

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 Appropriation = \$174 million (out of \$1.943 billion for consolidated health centers)
FY 2008 Appropriation = \$174 million (out of \$2.022 billion for consolidated health centers)
FY 2009 President's Request = \$178 million (out of 2.048 billion for consolidated health centers)
Our Request = \$196 million (out of \$2.26 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 2008, the Health Care for the Homeless Program received \$174 million out of a \$2.022 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 supports 205 HCH projects in all 50 states, the District of Columbia, and Puerto Rico, serving more than 750,000 people per year – a sizable number, but far below the 3.5 million Americans who annually experience homelessness, as reported by the Urban Institute.
- In CY 2006, HCH projects served 701,623 men, women, and children; 57 percent of participants were male, 43 percent were female.
- More than 76 percent had no financial resources or were living below the Federal poverty level, and approximately 70 percent had no public or private health insurance (2006).

Recommendations:

- Reauthorize Health Care for the Homeless (HCH) program. Section 330 of the Public Health Service Act, the Consolidated Health Center Program which includes HCH, expired at the end of FY 2006, and should be reauthorized in its current form, including its provisions for majority consumer Boards of Directors for Health Centers.
- In FY 2008, Congress appropriated \$2 billion for the Community Health Centers, including \$174 million (8.7%) for HCH programs. We urge Congress and the Administration to reauthorize Health Care for the Homeless through the Health Centers Renewal Act of 2007 (S. 901/H.R. 1343) and appropriate at least \$196 million in FY 2009 for the HCH program as part of a \$2.26 billion appropriation for the Consolidated Health Centers program. Additional funds for all Health Center programs would enable Health Centers to provide primary care and related services to a growing number of uninsured people, including those who are experiencing, at risk of, or in transition from homelessness.
- Additional funds for the Health Care for the Homeless program will assist grantees to: care for a greater number of people experiencing homelessness, maintain financial viability, expand addiction and mental health services, and develop recuperative care arrangements.

Projects for Assistance in Transition from Homelessness Program

Funding:

FY 2002 Appropriation = \$40 million
FY 2003 Appropriation = \$43.073 million
FY 2004 Appropriation = \$49.760 million
FY 2005 Appropriation = \$54.809 million
FY 2006 Appropriation = \$54.261 million
FY 2007 Appropriation = \$54.261 million
FY 2008 Appropriation = \$ 54 million
FY 2009 President's Request = \$60 million

Our Request = at least \$75 million

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 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 82,000 people in FY 2005.

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 2005, 463 local organizations in all 50 states, the District of Columbia, Puerto Rico, and the territories reported 82,000 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.

Recommendations:

- Strengthen the Projects for Assistance in Transition from Homelessness (PATH) program. Recognizing that homelessness restricts access to mainstream addiction and mental health services, Congress established the PATH (PHSA Title V, Part C) program to provide addiction and mental health services specifically for people experiencing homelessness. Insufficient funding for this program, however, prevents it from serving many people in need of treatment.
- We urge Congress to appropriate at least \$75 million for the PATH program.
- Congress must also affect statutory changes through SAMHSA reauthorization to improve this program. To end perpetual flat funding for rural and frontier populations, the minimum PATH allocations for States and territories must be doubled to \$600,000 and \$100,000 respectively.

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 Appropriation = \$43 million [continuing resolution]
FY 2008 Appropriation = \$ million
FY 2009 Budget Request = \$ million
Our Request = at least \$100 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 FY2003 as part of SAMHSA reauthorization legislation. The National Health Care for the Homeless Council urges Congress and the Administration to appropriate at least \$100 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.

Recommendations:

- Strengthen the Treatment for Homeless Persons (THP) program. Recognizing that homelessness restricts access to mainstream addiction and mental health services, Congress established the THP (PHSA Section 506) program to provide addiction and mental health services specifically for people experiencing homelessness. Insufficient funding for this program, however, prevents it from serving many people in need of treatment.
- We urge Congress to appropriate at least \$100 million for THP.
- Congress must also affect statutory changes through SAMHSA reauthorization to improve this program:
 1. Health Care for the Homeless grantees – by federal statute are already required to provide addiction services – should be added as preferred entities for THP grants.
 2. Effective THP grantees whose funding would otherwise expire should be prioritized for renewal.
 3. SAMHSA must include “harm reduction” models of addiction treatment in its best practices and encourage such approaches within an array of treatment strategies for THP grantees and others providing addiction treatment for homeless persons.

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 Appropriation = \$87.8 million (consolidated), \$15.0 million (street outreach)
FY 2008 Appropriation = \$96 million (consolidated), \$17.5 million (street outreach)
FY 2009 President's Request = \$96 million (consolidated), \$17.5 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 (JJDP, 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. RHYA basic center and transitional living projects served 40,311 youth in FY 2006. With estimates of the unaccompanied youth population at 1.3 million at minimum, RHYA residential projects serve just three percent of this population.
- 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 Appropriation = \$62.5 million
FY 2007 Appropriation = \$ 62 million
FY 2008 Appropriation = \$64 million
FY 2009 Budget Request = \$64 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 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:

- In the United States, an estimated 1.35 million children are likely to experience homelessness over the course of a year (The Institute for Children and Poverty, 2004). This number represents two percent of all children in the United States, and ten percent of all poor children in the United States. (National Coalition for the Homeless Factsheet, Aug. 2007)
- The estimated number of homeless children and youth (PreK-12) enrolled in public schools increased from approximately 580,499 reported in 2000-01 to 602,568 reported in 2003-04.
- Preschool and elementary age children comprise the largest numbers of homeless children reported by the SEAs.
- Less than 16% of eligible pre-school aged homeless children are enrolled in preschool programs (U.S. Department of Education, 2004). 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 Appropriation = \$151.5 million
FY 2008 Appropriation = \$153 million
FY 2009 President's Request = \$100 million
Our Request = \$200 million

Administered by: FEMA (Homeland Security)

Background:

The Emergency Food and Shelter Program (EFS) 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 \$2.95 billion in more than 2,500 cities and counties.
- In each of the past few years, more than 11,500 local agencies nationwide have been funded through the EFS Program. The funds are used for mass shelter and feeding, food distribution through food banks and pantries, one-month utility payments to prevent service disconnections, and one-month rent or mortgage assistance to prevent evictions or help people leaving shelters to establish stable living conditions. They also can be used to rehabilitate existing shelters or feeding facilities to make them safe and sanitary and bring them into compliance with local building codes.
- 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 Appropriation = \$21.8 million
FY 2008 Appropriation = \$23.6 million
FY 2009 Budget Request = \$25.6 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; in FY 2007 there were 87 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 Appropriations = \$1.434 billion
FY 2008 Appropriations = \$1.586 billion
FY 2009 Budget Request = \$1.636 billion

Our Request = \$3 billion

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

Background: Congress enacted the Stewart B. McKinney Homeless Assistance Act in 1987 in response to the homelessness crisis that had emerged in the 1980s. The last reauthorization of the McKinney programs administered by HUD occurred in 1992. Renamed the McKinney-Vento Act in 2000, the Act authorizes funds for a small set of federal homeless assistance programs, including four administered by the Department of Housing and Community Development (HUD):

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

Talking points:

- In 2007, HUD's Continuum of Care programs helped an estimated 315,000 persons with both housing and support services, including 24,000 veterans and 57,000 homeless persons living with a chronic condition such as mental illness, an addiction or a physical disability.
- Nearly 150,000 formerly homeless persons with disabilities are living in a permanent supportive environment because of HUD programs funded through McKinney-Vento (2007).
- The National Health Care for the Homeless Council recommends reauthorization of McKinney-Vento programs through the HEARTH bill (H.R. 840), which incorporates an inclusive definition of homelessness that aligns HUD's definition of a homeless person with other federal definitions of homelessness; focuses on a full range of services, including homeless prevention activities for individuals and families at risk of becoming homeless; and continues to fund the continuum of care that is necessary to ameliorate homelessness.
- The McKinney-Vento Act was intended as only a first step toward resolving homelessness; in the absence of legislation containing farther-reaching measures, homelessness can only be expected to increase.

Recommendations:

- Reauthorize HUD's McKinney-Vento Homeless Assistance programs through the HEARTH bill (H.R. 840), which incorporates an inclusive definition of homelessness that aligns HUD's definition of a homeless person with other federal definitions of homelessness; focuses on a full range of services, including homeless prevention activities for individuals and families at risk of becoming homeless; and continues to fund continuum of care that is necessary to ameliorate homelessness.
- Appropriate \$3 billion for the HUD McKinney-Vento Homeless Assistance programs.
- Fund renewals of the Shelter Plus Care and Supportive Housing Programs from HUD's Housing Certificate Fund, leaving homeless program resources available for new housing and other services for people who remain homeless. These programs combine rent subsidies with intensive support services and treatment, including mental health assistance, substance use counseling, employment training, and a range of other supportive services that keep people housed while they build the skills to live as independently as possible.