



Opening Doors

APPENDIX: PROGRAMS FOR PEOPLE
EXPERIENCING HOMELESSNESS

2011

United States Interagency Council on Homelessness

APPENDIX

Agency Annual Reports

Programs for People Experiencing Homelessness

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EXECUTIVE SUMMARY

The United States Interagency Council on Homelessness (USICH) is pleased to submit its Fiscal Year 2010 Annual Report from member agencies on both targeted and mainstream programs that help people experiencing or at risk of homelessness. This is an appendix to the annual update on progress made implementing *Opening Doors*.

Section 203(c) of the McKinney-Vento Homeless Assistance Act, as amended, (42 USC 11313) requires the Council and each member agency of the Council to prepare an annual report on their activities. Under the Act, each agency prepares a report that describes:

- “Each program to assist homeless individuals administered by [the agency] and the number of homeless individuals served by such program;
- Impediments, including any statutory and regulatory restrictions, to the use by homeless individuals of each such program and to obtaining services or benefits under each such program; and
- Efforts made by [the agency] to increase the opportunities for homeless individuals to obtain shelter, food and supportive services.”

In preparing this FY 2010 Annual Report, USICH requested that the Member departments and agencies provide concise and relevant summaries of their programs and relevant data from FY 2010. This appendix consists of the submissions of 18 of the 19 Federal Departments and Agencies. This section meets the reporting requirements of 42 U.S.C. 11313(c)(2) and provides summaries of the federal programs designed to serve the needs of people experiencing homelessness.

For each agency, there are concise summaries that include a title of each program targeted to people experiencing homelessness, a description of the program, how it is funded and awarded, the number of people served, any planned studies or evaluations of the program, and where available, a discussion on any impediments to the program with corresponding recommendations for improvements. The summaries also include a three-year funding history and a link to the program website that will provide more detailed information. Following the summaries, and when applicable, a brief overview of each Department’s mainstream programs that have an impact on the homeless population will be set out followed by a link to the Department’s website.

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service (FNS)

The mission of U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) is to provide low-income individuals and families with access to food and a more healthful diet through food assistance programs and nutrition education. Individuals and families currently experiencing homelessness as well as homeless service providers can benefit from many of these programs, including Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program (NSLP) and School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), the Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC), The Emergency Food Assistance Program (TEFAP), and the Food Distribution Program on Indian Reservations (FDPIR). Food assistance is a critical income support for individuals and families experiencing homelessness or on the verge of becoming homeless, who can then use more of their discretionary income on housing. At this time, the FNS does not collect data about the number of homeless individuals or families served in these programs. Through active partnerships and strategic initiatives, FNS continues to conduct outreach to national and local service providers, including those serving homeless individuals and families, to increase access to food assistance by disadvantaged populations throughout the United States. All programs referenced below (WIC excluded) are entitlement programs, and funding for each program increases or decreases each year in response to demand.

Supplemental Nutrition Assistance Program (Mainstream)

The Supplemental Nutrition Assistance Program (SNAP), is authorized in section 4 of the Food Stamp Act of 1977 (7 U.S.C. 20132011, et seq.) and previously known as the Food Stamp Program, provides access to healthy food for roughly 34 million people per month. SNAP helps low-income people put healthy food within reach by providing a monthly benefit used to purchase food at the grocery store or farmers' market. Benefits are provided on an electronic benefit transfer (EBT) card. Eligibility is based on income, resources, and other factors.

FNS administers SNAP at the Federal level. State agencies administer the program at State and local levels. Their responsibilities include determining eligibility and distributing benefits, often through a network of State offices or contracted community and faith-based organizations.

There are no specific SNAP policies regarding the expedited processing of applications for households experiencing homelessness. However, if a person experiencing homelessness meets one of the expedited services criteria (critically low income and/or liquid resources or status as a destitute migrant or seasonal farm worker household) their application will be considered expedited and processed within the 7-day standard.

National School Lunch Program and School Breakfast Program (Mainstream)

The National School Lunch Program (NSLP) is authorized by the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.) and provides balanced and low-cost or free lunches to students each school day. Eligibility for free and reduced-price lunches is based on each family's income. Students who participate in this program may also have access to afterschool snacks and fresh fruits and vegetables at school. If a family participates in SNAP or WIC, the children also may be eligible to receive free or reduced-price school lunches.

The School Breakfast Program (SBP) is authorized by section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773) and gives low-income students free or reduced-price healthy breakfasts at the start of their school day. If a family participates in SNAP or WIC or the child is eligible to participate in the NSLP, the child may also be eligible to receive free or reduced-price school breakfasts.

The Food and Nutrition Service administers the NSLP and SBP at the Federal level. At the State level, these programs are usually administered by State educational agencies, which operate NSLP and SBP through agreements with school food authorities.

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Children who are determined to be homeless, as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), are categorically eligible for free meals. The McKinney-Vento Homeless Assistance Act defines as homeless individuals those lacking a fixed, regular and adequate nighttime residence. Newly identified homeless children should be identified and certified as eligible for free meals as promptly as possible. To the extent possible, free and reduced price applications should be processed immediately. Homeless children may also be determined eligible through the standard application process.

Child and Adult Care Food Program (Mainstream)

The Child and Adult Care Food Program (CACFP) is authorized by section 17 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1766). CACFP regulations are codified at 7 CFR part 226. CACFP helps child and adult care providers serve healthy meals and snacks each day as a regular part of their day care. CACFP also serves at-risk children age 18 and under who are residents of emergency shelters or participants in afterschool programs. Age limitations differ for those participants who are children with disabilities under the Individuals with Disabilities Education Act (IDEA).

FNS administers CACFP through grants to States. CACFP is administered within most States by the State educational agency. In a few States it is administered by an alternate agency, such as the State health or social services department. The child care component and the adult day care component of CACFP may be administered by different agencies within a State, at the discretion of the Governor. Independent centers and sponsoring organizations enter into agreements with their administering State agencies to assume administrative and financial responsibility for CACFP operations. CACFP reimburses approved centers/ organizations for serving meals that meet Federal nutritional guidelines.

Children who are determined to be homeless, as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act are categorically eligible for free meals. Section 72592 of the McKinney-Vento Homeless Assistance Act defines as homeless individuals those lacking a fixed, regular and adequate nighttime residence. Newly identified homeless children should be identified and certified as eligible for free meals and snacks as promptly as possible. To the extent possible, applications should be processed immediately. Homeless children may also be determined eligible through the standard application process.

Summer Food Service Program (Mainstream)

The Summer Food Service Program (SFSP) is authorized by section 13 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1761) and provides meals and snacks to children during the vacation months when they do not have access to school meals. Free meals and snacks are provided to children age 18 and under in summer programs run by schools, churches, camps, parks and recreation departments, and other community organizations. Most meals and snacks are free to any child age 18 and younger who comes to eat. Some locations may ask a family to provide information about their income in order to qualify for free meals. Some camps and clubs serve only children enrolled in their programs.

SFSP is administered at the Federal level by FNS. State educational agencies administer SFSP in most States. Other State agencies may also be assigned to run the program. The State agency approves sponsor applications, conducts training of sponsors, monitors SFSP operations, and processes program payments. Sponsors sign agreements with their State agencies to run the program. SFSP reimburses approved sponsors for serving free meals and snacks that meet Federal nutritional guidelines.

Children who are determined to be homeless, as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act are categorically eligible for free meals. The McKinney-Vento Homeless Assistance Act defines as homeless individuals those lacking a fixed, regular and adequate nighttime residence. Newly identified homeless children should be identified and certified as eligible to receive free meals as promptly as possible. To the extent possible, applications (when applicable) should be processed immediately. Homeless children may also be determined eligible through the standard application process (where applicable).

Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) (Mainstream)

WIC is authorized by section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) and serves low-income pregnant women, breastfeeding and non-breastfeeding postpartum mothers, and infants and children up to 5 years old. WIC provides supplemental foods, nutrition education, referrals, and access to health and social services. Each month, those who qualify receive vouchers or an EBT card to purchase specific foods that are based on individualized nutritional needs identified by a health professional. Pregnant women, women who recently had a baby and children up to 5 years old may qualify for WIC if income requirements are met.

FNS, which administers the program at the Federal level, provides grant funds to WIC State agencies (State health departments or comparable agencies) to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

WIC does not provide expedited application processing for those experiencing homelessness.

Emergency Food Assistance Program (Mainstream)

The Emergency Food Assistance Program (TEFAP) is authorized in the Emergency Food Assistance Act of 1983 (7 U.S.C. 7501 et seq.) and is a Federal program that helps supplement the diets of low-income Americans by providing them with emergency food and nutrition assistance at no cost.

Under TEFAP, USDA makes USDA Foods available to State Distributing Agencies. The amount of food that each State receives out of the total amount of food provided is based on the number of unemployed persons and the number of people with incomes below the poverty level in the State. States provide the food to local agencies that they have selected, usually food banks, which in turn distribute the food to local organizations, such as soup kitchens and food pantries that directly serve the public. States also provide the food to other types of local organizations, such as community action agencies, which distribute the foods directly to needy households. These local organizations distribute USDA Foods to eligible recipients for household consumption, or use them to prepare and serve meals in a congregate setting. Recipients of food for individual use, including people experiencing homelessness, must meet income eligibility criteria set by the States.

TEFAP does not have expedited application processing for those experiencing homelessness; however, those experiencing homelessness can receive immediate food assistance in the form of prepared meals in a congregate setting.

Federal Distribution Program on Indian Reservations (Mainstream)

The Federal Distribution Program on Indian Reservations (FDPIR) is authorized by section 4 of the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.) and provides USDA Foods to low-income households living on Indian reservations, and to American Indian households residing in approved areas near reservations or in Oklahoma. Many households participate in FDPIR as an alternative to SNAP.

The program is administered at the Federal level by FNS. FDPIR is administered locally by either Indian Tribal Organizations (ITOs) or an agency of a State government. USDA purchases and ships USDA Foods to the ITOs and State agencies. These administering agencies store and distribute the USDA Foods, determine applicant eligibility, and provide nutrition education to recipients.

FDPIR does not have expedited application processing for those experiencing homelessness; however, homeless households can receive same-day food assistance in the form of USDA Foods.

Rural Development

While the United States Department of Agriculture (USDA) has no programs targeted solely for those experiencing homelessness, the Department does provide assistance to homeless individuals. Rural Development provides assistance to

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people experiencing homelessness through its housing and community facilities programs, as well as Disaster Assistance provisions. However, the Agency's housing programs do not receive McKinney-Vento Homeless Act funding.

Rural America covers nearly 80 percent of the land area of the United States. As of July 1, 2007, it is home to nearly 50 million nonmetropolitan residents. It ranges from vibrant rural communities with diversified, growing economies to areas suffering from isolation, poor infrastructure, lack of jobs and population decline. Rural Development direct and guaranteed rural housing programs help families and individuals escape homelessness by providing safe and affordable housing to a sector of the population which would not otherwise receive housing assistance.

In 2009, Rural Development assisted rural American homeless families by providing funding for 6 Domestic Violence Centers and 3 Food Preparation and Distribution Centers.

Community Facilities (Mainstream)

The types of homeless assistance available in the Community Facilities (CF) program consist of guaranteed loans, direct loans, and grants. These funds are available to nonprofit corporations, public bodies, and federally recognized Indian tribes. Guaranteed loans are those made by a bank or other traditional lender and guaranteed by the Government. Direct loans are made by the Agency. Limited grant funds are available, with priority given to the smallest, poorest communities. The types of services funded include food pantries, homeless shelters, domestic violence shelters, homes for delinquents, youth centers, and group homes for various special populations, such as the disabled or those with substance use disorders. Assisted living facilities and nursing homes are also eligible for funding through this program. There are no specific set asides for particular types of facilities. Each application is evaluated and rated according to established criteria. Such facilities may prevent homelessness among those unable to live alone or in need of special services.

Barrier to Access

Public bodies, nonprofit organizations and Indian tribes have no known impediments that affect their ability to obtain loans, loan guarantees, or grants to establish or improve homeless shelters. The organization applying for a loan or grant must have the demonstrated ability to raise sufficient funds to operate the facility and repay a loan since homeless people would not have the resources to pay for services at cost.

Rural Development programs staff has an extensive outreach program to public bodies, faith-based, and nonprofit organizations.

Multi-Family Housing (Mainstream)

While Rural Development does not target funding specifically for homeless populations, occupancy is directed by regulation to go first to those with very low income before applicants with low or moderate income may be accepted.

Individuals or families experiencing homelessness may apply for occupancy in any of over 15,000 multi-family housing properties located in rural areas across the country. Multi-Family Housing (MFH) programs provide more than 430,000 affordable apartments to very low income and low income individuals and families. More than half of these apartments receive Rural Development rental assistance. These properties also accept Housing and Urban Development vouchers. Almost 59 percent of the affordable apartments provide shelter for elderly and disabled tenants. More than 73 percent of all families are headed by single females.

Rural Development has a Memorandum of Understanding (MOU) with the Federal Emergency Management Agency in which it offers to make MFH properties in disaster areas available as temporary housing. During hurricanes Katrina and Rita, MFH properties were used as temporary housing for disaster-impacted individuals and families.

Barriers to Access

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The percentage of units receiving rental assistance, whether through Rural Development or some other entity, has increased to support approximately 78 percent of MFH's portfolio. Existing rents may be unaffordable without some other form of deep tenant subsidy available from another funding source.

Rural Development staff worked extensively with borrowers to adopt effective strategies to obtain full occupancy and full utilization of all available rental assistance resources.

Single-Family Housing (Mainstream)

Applicants who are homeless or living in deficient housing receive processing priority for Single Family Housing (SFH) loans. SFH Real Estate Owned (REO) properties may be leased to nonprofit organizations or public bodies for transitional housing for families experiencing homelessness. As of March, 2010, there were 16 of the 3221 REO properties leased to entities to provide this type of transitional housing to those experiencing homelessness.

To reduce the cost to the Federal government and increase the efficiency of managing non-program properties, local nonprofit groups are encouraged to purchase rather than lease REO properties for use as homeless shelters and related purposes. Property purchases, with the aid of Rural Development financing, enable local groups to maintain control of the property, reduce overall costs, and better provide services to homeless rural families. When notified by a public body or nonprofit group of its intention to buy the property, Rural Development withdraws the property from the market for 30 days. Where necessary, the Agency will make repairs to remove health and safety hazards. In addition, the listed price is reduced by 10 percent and favorable direct financing terms are provided to the group.

Efforts to Increase Participation by Homeless and Homeless Providers

Rural Development staff worked extensively with public bodies and nonprofit organizations that serve people experiencing homelessness as part of its outreach program. National Office staff communicated the availability of homeless sale options to State and local staff who delivered the program locally.

Rural Development has taken certain actions to help mitigate this national crisis. For example, Rural Development has a MOU with the Department of Health and Human Services regarding the identification and leasing of suitable REO properties to local groups for use as homeless shelters and similar initiatives. In 2009, 23 leases were in effect as a result of the MOU. Under the terms of these leases, the lessee group maintains the property and pays taxes, insurance, and \$1 per year lease fee; rental fees may not be charged to the tenant families, except to cover those costs. The greatest cost to the Agency is that of lost opportunity. Some properties have required repairs at the government's expense, though this is kept to a minimum. Total cost was estimated to be approximately \$110,000 per year, based on the 2009 REO level. The programs conducted using the REO properties vary from short-term emergency shelters to longer term home buyer training. Examples include domestic violence shelters, housing for families displaced by fire damage and transitional housing.

Rural Development also has a MOU with the Federal Emergency Management Agency in which it offers to make SFH and MFH properties in disaster areas available as temporary housing.

The SFH Section 502 home loan programs, especially the direct loans, provide an important housing option to low- and very low-income families. In many rural areas, the number of available rental units is very limited, and are oftentimes substandard. Without the SFH Section 502 loan program, many low-income families would need to consider living with relatives in over-crowded conditions or purchasing non-suitable properties, often financed by predatory lenders. In FY 2010, the Agency provided 17,559 direct loans and 133,045 loan guarantees totaling more than \$18,215,238.

DEPARTMENT OF COMMERCE

The U.S. Department of Commerce has no programs that provide direct assistance to individuals experiencing homelessness. However, the Department of Commerce is a partner in understanding the demographic trends of homelessness for use by local governments and states in their communities through the work of the Census Bureau. Counting people experiencing homelessness presents one of the more significant challenges faced by the Census Bureau. Commerce's work on the USICH helps to provide a framework for research and evaluation for the other participating agencies.

The Census Bureau counted the individuals in emergency and transitional shelters as part of the 2010 Census and will be publishing a report on the Emergency and Transitional Shelter population in FY2012.

DEPARTMENT OF DEFENSE

Transition Assistance Program (Mainstream)

Transitioning Service members are looking for the security that a job and predictable income provides in their quest for suitable healthcare and housing for themselves and their family. The tools they receive through the Transition Assistance Program are an important force multiplier in the mission of attaining that security.

Service members are required by law to commence pre-separation counseling no later than 90 days prior to active duty separation but are strongly advised and encouraged to start the process 12 months before separation, or 24 months before retirement. In addition to the mandatory pre-separation counseling, Department of Defense (DoD) counselors make every effort to encourage transitioning Service members to participate in the voluntary TAP components, which are the VA's Benefits Briefing, Disabled Transition Assistance Program (DTAP) and Department of Labor's (DOL's) TAP Employment Workshop. Each Department is independently responsible for how to provide its portion of TAP to Service members. The decision of how to accomplish that, including the utilization of contract support, resides solely with the individual Departments. DoD wants every effort made to ensure quality instructional delivery of the material.

To strengthen our TAP and reinforce its value to Service members and their families, the Department, in collaboration with our partners at VA and DOL, is committed to moving TAP from a traditional event-driven approach to a modern, innovative lifecycle approach. We are shifting from an end of military service event to an outcome-based model that will measure success not only on the number of Service members who use the TAP process, but also on the number of transitioning service members and their families who find the TAP process beneficial in assisting them with their life goals, military career progression, and/or new careers/meaningful employment outside of uniformed service.

We will be implementing this strategic plan with foci on information technology, strategic communications, resources and performance management. The end-state for the TAP overhaul will be a population of Service members who have the knowledge, skills, and abilities to empower themselves to make informed career decisions, be competitive in the global work force and become positive contributors to their community as they transition from military to civilian life, with the knowledge and security that with a job, they can afford housing for themselves and their family.

Base Community Redevelopment and Homeless Assistance Act of 1994 (Redevelopment Act) (Mainstream)

The Department of Defense (DoD), pursuant to the provisions of the Base Realignment and Closure Act of 1990, closed major military bases between 1991 and 2001. A new round of Base Realignment and Closures (BRAC) began in May 2005 with DoD providing a list of suggested closures and realignments for review by the Base Realignment and Closure Commission. For those communities designated for closure or realignment by the Commission, the Redevelopment Act placed responsibility for base reuse planning in the hands of the Local Redevelopment Authorities (LRAs), which are typically units of general local government, although the specific entity is chosen by the impacted community.

The Department formally recognizes the LRA after the military base has been selected for closure or realignment. The LRA is responsible for developing a reuse plan that appropriately balances the needs of affected communities for economic redevelopment, other development and the homeless population. HUD then reviews the plan to determine whether the LRA has achieved this balance. After HUD's approval, the Department works through the LRA to execute the appropriate real and personal property conveyances.

Number of Homeless Persons Assisted

As of March 31, 2011, HUD completed 91 final determinations regarding LRA compliance with statutory requirements, of which 22 LRA submissions included accommodations for people experiencing homelessness including real property, buildings, personal property, and financial assistance. The Department continues to assist communities, support HUD's review of the remaining submissions, and complete base closure/realignment actions and subsequent property disposal.

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Barriers to Access

DoD knows of no statutory or regulatory impediments. Communities affected by base closure receive DoD Office of Economic Adjustment assistance (technical and in some cases financial assistance) to complete their base reuse planning efforts, which include outreach to homeless service providers.

DEPARTMENT OF EDUCATION

Education for Homeless Children and Youth (Targeted)

To help ensure that all homeless children and youth have equal access to the same free, appropriate public education available to other children, the Education for Homeless Children and Youth program provides assistance to States to: (1) establish or designate an Office of Coordinator of Education of Homeless Children and Youth; (2) develop and carry out a State plan for the education of homeless children; and (3) make subgrants to local educational agencies (LEAs) to support the education of those children.

The Department allocates program funds to States through a formula based on each State's share of funds under Title I, Part A of the Elementary and Secondary Education Act (ESEA). Each State receives an annual allocation that is, at a minimum, the greater of \$150,000, 0.25 percent of the total program appropriation for the fiscal year, or the amount of the State's fiscal year 2001 allocation. Program funds are also reserved for the outlying areas (0.1 percent of a fiscal year's appropriation) and the Bureau of Indian Education (BIE) of the Department of the Interior (1 percent). The Department is also authorized to reserve funds to provide technical assistance and conduct evaluation and dissemination activities.

A State may reserve up to 25 percent (or in the case of States receiving the minimum award, 50 percent) of its allocation for State-level activities. With the remaining funds, a State must make subgrants to LEAs. LEAs have flexibility in using their subgrant funds and may use them for such activities as providing enriched supplemental instruction, transportation, professional development, referrals to health care, and other services to facilitate the enrollment, attendance, and success in school of homeless children, including preschool-aged children and youth.

Number of Homeless Persons Assisted

The following table is based on data for school years 2008-2009 and 2009-2010 reported to ED by State educational agencies in the Consolidated State Performance Report. Note that the school year varies by State and generally goes from July 1, 2009 through June 30, 2010.

	SY2008-2009	SY2009-2010
Total Homeless Children and Youth Enrolled in all LEAs	956,914	939,903
Total Homeless Children and Youth Enrolled in LEAs with McKinney-Vento Subgrants whose Primary Nighttime Residence is " Doubled-Up "	337,955	521,869
Total Homeless Children and Youth Enrolled in LEAs with McKinney-Vento Subgrants whose Primary Nighttime Residence is " Sheltered "	131,846	154,160
Total Homeless Children and Youth Enrolled in LEAs with McKinney-Vento Subgrants whose Primary Nighttime Residence is " Unsheltered "	21,749	33,142
Total Homeless Children and Youth Enrolled in LEAs with McKinney-Vento Subgrants whose Primary Nighttime Residence is " Hotels/Motels "	33,238	35,934
Total Homeless Children and Youth Served by LEAs with McKinney-Vento Subgrants	617,027	852,881

Funding History

2011: \$65.3 million

2010: \$65.4 million

2009: \$135.4 million (includes funds appropriated under ARRA)

ESEA Title I Programs (Mainstream)

- ▶ Title I, Part A, Improving Basic Programs Operated by Local Educational Agencies

This program provides financial assistance to LEAs and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Federal funds are currently allocated through four statutory formulas that are based primarily on census poverty estimates and the cost of education in each state.

- ▶ Title I, Part C, Education of Migratory Children (Migrant Education Program)

Funds support high-quality education programs for migratory children and help ensure that migratory children who move among the states are not penalized in any manner by disparities among states in curriculum, graduation requirements, or state academic content and student academic achievement standards.

- ▶ Title I, Part D, Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At-Risk (Neglected or Delinquent Program)

The Part D, Subpart 2, Local Agency Neglected and Delinquent program provides formula grants to SEAs who make subgrant awards to local educational agencies to provide educationally related support and transition services to students residing in local neglected or delinquent institutions or to other at-risk students enrolled in the LEA, including homeless students.

Individuals with Disabilities Education Act Program (Mainstream)

- ▶ IDEA Parts B and C, State Formula Grant programs

The Office of Special Education Programs supports a comprehensive array of programs and projects and two large State formula grant programs authorized by the *Individuals with Disabilities Education Act (IDEA)*, which are designed to provide services and improve results for infants, toddlers, children and youth with disabilities. IDEA was amended in 2004 to add a definition for homeless children and to cross-reference that definition to section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a) and to add State mandates under IDEA Parts B and C to identify homeless children with disabilities under IDEA sections 612 and 634.

Preferences/Expedited Processing

Homeless students are automatically eligible for Title I, Part A services and district homeless liaisons are authorized to expedite evaluations for Title I services for them [Elementary and Secondary Education Act section 1115(b)(2)(E)]. Local educational agencies must reserve funds to serve homeless students enrolled in non-Title I schools [Elementary and Secondary Education Act section 1113(c)(3)(A)]. Title I, Part A school-wide programs should include coordination and integration of other Federal, State, and local services and programs, including those authorized under the McKinney-Vento Act [Elementary and Secondary Education Act section 1114(b)(1)(J)].

Homeless students with disabilities under the Individuals with Disabilities Education Act (IDEA Parts B and C) should receive coordinated attention from the district homeless liaison (or designee) and the Special Education coordinator for the district. IDEA, Part C (Early Intervention) requires local educational agencies to target homeless infants and toddlers for identification of disabilities and developmental delays (e.g., IDEA sections 612, 634), and to involve the Office of the EHCY Coordinator in the State Interagency Coordinating Council (IDEA section 641(K)). LEA liaisons should also have a role in local or regional early intervention coordinating councils. Families in shelters served by LEAs should be targeted for disability screenings.

DEPARTMENT OF ENERGY

Weatherization Assistance Program (Mainstream)

The Weatherization Assistance Program provides funding for states, the District of Columbia, territories, and certain Native American Tribal Organizations, which then in turn provide funding to local weatherization agencies, to weatherize low-income dwellings in order to reduce energy costs and to conserve energy. Shelter is also an eligible category for these funds, which includes homeless supportive housing.

The Weatherization Assistance Program (WAP) enables low-income individuals and families to permanently reduce their energy bills by making their homes more energy efficient. Funds are used to improve the energy performance of dwellings using technologies and testing protocols available in the housing industry. During the past 34 years, the WAP has provided weatherization services to more than 6.8 million low-income households. After weatherization, the typical low-income home saves an average of 35% on energy consumption. This is significant as low-income homes spend on average 14.4% of their income, compared to 3.3% for other households, for these bills. For those struggling to pay their bills and in danger of becoming homeless, these extra savings can be spent to help them remain in their homes. Also, by allowing for the weatherization of homeless supportive housing, homeless support agencies can benefit by lowering their energy costs and being able to stretch their already limited funding.

Barriers to Access

One barrier to access may be the lack of knowledge and collaboration around the availability of Weatherization services for those at risk of homelessness and for homeless support agencies.

To support the WAP, the U.S. Department of Energy (DOE) will also work to include homeless assistance as part of their referral network through Weatherization Plus Health: A National Effort for Local Healthy Homes Collaboration. Weatherization Plus Health is a project to enable better coordination of resources to benefit low-income households with health and safety problems through the involvement of the Weatherization Assistance Program. This project has the potential to develop collaborations where homeless support agencies could refer those at risk of becoming homeless to the WAP to reduce energy bills and help them afford to stay in their home. Weatherization workers could in turn provide referral information on homelessness prevention programs to those at risk of losing their home. The network could also spark valuable interaction between the WAP and other support agencies to usher homeless supportive housing stock into the weatherization queue.

In addition, the DOE funds 34 Weatherization Training Centers, which help train the energy efficiency retrofit and weatherization workforce; nine of which are making extra efforts to employ Veterans, at-risk youth, and the unemployed. DOE provided \$29 million in American Reinvestment and Recovery Act (ARRA) grants to establish 26 new and expand the capacity of eight existing training centers in 27 states. The use of ARRA funds opened the door for new training centers that reach outside the WAP network with the potential to create new jobs.

State Energy Program (Mainstream)

The State Energy Program provides grants to states to support energy efficiency and renewable energy programs and projects. Some state programs include homeless support agencies and assistance projects.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and supporting the delivery of essential human services, especially for those who are least able to help themselves. The Department is responsible for more than 300 programs, covering a wide spectrum of activities. Some highlights include: Medicare and Medicaid; financial assistance and services for low-income families; improving maternal and infant health; Head Start; preventing child abuse and domestic violence; mental illness and substance abuse treatment and prevention; medical and social science research; preventing outbreaks of infectious disease, including immunization services; and food and drug safety.

In FY 2010, the HHS budget totaled \$854 billion. The Department is the largest grant-making agency in the Federal Government and a key health insurer. These activities are administered by 11 operating divisions. These components work closely with State, local, and tribal governments, and many HHS-funded services are provided at the local level by State, county or tribal agencies, or through community- and faith-based grantees.

Treatments and services to persons experiencing homelessness are included in the activities of the Department, both in programs specifically targeted to homeless individuals (targeted homeless programs) and in those programs that assist eligible persons in need (mainstream programs).

More than 90 percent of the total departmental budget is distributed to provide services and benefits to poor, disabled, and underserved persons. These resources constitute a critical safety net in the lives of many people in the U.S. Representing a small portion of this funding, HHS has a portfolio of six programs specifically targeted to address the service needs of homeless persons: 1) Health Care for the Homeless, 2) Grants for the Benefit of Homeless Individuals, 3) Services in Supportive Housing, 4) Projects for Assistance in Transition from Homelessness, 5) Programs for Runaway and Homeless Youth, 6) the Federal Surplus Real Property program.

Health Care for the Homeless (Targeted)

The purpose of the Health Care for the Homeless (HCH) program administered by the Health Resources and Services Administration (HRSA) is to provide primary health care, substance abuse, emergency care with referrals to hospitals for in-patient care services and/or other needed services, and outreach services to assist difficult-to-reach homeless persons in accessing care, and provide assistance in establishing eligibility for entitlement programs and housing.

The HCH program operates within guidelines for the Consolidated Health Center (Health Center) program. Eligible grant recipients include private nonprofit and public entities. Eligible recipients of services include persons who are literally homeless, as well as those who are living in transitional housing arrangements. Services provided include primary health care, substance abuse, mental health and oral health services; extensive outreach and engagement; extensive case management services; and assistance with accessing public benefits, housing, job training, etc.

All Health Center programs, including HCH grant recipients, are required to submit annual reports that outline services provided, demographic and clinical information on users of services, fiscal reports, etc. This data is compiled for the complete cohort of Health Center programs. Special reports are also compiled on the demographic characteristics and other aspects of homeless users.

Number of Homeless Persons Assisted

In FY 2009, HCH grantees served 827,519 homeless individuals and in FY 2008, HCH grantees served 747,717 homeless individuals.

Funding History

2011: \$215.8 million

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2010: \$171.3 million

2009: \$185 million¹

Barriers to Access:

HCH responds to the circumstances of homelessness (environmental, safety issues, etc.) through assertive outreach, delivering services in locations accessible to homeless persons and hours of service to accommodate the complexities of the lives of homeless persons. The program response includes provision of services regardless of an individual's ability to pay, waiver of fees for all persons below federal poverty levels, and assistance in applying for Medicaid.

The HCH program provides services without regard to documentation of eligibility of citizenship (although citizenship rules continue to apply in other programs, like Medicaid, for which individuals may be eligible) and culturally competent care with translators for non-English speakers. Providers and other staff receive training on interpersonal and clinical accommodations necessary to meet the needs of homeless people.

Services are scheduled to accommodate the complications in the lives of homeless persons and they are provided in a variety of settings, including fixed clinic sites, shelters and other locations where homeless people congregate, and fully equipped mobile medical vans to deliver services on the street. HCH provides case management to help patients navigate the delivery system and outreach is conducted to build trust among homeless persons.

Efforts to increase participation in the program by (as appropriate) homeless people or organizations serving homeless people

All Health Centers are required to have boards of directors comprised of at least 51% consumers of services. HCH grantees may request a waiver of this requirement, given the nature of the population they serve and the complexities of governance for public entities. However, all HCH grantees must demonstrate significant involvement of consumers in program design and service delivery. The majority of Health Centers provide enabling services such as outreach to ensure that persons who are homeless can access Health Center services.

Grants for the Benefit of Homeless Individuals (Targeted)

The Grants for the Benefit of Homeless Individuals (GBHI) program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) enables communities to expand and strengthen their treatment services for homeless individuals with substance use disorders, mental illness, or co-occurring substance use disorders and mental illness. It authorizes HHS to award grants of up to five years duration to community-based public or nonprofit entities to provide addiction and mental health services to homeless people and prohibits the Department from making awards to entities that exclude people with co-occurring addictions and mental illnesses. It requires that when making award decisions, preference be given to entities that: provide integrated primary health, substance abuse, and mental health services to homeless people; have experience in providing addiction and mental health services to homeless people; demonstrate experience in providing housing for people in treatment for or in recovery from mental illness or addiction; demonstrate effectiveness in serving runaway, homeless, and street youth; and demonstrate effectiveness in serving homeless Veterans.

Programs and activities include: (1) substance use disorder treatment; (2) mental health services; (3) immediate entry to treatment; (4) supportive services that support recovery from mental illness and substance abuse; (5) outreach services; (6) screening and diagnostic services; (7) staff training; (8) case management services; (9) supportive and supervisory services in outpatient and residential settings; and (10) referrals for primary health services, job training, educational services, and relevant housing services.

Funds may not be used to (1) pay for housing (other than residential substance use disorder treatment and/or residential mental health programs); (2) carry out syringe exchange programs; or (3) pay for HIV antiretroviral therapy, STDs, TB, and hepatitis B and C services.

¹ Figure excludes \$160 million in Recovery Act funds.

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The primary goal is to link treatment services with housing programs and other services (e.g., primary care). Under the program, “homeless” persons are those who lack a fixed, regular, adequate nighttime residence, including persons whose primary nighttime residence is: a supervised public or private shelter designed to provide temporary living accommodations; a time-limited/nonpermanent transitional housing arrangement for individuals engaged in mental health and/or substance use disorder treatment; or a public or private facility not designed for, or ordinarily used as, a regular sleeping accommodation. “Homeless” also includes “doubled-up” – a residential status that places individuals at imminent risk for becoming homeless – defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice. “Chronically Homeless” persons are defined as unaccompanied homeless individuals with a substance use disorder, mental disorder, or co-occurring substance use and mental disorder, who have either been continuously homeless for a year or more or have had at least four (4) episodes of homelessness in the past three years.

Beginning in FY 2008, the Center for Substance Abuse Treatment in SAMHSA began funding services under their GBHI authority that are delivered in a stable housing context. For the purpose of this program, supportive housing is defined as housing that is permanent, affordable and linked to health, mental health, employment and other supportive services that provide consumers with long-term, community-based housing options. This housing approach combines housing assistance and intensive individualized support services to chronically homeless individuals with substance use disorders, mental disorders, or co-occurring substance use and mental disorders.

Number of Homeless Persons Assisted

Since the inception of the GBHI program, approximately 43,819 persons have received grant-supported services. In FY 2010, 5,398 clients were serviced. Sixty-five percent of persons served were male. In terms of race/ethnicity, 42% were Black/African American, 35% White, 5% American Indian/Alaska Native, and 1.89% were Other including Asian and Pacific Islander. About 18% of clients reported being Hispanic. The majority of people were between ages 35 and 55 years.

Planned evaluations or other studies or reports of the program’s administration, performance or impact:

SAMHSA obtains data from grantees in the form of progress reports that include quantitative and descriptive information including: organization, management and project plan activities and Government Performance and Results Act (GPRA) data. Data include percent of service recipients who: (1) have no past-month substance abuse; (2) have no or reduced alcohol or illegal drug consequences; (3) are permanently housed in the community; (4) are employed; (5) have no or reduced involvement with the criminal justice system; and (6) have good or improved health and mental health status.

In FY 2010, the intake rate for this program was approximately 100%, i.e., the number of clients enrolled equaled the number that had projected for the program as a whole. The six-month follow-up goal was 80% and the program achieved 81%. At the six-month follow-up, almost twice as many clients had been employed/engaged in productive activities as at intake, the number of clients having a permanent place to live increased by a rate of 108%, and abstinence from substance use increased by 39%. The grantees complied with GPRA requirements and continued to enter data at baseline and at 6 month follow-up. In addition, progress reports were submitted on time.

Funding History

2011: \$47.4 million (includes \$16.4 million for SSH)

2010: \$42.5 million (includes \$9.8 million for SSH)

2009: \$42.9 million (includes \$7.4 million for SSH)

Barriers to Access

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GBHI responds to the circumstances of homelessness through evidence based practices such as intensive case management, assertive community treatment, motivational interviewing, illness management recovery, delivering services in locations accessible to homeless persons, and hours of service to accommodate the complexities of the lives of homeless persons. Services for mental health disorders, substance use disorders, and co-occurring mental health and substance use disorders are provided regardless of an individual's ability to pay for services. Assistance in applying for Medicaid is provided to program participants as well.

The GBHI program includes culturally competent care with translators for non-English speakers. Providers and other staff receive training on evidence based practices as well as trauma informed services. Special populations and unique needs of participants are addressed through a range of technical assistance resources and ongoing training (i.e., on-site, e-learning, webinars, annual technical training conferences) to ensure that administrative approaches and clinical accommodations necessary to meet the needs of homeless people occur.

Services are provided in a manner that best suits the unique needs and challenges associated with being a homeless person or family. Service settings range from centralized locations to decentralized locations with transportation supports, to services in shelters and wherever homeless individuals are found. Case management and other intensive individual support services are provided to assist participants and ensure a seamless system of care.

Efforts to increase participation in the program by homeless people or organizations serving homeless people need new data (as appropriate):

Elemental to the GBHI program are Recovery Support Services which are provided by paid staff or volunteers familiar with how their communities can support people seeking to achieve recovery. Many times such peer-to-peer models include those who have life experience with homelessness. Programs therefore have significant involvement of individuals with lived experience who are program executives, case workers, and project directors who shape program design and implementation. Some programs have consumer advisory boards and other similar panels that inform the overall project.

Services in Supportive Housing Grants (Targeted)

The Services in Supportive Housing (SSH) program, administered by SAMHSA, was created to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness living with a severe mental and/or substance use disorder. The SSH program addresses the need for treatment and support service provision to individuals and families. The SSH program focuses its attention on the provision of services in a participant's housing facility (as opposed to within various community-level settings). In this regard, special attention is paid to the type, quantity and quality of services provided that seek to enhance the level of functioning and extended housing stability of program participants. To ensure the provision of supportive services that have been shown to be effective, SSH grantees are required to implement evidence based practices. SSH grantees are also required to have the permanent housing components in place and funded by other resources (HUD or comparable funding source). Permanent supportive housing models for SSH participants include scattered-site and congregate-site housing.

Services supported under the SSH funding include, but are not limited to, outreach and engagement, intensive case management, mental health and substance abuse treatment, and assistance in obtaining benefits.

Grantees are awarded up to \$400,000 per year for up to 5 years. No more than 15% of the total award may be used for developing the infrastructure necessary for expansion of services. No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in required data collection follow-up.

The SSH Program uses performance data obtained via site visits, biannual and/or annual reports, as well as process and outcome evaluation data collected by each SSH grantee to inform program development and improve performance.

Number of Homeless Persons Assisted

In FY 2010 3,550 people received services.

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Planned evaluations or other studies or reports of the program's administration, performance or impact

Progress towards program goals is demonstrated using the SAMHSA National Outcome Measures which are collected at three points: baseline, 6 months, and at discharge. The program measures, reported by grantees via the Transformation Accountability web-based system, are as follows: mental illness symptoms; employment/education; crime and criminal justice; stability in housing; social support/social connectedness; access; number of persons served by age, gender, race, and ethnicity; and rate or readmission to psychiatric hospitals.

Funding History

2011: \$42.0 million

2010: \$34.6 million

2009: \$34.6 million

Barriers to Access

SSH responds to the circumstances of homelessness through a model of Permanent Supportive Housing which is based on the philosophy that people with psychiatric disabilities and substance use disorders can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. Core characteristics of Permanent Supportive Housing include choice of housing, housing integration (i.e., participants live among individuals who do not have severe mental health and substance use disorders), functional separation of housing and services, decent safe, affordable housing, access to housing, and flexible, voluntary, and recovery focused services. Participants obtain intensive case management to support housing placement and access to support services if needed. This model reduces any barriers to housing by provision of a permanent place to live as a primary vehicle that supports recovery from mental health disorders, substance use disorders, and co-occurring mental health and substance use disorders. As the motivation for services and recovery increases among tenants, services are available and are provided regardless of an individual's ability to pay for services. Assistance in applying for Medicaid is provided to program participants as well.

The SSH program includes culturally competent care with translators for non-English speakers. Providers of supportive services and other staff receive training on evidence based practices, especially motivational interviewing as well as trauma informed services, for example. Special populations and unique needs of participants are addressed through a range of technical assistance resources and ongoing training (i.e., on-site, e-learning, webinars, annual technical training conferences) to ensure that administrative approaches and clinical accommodations necessary to meet the needs of homeless people occur.

Services are provided in a manner that best suits the unique needs and challenges associated with being a homeless person or family. Service settings range from centralized locations to decentralized locations with transportation supports. Case management and other intensive individual support services are provided to assist participants and ensure a seamless recovery oriented system of care.

Efforts to increase participation in the program by homeless people or organizations serving homeless people need new data (as appropriate)

Elemental to the SSH program are the requirements of the grantees to provide a permanent place to live for the participants as well as support services. These include peer-to-peer services which are provided by paid staff or volunteers indigenous to the communities and familiar with how their particular communities can support people seeking to achieve or maintain recovery from mental health and / or substance use disorder. Many times such peer-to-peer models include those who have life experience with homelessness and with mental health and substance use disorders. Programs therefore have significant involvement of individuals with lived experience who are program executives, case workers, and project directors who shape program design and implementation. Some programs have consumer advisory boards, or at a minimum, stakeholder participation on advisory boards, and other similar panels that inform the overall project.

Projects for Assistance in Transition from Homelessness (Targeted)

Projects for Assistance in Transition from Homelessness (PATH) is a formula grant program administered by SAMHSA to provide financial assistance to States to support services for homeless individuals who have serious mental illnesses and co-occurring substance use disorders.

Eligible programs and activities include: (1) outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) a prescribed set of housing services.

The formula allots funds on the basis of the population living in urbanized areas of the State, compared to the population living in urbanized areas of the entire United States, except that no State receives less than \$300,000 (\$50,000 for territories). States must agree to make available non-federal contributions equal to not less than \$1 (in cash or in kind) for each \$3 of federal funds provided in such grant. Territories have no matching requirements. Not more than 20 percent of the payment may be expended for eligible housing services.

Directors of State PATH programs and consumers were selected to serve on three major workgroups to provide guidance to SAMHSA on PATH definitions, policies, data and consumer involvement. Members of the workgroup also assist with training activities to expand access to housing and other services for PATH clients.

The PATH program is a wide network of State and local agencies that contribute to comprehensive community-based services for people who are homeless with serious mental illnesses. Over 480 local PATH provider organizations engage community mental health centers and other mental health providers, community-based social service agencies, health care providers, substance abuse service providers, and housing programs in activities that include:

- ▶ Local and regional planning efforts to end homelessness.
- ▶ Collaboration with homeless service providers in the local Continuums of Care, the homeless assistance planning networks at the Department of Housing and Urban Development.
- ▶ Work on local 10-Year Plans to End Homelessness and other planning efforts to ensure that services are coordinated and available to people experiencing homelessness.

The PATH program collaborates with the States to deliver innovative services through the over 480 local provider organizations. These organizations work with service delivery systems and embrace practices such as the following:

- ▶ Partnering with housing first and permanent supporting housing programs;
- ▶ Providing flexible consumer-directed and recovery-oriented services to meet consumers where they are in their recovery;
- ▶ Improving access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR);
- ▶ Employing consumers or supporting consumer-run programs;
- ▶ Partnering with medical providers, including Health Care for the Homeless and Community Health Centers to integrate mental health and medical services;
- ▶ Improving access to employment; and
- ▶ Using technology such as hand-held PDAs, electronic records, and Homeless Information Management Systems (HMIS) systems.

Number of Homeless Persons Assisted

FY 2009 allocations provided PATH eligible services to 90,442 enrolled persons. Persons served were among the most severely disabled. Thirty-four percent of clients had schizophrenia and other psychotic disorders; 61 percent of persons served had a co-occurring substance use disorder in addition to a serious mental illness; and almost 55 percent of clients served were living on the street or in emergency shelters.

Planned evaluations or other studies or reports of the program's administration, performance or impact

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SAMHSA regularly assesses the PATH program to ensure that expenditures are consistent with the legislative provisions and that changes needed in program design or operations are developed. The next evaluation will be completed September 2012. The program also obtains annual data from States indicating the number and characteristics of persons, homeless or at imminent risk of homelessness, which are served by staff supported by federal PATH funds.

Funding History

2011: \$64.9 million

2010: \$65.1 million

2009: \$59.7 million

Barriers to Access

Most local providers use PATH funds to contact homeless persons, engage them, and link them to housing and mainstream services supported by other funding streams. Therefore, their success is limited by the availability of housing and other mainstream resources and services.

Efforts to increase participation in the program by homeless people or organizations serving homeless people

States and local agencies are encouraged to use PATH funds to provide outreach to homeless persons with serious mental illnesses and co-occurring substance use disorders. Technical assistance is provided to States and local providers to increase their ability to obtain mainstream resources, particularly housing, community mental health services, substance abuse services and social security benefits. Examples of collaborative efforts with other federal agencies to expand access include an inter-agency effort with the Department of Housing and Urban Development and the Department of Veterans Affairs to address chronic homelessness and collaboration with the Social Security Administration's Office of Disability and Income Security Programs to address impediments for eligibility of homeless persons with serious mental illnesses for income benefits.

Runaway and Homeless Youth Act (Targeted)

The program administered by the Administration for Children and Families (ACF) awards more than 700 grants to over 400 public, community, and faith-based organizations through three grant programs that serve the runaway and homeless youth population. Ninety percent of grant dollars awarded are used for preventive activities and/or housing and serving youth who are at-risk of experiencing homelessness or are already in a homeless situation. Ten percent of funds are used in support of service providers.

Eligible applicants for the Basic Center and Transitional Living Program are any public or non-profit entity or combination of such entities. Indian Tribes are eligible, whether federally recognized or not.

Eligible applicants for the Street Outreach Program include any private, non-profit entity. Indian Tribes are eligible, whether federally recognized or not. Priority is given to entities with prior experience serving runaway, homeless, and street youth.

- ▶ **Basic Center Program:** The purpose of the Basic Center Program (BCP) is to establish or strengthen locally controlled, community and faith-based programs that address the immediate needs of runaway and homeless youth and their families.

Basic Centers provide youth with temporary emergency shelter, food, clothing and referrals for health care. Other types of assistance provided to youth and their families may include individual, group and family counseling, recreation programs and aftercare services for youth once they leave the shelter. Grants can also be used for outreach activities targeting youth who may need assistance.

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Basic Centers seek to reunite young people with their families when possible, or to locate appropriate alternative placements.

- ▶ **Transitional Living Program:** The purpose of the Transitional Living Program (TLP) is to provide shelter, skills training and support services to homeless youth, not less than 16 years of age and more than age 22, for a continuous period generally not exceeding 540 days, or in exceptional circumstances 635 days. Youth who have not reached the age of 18 years at the end of the 635 day period may remain in the program, in exceptional circumstances and if otherwise qualified, until their 18th birthday. If youth commence their stay before reaching the age of 22, they may remain through the expiration of the maximum period. "Exceptional circumstances" may be defined as circumstances in which a youth would benefit to an unusual extent from additional time in the program.

Youth are provided with stable, safe living accommodations and services that help them develop the skills necessary to move to independence. Living accommodations may be host family homes, group homes or "supervised apartments."

Skills training and support services provided include: basic life-skills and interpersonal skill-building, educational opportunities (vocational and GED preparation), job placement, career counseling, and mental health, substance abuse and physical health care services.

- ▶ **Street Outreach Program:** The purpose of the Street Outreach Program is to provide educational and prevention services to runaway, homeless and street youth who have been subject to, or are at risk of, sexual exploitation or abuse.

The program works to establish and build relationships between street youth and program outreach staff in order to help youth leave the streets. Support services that will assist the youth in moving and adjusting to a safe and appropriate alternative living arrangement include: treatment, counseling, information and referral services, individual assessment, crisis intervention and follow-up support.

Street outreach programs must have access to local emergency shelter space that is an appropriate placement for young people and that can be made available for youth willing to come in off the streets.

Number of Homeless Persons Assisted

FY2010 Total 48,811

Funding History

2011: \$115.5 million

2010: \$115.7 million

2009: \$114.9 million

Barriers to Access

According to the Family and Youth Services Bureau (FYSB) National Runaway Switchboard (NRS), between 1.6 and 2.8 million youth run away each year thus experiencing at least one episode of homelessness. A major contributing factor to what typically leads to homelessness in young people is family disruption such as divorce and /or abuse. Often, young people are not homeless for very long. They either return home or seek out relatives and/or friends for support.

A major impediment to serving this population is that most shelters nationally are geared towards adults. However, through the Runaway and Homeless Youth Act programs (RHY) funded by ACF, approximately 371 BCPs administered primarily by community based organizations work to overcome these impediments by re-connecting homeless youth with their families,

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immediate family, relatives, and close family friends, when appropriate. ACF grantees are often engaged in early intervention in precarious family situations and provide after-care support for those vulnerable young adults exiting the Transitional Living Program (TLP).

Efforts to increase participation in the program by homeless people or organizations serving homeless people

The mission of finding and reaching out to youth living on the street and bringing them into shelters and services is largely the mission of the Street Outreach Program, but both other RHY programs (BCP and TLP) must also engage in extensive outreach and marketing to youth and the community. The Street Outreach Program includes street-based or drop-in services to identify and communicate with street youth who need shelter, supply their basic needs, and persuade them to enter shelters where services and other necessities can be provided. Activities include vans patrolling sites where youth typically congregate, distribution of food and other immediate need items and carefully gaining the trust of street youth, sometimes through their peers. The National Runaway Switchboard conducts vigorous outreach and information dissemination. Its purpose is to connect runaways or potential runaways with shelter or family reunification services through a national 24 hour, seven days a week hotline.

In January 2006, ACF distributed an Information Memorandum to all Runaway and Homeless Youth Program grantees outlining the McKinney-Vento provision in the Runaway and Homeless Youth Act, as amended by the Runaway, Homeless and Missing Children Protection Act of 2003, P.L. 108-96. Grantees are required by law to “assist unaccompanied youth in placement and enrollment decisions, explain the youth’s right to appeal school decisions, ensure the youth is immediately enrolled in school while appeals are pending, and ensure the youth has access to transportation to school.”

Federal Surplus Real Property (known as Federal Property Assistance Program) (Targeted)

The Title V program administered by the Program Support Center (PSC) has no appropriation. PSC has permanent authority as a component of the HHS Services and Supply Fund, under 42 U.S.C. 231, to be reimbursed for services performed. In FY 2010, PSC’s budget for the Real Property program was \$674,000.00.

The Department may transfer federal surplus real properties that have been determined suitable and available for use by homeless assistance providers. HUD determines the suitability of the property and publishes a listing in the Federal Register advising potential applicants to provide expressions of interest to HHS’ Real Property Branch, Division of Property Management, Program Support Center.

The purpose of the program is to provide federal surplus real property, including land and buildings, to organizations which serve the needs of the homeless population. Eligible applicants are States and their political subdivisions and instrumentalities, and 501(c)(3) nonprofit organizations, which provide a broad array of services to people experiencing homelessness. Eligible activities include emergency and transitional housing and related services; permanent supportive housing; substance abuse and mental health programs for homeless individuals; homeless ex-offender aftercare programs and miscellaneous other supportive homeless services. Currently, there are 82 active properties on which numerous services are provided to homeless individuals and/or families.

Since FY 1988, HHS has transferred nearly 800 acres of land and over 650 buildings for use by homeless service providers. There are currently over 500 acres of land and over 450 buildings, all operated by eligible homeless institutions. Faith-based homeless assistance providers currently occupy approximately 20 of the Title V properties transferred.

Number of Homeless Persons Assisted

Rough estimate of the number of homeless served, in CY2010, in facilities transferred pursuant to the Title V program is 40,129. At the end of CY2010, PSC/RPB modified its database and requested that transferees provide more demographic information (i.e., number and type of beds; number of units; age, ethnicity information; etc.) concerning its facilities and clientele. All transferees should be providing this information in its next annual report to PSC in 2012, covering the CY2011.

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Barriers to Access

Communities have long since been interested in utilizing federal surplus real property to develop permanent housing. Recognizing this, the Department includes permanent supportive housing as an allowable use of surplus real property to assist persons experiencing homelessness.

Efforts to increase participation in the program by homeless people or organizations serving homeless people

In past years, PSC participated in workshops conducted by the General Services Administration and/or Department of Defense agencies to make homeless assistance providers aware of our program. There have been infrequent workshops for PSC to participate since 1994.

In addition, PSC continues to provide information to the general public who contact this office, referring them to other federal, state and local agencies, which may provide the services they require. The public inquiry may be by telephone or written communication. All incoming inquiries are logged and assigned to a realty specialist for response. The response includes a standard information letter which contains a pamphlet entitled "How to Acquire Federal Surplus Real Property for Public Health Purposes"; contact information for the Department of Housing and Urban Development; contact and website information for the U.S. Interagency Council on Homelessness; HHS regulation, 45 C.F.R., Part 12a; and the PSC website for Title V McKinney-Vento homeless assistance programs, <http://www.psc.gov/administrative/federalprop/titlev.html#titleV>. The aforementioned pamphlet may be obtained from the Division of Property Management (DPM) at the address below. PSC also advises interested parties that the Federal Register may be viewed at the local public library and provides the Government Printing Office Internet address for its access. Child care, after-school programs and other educational programs targeted to homeless children and youth continue to be eligible uses of surplus federal real property.

HHS Mainstream Programs

HHS identifies non-targeted, or mainstream, programs as relevant to serving eligible homeless persons. Mainstream programs are designed to serve those who meet a set of eligibility criteria that is often established by the States, but generally address provision of services to low-income populations. Very often, persons experiencing homelessness may be eligible for services funded through these programs. Brief descriptions of the non-targeted programs will include information and data if the program implementation serves the need of the nation's homeless population.

Medicaid (Mainstream)

Medicaid is generally a means-tested health care entitlement program financed by States and the Federal Government that provides health care coverage to low-income families with dependent children, pregnant women, children, and aged, blind and disabled individuals. States have considerable flexibility in structuring their Medicaid programs within broad Federal guidelines governing eligibility, provider payment levels, and benefits. As a result, Medicaid programs vary widely from State to State. Medicaid covers a broad range of services to meet the health needs of eligible beneficiaries. Federally-mandated services include hospital inpatient and outpatient services, comprehensive health screening, diagnostic and treatment services to children, home health care, laboratory and x-ray services, physician services, and nursing home care. Commonly offered optional services include prescription drugs, dental care, eyeglasses, prosthetic devices, hearing aids, and services in intermediate care facilities for individuals with a mental illness. In addition, States may elect to offer an array of home and community-based services to individuals with disabilities, individuals who are aging or individuals with chronic conditions.

Number of Homeless Persons Assisted

In FY 2010, Medicaid is estimated to have provided coverage to 53.9 million individuals including 26.8 million children. The total Federal spending for Medicaid medical assistance payments in FY 2010 was \$259.3 billion, and CMS estimates that it spent \$629 million in FY 2010 on services for homeless people.

Efforts to increase participation in the program by homeless people or organizations serving homeless people

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The Affordable Care Act (ACA) (P.L. 111-148 and P.L. 111-152) ushers in major improvements in health care coverage, cost and quality for all Americans, and Medicaid is the mechanism by which affordable coverage is guaranteed to lowest income Americans. Beginning in 2014, Medicaid will be extended to non-elderly adults, regardless of disability or parental status, and children with family incomes at or below 133 percent of poverty, with the Federal government picking up most of the new coverage costs. The Medicaid expansion benefit package will explicitly cover essential categories of benefits, including mental health, substance use disorder treatment, and prevention.

In addition to coverage expansions, the ACA makes substantive changes that will help Medicaid enrollees, including chronically homeless individuals, gain improved access to coordinated home and community-based services and supports. A new Medicaid Health Homes State plan option will improve coordination of health and social services for individuals with complex conditions, including severe and persistent mental illnesses. Through the home and community-based State plan option, the ACA also opens up opportunities for supported employment and assertive community treatment for people with severe and persistent mental illness.

Children's Health Insurance Program (Mainstream)

The Children's Health Insurance Program (CHIP) is a partnership between the Federal and State governments that provides health insurance coverage to targeted low-income children whose families earn too much to qualify for Medicaid. The Federal government establishes general guidelines for the administration of CHIP benefits. However, specific eligibility requirements to receive CHIP benefits, as well as the type and scope of services provided, are determined by each State. Also, enrollment procedures, eligibility, and coverage vary by State and, even within a State, there may be multiple service delivery systems (e.g. fee-for-service, managed care).

CHIP requires States to ensure that covered services are available to all individuals who are eligible for the program, including those that are homeless, without discrimination. States may implement outreach or health services initiatives specifically designed to reach different targeted subpopulations, such as homeless children.

States administering CHIP are not required to report to CMS on the homelessness or housing status of persons who receive health care supported with CHIP funding. Therefore, CHIP data systems are not designed to produce estimates of expenditures on services provided to eligible homeless persons.

CMS has implemented partnerships with other Federal agencies, States, providers, community groups, and faith-based organizations to expand access to CHIP. Activities involve technical assistance, tool development, and education to States and providers:

- ▶ **Policy Guidance** CMS has issued letters to State CHIP Directors regarding enrollment and eligibility simplification, out-stationing eligibility workers, re-determination procedures, continuance-of-care, and administrative flexibilities, all aimed at increasing access for beneficiaries, including eligible homeless persons.
- ▶ **Prevention** The CHIP program can assist in the reduction of future episodes of homelessness by ensuring that CHIP beneficiaries have timely access to covered, preventive, and curative health care services and thus reducing the economic impact of health conditions on family income.

Efforts to increase participation in the program by homeless people or organizations serving homeless people

- ▶ **Outreach and Enrollment** The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (P.L. 111-3) authorized specific grant funding for outreach activities to increase enrollment in CHIP and Medicaid. The first cycle of these grants was awarded September 30, 2009, with \$40 million awarded to States, community-based organizations, and other local entities. Of these awards, eleven specifically mention homeless children as a target for outreach activities and their efforts will impact homeless children and families across sixteen States.

Consolidated Health Centers, excluding Health Care for the Homeless (Mainstream)

Through the Health Resources and Services Administration (HRSA), Health Centers provide health services to underserved populations which include all residents in their catchment area, regardless of ability to pay. This includes people who face barriers in accessing services because they have difficulty paying for services, have language or cultural differences, or because there is an insufficient number of health professionals/resources available in their community.

Health Centers provide health care services as described in statute and regulation. They provide basic preventive and primary health care services. Health Centers also provide services that help ensure access to primary care such as case management, outreach, transportation and interpretive services. Fees are discounted or adjusted based upon the patient's income and family size from current Federal Poverty Guidelines. All grantees must demonstrate that all persons will have access to the full range of required primary, preventive, enabling, and supplemental health services, including oral health care, mental health care and substance abuse services, either directly on-site or through established arrangements.

Number of Homeless Persons Assisted

Health Centers serve homeless individuals as appropriate, therefore, Centers located in communities that do not have HCH programs may serve persons who are homeless. In 2008 and 2009, the mainstream Health Center program reported serving 186,212 and 190,565 homeless patients, respectively.

Title V Maternal and Child Health Services Block Grant (Mainstream)

Unique in its design and scope, HRSA's Maternal and Child Health Block Grant (MCHBG) is the only Federal program that focuses solely on improving the health of all mothers, adolescents, children, including children and youth with special health care needs, and families, whether insured or not and regardless of income level. The program is administered through well-established Federal/State partnerships, with States having broad discretion in implementing programs that meet their specific MCH priority needs. Most of the MCH Block Grant funds are allocated to the States through formula-based block grants. The Block grant program provides support to all 59 States and jurisdictions.

The MCH Block Grant program (sometimes called Title V) plays an important role in the delivery of appropriate and effective care for all MCH populations. Title V programs work towards the elimination of health disparities in health outcomes through the removal of economic, social, and cultural barriers to receiving comprehensive, timely, and appropriate health care. Special efforts are made to build community capacity to deliver such enabling services as care coordination, transportation, home visiting, and nutrition counseling.

Title V has three components: formula block grants to 59 States and jurisdictions, grants for Special Projects of Regional and National Significance, and Community Integrated Service Systems grants. It operates through a partnership with State MCH and Children with Special Health Care Needs programs. The Program supports direct care; core public health functions such as resource development, capacity and systems building; population-based functions such as public information and education, knowledge development, outreach and program linkage; technical assistance to communities; and provider training.

Title V does not collect financial data on how many of its program dollars support homeless mothers and children, nor does it collect program data that indicates how many homeless mothers and children are served by Title V. Homeless women and children may have difficulty obtaining health care services for a variety of reasons. State and local MCH agencies engage in numerous outreach efforts to bring high-risk women and children into care. For example, MCH supports outreach workers at WIC centers and health centers under the 330 Consolidated Health Centers program in many jurisdictions.

Healthy Start (Mainstream)

The purpose of HRSA's Healthy Start program is to address the factors associated with high rates of infant mortality and significant disparities in perinatal health including disparities experienced by Hispanics, American Indians, African-Americans, Asian/Pacific Islanders, and immigrant populations. Differences in perinatal health indicators may occur by virtue of

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education, income, morbidity, disability, or living in rural/isolated areas. To address infant mortality, disparities and the factors contributing to these indicators, Healthy Start services cover the pregnancy and interconceptional phases (between pregnancies) for women and infants residing in the project area. In order to promote longer interconceptional periods and prevent relapses of risk behaviors, the woman and infant are followed through the infant's second year of life and/or two years following delivery. Most services supported by Healthy Start funds fall within two areas, enabling services and infrastructure building. All Healthy Start projects include outreach, case management, consumer involvement, health education, local consortia, local health systems action plan, and project evaluation.

Healthy Start does not collect financial data on how many of its program dollars support homeless mothers and children, nor does it collect program data that indicates how many homeless mothers and children are served by Healthy Start.

Homeless women and children may have difficulty obtaining health care services for a variety of reasons. Healthy Start programs engage in numerous outreach efforts to bring high-risk women and children into care. For example, Healthy Start supports outreach workers at WIC centers and health clinics in many project areas. Several projects have identified outreach efforts at homeless shelters and other locations where homeless families are found.

Ryan White HIV/AIDS Program (Mainstream)

HRSA's Ryan White HIV/AIDS Program authorizes funding to address the unmet care and treatment needs of persons living with HIV/AIDS who are unable to pay for appropriate HIV/AIDS health care. Signed into law in 1990 and having been reauthorized in 1996, 2000, 2006, and 2009, the Ryan White HIV/AIDS Treatment Extension Act was amended to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. The program is for individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. As such, the Ryan White HIV/AIDS Program fills gaps in care not covered by other funding sources, and is often referred to as the payer of last resort. In FY 2010, a budget of \$2.3 billion funded programs through States and Territories, disproportionately impacted metropolitan areas, community health centers, dental schools, health care programs that target women, infants, youth and families, and AIDS Education and Training Centers.

An increasing number of the people accessing housing services have histories of homelessness, mental illness, and chemical dependency. HRSA has approached the issue of housing and health care access through housing policy development, direct service programs, service demonstrations, as well as in providing technical assistance and training activities for grantees. The HIV/AIDS Bureau Policy Notice establishes guidelines for allowable housing-related expenditures under the Ryan White HIV/AIDS Program. The use of Ryan White funds for housing referral services and short-term or emergency housing needs are to ensure that eligible HIV-infected persons and families gain or maintain access to medical care.

- ▶ Two Types of Housing Assistance Provided Through the Ryan White HIV/AIDS Program
 - Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation.
 - Short-term or emergency housing is defined as necessary to gain or maintain access to medical care;
 - Housing referral services is defined as providing assessment, search, placement, and advocacy services;

There is a Housing and Homelessness Workgroup that meets on a regular basis and provides leadership and direction around HIV housing and homelessness programming and policy efforts.

Substance Abuse Prevention and Treatment Block Grant (Mainstream)

SAMHSA's Substance Abuse Prevention and Treatment Block Grant (SAPTBG) is a formula block grant to States to provide substance abuse treatment and prevention services to individuals in need. The formula grant is intended to provide maximum flexibility to States in determining allocations of the block grant to all populations within the States, dependent on State needs and priorities, including vulnerable and underserved populations such as people who are homeless and those at risk of homelessness. The authorizing legislation does not, however, specify homeless services and current policy does not encourage set-asides for specific populations. Block grant funds are used by each State as they determine their needs;

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therefore, the program does not require States to report on expenditures related to homelessness.

SAMHSA is now implementing the reporting of National Outcome Measures (NOMs) in its Block Grants and other key programs, including SAMHSA's Access to Recovery grants, Strategic Prevention Framework grants, and Mental Health System Transformation grants. The NOMs will measure States' progress on seven key national outcome domains, including: abstinence from alcohol abuse or drug use, or decreased mental illness symptomatology; increased or retained employment and school enrollment; decreased involvement with the criminal justice system; increased stability in housing; increased access to services; increased retention in services (substance abuse) or decreased utilization of psychiatric inpatient beds (mental health); and increased social supports/social connectedness. These seven domains, as well as three outcomes identified by the performance measurement process – client perception of care, cost effectiveness, and use of evidence-based practices – constitute the ten national outcomes. States will be reporting annually on the percentage of clients in stable housing situations at date of first services and then at date of last service.

The SAPTBG provides service funding to States and the reporting of the results of these expenditures are not evaluated, per se. States are required to submit information consistent with OMB-approved application reporting requirements, including the Government Performance and Results Act (GPRA) standards.

The National Association of State Alcohol/Drug Abuse Directors (NASADAD) analyses noted above indicated that as many as 10 percent of all clients admitted to treatment in publicly-funded programs self report they are homeless at the time of admission. The primary barrier to overcoming their homelessness is the availability of appropriate and affordable housing.

SAMHSA's publication, "How States Can Use SAMHSA Block Grants to Serve Persons Who are Homeless," (http://www.usich.gov/funding_programs/programs/substance_abuse_prevention_and_treatment_block_grant/) presents specific examples of strategies used by State mental health and substance abuse treatment systems to support the provision of services to people who are homeless, and shows how Federal Mental Health and Substance Abuse Block Grant Funds support the funding of these services.

States selected for the case studies presented in this report use a portion of their Mental Health and Substance Abuse Block Grant Funds to support services for people who are homeless. The State strategies profiled here reflect a range of effective and/or innovative approaches that bridge the gap between needed mental health and substance abuse treatment, housing, and other support services - all of which are needed to break the cycle of homelessness.

The report is intended for mental health and substance abuse program administrators at the State and local levels, service providers, and members of the advocacy community concerned with the provision of services to people who are homeless and have mental illnesses or substance use disorders. The examples may be adapted by other States and localities. It features approaches developed using funds from both of SAMHSA's Block Grants, the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and the Community Mental Health Services Block Grant Program (CMHSBG).

Community Mental Health Services Block Grant Program (Mainstream)

SAMHSA's Community Mental Health Services Block Grant program (CMHSBG) is a formula grant to States and territories for providing mental health services to people with serious mental illnesses. The formula for determining the federal allocations of funds to the States is determined by Congress. The funds are intended to support development of a community-based mental health care system for adults with serious mental illnesses and children with serious emotional disturbances. In collaboration with the State Mental Health Planning Council, States develop an annual plan for the State's mental health populations. Funds are used to carry out the plan, evaluate programs and services carried out under the plan, and for planning, administration and educational activities that relate to providing services under the plan.

SAMHSA encourages States and territories to use Block Grant funds to provide needed services as they determine what is best for their population. One of the specific areas to be addressed in the annual State plan is a description of the services provided to individuals who are homeless. Technical assistance is provided to support the States' work in this area. As indicated previously, the report, "How States Can Use SAMHSA Block Grants to Serve Persons Who Are Homeless," contains examples of States using CMHSBG funds to provide services to persons who are homeless.

Access To Recovery (Mainstream)

SAMHSA's Access to Recovery (ATR) was founded on recognition of the many pathways to recovery from addiction. By providing vouchers to people who want and need substance abuse treatment and recovery services, the grant program promotes individual choice. It further ensures the availability of a full range of service options (including faith-based programs) and expands service capacity by increasing the number and types of providers. This program has great potential to add to the knowledge base for recovery support services. ATR is designed to accomplish three main objectives:

- Expand capacity by increasing the number and types of providers, including faith-based providers, who deliver clinical treatment and/or recovery support services;
- Allow recovery to be pursued through many different and personal pathways;
- Require grantees to manage performance, based on outcomes that demonstrate patient successes.

Temporary Assistance for Needy Families (Mainstream)

ACF's Temporary Assistance for Needy Families (TANF) program provides block grant funding which allows States, Territories and federally recognized Indian Tribes to use Federal TANF funds in any manner that is reasonably calculated to accomplish a purpose of the TANF program. The four TANF purposes are: (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two-parent families.

Each State, Territory, and participating Tribe has broad discretion in deciding the benefits it will provide and the specific eligibility criteria that must be met to receive financial assistance payments and/or other types of TANF-funded benefits and services.

TANF agencies can provide a range of benefits to eligible families who are homeless or at-risk of becoming homeless. Homeless families may qualify for benefits and services more broadly available to low-income families with children; in addition, the State, tribe, or territory may have benefits specifically for families that are homeless or at risk of homelessness. Common benefits and services which states may provide to homeless families include: cash assistance for temporary shelter arrangements; assistance to obtain permanent housing; case management services; one-time cash payments; and vouchers for food, clothing and household expenses. For at-risk families, common benefits can include counseling, housing referrals, assistance for past-due utility bills and assistance for arrearages in rent or mortgage payments.

While federal law does not restrict TANF eligibility for homeless families, States, Tribes and Territories have broad discretion in determining their processes for determining eligibility for assistance, and the verification and other conditions that must be satisfied by applicants and recipients. The eligibility process is one that requires families to verify their circumstances such as income and residence in order to receive benefits, and verification requirements may pose barriers for families experiencing homelessness that may not have access to the documents verifying their eligibility. In addition, jurisdictions may have requirements relating to job search or other work-related requirements for applicants and recipients, which may present particular challenges for homeless families.

The flexibility afforded States in the design of their TANF programs also extends to the provision of services. States can enter into contracts with for-profit, non-profit and faith-based providers for the delivery of services to the TANF population. Such contracts are subject to State procurement requirements and resource parameters. A number of States have established contracts with service providers who have experience in working with homeless families. Jurisdictions may have specialized services to assist families with significant barriers such as homeless families, in order to stabilize their families and move forward toward employment.

Child Support Enforcement Program (Mainstream)

ACF's Child Support Enforcement (CSE) program is a Federal/State/Tribal effort to promote self-sufficiency by ensuring that both parents support children financially and emotionally. The Federal CSE program functions in all States and Territories through the State/county/Tribal Social Services Department, Attorney General's Office or Department of Revenue. CSE Programs locate noncustodial parents, establish paternity, establish and enforce support orders, modify orders when appropriate, and collect and distribute child support payments. The program serves one-quarter of all children and half of all poor children in the country. Services are available to all who need them.

The Office of Child Support Enforcement (OCSE) helps States/Tribes develop, manage, and operate their programs effectively and according to Federal law. OCSE pays the major share of State/Tribal program operating costs, provides location services, policy guidance and technical help to enforcement agencies, conducts audits and educational programs, supports research and shares ideas for program improvement.

In 2008, the Department of Veterans Affairs (VA) conducted a survey of homeless Veterans and providers and the results indicated that overall, legal assistance with child support ranks as the number two unmet need of homeless Veterans. ACF is working on an initiative with the VA and the American Bar Association to resolve child support issues for homeless Veterans. Nine major cities with large populations of homeless Veterans have been identified to launch the initiative: Atlanta, Baltimore, Boston, Chicago, District of Columbia, Minneapolis, Los Angeles, San Diego and Seattle. Veterans who are engaged and committed to a treatment plan will be eligible to have their child support matters addressed. Other partners, such as Volunteers in Service to America and Domestic Violence and Homelessness Coalitions, will be engaged as part of the development process at each site.

Currently, state child support agencies work with several VA programs including the Compensated Work Therapy program, the Domiciliary Residential Rehabilitation Treatment program, the Healthcare for Homeless Veterans Program and the Health Care for Re-entry Veterans program in their efforts to assist Veterans to obtain economic stability. Among the states that have partnerships with the VA are Massachusetts, New York and New Mexico. Child support staff work with the VA on child support issues, which include modification of child support court orders, arrears management and negotiation of settlements. Also, in Massachusetts, the child support office has agreed to forego suspending or revoking the Veteran's driver's, professional, trade, recreational and/or motor vehicle registration. Since Massachusetts' collaboration with the VA, Veterans have made over \$303,000 in child support payments. There have also been substantial reductions in their arrears.

In addition to working with the various VA programs, child support offices have participated in Homeless Stand Downs, hosted by the VA. Stand Downs are collaborative one- to three-day events. Local VA and other government and community agencies participate. Stand Downs provide health and social services to homeless Veterans nationwide as well as referrals for housing, employment and substance abuse treatments.

Child support offices work closely with homeless women and men (many who are Veterans) on their child support issues. Primarily, the offices work with various missions and agencies that serve homeless men and women.

OCSE has been urging States to offer debit cards as a means of transmitting child support payments to families, which can be utilized as a means of getting child support collections to homeless families who do not have an established or permanent address. Of the 54 States and Territories, 47 indicate that they have a debit card process in place. Two of the remaining seven States have Electronic Benefit Cards (EBT) used in conjunction with Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and Medicaid. OCSE continues to work with the remaining states to encourage electronic disbursement of child support payments. Child support debit card data was used to track Louisiana families made homeless by the 2005 hurricane Katrina under an agreement between the Louisiana child support agency and Louisiana State University.

Head Start (Mainstream)

ACF's Head Start and Early Head Start is a comprehensive child development program that serves children from birth to age five, pregnant women and their families. It is a child-focused program with the overall goal of increasing the school readiness

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of young children in low-income families. Head Start directly serves homeless children birth to five years old and their families in areas such as nutrition, developmental, medical and dental screenings, immunizations, mental health and social services referrals, and transportation.

The objective of the Head Start program is to promote school readiness by enhancing the social and cognitive development of low-income children, including children on federally recognized reservations and children of migratory farm workers, through the provision of comprehensive health, educational, nutritional, social, and other services; to involve parents in their children's learning and to help parents make progress toward their educational, literacy, and employment goals. Head Start also emphasizes the significant involvement of parents in the administration of their local Head Start programs.

Head Start was reauthorized by the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134). In this reauthorization, age eligible children whose families are determined to be homeless are categorically eligible for Head Start and Early Head Start programs. Many Head Start grantees serve homeless families through home-based and center-based programs, both of which provide many supportive services to children and families regardless of their living circumstances. HHS recently issued a Notice of Proposed Rule Making (NPRM) regarding eligibility on March 18, 2011. This regulation affirms that the McKinney-Vento definition of "homeless" applies for Head Start eligibility and ensures that no requirements in the regulation create barriers for homeless children being served in Head Start. In addition, training modules are available on-line (<http://eclkc.ohs.acf.hhs.gov>) regarding identification of, outreach to, and enrollment of homeless families.

Head Start Program Information Report (PIR) data for the 2008-2009 program year reflects that a total of 32,000 homeless families and children were served by Head Start and Early Head Start grantees across the nation, and that number increased to 39,000 homeless families and children in the same report for program year 2009-2010.

Homelessness is one of eight priority areas identified for the activities of Head Start-State Collaboration Offices (SCOs). The SCOs endeavor to create partnerships and mobilize resources within early childhood systems in each of the 50 States, the District of Columbia and Puerto Rico to serve homeless families with young children.

Child Care and Development Fund (Mainstream)

The Child Care and Development Fund (CCDF), administered by the Office of Child Care (OCC), is a block grant made available annually to states, territories, and tribes to support low-income working families through child care financial assistance and to promote children's learning by improving the quality of early care and education and afterschool programs. The CCDF provides financial assistance for child care to approximately 1.6 million children every month.

As a block grant, this program offers states, territories, and tribes significant flexibility in designing their CCDF policies, including the ability to define eligibility and prioritize resources. OCC encourages states to leverage this flexibility to offer access to the most vulnerable populations, including families experiencing homelessness. Several policy areas where states can offer access to families experiencing homelessness include: expanding access to and priority for services by broadening the definition of "protective services" and "special needs" to include homeless children, allowing job and/or housing search as a qualifying activity for subsidy receipt, and exempting housing assistance from income eligibility determinations. These policies, many of which are currently being implemented, allow CCDF programs to better serve families experiencing homelessness.

This past year, ACF issued two Information Memoranda (IM) that will further improve services to families experiencing homelessness. The Child Welfare and Child Care Partnerships IM provided information to CCDF Lead Agencies and state and local child welfare agencies encouraging partnerships to better serve vulnerable child populations and families. The Emergency Preparedness IM provided guidance to Lead Agencies to assist in the development of comprehensive emergency preparedness and response plans for child care. This guidance provides valuable information on dealing with temporary homelessness following an emergency, including recently issued FEMA guidance on possible reimbursements for emergency sheltering efforts, including child care services in emergency situations.

Social Services Block Grant (Mainstream)

ACF's Social Services Block Grant (SSBG) is designed to: (1) reduce or eliminate dependency; (2) achieve or maintain self-sufficiency for families; (3) help prevent neglect, abuse, or exploitation of children and adults; (4) prevent or reduce inappropriate institutional care; and (5) secure admission or referral from institutional care, as appropriate. SSBG serves low-income children and families, persons with disabilities, and elderly persons with well-documented need. SSBG provides State and local flexibility in allocating Federal funds and enables States to target populations that might not otherwise be eligible for services needed to remain self-sufficient and economically independent.

The SSBG program's implementing regulations are published at 45 CFR part 96. Those regulations include both specific requirements and general administrative requirements in lieu of 45 CFR part 92 (the HHS implementation of the A-102 Common Rule) for the covered block grant programs. Requirements specific to SSBG are in 45 CFR sections 96.70 through 96.74.

Community Services Block Grant (Mainstream)

The purpose of ACF's Community Services Block Grant (CSBG) program is to provide services and activities to reduce poverty, including services to address employment, education, better use of available income, housing assistance, nutrition, energy, emergency services and health and substance abuse needs. Funds are allocated by formula to 50 States and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Marianas and State and federally-recognized Indian Tribes. Funds are used by States to support a network of local community action agencies, federally and State-recognized Indian Tribes and Tribal organizations, migrant and seasonal farm worker organizations or private/public community-based organizations to provide a range of services and activities to assist low-income individuals and families, including people experiencing homelessness, to alleviate the causes and conditions of poverty.

The CSBG program participates in a Results Oriented Management and Accountability (ROMA) performance management system. ROMA describes the kinds of outcomes being reported by CSBG eligible entities in addressing the program's impact on local communities. The CSBG Statistical Report collects client information on the number of homeless families served (without family housing) by the CSBG Network, non-CSBG Federal funding to eligible entities, including "Other HUD Including Homeless," and State program funding for "housing and homeless programs."

Family Violence Prevention and Services Act (Mainstream)

The purpose of ACF's Family Violence Prevention and Services Act (FVPSA) Formula Grants is to provide support to States, Tribes and Territories to: prevent incidents of family violence, domestic violence, and dating violence; provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence or dating violence, and their dependents; and provide specialized services for children exposed to family violence, domestic violence or dating violence; underserved populations; and victims who are members of racial and ethnic minority populations. Funds are allocated by formula to 50 States and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Marianas and federally-recognized Indian Tribes. Funds are used by recipients to support a network of more than 1,500 community-based domestic violence programs, approximately 1,400 of which operate an emergency shelter facility with targeted intervention services for victims of domestic violence.

DEPARTMENT OF HOMELAND SECURITY

Emergency Food and Shelter Program (Targeted)

The Emergency Food and Shelter Program began in 1983 with a \$50 million federal appropriation. The program was created by Congress to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter.

The program is governed by a National Board, chaired by FEMA, and comprised of representatives from American Red Cross; Catholic Charities USA; National Council of the Churches of Christ in the USA; The Jewish Federations of North America; The Salvation Army; and United Way Worldwide. During its 28 years of operation, the program has disbursed, through fiscal year 2010, over \$3.64 billion to over 14,000 Local Recipient Organizations in more than 2,500 counties and cities. In 2010, it disbursed \$200,080,495 to 13,301 Local Recipient Organizations, in 2,538 counties and cities. These figures also include approximately \$4.5 million remaining in funds made available to the Emergency Food and Shelter Program under the American Recovery and Reinvestment Act of 2009 due to monies from Local Recipient Organizations (LROs) either not claimed or returned as a result of compliance issues.

The National Board's guiding principles for the program are:

- ▶ *Efficiency*—fiscal administration, reporting and procedural guidance to Local Boards and LROs
- ▶ *Accountability*—good steward of taxpayers' dollars through reasonable oversight and transparency
- ▶ *Responsiveness*—prioritize the allocation of supplemental funds to the neediest areas in the nation
- ▶ *Partnership*—promote and strengthen collaboration between nonprofit organizations and public sector
- ▶ *Facilitating*—maximizing appropriate local decision-making through clear guidance and training.

How is the Program Governed Locally?

Locally, the program is a model of public-private cooperation. Each civil jurisdiction (a county or city) funded by the program must constitute a Local Board. The Local Board must be composed of representatives of the same organizations as those on the National Board with a local government official replacing the FEMA representative. The Local Board members elect their chair. Local Boards may also have additional members and, since 1993, Local Boards have been required to include a homeless person, formerly homeless person, former recipient of program services, or homeless advocate as a member of the Local Board. If a jurisdiction is located within or encompasses a federally recognized Indian reservation, a Native American representative must be invited to serve on the Local Board. Additionally, the National Board encourages that organizations representing or serving the special emphasis groups named in the McKinney-Vento Homeless Assistance Act be invited to serve on the Local Boards. These groups include the elderly, families with children, Veterans, and the physically and mentally disabled.

The National Board allocates funds to jurisdictions based upon formula; in addition, a small portion of funds is allocated by formula to State Set-Aside Committees, who then allocate funds to jurisdictions based upon the criteria they feel is most appropriate.

Once an allocation is made by either the National Board or a State Set-Aside Committee, Local Boards decide which agencies are to be awarded funds, and then those agencies are paid directly by the National Board. Within a jurisdiction, no more than 2% of their allocation may be used for administrative costs by the Local Board and agencies combined.

Emergency Food and Shelter Program funds appropriated for fiscal year 2010 provided an estimated 93,032,145 meals; 6,326,048 nights of lodging; 149,412 rent/mortgage payments; and, 311,133 utility payments to individuals and families across the country. Assistance under these categories was also provided with American Recovery and Reinvestment Act of 2009 funds that were reallocated in 2010. However, separate statistics are not available for the National Board's reallocation of these funds.

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What is a State Set-Aside Committee?

In 1985, the National Board created a State Set-Aside process to identify and fund areas of need not reflected in the National Board's formula criteria. State Set-Aside Committees, with member organizations mirroring the National Board in composition, receive funds based upon the number of unemployed people in counties within their state that do not qualify under the National Board's formula criteria. State Set-Aside Committees may use any criteria they wish to develop a needs-based formula to determine which jurisdictions receive funding. The committees must give priority to jurisdictions which do not qualify under the National Board formula, but they may also select, with National Board approval, jurisdictions that did qualify for funding. State Set-Aside Committees may use up to one-half of one percent (.5%) of their allocation for administrative purposes.

How Are Emergency Food and Shelter Program Funds Used?

Program funds are used by Local Recipient Organizations to provide the following, as determined by the Local Board in each funded jurisdiction:

- ▶ Food, in the form of served meals or groceries;
- ▶ Lodging in a mass shelter or hotel;
- ▶ One month's rent or mortgage payment;
- ▶ One month's utility payment;
- ▶ Transportation costs associated with the provision of food or shelter; and
- ▶ Supplies and equipment necessary to feed or shelter people, up to a \$300 limit per item.

In fiscal year 2010, the National Board could use up to 1 percent of the total award for its administrative costs.

Number of Homeless Persons Assisted

The program's performance is measured by its adherence to the provisions enacted by Congress in the McKinney-Vento Homeless Assistance Act and in the National Board's ability to allocate and deliver funds quickly to the nation's neediest areas, to foster public-nonprofit sector partnerships, to ensure decision-making at the local level for the management and award of funds, and to maintain minimal but accountable reporting from funds recipients. Accomplishment of these measures is demonstrated in the services provided to hungry, homeless, and at-risk populations across our country. The Emergency Food and Shelter Program provided the following assistance in fiscal years 2008, 2009, and 2010, including funds awarded under the American Recovery and Reinvestment Act of 2009 (ARRA) (see A-38):

FISCAL YEAR	MEALS PROVIDED	NIGHTS OF LODGING PROVIDED	RENT/MORTGAGE PAYMENTS MADE	UTILITY PAYMENTS MADE
2010 (estimates)	93,032,145	6,326,048	149,412	311,133
2009 (ARRA)	46,516,073	3,163,024	74,706	155,567
2009	93,032,145	6,326,048	149,412	311,133
2008	69,315,284	4,621,619	114,937	251,262
TOTALS	301,895,647	20,436,739	488,467	1,029,095

Funding History

2011: \$119.76 million

2010: \$200.0 million

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2009: \$200.0 million

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Homeless Assistance Grants (Targeted)

HUD's Homeless Assistance Grants include three targeted programs awarded through the annual Continuum of Care competition (Supportive Housing Program, Shelter Plus Care, and Section 8 Mod Rehab/SRO) and one program awarded by formula to eligible states, counties, cities, and territories (Emergency Shelter Grants). The programs were authorized under the McKinney-Vento Homeless Assistance Act of 1987—the first major federal legislative response to homelessness.

The Continuum of Care (CoC) programs are funded by grants to organizations that participate in local homeless assistance program CoC planning networks. HUD introduced the CoC concept to encourage and support local organizations in coordinating their efforts to address housing and homeless issues and reduce homelessness. CoC committees coordinate their efforts to produce annual plans that identify the needs of local homeless populations, the resources that are currently available in the community to address those needs, and the additional resources needed to fill identified gaps. The CoC process is a community-based approach that encourages the creation of collaborative, comprehensive housing/service delivery systems to meet the diverse of needs of local homeless populations.

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including a consolidation of the competitive homeless assistance grant programs into one program (the Continuum of Care Program), the creation of a new Rural Housing Stability program to replace the Rural Homeless Grant program, and an increase in funding and flexibility for the Emergency Shelter Grants Program (ESG, renamed the Emergency Solutions Grants Program) to allow communities to continue work initiated under the Recovery Act-funded Homelessness Prevention and Rapid ReHousing Program (HPRP). HEARTH implementation was anticipated to occur in FY2011; however, the final FY2011 appropriation has required a phased approach to implementation. Congress allocated \$65 million in additional funding to the ESG program, allowing HUD to proceed with implementation of the new Emergency Solutions Grants program. Other aspects of HEARTH implementation will occur in the future as funding permits.

Total Number of Homeless Persons Assisted

920,113 homeless persons were served in FY2009.

Funding History

2011: \$1.905 billion

2010: \$1.865 billion

2009: \$ 1.677 billion

Supportive Housing Program (Targeted)

The Supportive Housing Program (SHP) is designed to promote the development of housing and supportive services to assist homeless individuals and families in making a successful transition to permanent housing and greater self-determination. SHP provides grants to public entities and nonprofit organizations.

SHP has six program components/types for which funding may be requested.

1. **Permanent housing for homeless persons with disabilities.** Long-term, community-based supportive housing designed for people with disabilities. Supportive services may be provided by the applicant or through contract with other public or private service providers. Projects generally serve fewer than 16 people.

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2. **Transitional Housing.** Supportive housing that facilitates the movement of homeless individuals and/or families to permanent housing within 24 months. Supportive services may be provided by the applicant or through contract with other public or private service providers.
3. **Supportive Services Only.** Supportive services that are provided separate from transitional or permanent housing projects (including case management, housing counseling, employment assistance, etc).
4. **Safe Havens.** A residence for hard-to-reach homeless persons with severe mental illness. Structures funded by this component have the following characteristics: (1) limited to 25 residents; (2) provide 24-hour access for an unspecified duration; (3) offer private or semi-private sleeping accommodations; (4) may provide common kitchens, dining rooms, and bath rooms; and (5) may provide drop-in services to eligible people who are not residents.
5. **Homeless Management Information Systems (HMIS).** An HMIS is a data-collections software system designed to capture information over time on the characteristics of persons experiencing homelessness and being housed and/or serviced by programs within a CoC as well as projects not funded by the McKinney-Vento Act.
6. **Innovative Supportive Housing.** This component enables the applicant to design a program outside the scope of the other components. It must demonstrate it represents a distinctly different approach when viewed within its geographic area, and be able to be replicated elsewhere.

SHP funds may be used to establish new housing or service facilities, expand existing facilities, add services, or bring existing facilities up to code and implement computerized data collection systems. Specifically, SHP funds may be used for acquisition, rehabilitation, new construction, leasing, supportive services, operating costs, homeless management information systems (HMIS), and project administrative costs.

Number of Homeless Persons Assisted

818,977 persons were served in 2009.

Funding History

These funds are included in the Homeless Assistance Grants above.

Barriers to Access

Delayed program implementation and slow drawdown of awarded funds by SHP grantees have been identified as impediments to accessing homeless housing. There are several reasons for grantees not drawing down funds in a timely manner including: lack of financial leveraging commitments at grant award, difficulty in finding appropriate project sites for homeless persons, and unfamiliarity with HUD's financial accounting system (LOCCS) on the part of new grantees. The Department continues to monitor financial progress and has established a technical assistance contract to provide training to grantees that have un-obligated grants or exhibit a slow draw down pattern. When difficulties are identified, HUD provides direct consultation. There is also an abbreviated closeout process for projects whose funds can be de-obligated and freed for use in future competitions.

The lack of cash match for supportive services, operating and development funds has also been identified as a problem for some homeless providers. HUD has encouraged applicants through its CoC Homeless Assistance Competition to link clients to available eligible mainstream programs in order to minimize the need for supportive services match funds. Competitive scoring points are awarded to communities who can identify mainstream resources and their referral/access process in their Exhibit 1 application.

The statutory limits on the amount of SHP funds that can be awarded to a site for new construction grants is the lesser of \$400,000 or 50% of the project's total costs. The limit for a grant for acquisition, rehabilitation, or acquisition and rehabilitation is the lesser of \$200,000 (or under limited conditions, \$400,000) or 50% of the project's total costs. This requirement has limited the development of housing because it generally requires the grantee to provide the greater burden of developing the project. HUD has recommended to Congress that this cap be eliminated.

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Efforts to Increase Participation by Homeless Persons or Homeless Providers

Although the number of applications annually exceeds the number of awards, HUD has taken a number of actions to increase participation in permanent supportive housing, including the Supportive Housing Program. These actions include requiring that the CoC application include a community-based process, where nonprofit organizations, state and local governments, private and business associations, law enforcement, the medical community and homeless and formerly homeless persons participate in the planning and development of housing and support services for their homeless clients. This information is requested and evaluated in Exhibit 1 of the CoC Homeless Assistance application. Exhibit 1 is the part of a two-tiered application that receives scoring points, and therefore, encourages community members to work together for the betterment of their jurisdiction.

HUD conducts one to two national webcasts once the Notice of Funding Availability (NOFA) for the annual CoC Homeless Assistance Competition is published. One addresses the pre-NOFA Registration process providing further clarification on the electronic application process. The second webcast provides instructions on the outcomes of the registration process, major NOFA changes, and other critical steps in the application process that would be of concern to potential applicants. Potential applicants may submit questions prior to the broadcasts for SNAPS response. There is also an electronic Virtual Help Desk to which applicants are encouraged to submit questions regarding the application process. The questions are answered via e-mail.

Shelter Plus Care Program (Targeted)

The Shelter Plus Care Program (S+C) is designed to link rental assistance to supportive services for hard to reach homeless persons with disabilities—primarily those who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or who have acquired immunodeficiency syndrome (AIDS) and related diseases—and their families. The program provides grants to be used for permanent housing, which must be matched in the aggregate by supportive services that are equal in value to the amount of rental assistance and appropriate to the needs of the population to be served. The program is very flexible, providing rental assistance in a variety of housing settings from group homes to independent living arrangements.

Eligible applicants (states, local governments, and public housing agencies) may request assistance under one or more of the four components of the S+C program. The four program components are:

1. **Tenant based rental assistance (TRA)** provides rental assistance on behalf of homeless persons who may select their own housing unit anywhere within the locality, although the persons may be required to reside within a specific geographic area for the first year to facilitate service provision.
2. **Sponsor based rental assistance (SRA)** provides rental assistance on behalf of homeless persons to private nonprofit sponsors that own or lease the housing in which people experiencing homelessness reside.
3. **Project based rental assistance (PRA)** provides rental assistance on behalf of homeless persons pursuant to a contract between the grant recipient and the owner of an existing structure, which may or may not be rehabilitated.
4. **Single room occupancy (SRO)** provides rental assistance on behalf of homeless persons to property owners in connection with rehabilitation of single room occupancy housing.

In all four components of the program, the amount of the grant is calculated using HUD's Fair Market Rent (FMR) calculations. The grant is used to pay the difference between the total rent for the unit and the tenant household's payment (generally 30 percent of adjusted household income). The rent charged must be reasonable compared to rents charged for comparable unassisted units. Although many of people experiencing homelessness will not have an income when they enter the S+C program, through supportive services many will, at some point, become gainfully employed or receive income support payments from mainstream social service programs.

Number of Homeless Persons Assisted

95,386 persons were served in 2009.

Funding History

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These funds are included in the Homeless Assistance Grants above.

Barriers to Access

Funds for this program must be matched by an equal amount of supportive services from other sources. As this requires a good deal of coordination between local governments, housing, and service providers, many projects have taken a long time to begin operations. HUD assists grantees by providing several resource manuals on its website and by highlighting successful programs and strategies of successful grantees in organizing their projects and providing the necessary supportive services.

Because the initial term for operating S+C grants is for 5 or 10 years, some Continuums may not have enough funding under their pro rata need to request grants of this size and scope. This has been addressed through HUD making special bonus funds available to localities to enable them to fund permanent housing projects. The need to renew S+C grants has been addressed by legislatively requiring the prioritizing of funding of S+C renewals; these funds do not come out of the localities' pro rata need.

Efforts to Increase Participation by Homeless Persons or Homeless Providers in S+C

HUD has made a concerted effort to advertise this program to states, units of local government, public housing agencies and nonprofit organizations. This program meets the goals of the administration to target the chronically homeless by providing more permanent housing and supportive services for homeless people with disabilities. The supportive services component must be funded by funds from other resources, which in turn allow more HUD funds to be used for permanent housing. HUD's increased emphasis on funding housing, including the funding bonus for permanent housing for the chronically homeless, has provided additional incentive for applicants to request new S+C grants.

Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (Targeted)

The Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (Section 8 Mod Rehab/SRO) program provides rental assistance on behalf of homeless individuals so that they can obtain permanent housing in rehabilitated SRO facilities with appropriate supportive services. These programs are administered by public housing agencies (PHAs), but SRO projects are owned and managed primarily by non-profit organizations. The program provides for 10 years of rental assistance to a project based on the fair market rents (FMRs) in the area.

This is a project-based program that provides for the rehabilitation of SRO or studio units to house homeless individuals, who may or may not be disabled. To be eligible for the program, a building must require at least \$3,000 a unit of eligible rehabilitation costs. The program does not provide up-front loan or grant money for acquisition or rehabilitation, but rather guarantees project income (through rent assistance) for 10 years. The rental assistance provided is to cover the cost of operating the program and to amortize some of the costs of rehabilitation.

Number of Homeless Persons Assisted

5,750 persons were served in 2009.

Funding History

These funds are included in the Homeless Assistance Grants above.

Barriers to Access

Many grantees have found it difficult to find sufficient resources to purchase and rehabilitate appropriate structures. They have had to use various resources such as HOME funds, CDBG, local funds and Low Income Housing Tax Credits. The complex weaving of multiple funding sources that is often required, coupled with the difficulty of finding suitable properties for rehabilitation, sometimes causes projects to take many years for completion. In addition, since the grants provide 10 years of rental assistance and fairly large projects are necessary to make them financially feasible, only large Continuums with

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sufficient pro rata need are able to request new SRO projects. The trade off is sometimes sacrificing other new and renewal projects. The strategic planning required is sometimes quite challenging for a community.

Efforts to Increase Participation by Homeless Persons or Homeless Providers

Technical assistance has been provided to potential grantees (i.e., Public Housing Agencies) to familiarize them with the program and its features to help people experiencing homelessness. The requirement that 30 percent of the CoC funding must be for permanent housing and a bonus for new permanent housing projects serve as an incentive to increase the number of SRO projects. In addition, to ensure that all SRO projects are able to continue operation after their 10 years of funding expires, HUD is renewing all projects out of the Housing Certificate Fund on an annual basis rather than the Homeless Assistance Grant account. As with SHP, the number of applicants annually exceeds the number of awards.

Emergency Shelter Grants (Targeted)

The objectives of the Emergency Shelter Grants program are to increase the number and quality of emergency shelters and transitional housing facilities for homeless individuals and families, to operate these facilities and provide essential social services, and to help prevent homelessness.

Since its inception and incorporation into the McKinney-Vento Act, the ESG program has helped States and localities provide facilities and services to meet the needs of homeless people. ESG funds assist in providing shelter, but also aid in the transition of this population to permanent homes.

Shelters and other service providers use Emergency Shelter Grants funding for five main categories of eligible activities:

- ▶ Renovation, rehabilitation, and conversion of buildings for use as emergency shelters or transitional housing;
- ▶ Essential services;
- ▶ Operating costs such as maintenance, insurance, rent, etc.;
- ▶ Homeless prevention; and
- ▶ Administration.

The Emergency Shelter Grants program is a formula-funded program that uses the Community Development Block Grant (CDBG) formula as the basis for allocating funds to eligible jurisdictions, including States, territories, and qualified metropolitan cities and urban counties.

To receive funds from the Emergency Shelter Grants program (and other formula-funded programs), the lead agency of an eligible jurisdiction must submit and obtain approval of a Consolidated Plan. This 3- to 5-year Plan provides the framework for a process used by States and local areas to identify housing, homeless, community and economic development needs and resources and to develop a strategic plan to meet those needs. During this planning process, citizens have an opportunity to provide input and to help shape the community's priorities.

The ESG grantee is the direct recipient of the HUD award. A grantee administers projects through sub-grantees, called "recipients." A local government grantee may choose to implement projects itself.

State ESG grantees are required to distribute their entire grant for projects operated by local government agencies and/or private non-profit organizations (if the local government in which the project is located certifies approval). Local governments receiving funds may distribute all or a portion of their ESG funds to nonprofit homeless provider organizations.

The new Emergency Solutions Grant (ESG) Program is essentially a combination of the Emergency Shelter Grants Program and the Homelessness Prevention and Rapid Re-Housing Program (HPRP). Funds will be awarded to recipients through the allocation formula currently used for the Emergency Shelter Grants Program.

A major change is that the ESG Program explicitly includes essential services related to street outreach. Another major change is that ESG in McKinney-Vento, as amended by HEARTH, adds rapid re-housing assistance and revises homelessness

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prevention. Eligible activities related to rapid re-housing (for homeless persons) and homelessness prevention (for persons at-risk of homelessness) include short- and medium-term rental assistance (both tenant and project based) and housing search and stabilization assistance (including, but not limited to, utility payments, security and utility deposits, moving cost assistance, landlord outreach/mediation, legal services, and credit repair). Total funds that can be spent on administrative activities increase to 7.5 percent of the recipient's ESG grant (from 5 percent); State grantees will continue to be required to share funds for administrative costs with subrecipients that are units of general purpose local government. When ESG becomes effective, recipients will be expected to carry out certain program requirements. New requirements include, but are not limited to: 1) ESG funds participate in HMIS—this includes recipients and subrecipients. Participation in HMIS means collecting client-level data. Costs are currently eligible under the Emergency Shelter Grants Program in administration, operating, and essential services; and 2) Coordination with the CoCs includes consultation on allocation of funds to carry out ESG eligible activities within the applicable CoC(s). On the reverse side, the CoC is required to evaluate outcomes of projects funded by ESG within the CoC, analyze the patterns of use of ESG funds within the CoC, and participate in the Consolidated Plan(s) for the geographic area served by the CoC.

HUD will publish conforming amendments to the Consolidated Plan rule to include new requirements necessitated by the HEARTH Act.

Number of Homeless Persons Assisted

Not available.

Funding History

2011: \$225 million (Additional funds may be added)

2010: \$160 million

2009: \$160 million

Use of Federal Real Property to Assist the Homeless (Targeted)

The purpose of Title V of the McKinney-Vento Homeless Assistance Act is to provide suitable federal properties (land or buildings) categorized as unutilized, underutilized, excess or surplus for use to assist with homelessness. Properties are made available on an "as-is" basis. Properties are leased without charge, although the homeless organization must pay for operating and repair costs. Leases may be from 1 year to 20 years. Surplus properties may also be deeded to the organization. Properties can be used to provide services such as job training or child-care center, storage, emergency, transitional and/or permanent housing, and any other activity that clearly meets an identified need of people experiencing homelessness.

Three federal agencies—HUD, HHS and GSA—have a role in operating the program. HUD reviews information submitted by the original federal agency owners of the properties and determines whether the properties appear "suitable" for use to assist homeless persons. Properties are generally considered suitable unless they are near flammable or explosive material, are within an airport runway area or a floodway, have documented deficiencies such as being seriously affected by another environmental hazard, are structurally damaged or extensively deteriorated, are in an area secured for national defense, or are inaccessible.

Each week, HUD publishes a notice in the Federal Register with information about the properties that have been identified by federal landholding agencies as unutilized, underutilized, excess or surplus. The Federal Register publication indicates which suitable properties are available and which are not, and which properties are unsuitable. As of September 30, 2010, the end of the fiscal year, HUD had approximately 12,404 properties on its lists, of which approximately 1,048 had been determined "suitable." Permanent supportive housing is now eligible under the Title V program.

Barriers to Access

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Under Title V, the process for identifying properties, determining suitability, determining availability by landholding agencies, and leasing or deeding surplus properties involves at least three federal agencies and can appear quite confusing and cumbersome to homeless providers. For example, because of the wide latitude in the suitability standard, a clear majority of the properties HUD finds “suitable” are not actually practical for homeless assistance because they are in remote areas or have other limitations that make them unattractive to homeless providers. About 95 percent of the properties are military, most of which are located on bases that are not convenient to people experiencing homelessness. Nearly all buildings that are available need renovation and providers often do not have sufficient funds to make the needed repairs. In some cases, local opposition to the use of the property by homeless providers (“NIMBY”) has caused providers to withdraw their applications.

Efforts to Increase Participation by Homeless Persons or Homeless Providers

To assist homeless providers, HUD has established a toll-free “hotline” that is used to provide information on properties and answer questions about the program. HUD has also directed local HUD field staff to be the point of contact for homeless providers interested in obtaining surplus federal properties. Although they cannot reduce the number of steps necessary to put the properties to use, local HUD staff does provide information and technical assistance concerning the inventory and process. The offices maintain mailing lists for distributing lists of suitable properties that are published in the Federal Register. As the point of contact for other homeless assistance programs, local HUD staff are also able to suggest ways of coordinating Title V with other federal, state, local, and private homeless assistance programs.

The Base Realignment and Closure Program (Targeted)

The Base Realignment and Closure Program (BRAC) is a community based process that balances the need for economic and other redevelopment while addressing the needs of the homeless at base closure and realignment sites. Under this program, HUD reviews base redevelopment plans and offers technical assistance to the communities in the vicinity of the military installation. Homeless assistance providers may use buildings and other resources on former military bases for a wide range of activities, from emergency shelter to permanent housing to support services.

Eligible applicants include Local Redevelopment Authorities (LRAs) and Homeless Assistance Providers. LRAs are established by State or local governments and must be officially recognized by the U.S. Department of Defense's Office of Economic Adjustment (OEA). Each LRA represents key stakeholders affected by a base closure and is responsible for developing and implementing reuse plans.

Homeless Assistance Providers, including State and local government agencies, private, nonprofit organizations, and other entities, may be eligible to use former military buildings to provide immediate, transitional, and permanent housing; support services; food and clothing banks; treatment facilities; and other items that fill gaps within a community's Continuum of Care.

Transfer of properties will occur only after the following steps have been completed:

- ▶ OEA notifies the LRA of its recognition in writing and publishes the point of contact's name and address in the *Federal Register* and a newspaper circulated near the installation in question.
- ▶ The LRA posts an advertisement in the local newspaper identifying the time period during which homeless assistance providers and State and local governments may submit official notices of interest (NOIs), which must include their proposed plans for reusing the properties. The LRA must then determine which NOIs, if any, to support (ending up in legally binding agreements).
- ▶ After this outreach period, the LRA has 270 days to generate a redevelopment plan and a homeless assistance submission, which outline how the proposed reuses of the military installation will respond to the community's needs. Once these documents are drafted, the LRA must hold a public hearing to give community members an opportunity to give their feedback. The LRA then revises and submits final copies to its local HUD Field Office, HUD Headquarters in Washington, D.C., and the U.S. Department of Defense.

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If HUD approves the application, the U.S. Department of Defense must conduct an official public benefit transfer screening and an environmental review of the installation.

Barriers to Access

Under BRAC, the process for identifying military installations to close, assessing the community's proposed plans for reusing the plans, determining suitability, and disposing the properties involve the U.S. Department of Defense, the Military Department, HUD, and the community. Many communities want the properties for free and to use the properties for other purposes besides homeless housing activities. The Military Department wants to sell the property at fair market value. The selection timeline is considered too long and the regulations are complex. Similar to the Title V program's barrier issues, the majority of the properties HUD finds "suitable" are not actually practical for homeless assistance because they are in remote areas or have other limitations that make them unattractive to homeless providers. A significant number of properties are located on bases that are not convenient to community amenities such as public transportation, commercial districts, public schools, and employment centers.

Efforts to Increase Participation by Homeless Persons or Homeless Providers

HUD has developed a guidebook to explain the base redevelopment planning process, the requirements and guidelines for submission of applications, and HUD's review process. However, this guide is not an exhaustive reference. Other issues germane to the base reuse process are addressed in two Department of Defense documents. The *"Responding to Change: Communities & BRAC"* document provides practical, early-on advice for local and State officials and the general public. It encourages early organization, thorough planning, and actual implementation of redevelopment plans. The other document, *"The Base Redevelopment and Realignment Manual"*, describes the procedures to transition installations from military to civilian use and ensures a common approach is used by all the components of the Department of Defense. Copies may be obtained online. Other primary sources of BRAC information can be located online at the BRAC Commission website or the Department of Defense's website.

Homeless Prevention and Rapid Re-Housing Program (Targeted)

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009, which included \$1.5 billion for a Homelessness Prevention Fund. Funding for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) was distributed based on the formula used for the Emergency Shelter Grants (ESG) program. By October of 2009, over \$1.4 billion was distributed through the award of 535 formula grants. These grants offer communities a resource to provide short and medium-term rental assistance and services to prevent individuals and families from becoming homeless or to quickly re-house those who are experiencing homelessness.

Grants provided under HPRP are not intended to provide long-term support for individuals and families, nor will they provide mortgage assistance to homeowners facing foreclosure. Rather, HPRP offers a variety of short- and medium-term financial assistance to those who would otherwise become homeless, many due to sudden economic crisis. This can include short-term rental assistance (up to three months), medium-term rental assistance (up to 18 months), security deposits, utility deposits and/or utility payments, moving cost assistance, and hotel vouchers. Payments will not be made directly to households, but only to third parties, such as landlords or utility companies.

The program's primary goal is to provide assistance to rapidly re-house persons who are homeless and likely to remain stably housed, whether subsidized or unsubsidized, once the HPRP assistance concludes.

HUD has created a HPRP webpage with sample tools and templates as well as technical assistance guidance designed to help grantees design effective programs and comply with program rules. The tools and templates were created in Microsoft Word, so they can be easily modified to reflect local needs and circumstances. Organizations can also include a logo or print the tools on agency letterhead to personalize them.

Number of Homeless Persons Assisted

As of March 31, 2011, HPRP had served approximately 935,000 persons.

Funding History

2011: N/A

2010: N/A

2009: \$1.5 billion (three-year allocation under ARRA)

Community Development Block Grant (Mainstream)

The Community Development Block Grant (CDBG) provides grants to states and formula cities and counties for community development activities, such as housing rehabilitation, public facilities improvements, public services, and economic development. Grantees may carry out activities themselves or distribute funds by using nonprofit organizations or contractors. Activities funded with CDBG funds must meet at least one of three national objectives: benefiting low- and moderate-income persons, eliminating slums or blight, or meeting urgent community development needs. The CDBG Program can be used to provide decent and affordable housing opportunities for low-income households who are homeless or are threatened with becoming homeless. CDBG funds may also be used to pay for supportive services to help persons stay in permanent housing. In addition, local communities often use CDBG funds to assist low-income homeowners who live in substandard or even dangerous housing conditions to improve their homes thus avoiding losing their home and falling into homelessness. Generally, CDBG funds may not be used for income payments. For the purposes of the CDBG program, "income payments" means a series of subsistence-type grant payments made to a family or individual for items such as food, clothing, housing (rent or mortgage), or utilities. In FY2010, 1,166 metropolitan cities and urban counties, 49 state governments, 3 non-entitlement communities in Hawaii, Puerto Rico and the four Insular Areas administered the CDBG program and have great discretion in how they spend their funds.

Local communities decide on the use of these block grant funds based upon need, as determined through the Consolidated Plan development process. CDBG funds can and are used to assist facilities assisting homeless persons directly, including paying for the costs of operations, as well as indirectly through the funding of facilities for abused and neglected children, battered spouses, and other vulnerable groups. Additionally, a variety of services are eligible uses of CDBG funds including mental health and substance abuse services and the provision of food and other services. Disbursements for the CDBG program in FY2010 indicate that \$45.6 million or approximately 1.2% of CDBG formula funding expended during the fiscal year was used for activities that benefit homeless persons directly, through the construction, rehabilitation or renovation of homeless facilities and for their operation. This estimate does not include the additional millions of dollars communities use to assist homeless persons as part of services programs and public facilities serving low-income persons generally.

Number of Homeless Persons Assisted

The CDBG program does not have targets regarding homeless beneficiaries. As part of Community Planning and Development's Performance Measurement System for formula programs, grantees report on the numbers of homeless beneficiaries served for selected activities. For FY 2010, grantees reported the following: (these are *not* unduplicated counts)

- ▶ Shelter for Homeless Persons
 - Number of beds created in overnight shelter/other emergency housing: 18,921
 - Number of homeless persons given overnight shelter: 259,510
- ▶ Homeless Prevention
 - Number of persons assisted that received emergency financial assistance to prevent homelessness: 10,382
 - Number of persons assisted that received emergency legal assistance to prevent homelessness: 7,842
- ▶ Construction of Rental Housing
 - Number of permanent housing units for homeless persons and families: 46
- ▶ Rehabilitation of Rental Housing
 - Number of permanent housing units for homeless persons and families: 259

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Housing Status of Beneficiaries

The CDBG program does not track the housing or homelessness status of beneficiaries over time. Grantees simply report on the number of beneficiaries (under relevant eligible activities) who were homeless at the time benefits were provided. The total number of persons served during FY2010, as reported by grantees for activity #3C, Homeless Shelters, is 677,290 (*not* an unduplicated count).

Preferences/Expedited Processing

Grantees may, at their own discretion, establish local policies regarding preferences for, or expedited processing of assistance for, individuals experiencing homelessness.

Home Investment Partnership Program (Mainstream)

HOME is a formula-based allocation program that provides funds to state (40 percent) and local government (60 percent) participating jurisdictions (PJs) for the purpose of expanding the supply of affordable housing. HOME funds can be used for acquisition, new construction, and rehabilitation of affordable housing and for tenant-based rental assistance programs (TBRA) that serve low- or very low-income households. The State and local governments that receive HOME funds have a great deal of flexibility in using their HOME funds to address local affordable housing needs as defined in their Consolidated Plans, including homeless housing needs. While HOME funds cannot be used to provide supportive services or to fund shelters, HOME can be used to acquire and/or develop transitional or permanent rental housing for homeless persons, including Group Homes and Single Room Occupancy units. Tenant-based rental assistance can help households who are homeless or who are threatened with becoming homeless because of high rent burdens. Low- and very-low income homeowners who live in substandard or dangerous housing conditions can receive HOME funds to rehabilitate their homes, thus avoiding displacement onto the streets or into shelters. The flexibility of the HOME program enables HOME to work well with other federal homeless housing programs. HOME can be used as gap financing and can be provided as grants or deferred payment loans. This can reduce monthly rents and housing costs so that assisted units are accessible to extremely low-income households (below 30 percent of the area median income). Currently, extremely low-income households occupy more than 43% of HOME rental units, 31% of HOME homeowner rehabilitation units, and receive 78% of HOME TBRA subsidies.

Section 811 Supportive Housing for Persons with Disabilities Program (Mainstream)

The Section 811 Supportive Housing for Persons with Disabilities Program provides capital advances to nonprofit organizations for the development of independent living projects and group homes for very low-income persons with disabilities who are at least 18 years old. The capital advance funds can be used to finance the development of housing through new construction, rehabilitation, or acquisition with or without rehabilitation. In addition to housing, the sponsoring organization must assure that supportive services are identified and available to meet the needs of the residents. The cost of these services is not an allowable expense of the capital advance or project rental assistance contract funds. Project rental assistance contract funds are also provided to cover the difference between the HUD-approved operating costs of the project and the tenants' contributions for rent.

The program also provides mainstream vouchers to enable disabled individuals and their families to rent units in existing housing. The mainstream vouchers are administered by public housing agencies under the same criteria applicable to vouchers, except that the recipients of assistance must have a disability. Through the provision of affordable housing with the availability of supportive services, persons with disabilities are given the opportunity to live as independently as possible and be integrated into the neighborhood and community. Under the Frank Melville Supportive Housing Investment Act of 2010, new project rental assistance authority is provided, which allows HUD to delegate award and oversight of Section 811 operating assistance to states.

Many residents come to Section 811 housing directly from institutions or from living with aged parents, so without the Section 811 program they would become homeless.

Housing Choice Voucher Program (Mainstream)

The Housing Choice Voucher (HCV) Program, which was serving 2,147,885 families nationwide as of December 31, 2010, is the Federal Government's major program for assisting very low-income families, the elderly, and persons with disabilities to afford decent, safe, and sanitary housing in the private rental market. 235,698 new families were admitted to the program in CY2010. Program participants are free to choose any housing that meets program requirements. Housing choice vouchers are administered locally by approximately 2,400 public housing agencies (PHAs) nationwide. These PHAs receive federal funds from HUD to administer the program. If a PHA determines that a family is eligible for a voucher, the PHA will place the name of the family on a waiting list, unless it is able to assist the family immediately. After a family is selected for the program and has located a housing unit that meets program requirements, a PHA pays a housing subsidy directly to the landlord on behalf of the participating family. The housing assistance payment provided on behalf of the family is equal to the difference between the family rent contribution (generally, 30 percent of adjusted family income) and the lesser of the PHA-determined payment standard or the gross rent for the unit. Vouchers may also be used to subsidize mortgages of first-time low-income homebuyers where a PHA has chosen to administer a homeownership program. Further, local PHAs may "project base" up to 20 percent of their voucher funding to specific housing units under certain conditions. Additionally, a PHA has the discretion to establish local preferences for selecting applicants from its waiting list to participate in the voucher program. Homelessness is one of the preferences that a PHA may choose to adopt. Families who qualify for a local preference move ahead of other families on the waiting list who do not qualify for any preference.

Veterans Affairs Supportive Housing Program (HUD-VASH) (Targeted)

Participating VA medical centers (VAMCs) were selected based on factors such as the population of homeless Veterans needing services in the area, the number of homeless Veterans served by the homeless programs at each facility, geographic distribution and VA case management resources. PHAs that agreed to partner with the selected VA medical facilities were invited to apply for HUD-VASH vouchers. Homeless Veterans are first screened by the VA medical facility and then referred to the partner PHA for the HCV eligibility determination and issuance of the voucher. Agreement of the Veteran to participate in case management is a condition of receiving the rental assistance. HUD's FY 2010 and FY2011 appropriations included funding for approximately 10,000 and 7,000 additional HUD-VASH vouchers respectively.

Through the alternative HUD-VASH operating requirements, a number of the regular HCV rules were waived to expedite the processing of Veterans' applications, including rules on HCV waiting lists and the screening of applicants. PHAs must process applications for the HUD-VASH program only from Veterans that are referred by a partnering VAMC; therefore, Veterans are not placed on the PHA's normal HCV waiting list prior to the PHA's processing of their application. In addition, PHAs only screen HUD-VASH applicants for income eligibility and to make sure that the applicants are not registered under a state sex-offender registration program. Normally, PHAs must screen HCV applicants according to a long list of both HCV program requirements and PHA-specific requirements. By eliminating regular HCV rules on waiting lists and screening requirements, Veterans' applications for HUD-VASH vouchers are processed much more quickly than those individuals and families that apply for the regular HCV program.

All Veterans served by HUD-VASH are homeless prior to program entry. HUD does not collect data on the types of locations or facilities where the Veterans have lived prior to participating in the program. VAMCs determine Veterans' homeless status prior to program entry, and the McKinney-Vento definition of a homeless individual is used.

Number of Homeless Persons Assisted

Since the inception of the HUD-VASH program, 33,000 homeless Veterans and their families have been permanently housed.

Funding History

2011: \$50 million

2010: \$75 million

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2009: \$75 million

HUD-VASH combines HUD Housing Choice Voucher (HCV) program rental assistance for homeless Veterans with case management and clinical services provided by the VA at its medical centers and in the community. Congress appropriated \$75 million each year in FY2008, FY 2009, and FY2010 for the funding of approximately 10,000 vouchers each year. Over the three fiscal years, a total of \$225 million for 30,000 HUD-VASH vouchers was awarded to 300 public housing agencies (PHAs) that serve 303 VA sites. For FY2011, HUD received an additional \$50 million and, together with the VA, allocated the vouchers to Public Housing Authorities.

Veterans Homeless Prevention Demonstration Program (Targeted)

The Veterans Homelessness Prevention Demonstration (VHPD) Program is a three-year pilot partnership with Department of Veterans Affairs (VA), Department of Housing and Urban Development (HUD), Department of Labor (DOL), and local community agencies to explore ways the Federal government can support early intervention to prevent Veteran homelessness. The primary beneficiaries of this program are Veterans returning from Iraq and Afghanistan with a specific focus on women Veterans, Veterans with families especially with a single head of household, as well as National Guard and Reserve Veterans who are being discharged from the military. This program provides an opportunity to understand the unique needs of this new cohort of Veterans and their families, and will support efforts to identify, conduct outreach and assist them in regaining and maintaining housing stability.

As the lead agency, HUD received \$10 million dollars in funding to award grants for the provision of housing assistance and supportive services to prevent Veterans and their families from becoming homeless, or reduce the length of time Veterans and their families are homeless.

VA received \$5 million in funding to provide and coordinate outreach to help Veterans engage in VA health care treatment, services and benefits programs. Each local VA Medical Center has identified a VHPD team to work with the local grantees, Vet Center staff and Department of Labor (DOL). Although DOL has not received dedicated funding for this program, they are assisting Veterans with gaining access to mainstream education and job training programs through One Stop Career Centers, Disabled Veterans' Outreach Program Specialists, Local Veterans' Employment Representative Programs, and Homeless Veterans' Reintegration Programs. VHPD is projected to provide services to over 1,200 Veteran families. Grant agreements were signed by the local grantees and HUD in January 2011. The local programs initiated services in March 2011.

Number of Homeless Persons Assisted

Not applicable: begins in FY 2011.

Funding History

2011: Not applicable

2010: Not applicable

2009: \$10 million in one-time demonstration funding

Public Housing Program (Mainstream)

The Public Housing Program supports public housing by providing (1) operating subsidies to help public housing agencies (PHAs) maintain and operate public housing projects, establish operating reserves, and offset operating deficits and (2) annual contributions for assistance to finance capital improvements, development, and related management improvements in PHA- managed public housing projects. Only low-income households are eligible for public housing with income targeting requirements determining the categories of low-income households receiving priorities.

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As of December 2010, approximately 1,058,875 million households were living in public housing. PHAs can, and sometimes do, give local preference to homeless persons for admission in to public housing. In calendar year 2010, 147,195 previously unassisted families received public housing assistance.

Housing Counseling Program (Mainstream)

The Housing Counseling Program delivers a wide variety of housing counseling services to homebuyers, homeowners, low- to moderate-income renters, and people experiencing homelessness. Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. The Housing Counseling Program helps prevent homelessness by helping those at risk of homelessness find permanent, transitional or emergency housing. Homeless persons and individuals at risk of homelessness can visit HUD-approved and HUD-funded housing counseling agencies and receive guidance, including referrals to emergency and transitional housing providers. The Housing Counseling Program NOFA encourages this activity. It also directs housing counseling agencies to participate in their local consolidated planning process, facilitating increased coordination among housing counseling agencies, community development organizations, and emergency service providers.

In FY 2010, 37,248, individuals and families sought housing counseling related to homelessness from housing counseling agencies participating in HUD's Housing Counseling Program, which is 1 percent of the total number of individuals and families who accessed Housing Counseling in FY 2010.

Housing Opportunities for Persons with AIDS (HOPWA) (Mainstream)

The Housing Opportunities for Persons with AIDS (HOPWA) program provides states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons and their families living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). HOPWA remains the only federal program solely dedicated to providing rental housing and other types of housing assistance and supportive services to this special needs population. In addition to promoting consistent participation in appropriate HIV treatment, HOPWA assistance may also address related challenges that add to the risks of homelessness, including substance abuse and mental health issues, as well as issues of discrimination and barriers due to stigma associated with HIV/AIDS. The HOPWA program provides direct housing assistance that supports unmet housing needs through the provision of rental assistance; the use of short-term rent, mortgage, and utility payments to reduce risks of homelessness; and through the operation of supportive housing facilities. The provision of stable housing serves as a platform from which program beneficiaries may participate in an effective and comprehensive care program.

The HOPWA program has client outcome goals designed to reduce homelessness, increase housing stability, and improve access to care. HOPWA grant recipients measure client outcomes to assess how housing assistance results in creating or maintaining stable housing, reduces risks of homelessness, and improves access to healthcare and other supportive services. Measurements are set against a national HOPWA goal in achieving effective results for at least 80% of beneficiaries. The FY 2010 client outcomes report that 95% of beneficiaries receiving permanent housing assistance remained stably housed. Grantees reported that 60% of clients that resided in short-term/transitional facilities were stably housed upon exit or at end of reporting year.

Number of Homeless Persons Assisted

To reduce the risk of homelessness, HOPWA funding supports activities providing transitional and short-term housing facility operating costs. In FY 2010, 11% of HOPWA housing expenditures supported these types of housing activities. This percentage of funding has remained fairly consistent in comparison to previous year expenditures. In FY 2010, HOPWA funding provided housing assistance to 60,669 unduplicated households, of which approximately 7,400 were at risk of homelessness. In addition, a number of permanent supportive housing renewal grants awarded during FY 2010 provided continuing funding to support local housing programs designed to address homelessness, with specific outreach and program support to assist persons who are chronically homeless, Veterans, and homeless families with children.

Funding History

USICH Agency Annual Reports: [2011](#)

2011: \$334 million

2010: \$335 million

2009: \$310 million

DEPARTMENT OF JUSTICE

Office on Violence Against Women (OVW) Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, or Stalking Program Transitional Housing Assistance Program (Targeted)

The OVW Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, or Stalking Program Transitional Housing Assistance Program focuses on a holistic, victim-centered approach to providing transitional housing services that move individuals into permanent housing. Grants made under this grant program support programs that provide assistance to victims of sexual assault, domestic violence, dating violence, and/or stalking who are in need of transitional housing, short-term housing assistance, and related support services. Successful transitional housing programs provide a wide range of flexible and optional services that reflect the differences and individual needs of victims and that allow victims to choose the course of action that is best for them. Transitional Housing programs may offer individualized services such as counseling, support groups, safety planning, and advocacy services as well as practical services such as licensed child care, employment services, transportation vouchers, telephones, and referrals to other agencies. Trained staff and case managers may also be available to work with clients to help them determine and reach their goals of permanent housing.

Number of Homeless Persons Assisted

In the six-month period from January-June 2010, grantees receiving funding through either OVW's Transitional Housing Assistance Program or through the ARRA Transitional Housing funding provided the following services:

Transitional Housing Jan-June 2010

	Victims/survivors	Children	Other dependents
Served	2,673	3,838	57
Partially Served	606	549	12
Not Served	573	722	20

The data on the number of victims served between July – December 2010 is not yet available.

Funding History

2011: \$17.964 million

2010: \$18.0 million

2009: \$18.0 million

Barriers to Access

The Department of Justice has the following three programs that, although not targeted to provide direct assistance to people experiencing homelessness, may through implementation provide some benefits to the homeless population. However, tracking is not carried out to determine the number of people experiencing homelessness who benefit from these programs.

Drug Court Discretionary Grant Program (Mainstream)

The Drug Court Discretionary Grant Program, authorized in 42 U.S.C. Sec. 3797(u), provides financial and technical assistance to states, state courts, local courts, local governments, and Indian tribal governments through discretionary project grants, to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing,

sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, offenders with substance use disorders. Drug Court Discretionary Program grants are competitive, with three categories of funding available, including drug court implementation, single drug court service enhancement, and statewide drug court enhancement. Allowable uses of these funds are court services and offender services, including offender management and non-treatment recovery support services, which include job training and placement, housing placement assistance, education, medical and mental health services, childcare and other family supportive services.

Second Chance Act Reentry Program (Mainstream)

On April 9, 2008, the Second Chance Act (P.L. 110-199) was signed into law. The bill received bipartisan support in both chambers of Congress in its passage and is supported by a broad spectrum of leaders representing states, law enforcement, corrections, courts, and local governments. This first-of-its-kind legislation authorizes various grants to state and local governments, Federally recognized Indian Tribes and nonprofit groups to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce re-offending and violations of probation and parole.

(Section 101) Adult and Juvenile Demonstration Grants authorizes grants for adult and juvenile reentry demonstration projects. One of the performance outcomes for this section is "...increased housing opportunities." The Second Chance Act sets the model for a comprehensive approach to reentry services. If the returning offender needs transitional or temporary housing, the SCA Section 101 funds can be used to fund transitional housing. If the returning offender needs longer term housing, the SCA funds can also be utilized to subsidize such services. The provision of housing is seen as a vital part of effective reentry and provides a stable base for the provision of other services such as substance abuse treatment, mental health counseling or family reunification services.

(Section 111) State, Local, and Tribal Reentry Courts authorizes the creation of state, local, and tribal reentry courts to monitor offenders and provide them with the treatment services needed to establish a self-sustaining and law-abiding life. These treatment services could include housing or other services as needed to assist program participants with successful reentry.

(Section 113) Family-Based Substance Abuse Treatment Program authorizes grants to states, units of local government, and Indian tribes to improve the provision of substance abuse treatment for offenders within prison and jails, and for inmates who have minor children. This program also includes outreach to families and provision of treatment services to children and other family members of participant inmates. Based on an individual offender's risk/needs assessment, applicants are encouraged to make available a comprehensive range of family and recovery support program services that could include housing, as well as other services.

(Section 201) Substance Abuse and Criminal Justice Collaboration authorizes grants to states, units of local government, territories, and Indian tribes to improve the provision of drug treatment to offenders in prisons, jails, and juvenile facilities during the period of incarceration and through the completion of parole or other court supervision after release into the community. Based on an individual offender's risk/needs assessment, applicants are encouraged to make available a comprehensive range of family and recovery support program services that could include housing, as well as other services. The Bureau of Justice Assistance (BJA) has targeted these funds to serve offenders with co-occurring substance use and mental health disorders.

(Section 211) Mentoring Grants to Nonprofit Organizations authorizes grants to nonprofit organizations and federally recognized Indian tribes that could be used for mentoring projects to promote the safe and successful reintegration into the community of individuals who have been incarcerated. Grantees are expected to deliver or broker the provision of transitional services proposed to be offered in conjunction with the core mentoring component to assist in the reintegration of offenders into the community. Examples of transitional services designed to increase successful reentry could include housing assistance.

Prisoner Reentry Initiative Demonstration (Reentry Grant Program) (Mainstream)

The Prisoner Reentry Initiative Demonstration (Reentry Grant Program) is a combined federal effort to assist jurisdictions facing challenges presented by the return of offenders from prison to the community. The goal is to support the effective delivery of pre-release assessments and services and to develop transition plans in collaboration with other justice and community based agencies and providers, for supervised and non-supervised non-violent offenders. The current initiative addresses the continuing problem of offenders entering the community with little or no surveillance, accountability or resource investment. The Prisoner Reentry Initiative (PRI) program has been largely replaced by the Second Chance Act. The last Department of Justice (DOJ)/Office of Justice Programs (OJP)/BJA awards were made to state correctional agencies in 2008.

Justice and Mental Health Collaboration Program (Mainstream)

The Justice and Mental Health Collaboration Program, authorized in 42 USC Sec. 3797aa, is a discretionary grant program that provides grants and technical assistance to states, local governments, Indian tribes, and tribal organizations in order to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health, and substance-abuse treatment systems to increase access to treatment for offenders with mental illness. The goals of the program are to

1. Protect public safety by early intervention to treatment for people with mental illness or a co-occurring disorder who become involved with the criminal or juvenile justice system;
2. Provide courts with appropriate mental health and substance abuse treatment options;
3. Maximize the use of diversion from prosecution and use of alternative sentences through community supervision and use of graduated sanctions;
4. Promote adequate training for criminal justice system personnel about mental illness and substance abuse disorders and appropriate responses to people with such illnesses;
5. Promote adequate training for mental health and substance abuse treatment personnel about criminal offenders with mental illness;
6. Promote communication among adult or juvenile justice personnel, mental health and co-occurring mental illness and substance abuse disorder treatment personnel; and
7. Promote communication, collaboration, and intergovernmental partnerships among tribal, municipal, county-, and state-elected officials with respect to mentally ill offenders.

Promoting Child and Youth Safety: Chicago Safe Place Program (Targeted)

This discretionary grant award, authorized by 42 U.S.C. §§ 5775-5776, is intended to provide resources to the Youth Network Council with the purpose of promoting youth safety by preventing victimization of Chicago's unaccompanied and homeless youth through the provision of a network of resources. These resources include services to prevent disengagement from families, family unification services (where appropriate), and providing safe housing alternatives. Using this grant award, the Youth Network Council, in conjunction with the Chicago Safe Place Task Force, will

- ▶ Identify approximately 48 Safe Place sites across Chicago where youth can access crisis intervention services,
- ▶ Provide training to staff who respond to homeless youth in crisis, and
- ▶ Provide a 24/7 hotline for homeless youth to access services.

Number of Homeless Persons Assisted

Not available.

DEPARTMENT OF LABOR

The Department of Labor (DOL) fosters and promotes the welfare of job seekers, wage earners, and retirees of the United States by improving their working conditions, advancing their opportunities for profitable employment, protecting their retirement and health care benefits, helping employers find workers, strengthening free collective bargaining, and tracking changes in employment, prices, and other national economic measurements. In carrying out this mission, the Department administers a variety of Federal labor laws including those that guarantee workers' rights to safe and healthful working conditions; a minimum hourly wage and overtime pay; freedom from employment discrimination; unemployment insurance; and other income support.

Homeless Veterans' Reintegration Program (Targeted)

The Homeless Veterans' Reintegration Program provides services to help homeless Veterans obtain meaningful employment and to stimulate the development of effective service delivery systems to address the complex problems facing homeless Veterans. It is the only nationwide program exclusively focused on assisting homeless Veterans reintegrate into the workforce. Funds are awarded through competitive grants. Eligible entities include state and local Workforce Investment Boards, for profit/commercial entities, public agencies, and non-profits, including community-based organizations.

Veterans are provided with intensive case management, employment and training services, and critical linkages to supportive services within their communities. Job placement, training, job development, career counseling and resume preparation are among other services provided by grantees.

Number of Homeless Persons Assisted:

For fiscal year 2010, 151 grants were awarded serving approximately 23,500 participants. For fiscal year 2011, 122 continuation grants have been awarded to date serving an additional 17,000 participants, approximately.

Funding History

2011: \$36.3 million

2010: \$36.3 million

2009: \$26.3 million

Beginning in FY 2010, a special program to provide employment and training services to homeless female Veterans and Veterans with families was initiated. Grants totaling almost \$5,300,000 were awarded to 26 grantees. In FY 2011, continuation grants in the amount of \$4.3 million have been awarded. This funding and number of grantees is contained within the overall HVRP numbers.

Stand Downs (Targeted)

DOL sponsors Stand Downs, local events typically held for one to three days during which a variety of social services are provided to homeless Veterans. The services include shelter, meals, clothing, employment services, health screenings, haircuts and legal services. Veterans receive state identification cards and referrals to other supportive services. Federal funding must be used for sustenance and/or employment and training opportunities. Eligible grantees are State Workforce Agencies, state and local Workforce Investment Boards, Veterans' Service Organizations, local public agencies, and non-profit organizations, including faith-based and neighborhood partnerships. During FY 2010 grants totaling \$600,000 were awarded for Stand Down events. Funding for Stand Downs is contained in the Homeless Veterans' Reintegration Program.

Number of Homeless Persons Assisted

Not available.

Veterans' Workforce Investment Program (Mainstream)

The Veterans' Workforce Investment Program provides services to assist in reintegrating eligible Veterans into meaningful employment within the labor force and to stimulate the development of effective service delivery systems that will address the complex problems facing eligible Veterans. Funds are awarded through competitive grants. Grantees include state and local Workforce Investment Boards, states and state agencies, local public agencies, and private non-profits, including faith-based and neighborhood partnerships. Grantees provide an array of services through a case management approach. The grants help Veterans from targeted groups overcome employment barriers and ease their transition into unsubsidized jobs. Through this program, Veterans receive skills assessments; individual job counseling; labor market information; classroom or on-the-job training; skills upgrading and retraining; and placement assistance and follow-up services. For FY 2010, 22 grants were awarded serving approximately 4,600 participants. Emphasis has been placed on training Veterans in green jobs.

Incarcerated Veterans' Transition Program (Targeted)

The Incarcerated Veterans' Transition Program is a partnership between the Department of Labor and the Department of Veterans Affairs designed to develop and operate sites that support incarcerated Veterans at risk of becoming homeless. Funds are awarded through a competitive grant process. Eligible grantees are state and local Workforce Boards, local public agencies, for-profit/commercial entities, and non-profit organizations, including community-based organizations. This program was authorized in FY 2010 and 16 grants totaling \$4,000,000 were awarded. An additional \$3.8 million was awarded in continuation funds in FY 2011. Funding is contained within the Homeless Veterans' Reintegration Program appropriation.

Number of Homeless Persons Assisted

Not available.

Funding History

2011: \$4.0 million

2010: approximately \$4.0 million

2009: \$0

Veterans Homeless Prevention Demonstration Program (Targeted)

The Veterans Homelessness Prevention Demonstration (VHPD) Program is a three-year pilot partnership with Department of Veterans Affairs (VA), Department of Housing and Urban Development (HUD), Department of Labor (DOL), and local community agencies to explore ways the Federal government can support early intervention to prevent Veteran homelessness. The primary beneficiaries of this program are Veterans returning from Iraq and Afghanistan with a specific focus on women Veterans, Veterans with families especially with a single head of household, as well as National Guard and Reserve Veterans who are being discharged from the military. This program provides an opportunity to understand the unique needs of this new cohort of Veterans and their families, and will support efforts to identify, conduct outreach and assist them in regaining and maintaining housing stability.

As the lead agency, HUD received \$10 million dollars in funding to award grants for the provision of housing assistance and supportive services to prevent Veterans and their families from becoming homeless, or reduce the length of time Veterans and their families are homeless.

VA received \$5 million in funding to provide and coordinate outreach to help Veterans engage in VA health care treatment, services and benefits programs. Each local VA Medical Center has identified a VHPD team to work with the local grantees, Vet Center staff and Department of Labor (DOL). Although DOL has not received dedicated funding for this program, they are

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assisting Veterans with gaining access to mainstream education and job training programs through One-Stop Career Centers, Disabled Veterans' Outreach Program Specialists, Local Veterans' Employment Representative Programs, and Homeless Veterans' Reintegration Programs. VHPD is projected to provide services to over 1,200 Veteran families. Grant agreements were signed by the local grantees and HUD in January 2011. The local programs initiated services in March 2011.

DOL's Mainstream Programs that Provide Assistance to People Experiencing Homelessness

The Department of Labor has a long history of helping individuals experiencing homelessness find permanent employment and achieve self-sufficiency. Through its employment and training programs, DOL provides homeless individuals and those vulnerable to homelessness with critical tools and training to enter into the workforce and succeed.

The DOL homeless strategy focuses on helping Americans experiencing homelessness who want to work or can become job-ready by providing opportunities to achieve employment that leads to self-sufficiency. DOL's strategic objectives are to (1) provide access to mainstream employment assistance and services and (2) identify skills development designed for self-sufficiency.

DOL's mainstream programs authorized under the Workforce Investment Act (WIA), offer employment and training services to all individuals in need of assistance, including those who are homeless or at risk of becoming homeless. As the Federal agency with primary responsibility for employment and training services, DOL is working to remove barriers so people experiencing homelessness may better access the workforce investment system. For example, DOL strategies aim to build the One-Stop Career System's capacity to effectively address challenges such as substance use disorders and mental health disabilities faced by many job seekers who are homeless.

One of DOL's new programs, the Disability and Employment Initiative (DEI), aims to improve education, training, and employment opportunities and outcomes of youth and adults with disabilities who are unemployed, underemployed, and/or receiving Social Security benefits, including homeless persons and disabled Veterans. In program year (PY) 2010, the Department awarded nine grants to States to support extensive partnerships, collaboration, and coordination across multiple service delivery systems to leverage public and private resources. Seven of these projects include some focus on expanding the capacity of the public workforce system to serve persons who are homeless. Through these projects, States partner with Local Veterans' Employment Representatives (LVERs) and Disabled Veterans' Outreach Program (DVOP) specialists to assist homeless disabled Veterans in accessing the system's employment and training services, as well as linking them to other benefits. A second round of DEI grants will be awarded in PY 2011.

In addition, DOL's YouthBuild program aims to increase the supply of permanent affordable housing for homeless individuals and low-income families, where, as part of their occupational skills training, youth build or renovate housing in their local communities for homeless individuals and low-income families.

Research suggests that certain populations are at very high risk of becoming homeless. This is particularly true of individuals who are exiting publicly-funded institutions, such as foster care, correctional facilities, and inpatient mental health and detoxification centers. The Responsible Reintegration of Youthful Offenders and the Reintegration of Ex-Offenders initiatives and the Job Corps program also assist the homeless population and prevent further homelessness from occurring.

Job Corps Demonstration Project (Mainstream)

DOL led the Job Corps demonstration project for up to 300 young Veterans, which was located in Edinburgh, Indiana; Morganfield, Kentucky; and Excelsior Springs, Missouri. The focus of the project was to address the needs of young Veterans who were transitioning from service. The site locations were selected based on the variety of career training offerings available at each center and available bed space. As of June 17, the date the demonstration project ended, 40 young Veterans had enrolled. And, as a result of increased awareness and recruitment across the nationwide Job Corps network, including relationships with the Transition Assistance Program, a total of 341 young Veterans have enrolled in Job Corps programs over the last year; a 67 percent increase over the prior year.

DEPARTMENT OF TRANSPORTATION

The U. S. Department of Transportation has no programs that provide direct assistance to homeless individuals. However, the Department of Transportation is a partner in helping communities increase public transportation which is one of the most frequently cited needs among people experiencing homelessness.

DEPARTMENT OF VETERANS AFFAIRS

The United States Department of Veterans Affairs (VA), along with its community partners, continues to make progress in preventing and ending Veteran homelessness. VA and its dedicated staff that serve this population will not rest as long as there are any Veterans experiencing homelessness in our Nation. The VA firmly believes that one Veteran experiencing homelessness is one too many. The brave men and women who have served and continue to serve deserve no less.

VA is taking decisive action toward the goal of eliminating homelessness among our Nation's Veterans. To achieve this goal, VA has implemented the Five-Year Plan to End Homelessness among Veterans that will assist every eligible Veteran willing to accept services. VA is helping Veterans acquire safe housing, secure needed treatment services, pursue opportunities to return to employment, and receive benefits assistance. These efforts are intended to end the cycle of homelessness for Veterans and their families currently experiencing homelessness, and to prevent Veterans and their families from becoming homeless. VA's philosophy of "no wrong door" means that all Veterans experiencing or at risk of homelessness will have easy access to VA programs and services. Any door a Veteran comes to—at a medical center, a regional office, or a community organization—will offer the Veteran assistance.

The initiative of eliminating Veteran homelessness is built upon six strategies: Outreach/Education, Treatment, Prevention, Housing/Supportive Services, Income/Employment/Benefits, and Community Partnerships. These six strategies encompass a wide continuum of interventions and services to prevent and end homelessness among Veterans.

VA High Priority Performance Goals/ Measures

The Department of Housing and Urban Development (HUD) and VA agreed to a joint high priority performance goal of housing 26,896 Veterans under the Department of Housing and Urban Development / VA Supportive Housing (HUD-VASH) program by June of 2012. As of September 30, 2010, a cumulative total of 18,036 Veterans had leased housing under the HUD-VASH program.

In late 2010, HUD and VA aligned their data to report a single value for the number of homeless Veterans. The joint HUD and VA goal is to reduce the number of homeless Veterans on any given night to 59,000 by June of 2012 based on the Point in Time (PIT) survey. As of the latest data available from the 2009 PIT survey, there were 75,609 homeless Veterans in the United States.

Detailed information follows related to each of VA-specific outreach programs that provide services to Veterans and their families with program descriptions, Veteran eligibility, and beneficiaries.

National Call Center for Homeless Veterans (Targeted)

The National Call Center for Homeless Veterans (NCCHV) was created in 2010 to ensure 24-hour assistance to Veterans experiencing homelessness, those at-risk of becoming homeless, and community organizations connecting them to local resources and locations to get help in times of crisis. This program allows those experiencing or at-risk of homelessness to access VA resources (VA Medical Centers, transitional facilities, mental health services) in a timely manner while referring individuals in need to other community resources available.

Number of Homeless Persons Assisted

The NCCHV operates twenty-four hours per day, 365 days a year. Veterans may also go to the website and chat with a trained VA counselor. VA's National Call Center received 37,846 total calls since the inception of the hotline in March 2010. The call center averages approximately 2,500 calls each month.

Veterans experiencing or at-risk of homelessness are the beneficiaries of this program.

Healthcare for Homeless Veterans Program (Targeted)

The primary mission of the Healthcare for Homeless Veterans Program (HCHV) is to connect Veterans experiencing homelessness to needed health care and social service programs via extensive outreach. HCHV outreach is conducted by clinical teams at 132 VA Medical Centers, making it possible for Veterans to enter the network of VA-funded health care and social service programs with the end goal of eliminating homelessness. HCHV also provides residential treatment for mental health and substance abuse problems through contracts with community service providers, as well as long-term case management through the HCHV-Supported Housing program.

Number of Homeless Persons Assisted:

VA provided Health Care for Homeless Veterans outreach to 90,220 Veterans in FY 2010.

Veterans experiencing homelessness, who are unsheltered, are the primary beneficiaries of outreach services and are the beneficiaries of the Health Care for Homeless Veterans program.

Funding History

2011: \$136 million

2010: \$110 million

2009: \$80 million

Stand Downs (Targeted)

Stand Downs are held by community agencies in partnership with VA in an effort to outreach and provide service to homeless Veterans. Stand Downs are 1 to 3 day events providing health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand Downs are collaborative events coordinated between local VA medical centers (VAMCs), other government agencies, and community agencies which serve homeless Veterans. The data from these events are gathered by VA-identified coordinators through the Office of Public and Intergovernmental Affairs, Homeless Veteran Initiative Office.

Number of Homeless Persons Assisted

A total 196 Stand Downs were held in 2010, a slight increase from the 190 held in 2009. Events were held in 50 states, the District of Columbia, and Puerto Rico including thirteen sites reporting their first Stand Down. The total number of Veterans served during 2010 Stand Downs was 44,325, a four percent increase from the 42,382 Veterans served at 2009 Stand Downs. Of the 52,020 Veterans and family members served in 2010, 40,729 (92 percent) were male Veterans and 3,596 (eight percent) were female Veterans. There were also 5,905 spouses of Veterans served as well as 1,790 children of Veterans.

At the local level, community organizations along with local VA Medical Centers coordinate annual Stand Down events in their communities. Veterans and family members experiencing homelessness are the beneficiaries of Stand Downs.

Veterans Justice Outreach Initiative (Targeted)

The Veterans Justice Outreach Initiative limits the criminalization and unnecessary arrest of Veterans suffering from acute and persistent mental illness through a targeted outreach program including many experiencing homelessness. VA Medical Center teams work to ensure that eligible justice-involved Veterans either currently experiencing homelessness or reentering communities from incarceration receive appropriate mental health and substance abuse services. This outreach initiative involves collaboration among VA Medical Center points of contact, local law enforcement, and treatment services to provide for the needs of Veterans helping to avoid subsequent arrests and involvement with the criminal justice system.

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Each VA medical center has a designated facility-based Veterans' Justice Outreach Specialist to provide outreach, assessment, and case management for justice-involved Veterans in local courts and jails, and liaison with local justice system partners. Veterans experiencing homelessness, those in frequent contact with the criminal justice system, and the reentering Veteran population are the primary beneficiaries of this program.

Number of Homeless Persons Assisted

Significant accomplishments include that the Veteran Justice Outreach program served 5,854 Veterans in FY 2010 and 6,692 Veterans so far in FY 2011 and that the Prison Re-Entry program served 12,409 Veterans in FY 2010.

Funding History

2011: \$19 million

2010: \$5 million

2009: N/A

Veterans Benefits Assistance Outreach Program (Targeted)

Homeless Veterans Outreach Coordinators (HVOCs) are located at 56 VA benefits regional offices nationwide. The HVOCs provide VA benefits access and information through outreach efforts to Veterans who are homeless and Veterans at-risk of homelessness including those involved with the justice system. They also work with VA health care professionals to assist Veterans who are experiencing homelessness and connect them to helpful resources such as emergency shelters as a first step to stable housing, while also working to ensure that all Veterans are utilizing the VA's health care system for primary and emergency care. The HVOCs are often the first source of assistance and referral for Veterans to resources in their local area.

HVOCs are proactive in assisting justice-involved Veterans in their transition back to the community. They partner with VA's health care professionals to visit federal and state correctional facilities to work with both Veterans and prison staff ensuring that Veterans have a clear discharge plan in place, which includes a place to live for the first months of their transition and enrollment in all eligible benefit programs within the VA.

Through effective and targeted outreach, HVOCs provide Veterans who are experiencing homelessness or are at risk for homelessness with valuable information and direct assistance and resources so they do not experience homelessness.

Number of Homeless Persons Assisted

Through July 6 of FY 2011, the HVOCs have conducted over 7,730 hours of outreach reaching over 29,500 homeless Veterans.

Domiciliary Care for Homeless Veterans (Targeted)

Domiciliary Care for Homeless Veterans is a supportive residential rehabilitation and treatment service center for Veterans experiencing homelessness. This residential rehabilitation and treatment program is for Veterans with multiple and serious medical conditions, mental illness, addiction, or psychosocial deficits. This intensive clinical care program emphasizes self-care and personal responsibility in addition to treatment programs for conditions that inhibit Veterans from exiting homelessness. It combines a wide range of programs for Veterans to solve the immediate issues of mental health and substance abuse while continuing long-term support in their transition to stability and housing independence.

Veterans experiencing homelessness with mental illness, substance abuse problems, or serious medical conditions are the eligible applicants and beneficiaries of this program.

Number of Homeless Persons Assisted

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15,005 Veterans experiencing homelessness were served in FY 2010.

Funding History

2011: \$141 million

2010: \$176 million

2009: \$115 million

Homeless Veterans Dental Program (Targeted)

The Homeless Veteran Dental Program (HVDP) is a targeted program for Veterans experiencing homelessness as part of the continuum of services available to gain stability and meaningful employment. This program works with VA-sponsored and VA-partnered homeless rehabilitation programs across the country to increase access to quality dental care. Dental problems, such as pain and missing teeth can be tremendous barriers in seeking and obtaining employment. With the provision of quality dental care, it is possible to gain greater confidence and decrease pain, supporting the inclusion of dental programs in the continuum of rehabilitation services for Veterans experiencing homelessness.

The eligible applicants for this program are licensed dental care providers with knowledge and past service with individuals experiencing homelessness. Veterans experiencing homelessness enrolled in a VA Domiciliary, Grant and Per Diem, and Contract Residential Rehabilitation Program are the eligible beneficiaries for this program.

Number of Homeless Persons Assisted

11,067 homeless Veterans were served in FY 2010.

Veterans Homeless Prevention Demonstration Program (Targeted)

The Veterans Homelessness Prevention Demonstration (VHPD) Program is a three-year pilot partnership with Department of Veterans Affairs (VA), Department of Housing and Urban Development (HUD), Department of Labor (DOL), and local community agencies to explore ways the Federal government can support early intervention to prevent Veteran homelessness.

The primary beneficiaries of this program are Veterans returning from Iraq and Afghanistan with a specific focus on women Veterans, Veterans with families especially with a single head of household, as well as National Guard and Reserve Veterans who are being discharged from the military. This program provides an opportunity to understand the unique needs of this new cohort of Veterans and their families, and will support efforts to identify, conduct outreach for and assist those in need to regain and maintain housing stability.

As the lead agency, HUD received \$10 million dollars in funding to award grants for the provision of housing assistance and supportive services to prevent Veterans and their families from becoming homeless, or reduce the length of time Veterans and their families are homeless.

VA received \$5 million in funding to provide and coordinate outreach to help Veterans engage in VA health care treatment, services and benefits programs. Each local VA Medical Center has identified a VHPD team to work with the local grantees, Vet Center staff and Department of Labor (DOL). Although DOL has not received dedicated funding for this program, they are assisting Veterans with gaining access to mainstream education and job training programs through One Stop Career Centers, Disabled Veterans' Outreach Program Specialists, Local Veterans' Employment Representative Programs, and Homeless Veterans' Reintegration Programs. VHPD is projected to provide services to over 1,200 Veteran families. Grant agreements were signed by the local grantees and HUD in January 2011. The local programs initiated services in March 2011.

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Number of Homeless Persons Assisted

Not available. Program begins in FY 2011.

Funding History

2011: Not applicable

2010: Not applicable

2009: \$5 million in one-time funding

Supportive Services for Veteran Families (SSVF) Program (Targeted)

The Supportive Services for Veterans Families Program works with nonprofit organizations to provide social services for low-income and very low-income Veterans and their families currently residing in or transitioning to permanent housing. Funding to these organizations provides outreach and case management to families to help them through the process of accessing all VA benefits and mainstream benefits for which they are eligible. These benefits include health care, housing counseling services, temporary financial assistance, transportation services, child care services, and legal services. This program allows for families (defined as a single person, or a family in which the head of household or the spouse of the head of household is a Veteran) to receive guidance and management to access to full range of community benefits available to maintain stable housing.

Significant accomplishments include completing a notice of funding availability on March 11, 2011. VA received approximately 400 applications with cumulative funding requests totaling \$238 million. Awards were announced on July 26, 2011 totaling approximately \$60 million for 85 community organizations.

Number of Homeless Persons Assisted

This is a new program. Grants will be awarded for the first time in FY 2011.

Funding History

2011: \$25 million

2010: \$20 million

2009: \$15 million

Homeless Providers Grant and Per Diem (Targeted)

VA's Homeless Providers Grants and Per Diem Program may offer a Notice of Fund Availability (NOFA) annually (as funding permits). Program funds go toward the provision and maintenance of transitional housing facilities and service centers for Veterans (Grant Program), as well as for the operational costs for services provided to Veterans while in transitional housing (Per Diem Program). Grant funds are awarded annually for up to 65 percent of the costs of construction, renovation, or acquisition of a building to be used as a service center or transitional housing facility for Veterans. Per Diem funds are used to offset the operational costs (including salaries) of providing transitional housing or social services for Veterans with community partners. While priority for the Per Diem Program is given to those who receive VA grant funding, nonprofit organizations can apply for Per Diem funding separately. Both of these programs enable Veterans experiencing homelessness to take a first step to stability through transitional supports, eventually moving to permanent housing and a better quality of life.

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Significant accomplishments include approximately \$41.9 million in awards to community providers to provide up to 2,568 transitional housing beds for homeless Veterans. There were 474 transitional housing beds that became operational in the first quarter FY2011 (going from 11,875 at the end of FY2010 to 12,259 by the end of the first quarter of FY2011).

Eligible community partners providing transitional housing and services are eligible applicants to receive this funding. Veterans experiencing homelessness are the beneficiaries of this program funding.

Number of Homeless Persons Assisted

35,904 homeless Veterans were served in FY 2010.

Funding History

2011: \$128 million

2010: \$175 million

2009: \$128 million

Housing and Urban Development – Veterans Affairs Supported Housing (HUD-VASH) Program (Targeted)

In 1992, the Department of Veterans Affairs partnered with the Department of Housing and Urban Development to launch the Housing and Urban Development-Veterans Affairs Supported Housing (HUD-VASH) program. HUD-VASH was initiated with the objective of serving Veterans experiencing homelessness with mental illness through two closely linked interventions: (1) a housing subsidy provided through HUD's Section 8 Housing Choice Voucher program and (2) a community-oriented clinical case management effort by VA.

In FY 2008, Congress appropriated funding to HUD for the creation of 10,000 new Section 8 vouchers for use by the HUD-VASH program. This unprecedented expansion led to services at VA Medical Centers in 135 communities, bringing services to all 50 states, the District of Columbia, Puerto Rico and Guam. In FY 2009, an additional 10,000 vouchers were appropriated and deployed in the 1st Quarter of FY 2010. In FY 2010, approximately 10,000 more vouchers were appropriated and disbursed in three rounds (June, July and October of 2010) bringing the total number of vouchers available for Veteran use close to 30,000 as of the close of 2010.

VA case managers provide a range of supportive services focused on helping Veterans to obtain housing and move into leased units as well as helping Veterans remain in and sustain permanent housing in the community. Approximately 11 percent of Veterans admitted to case management are female.

Homeless Veterans in need of permanent housing and who require health care and case management services are eligible beneficiaries for the HUD-VASH Program. Housing Choice Vouchers are funded through HUD annual appropriations and the case management services are funded through VA annual appropriations.

Number of Homeless Persons Assisted

As of May 2011, 27,642 homeless Veterans have been permanently housed.

Funding History

2011: \$151 million

2010: \$71 million

2009: \$27 million

Homeless Veteran Supported Employment (Targeted)

Beginning in FY 2011, VA medical centers may receive up to four years of funding for the development of the Homeless Veteran Supported Employment Program (HVSEP). The HVSEP is an expansion of vocational and employment services for homeless Veterans with the goal of competitive employment. This program will utilize a Supported Employment model to provide community-based vocational assistance, job development and placement, and on-going employment supports designed to improve employment outcomes among homeless Veterans.

Medical centers will be funded to hire approximately 400 new Vocational Rehabilitation Specialists. Medical centers are required to recruit and hire Veterans who are homeless, formerly homeless, or at-risk of homelessness, as defined by VA regulations. Homeless Veterans and those at-risk of becoming homeless are the beneficiaries of this program.

Number of Homeless Persons Assisted

Not available. Program begins in FY 2011.

VA's (Veterans Benefits Assistance) Acquired Property Sales for Homeless Providers (Targeted)

Acquired Property Sales for Homeless Providers Program can assist homeless provider organizations in acquiring property for use as a social service center or transitional housing facility. Every property the VA obtains through foreclosures on VA-insured mortgages can be made available for purchase by homeless providers with a 20 to 50 percent discount. Program resources are dependent upon available VA Acquired Properties, which can be found by state.

Nonprofit homeless service providers serving Veterans are eligible to purchase VA acquired properties at a discount. Homeless Veterans and homeless individuals and families are the eligible beneficiaries of the program. Non-profit organizations provide the funding to purchase VA properties at a discounted price.

Number of Homeless Persons Assisted

Not available.

Preventing Veteran Homelessness through Mortgage Foreclosure Assistance (Targeted)

VA has a long-standing policy of encouraging mortgage companies to work with Veteran borrowers to explore all reasonable options to help them keep their homes and avoid foreclosure. One option may involve establishing a plan to pay the regular payment each month plus a portion of the delinquent amount over a longer period. Another option may be to extend forbearance; i.e., a period of time with no or reduced payments made with the expectation that some large monetary amount (like a tax refund) will be received that can then be applied to pay off the delinquency. Another option, which is currently more popular, is to modify the terms of the loan by rolling the delinquency into the unpaid principal balance and establishing a new repayment schedule, sometimes with reduced interest rate or an extended repayment term.

Significant accomplishments include, in FY 2009, VA paid servicer incentives on 5,098 loans that were reinstated after repayment plans, 689 after special forbearance arrangements, and 4,655 after loan modifications. In FY 2010, VA paid servicer incentives on 9,530 loans that were reinstated after repayment plans, 1,228 after special forbearance arrangements, and 9,869 after loan modifications. While these incentive payments encouraged servicers to assist Veteran borrowers in retaining their homes which were in default and at risk of foreclosure, we are uncertain how many of those Veterans may have become homeless because they would have been unable to find other suitable housing if foreclosure had occurred.

Veterans in need of mortgage foreclosure assistance are the eligible applicants and beneficiaries for this program. This program is funded through the VA annual appropriations.

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Number of Homeless Persons Assisted

Not available.

Expedited Claim Processing for Homeless Veterans (Targeted)

Each homeless Veteran's claim is identified as homeless through an electronic homeless flash on the Veteran's record. The homeless flash enables the VA Regional Office to track and monitor the processing of all claims for homeless Veterans as they are all expedited. Each VA Regional Office's Homeless Veterans Outreach Coordinator provides oversight on homeless claims to ensure they are properly identified and processed quickly.

Significant accomplishments include a 75.3 percent increase in received homeless claims from FY 2009 (6,512) to FY 2010 (11,416). The number of homeless Veterans' claims completed in FY 2010 (7,754) is an increase of 42 percent over FY 2009 (5,451). Additionally, there was a 38.4 percent increase in compensation grants and a 64.2 percent increase in pension grants from FY 2009 to FY 2010.

Veterans experiencing homelessness or at-risk of becoming homeless are the eligible applicants and beneficiaries for this program. The program is funded through VA annual appropriations.

Excess Property for Homeless Veterans Initiative (Targeted)

The Excess Property for Homeless Veterans Initiative provides for the distribution of federal excess personal property such as sleeping bags, hats, coats, footwear, and other items to Veterans experiencing homelessness. The majority of this surplus property is distributed at Stand Downs by VA and its community partners serving Veterans experiencing homelessness and their families.

Non-profit organizations providing services for homeless Veterans are the eligible applicants for the program. Veterans experiencing homelessness and their families are the primary beneficiaries of this program. Excess federal property is given as it becomes available to the VA who then determines the route of distribution, mostly through Stand Down events.

CHALENG Program: The Community Homelessness Assessment, Local Education and Networking Groups Program (CHALENG) for Veterans (Targeted)

In 1994, the VA launched Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) for Veterans, an innovative program designed to enhance the continuum of care for homeless Veterans provided by the local VA and its surrounding community service agencies. The guiding principle behind Project CHALENG is that no single agency can provide the full spectrum of services required to help homeless Veterans become productive members of society. Project CHALENG enhances coordinated services by bringing the VA together with community agencies and other federal, state, and local governments that provide services to homeless Veterans to raise awareness of homeless Veterans' needs and to plan to meet those needs.

At the local level, VA medical centers and regional offices designate CHALENG Points of Contact (POCs) who are responsible for conducting annual meetings. CHALENG POCs work with local agencies and community partners throughout the year to coordinate services for homeless Veterans.

Veterans experiencing or at-risk of homelessness are the beneficiaries of all Project CHALENG programs. This program is funded through the VA annual appropriations.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service (CNCS) empowers and supports Americans to tackle persistent challenges and build enduring community capacity to solve problems. Through its AmeriCorps, Learn and Serve America, Senior Corps, and other programs and activities, five million Americans volunteer with nearly 70,000 organizations in the national service network. These organizations use national service resources to develop innovative solutions across a broad spectrum of issues.

In recognition of this successful foundation, Congress in 2009 passed the Edward M. Kennedy Serve America Act, bringing CNCS' programs to higher levels of impact, innovation, and effectiveness. Coupled with a new 2011-2015 Strategic Plan, CNCS has a clear roadmap for using national service to address six major challenges facing communities: disaster services, economic opportunity, education, environmental stewardship, healthy futures, and Veterans and military families.

Several of the six focus areas include strategies and objectives that address homelessness and the prevention of homelessness. For example, the economic opportunity focus area supports activities that assist economically disadvantaged people in obtaining improved access to services and benefits aimed at contributing to their enhanced financial literacy and security; transitioning into or remaining in safe, healthy, affordable housing; and in improving their employability, and thus, leading to increased success in becoming employed.

The following overview highlights CNCS' support of homelessness programs in FY 2010, with some specific examples of projects.

Senior Corps (Mainstream)

Senior Corps connects individuals age 55 and over with the people and organizations that need them most. We help them become mentors, coaches, or companions to people in need, or contribute their job skills and expertise to community projects and organizations. Conceived during John F. Kennedy's presidency, Senior Corps currently links nearly 500,000 Americans to service opportunities. Their contributions of skills, knowledge, and experience make a real difference to individuals, nonprofits, and faith-based and other community organizations throughout the United States.

Number of Homeless Persons Assisted

In FY 2010, 121 Foster Grandparent projects engaged 873 volunteers to provide mentoring and support to 3,492 homeless children.

In FY 2010, 227 RSVP projects engaged 1658 volunteers who served 331,540 hours to support homeless populations.

Foster Grandparents mentor, support, and help some of the most vulnerable children and young people in the United States.

RSVP volunteers put their unique talents to work to make a difference, from connecting homeless Veterans to resources to serving in food banks and homeless shelters and helping to build affordable housing.

The **Senior Companions** help adults in their community who have difficulty with the simple tasks of day-to-day living. Senior Companions assist their peers with the life skills necessary to remain in permanent housing, including shopping and light chores, interacting with doctors, or making a friendly visit.

Learn and Serve America (Mainstream)

In 2010, approximately 290 out of Learn and Serve America's 1,600 service-learning projects focused on homeless issues. More than 115,000 students, faculty, and staff were involved in these activities, contributing more than 2 million hours of service and representing \$1,733,291 of federal support.

AmeriCorps State and National (Mainstream)

AmeriCorps State and National programs engage national service participants in providing direct service to address unmet community needs. Local programs design service activities for a team of AmeriCorps members serving full- or part-time for up to one year. Members also help to recruit community volunteers to expand the reach and effectiveness of the organization where they serve.

Number of Homeless Persons Assisted

In FY 2010, AmeriCorps State and National provided \$5,577,000 to 16 organizations that engaged in service to 1,274 people experiencing homelessness.

AmeriCorps VISTA (Mainstream)

AmeriCorps VISTA, the national service program designed specifically to fight poverty, has a long history of supporting organizations to create or expand programs that address homelessness. Many VISTA volunteers help build the capacity of organizations that operate shelters, distribute food, mentor children, and provide outreach.

In FY 2010, VISTA volunteers served with 35 project sponsors around the country that are working to end or prevent homelessness. The 291 VISTA members that served in these programs represent an investment of more than \$5,000,000 in federal support. In total, the programs served more than 21,000 individuals in 2010.

AmeriCorps National Civilian Community Corps (NCCC) (Mainstream)

AmeriCorps National Civilian Community Corps (NCCC) is a full-time, team-based residential program for men and women age 18–24. Members are assigned to one of five campuses, located in Denver, Colorado; Sacramento, California; Perry Point, Maryland; Vicksburg, Mississippi; and Vinton, Iowa.

Each year, NCCC engages in short-term high impact service projects with organizations across the country, with missions related to expanding affordable housing opportunities and providing immediate aid to homeless Americans. In the pursuit of providing domestic resources to economically disadvantaged Americans, NCCC built approximately 500 houses and processed a distributed over 2,500 tons of food donations and over 55 tons of clothing donations.

Number of Homeless Persons Assisted

Approximately 1200 NCCC Members served throughout the country on short term intensive projects including those related to housing and homelessness. NCCC served over 1600 homeless persons directly.

GENERAL SERVICES ADMINISTRATION

The General Services Administration (GSA) is responsible for promoting effective use of federal real and personal property assets, as well as the disposal of property that is no longer mission-critical to federal agencies.

Real Property – Homeless Assistance Program (Targeted)

With thousands of properties in the federal portfolio, disposing of underused federal real property is a considerable task. GSA—while working together with partner federal agencies, state and local governments, non-profit organizations, business groups, and citizens—leaves a lasting positive impact on communities by making valuable government real estate available for numerous public purposes.

Unneeded or underutilized federal property can vary widely in type and value, and may include the following:

- ▶ Undeveloped land;
- ▶ Office buildings;
- ▶ Warehouses;
- ▶ Commercial and industrial facilities;
- ▶ Military holdings; and
- ▶ Single- and multi-family residences.

These former federal properties can contribute to a community's vitality by providing benefits such as the following:

- ▶ Expanded employment opportunities;
- ▶ Housing for people experiencing homelessness; and
- ▶ Establishment of educational centers, parks, and open spaces.

Property may be located in any of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, or the U.S. Pacific Territories.

Pursuant to Title V of the McKinney-Vento Homeless Assistance Act, state and local governments, as well as non-profit organizations, are eligible to apply for land and buildings that have been determined to be “suitable and available.” Properties may be used for a wide variety of programs and services for homelessness, including, but not limited to, emergency shelters, transitional programs (with occupancy limited to 24 months), food banks, job training, storage facilities, or administrative use.

The GSA Public Buildings Service, Office of Real Property Utilization and Disposal partners with the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS) to manage the surplus real property homeless assistance program for properties in GSA's disposal inventory.

The McKinney-Vento Homeless Assistance Act, as amended, authorizes the identification and use of underutilized and unutilized property for use to assist people experiencing homelessness. This determination is made using the following process:

- ▶ GSA completes and forwards checklists to HUD on properties reported by federal agencies as excess to their need and not previously reviewed by HUD for suitability determination.
- ▶ HUD determines which properties are “suitable” for use as facilities to assist with homelessness and advises GSA accordingly. These assets may consist of land and buildings in urban and rural areas and may be used for shelters, clinics, storage or administrative space.
- ▶ GSA determines if there is an alternative federal use for each “suitable” property. If none exists, GSA advises HUD that the “suitable” property is available for homeless purposes.

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- ▶ HUD then publishes the properties in the Federal Register that are “suitable and available,” “suitable and unavailable,” and “unsuitable” for homeless use.
- ▶ GSA notifies homeless providers that have been identified by the National Coalition for the Homeless, State and local government units, entities that have expressed interest, and other organizations when “suitable and available” properties are published in the Federal Register. Homeless assistance providers interested in any of these properties must request an application form, and apply to HHS.
- ▶ HHS evaluates the homeless providers’ applications and if approved, requests that GSA assign the property to HHS for conveyance to the homeless provider. HHS then leases or deeds the property to the approved provider.

Number of Homeless Persons Assisted

Not available.

Funding History

2010: \$4.6 million of property

2009: \$1.75 million of property

Between fiscal years 1998 and 2010, the General Services Administration (GSA) has assigned 96 properties valued at over \$142 million dollars to the Department of Health and Human Services (HHS) for conveyance to homeless assistance providers for a variety of purposes. This program is not separately funded in GSA's Office of Real Property Utilization and Disposal.

FY 2010 Data: During FY 2010, GSA assigned one property valued at **\$4.6 million dollars** to the Department of Health and Human Services (HHS) for conveyance to a homeless assistance provider for future use in serving the nation’s homeless population. The property was the Former GSA Motorpool Building in Brooklyn, NY. The property was assigned for conveyance to Overcoming-Love Ministries to provide transitional housing facilities to families.

Barriers to Access

GSA continues to work with HUD and HHS to streamline the process of identifying excess real property and qualifying it for homeless use. GSA expeditiously submits evaluation criteria to HUD for all eligible excess real property for determination of suitability for use by homeless assistance providers. Agency associates continuously respond to homeless inquiries. These inquiries are reviewed in a timely manner, and evaluated by HHS with each requestor notified of the evaluation results.

Efforts to Increase Participation by People Experiencing Homelessness or Service Providers

The GSA outreach system provides customers and stakeholders with the information for the conduct of internal and external customer service requirements. This information pertains to legal requirements and processes for doing business with the Federal Government. The following are key requirements of this system:

- ▶ Knowledge Management System provides seamless access to all property related information and provides the necessary tools to equip realty associates to be more productive and efficient in administering program requirements.
- ▶ Resource Center internet/intranet application provides the central focus site for customers to access on-line resources and applications. The internet-based and real property section provides customers with laws, regulations and guides for an overview of the property disposal process. The Office of Real Property Disposal Resource Center has been enhanced and homeless assistance providers now have the ability to register to receive automatic electronic notification when real property that is suitable and available for homeless use is posted to the site.
- ▶ GSA also provides the public with access to information on real property assets, services, and application processes and requirements through its internet homepage.

Personal Property – Homeless Assistance Program (Targeted)

GSA's Federal Surplus Personal Property Donation Program enables certain nonfederal organizations to obtain personal property that the federal government no longer needs and can be of benefit to the community.

GSA works together with State Agencies for Surplus Property (SASP), its partners on the state level, to transfer surplus personal property to certain eligible organizations. Surplus property can include all types and categories of property such as food, clothing, beds, medical supplies, furniture and a host of other items.

The following activities are eligible to receive donations of federal surplus personal property through the SASPs:

- ▶ Public agencies
- ▶ Nonprofit educational and public health activities, including programs for people experiencing homelessness and nonprofit and public programs for the elderly
- ▶ Public airports
- ▶ Educational activities of special interest to the Armed Services

The GSA's Federal Acquisition Service's Office of Personal Property Management manages the Personal Property Utilization and Donation (U&D) Program, which includes the Federal Surplus Property Donation Program.

Surplus property is transferred by GSA to SASPs (State Agencies for Surplus Properties) for donation to a variety of non-profit and public agencies, including providers of homeless assistance.

Since its inception this program has been instrumental in transferring more than \$157 million dollars worth of property through SASPs to shelter operators and other providers of homeless services.

Funding History

2010: \$8.2 million of property

Barriers to Access

SASPs are self funded state organizations that must charge a minimal service and handling fee to cover the cost of operating their programs.

Efforts to Increase Participation by People Experiencing Homelessness or Service Providers

Staff specialists promote GSA's property donation program through participation in seminars and workshops throughout the nation such as the Twelfth Annual Peer to Peer Homeless Providers Conference in Springfield, IL, in September 2010, sponsored by HUD's Chicago Regional Office. GSA also provides congressional district offices, state and local governments with program information. SASPs are required to annually report on their efforts to donate personal property to homeless service providers.

SOCIAL SECURITY ADMINISTRATION

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) (Mainstream)

The Social Security Administration (SSA) provides monthly benefits to millions of Americans who are unable to work due to a disability. The Social Security Disability Insurance (SSDI) program is a social insurance program that pays benefits based on a worker's prior earnings. Dependents, such as spouses and children, of disabled workers may also receive benefits. Supplemental Security Income (SSI) provides basic support to needy individuals who are blind, disabled or who are aged 65 years or older and who have limited or no other income.

Although SSA does not have specific programs designed to assist the homeless population, its disability programs provide important assistance and are often the first step in stabilizing a homeless individual who is aged or has a disabling condition. SSA's commitment to serving the American public includes outreach efforts to people experiencing homelessness and other disadvantaged populations, encouraging them to participate in the programs that the agency administers. SSA's policy is to expedite claims for homeless applicants to every extent possible. Through its network of over 1,300 field offices, SSA provides a wide range of assistance to people experiencing homelessness. Field offices have established a variety of activities and special procedures to reduce the problems faced by individuals experiencing homelessness in obtaining SSDI and SSI benefits for which they may be eligible.

Barriers to Access

Over the years, SSA has determined that the major impediments facing the homeless population in obtaining benefits included their inability to keep appointments, the lack of medical records, and difficulty keeping in contact. SSA allows an individual to appoint a representative to help him or her conduct business with SSA, such as providing assistance in filing an application for benefits, filing an appeal, and complying with SSA's requests relating to the application or appeals process. An individual may obtain representation by completing a Form SSA-1696, "Appointment of Representative." Once recognized by SSA, the appointed representative will receive copies of notices and handle matters before SSA on behalf of an individual experiencing homelessness.

Field offices and Disability Determination Services throughout the nation have established liaisons with various organizations to assist homeless individuals in applying for, and maintaining entitlement to SSI/SSDI benefits. Activities include the following:

- ▶ Building relationships with community providers to provide immediate assistance and resolve issues; scheduling appointments with various agencies to facilitate the claims process; visiting homeless shelters and hospitals to take claims or assist individuals with post-entitlement actions; and distributing public information materials to appropriate agencies involved with homelessness;
- ▶ Arranging for field offices to contact Disability Determination Services to schedule consultative examinations for individuals experiencing homelessness with no medical sources so that the individual is provided the date and time of the appointment before leaving the field office;
- ▶ Working with the Veterans Administration to assist homeless Veterans filing claims or maintaining eligibility and participating in Project Homeless Connect and Veterans Stand-Down events;
- ▶ Participating in state and regional homeless coordinating committees;
- ▶ Establishing prerelease agreements with prisons to allow processing of claims for aged and disabled prisoners who are about to be released back into the community;
- ▶ Training social workers, advocacy organizations, legal aid and law enforcement agencies on how to complete disability claims forms and the documentation requirements for claims processing; and
- ▶ Conducting workshops to disseminate information on programs and services, such as online services and work incentives.

SSA is also currently conducting several initiatives designed to remove barriers, speed applications, and assist those at risk of becoming homeless. These initiatives include the following:

San Francisco and Santa Cruz Counties Homeless with Schizophrenia Presumptive Disability Pilot Demonstration (HSPD)

To improve service to individuals experiencing homelessness with schizophrenia, SSA is implementing a demonstration in the San Francisco and Santa Cruz Counties to test the viability of offering Presumptive Disability (PD) determinations to this group. PD is a policy that allows individuals applying for SSI to receive up to six months of payments prior to SSA's final disability determination. The pilot is a collaborative effort by the local agencies and SSA. San Francisco and Santa Cruz, as well as the SSA San Francisco Regional Office, will implement the intervention and collect data. SSA research staff will conduct the evaluation.

Benefits Entitlement Services Team (B.E.S.T.) Demonstration Project

In an effort to improve the overall conditions of homeless individuals, the County of Los Angeles approved funding for a two-year project. The goal of the project is to increase homeless individuals' eligibility for SSDI and SSI benefits. They awarded the contract to a Federally Qualified Health Center (FQHC) in Los Angeles County that has expertise in serving homeless clients. There are four outreach locations in Los Angeles County that provide health care, mental health care, case management, conduct outreach services, and assist individuals experiencing homelessness. The locations are Los Angeles (two locations), El Monte, and the City of Bell.

SSA is working with the San Francisco Regional Office and L.A. County project staff to obtain all available data and to develop the design of the B.E.S.T. evaluation. SSA and its partners will develop an evaluation that includes short and long-term outcomes for participants using SSA administrative data and compare the result of the B.E.S.T. project participants against a comparison group.

Compassionate Allowances

The Compassionate Allowances process expedites claims for SSI/SSDI applicants whose medical conditions are so severe that they obviously meet the disability standards based on minimal objective medical information. There are currently 88 Compassionate Allowances conditions including cancers, brain disorders, and rare diseases affecting children. On November 18, 2009, Commissioner Astrue held a Compassionate Allowances Outreach Hearing on schizophrenia in San Francisco, CA. Some of the nation's leading experts on schizophrenia provided testimony about possible methods of identifying and implementing Compassionate Allowances for young adults with schizophrenia. Many of the experts including clinicians and advocates provided information on the effects of homelessness on individuals with schizophrenia. The purpose of these hearings is to obtain public comment from experts and stakeholders to consider future expansion of Compassionate Allowance conditions. SSA uses this information to update its program rules, enhance its predictive models for fast-tracking disability claims, and provide helpful information to claimants. SSA expects to increase the percentage of disability claims identified for fast-tracking from 4.5 percent at the end of Fiscal Year (FY) 2010 to 5 percent by the end of FY 2011.

Youth Transitioning out of Foster Care

Disabled foster care youth represent a vulnerable population who face a higher risk of homelessness, increased health problems, substance abuse, and incarceration once foster care payments cease. It was critical to implement policy for disabled foster care youth to help prevent a break in income and ease their transition to independent living.

In FY 2010, SSA developed new policy for disabled youth transitioning out of foster care. This new policy enables SSA to accept an SSI application from a youth and begin the disability determination process for SSI up to 90 days before the youth's foster care will end due to age. This is an exception to the general rule of accepting an SSI application in the month before the month of eligibility.

UNITED STATES POSTAL SERVICE

The U.S. Postal Service's mission is to provide the nation with reliable, affordable, universal mail service. As part of this commitment, the Postal Service serves on the United States Interagency Council on Homelessness. The Postal Service had made every effort to provide delivery to people experiencing homelessness through Post Office Boxes and general delivery. Although 9/11 legislation and related guidelines have strengthened the identification requirements for mail delivery, the Postal Service continues to accommodate those experiencing homelessness.

The Postal Service and the National Association of Letter Carriers hold the largest one-day food drive in the nation on a yearly basis. In 2010, more than 77.1 million pounds of food were collected. It was the seventh consecutive year above 70 million pounds and brought the total for the drive's 18 years to over 1 billion pounds of food. The food is delivered to food banks, pantries and shelters that serve the communities where it is collected.

PHOTOGRAPHY CREDITS

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