of the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA, P.L. 93-415) to prevent runaway and homeless youth from entering the juvenile justice system. RHYA was last reauthorized as part of the Runaway, Homeless, and Missing Children Protection Act (RHMCPA) of 2003 (P.L. 108-96) for FY2004 through FY2008. RHYA programs are administered by the Family and Youth Services Bureau within the Administration for Children and Families of the U.S. Department of Health and Human Services.

## Talking Points:

- RHYA programs provide services to meet the critical needs of homeless youth. In FY 2003, Transitional Living programs turned away 2,500 youth due to lack of resources, and Basic Center programs turned away 4,226 youth, meeting the needs of only one-third of those requiring services.
- The RHYA Transitional Living program is the principal federal program for providing transitional housing and independent living services to older homeless youth.
- RHYA programs are able to serve only a fraction of young people in need of the services, due to limited public funding. A number of major cities and whole regions of the nation sorely lack RHYA programs and services.
- RHYA programs significantly improve youths' positive outcomes in several areas including health, academic achievement, and employment.
- RHYA programs enable state juvenile corrections agencies to fulfill their requirements to deinstitutionalize status offenders, reducing the high costs associated with serving a young person in the juvenile justice system.

# Education of Homeless Children and Youth Program

## Funding

FY 2002 Appropriation = \$50 million

FY 2003 Appropriation = \$50 million

FY 2004 Appropriation = \$59.6 million

FY 2005 Appropriation = \$62.5 million

FY 2006 Budget Request = \$62.5 million

**Our Request = \$70 million [full authorized level]**

**Administered by:** Department of Education

## Background:

The McKinney-Vento Act's Education of Homeless Children and Youth (EHCY) program provides funding to state and local education agencies to help implement the educational provisions of the McKinney-Vento Act, including identification, enrollment assistance, transfer of school records, school supplies, transportation, and more. The need for these services is great and growing, yet most states are serving only a small portion of their estimated population of children experiencing homelessness. In fact, according to the most recent Report to Congress, states were able to provide direct services to only 28% of the children they identified as being in homeless situations in FY2000.

In 2001, Congress reauthorized the EHCY program as part of the No Child Left Behind Act. In so doing, Congress recognized the need to increase funding for the EHCY program by approving an authorized funding level of \$70 million. An increase in funding is especially needed to help implement amendments made in 2001, including important requirements for Local Education Agencies (LEAs) to designate a liaison in all school districts and to provide transportation to keep children who are homeless stable in their school of origin.

## Talking Points:

FY2000 U.S. Department of Education Report to Congress Summary:

- The estimated number of homeless children and youth (PreK-12) has increased from approximately 841,700 reported in 1997 to 930,200 reported in 2000.
- Preschool and elementary age children comprise the largest numbers of homeless children reported by the SEAs.
- Year 2000 data show that approximately 77 percent of school age homeless children and youth (K-12) attend school regularly. These data show a significant change from the 1997 data which indicated that only 55 percent of school age homeless children and youth attended school regularly.
- Only 15 percent of preschool age homeless children are enrolled in school programs. These data suggests that preschool age homeless children are greatly underserved by homeless education programs.

Remaining Barriers to the Education of Children and Youth Experiencing Homelessness:

- Transportation is the biggest barrier for homeless children enrolling in school and accessing available programs and services, including before- and after-school activities. Ensuring that homeless children remain in their school of origin (the school they attended before their homelessness) creates additional transportation challenges.
- School district policies frequently pose enrollment barriers for homeless children and youth. Children and parents who are highly mobile generally do not carry immunization records, birth certificates, and proof of guardianship, and schools experience delays in transferring records. As a result, in many districts, children in homeless families are turned away from a new school until these issues are resolved. Without sufficient advocacy, many homeless children experience extended disruptions in their education.

# Emergency Food and Shelter Program

## Funding:

FY 2002 Appropriation = \$140 million  
FY 2003 Appropriation = \$153 million  
FY 2004 Appropriation = \$152.1 million  
FY 2005 Appropriation = \$153.0 million  
FY 2006 Appropriation = \$151.5 million [with rescission]  
FY 2007 President's Request = \$151.5 million  
**Our Request = \$200 million**

**Administered by:** FEMA (Homeland Security)

## Background:

The Emergency Food and Shelter Program (EFSP) helps meet the needs of economically distressed individuals and families by supplementing the work of local agencies providing food, rent, mortgage, utility, and shelter assistance. EFSP funds are used to provide served meals or groceries, lodging in a mass shelter or hotel, and one month's rent, mortgage, or utility payment in a given year. The program prevents dependency by providing emergency services to individuals and families on a limited basis so they can remain self-sufficient. The General Accounting Office found that EFSP is "the only source of funding for the *prevention* of homelessness" in most parts of the country, and recommended strengthening the program through increased federal investment.

## Talking Points:

- Since its inception in 1983, EFSP has distributed over \$2.3 billion in more than 2,500 cities and counties.
- With the participation of more than 11,500 local non-profit, faith-based and government agencies, it is an extraordinary example of a public/private partnerships tailored to the most pressing needs of communities and families. EFSP distributes funds to the neediest areas of the country quickly, incurring *less than three percent* in administrative costs.
- EFSP protects the fragile economic stability of low-income families and individuals by providing a wide range of emergency assistance. Now is not the time to change a proven program with an extensive national network that can be called into action in times of economic emergency.

# Homeless Veterans Reintegration Program (HVRP)

## Funding:

FY 2002 Appropriation = \$18.3 million  
FY 2003 Appropriation = \$18.3 million  
FY 2004 Appropriation = \$19 million  
FY 2005 Appropriation = \$20.8 million  
FY 2006 Appropriation = \$22 million  
FY 2007 President's Request = \$22 million  
**Our Request = \$50 million**

**Administered by:** Department of Labor (DOL)

## Background:

The Homeless Veterans Reintegration Program makes competitive grants to state government agencies or local community organizations employing flexible and innovative approaches to help homeless and unemployed veterans reenter the workforce. The first HVRP grants were awarded in 1988, and there are currently 79 grantees. Job placement is a key element often missing from homeless programming, and HVRP fills that gap for veterans.

## Talking Points:

- HVRP is *unique*; it does not duplicate any other program of the federal government.
- HVRP is an *appropriate* role for the federal government; it puts American veterans back to work.
- HVRP *works*; it places veterans in jobs on a highly cost-effective basis.
- HVRP is the *linchpin* for homeless veteran providers' programs. Without a job placement program, homeless veteran service providers are shelters at best.
- There has been a large investment in expanding the number of beds in supportive housing for veterans, but employment program support has lagged behind.
- An appropriation at the authorized level of \$50 million would enable HVRP grantees to reach approximately 24,000 homeless veterans, more than double the current number served.
- We support reauthorization of the U.S. Department of Labor's Homeless Veterans Reintegration Program (HVRP) for a five-year period at the \$50 million level annually.

# McKinney-Vento Homeless Assistance Programs

## Funding:

FY 2002 Appropriations = \$1.12 billion  
FY 2003 Appropriations = \$1.22 billion  
FY 2004 Appropriations = \$1.26 billion  
FY 2005 Appropriations = \$1.241 billion  
FY 2006 Appropriations = \$1.327 billion  
FY 2007 Budget Request = \$1.536 billion

**Our Request = \$1.8 billion**

**Administered by:** Department of Housing and Urban Development (HUD)

**Background:** McKinney-Vento consists of 4 major programs:

**Emergency Shelter Grants:** The ESG program provides homeless persons and families with basic shelter and essential supportive services. It can assist with both the operational costs of the shelter facility and the administration of the grant. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs. Grantees – state governments, large cities, urban counties, and U.S. territories – receive ESG grants and make these funds available to eligible recipients (local government agencies or private nonprofit organizations). ESG grants are distributed by formula.

**Shelter Plus Care:** Provides rental assistance for hard-to-serve homeless persons (and their families) with disabilities in connection with supportive services funded from sources outside the program. Shelter Plus Care (S+C) is a program designed to provide housing and supportive services on a long-term basis primarily for homeless persons with serious mental illness, chronic problems with alcohol and/or drugs, or HIV/AIDS. The program allows for a variety of housing choices and a range of supportive services funded by other sources.

Program grants are used for the provision of rental assistance payments through four components:

1. Tenant-based Rental Assistance (TRA);
2. Sponsor-based Rental Assistance (SRA);
3. Project-based Rental Assistance with (PRAW) or without rehabilitation (PRA); and
4. Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) dwellings.

**Single Room Occupancy:** Provides rental assistance for homeless persons in connection with the moderate rehabilitation of SRO dwellings. SRO housing contains units for occupancy by one person. HUD enters into Annual Contributions Contracts with public housing agencies (PHAs) in connection with the moderate rehabilitation of residential properties that – when rehabilitation is completed – will contain multiple single room dwelling units. These PHAs make Section 8 rental assistance payments to participating owners (i.e., landlords) on behalf of homeless individuals who rent the rehabilitated dwellings. The rental assistance payments cover the difference between a portion of the tenant's income (normally 30%) and the unit's rent, which must be within the fair market rent (FMR) established by HUD.

**Supportive Housing:** This program is designed – as part of a local Continuum of Care strategy – to develop supportive housing and services to assist homeless persons (individuals and families) in the transition from homelessness and to enable them to live as independently as possible. Eligible applicants are States, units of local government, other governmental entities such as PHAs, and private nonprofits.

Assistance in the Supportive Housing Program is provided to help homeless persons meet three overall goals:

1. Achieve residential stability
2. Increase skill level and/or income
3. Obtain greater self-determination