

# ANNUAL REPORT

**United States Interagency Council on Homelessness**  
*Preventing and Ending Homelessness in the United States*

FISCAL YEAR 2009



# **United States Interagency Council on Homelessness**

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## **FISCAL YEAR 2009 ANNUAL REPORT**

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**April 2010**

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# United States Interagency Council on Homelessness

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## SECTION ONE

### *Introduction*

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Executive Summary

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## **EXECUTIVE SUMMARY**

The United States Interagency Council on Homelessness (USICH) is pleased to submit its Fiscal Year 2009 Annual Report. The Report provides the reviewer the overall context of USICH's work in FY 2009 and includes summaries of the respective work accomplished by the Member Departments and Agencies that comprise the Council in FY 2009.

Congress established the *Interagency Council on the Homeless* in 1987 under Title II of the Stewart B. McKinney Homeless Assistance Act as an independent establishment to provide federal leadership for activities to assist homeless families and individuals. The Council was reauthorized for two-year increments in 1988, 1990, and 1992. Between 1994 and 2000 the Council operated as a working group of the White House Domestic Policy Council. On October 27, 2000, Congress reauthorized the Council through October 1, 2005. In March 2002, an Executive Director was appointed to revitalize a then inactive Council. As part of the FY 2004 HUD-VA-Independent Agencies appropriations bill, the Council became an independent agency and its name changed to the *United States Interagency Council on Homelessness (USICH)*. USICH has annually been reauthorized through the appropriations process since that time.

As an independent agency whose membership consists of the heads, or their designees, of 19 Federal Departments and Agencies, USICH coordinates the federal response to homelessness and is responsible for creating a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the Federal Government in contributing to the end of homelessness.

The Annual Report consists of two sections. The first section consists of a summary of USICH's FY 2009 activities, including work accomplished by its working groups and Regional Coordinators and also provides a summary of USICH's plans for FY 2010. The section also includes an Assessment of Homelessness in America. This provides the reviewer with essential facts on the state of homelessness based on the 2008 Annual Homeless Assessment Report (AHAR) released by the Department of Housing and Urban Development in July 2009. The 2008 AHAR is the most recent and comprehensive effort to count, and identify by groups, the homeless population in America.

In preparing the FY 2009 Annual Report, USICH requested that the Member departments and agencies provide concise and relevant summaries of their targeted programs and relevant data from FY 2009. The third chapter 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 federally targeted programs designed to serve the needs of the homeless population. The concise summaries include a title of the targeted program, a United States Code citation, a description of the program, how it is funded and awarded, and if necessary, 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.

# **UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS OPERATIONS**

## **FISCAL YEAR 2009**

### **MEMBERSHIP**

In FY 2009, the United States Interagency Council on Homelessness (USICH) was comprised of the heads or their designees of nineteen Federal Departments and Agencies:

- Department of Agriculture (USDA)
- Department of Commerce (Commerce)
- Department of Defense (DoD)
- Department of Education (Education)
- Department of Energy (DOE)
- Department of Health and Human Services (HHS)
- Department of Homeland Security (DHS)
- Department of Housing and Urban Development (HUD)
- Department of the Interior (DOI)
- Department of Justice (DOJ)
- Department of Labor (DOL)
- Department of Transportation (DOT)
- Department of Veterans Affairs (VA)
- Corporation for National and Community Service (CNCS)
- General Services Administration (GSA)
- Office of Management and Budget (OMB)
- Social Security Administration (SSA)
- United States Postal Service (USPS)
- White House Office of Faith Based and Community Initiatives (OFBCI)

### **USICH RESPONSIBILITIES**

Pursuant to the McKinney-Vento Act, the major responsibilities and activities of USICH include:

- Planning and coordinating the Federal Government's activities and programs to assist homeless people, and making or recommending policy changes to improve such assistance;
- Monitoring and evaluating assistance to homeless persons provided by all levels of government and the private sector;
- Ensuring that technical assistance is provided to help community and other organizations effectively assist homeless persons; and

- Disseminating information on federal resources available to assist the homeless population.

### **REQUIREMENT FOR AN ANNUAL REPORT**

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.”

### **HEARTH ACT**

On May 20<sup>th</sup>, 2009 President Obama signed into law the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH). The HEARTH Act mandated the following additional duties for the Council.

- Develop, make available for public comment, and submit to the President and to Congress a National Strategic Plan to End Homelessness. It also requires that the plan be updated on an annual basis;
- Increase the number of regional coordinators from no less than 5 to no more than 10;
- Encourage the creation of State Interagency Councils on Homelessness and the formation of jurisdictional 10-year plans to end homelessness at State, city, county levels;
- Annually obtain from Federal Agencies’ their identification of consumer-oriented entitlement and other resources for which persons experiencing homelessness may be eligible and the agencies identification of improvements to ensure access;



- Develop joint federal agency and other initiatives
- Conduct research and evaluation related to USICH's functions;
- Develop constructive alternatives to criminalizing homelessness;
- Convene a meeting (within six months of the completion of the GAO study of administrative fees) of representatives of Federal Agencies, congressional committees, local and state governments, academic researchers, nonprofit housing and service providers and advocacy organizations to consider whether there is a compelling need for a uniform definition of homelessness under federal law.

The HEARTH Act allows USICH to pay for the expenses of attendance at meetings that support its functions; clarifies that USICH may accept property, "both real and personal, public and private, without fiscal limitation for the purposes of aiding or facilitating the work of the Council"; requires the Council to meet no less than four times a year (as opposed to the previous requirement of once a year); requires the Executive Director to report directly to the Chairperson.

#### **USICH LEADERSHIP**

Philip F. Mangano completed his tenure as Executive Director of USICH on May 15, 2009 after serving in that capacity since 2002. The Director of Homeless Programs at the Department of Veterans Affairs, Peter H. Dougherty, served as Acting Executive Director of USICH through November 15, 2009.

#### **USICH MEETINGS**

In FY 2009, the Council convened a meeting on June 18<sup>th</sup>. The meeting was chaired by United States Secretary for Veteran Affairs Eric Shinseki and was attended by four Cabinet Secretaries and representatives of all other member department and agencies. Secretary Shinseki amplified the Administration's goal that the Council should be more active in discussion of programs and collaborative efforts among the members rather than just meeting to receive reports. Acting Executive Director Peter H. Dougherty, Director of Homeless Programs at the Department of Veterans Affairs, was responsible for staffing the meeting. United States Secretary of Housing and Urban Development Shaun Donovan was elected Chairperson and United States Secretary of Labor Hilda Solis was elected Vice Chairperson. In a statement released for the meeting, President Obama said; "It is simply unacceptable for individuals, children, families and our nation's Veterans to be faced with homelessness in this country. I am confident that the Interagency Council on Homelessness, under Secretary Donovan's leadership, will have a renewed focus on coordinating efforts across Federal Agencies and working closely with our state, local, community-based partners to address these serious issues."

Significant discussion items included:

- The successful collaboration between HUD and the VA through the HUD-VASH housing program in which HUD's Housing Choice Vouchers are linked with the VA's dedicated case management services.
- HUD's \$1.5 billion Homeless Prevention and Rapid Re-Housing Program (HPRP) authorized by the American Recovery and Revitalization Act.
- The reauthorization and efforts related thereto of homeless programs under the HEARTH Act.
- The continued efforts to end chronic homelessness among our nation's Veterans.

## **FINANCIAL MANAGEMENT**

USICH received an appropriation of \$2,333,000 for FY 2009. As part of the independent auditor's review of the USICH's FY 09 financial statements under OMB Bulletin 07-04, Audit Requirements for Federal Financial Statements, internal control testing and testing of the Council's compliance with applicable laws and regulations were performed. Based on an Independent Auditor's Report dated November 16, 2009 no material weaknesses involving USICH's internal controls and its operations, and no instances of noncompliance with federal laws and regulations were found or noted.

USICH's service provider, GSA, received a favorable opinion on its Report on Controls Placed in Operation and Tests of Operating Effectiveness for the Period July 1, 2008 – June 30, 2009. This audit focused on GSA's Pegasys Financial Management, and was prepared in accordance with standards established by the American Institute of Certified Public Accountants. Commonly known as a "SAS 70 Review", the report details the auditor's examination of the processing of transactions by GSA.

Further, USICH met its financial reporting requirement, issuing its Performance and Accountability Report (PAR) for FY 09 to OMB by the due date of November 16, 2009.

## **REGIONAL COORDINATORS**

USICH's regional coordinators, provided by HUD, serve as principal representatives and points of contact for USICH in the field. These coordinators have served instrumental roles in encouraging State and local coordination through such vehicles as 10-year plans and State interagency councils, and have provided technical assistance in these and other areas as required by USICH's statute. Regional Coordinators are programmatically directed by USICH and administratively supervised by HUD.

Specifically, the Regional Coordinators:

- Serve as the Council's principal representatives and points of contact at the regional level for information, referrals, and technical assistance for federal homeless and mainstream assistance programs and activities;
- Support the development and convening of regional federal interagency council meetings with representatives of Council member agencies to coordinate program activities, support Council initiatives and establish regional and local networks, mirroring the work of the Interagency Council in Washington;
- Work with Governor-designated State liaisons for State Interagency Councils on Homelessness and Mayor and County Executive-designated liaisons for jurisdictional 10-year plans to coordinate current and planned policies and programs and ensure adequate dissemination of information provided by the Council and its member agencies on funding availability, legislative initiatives, and Administration priorities, including preventing homelessness, eliminating chronic homelessness, coordinating homeless assistance activities, increasing access to mainstream resources, and identifying innovative ideas and best practice programs;
- Monitor program implementation in the region and regularly report on innovative initiatives, barriers to effective service delivery, and recommendations received for program improvements;
- Provide a source of rapid feedback to the Council about current and emerging regional program implementation and policy issues; and
- Conduct technical assistance initiatives in the region as directed by the Council's Executive Director.

In FY 2009, the Regional Coordinators:

- Assisted numerous communities across the nation in the development, promotion and implementation of 10-year plans to end homelessness including among others Waterbury, CT; Meriden, CT; Lewiston/Auburn, ME; Benton County OR, Deschutes Country OR; Whatcom County, WA; Pierce County WA; Coeur d'Alene, ID; Anchorage, AK; Fort Collins, CO; Chesapeake, VA; Palm Beach County, FL; Pasco County, FL.
- Continued to encourage the creation of state interagency councils on homelessness and provided technical assistance to the Vermont, Massachusetts, New Hampshire, Washington,

Oregon, Alabama, Georgia, Kentucky, New Jersey, Nebraska, Florida and Louisiana state Interagency Councils on Homelessness.

- Attended and participated in local, regional and national conferences and meetings across the nation working with state and local leaders, and advocacy organizations in providing information on federal programs, innovations, partnerships and funding;
- Assisted in the planning for, and convening of, meetings of the Federal Regional Interagency Councils on Homelessness;
- Worked directly with national governmental organizations including the National League of Cities, US Conference of Mayors and the National Association of Counties to educate their members on federal programs, innovations and partnerships; and
- Worked directly with the state and regional offices of USICH's member Departments and Agencies acting as conduits for the dissemination of information, supporting programs and serving as liaisons with state and local leaders and advocacy organizations.

#### **CITY/COUNTY 10-YEAR PLANS TO END HOMELESSNESS**

In 2009, USICH provided technical assistance and tools to help communities identify innovative service and resource strategies to match federal initiatives intended to establish additional supportive housing opportunities for persons experiencing chronic homelessness.

The resulting plans vary according to community needs. Many have common elements that include quantifying need, conducting cost benefit analysis and redirecting resources from crisis responses to prevention and permanent housing solutions. Most importantly, these plans move beyond managing and accommodating long term street and shelter homelessness to developing collaborative community partnerships - emanating from the endorsement of the Mayor or County Executive - and result in permanent supportive housing solutions.

#### **COMMUNICATIONS AND INFORMATION**

Shortly after its revitalization, USICH established a central federal website on homelessness ([www.usich.gov](http://www.usich.gov)), creating an information source to USICH member web sites and their homelessness information resources. In FY 2009, USICH met its statutory responsibility to produce a news bulletin by creating an e-newsletter that was distributed regularly by email to key State, City, and County officials, homeless coordinators, federal grantees, program directors, faith-based, community, and non-profit organizations, business and philanthropic decision makers, and other partners and stakeholders. The cost effective electronic e-newsletter helps to direct readers to USICH's web site and features timely stories on USICH member agencies, federal and other funding resources, and State and local government initiatives. Interested individuals can subscribe online via USICH's web site.

## **LOOKING AHEAD TO FY 2010**

On October 19, 2009, members of the advocacy community, including the National Law Center on Homelessness and Policy, the National Alliance to End Homelessness, and the National Coalition for the Homeless attended and participated in the first FY 2010 meeting of the Council. Acting Executive Director Peter H. Dougherty provided staffing for the meeting. The first action of business was the appointment of Barbara Poppe as the new Executive Director of the Council effective November 16, 2009. Director Poppe has over 25 years of serving the needs of homeless individuals and families in Ohio and for the past 15 years, served as Executive Director of the Community Shelter Board in Ohio.

Significant discussion items included;

- HUD's recent Notice of Funding Availability that will award over \$1.4 billion dollars to communities across America;
- The collaboration between HUD and HHS to strengthen the link between housing, health care and social services;
- An update on the HUD-VASH program;
- Labor and VA efforts to form more efficient partnerships on employment programs for homeless Veterans; and
- The 2010 Census and the counting of the homeless population.

## **PLANNED ACTIVITIES FOR FY 2010**

The President and Congress charged the Council via the HEARTH Act to develop and submit the Federal Strategic Plan to Prevent and End Homelessness to Congress by May 20, 2010. The Federal Strategic Plan to Prevent and End Homelessness will serve as a roadmap for joint action by Council agencies to guide the development of programs and budget proposals towards a set of measurable targets. The Federal Strategic Plan to Prevent and End Homelessness will reflect interagency agreement on a set of priorities and strategies the agencies will pursue over a five year period. The statute further requires that this plan be updated annually. Implementation of the plan will be ongoing through FY 2010 and beyond. USICH envisions that the initial timeframe for the plan will be FYs 2010-2014. The Plan will include;

- a set of targeted, solutions-driven goals and collaborative strategies
- a roadmap for joint action to guide the development of programs and budget proposals toward a set of measurable targets
- a set of priorities the agencies will pursue over the five year period – FY 2010 through FY 2014

The process to create the Federal Strategic Plan to Prevent and End Homelessness is designed to be

transparent and provide multiple opportunities for input, feedback and collaboration. USICH is centering its plan on the belief – the moral foundation – “no one should experience homelessness – no one should be without a safe, stable place to call home.” The Council has charged the Federal Strategic Plan to Prevent and End Homelessness’ planning process to align federal resources effectively and appropriately toward four key objectives: 1) finish the job of ending chronic homelessness; 2) prevent and end homelessness among Veterans; 3) prevent and end family homelessness; and 4) set a path to ending all types of homelessness.

In developing the Federal Strategic Plan to Prevent and End Homelessness, Federal Agency Work Groups have been assigned by the Council’s Policy Group to consider the following questions:

- What is the scope of the problem of homelessness? What are causes, costs and contributing factors?
- What strategies are effective at preventing and ending homelessness?
- What role has the Federal Government played in advancing effective practices? How has it been effective? How could it be improved?
- What should be the key measurable goals of the Federal Strategic Plan?
- How should we wisely align and cost-effectively deploy federal resources and practices to reach these goals? What is the appropriate role of the Federal Government?

Separate Work Groups have been established for the following categories: families, youth, chronically homeless, veterans and communities. Additionally, extensive input will be sought from those who have first-hand experience and expertise with homelessness, including professionals, volunteers, local and state policy makers, national organizations, and people who are or have been homeless. Regional stakeholder meetings were also held in February and March 2010 to engage leaders of regional and state interagency councils, as well as stakeholders from throughout the multi-state regions. USICH launched an online input forum for everyone who was not able to attend the regional and stakeholder meetings, as well as to provide the public the ability to provide their input.

In addition to the development, submission and implementation of the Federal Strategic Plan to Prevent and End Homelessness, additional areas of focus for USICH in FY 2010 include:

- Working collaboratively with HUD and VA to develop and publish a technical assistance guide for local communities, public housing authorities, and VA medical centers to improve performance of the HUD VASH program. Publish the availability of the guide at [www.usich.gov](http://www.usich.gov) and disseminate through Regional Coordinators and the USICH e-newsletter. Through Regional Coordinators and in partnership with HUD and VA, assist local communities to fully utilize HUD VASH vouchers for homeless Veterans.

- Constructing a USICH Technical Assistance system (plan and process) to assist states and local communities prevent and end homelessness. This will include hiring and training additional Regional Coordinators to provide technical assistance to support implementation of the Federal Strategic Plan. Expansion from four (4) to eight (8) Regional Coordinators is pending decision by HUD (as of February 1, 2010).
- Conducting joint training with HUD and Education on how to effectively deliver housing, education and related services to children that experience homelessness or at risk of homelessness.
- Redesigning the USICH website and newsletter to provide user-friendly information about federal programs and initiatives, promote best practices and innovations, and share results of progress to prevent and end homelessness. USICH plans to utilize its website as a primary portal on the issues, topics and research regarding homelessness at all levels. USICH intends for the website to be the premier website and prime repository of the most comprehensive information on the topic of homelessness to include past and present progress on managing and ending homelessness and any new, emerging research and best practices in this area, as well. Plans are currently underway for selection of a vendor for design and hosting of the site.
- Aggregating recent, significant research and evaluation reports on federal, state, and local initiatives to reduce homelessness, and then publish the summaries to the USICH website and promote through the USICH newsletter and also disseminate through the USICH Regional Coordinators.
- Developing a framework to review the outcome measures of federal program investments.
- Convening a workgroup with DOJ to consider the extent of the problem of criminalizing homelessness and local alternatives to criminalization.

## ***ASSESSMENT OF HOMELESSNESS IN AMERICA***

The United States Department of Housing and Urban Development's 2008 Annual Homeless Assessment Report (AHAR) provides the latest and most comprehensive counts on the homeless population in America, and includes counts of individuals, persons in families, and special populations groups such as veterans and the chronically homeless. In addition to being the first report to compare Point-in-Time estimates by Continuums of Care (CoC) across several years, AHAR also reported on:

- The types of locations homeless people use as shelter and transitional housing;
- Where people were living before they entered a shelter;
- How much time homeless people lived in shelters during the course of a year; and
- The size and use of the inventory of residential programs for homeless people.

The 2008 AHAR utilizes the Point-in-Time count completed in January 2008, which revealed that there were over 664,000 sheltered and unsheltered homeless persons nationwide. Of that population, nearly 60 percent was in emergency shelters or transitional housing programs while the remainder was either out on the street or in locations not meant for human habitation. It also found, while recognizing that any count of chronic homelessness due to its very nature is at best, an approximation, that there were an estimated 124,315 persons who were chronically homeless in January 2008.

Perhaps even more telling, data revealed that approximately 1.6 million persons utilized either an emergency shelter or a transitional housing program during the twelve month period covering October 1, 2007 to September 30, 2008. Of those:

- A majority were male members of a minority group over the age of 31;
- More than two-fifths were disabled in some way;
- Approximately one-third were members in families;
- Sheltered homeless families were usually headed by a woman under the age of 30;
- 13 percent were veterans;
- Two-thirds were located in major cities with the remainder spread out through suburban and rural areas;
- Approximately 40 percent came from another homeless situation;
- Approximately 40 percent came from a housed situation (either their own or someone else's home); and
- Approximately 20 percent came from either institutional settings or hotels/motels.



Based on submission of CoC applications, there were 614,042 available beds in 2008 through 19,563 programs. The breakdown was as follows:

- Emergency shelter beds – 211,222
- Transitional housing beds – 205,062
- Permanent supportive housing beds -195,724
- Safe haven beds – 2,034

The combination of federal, state and local efforts administered through Continuum of Cares and other programs focuses on a number of priorities centered on emergency shelters, transitional housing and permanent supportive housing (along with the appropriate services including counseling, treatment, education and job training). With the passage and implementation of the 1.5 billion dollar Homelessness Prevention and Rapid Re-Housing Program administered through the United States Department of Housing and Urban Development, addressing the needs of those facing homelessness or who are experiencing it for the first time as a result of the economic crises has become a priority across all levels of government.

The 2009 AHAR is scheduled for release in 2010. To review the entire 2008 AHAR go to: <http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf>.

# United States Interagency Council on Homelessness

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## SECTION TWO

### *Council Member Reports*

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Department of Agriculture  
Department of Commerce  
Department of Defense  
Department of Education  
Department of Energy  
Department of Health and Human Services  
Department of Homeland Security  
Department of Housing and Urban Development  
Department of Justice  
Department of Labor  
Department of Transportation  
Department of Veterans Affairs  
Corporation for National and Community Service  
General Services Administration  
Social Security Administration  
United States Postal Service

## ***DEPARTMENT OF AGRICULTURE***

### **Rural Development**

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

Statutory Authority: 7.U.S.C. 1926.

**Program Description:** The types of homeless assistance available in the CF program consist of guaranteed loans, direct loans, and grants that are available to nonprofit corporations and public bodies. The types of services funded are food pantries, homeless shelters, domestic violence shelters, homes for delinquents, youth centers, and group homes for various special populations, such as the disabled or addicted. Assisted living facilities and nursing homes are also eligible for funding through this program. Such facilities may prevent homelessness among those unable to live alone or in need of special services.

**Impediments to Homeless or Homeless Provider Access and Agency Response:** 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.

**Efforts to Increase Participation by Homeless and Homeless Providers:** Rural Development programs staff has an extensive outreach program to public bodies, faith-based, and nonprofit organizations.

Funding levels:

FY 2008: Not a targeted program.

FY 2009 Obligations: Direct Community Facilities (CF) loans \$217,824,008; CF Guaranteed Loans \$178,721,944; and CF Grants \$19,195,769 for the establishment of essential community facilities.

FY 2010 Appropriations: Direct loans \$294,961,832; Guaranteed loans \$206,417,445; and grants \$20,373,000 for the establishment of essential community facilities.

FY 2011 President's Budget Request: Direct loans \$295,037,594; Guaranteed loans \$206,405,063; and CF Grants \$29,640,000 for the establishment of essential community facilities. The use of CF funding to finance homeless shelters is a small part of program activity.

### **MULTI-FAMILY HOUSING**

Statutory Authority: 42 U.S.C. 1484, 1485, 1486, and 1490a.

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

**Program Description:** Homeless individuals or families 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.

**Impediments to Homeless or Homeless Provider Access and Agency Response:** Funding for rental assistance units in MFH properties within the Rural Development portfolio has increased to approximately 78 percent. This is an increasing trend. Without this form of deep tenant subsidy, existing rents may be unaffordable without some other form of deep tenant subsidy available from another funding source.

**Efforts to Increase Participation by Homeless and Homeless Providers:** Rural Development staff worked extensively with borrowers to adopt effective strategies to obtain full occupancy and full utilization of all available rental assistance resources.

Funding levels:

FY 2008: Funding not specifically targeted for hardship and homelessness.

FY 2009: Funding not specifically targeted for hardship and homelessness.

FY 2010 Appropriations: Appropriation Funding not specifically targeted for hardship and homelessness.

FY 2011 Appropriation: President's Budget Request: Funding not specifically targeted for hardship and homelessness.

### **SINGLE-FAMILY HOUSING**

Statutory Authority: 42 U.S.C. 1472.

**Program Description:** 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 the homeless. As of September 30, 2009, there were 23 (or 2.1 percent) of the 1,086 REO properties leased to entities to provide this type of transitional housing to homeless people.

To reduce the cost to the Federal government and increase the efficiency of managing non-program properties, local non-profit 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.

**Impediments to Homeless or Homeless Provider Access and Agency Response:** None.

**Efforts to Increase Participation by Homeless and Homeless Providers:** Rural Development staff worked extensively with public bodies and nonprofit organizations that serve the homeless 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.

Funding levels:

FY 2008: Indirectly targeted for hardship and homelessness. Not a targeted program.

FY 2009: Indirectly targeted for hardship and homelessness. Not a targeted program.

FY 2010: Funding not specifically targeted for hardship and homelessness.

FY 2011: President's Budget Request: Funding not specifically targeted for hardship and homelessness.

## **CHRONIC HOMELESSNESS**

Although Rural Development does not have specific initiatives to end chronic homelessness, it 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. However, these programs are generally not used to mitigate chronic homelessness.

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. These circumstances could be considered to be "chronic homelessness" or situations that lead to chronic homelessness. In FY 2009, the Agency provided 11,500 direct loans and 120,000 loan guarantees totaling more than \$6.1 billion.

## ***DEPARTMENT OF COMMERCE***

The Census Bureau offers technical assistance in understanding census data and demographic trends. During fiscal year 2009, protocols were established for including people experiencing homelessness in the 2010 census-count of the nation's population as well as updating the address list of living quarters and service-based locations. This included soliciting locations of shelters for people experiencing homelessness, soup kitchens and regularly scheduled mobile food vans from local governmental and tribal officials and advocacy organizations, conducting research on the internet to identify shelters for people experiencing homelessness and soup kitchens, and forming partnerships to encourage participating in the census.

In addition to the traditional enumeration of housing units and group quarters, the Census Bureau has developed special enumeration procedures to reach people experiencing homelessness at service locations including: emergency and transitional shelters with sleeping facilities for people experiencing homelessness, shelters for children who are runaways, neglected or experiencing homelessness, soup kitchens, regularly scheduled mobile food vans, and pre-identified targeted non-sheltered outdoor locations.

### **FY 2009**

Two listings operations were implemented to update the entire address list of living quarters and service locations to be enumerated in the 2010 Census. They were the Address Canvassing and the Group Quarters Validation (GQV) operations. The FY 09 cost was \$444 million and \$28 million, respectively. These two listing operations updated all types of addresses, not just the service-based addresses so we are not able to identify the funding specifically for the updating of service locations but it is a relatively small fraction of the total cost.

The estimated FY 2009 cost to conduct the internet research to identify shelters for people experiencing homelessness and soup kitchens and for the solicitation, receipt and processing of service-based addresses from local government and tribal officials and advocacy organizations was almost \$4 million.

Program web address: [www.2010census.gov](http://www.2010census.gov)

## ***UNITED STATES DEPARTMENT OF DEFENSE***

**Military Base Closures:** Statutory Authority: Base Closure Community Redevelopment and Homeless Assistance Act of 1994 (Redevelopment Act) (Public Law 103-421; 10 U.S.C. 2905 et seq.)

The Department of Defense, 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. 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. As of September 30, 2009 HUD had made 58 final determinations regarding LRA compliance with statutory requirements, of which 10 LRA submissions included accommodations for the homeless. The HUD review process on pending submissions, and DOD's execution requirements (including the completion of base closure/realignment actions and subsequent property disposal) were not yet complete in FY 2009, and no real property conveyances were made to assist the homeless in this reporting period.

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.

Program web address: For information on DOD Base Closure and Realignment community assistance visit [www.oea.gov](http://www.oea.gov). For information on HUD's guidance concerning homeless use of former military facilities visit <http://www.hud.gov/offices/cpd/homeless/programs/brac>.



## **UNITED STATES DEPARTMENT OF EDUCATION**

The Department of Education's mission is to:

- Strengthen the Federal commitment to assuring access to equal educational opportunity for every individual;
- Supplement and complement the efforts of states, the local school systems and other instrumentalities of the states, the private sector, public and private nonprofit educational research institutions, community-based organizations, parents, and students to improve the quality of education;
- Encourage the increased involvement of the public, parents and students in Federal education programs;
- Promote improvements in the quality and usefulness of education through Federally supported research, evaluation, and sharing of information;
- Improve the coordination of Federal education programs;
- Improve the management of Federal education activities; and
- Increase the accountability of Federal education programs to the President, the Congress and the public.

### **Targeted Programs**

#### **Education for Homeless Children and Youth: (Statutory authority – 42 U.S.C. 11431-11435)**

The purpose of the Education for Homeless Children and Youth program (allocated through formula grants) is to ensure that homeless children and youth have equal access to the same free, appropriate public education as other children; to provide activities for services to ensure that these children enroll in, attend, and achieve success in school; to establish or designate an office in each state educational agency (SEA) for the coordination of education for homeless children and youth; to develop and implement programs for school personnel to heighten awareness of specific programs of homeless children and youth; and to provide grants to local educational agencies (LEAs);

SEAs and LEAs may use funds for a wide variety of activities that will facilitate the educational success of homeless children and youth. Such activities include: tutoring summer enrichment programs, the provision of school supplies, and professional development designed to heighten educator's understanding and sensitivity to the needs of homeless children and youth. Services provided with these funds cannot replace the regular academic program and must expand upon or improve services provided as part of the regular academic program.

Eligible applicants/recipients are the Departments of Education in the 50 states, the District of Columbia, Puerto Rico, the outlying areas, and schools serving Indian students that are funded by the Secretary of the Interior may apply. Only LEAs are eligible for state sub grants. Homeless children and youth in elementary and secondary schools (and homeless preschool children and the parents of homeless children) of the applicant agency will benefit.

During the 2007-2008 school year approximately 472,309 homeless students received educational assistance under this program, while 794,617 students were enrolled and identified as homeless in public school districts.

Funding levels:

FY 2007 - \$61,900,000.00

FY 2008 - \$64,066,851.00

FY 2009 - \$135,427,000.00 (including ARRA)

Program web address: <http://www.ed.gov/programs/homeless/index.html>

**The Homeless Education Disaster Assistance Program:** (Statutory authority - HR 2638, Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, Division B, Disaster Relief and Recovery Supplemental Appropriations Act, 2008)

The Homeless Education Disaster Assistance program is a new, one-year program under which the U.S. Department of Education (ED) provides financial assistance to local educational agencies (LEAs) whose enrollment of homeless students has increased as a result of a natural disaster that occurred in calendar year 2008. The program supports activities that address the educational and related needs of homeless students consistent with the requirements of section 723(d) of the McKinney-Vento Homeless Assistance Act (McKinney-Vento Act).

**Who May Apply:** An individual LEA or a group of LEAs located within the same State that have formed a consortium may apply for funding if the individual LEA or a consortium had a total of at least fifty enrolled students in one or more grades, kindergarten through grade twelve, who became homeless as a result of a natural disaster that occurred during 2008. Due to the limited amount of funding available, only LEAs that meet this minimum threshold are eligible for a grant.

Funding levels:

FY 2007 - N/A

FY 2008 - N/A

FY 2009 - \$15,000,000.00

Program web address: <http://www.ed.gov/programs/heda/index.html>

### **Non-Targeted Programs**

While none of the following programs receive McKinney-Vento funding, homeless Children and Youth can participate in the programs. The Department does not track the number of homeless children and youth that participate in these programs.

- Title I, Improving the Academic Achievement of the Disadvantaged:
  - Title I, Part A, Improving Basic Programs Operated by Local Educational Agencies
  - Title I, Part C, Education of Migratory Children (Migrant Education Program)
  - Title I, Part D, Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At-Risk (Neglected or Delinquent Program)
  
- School Dropout Prevention Program:
- Striving Readers:
- 21<sup>st</sup> Century Community Learning Centers:
- Small, Rural School Achievement Program:
- Office of Indian Education:
- Office of Safe and Drug Free Schools:
- Office of Special Education and Rehabilitative Services:

For more information on these programs: [www.ed.gov](http://www.ed.gov)

## ***DEPARTMENT OF ENERGY***

The United States Department of Energy does not administer any “McKinney-Vento Act” homeless programs; nor does it administer any programs specifically directed at assisting the homeless. However there are two programs within the Department that states could utilize program funding for assistance in energy efficiency and conservation for homeless shelters, transitional housing, senior housing and facilities for battered women.

**The Weatherization Assistance Program:** (Statutory authority - 42 U.S.C. 6321 et seq.).

The Weatherization Assistance Program provides funding for states, the District of Columbia and certain Native American Tribal Organizations to weatherize low-income dwellings in order to reduce energy costs and to conserve energy. Homeless shelters are authorized and their eligibility defined.

**The State Energy Program:** (Statutory authority - 42 U.S.C. 6851 et seq.).

The State Energy Program provides grants to states to develop energy and energy emergency plans. Some state programs include homeless agencies and assistance projects.

For more information on these programs: [www.doe.gov](http://www.doe.gov)

## ***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: Medical and social science research; preventing outbreaks of infectious disease, including immunization services; food and drug safety; Medicare and Medicaid; financial assistance and services for low-income families; improving maternal and infant health; Head Start; preventing child abuse and domestic violence; and mental illness and substance abuse treatment and prevention.

In FY 2009, the HHS budget totaled \$791 billion. The Department is the largest grant-making agency in the Federal Government and the nation's largest health insurer. HHS administers more grant dollars than all other federal agencies combined and handles more than one billion insurance claims per year. 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 private sector 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 service delivery programs that assist eligible persons in need (mainstream programs).

More than 90 percent of the total departmental budget is distributed to provide services, especially to poor, disabled, and underserved persons. These resources constitute a critical safety net in the lives of nearly one of every four people in the U.S. Representing a small portion of this funding, HHS has long maintained 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.

### **Targeted Programs**

**Health Care for the Homeless:** (Statutory authority - Section 330(h) of the Public Health Service Act (42 USCS § 254b))

The purpose of the Health Care for the Homeless (HCH) program 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.

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.

HCH works within guidelines for the Consolidated Health Center (Health Center) program. Health centers serve all residents in their catchment area, regardless of ability to pay. 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 FY 2009, approximately 1 million homeless people were served by HCH grantees.

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. (Please see below for a listing of such reports.) These data are compiled for the complete cohort of health center programs. Special reports are also compiled on the demographic characteristics and other aspects of homeless users. All are available at [www.nhchc.org](http://www.nhchc.org).

*Known impediments to access by homeless people or homeless service providers (as appropriate) and the current or planned agency response to remove those impediments*

- 1) Circumstances of homelessness (environmental, safety issues, etc.). Response includes assertive outreach, delivery of services in locations accessible to homeless persons, hours of service to accommodate the complexities of the lives of homeless persons.
- 2) Lack of financial resources and health insurance. Response includes provision of services regardless of an individual's ability to pay, waiver of fees for all persons below federal poverty levels, assistance in application for Medicaid.
- 3) Lack of documentation of citizenship status. Response includes provision of services without regard to documentation of eligibility or citizenship.
- 4) Language and cultural barriers. Response includes culturally competent care, with translators for non-English speakers.
- 5) Attitudes of providers. Response includes provision of training for all providers and other staff about interpersonal and clinical accommodations necessary to meet the needs of homeless people.
- 6) Scheduling difficulties. Response includes scheduling of services to accommodate the complications in the lives of homeless persons.
- 7) Lack of transportation. Response includes the delivery of services in a variety of settings, including fixed clinic sites, shelters and other locations where homeless people congregate, fully equipped mobile medical vans to deliver services on the street.
- 8) Fear and distrust of institutions. Response includes small, street and shelter-based service delivery, outreach to build trust, case management to help patients navigate the delivery system.

*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.

Health Center Funding levels for Health Care for the Homeless:

FY 2007 – \$168 million

FY 2008 – \$175 million

FY 2009 – \$186 million

FY 2009 – \$122 million (ARRA funding)

Program web address: [www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)

**Grants for the Benefit of Homeless Individuals:** (Statutory authority – Section 506 of the Public Health Services Act)

The Grants for the Benefit of Homeless Individuals (GBHI) program enables communities to expand and strengthen their treatment services for homeless individuals with substance abuse disorders, mental illness, or co-occurring substance abuse disorders and mental illness. It authorizes the HHS Secretary 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 Secretary from making awards to entities that exclude people with co-occurring addictions and mental illnesses. It requires the Secretary, when making award decisions, to give preference 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 abuse treatment; (2) mental health services; (3) immediate entry to treatment; (4) wrap-around services; (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 abuse treatment and/or residential mental health programs); (2) carry out syringe exchange programs; and (3) pay for pharmacologies for HIV antiretroviral therapy, STDs, TB, and hepatitis B and C services.

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.

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

Since the inception of the GBHI program, approximately 38, 421 persons have received grant-supported services. In FY 2009, 6, 571 clients were serviced. Fifty-seven percent of persons served were male. In terms of race/ethnicity, 39% were Black/African American, 36% White, 7% American Indian/Alaska Native, and 19% 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.

SAMHSA/CSAT obtains data from grantees in the form of progress reports that include quantitative and descriptive information including: organization, management and project plan activities; and 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 2009, 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 79%. 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 greater than 150%, and abstinence from substance use increased by 44%. 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.

*Known impediments to access by homeless people or homeless service providers and the current or planned agency response to remove these impediments (as appropriate)*

SAMHSA has improved access to substance abuse services available to homeless persons by continuing to provide new funding in FY09, awarding 25 new grants, and by coordinating resources for substance abuse services, mental health services, and co-occurring disorders to provide comprehensive behavioral health care to this target population.

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

The first year of the GBHI program (FY 2001) generated considerable interest, including the promotion of the FY 2002 competition by private sector entities. As a result, SAMHSA received nearly 240 applications for the FY 2002 competition. To date, 187 grants were awarded throughout the United States -- 17 grants in FY 2001, 19 grants in FY 2002, 14 grants in FY 2003, 34 grants in FY 2004, 30 grants in 2005, 23 grants in 2006, 25 in 2008 and 25 in 2009. Since its inception, the GBHI program has provided services to a total of 38,421 persons.

Funding levels:

FY 2007 - \$34.841 million

FY 2008 - \$42.500 million (includes \$4.238 for SSH)

FY 2009 - \$42.879 million (includes \$7.371 for SSH)

**(1) Services in Supportive Housing Grants: Center for Mental Health Services.** (Statutory Authority – Section 520A of the Public Health Services Act)

The Services in Supportive Housing program in SAMHSA's Center for Mental Health Services was created to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness while living with severe mental illness or co-occurring mental and substance disorders. 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 participants' 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.

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

The number of people served in the Services in Supportive Housing program is determined generally, in advance based on targets that are set at startup. According to the most current TRAC data, a total of 1,041 people were served between 2007 and 2009 across 14 grantees (Cohorts 1 and 2). Data is not yet available for Cohort 3, which was awarded in September 2009. An evaluation of the SSH program is currently under development and will be implemented beginning in FY 2010.

Progress towards program goals is demonstrated using the SAMHSA NOMs, which are collected at three points: baseline, 6 months, and at discharge. The program measure, reported by grantees via the Transformation Accountability web-based system, are as follows: mental illness symptomatology, 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.

*Known impediments to access by homeless people or homeless service providers (as appropriate) and the current or planned agency response to remove those impediments*

There are no known impediments to access by homeless people or homeless service providers.

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

There are currently 57 grantees in the CMHS SSH program. This program began in 2007 with 9 grantees across the United States at a cost of up to \$400,000 per year for 5 years. In 2008, five additional grants were awarded to applicants with "off-the-shelf" funding. In 2009, CMHS received an additional \$16.2 million to award 43 additional organizations under this program.

Funding levels:

FY 2007 - \$11.098 million

FY 2008 - \$13.405 million

FY 2009 - \$34.556 million

**Projects for Assistance in Transition from Homelessness** (Statutory authority-42 U.S.C. 290cc-21)

PATH is a formula grant program to provide financial assistance to States to support services for homeless individuals who have serious mental illness or serious mental illness and 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.

According to the latest available data, State-funded community based agencies used

FY 2008 allocations to provide PATH eligible services to 80,453 enrolled persons. Persons served were among the most severely disabled. Thirty-five percent of clients had schizophrenia and other psychotic disorders; 60 percent of persons served had a co-occurring substance use disorder in addition to a serious mental illness; and almost 44 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*

SAMHSA regularly evaluates 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.

*Known impediments to access by homeless people or homeless service providers (as appropriate) and the current or planned agency response to remove those impediments*

There are no known impediments to the use of the program by homeless individuals. However, 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 (as appropriate) 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 Housing and Urban Development and the Department of Veterans Affairs to address chronic homelessness, participation in the administration of State Policy Academies to address homelessness, and collaboration with the Social Security Agency's Office of Disability and Income Security Programs to address impediments for eligibility of homeless persons with serious mental illnesses for Social Security Income benefits.

Funding levels (Appropriations):

FY 2007 -\$54,261,000

FY 2008 -\$53,313,000

FY 2009 -\$59,687,000

Program web address: <http://pathprogram.samhsa.gov/>

### **Partnerships with States**

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.

**Runaway and Homeless Youth Act:** (Statutory Authority - 42 U.S.C. 5601)

The program funds over 740 public, community and faith-based organizations through three (3) 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.

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 18<sup>th</sup> 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.

*Known impediments to access by homeless people or homeless service providers (as appropriate) and the current or planned agency response to remove those impediments*

According to the Family and Youth Services Bureau (FYSB) National Runaway Switchboard (NRS), between 1.6 and 2.8 million 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 Program (RHY) funded by FYSB, approximately 371 primarily community based organizations work to overcome these impediments by re-connecting homeless youth with their families, immediate family, relatives, and close family friends, when appropriate. FYSB 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.

*Efforts to increase participation in the program by (as appropriate) 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 van 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, FYSB 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.”

Funding levels:

FY 2007 - \$102,864,000

FY 2008 - \$113,349,000

FY 2009 - \$114,955,000

Program web address: <http://www.acf.hhs.gov/programs/fysb/content/programs/rhy.htm>

**Federal Surplus Real Property:** (Statutory Authority - Federal Property and Administrative Services Act of 1949, Section 203(k), Public Law 8 1-152, 40 U.S.C. 484, as amended; McKinney-Vento Homeless Assistance Act of 1987 (McKinney Act), as amended, 104 Stat. 4673).

The Title V program 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 2009, 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 property, including land and buildings, to organizations which serve the needs of the homeless. Eligible applicants are States and their political subdivisions and instrumentalities, and 501(c)(3) nonprofit organizations, which provide a broad array of services to the homeless. 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 over 799 acres of land and approximately 657 buildings for homeless use. There are currently 556 acres of land and 502 buildings, all currently operated by eligible homeless institutions. Faith-based homeless assistance providers currently occupy approximately 20 of the Title V properties transferred.

*Known impediments to access by homeless people or homeless service providers (as appropriate) and the current or planned agency response to remove those impediments*

Communities have long since been interested in utilizing federal surplus real property to develop permanent housing, but until recently, HHS has prohibited Title V property from being used for permanent housing. In FY 2006, the Department finalized a policy revision to include permanent



supportive housing as an allowable use of surplus real property to assist persons experiencing homelessness.

*Efforts to Increase Participation in the program by (as appropriate) homeless people or organizations serving homeless people*

In past years, PSC participated in workshops conducted by GSA 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 homeless 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 program information. 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.

Funding levels:

FY 2007 - N/A

FY 2008 - N/A

FY 2009 - N/A

Program address: <http://www.psc.gov/aos/federalprop/titleV.html>.

**Non-Targeted Programs**

NOTE: The following non-targeted programs do not receive targeted funding to serve the homeless. However 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.

**Child Support Enforcement Program:** (Statutory authority 42 U.S.C. 651 et seq.)

The 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. 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. The Administration for Children and Families, OCSE 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.

In November 2009, representatives from Massachusetts' License Suspension Project in the Massachusetts Department of Revenue/Child Support Enforcement Office and from OCSE's Region I Office presented a workshop, "Child Support and Homeless Veterans", at OCSE's 19<sup>th</sup> National Child Enforcement Training Conference. The workshop highlighted the partnership with OCSE in meeting the

needs of homeless veterans and their collaborative efforts to accomplish VA's goal of eliminating veteran homelessness in five years.

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.

Program web address: <http://www.acf.hhs.gov/programs/cse/>

**Family Violence Prevention and Services Act (FVPSA):** (Statutory authority - 42 U.S.C. 10401 et seq.)

The purpose of the FVPSA Formula Grants is to provide support to States, Tribes and Territories to establish, maintain and expand programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of domestic violence and their dependents. 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.

Program web address: <http://www.acf.hhs.gov/programs/fysb/content/programs/fv.htm>

**Social Services Block Grant (SSBG):** (Statutory authority 42 U.S.C. 1397 through 1397e)

The SSBG program is authorized under Title XX of the Social Security Act, as amended, and is codified at 42 USC 1397 through 1397e. The implementing regulations for this and other block grant programs authorized by Omnibus Budget Reconciliation Act of 1981 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.

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. There are 29 potential services that may be supported by SSBG, each with a uniform definition:

<http://www.acf.hhs.gov/programs/ocs/ssbg/sub1/unifdef.html>. From this list, States have considerable flexibility to determine which services to provide and how to establish credibility.

Program web address: <http://www.acf.hhs.gov/programs/ocs/ssbg/>

**Community Services Block Grant (CSBG):** (Statutory authority - 42 U.S.C. 9901 et seq.)

The purpose of the 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 the homeless, 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",

Program web address: <http://www.acf.hhs.gov/programs/ocs/csbg/>

**Head Start:** (Statutory authority – 42 U.S.C. 9801)

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; and 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 is authorized under 42 U.S.C. 9801 and was recently reauthorized by the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134).

On May 5, 1992, Head Start issued Information Memorandum #ACF-IM-92-12, providing guidance to Head Start agencies to foster the recruitment and enrollment of homeless children and their families into the Head Start program.

“Services for homeless children” was added to Section C(iv) of P.L. 105-285 detailing collaboration of Head Start services with health care, welfare and child care services, including coordination of services with those State officials who are responsible for administering part C and section 619 of the Individuals with Disabilities Education Act.

The 1998 Reauthorization of the Head Start Act [sections 640 (a) (5) (B) and 640 (a) (5) (C)] “establish [es] new mandates for Head Start Collaboration Offices to link with services to the homeless,” among others.

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 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.

Head Start Program Information Report (PIR) data for the 2008-2009 program year reflects that a total of 30,740 homeless families and children were served by Head Start and Early Head Start grantees across the nation. The number of homeless families who acquired housing during this period totaled 12,527. Transience, lack of transportation and high levels of stress are impediments to the recruitment and regular participation of both parents and children.

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 in each of the 50 States, the District of Columbia and Puerto Rico to serve homeless families with young children.

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.

ACF issued an Information Memorandum (ACF-IM-92-12) in June 1992, entitled “Homeless Children and the Head Start Program.” The Memorandum provides guidance to Head Start program grantees to foster the enrollment of homeless children and their families in the Head Start program, and identifies and addresses homeless access issues for programs. [NOTE: OHS will be issuing some IMs in January and March on this subject as well.]

Program web address: <http://eclkc.ohs.acf.hhs.gov/hslc>

**Temporary Assistance for Needy Families (TANF):** (Statutory authority – 42 U.S.C. 601 et seq.)

Title IV-A, section 404 of the Social Security Act (Act) 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. Section 401 of the Act sets forth the following four TANF purposes: (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 decides the benefits it will provide and establishes 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 provide a range of benefits to eligible families who are homeless or at-risk of becoming homeless. Common benefits and services provided 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 include counseling, housing referrals, assistance for past-due utility bills and assistance for arrearages in rent or mortgage payments.

ACF is not aware of any statutory or regulatory impediments to access by homeless families to TANF assistance and services. The TANF program is one that is designed by each State and Territory. These entities have maximum flexibility in program design, including the criteria necessary for a family to establish eligibility. **The eligibility process is one that requires families to verify their circumstances in order to receive benefits. Being homeless is not a reason to deny benefits to needy 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 a myriad of 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.**

Since the passage of welfare reform, ACF has consistently advanced the message that the flexibility under TANF offers immense opportunities to States for helping needy families achieve self-sufficiency and stability. The message has encouraged States to implement initiatives that provide services to families with special needs or multiple employment barriers (**e.g., homelessness**) that appropriately and effectively address their needs. **In addition, the TANF program participates in the Secretary's Work Group on Ending Chronic Homelessness and was a co-sponsor of the Homelessness Policy Academies.**

Program web address: <http://www.acf.hhs.gov/programs/ofa/>

**Medicaid:** – (Statutory authority – 42 U.S.C.1396-1396v)

Federal and State governments jointly fund Medicaid, a medical assistance program that provides access to health care services for certain low-income groups, specifically the aged, blind and disabled, children, and other specified groups. In FY 2009, Medicaid provided coverage to 51.7 million individuals including 31.3 million children.

Total federal expenditures for the Medicaid program in FY 2009 were \$250.9 billion; however, State Medicaid programs are not required to report to CMS on the homelessness or housing status of persons who receive health care provided with Medicaid funding. Therefore, Medicaid data systems are not designed to produce estimates of expenditures on services provided to persons who are homeless.

Stakeholders have identified three impediments to accessing Medicaid by homeless persons. First, some uninsured persons who are homeless may be eligible for Medicaid but are not enrolled. Second, some states may terminate Medicaid eligibility while a person is in a public institution or Institute of Mental Disease based solely on their status as inmates or residents, thus interrupting Medicaid eligibility and possibly access to essential services at discharge. Finally, providers who primarily serve persons who are homeless frequently have difficulty obtaining Medicaid reimbursement.

Activities relating to Medicaid and homelessness have included publishing the primer on *“How to Use Medicaid to Assist Persons Who are Homeless to Access Medical, Behavioral Health, and Support Services”*, and working with federal partners in identifying and developing technical assistance opportunities to assist State Teams in the completion and implementation of Homeless Policy Academy Action Plans on Homelessness. In FY 2009 CMS continued its role collaborating with other federal agencies to develop place-based strategies to reduce homelessness.

**Children's Health Insurance Program (CHIP):** (Statutory authority – 42 U.S.C. 1397aa)

States administering the Children's Health Insurance Program 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.

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 but too little to afford private coverage. 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. However, 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). These variations within and across States allow for unique tailoring of SCHIP to each State population, but make it difficult to identify overarching impediments.

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.

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:

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.

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 SCHIP beneficiaries have timely access to covered, preventive, and curative health care services.

### **Partnerships with States**

In 2009, nothing available

**Consolidated Health Centers (CHC), excluding HCH:** (Statutory Authority Section 330 of the Public Health Service Act (42 USCS § 254b)

In FY 2009, the Health Center program received an FY 2010 appropriation of \$2.2 billion (including funds for Tort Claims) and \$1.5 billion from the American Reinvestment and Recovery Act (ARRA). Health Center reporting does not support an estimate of expenditures on homelessness outside of the HCH



program, however, recent annual data report that 1 million homeless persons were assisted by the Health Centers Program in FY 2009.

Health Centers provide health services to underserved populations. 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 the primary care such as case management, outreach, transportation and interpretive services. Services are provided without regard for a person's ability to pay. 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.

*Impediments to access by homeless people or homeless service providers (as appropriate) and the current or planned agency response to remove those impediments*

- Lack of financial resources and health insurance. Response includes provision of services regardless of an individual's ability to pay, waiver of fees for all persons below Federal poverty levels, assistance in application for Medicaid.
- Language and cultural barriers. Response includes culturally competent care, with translators for non-English speakers as appropriate.
- Lack of transportation. Response includes the provision of transportation services.

Program web address: <http://bphc.hrsa.gov/>

**Ryan White HIV/AIDS Program:** (Statutory authority - Title XXXVI of the Public Health Service Act, as amended by PL 111-87)

The Ryan White HIV/AIDS Program, signed into law in 1990, authorizes funding for the bulk of the agency's work on HIV/AIDS. In FY 2009, a budget of \$2.2 billion funded programs through States, disproportionately impacted metropolitan areas, community health centers, dental schools, and health care programs that target women, infants, youth and families.

An increasing number of the people accessing HIV/AIDS services and housing have histories of homelessness, mental illness, and chemical dependency. The HRSA bureau responsible for

administration of the Ryan White HIV/AIDS Program, the HIV/AIDS Bureau (HAB), has approached the issue of housing and healthcare access through housing policy development, direct service programs, service demonstrations, as well as in technical assistance and training activities to grantees.

#### Types of Housing Assistance Provided Through the Ryan White HIV/AIDS Program

-- Housing referral services defined as assessment, search, placement, and advocacy services;

-- Short-term or emergency housing defined as necessary to gain or maintain access to medical care;

-- Housing services that include some type of medical or supportive service; including, but not limited to residential substance treatment or mental health services, residential foster care, and assisted living residential services (does not include facilities classified as an institute of mental diseases under Medicaid);

-- Housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Necessity of housing services for purposes of medical care must be certified or documented.

1) Despite their disproportionately high risk for HIV infection and transmission, homeless people have limited access to medical care, which delays the identification of HIV and co-morbidities, impedes the resolution of behavioral disorders that interfere with HIV risk reduction and treatment, and accelerates the onset of AIDS.

2) Adherence to complex HIV treatment regimens presents special challenges for homeless patients and their caregivers. Many homeless people lack regular access to food, water, and other resources needed to facilitate adherence.

3) Antiretroviral medications frequently have debilitating side effects, such as recurrent and often explosive diarrhea, yet public bathrooms are scarce and often locked to indigents. Some medications require refrigeration, which is unavailable to most homeless individuals. Many of these drugs have a high value on the black market in some areas, and are frequently stolen or sold.

4) Language needs of clients -- HAB is planning to translate key consumer-directed materials to other languages, starting with Spanish language and to assess what new materials may strengthen the program efforts if available in other languages.

HRSA continues to coordinate HIV/AIDS Program Part A and B program resources, and services with HUD Housing Opportunities for People with AIDS (HOPWA) for persons with HIV/AIDS who are homeless or at risk of homelessness.

The Bureau has a Housing and Homelessness Workgroup that meets on a regular basis to provide leadership and direction around HIV housing and homelessness programming and policy efforts.

Program web address: <http://www.hab.hrsa.gov>

**Title V Maternal and Child Health Services Block Grant (MCHBG):** (Statutory authority - 42U.S.C. 701)

Title V has three components: formula block grants to 59 States and Territories, 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.

Program web address [www.mchb.hrsa.gov](http://www.mchb.hrsa.gov)

For the Title V Information System which has state-specific information:

<https://perfddata.hrsa.gov/mchb/mchreports/Search/search.asp>

**Healthy Start:** (Statutory Authority – 42 U.S.C. 254c-8)

The purpose of the Healthy Start program is to address 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 education, income, disability, or living in rural/isolated areas. To address disparities and the factors contributing to it in these indicators, it is anticipated that the proposed scope of project services will cover the pregnancy and interconceptional phases (between pregnancies) for women and infants residing in the proposed project area. In order to promote longer interconceptional periods and prevent relapses of risk behaviors, the woman and infant are to be 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.

Total FY 2009 funding for Healthy Start was \$102,372,000, however 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.

Program web address: <http://www.hrsa.gov/ourStories/maternalChild.shtm>

**Substance Abuse Prevention and Treatment Block Grant (SAPTBG):** (Statutory Authority - 42 U.S.C. 300x21 through 300x-66).

Block grant funds are used by each State as they determine their needs; therefore, the program does not require States to report on expenditures related to homelessness.

The 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 the 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.

SAMHSA is now implementing the reporting of 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 OMB PART process – client perception of care, cost effectiveness, and use of evidence-based practices – constitute the ten national outcomes. Particularly relevant to the USICH is the fact that 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 GPRA standards.

The 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.

In December 2003, SAMHSA released a publication, "How States Can Use SAMHSA Block Grants to Serve Persons Who are Homeless," at its third National Training Conference and subsequently distributed 600

copies of the publication at State Policy Academies on Chronic Homelessness. This report, which is available at [www.samhsa.gov](http://www.samhsa.gov), has also been sent to State Substance Abuse and Mental Health officials and is now in its second printing.

The report 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 to 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).

Program web address: <http://mentalhealth.samhsa.gov/publications/allpubs/S<A04-3871/default.asp>

**Community Mental Health Services Block Grant Program (CMHSBG):** (Statutory authority Sections 1911-1920 of the PHS Act (42 USC 300x-1 through 300x-9) and Sections 1941-1956 of the PHS Act (42 USC 300x-51 through 300x-66)).

The 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 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 (ATR):** (Statutory authority – 42 U.S.C.)

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.

## ***UNITED STATES DEPARTMENT OF HOMELAND SECURITY***

The Department of Homeland Security's Federal Emergency Management Agency (FEMA) administers the Emergency Food and Shelter Program.

**Emergency Food and Shelter Program:** (Statutory authority – 42 U.S.C. 11331 et seq.)

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 27 years of operation, the program has disbursed, through fiscal year 2009, over \$3.4 billion to over 14,000 local providers in more than 2,500 counties and cities. In 2009, it disbursed \$296,138,698 to 14,263 local providers in 2,536 counties and cities. These figures also include the \$100 million made available to the Emergency Food and Shelter Program under the American Recovery and Reinvestment Act of 2009.

The program's objectives are:

- to allocate funds to the neediest areas;
- to ensure fast response;
- to foster public/private sector cooperation;
- to ensure local decision making; and,
- to maintain minimal, but accountable, reporting.

### **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 or formerly homeless person as a member. 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.

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 2009 provided an estimated 95,546,960 meals; 6,006,372 nights of lodging; 150,786 rent/mortgage payments; and, 329,760 utility payments to individuals and families across the country. Additionally, Emergency Food and Shelter Program funds appropriated under the American Recovery and Reinvestment Act of 2009 provided an estimated 47,773,480 meals; 3,003,186 nights of lodging; 75,393 rent/mortgage payments; and, 164,880 utility payments.

Funding levels:

FY 2007 - \$151,470,000

FY 2008 - \$153,000,135

FY 2009 - \$200,000,000 (annual appropriation)

FY 2009 - \$100,000,000 (American Recovery and Reinvestment Act of 2009)

Program web address: [www.efsp.unitedway.org](http://www.efsp.unitedway.org)

### **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 members 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 .5% of their allocation for administrative purposes.



### **How Are Emergency Food and Shelter Program Funds Used?**

Program funds are used 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;
- Minimal repairs to mass feeding or sheltering facilities for building code violations or for handicapped accessibility; and,
- Supplies and equipment necessary to feed or shelter people, up to a \$300 limit per item.

For fiscal year 2009, the National Board uses up to 1 percent of the total award for its administrative costs.

## ***DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT***

The U.S. Department of Housing and Urban Development (HUD) is committed to combating homelessness. One element of the Department's Strategic Goal for 2009 – Strengthening Communities - focused on ending chronic homelessness and moving homeless families and individuals to permanent housing. Below is a summary of the Department's activities and accomplishments for FY 2009 to assist the homeless.

### **Targeted programs**

Three HUD Homeless Assistance Grants are competitively-awarded programs created to address the problems of homelessness in a comprehensive manner and to stimulate coordination with other federal agencies. The Continuum of Care programs are distributed 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 at the city, county and state level 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 additional resources needed to fill identified gaps. The CoC process is a community-based approach that encourages the creation of collaborative, comprehensive systems to meet the diverse of needs of local homeless populations.

FY 2007 - \$1,327,573,959

FY 2008 - \$1,392,548,838

FY 2009 - \$ 1.4B Estimated (Note, as these funds are awarded competitively there is not yet a determination of how all of the FY 2009 funds will be distributed for the three CoC programs discussed below).

### **Supportive Housing Program: (Statutory authority - 42 U.S.C. 11381-11389).**

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 housing supportive 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.

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.
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, be a sensible model for others, 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.

#### Impediments to Homeless Access and Agency Response

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 siting projects 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 informed of difficulties, HUD provides direct consultation to assist grantees when they become entangled in development and administrative issues problems to minimize delays in starting and managing the program. There is also an abbreviated closeout process for projects whose funds can be deobligated and freed for use in future competitions.

The lack of cash match for supportive services, operating and development funds has been a problem for some homeless providers. The program requires that these eligible activities be matched with cash

by the grantee. Identifying these resources has been difficult for some of the SHP grantees. 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. Scoring points are assigned to mainstream program questions based on the community's description of its mainstream referral/access process that is presented in their Exhibit 1 of the application.

The statute limits the amount of SHP funds that can be awarded to a site for acquisition, rehabilitation, administration and new construction to \$400,000 or 50% of the total cost. This requirement has limited the development of housing because it requires the grantee to provide often the greater burden of developing the project. HUD has recommended to Congress that this cap be eliminated.

#### Efforts to Increase Participation by Homeless Persons or Homeless Providers

HUD has taken a number of actions to increase participation in the Supportive Housing Program. These actions include:

Requiring that the CoC application include a community-based process which requires a wide variety of key stakeholders including: nonprofit organizations, state and local governments, private and business associations, law enforcement and the medical community and homeless and formerly homeless persons to 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 a score, 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 at [www.HUDHRE.info](http://www.HUDHRE.info) to which applicants are encouraged to submit questions regarding the application process. The questions will be answered via e-mail.\*\*\*\*

SHP Funding levels:

FY 2007 - \$ 942,914,619

FY 2008 - \$ 984,265,074

FY 2009 - TBD

Program Web Address: [www.hudhre.gov](http://www.hudhre.gov)

**Shelter Plus Care (S+C) Program:** (Statutory authority - 42 U.S.C. 11403-11407).

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 the homeless persons 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 the homeless 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.

Impediments to Homeless Access and Agency Response

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 assist grantees by providing several

resource manuals on our web site 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 care grants are 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.

S+C Funding levels:

FY 2007 - \$ 383,048,460

FY 2008 - \$ 405,912,564

FY 2009 - TBA

Program web address: [www.hudhre.gov](http://www.hudhre.gov)

**Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings:** (Statutory authority - 42 U.S.C. 11401-11402).

The Single Room Occupancy (SRO) program provides rental assistance on behalf of homeless individuals so that they can obtain permanent housing in rehabilitated SROs 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 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

subsidy) for 10 years provides security for any loans or financial obligations used to finance the project. The rental assistance provided is to cover the cost of operating the program and to amortize some of the costs of rehabilitation. At the present time there are approximately 13,800 occupied SRO units across the country. As of the date of the publication of this report, the award of new projects under the FY 2009 CoC competition has not been announced.

#### Impediments to Homeless Access and Agency Response for SRO Program

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. When coupled with the difficulty of finding suitable properties for rehabilitation, the projects may 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 sufficient pro rata need are able to request new SRO projects. The trade off is sometimes sacrificing other new and renewal projects.

#### 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 the homeless. The requirement that 30 percent of the CoC funding must be for permanent housing and a bonus for new permanent housing projects serves 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.

SRO Funding levels:

FY 2007 - \$1,610,880

FY 2008 - \$2,371,200

FY 2009 - TBD

Program web address: [www.hudhre.info](http://www.hudhre.info)

**Emergency Shelter Grants:** (Statutory authority - 42 U.S.C. 11371-11378).

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 for the homeless, 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 for the homeless;
- 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 (CBDG) 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 also may implement projects itself.

State ESG grantees are required to distribute their entire grant for projects operated by local government agencies 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.

Funding levels:

FY 2007 - \$160 Million

FY 2008 - \$160 Million

FY 2009 \$160 Million



**Use of Federal Real Property to Assist the Homeless:** (Statutory authority: - 42 U.S.C. 11411).

The purpose of Title V is to provide suitable federal properties (land or buildings) categorized as unutilized, underutilized, excess or surplus for use to assist the homeless. 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 the homeless.

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, 2009 the end of the fiscal year, HUD had approximately 9,500 properties on its lists, of which approximately 600 had been determined “suitable”. Permanent supportive housing is now eligible under the Title V program.

Impediments to Homeless Access and Agency Response

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 the homeless. 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.

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.

Program web address: [www.hudhre.gov](http://www.hudhre.gov)

### **Homeless Prevention and Rapid Re-Housing Program**

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 SNAPS Homelessness Prevention and Rapid Re-Housing Program (HPRP) is being 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 awarding 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. Use of the specific tools and templates on the page is not required – they have been prepared as helpful samples only. 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.

Program web address: <http://www.hudhre.info/hprp/>

### **Overview of the Department of Housing and Urban Development's Homeless Assistance Responsibilities; Mainstream programs; and FY 2009 Activities and Accomplishments**

HUD's Office of Special Needs Assistance Programs (SNAPS) within the Office of Community Planning and Development (CPD) administered and coordinated all of HUD's targeted homeless assistance

programs and provided extensive technical assistance to applicants and grant recipients during the past year. For the 2009 Continuum of Care (CoC), the SNAPS Office of CPD plans to review over 7200 projects submitted by 458 CoCs requesting over \$1.43 billion in funding. On December 23, 2009, Secretary Donovan announced the award of 6,445 homeless renewal projects. This year the announcement was provided in two segments this year in order to facilitate an expedited renewal process and provide an earlier release of almost 90% of the funds to the providers. CPD anticipates the announcement of the balance of the funding in new projects sometime in mid 2010. These awards and through the application of a permanent housing bonus provision available to all CoC applicants, HUD will be able to exceed Congressional direction that at least 30 percent of all McKinney-Vento appropriated funds, other than those being awarded for Shelter Plus Care renewals, be spent on permanent housing. The total number of permanent housing projects and the final funded amount awarded for them cannot be provided until rating, ranking and evaluation of both phases of the competition is complete. In addition, for FY2009, states and local governments received \$160 million in formula grants under the Emergency Shelter Grants (ESG) program.

In the 2009 McKinney-Vento CoC competition, HUD again mandated the implementation of local CoC plans to end chronic homelessness, a CoC-wide system for enrolling homeless persons in mainstream supportive service programs, specific efforts to improve discharge planning, the creation of permanent supportive housing, especially for those individuals experiencing chronic homelessness, and greater emphasis on the use of HUD funding for housing and the use of other resources for supportive services.

HUD undertook and continued to support a number of initiatives during the year to address chronic homelessness, increase federal coordination, and move HUD funding more toward housing and less toward services. Specific actions taken in 2009 include the following:

- HUD continued to promote the end of chronic homelessness by providing the Samaritan Permanent Housing Bonus to those CoCs who placed a permanent housing project exclusively serving chronically homeless persons as their #1 priority.
- HUD continued to participate with the U.S. Interagency Council on Homelessness in its efforts to increase the coordination of homeless resources across the Federal Government.
- HUD, the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (VA) continued to work together to evaluate the Collaborative Initiative for Ending Chronic Homelessness grants, which provided funding for approximately 737 permanent housing units, mental health and substance abuse treatment, primary health care, and veteran's services at 11 sites nationwide.
- HUD and the Department of Labor (DOL) continued to collaborate on ending chronic homelessness under the Ending Chronic Homelessness Through Employment and Housing Initiative. These grants have subsidized approximately 300 permanent housing units with rental assistance and employment counseling support for chronically homeless individuals.

All 5 sites are currently providing permanent housing and services for chronically homeless clients.

- Included in the President's FY 2010 budget request for homeless activities was \$25 million for the Prisoner Re-Entry Initiative. This initiative is a joint project between HUD, DOL, and DOJ to prevent homelessness for ex-offenders transitioning from prison. HUD does not directly fund this project but does work collaboratively with the other two agencies to share housing information that is applicable to the program.
- HUD and HHS are jointly funding SSI/SSDI Outreach, Access and Recovery (SOAR) providing "Stepping Stones to Recovery," a training curriculum to help case managers apply for SSI and SSDI benefits for homeless clients including chronically homeless persons. SOAR provides technical assistance to states which: encourages collaboration among key stakeholders; facilitates strategic planning to improve access to SSI/SSDI at state and community levels; provides a train-the-trainer program to build the state's capacity to train front-line staff to assist homeless persons with SSA applications; and provides observation and feedback on state's Stepping Stones to Recovery training.
- HUD's efforts to flexibly implement HMIS as an eligible activity under the Supportive Housing Program has resulted in 95 percent of Continuums making significant progress at the local level to capture and record data electronically about those homeless persons receiving services. These efforts were supported through the publication of the Final HMIS Data and Technical Standards Notice providing detailed requirements for participation, data collection, privacy protections, and security. These requirements set high baseline standards for all users of HMIS data and provide important safeguards for personal information collected from all homeless men, women, and children. HUD continues to provide technical assistance to all its grantees across the nation to assist with their local implementation efforts with the goal of each CoC having representative unduplicated data on persons served.
- In 2007, HUD began working with HHS to develop common performance indicators and outcome measurements for outreach programs funded through HUD's Supportive Housing Program or HHS's PATH program. And in December of 2009, the two agencies made a joint announcement on the HHS adoption of these HUD standards.
- HUD provided one-to-one technical assistance to grantees throughout the nation on a number of issues including: grant management, rules and regulations, HMIS, housing development, outreach, prevention, and accessing mainstream resources. These efforts

have been coordinated across the Department and other federal agencies to maximize collaboration.

- In 2009 HUD continued to work on writing proposed regulations for the HEARTH Act that consolidates its three competitive programs into a single, competitive program. The timeframe for implementation of the Act is set for the FY 2011 CoC competition.
- HUD is required by law to review the Base Reuse Plans developed by local redevelopment authorities (LRA) to transition military installations to civilian use. The review is to determine if statutory acts were followed, as well as that the LRA appropriately balanced economic and other community development needs with the needs of the homeless in the community. To date HUD has received 105 LRA applications from 121 LRAs and HUD has approved 56.
- HUD is actively collaborating with VA and DOL to design a program and application process for a \$10M Veterans Homeless Prevention Demonstration Program that will provide housing stabilization services along with health and community based services at selected military base communities. HUD funding will be provided to CoC affiliated homeless providers to serve primarily OEF/OIF veterans as directed by the authorizing legislation.

### **HUD's Mainstream/Non-Targeted Programs that Assist Homeless Persons**

Although precise data is not available, HUD's non-homeless programs referred to here as HUD's mainstream programs provide a large amount of assistance both to homeless persons and to persons at risk of becoming homeless. Indeed, by providing housing and other assistance to low-income households, HUD's mainstream programs play an important role in preventing homelessness.

**The Office of Field Policy and Management (FPM)** provides direction and oversight for Regional and Field Office Directors. It communicates priorities and policies of the Secretary to these managers and ensures the effective pursuit of the Secretary's initiatives and special projects. It also communicates other management and administrative functions to the local field offices. In addition, the Office ensures that critical field program delivery issues are addressed and program impacts and customer service at the local level are assessed. The Office provides operational feedback designed to constructively influence program design and Departmental policy making. In FY 2009 the Office of Field Policy and Management continued its efforts to end the tragedy of chronic homelessness. FPM included in its FY 2009 management plan a goal stating that Regional and Field Office Directors, in coordination with Regional Homeless Coordinators and Program Directors, would continue to actively promote 10-year plans for ending chronic homelessness.

**The Community Development Block Grant (CDBG) Program** 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 FY 2009, 1,154 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 FY 2009 indicate that \$19.1 million or approximately 0.5 percent 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.

**The Home Investment Partnerships Program (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 40 percent of HOME rental units, 30 percent of HOME homeowner rehabilitation units, and receive 78 percent of HOME TBRA subsidies.

**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 with the availability of supportive services for very low-income adults with disabilities. 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 be disabled. 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. 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.

**The Housing Choice Voucher Program**, which was serving more than 2 million families nationwide as of October 1, 2009, 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. Program participants are free to choose any housing that meets program requirements. Housing choice vouchers are administered locally by approximately 2,400 PHAs nationwide. These PHAs receive federal funds from the U.S. Department of Housing and Urban Development (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.

**The Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Program**, 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. The new HUD-VASH program was initially funded in Fiscal Year 2008. In Fiscal Years 2008 and 2009 HUD Appropriations, funding for a total of more than 20,000 HUD-VASH vouchers was made available to 238 public housing agencies (PHAs) serving a total of 334 VA sites. Participating VA medical facilities 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 Appropriations included funding for approximately 10,000 additional HUD-VASH vouchers. Further information on the program is available at <http://www.hud.gov/offices/pih/programs/hcv/vash/>.

**The Public Housing Program** supports public housing by: (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. As of December 2009, approximately 1,187,571 million households were living in public housing. PHAs can, and sometimes do, give local preference to homeless persons for admission in to public housing. Approximately 134,371 vacant units were available as of 12/31/2009 (i.e., 11% of total households). In calendar year 2009, 88,884 previously unassisted families received public housing assistance. Approximately 2 percent of newly admitted families into public housing were "homeless at admission." This represents 1,778 homeless families out of 88,884 new admissions.

**The Housing Counseling Program** delivers a wide variety of housing counseling services to homebuyers, homeowners, low- to moderate-income renters, and the homeless. Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. Currently, HUD is unable to quantify the number of mainstream program participants who become homeless. We do know that, in FY 2009, 58,705, (2.66 percent of the total) individuals and families sought housing counseling related to homelessness from housing counseling agencies participating in HUD's Housing Counseling Program. 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.



**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 assistance to this special needs population to reduce risks of homelessness and improve access to care. 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 base from which program beneficiaries may participate in an effective and comprehensive care program.

The HOPWA program has client outcome goals designed to increase housing stability and reduce risks of homelessness. 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 need support, set to a national HOPWA goal in achieving good results for at least 80 percent of beneficiaries. The FY2009 client outcomes report that 95% of beneficiaries receiving permanent housing assistance remained stably housed and that 92% of beneficiaries receiving short-term and transitional housing assistance remained housed.

To reduce the risk of homelessness, HOPWA funding supports activities providing transitional and short-term housing facility operating costs. In FY2009, 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 FY2009, HOPWA funding provided housing assistance to 58,367 households, of which approximately 6,400 households benefitted households who were at risk of homelessness. In addition, a number of permanent supportive housing renewal grants awarded during FY2009 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.

For more information on HUD's mainstream programs: [www.hud.gov](http://www.hud.gov)

## ***DEPARTMENT OF JUSTICE***

### **Targeted program**

**Transitional Housing Assistance Grants for Victims of Domestic Violence, Dating Violence, Stalking or Sexual Assault Program:** (Statutory authority– 42 U.S.C. 13975).

The discretionary grants under this program are intended to support programs that provide assistance to individuals who are homeless as a result of fleeing a situation of domestic violence, dating violence, sexual assault or stalking; and for whom emergency shelter services or other crises intervention services are unavailable. Eligible grantees include states, local governments, Indian tribes, domestic violence and assault victim service providers and coalitions, non-profits, faith-based and community organizations and culturally specific organizations.

The funds can be utilized for transitional housing (including operational expenses); short term housing assistance (including rent, utilities and related costs); locating and securing permanent housing (including transportation, counseling, child care services, and other assistance). The number of families served annually varies by grantee. In 2009, there were 58 grantees. Project implementation for these grantees is just getting under way. The number of families served is not yet available. An additional 91 grants were awarded in FY 2009 under OVW's Recovery Act Transitional Housing Program.

Homeless women and children who are not victims of any of these crimes are not eligible participants under this program.

Funding levels:

FY 2007 - \$12,926,569

FY 2008 - \$14,371,764

FY 2009 - \$14,225,021

FY 2009 Recovery Act Transitional Housing Program - \$42,859,666

Program web address: [www.ovw.usdoj.gov](http://www.ovw.usdoj.gov)

### **Mainstream (Non-Targeted) Programs Summary**

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

**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, substance-abusing offenders. 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.

Funding levels:

FY 2007 - \$10 million

FY 2008 - \$15.2 million

FY 2009 - \$40 million

Program web address: <http://www.ojp.usdoj.gov/BJA/grant/drugcourts.html>

### **The Second Chance Act Prisoner Reentry Initiative Demonstration (Reentry Grant Program)**

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 of the Second Chance Act 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.

Funding Levels:

2009 – \$15 million

2010 – \$37 million

**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 DOJ/OJP/BJA awards were made to state correctional agencies in 2008. Funding Levels:

Funding Levels:

2007: 24 PRI awards for \$10,309,969

2008: 19 PRI awards for \$10,251,787

**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.

Funding levels:

FY 2007 - \$5 million

FY 2008 - \$6.5 million

FY 2009 - \$10 million

Program web address: <http://www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html>

**Promoting Child and youth Safety: Chicago Safe Place Program**

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.

Funding levels:

FY 2009 - \$290,000

## **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.

### **Targeted Programs**

#### **Homeless Veterans' Reintegration Program: (Statutory authority – 38 U.S.C. 2021)**

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 faith-based and neighborhood partnerships.

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. The entered employment rate of this program has increased from 54.5 % in program year 2007 to 67.2 % in program year 2008. For program year 2009, 98 grants were awarded totaling more than \$25,000,000 serving approximately 15,000 participants.

Funding levels:

PY 2007 - \$21,809,000

PY 2008 - \$23,620,000

PY 2009 - \$26,330,000

Program web address: [www.dol.gov/vets/grants/main.htm](http://www.dol.gov/vets/grants/main.htm)

#### **Stand Downs: (Statutory authority - 42 U.S.C. 2021, Stand Downs are included in the HVRP Budget)**

Stand Downs are Department sponsored 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. Funding must be used for sustenance and/or employment and training opportunities. Eligible grantees are state and local Workforce

Investment Boards, Veterans' Service Organizations, local public agencies, for-profit organizations and faith-based and neighborhood partnerships. During FY 2009 66 grants totaling \$520,435 were awarded for stand down events that served over 9,000 participants. Funding for Stand Downs is contained in the Homeless Veterans' Reintegration Program.

Program web address: [www.dol.gov/vets/programs/Stand%20Down/main.htm](http://www.dol.gov/vets/programs/Stand%20Down/main.htm)

**Veterans' Workforce Investment Program:** (Statutory authority – 29 U.S.C. 2913)

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 Program year 2009, 17 grants were awarded totaling more than \$7,500,000 serving approximately 3,000 participants. Emphasis will be placed on training veterans who are interested in "green jobs" now in the marketplace or expected soon. Fields of employment include energy efficiency and renewable energy, modern electric-power development and clean vehicles.

Funding levels:

PY – 2007 - \$7,435,000

PY – 2008 - \$7,351,000

PY – 2009 - \$7,641,000

Program web address: [www.dol.gov/vets/programs/vwip/main.htm](http://www.dol.gov/vets/programs/vwip/main.htm)

**Incarcerated Veterans' Transition Program:** (Statutory authority – 38 U.S.C. Section 2023)

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 faith-based and neighborhood partnerships. This program is authorized in PY 2010 and it is expected that up to 12 grants totaling \$4,000,000 will be awarded in July 2010. Funding is contained within the Homeless Veterans' Reintegration Program appropriation.

Funding levels:

PY – 2007 - \$2,000,000

PY – 2008 – 0

PY – 2009 – 0

Program web address: [www.dol.gov/vets/grants/incarcerated\\_vets](http://www.dol.gov/vets/grants/incarcerated_vets)

### **General Overview of DOL’s Mainstream Programs that Provide Assistance to the Homeless**

The Department of Labor has a long history of helping homeless individuals 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 homeless Americans 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 homeless persons may better access the workforce investment system. For example, DOL strategies aim to build the OneStop 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.

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, the Ready4Work initiatives and Job Corps also assist the homeless population and prevent further homelessness from occurring.

Department web address: [www.dol.gov](http://www.dol.gov)



## ***THE UNITED STATES DEPARTMENT OF TRANSPORTATION***

The United States Department of Transportation does not administer any programs specifically directed at assisting the homeless. However, the Department is working with the US Department of Housing and Urban Development to identify opportunities and remove barriers to improve access to affordable housing near transit. These efforts include providing guidance to local entities on how to implement mixed income housing near transit in their communities, identifying opportunities to leverage agency funds to support these efforts, and targeting statutory and regulatory barriers for elimination.

Further, as part of the Federal effort to make surplus real property available to assist the homeless, the Department periodically reviews its real property holdings to determine if any properties are underutilized and reports the results to the Department of Housing and Urban Development. The Department will also work with its Regional and Division offices to provide information to their respective state and local partners as to how they might use underutilized properties to assist the homeless. Such disposition of property would be subject to requirements as set out in 23 USC 156, 23 CFR Part 710, and their right of way manuals.

## ***THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS***

The United States Department of Veterans Affairs (VA), along with its community partners, continues to make progress in prevention and treatment of homeless Veterans. VA is making gains in reducing the numbers of homeless Veterans. VA and its dedicated staff that serve homeless Veterans will not rest as long as our Nation has homeless Veterans. We firmly believe that one homeless Veteran is too many. The brave men and women who have served and continue to serve deserve no less.

### **Five-Year Plan to End Homelessness among Veterans**

The Department of Veterans Affairs is taking decisive action toward its goal of ending homelessness among our Nation's Veterans. To achieve this goal, VA is implementing the Five-Year Plan to End Homelessness among Veterans that will assist every eligible homeless Veteran willing to accept services. VA will help 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 who are homeless, and prevent Veterans and their families from entering homelessness. VA's philosophy of "no wrong door" means that all Veterans who are homeless or at risk of homelessness will have easy access to 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. This philosophy is built upon 6 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 end homelessness among Veterans. The Plan, expands existing homeless program capacity and treatment services, as well as provides new initiatives that are focused on homelessness prevention and increased access to permanent housing with supportive services.

To eliminate homelessness among Veterans, VA will continue to coordinate its efforts with internal and external stakeholders. The Plan requires close partnerships with federal, state, local, and tribal governments as well as faith-based, non-profit and private groups. The Plan also requires outreach to Veterans, and organizations providing services to Veterans. In addition to VA-based resources and services, the Plan facilitates a grass roots approach toward ending homelessness by working with community providers. The Plan includes universal and targeted prevention services; treatment focused on recovery and the Veteran's unique needs; housing and supportive services; and income, employment, and benefits assistance. The provision of safe housing is fundamental to the Plan. However, to achieve permanent resolution of the Veteran's homelessness the programming includes mental health stabilization, substance use disorder treatment services, enhancement of independent living skills, vocational and employment services, and assistance with permanent housing searches and placement.

**Homeless Providers Grant and Per Diem (GPD) Program:** (Statutory authority - - 38 U.S.C. §§ 2011, 2012)

The Homeless Providers Grants and Per Diem Program (GPD) is offered annually (as funding permits) by the VA Health Care for Homeless Veterans (HCHV) Programs. The GPD funds community agencies providing transitional housing and services with the goal of helping homeless Veterans re-integrate into the community. The program has two streams of funding: the Grant component and the Per Diem component.

- **Grants:** VA provides grants for up to 65% of the costs of construction, renovation, or acquisition of a building for use as a service center or transitional housing for homeless Veterans. Renovation of VA properties leased to a homeless provider is allowed. Acquisition of VA properties is not allowed. Recipients must obtain the matching 35% share from other sources. Grants may not be used for operational costs, including salaries.
- **Per Diem:** VA provides per diem payments for the cost of providing transitional housing and supportive services to the homeless Veteran. Recipients of VA Grants receive priority in awarding the Per Diem funds. . Programs that do not receive Grants may apply for Per Diem under a separate announcement, when published in the Federal Register, announcing funding for “Per Diem Only.” Operational costs, including salaries, may be funded by the Per Diem Component. Per Diem can be used by grantees to defray operational costs for both transitional housing and for operating costs of service centers. The maximum amount payable under the per diem varies depending on current VA State Home rates. Veterans in transitional housing may be asked to pay rent if it does not exceed 30% of the Veterans monthly-adjusted income.

During the past three years, VA Homeless Grant and Per Diem Program provided services to over 45,500 homeless Veterans and their families.

Funding levels:

FY 2007: \$92.7 million

FY 2008: \$128.3 million

FY 2009: \$128.0 million

Program web address: <http://www.va.gov/homeless/>

## **VA National Call Center for Homeless Veterans (NCCHV)**

Part of the Department of Veterans Affairs (VA) Five-Year Plan is the creation of a VA National Call Center for Homeless Veterans (NCCHV), which will:

- Provide homeless/at risk Veterans and agencies and others assisting homeless Veterans with timely and coordinated access to VA services and
- Disseminate information to concerned individuals in the community about programs available to serve homeless Veterans.

The NCCHV will operate twenty four hours per day, 365 days a year. The telephone number **(877)-4AID-VET** or **(877) 424-3838** will be advertised broadly with a planned start date in the second quarter of FY 2010. The call center will provide referral information related to VA Homeless Programs and linkages to other homeless resources. .

**The Department of Housing and Urban Development and the Department of Veterans Affairs Supported Housing (HUD-VASH) Program:** The 2008 Consolidated Appropriations Act (the Act) Public Law (Pub. L.) 110-161 enacted December 26, 2007

The HUD-VASH program is a cooperative partnership, providing long-term case management, supportive services and permanent housing support. Eligible homeless Veterans receive VA provided case management and supportive services to support stability and recovery from physical and mental health, substance use, and functional concerns contributing to or resulting from homelessness. HUD provides 20,000 "Housing Choice" Section 8 vouchers designated for HUD-VASH to participating Public Housing Authorities to assist with rent payment. The program goals include promoting maximal Veteran recovery and independence to sustain permanent housing in the community for the Veteran and the Veteran's family. This program was designed to address the needs of the most vulnerable homeless Veterans. To be eligible for this program, Veterans must be VA health care eligible, homeless, as well as participate in case management services in order to obtain and sustain permanent independent community housing. At the end of the calendar year 2009, approximately 18,000 Veterans were admitted into HUD-VASH; 14,000 had received vouchers from the Public Housing Authorities and were in the process of identifying appropriate housing units, while 8,900 Veterans were actually placed in housing.

Funding levels:

FY 2007: \$7.5 million

FY 2008: \$4.9 million

FY 2009: \$26.6 million

Program web address: <http://www1.va.gov/homeless/page.cfm?pg=2>

**Stand Downs** (Statutory authority – N/A)

Stand Downs are part of the Department of Veterans Affairs' outreach efforts to homeless Veterans. Stand Downs are typically one to three day events providing services to homeless Veterans such as food, shelter, clothing, 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 Veteran Affairs Medical Centers and Regional Benefit Assistance Offices, other government agencies, and community agencies that serve the homeless.

The first Stand Down was organized in 1988 by a group of Vietnam Veterans in San Diego. Since then, Stand Downs have been used as an effective tool in reaching out to homeless Veterans, reaching more than 250,000 Veterans and their family members between 1994-2009.

**Compensated Work Therapy (CWT):** (Statutory authority – 38 U.S.C. 1718)

The Compensated Work Therapy (CWT) program is a VA vocational rehabilitation program within the Veterans Health Administration that endeavors to match and support work-ready Veterans in competitive jobs, and to consult with business and industry regarding their specific employment needs. In some locations, CWT is also known as Veterans Industries; these designations are synonymous. Professional CWT staff provides:

- State of the art vocational rehabilitation services
- Supportive Employment Services
- Vocational Case Management
- Job matching and employment support
- Work site and job analysis
- Consultation regarding assistive technology

- Reasonable accommodation
- Guidance in addressing ADA regulations compliance

CWT programs strive to maintain highly responsive long term quality relationships with business and industry promoting employment opportunities for Veterans with physical and mental disabilities. Many programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and are members of the U.S. Psychiatric Rehabilitation Association (USPRA). Typically CWT programs are located within VA medical centers in most large metropolitan areas and many smaller communities. Programs provide work skills training and career enhancement, job development and placement, and post-employment support services.

Funding levels:

FY 2007: \$21.5 million

FY 2008: \$21.5 million

FY 2009: \$26.6 million

Program web address: [www.cwt.va.gov](http://www.cwt.va.gov)

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

Since 1993, VA has collaborated with local communities across the United States in Project CHALENG for Veterans. CHALENG is 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 the homeless to raise awareness of homeless Veterans' needs and to plan to meet those needs. Public Laws 102-405, 103-446 and 105-114 establish the parameters of Project CHALENG. The specific legislative requirements relating to Project CHALENG are that local medical center and regional office directors:

- Assess the needs of homeless Veterans living in the area
- Make the assessment in coordination with representatives from state and local governments, appropriate federal departments and agencies and non-governmental community organizations that serve the homeless population
- Identify the needs of homeless Veterans with a focus on health care, education and training, employment, shelter, counseling, and outreach
- Assess the extent to which homeless Veterans' needs are being met
- Develop a list of all homeless services in the local area

- Encourage the development of coordinated services
- Take action to meet the needs of homeless Veterans
- Inform homeless Veterans of non-VA resources that are available in the community to meet their needs

At the local level, VA medical centers and regional offices designate CHALENG Points of Contact (POCs) who are responsible for the above requirements. These CHALENG POCs - usually local VA homeless center/project coordinators - work with local agencies throughout the year to coordinate services for homeless Veterans. In 2008 the VA reported that a total of 11,711 consumers, providers, advocates and community officials participated in CHALENG. More detail on the survey methodology and results follow:

As in previous years, data collected during the FY 2008 CHALENG process are from questionnaires completed by VA staff, community providers, and homeless Veterans. Two years ago, CHALENG introduced a consumer- specific survey. This effort is designed to empower consumers as active participants in the design and delivery of homeless services. Their involvement is consistent with the VA's recovery-oriented approach to the delivery of mental health services. CHALENG represents one of the only efforts to catalog the needs of homeless persons that draws heavily on consumer input. Since the introduction of the consumer survey, participation in CHALENG has increased significantly in each of the past two years. In 2008, there were 11,711 respondents to the participant survey, of whom 6,613 (56 percent) were currently or formerly homeless Veterans.

In the 2008 CHALENG report, homeless Veterans identified nine of their top ten unmet needs as falling into the categories of legal, financial or family issues. Child care, legal assistance for child support, and family reconciliation were the top unmet needs reported by 2008 CHALENG respondents. In addition to ranking the needs of homeless Veterans in the community, the development of services to address these needs is documented. For example, 753 new interagency collaboration agreements were developed in 2008, and 540 new outreach sites were served. Nationwide, growth in HUD-VASH and Grant and Per Diem increased available housing options for homeless Veterans, thereby helping to meet this critical need. Although dental care was actually the tenth highest unmet need this year, it continues to decline as a priority need. This is particularly true among consumers who rank it 16th. This marks a continued drop as dental care ranked seventh in 2007 (twelfth by consumers), and third in 2006 and 2005. This is likely the result of VA efforts to expand dental access for homeless Veterans.

The most recent CHALENG report for FY 2008 (*The Fifteenth Annual Progress Report on Public Law 105-114: Services for Homeless Veterans Assessment and Coordination*) is available below. The Report includes both VISN (Veterans Integrated Service Network) and Facility data.

Program web address: <http://www1.va.gov/homeless/page.cfm?pg=17>

Literature suggests long-term housing, dental, medical, and mental health care are central to the rehabilitation of the homeless. Homeless Veterans' responses in the CHALENG survey indicate that many of these critical needs are either "well met" or, as in the case of housing, are becoming

increasingly met. The VA's highly integrated health care model has made medical, dental and mental health treatment readily available to Veterans. In sum, CHALENG is an integral part of VA's homeless services program. Through regularly scheduled CHALENG meetings, VA medical centers have strengthened their partnerships with community service providers. This has led to improved coordination of services and the development of innovative strategies to address the needs of homeless Veterans.

**The Domiciliary Care for Homeless Veterans (DCHV) Program:** (Statutory authority – 38 U.S.C. 1710 & 8110)

DCHVs provide a 24-hours-per-day, 7 days-per-week structured and supportive residential rehabilitation and treatment services for homeless Veterans. The program provides rehabilitation and treatment to approximately 6,000 homeless Veterans with health problems each year. The average length of stay in the program is 3 months. With the goal of eliminating the Veterans' homelessness, the DCHVs conduct outreach and referral; biopsychosocial rehabilitation including vocational counseling and rehabilitation; access to medical, mental health and addiction treatment; along with medication management and post-discharge community support. In 2009, the DCHV served approximately 6,311 Veterans in 42 locations.

Funding levels:

FY 2007: \$77.6 million

FY 2008: \$96.1 million

FY 2009: \$115.4 million

Program web address:

<http://www.va.gov/homeless>

**The Healthcare for Homeless Veterans (HCHV) Program:** (Statutory authority - 38 U.S.C. § 2031)

The HCHV program conducts outreach to homeless Veterans via clinical teams located at 132 VA Medical Centers. The main goal of outreach is to connect homeless Veterans with needed services that will end their homelessness. The HCHV program also provides residential treatment through contracts with community providers and longer term case management through the HCHV- Supported Housing program.

In FY 2009, the HCHV program made over 40,000 outreach contacts. Approximately 2,500 episodes of residential treatment were supported through HCHV program contracts. Approximately 1,000 Veterans received case management services through the Supported Housing program at 19 VA medical centers. In the past three years, this program provided outreach services to over 120,000 Veterans.



Funding levels:

FY 2007: \$71.9 million

FY 2008: \$77.7 million

FY 2009: \$80.1 million

Program Web Address:

<http://www.va.gov/homeless>

**The VBA's Acquired Property Sales for Homeless Providers Program:** (Statutory authority - 38 U.S.C. 204)

The VBA's Acquired Property Sales for Homeless Providers Program makes all the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on time of the market. In 2009, 1 property was conveyed to homeless provider organizations resulting in a total savings of \$29,450.00.

Funding levels: N/A

Program Web Address: <http://www.homeloans.va.gov/>

Property Listing Address: <https://va.equator.com/index.cfm?>

**The Excess Property for Homeless Veterans Initiative** provides for the distribution of federal excess personal property, such as hats, parkas, footwear, socks, sleeping bags, and other items to homeless Veterans and homeless Veteran programs. The majority of this surplus property is distributed to homeless Veterans at Stand Downs by VA and its community partners serving homeless Veterans and their families. A Compensated Work Therapy Program employing formerly homeless Veterans has been established at the Medical Center in Lyons, NJ to receive, warehouse, and ship these goods to VA homeless programs across the country.

Funding levels:

FY 2007 - \$459,000

FY 2008 - \$632,000

FY 2009 - \$708,000

Program Web Address:

[www.va.gov/homeless/page.cfm?pg=2](http://www.va.gov/homeless/page.cfm?pg=2)

**The Homeless Veteran Dental Program:** (Statutory authority – 38 U.S.C. 2062)

The Homeless Veteran Dental Program is designed to increase the accessibility of quality dental care to homeless Veteran patients and to help assure success in VA-sponsored and VA partnership homeless rehabilitation programs throughout the United States. Dental problems, such as pain and/or missing teeth can be tremendous barriers in seeking and obtaining employment. Studies have shown that after dental care, Veterans report significant improvement in perceived oral health, general health and overall self-esteem, thus supporting that dental care is an important aspect of the overall concept of homeless rehabilitation.

There is some limited dental eligibility for homeless Veterans who are in certain VA-sponsored rehabilitation programs. [VHA Directive 2007-039](#) outlines eligibility for these groups in detail.

Funding levels:

FY 2007: \$9 million

FY 2008: \$10 million

FY 2009: \$16.5 million

Program Web Address: <http://www1.va.gov/homeless/page.cfm?pg=3>

**Supportive Services for Low Income Veteran Families Living in Permanent Housing (SSVF)** (Legislative Authority PL 110-387, regulations currently under development.)

VA was recently authorized to develop the Supportive Services for Veteran Families (SSVF) Program, which will provide supportive services to very low-income Veteran families in or transitioning to permanent housing. Funds will be provided through grants to private non-profit organizations and consumer cooperatives that will assist very low-income Veterans' families by providing a range of supportive services designed to promote housing stability.

Through the SSVF Program, VA aims to improve housing stability for very low-income Veterans' families. Grantees (private non-profit organizations and consumer cooperatives) will provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include:

|                                      |                              |
|--------------------------------------|------------------------------|
| Health care services                 | Fiduciary and payee services |
| Daily living services                | Legal services               |
| Personal financial planning services | Child care services          |
| Transportation services              | Housing counseling services  |

In addition, grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veterans' families stay in or acquire permanent housing on a sustainable basis.

Funding information not yet available.

Program Web Address: <http://www1.va.gov/homeless/page.cfm?pg=50>

**The Justice Outreach, Homelessness Prevention: Healthcare for Reentry Veterans (HCRV, prison outreach and Veteran's Justice Outreach (VJO, law enforcement, jail and court outreach):** (Statutory authority – Public Law 107-95, Section 2022)

Justice Outreach (VJO and HCRV) addresses the justice involvement continuum from first contact with law enforcement through release from prison or jail. VJO is designed to help justice-involved Veterans avoid the unnecessary criminalization of mental illness and extended incarceration by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate. Healthcare for Reentry Veterans (HCRV) assists reentry Veterans released from prison readjust to community life through access to community reintegration, health, and social services provided through VA and community services. The VJO program is required at the medical center level and 145 VJO Specialists have been appointed. HCRV has 39 full-time outreach specialists, an average of approximately two per VA region (VISN). In FY 2008, HCRV served 5,145 Veterans, and in FY 2009 HCRV served 9,695 Veterans. Monitoring of the VJO program will begin in FY2010.

Funding levels:

FY 2007 - \$1.7 million

FY 2008 - \$2.5 million

FY 2009 - \$4.3 million

Program Web Address: VJO: <http://www1.va.gov/homeless/page.cfm?pg=49>

HCRV: <http://www1.va.gov/homeless/page.cfm?pg=38>

## **VA's Homeless Program Monitoring and Evaluation Program**

The VA has developed a rigorous evaluation and monitoring program for all of its homeless programs and initiatives. Designed, implemented, and maintained by the Northeast Program Evaluation Center (NEPEC) at VAMC West Haven, CT, these evaluation efforts provide important information about the Veterans served and the therapeutic value and cost effectiveness of the specialized programs. Information from these evaluations also provides program managers information necessary to determine new directions to pursue in order to expand and improve services to homeless Veterans.

In order to enhance monitoring of homelessness among all Veterans served by the agency, in FY 2010 the VA will establish a database to track and monitor homeless prevention initiatives and treatment outcomes for approximately 200,000 Veterans. The Registry will serve as a data warehouse for Veteran Homeless Services identifying and monitoring the utilization and outcomes for VA funded homeless services. It will enhance VA's capacity to monitor program effectiveness and the long term outcomes of Veterans who have utilized VA funded services. Additionally, VA will establish a management information system (dashboard) for all VA homeless programs. The system will include specific program metrics that address structural, process and outcome measures. Data from the management system will be turned into monthly and quarterly reports for each program, thereby allowing medical center and Senior VA leadership to monitor progress and to address barriers to helping Veterans exit homelessness.

Funding levels:

FY 2007 - \$1.2 million

FY 2008 - \$1.4 million

FY 2009 - \$1.5 million

Program web address: n/a

## **Veterans Benefits Administration (VBA) Regional Office Homeless Outreach Activities**

There is at least one full-time homeless Veterans outreach coordinator (HVOC) at the 20 regional offices with the largest homeless Veteran population. Those offices are listed below:

|           |              |           |              |                |
|-----------|--------------|-----------|--------------|----------------|
| Atlanta   | Detroit      | Nashville | Philadelphia | St. Louis      |
| Boston    | Houston      | Newark    | Phoenix      | St. Petersburg |
| Chicago   | Indianapolis | New York  | Roanoke      | Waco           |
| Cleveland | Los Angeles  | Oakland   | Seattle      | Winston-Salem  |

Coordinators are assigned at all other VA regional offices on a part-time basis. In FY 2009, HVOCs and other regional office staff made 2,982 contacts with shelters for the homeless. During the same period, their referrals to the Veterans Health Administration (VHA) and the Department of Labor's (DOL) Jobs for the Homeless Program totaled 3809. HVOCs made 4,039 referrals to other community support or social service agencies, and they were contacted by homeless Veterans for assistance 27,762 times. The number of referrals to other community support or social service agencies increased 10.3 percent (392) from FY 2008 to FY 2009, while activities in all other categories continue to decrease. HVOCs also participate in stand downs in their jurisdictions. VBA's program manager for outreach to homeless Veterans provides information and assistance to HVOCs. In May 2009, VBA sponsored the HVOCs attendance at the Annual National Coalition for Homeless Veterans (NCHV) conference as a training opportunity.

In addition, HVOCs participate in periodic NCHV telephone conference calls.

Additional training is offered through Compensation and Pension (C&P) Service quarterly conference calls. The program manager routinely e-mails HVOCs pertinent information including notices from VA's Homeless Programs Office, NCHV, DOL's National Veterans Training Institute, etc. Training materials and information are also available on the C&P Service Intranet web page for the HVOCs. C&P Service continues to encourage coordination among HVOC, and networking with VA medical center homeless program coordinators and community providers including those sponsored or supported by the VA health care system.

In October 2003, the directors of 10 regional offices joined the executive committee of their area's Regional Council of the Interagency Council on Homelessness (ICH). The HVOC for each of those offices joined the ICH region's working group as well. Since then, other regional offices' HVOCs became active and are now working with their city's officials and working groups in their plan to end chronic homelessness in 10 years.

VBA operates on longstanding procedures to expedite the processing of homeless Veterans' claims with a goal of 30-day processing. During FY 2009, VBA received 6285 compensation and pension claims and 5.888 claims were completed.

VA regional offices continue to be proactive in assisting homeless Veterans. They are involved in the DOL and VA joint pilot programs for transitioning incarcerated Veterans back to the community. During the past fiscal year, regional offices offered the following services:

- Visited federal and state correctional facilities and halfway houses
- Provided benefit briefings to prison officials
- Counseled and assisted Veterans in completing applications for benefits or to reinstate their benefits
- Partnered with other federal, state government agencies and/or local community and faith-based organizations to provide benefits information and assistance to incarcerated Veterans, and
- Answered general benefit questions and verified military service

HVOCs and other regional office staff, conducted benefit briefings and/or made visits to county and state Veterans organizations' service offices, faith-based and community organizations, homeless service providers, HCHV Programs, various state Veterans health care systems homeless drop-in shelters, Vet Centers, Volunteers of America and Salvation Army's homeless shelters, and soup kitchens.

#### **National Cemetery Services for Deceased Homeless Veterans**

Unfortunately, the remains of deceased homeless Veterans are sometimes unclaimed. However, VBA's Burial of Unclaimed, Indigent Veterans Program, working with the National Cemetery Administration, provides information on how to verify the Veteran status of an unclaimed decedent and the burial benefits that may be available. This information is available on the program's web page <http://www.vba.va.gov/bln/21/Topics/Indigent/index.htm>. Each regional office has a designated coordinator for the program. On a national level, C&P Service officials continue to work with the National Funeral Directors Association (NFDA) and the National Association of Medical Examiners to improve VBA's outreach and to prevent the unclaimed remains of indigent Veterans from being buried in pauper graves. The Center for Disease Control and the NFDA provide links on their web site to the VBA web page. On the local level, contact and communication has been established with funeral directors as well as county/state coroners and medical examiners.

#### **OVERVIEW OF AGENCY HOMELESS ASSISTANCE RESPONSIBILITIES AND FY 2009 ACTIVITIES AND ACCOMPLISHMENTS:**

The VA has systematically developed the largest integrated network of services and programs designed to address the treatment, rehabilitation, and residential needs of homeless Veterans. As noted above, the VA specialized homeless services programs include the Domiciliary Care for Homeless Veterans Program (DCHV); the Compensated Work Therapy/Transitional Residence Program (CWT/TR); and Health Care for Homeless Veterans Program (HCHV (the Homeless Providers Grant and Per Diem [GPD] Program; the Supported Housing [SH] Program; and the Housing and Urban Development-Veterans Affairs Supported Housing Program [HUD-VASH]).

VA homeless services programs are designed to provide a continuum of care for homeless Veterans. Key elements of this continuum are:

- *Outreach* to identify Veterans among homeless persons encountered in communities and *clinical assessment* to determine the needs of those Veterans;
- *Rehabilitation* in community-based contracted residential treatment (HCHV Contract Program), VA domiciliary programs (DCHV Program) or transitional residences (CWT/TR Program);
- *Supportive transitional housing* to facilitate community re-entry (Grant and Per Diem Program);
- Permanent Housing and case management services in collaboration with HUD (HUD-VASH Program)
- Homelessness Prevention Services thru interventions with justice involved Veterans and thru interventions with at risk Veterans and their families (HCRV and SSVF)
- Veteran's Benefits Outreach Services to connect homeless Veterans with VA and other benefits (VBA HVOC)
- Coordination of homeless Veteran services with local communities (CHALENG)

In FY 2009, VA provided services to approximately 92,000 homeless Veterans through its specialized homeless programs. For this fiscal year, the enacted figure for programs related to homelessness at VA was \$412 million. In addition to the services these funds support, the funds also support salary of staff, per diem payments in the HCHV contract and GPD programs, the cost of vehicles and pagers and miscellaneous needs.

## ***CORPORATION FOR NATIONAL AND COMMUNITY SERVICE***

Overview of what the Corporation has done in FY2009 in support of homelessness programs, with some specific examples of projects.

### **Senior Corps**

- RSVP projects activities include managing stand downs, connecting homeless veterans to resources, mentoring families at risk of being homeless.
  - Numbers: 222 RSVP projects engaged in service to homeless populations, involving 2,000 volunteers who served 395,022 hours.
  
- SCP: Assist seniors with life skills necessary to remain in permanent housing.
  
- Foster Grandparents provide support to at-risk youth in their communities.
  - Numbers: 120 Foster Grandparent projects engaged 700 volunteers in services to 2,800 homeless children

### **AC State/national**

**Advocates For Basic Legal Equality, Inc.** (ABLE) Homelessness Prevention and Housing Opportunity Project, Toledo, OH 20 full time AmeriCorps members in this professional corps program.

ABLE will recruit attorney and paralegal members. This project seeks to reduce homelessness in the northwest and west central areas of Ohio through two primary approaches: providing legal assistance to help low-income people stay in their homes and working in the community to improve housing services and increase the supply of affordable housing. In addition they will have a member assisting a Legal Aid Line serving a 32 county area, as well as several migrant farm worker programs in that area of the state.

**Goodwill Industries Big Bend, Inc** - GoodWorks! Tallahassee, FL

Goodwill of the Big Bend proposes to utilize AmeriCorps members to provide job training, education, employment and housing to people with disabilities.

**Michigan Coalition Against Homelessness** - Michigan Campaign To End Homelessness AmeriCorps Program, Lansing, MI.

AmeriCorps members serve as Housing and Services Liaisons and conduct outreach, housing assistance, resource networking, follow-up, and volunteer generation for area nonprofit agencies across eight regions of Michigan.

**Salt Lake County Community Resources & Development Division** - AmeriCorps Building Utah's Capacity to End Chronic Homeless, Salt Lake City, UT

AmeriCorps members from Building Utah's Capacity to End Chronic Homelessness work with subsets of the chronic homeless focusing on 2 components based on the suggested approaches outlined in the Ten Year Plans' Strategic Prevention Initiative and the US Conference of Mayor's Report on Hunger and Homelessness. The first component is aimed at the prevention of homelessness. The second provides



case management augmentation aimed at keeping the chronically homeless who have been housed in their residences. AmeriCorps Members are placed in agencies and deliver hands on services to individuals at risk of or experiencing homelessness. AmeriCorps Members do not replace full time staff, but extended their reach in building the capacity of the service delivery network.

**St. Paul's Community Development Corp.** St. Paul's CDC-AmeriCorps Program, Paterson, NJ

Members placed in St.Paul's Episcopal Church's City Serve and the YWCA of Paterson's After School Programs to act as mentors and tutors for a combined seventy youth. Seven members serve in SPCDC's Next Step Adult Education Program and LITE CDC's EXCEL Adult Basic Literacy Program as teaching assistants to an estimated 200 students yearly. Ten Members serve as Team Leaders in St.Paul's Church's six-week service learning City Serve Summer Program. Seven members serve in SPCDC's Food Pantry, Emergency Men's Shelter, and as Case Management Assistants both at SPCDC and at Catholic Charities, Diocese of Paterson.

**Vermont Housing and Conservation Board,** Recovery VT Housing and Conservation Board AmeriCorps, Montpelier, VT

Members of the Housing & Conservation Board alleviate problems related to the rapidly growing home shortage, including- elder independence issues, safe play spaces, foreclosures, conflicts with landlords, permanent housing & multiple environmental concerns. Members recruit and manage volunteers.

***Learn and Serve America***

The Learn and Serve America program had roughly 290 projects out of 1,600 that focused on homeless issues for last year. The total amount of money allocated to these projects was \$1,733,291. Over 115,000 students, faculty and staff were involved in these activities contributing over 2 million hours of service.

**VISTA**

VISTA is the AmeriCorps program specifically designed to fight poverty. VISTA has a long history of supporting organizations to create or expand programs that address the problems of homelessness. Currently, VISTAs are serving with approximately 40 project sponsors around the country that are working to end or prevent homelessness.

Examples include:

**NeighborWorks America (Recovery)**

- Location: Nationwide
- Focus: Financial fitness, foreclosure counseling, community building
- 160 VISTAs in 70 sites

The project will have three components: strengthening financial fitness and asset development efforts for homeowners and renters; strengthening foreclosure prevention efforts; and strengthening community stabilization efforts. VISTAs will participate in increasing communities' capacity to address

these pressing issues through creating, expanding, and strengthening community collaborations; research and evaluation efforts to improve financial fitness and asset development programs; developing marketing and media materials; and recruiting volunteers to assist in programming, among others.

### **American Legion Auxiliary (Recovery)**

- Location: Indianapolis, other states
- Focus: Increase “impact” volunteering
- 20 VISTAs (8 at Indiana headquarters, other locations)

Nearly 200,000 veterans are homeless on any given night and approximately 400,000 veterans experience homelessness over the course of a year. In addition, disability status and elder age are risk factors for poverty, and veterans certainly fall within those ranks. The American Legion Auxiliary (ALA) will work with AmeriCorps VISTA in a national effort to recruit and train community volunteers to provide support to veterans and military families with service activities connected to poverty alleviation. Additionally, the ALA project will coordinate with Department of Veterans Affairs Voluntary Service to mobilize volunteers to provide assistance to hospitalized veterans, as well as respite care for older veterans and their families.

### **Boston Rescue Mission**

Boston, Massachusetts, two VISTAs serve with the Boston Rescue Mission, which provides shelter and services to the homeless population. In addition to meeting the immediate shelter and food needs, the Mission also offers programs to assist people in moving on from homelessness. Programs include substance abuse treatment, job training, housing assistance, employment assistance, parole re-entry, and financial management assistance.

### **Colette's Children's Home**

In Huntington Beach, California, two VISTAs serve with Colette's Children's Home (CCH), which administers the From-Incarceration-to-Reconciliation (FIR) project, a transitional housing and recovery services program for single women and women with children who reside in Orange County, and who have recently been released from incarceration. VISTAs at CCH are focused on developing a community volunteer recruitment and management system as well as increased funding through grants, private donors, fundraisers, and volunteer efforts.

### **MICAH House**

And in Council Bluffs, Iowa, demand is rising at MICAH House, a 15 room, 48 capacity emergency family homeless shelters, the only shelter of its kind in southwest Iowa. To respond to the demand, additional long-term volunteer teams were needed to assist in daily shelter operations, including meal preparation, child care, transportation, donation pick-up and events so that professional staff could spend their time in activities that will directly expedite clients' transition back to independence. The VISTA is working to create a volunteer recruitment and management system to support the project.

**National Coalition for the Homeless**

Faces of Homelessness Speakers' Bureau: Raising Community Awareness, Dispelling myths & misconceptions of Homelessness; Opportunities for Homeless/Formerly Homeless & Agency Fortification.

## **UNITED STATES GENERAL SERVICES ADMINISTRATION**

**Overview:** 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:** 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:

- 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:

- Expanded employment opportunities;
- Housing for the homeless; 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, and the U.S. Pacific Territories.

**Personal Property:** 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 the homeless and nonprofit and public programs for the elderly
- Public airports
- Educational activities of special interest to the Armed Services

**Real Property - Homeless Assistance Program:** (Statutory authority – Title V of the McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11411)).

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 the homeless, 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 program requires coordination between GSA, HUD and HHS. An outline of the process is as follows:

- 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 the homeless and advises GSA accordingly.
- 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.
- HUD publishes a list of properties each week in the Federal Register that are ‘suitable and available’ for homeless use.
- GSA notifies providers that have been identified by the National Coalition for 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. All interested homeless assistance providers must apply to HHS.
- HHS evaluates the homeless providers’ applications, and if approved, requests that GSA make final assignment of property to HHS for conveyance to the homeless provider, either by deed or lease.

Between fiscal years 1998 and 2009, the General Services Administration (GSA) has assigned 95 properties valued at over \$138 million dollars to the Department of Health and Human Services (HHS) for conveyance to homeless assistance providers for a variety of purposes.

In FY 2009, GSA assisted in the transfer of one property valued at \$1.75 million dollars to a non-profit organization for future use in serving the nation's homeless population. The surplus federal property transferred for this use was:

- Boyle Heights Social Security Administration Building in Los Angeles, CA

The property was conveyed to the Volunteers of America of Greater Los Angeles for a homeless service center and Strengthening Families Program for homeless purposes.

Funding levels: This program is not separately funded in GSA's Office of Real Property Utilization and Disposal.

**Web Page Assistance:** GSA has developed a web page to assist providers of homeless services find surplus federal properties that may be suited for their needs. The web site includes FAQs, lists of current available properties, a link to sign up for regular emails with updates, and information on the processes developed by HUD and HHS to obtain properties for homeless programs and services.

- Web address: [https://extportal.pbs.gsa.gov/ResourceCenter/mckinney\\_homelessassistance.jsp](https://extportal.pbs.gsa.gov/ResourceCenter/mckinney_homelessassistance.jsp)

### **Impediments to Homeless People or Service Providers**

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 Homeless People Participation or Service Provider Participation**

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:** (Statutory authority – 40 U.S.C. 549(c)(3)(B)(ii)).

The GSA's Federal Acquisition Service 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 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 \$ 147 million dollars worth of property through SASPs to shelter operators and other providers of homeless services.

FY 2009: During the first three quarters of FY 2009 alone, \$ 2.6 million of property was transferred for homeless use. Such uses include:

- In Nebraska, over \$25,000 dollars in surplus FEMA property, kitchen equipment and tools were donated to the Lincoln People's City Mission for homeless assistance. In Missouri, over \$2,000 dollars of office and cleaning supplies and other equipment were donated to the Columbia's Youth Scholarship Fund and the Refugee and Immigration Services homeless assistance organizations.

**Web Assistance:** GSA has developed a web page to provide information on the Federal Surplus Personal Property Donation Program. The web site includes information on activities eligible to receive donations of federal surplus personal property, including homeless programs, and SASP contacts.

- Web address: <http://gsa.gov/propertydonations>

**Impediments to Homeless People or Service Providers**

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

**Efforts to Increase Homeless People Participation or Service Provider Participation**

GSA staff specialists participate in seminars and workshops throughout the nation to promote the Personal Property Management program, and provide 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.

**Funding levels:** Funding is provided for the Utilization and Donation program as a whole. There is no separate funding for the Federal Surplus Property Donation Program. Therefore, no funding level data can be provided for either the donation program as a whole or the homeless assistance element of this program.



## **UNITED STATES SOCIAL SECURITY ADMINISTRATION**

**Planning & Collaboration:** The Social Security Administration (SSA) monitors their Agency-wide plan to address homelessness issues, and documents activities to provide benefits and services to the homeless. The plan objectives include:

- Identifying and removing barriers that homeless individuals face in applying for SSDI or SSI benefits;
- Identifying areas for improvement in current policy and operating procedures;
- Developing and expanding SSDI/SSI outreach and application assistance to the homeless by monitoring a web page for homeless advocates [www.socialsecurity.gov/homelessness](http://www.socialsecurity.gov/homelessness); and
- Addressing service delivery issues through collaboration with Federal partners including the Department of Health and Human Services, Department of Veterans Affairs and the Department of Justice.

NOTE: SSA has not received targeted funding for the homeless since fiscal year 2005. In addition, we do not capture management information on the number of homeless individuals assisted in 2009.

**Field Offices:** Through its network of over 1300 field offices, SSA provides a wide range of assistance to the homeless. Field offices have established a variety of activities and special procedures to reduce the problems faced by homeless individuals in obtaining Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits for which they may be eligible. Over the years SSA determined that major impediments facing the homeless in obtaining benefits was their inability to keep appointments, the lack of medical records and difficulty keeping in contact.

SSA addressed some of these impediments by allowing homeless individuals to designate an individual or group (e.g., family member or community legal service) to assist in filing an application or comply with other requests to complete the application process via completion of a Request for Authorized Representation. If approved, the authorized representative would receive copies of notices and be able to discuss issues with the beneficiary, as well as with SSA. Information about becoming an authorized representative is found on the SSA website at [www.ssa.gov/online/ssa-1696.html](http://www.ssa.gov/online/ssa-1696.html).

SSA also addressed these impediments by:

- Allowing homeless individuals to receive their monthly checks at the local field office;
- Assisting the homeless in establishing bank accounts with direct deposit and ATMs;
- Allowing individuals to use the field office as a message center so that Disability Determination Services' appointments or request for information are not missed; and
- 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.

**Liaison and Outreach:** 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 by:

- Establishing ongoing relationships with homeless organizations, agencies, shelters, churches, county welfare and local healthcare providers that serve homeless populations in order to provide immediate assistance and resolve issues;
- Scheduling appointments with various agencies to facilitate the claims process;
- Coordinating case development between Disability Determination Services and treatment providers to expedite the disability claims process;
- Arranging for field offices to contact Disability Determination Services to schedule consultative examinations for homeless individuals with no medical sources so that the individual is provided 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;
- Visiting homeless shelters and hospitals to take claims or to assist individuals with post-entitlement actions;
- Attending meetings of community-based service organizations for the homeless to provide ongoing information about SSA programs in order to maintain good lines of communication;
- Distributing public information materials to appropriate agencies involved with the homeless and maintaining resource information from those agencies in the field offices in order to provide referral services as needed;
- Identifying new local service programs that assist the homeless and developing liaisons; and
- Participating in Project Homeless Connect and Veterans Stand-Down events.

**Training Initiatives:** Field office and Disability Determination Services staff provide ongoing training to agencies and community service organizations that serve the homeless. These activities include:

- Training social workers and advocacy organizations on the completion of claims forms and documentation requirements for claims processing;
- Conducting workshops to disseminate information on programs and services; and
- Establishing relationships with legal aid and law enforcement agencies to provide basic eligibility training on SSA programs.

Program web address: [www.socialsecurity.gov/homelessness](http://www.socialsecurity.gov/homelessness)

## ***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 homeless citizens 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 the homeless.

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 2009, more than 73.4 million pounds of food were collected. More than 982 million pounds of food have been collected since the drive began 17 years ago. The food is delivered to food banks, pantries and shelters that serve the communities where it is collected.





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