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Homelessness: Targeted Federal Programs and Recent Legislation

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February 3, 2014

Congressional Research Service

7-5700

www.crs.gov

RL30442

Summary

The causes of homelessness and determining how best to assist those who find themselves homeless became particularly prominent, visible issues in the 1980s. The concept of homelessness may seem like a straightforward one, with individuals and families who have no place to live falling within the definition. However, the extent of homelessness in this country and how best to address it depend upon how one defines the condition of being homeless.

There is no single federal definition of homelessness, although a number of programs, including those overseen by the Department of Housing and Urban Development (HUD), Department of Veterans Affairs (VA), Department of Homeland Security (DHS), and Department of Labor (DOL) use the definition enacted as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77). The McKinney-Vento Act definition of a homeless individual was broadened as part of the Helping Families Save Their Homes Act of 2009 (P.L. 111-22). Previously, a homeless individual was defined as a person who lacks a fixed nighttime residence and whose primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, a facility accommodating persons intended to be institutionalized, or a place not intended to be used as a regular sleeping accommodation for human beings. The law expanded the definition to include those defined as homeless under other federal programs, in certain circumstances, as well as those who will imminently lose housing.

A number of federal programs in seven different agencies, many originally authorized by the McKinney-Vento Act, serve homeless persons. These include the Education for Homeless Children and Youth program administered by the Department of Education (ED) and the Emergency Food and Shelter program, a Federal Emergency Management Agency (FEMA) program run by the Department of Homeland Security. The Department of Health and Human Services (HHS) administers multiple programs that serve homeless individuals, including Health Care for the Homeless, Projects for Assistance in Transition from Homelessness, and the Runaway and Homeless Youth program.

HUD administers the Homeless Assistance Grants, made up of grant programs that provide housing and services for homeless individuals ranging from emergency shelter to permanent housing. The VA operates numerous programs that serve homeless veterans. These include Health Care for Homeless Veterans and the Homeless Providers Grant and Per Diem program, as well as a collaborative program with HUD called HUD-VASH, through which homeless veterans receive Section 8 vouchers from HUD and supportive services through the VA. The Department of Labor also operates a program for homeless veterans, the Homeless Veterans Reintegration Program.

The federal government, through the United States Interagency Council on Homelessness, has established a goal of ending homelessness among various populations, including families, youth, chronically homeless individuals, and veterans (the Department of Veterans Affairs also has its own goal of ending veteran homelessness). Point-in-time counts of those experiencing homelessness in 2013 indicate reductions among chronically homeless individuals, people in families, and veterans compared to 2007, the year that the recession began.

Legislatively, the 113th Congress has seen enactment of the Violence Against Women Reauthorization Act (P.L. 113-4), which, among other provisions, reauthorized the Department of Justice transitional housing program, and two laws that reauthorized multiple homeless veterans

programs, the Department of Veterans Affairs Expiring Authorities Act of 2013 (P.L. 113-37) and the VA Expiring Authorities Extension Act of 2013 (P.L. 113-59).

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Introduction

Federal assistance targeted to homeless individuals and families was largely nonexistent prior to the mid-1980s. Although the Runaway and Homeless Youth program was enacted in 1974 as part of the Juvenile Justice and Delinquency Prevention Act (P.L. 93-415), the first federal program focused on assisting all homeless people, no matter their age, was the Emergency Food and Shelter (EFS) program, established in March 1983 through an emergency jobs appropriation bill (P.L. 98-8). The EFS program was and continues to be administered by the Federal Emergency Management Agency (FEMA) in the Department of Homeland Security (DHS) to provide emergency food and shelter to needy individuals.

In 1987, Congress enacted the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77), which created a number of new programs to comprehensively address the needs of homeless people, including food, shelter, health care, and education. The act was later renamed the McKinney-Vento Homeless Assistance Act (P.L. 106-400) after its two prominent proponents—Representatives Stewart B. McKinney and Bruce F. Vento. The programs authorized in McKinney-Vento include the Department of Housing and Urban Development (HUD) Homeless Assistance Grants, the Department of Labor (DOL) Homeless Veterans Reintegration Program, the Department of Health and Human Services (HHS) Grants for the Benefit of Homeless Individuals and Health Care for the Homeless, and the Department of Education (ED) Education for Homeless Children and Youths program.

This report describes existing federal programs that provide targeted assistance to homeless individuals and families (other federal programs may provide assistance to homeless individuals but are not specifically designed to assist homeless persons). These include those programs listed above, as well as others that Congress has created since the enactment of McKinney-Vento. In addition, this report discusses federal efforts to end homelessness. Finally, **Table 1** at the end of this report shows funding levels for each of the ED, DHS, HHS, HUD, DOL, and Department of Justice (DOJ) programs that assist homeless individuals. **Table 2** shows funding levels for VA programs.

The Federal Response to Homelessness

Homelessness in the United States has always existed, but it did not come to the public's attention as a national issue until the 1970s and 1980s, when the characteristics of the homeless population and their living arrangements began to change. Throughout the early and middle part of the 20th century, homelessness was typified by “skid rows”: areas with hotels and single-room occupancy dwellings where transient single men lived.¹ Skid rows were usually removed from the more populated areas of cities, and it was uncommon for individuals to actually live on the streets.² Beginning in the 1970s, however, the homeless population began to grow and become more visible to the general public. According to studies from the time, homeless persons were no longer almost exclusively single men, but included women with children; their median age was younger; they were more racially diverse (in previous decades, the observed homeless population

¹ Peter H. Rossi, *Down and Out in America: The Origins of Homelessness* (Chicago: The University of Chicago Press, 1989), pp. 20-21, 27-28.

² *Ibid.*, p. 34.

was largely white); they were less likely to be employed (and therefore had lower incomes); they were mentally ill in higher proportions than previously; and individuals who were abusing or had abused drugs began to become more prevalent in the population.³

A number of reasons have been offered for the growth in the number of homeless persons and their increasing visibility. Many cities demolished skid rows to make way for urban development, leaving some residents without affordable housing options.⁴ Other possible factors contributing to homelessness include the decreased availability of affordable housing generally, the reduced need for seasonal unskilled labor, the reduced likelihood that relatives will accommodate homeless family members, the decreased value of public benefits, and changed admissions standards at mental hospitals.⁵ The increased visibility of homeless people was due, in part, to the decriminalization of actions such as public drunkenness, loitering, and vagrancy.⁶

In the 1980s, Congress first responded to the growing prevalence of homelessness with several separate grant programs designed to address the food and shelter needs of homeless individuals. These programs included the Emergency Food and Shelter Program (P.L. 98-8), the Emergency Shelter Grants Program (P.L. 99-591), and the Transitional Housing Demonstration Program (P.L. 99-591).⁷ In 1983, the first federal task force was created to provide information to local governments and other parties on how to obtain surplus federal property that could be used for providing shelter and other services for homeless persons.

Congress began to consider comprehensive legislation to address homelessness in 1986. On June 26, 1986, H.R. 5140 and S. 2608 were introduced as the Homeless Persons' Survival Act to provide an aid package for homeless persons. No further action was taken on either measure, however. Later that same year, legislation containing Title I of the Homeless Persons' Survival Act—emergency relief provisions for shelter, food, mobile health care, and transitional housing—was introduced as the Urgent Relief for the Homeless Act (H.R. 5710). The legislation passed both houses of Congress in 1987 with large bipartisan majorities. The act was renamed the Stewart B. McKinney Homeless Assistance Act after the death of its chief sponsor, Stewart B. McKinney of Connecticut; it was renamed again on October 30, 2000, as the McKinney-Vento Homeless Assistance Act after the death of another prominent sponsor, Bruce F. Vento of Minnesota. In 1987, President Ronald Reagan signed the act into law (P.L. 100-77).

The original version of the McKinney-Vento Act consisted of 15 programs either created or reauthorized by the act, providing an array of services for homeless persons and administered by various federal agencies. The act also established the Interagency Council on Homelessness, which is designed to provide guidance on the federal response to homelessness through the coordination of the efforts of multiple federal agencies covered under the McKinney-Vento Act. Since the enactment of the McKinney-Vento Homeless Assistance Act, there have been some legislative changes to programs and services provided under the act and new programs that target

³ *Ibid.*, pp. 39-44.

⁴ *Ibid.*, p. 33.

⁵ *Ibid.*, pp. 181-194, 41. See also Martha Burt, *Over the Edge: The Growth of Homelessness in the 1980s* (New York: Russell Sage Foundation, 1992), pp. 31-126.

⁶ Down and Out in America, p. 34; *Over the Edge*, p. 123.

⁷ All three programs were incorporated into the McKinney-Vento Homeless Assistance Act in 1987. (The Transitional Housing Demonstration Program was renamed the Supportive Housing Demonstration Program.)

homeless individuals have been created. Specific programs covered under the McKinney-Vento Act, as well as other federal programs responding to homelessness, are discussed in this report.

Defining Homelessness: Who Is Served

There is no single federal definition of what it means to be homeless, and definitions among federal programs that serve homeless individuals may vary to some degree. As a result, the populations served through the federal programs described in this report may differ depending on the program. The definition of “homeless individual” that was originally enacted in the McKinney-Vento Act is used by a majority of programs to define what it means to be homeless. The McKinney-Vento Act defined the term “homeless individual” for purposes of the programs that were authorized through the law (see Section 103 of McKinney-Vento), though some programs that were originally authorized through McKinney-Vento use their own, less restrictive definitions.⁸ In 2009, the McKinney-Vento Act definition of homelessness was amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, enacted as part of the Helping Families Save Their Homes Act (P.L. 111-22).

Programs that use the definition in Section 103 of the McKinney-Vento Act are HUD’s Homeless Assistance Grants, FEMA’s Emergency Food and Shelter program, the VA homeless veterans programs, and DOL’s Homeless Veterans Reintegration Program.⁹ (Throughout this section of the report, the term “Section 103 definition” is used to refer to the original McKinney-Vento Act definition of homelessness.)

This section describes the original McKinney-Vento Act Section 103 definition of homeless individual, how the definition compares to those used in other programs, and how it has changed under the HEARTH Act and HUD’s implementing regulations.

Original McKinney-Vento Act Definition of Homelessness

The definition of the term “homeless individual” in Section 103 of McKinney-Vento remained the same for years, defining a homeless individual as

[a]n individual who lacks a fixed, regular, and adequate nighttime residence; and a person who has a nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

This definition was sometimes described as requiring one to be literally homeless in order to meet its requirements¹⁰—either living in emergency accommodations or having no place to stay. This

⁸ These include the Education for Homeless Children and Youths program and Health Care for the Homeless.

⁹ The definition of *homeless veteran* is a veteran who is homeless as defined by Section 103(a) of McKinney-Vento. 38 U.S.C. §2002(1). This definition applies to VA programs for homeless veterans as well as the Homeless Veterans Reintegration Program.

¹⁰ See, for example, the Department of Housing and Urban Development, *The Third Annual Homeless Assessment Report to Congress*, July 2008, p. 2, footnote 5, <http://www.hudhre.info/documents/> (continued...)

contrasts with definitions used in some other federal programs, where a person may currently have a place to live but is still considered homeless because the accommodation is precarious or temporary.

Definitions Under Other Federal Programs

Education for Homeless Children and Youths: The Department of Education (ED) program defines homeless children and youth in part by reference to the Section 103 definition of homeless individuals as those lacking a fixed, regular, and adequate nighttime residence.¹¹ In addition, however, the ED program defines children and youth who are eligible for services to include those who are (1) sharing housing with other persons due to loss of housing or economic hardship; (2) living in hotels or motels, trailer parks, or campgrounds due to lack of alternative arrangements; (3) awaiting foster care placement; (4) living in substandard housing; and (5) children of migrant workers.¹²

Transitional Housing Assistance for Victims of Domestic Violence, Stalking, or Sexual Assault: The Violence Against Women Act definition of homelessness is similar to the ED definition.¹³

Runaway and Homeless Youth: The statute defines a homeless youth as either ages 16 to 22 (for transitional housing) or ages 18 and younger (for short-term shelter) and for whom it is not possible to live in a safe environment with a relative or for whom there is no other safe alternative living arrangement.¹⁴

Health Care for the Homeless: Under the Health Care for the Homeless program, a homeless individual is one who “lacks housing,” and the definition includes those living in a private or publicly operated temporary living facility or in transitional housing.¹⁵

Projects for Assistance in Transition from Homelessness: In the PATH program, an “eligible homeless individual” is described as one suffering from serious mental illness, which may also be accompanied by a substance use disorder, and who is “homeless or at imminent risk of becoming homeless.” The statute does not further define what constitutes being homeless or at imminent risk of homelessness, however.

HEARTH Act Changes to the McKinney-Vento Act Section 103 Definition

The Section 103 definition of “homeless individual” was changed in 2009 as part of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, enacted as part of the Helping Families Save Their Homes Act (P.L. 111-22). The HEARTH Act broadened the McKinney-Vento Section 103 definition and moved the definition away from the requirement for

(...continued)

3rdHomelessAssessmentReport.pdf.

¹¹ 42 U.S.C. §11434a.

¹² Migratory children are defined at 20 U.S.C. §6399.

¹³ 42 U.S.C. §14043e-2.

¹⁴ 42 U.S.C. §5732a(3).

¹⁵ 42 U.S.C. §254b(h)(5)(A).

literal homelessness. On December 5, 2011, HUD released regulations that clarify some of the changes.¹⁶ The changes are as follows:

- **Amendments to Original McKinney-Vento Act Language:** The HEARTH Act made minor changes to the existing language in the McKinney-Vento Act. The law continues to provide that a person is homeless if they lack “a fixed, regular, and adequate nighttime residence,” and if their nighttime residence is a place not meant for human habitation, if they live in a shelter, or if they are a person leaving an institution who had been homeless prior to being institutionalized. The HEARTH Act added that those living in hotels or motels paid for by a government entity or charitable organization are considered homeless, and it included all those persons living in transitional housing, not just those residing in transitional housing for the mentally ill as in prior law. The amended law also added circumstances that are not considered suitable places for people to sleep, including cars, parks, abandoned buildings, bus or train stations, airports, and campgrounds. When HUD issued its final regulation in December 2011, it clarified that a person exiting an institution cannot have been residing there for more than 90 days.¹⁷ In addition, where the law states that a person “who resided in a shelter or place not meant for human habitation” prior to institutionalization, the “shelter” means emergency shelter and does not include transitional housing.¹⁸
- **Imminent Loss of Housing:** P.L. 111-22 added to the Section 103 definition those individuals and families who meet all of the following criteria:
 - They will “imminently lose their housing,” whether it be their own housing, housing they are sharing with others, or a hotel or motel not paid for by a government or charitable entity. Imminent loss of housing is evidenced by an eviction requiring an individual or family to leave their housing within 14 days; a lack of resources that would allow an individual or family to remain in a hotel or motel for more than 14 days; or credible evidence that an individual or family would not be able to stay with another homeowner or renter for more than 14 days.
 - They have no subsequent residence identified.
 - They lack the resources or support networks needed to obtain other permanent housing.

HUD practice prior to passage of the HEARTH Act was to consider those individuals and families who would imminently lose housing within seven days to be homeless.

- **Other Federal Definitions:** P.L. 111-22 added to the definition of “homeless individual” unaccompanied youth and homeless families with children who are defined as homeless under other federal statutes. The law did not define the term youth, so in its final regulations HUD defined a youth as someone under the age

¹⁶ U.S. Department of Housing and Urban Development, “Homeless Emergency Assistance and Rapid Transition to Housing: Defining ‘Homeless’,” *76 Federal Register* 75994-76019, December 5, 2011.

¹⁷ *Ibid.*, p. 76000.

¹⁸ *Ibid.*

of 25.¹⁹ In addition, the HEARTH Act did not specify which other federal statutes would be included in defining homeless families with children and unaccompanied youth. So in its regulations, HUD listed seven federal programs as those under which youth or families with children can be defined as homeless: the Runaway and Homeless Youth program; Head Start; the Violence Against Women Act; the Health Care for the Homeless program; the Supplemental Nutrition Assistance Program (SNAP); the Women, Infants, and Children nutrition program; and the McKinney-Vento Education for Children and Youths program.²⁰ Five of these seven programs (all but Runaway and Homeless Youth and Health Care for the Homeless programs) either share the Education for Homeless Children and Youths definition, or use a very similar definition. Youth and families who are defined as homeless under another federal program must meet each of the following criteria:

- They have experienced a long-term period without living independently in permanent housing. In its final regulation, HUD defined “long-term period” to mean at least 60 days.
- They have experienced instability as evidenced by frequent moves during this long-term period, defined by HUD to mean at least two moves during the 60 days prior to applying for assistance.²¹
- The youth or families with children can be expected to continue in unstable housing due to factors such as chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment. Under the final regulation, barriers to employment may include the lack of a high school degree, illiteracy, lack of English proficiency, a history of incarceration, or a history of unstable employment.²²

HUD Homeless Assistance Grant recipients will not be able to use more than 10% of grant funds to serve those individuals and families defined as homeless under other federal statutes.²³

- **Domestic Violence:** Another change to the definition of homeless individual is that the HEARTH Act considers homeless anyone who is fleeing a situation of “domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized.”²⁴ The law also provides that an individual must lack the resources or support network to find another housing situation. The final regulation issued by HUD in December 2011 specified that the conditions either must have occurred at the

¹⁹ Ibid., p. 75996.

²⁰ Ibid.

²¹ Ibid., p. 76017.

²² Ibid.

²³ 42 U.S.C. §11382(j).

²⁴ 42 U.S.C. §11302(b).

primary nighttime residence or made the individual or family afraid to return to their residence.²⁵

Note that the domestic violence provision of the McKinney-Vento definition *does not* apply to homeless veteran programs. The statutory definition of homeless veteran for VA and DOL program eligibility refers only to Section 103(a) of the McKinney-Vento Act.²⁶ The HEARTH Act added Section 103(b), which refers to victims of domestic violence.

Federal Programs Targeted to Assist Homeless Individuals

The following subsections describe each of the federal programs targeted to assist homeless individuals, arranged by the agency administering the programs. Where relevant, there are references to other CRS reports that go into more detail about the programs.

Department of Education (ED)

Education for Homeless Children and Youths

(42 U.S.C. §§11431-11435) This program was initially authorized under Title VII, Part B, of the McKinney-Vento Homeless Assistance Act; it provides assistance to state educational agencies (SEAs) to ensure that all homeless children and youth have equal access to the same free, appropriate public education, including public preschool education that is provided to other children and youth. Grants made by SEAs to local educational agencies (LEAs) under this program must be used to facilitate the enrollment, attendance, and success in school of homeless children and youth. The LEAs may use the funds for activities such as tutoring, supplemental instruction, and referral services for homeless children and youth, as well as providing them with medical, dental, mental, and other health services. In order to receive funds, each state must submit a plan indicating how homeless children and youth will be identified, how assurances will be put in place that homeless children will participate in federal, state, and local food programs if eligible, and how the state will address such problems as transportation, immunization, residency requirements, and the lack of birth certificates or school records.

Education for Homeless Children and Youth Program (EHCY) grants are allotted to SEAs in proportion to grants made under Title I, Part A of the Elementary and Secondary Education Act of 1965 (ESEA), except that no state can receive less than the greater of \$150,000, 0.25% of the total annual appropriation, or the amount received in FY2001 under this program. The Department of Education must reserve 0.1% of the total appropriation in order to provide grants to outlying areas (Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The department must also transfer 1.0% of the total appropriation to the Department of the Interior for services to homeless children and youth provided by the Bureau of Indian Education. States may reserve up to 25% of their Homeless Education program

²⁵ 76 *Federal Register*, p. 76014.

²⁶ 38 U.S.C. §2002. “The term “homeless veteran” means a veteran who is homeless (as that term is defined in section 103(a) of the McKinney-Vento Homeless Assistance Act).”

funding for state activities. Minimally funded states (defined as states that receive a Homeless Education allocation in a fiscal year equal to 0.25% of total program funds for that fiscal year) are permitted to reserve up to 50% of funding for state activities. States subsequently subgrant remaining funds to LEAs competitively.

Not all LEAs receive EHCY grants. In school year (SY) 2011-2012, 3,531 LEAs, out of a total of 16,064, received awards.²⁷ Although only 22% of LEAs received EHCY grants in SY2011-2012, they enrolled 68% of all homeless students in that year. All LEAs are required to report data annually on the number of homeless students enrolled, regardless of whether or not they receive a McKinney-Vento Homeless Education grant. All data are reported based on a school year. In SY2011-2012, 43 states reported an increase in their enrollment of homeless students; 10 states reported a decrease in their enrollment of homeless students. In SY2009-2010, 939,903 homeless students were reported enrolled in school; in SY2010-2011, the number of enrolled homeless students reported was 1,065,794; and in SY2011-2012, 1,168,354 homeless students were reported enrolled. The total number of homeless students enrolled increased 13% between SY2009-2010 and SY2010-2011, and 10% between SY2010-2011 and SY2011-2012. Four states accounted for 43% of the total number of students enrolled in both LEAs with EHCY subgrants and those without in SY2011-2012. Those states, and their percentages of total homeless student enrollment, were California (21.3%), New York (8.3%), Texas (8.1%), and Florida (5.4%).

The most recent reauthorization of the ESEA, known as the No Child Left Behind Act of 2001 (P.L. 107-110), amended the program explicitly to prohibit states that receive McKinney-Vento funds from segregating homeless students from non-homeless students, except for short periods of time for health and safety emergencies or to provide temporary, special, supplementary services.²⁸ EHCY was reauthorized through FY2007 as Title X, Part C of the No Child Left Behind Act of 2001 (FY2008 with the automatic one-year extension provided by the General Education Provisions Act).²⁹ The Housing and Economic Recovery Act of 2008, signed into law on July 30, 2008 (P.L. 110-289), increased the authorization for EHCY from \$70 million to \$100 million for FY2009, and such sums as may be necessary for each subsequent fiscal year. (For more information about the Education for Homeless Children and Youths Program, see CRS Report R42494, *Education for Homeless Children and Youth: Program Overview and Legislation*, by Gail McCallion.)

Department of Homeland Security (DHS)

Emergency Food and Shelter (EFS) Program

(42 U.S.C. §§11331-11352) The Emergency Food and Shelter program, the oldest federal program serving all homeless populations,³⁰ was established in March 1983 and is administered

²⁷ All data are reported based on a school year (SY). All data discussed in this section are from the Education for Homeless Children and Youth Program: Data Collection Summary, National Center for Homeless Education, October, 2013.

²⁸ An exception was made for four counties that operated separate schools for homeless students in FY2000 (San Joaquin, Orange, and San Diego counties in California, and Maricopa County in Arizona), as long as (1) those separate schools offer services that are comparable to local schools, and (2) homeless children are not required to attend them.

²⁹ See Section 422 of the General Education Provisions Act, as amended by P.L. 103-382. 42 U.S.C. §1226a.

³⁰ Another program, the Runaway and Homeless Youth Program, was enacted earlier than the Emergency Food and Shelter Program (in 1974), but serves a specific population rather than all homeless persons generally.

by the Federal Emergency Management Agency (FEMA), in the Department of Homeland Security. The program allocates funds to local communities to fund homeless programs and homelessness prevention services. The EFS program is governed by a National Board chaired by FEMA and made up of representatives from the United Way Worldwide, the Salvation Army, the National Council of Churches of Christ in the U.S.A., Catholic Charities U.S.A., United Jewish Communities, and the American Red Cross. The National Board uses a formula comprised of unemployment rates and poverty rates to determine which local jurisdictions (typically counties) qualify for funds. Eligible local jurisdictions then convene a local board to determine which organizations—nonprofits and government agencies—within their communities should receive grants, and distribute their available funds accordingly.³¹

Eligible expenses for which local organizations may use funds include items for food pantries such as groceries, food vouchers, and transportation expenses related to the delivery of food; items for mass shelters such as hot meals, transportation of clients to shelters or food service providers, and toiletries; payments to prevent homelessness such as utility assistance, hotel or motel lodging, rental or mortgage assistance, and first month's rent; and local recipient organization program expenses such as building maintenance or repair, and equipment purchases up to \$300.

The EFS program was established by the Temporary Emergency Food Assistance Act of 1983 (P.L. 98-8); in 1987 it was authorized under the McKinney-Vento Homeless Assistance Act. The authorization for the EFS program expired at the end of FY1994 (42 U.S.C. §11352), however it continues to be funded through annual appropriations. (For more information about the Emergency Food and Shelter Program, see CRS Report R42766, *The Emergency Food and Shelter National Board Program and Homeless Assistance*, by Francis X. McCarthy.)

Department of Health and Human Services (HHS)

Health Care for the Homeless (HCH) Program

(42 U.S.C. §254b(h)) The Health Care for the Homeless (HCH) Program provides grants to nonprofit, state, or local government entities to operate outpatient health centers for homeless individuals. It is one of the four types of health centers authorized in Section 330 of the Public Health Service Act (42 U.S.C. §§201 et. seq.). The HCH is the only federal program that focuses on the health care needs of the homeless population. Centers funded under the HCH are required to be community designed and operated and must provide primary health care and substance abuse prevention and treatment services to homeless individuals. Centers may also provide services to connect homeless individuals with support services such as emergency shelter and job training and may provide care at mobile sites. Finally, the HCH program authorizes grants to fund innovative programs that provide outreach and comprehensive primary health services to homeless children and children at risk of homelessness. In 2012, there were 2,682 HCH sites that provided care to 839,980 homeless individuals. The vast majority of these patients (nearly 90%) lived at or below the federal poverty level.³² HCHs were permanently authorized in the Patient

³¹ For more information about recipient jurisdictions, see the National Board website, <http://efsp.unitedway.org/>.

³² HRSA, Uniform Data System (UDS) Report, UDS, National Rollup Report, 2012, at <http://bphc.hrsa.gov/uds/datacenter.aspx?year=2012>; and *2012 Health Center Data, Homeless Program Grantee Data* at <http://bphc.hrsa.gov/uds/datacenter.aspx?fd=ho&year=2012>.

Protection and Affordable Care Act (P.L. 111-148, as amended). (For more information about health centers, see CRS Report R42433, *Federal Health Centers*, by Elayne J. Heisler.)

Projects for Assistance in Transition from Homelessness (PATH)

(42 U.S.C. §290cc-21 through §290cc-35) Projects for Assistance in Transition from Homelessness (PATH) is a formula grant program that distributes funds to states (including the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands) to support local organizations providing services for people with serious mental illness (including those with co-occurring substance use disorders) who are homeless or at imminent risk of becoming homeless. Funds are distributed to states in amounts proportional to their populations living in urbanized areas; the minimum allotment is \$300,000 for each of the 50 states, the District of Columbia, and Puerto Rico, and \$50,000 for each of the other territories. States must provide matching funds of at least \$1 for every \$3 of federal funds. Up to 20% of the federal payments may be used for housing-related assistance, including (but not limited to) services to help individuals access housing, minor repairs, security deposits, and one-time rental payments to prevent eviction. Other services include (but are not limited to) outreach, mental health and substance abuse treatment, case management, and job training. The PATH program is administered by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services (within HHS).³³ Authorization for the PATH program expired at the end of FY2003; however, it continues to be funded through annual appropriations.

Grants for the Benefit of Homeless Individuals

(42 U.S.C. §290aa-5) Grants for the Benefit of Homeless Individuals (GBHI) is a competitive grant program that supports services to homeless individuals with substance use disorders (including those with co-occurring mental illness). Grants are awarded competitively to community-based public or nonprofit entities for periods of up to five years. GBHI-funded programs and services include substance abuse treatment, mental health services, wrap-around services, immediate entry into treatment, outreach services, screening and diagnostic services, staff training, case management, primary health services, job training, educational services, and relevant housing services. Under the GBHI authority, SAMHSA's Center for Substance Abuse Treatment administers two grant portfolios: Treatment Systems for Homeless and (in collaboration with SAMHSA's Center for Mental Health Services) Cooperative Agreements to Benefit Homeless Individuals.³⁴ Authorization for the GBHI program expired at the end of FY2003; however, it continues to be funded through annual appropriations.

Runaway and Homeless Youth Program

The Runaway and Homeless Youth Program is administered by the Family and Youth Services Bureau (FYSB) within HHS's Administration for Children and Families (ACF). The program was established in 1974 and was most recently authorized by the Reconnecting Homeless Youth Act of 2008 (P.L. 110-378). The law authorizes federal funding for three programs through FY2013:

³³ For more about the PATH program, including state and federal data reports, see <http://pathprogram.samhsa.gov/>.

³⁴ For more about GBHI, see SAMHSA, *FY2014 Justification of Estimates for Appropriations Committees*, pp. 149–150, http://www.samhsa.gov/Budget/FY2014/SAMHSA_FY2014_CJ_FINAL.pdf.

the Basic Center Program (BCP), Transitional Living Program (TLP), and Street Outreach Program (SOP). These programs are designed to provide services to runaway and homeless youth outside of the law enforcement, juvenile justice, child welfare, and mental health systems. The funding streams for the Basic Center Program and Transitional Living Program were separate until Congress consolidated them in 1999 (P.L. 106-71). Together, the two programs, along with other program activities, are known as the Consolidated Runaway and Homeless Youth Program.³⁵ Although the Street Outreach Program is a separately funded component, SOP services are coordinated with those provided under the BCP and TLP. Grantees must provide at least 10% of the funds to cover the total cost of the services provided under the three programs. (For more information about the program, see CRS Report RL33785, *Runaway and Homeless Youth: Demographics and Programs*, by Adrienne L. Fernandes-Alcantara.)

Basic Center Program

(42 U.S.C. §§5711-5714) The Basic Center Program is intended to provide short-term shelter and services for youth under age 18 and their families through public and private community-based centers. Youth eligible to receive BCP services include those youth who are at risk of running away or becoming homeless (and who may live at home with their parents), or have already left home, either voluntarily or involuntarily. These centers, which generally shelter as many as 20 youth for approximately two weeks, are located in areas that are frequented or easily reached by runaway and homeless youth. The centers seek to reunite youth with their families, whenever possible, or to locate appropriate alternative placements. The centers also provide food, clothing, individual and family counseling, and health care referrals. Some centers serve homeless youth ages 18 to 21 through street-based services, home-based services, and drug abuse education and prevention services.

BCP grants are allocated by formula to each state, the District of Columbia, and Puerto Rico, and are then distributed by HHS on a competitive basis to community-based organizations. The amount of BCP funding available to a jurisdiction is based on its proportion of the nation's youth under age 18, and under the law, each jurisdiction receives a minimum of \$200,000. Separately, each of the territories (U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands) receives a minimum of \$70,000 of the total appropriations.³⁶ Grantees are required to establish relationships with law enforcement, health and mental health care, social service, welfare, and school district systems to coordinate services.

Transitional Living Program

(42 U.S.C. §5714 through §5714-2) The Transitional Living Program provides longer-term shelter and assistance for youth ages 16 through 22 (including pregnant and/or parenting youth) who may leave their biological homes due to family conflict, or have left and are not expected to return home. TLP grants are distributed competitively by HHS to community-based public and private organizations. Each TLP grantee may shelter up to 20 youth at host family homes,

³⁵ Other program activities include a national communications system for runaway youth and their families, logistical support for grantee organizations, HHS's National Clearinghouse on Families and Youth, demonstrations, and the administration of the management information system that tracks data on runaway and homeless youth, known as NEO-RHYMIS.

³⁶ Prior the enactment of P.L. 110-378, states could receive a minimum of \$100,000 and territories could receive a minimum of \$45,000.

supervised apartments owned by a social service agency, or scattered-site apartments and single-occupancy apartments rented directly with the assistance of the agency. Youth under age 18 may remain at TLP projects for up to 540 days (18 months) or longer. Youth ages 16 through 22 may remain in the program for a continuous period of 635 days (approximately 21 months) under “exceptional circumstances.”³⁷ Youth receive several types of TLP services:

- basic life-skills training, including consumer education, and instruction in budgeting and housekeeping;
- interpersonal skill-building;
- educational preparation, such as GED courses and post-secondary training;
- assistance in job preparation and attainment;
- education and counseling on substance abuse; and
- mental and physical health care services.

The 2003 amendments (P.L. 108-96) to the Runaway and Homeless Youth program provided statutory authority for TLP funds to be used for maternity group homes. Grantees may and do use TLP funds to directly serve unwed pregnant and parenting teens, without a specific set-aside. These organizations provide youth with parenting skills, including child development education, family budgeting, health and nutrition, and other skills to promote their well-being and the well-being of their children.

Street Outreach Program³⁸

(42 U.S.C. §5714-41) Runaway and homeless youth living on the streets or in areas that increase their risk of using drugs or being subjected to sexual abuse, prostitution, or sexual exploitation are eligible to receive services through the Street Outreach Program. The program’s goal is to assist youth in transitioning to safe and appropriate living arrangements. SOP services include outreach and education, treatment, counseling, provision of information, and referrals to other social service agencies. The Street Outreach Program is funded separately from the BCP and TLP, and is authorized to receive such sums as may be necessary. Since FY1996, when funding for the Street Outreach Program was established, community-based public and private organizations have been eligible to apply for SOP grants. Grants are generally awarded for a three-year period. Applicants may apply for a \$100,000 grant each year for a maximum of \$200,000 over that period. Most youth contacted through the Street Outreach Program receive written materials about referral services, health and hygiene products, and food and drink items.

³⁷ “Exceptional circumstances” means in which a youth would benefit to an unusual extent from additional time in the program. A youth in a TLP who has not reached age 18 on the last day of the 635-day period may, in exceptional circumstances and if otherwise qualified for the program, remain in the program until his or her 18th birthday.

³⁸ This program is known in the statute as Sexual Abuse Prevention Program. HHS refers to it as both the Street Outreach Program (in grant announcements and on their website) and as the Service Connection for Youth on the Streets Program (in the budget request).

Department of Justice (DOJ)

Transitional Housing Assistance for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking

The Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program (Transitional Housing Program), administered by the Office on Violence Against Women, funds programs that provide assistance to victims of sexual assault, domestic violence, dating violence, and/or stalking who are in need of transitional housing, short-term housing assistance, and related supportive services. Assistance may include counseling, support groups, safety planning, and advocacy services as well as practical services such as licensed child care, employment services, transportation vouchers, telephones, and referrals to other agencies. Services are available to minors, adults, and their dependents.

The Transitional Housing Program was first authorized by the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act of 2003 (the PROTECT Act, P.L. 108-21). The PROTECT Act amended Subtitle B of the Violence Against Women Act of 1994 (VAWA; 42 U.S.C. 13701 note; 108 Stat. 1925) to (1) establish this grant program to support states, units of local government, Indian tribes, and other organizations and (2) authorize annual funding for the program at \$30 million for FY2004-FY2008. In 2005, the reauthorization of VAWA (P.L. 109-162) authorized annual funding at \$40 million for the Transitional Housing Program for FY2007-FY2011. Most recently, the Violence Against Women Reauthorization Act of 2013 (P.L. 113-4) reauthorized the Transitional Housing Program for FY2014-FY2018, decreasing the authorized annual funding level to \$35 million.

The Transitional Housing Program first received appropriations in FY2004 as a separate, standalone program. For FY2005 through FY2011, Congress appropriated funding for the program through a set-aside from the STOP (Services, Training, Officers, and Prosecutors) Formula Grant Program. In FY2012 and FY2013, Congress once again funded the Transitional Housing Program as a separate, standalone program. (For more information about the Violence Against Women Act, see CRS Report R42499, *The Violence Against Women Act: Overview, Legislation, and Federal Funding*, by Lisa N. Sacco.)

Department of Housing and Urban Development (HUD)

Homeless Assistance Grants

The Homeless Assistance Grants were established in 1987 as part of the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77). The grants, administered by HUD, fund housing and services for homeless persons. The Homeless Assistance Grants have gone through several permutations since their enactment, with the most recent change taking place when the grants were reauthorized in the 111th Congress by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, enacted as part of the Helping Families Save Their Homes Act (P.L. 111-22).

Until enactment of the HEARTH Act, the Homeless Assistance Grants were made up of four programs: the Emergency Shelter Grants (ESG) program, the Supportive Housing Program (SHP), the Section 8 Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings

(SRO) program, and the Shelter Plus Care (S+C) program. The HEARTH Act maintained the ESG program, but renamed it the Emergency Solutions Grants program, and consolidated the three remaining programs (SHP, SRO, and S+C), sometimes referred to as the “competitive grants,” into one program called the “Continuum of Care” (CoC) program. Further, rural communities may apply separately for funds that otherwise would have been awarded as part of the Continuum of Care program. The HEARTH Act provides that not less than 5% of Continuum of Care Program funds be set aside for rural communities. (For more information about the Homeless Assistance Grants, see CRS Report RL33764, *The HUD Homeless Assistance Grants: Programs Authorized by the HEARTH Act*, by Libby Perl.)

Emergency Solutions Grants (ESG) Program

(42 U.S.C. §§11371-11378) The ESG program distributes formula grants to state and local governments; recipient governments may then distribute all or a portion of the funds to private nonprofit organizations that provide assistance to homeless individuals. ESG funds are distributed so that state and local governments receive the same proportion of total ESG funds as they receive of Community Development Block Grant (CDBG) funds. Factors used to determine how CDBG funds are distributed include poverty rates, population, the number of persons in poverty, housing overcrowding (homes in which there are more than 1.01 persons per room), the age of housing (the number of housing structures built prior to 1940), and the extent of population growth lag in a given community. There is a dollar-for-dollar match requirement for local governments; there is no match requirement for the first \$100,000 for states but a dollar-for-dollar match is required for the remainder of the funds. Recipient states and local governments may use up to 7.5% of their grants for administrative costs.

ESG funds may be used in two categories: (1) emergency shelter and related services, and (2) homelessness prevention and rapid rehousing. The statute limits use of funds in the first category to the greater of 60% of a state or local government’s ESG allocation or the amount the recipient spent for these purposes in the year prior to the effective date of the HEARTH Act.

- In the case of emergency shelter, funds may be used for the renovation, major rehabilitation, or conversion of buildings into emergency shelters. In addition, ESG funds may be used to provide services in conjunction with emergency shelter, including employment, health, or education services; family support services for homeless youth; substance abuse services; victim services; or mental health services. Another allowable use of funds is the maintenance, operation, insurance, utilities, and furnishing costs for these emergency shelters.
- Funds may also be used to prevent homelessness or to quickly find housing for those who find themselves homeless. Recipients may use funds to provide short- or medium-term rental assistance for individuals and families at risk of homelessness. Funds may also be used to provide services for those who are homeless or to help stabilize those at risk of homelessness. These services include housing searches, outreach to property owners, legal services, credit repair, payment of security or utility deposits, utility payments, a final month of rental assistance, or moving costs.

Continuum of Care (CoC) Program

(42 U.S.C. §§11381-11389) The CoC program continues to provide the same types of assistance that were available in its three predecessor programs (SHP, S+C, and SRO), including transitional housing, permanent supportive housing, supportive services, and Homeless Management Information Systems (HMIS), but without the need for grantees to select among three separate grant programs depending on the services provided. Grantees may also use funds for rapid rehousing, a process through which grantees help homeless individuals and families find housing, and support them for a period of time until they are stable.

CoC funds are distributed through a community process that is also referred to as the “Continuum of Care.” Through this process, local communities (typically cities, counties, and combinations of both) establish CoC advisory boards made up of representatives from local government agencies, service providers, community members, and formerly homeless individuals who meet to establish local priorities and strategies to address homelessness in their communities. Each Continuum of Care designates a Collaborative Applicant (either itself or another eligible applicant) to apply for funds.

Eligible grant recipients are state governments, local governments, instrumentalities of state and local governments, Public Housing Authorities, and private nonprofit organizations. Grantees may provide housing and services by acquiring, rehabilitating, or constructing properties; leasing properties; providing rental assistance, whether tenant-based, project-based, or sponsor-based; and by paying operating costs. Both grantees and the local Continuum of Care planning entities may use funds for administrative purposes—10% for grantees and 3% for Collaborative Applicants (and another 3% for Collaborative Applicants that take on additional responsibility). Each recipient community must match the total grant funds received with 25% in funds from other sources (including other federal grants) or in-kind contributions (with an exception for leasing).

Rural Housing Stability (RHS) Grants

(42 U.S.C. §11408) As of the date of this report, HUD had not yet distributed funds to rural communities through the RHS program. The program reserves not less than 5% of Continuum of Care Program funds for rural communities to apply separately for funds that would otherwise be awarded as part of the Continuum of Care Program. A rural community is defined to include (1) a county where no part is contained within a metropolitan statistical area, (2) a county located within a metropolitan statistical area, but where at least 75% of the county population is in nonurban Census blocks, or (3) a county located in a state where the population density is less than 30 people per square mile, and at least 1.25% of the acreage in the state is under federal jurisdiction. However, under this definition, no metropolitan city in the state (as defined by the CDBG statute) can be the sole beneficiary of the RHS grants.

Unlike the Continuum of Care program, rural communities are able to serve persons who do not necessarily meet HUD’s definition of “homeless individual.” P.L. 111-22 provides that HUD may award grants to rural communities to be used for (1) re-housing or improving the housing situation of those who are homeless or are in the worst housing situations in their geographic area, (2) stabilizing the housing situation of those in imminent danger of losing housing, and (3) improving the ability of the lowest-income residents in the community to afford stable housing.

Grantees under the RHS program may use funds to assist people who are experiencing homelessness in many of the same ways as the CoC program. These include transitional housing, permanent housing, rapid rehousing, data collection, and a range of supportive services. Funds may also be used for homelessness prevention activities, relocation assistance, short-term emergency housing, and home repairs that are necessary to make housing habitable.

Department of Labor (DOL)

Homeless Veterans Reintegration Program

(38 U.S.C. §2021) The Homeless Veterans Reintegration Program (HVRP) provides grants to states or other public entities and nonprofit organizations to operate employment programs that reach out to homeless veterans. The main goal of the HVRP is to reintegrate homeless veterans into the economic mainstream and labor force. HVRP grantee organizations provide services that include outreach, assistance in drafting a resume and preparing for interviews, job search assistance, subsidized trial employment, job training, and follow-up assistance after placement. Recipients of HVRP grants also provide supportive services not directly related to employment such as transportation, provision of or assistance in finding housing, and referral for mental health treatment or substance abuse counseling. HVRP grantees often employ formerly homeless veterans to provide outreach to homeless veterans and to counsel them as they search for employment and stability. In 2010, the Veterans' Benefits Act of 2010 (P.L. 111-275) created a separate HVRP for women veterans and veterans with children. The new program, which includes child care among its services, is authorized from FY2011 through FY2015 at \$1 million per year.

HVRP, initially authorized as part of the McKinney Vento Homeless Assistance Act, was most recently authorized at \$50 million through FY2014 as part of the Department of Veterans Affairs Expiring Authorities Act of 2013 (P.L. 113-37). (For more information about HVRP and other programs for homeless veterans, see CRS Report RL34024, *Veterans and Homelessness*, by Libby Perl.)

Referral and Counseling Services: Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions

(38 U.S.C. §2023) The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) instituted a demonstration program to provide job training and placement services to veterans leaving prison, long-term care, or mental institutions who are at risk of homelessness. The enacting law gave both the VA and the Department of Labor authority over the program. By 2005, the program awarded \$1.45 million in initial grants to seven recipients. These grants were extended through March 2006 with funding of \$1.6 million and then again for an additional 15 months, through June 30, 2007, with \$2 million in funding.³⁹ The statute enacting the program provided that it would cease on January 24, 2006, four years after its enactment. However, on October 10, 2008, Congress extended the program through FY2012 as part of the Veterans'

³⁹ U.S. Department of Labor, Office of the Assistance Secretary for Veterans' Employment and Training, *FY2006 and FY2007 Annual Report to Congress*, May 21, 2008, p. 12, http://www.dol.gov/vets/media/FY2006-2007_Annual_Report_To_Congress.pdf.

Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387). The new law removed the program's demonstration status and expanded the number of sites able to provide services to 12. Most recently the program was authorized through FY2014 as part of the Department of Veterans Affairs Expiring Authorities Act of 2013 (P.L. 113-37).

Department of Veterans Affairs (VA)

For more detailed information about VA programs for homeless veterans, see CRS Report RL34024, *Veterans and Homelessness*, by Libby Perl.

Health Care for Homeless Veterans (HCHV)⁴⁰

(38 U.S.C. §§2031-2034) The Health Care for Homeless Veterans program operates at VA sites around the country where staff provide outreach services, physical and psychiatric health exams, treatment, and referrals to homeless veterans with mental health and substance use issues. As appropriate, the HCHV program places homeless veterans needing long-term treatment into one of its contract community-based facilities. Housing is provided either through residential treatment facilities that contract with the VA or through organizations that receive Grant and Per Diem funding for transitional housing (the "Homeless Providers Grant and Per Diem Program" is described below). The HCHV program was most recently authorized through December 31, 2014, as part of the VA Expiring Authorities Extension Act of 2013 (P.L. 113-59).

Homeless Providers Grant and Per Diem Program⁴¹

(38 U.S.C. §§2011-2013) The Grant and Per Diem program has two aspects: the grants portion of the program funds capital grants that organizations may use to build or rehabilitate facilities to be used for transitional housing and service centers for homeless veterans, while the per diem portion funds services to homeless veterans. Specifically, capital grants may be used to purchase buildings, to expand or remodel existing buildings, and to procure vans for use in outreach to and transportation for, homeless veterans. Service centers for veterans must provide health care, mental health services, hygiene facilities, benefits and employment counseling, meals, transportation assistance, job training and placement services, and case management. The capital grants will fund up to 65% of the costs of acquisition, expansion, or remodeling of facilities, and grantees must provide the remaining 35%. Under the per diem portion of the program, both capital grant recipients and those organizations that would be eligible for capital grants (but have not applied for them) are eligible to apply for funds, although grant recipients have priority in receiving per diem funds.

The Grant and Per Diem program is authorized at \$250 million for FY2014 and \$150 million for each fiscal year thereafter (P.L. 113-37). Prior to 2011, the program had been permanently authorized at \$150 million per year (P.L. 110-387). However, Congress increased the authorization level in FY2010 through FY2012 (P.L. 112-37), FY2013 (P.L. 112-154), and

⁴⁰ Also known as the Homeless Chronically Mentally Ill Veterans (HCMI) program.

⁴¹ Formerly called the Homeless Veterans Comprehensive Services Programs.

FY2014 (P.L. 113-37) to comport with amounts that the VA estimated were needed for the program in each of these fiscal years.⁴²

Homeless Veterans with Special Needs

(38 U.S.C. §2061) Within the Homeless Providers Grant and Per Diem program there is also a special purpose program that provides grants to health care facilities and to grant and per diem providers to encourage the development of programs for homeless veterans who are women, veterans with children (men and women), frail elderly, terminally ill, or chronically mentally ill. The program was most recently authorized at \$5 million per year through FY2014 as part of the Department of Veterans Affairs Expiring Authorities Act of 2013 (P.L. 113-37).

Domiciliary Care for Homeless Veterans (DCHV)

(38 U.S.C. §1710(b)) The Domiciliary Care for Homeless Veterans program is a residential rehabilitation program specifically intended to meet the clinical needs of homeless veterans while preventing the therapeutically inappropriate use of hospital and nursing home care services. Veterans served through the Domiciliary Care program typically suffer from mental illness, substance use disorders, or both.⁴³ A multi-dimensional, individually tailored treatment approach is used to stabilize the clinical status of veterans while the underlying causes of homelessness are addressed. The basic components of the DCHV program include community outreach and referral, admission screening and assessment, medical and psychiatric evaluation, treatment and rehabilitation, and post-discharge community support. DCHV staff help veterans apply for housing assistance, or arrangements are made for placement of homeless veterans in long-term care facilities such as State Soldiers Homes, group homes, adult foster care, or halfway houses. Homeless veterans are provided employment training through involvement in the VA's Incentive Therapy Program, a medically prescribed rehabilitation program involving therapeutic work assignments at VA medical centers for which veterans receive nominal payments.

Compensated Work Therapy Program⁴⁴

(38 U.S.C. §2063) The Compensated Work Therapy (CWT) program is a comprehensive rehabilitation program that prepares veterans for competitive employment and independent living. The program was created by the Veterans Omnibus Health Care Act of 1976 (P.L. 94-581). The major goals of the program are (1) to use remunerative work to maximize a veteran's level of functioning; (2) to prepare veterans for successful re-entry into the community as productive citizens; and (3) to provide structured daily activity to those veterans with severe and chronic disabling physical and/or mental conditions. As part of their work therapy, veterans produce items for sale or undertake subcontracts to provide certain products and/or services such as temporary staffing to a company. Funds collected from the sale of these products and/or services are used to

⁴² U.S. Department of Veterans Affairs, *FY2012 Budget Submission, Volume II: Medical Programs and Information Technology*, pp. 1H-12, http://www.va.gov/budget/docs/summary/Fy2012_Volume_II-Medical_Programs_Information_Technology.pdf.

⁴³ Catherine Leda Seibyl, Sharon Medak, Linda Baldino, and Timothy Cuerdon, *Twenty-First Progress Report on the Domiciliary Care for Homeless Veterans Program, FY2009*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 24, 2010, p. 8.

⁴⁴ The CWT program was formerly called the Special Therapeutic and Rehabilitation Activities Fund.

fund the program. Funding for this program comes from the VA's Special Therapeutic and Rehabilitation Activities Fund, and the program is permanently authorized at 38 U.S.C. Section 1718(c).

HUD VA Supported Housing (HUD-VASH)

(42 U.S.C. §1437f(o)(19)) HUD-VASH is a joint HUD and VA initiative that provides specially designated Section 8 rental assistance vouchers to homeless veterans while the VA provides supportive services. The HUD-VASH statute requires that the program serve homeless veterans who have chronic mental illnesses or chronic substance use disorders; however, this requirement has been waived in recent years. Every homeless veteran who receives a housing voucher must be assigned to a VA case manager and receive supportive services. Today's HUD-VASH program originally began as a Memorandum of Agreement between HUD and the VA, and through that relationship 1,780 vouchers were allocated to homeless veterans. The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) codified the program and authorized the creation of an additional 500 vouchers each year for FY2003-FY2006. In the 109th Congress, the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L. 109-461) similarly authorized additional HUD-VASH vouchers for FY2007 through FY2011.

Funds were not provided for additional vouchers until the 110th Congress, when the FY2008 Consolidated Appropriations Act (P.L. 110-161) allocated \$75 million for additional HUD-VASH vouchers. Since then, Congress has appropriated funding for new HUD-VASH vouchers in each appropriations act through FY2014, for a total of about \$500 million to fund HUD-VASH vouchers for one-year terms, bringing the total number of vouchers that are expected to be funded over the time period to approximately 68,000. Funds for supportive services are allocated through the VA health appropriation.

Supportive Services for Veteran Families

In the 110th Congress, the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387) authorized a program of supportive services to assist very low-income veterans and their families who either are making the transition from homelessness to housing or who are moving from one location to another. The VA calls the program Supportive Services for Veteran Families. The law specified that funds be made available for the program from the amount appropriated for VA medical services. Most recently, the program was authorized at \$300 million for FY2014 as part of the Department of Veterans Affairs Expiring Authorities Act of 2013 (P.L. 113-37).

Organizations that assist families transitioning from homelessness to permanent housing are given priority for funding under the law. Among the eligible services that recipient organizations may provide are case management, health care services, daily living services, assistance with financial planning, transportation, legal assistance, child care, and housing counseling.

HUD and VA Homelessness Prevention Demonstration Program

As part of the FY2009 Omnibus Appropriations Act (P.L. 111-8), Congress appropriated \$10 million through the HUD Homeless Assistance Grants account to be used for a pilot program to prevent homelessness among veterans. The appropriation law required that the program be operated in a limited number of sites, at least three of which were to have a large number of

individuals transitioning from military to civilian life, and up to four of which were to be in rural areas.

HUD, in consultation with the VA and DOL, selected five geographic areas in which local Continuums of Care (CoCs) are to assign a grantee to carry out the prevention program. The areas were chosen based on the number of homeless veterans reported by the local CoC and VA Medical Center, the number of Operation Iraqi Freedom and Operation Enduring Freedom veterans accessing VA health care, the presence and diversity of military sites in the area (e.g., representation of different branches of the military, National Guard, and Reserves), availability of VA health care, type of geographic area (urban versus rural), and the community's capacity to administer the prevention program. The five areas and corresponding military bases selected were (1) San Diego, CA (Camp Pendleton); (2) Killeen, TX (Fort Hood); (3) Watertown, NY (Fort Drum); (4) Tacoma, WA (Joint Base Lewis-McChord); and (5) Tampa, FL (MacDill Air Force Base).

The prevention program operates much like the Homelessness Prevention and Rapid Re-Housing Program created as part of the American Recovery and Reinvestment Act. Funds may be used for short-term rental assistance (up to three months) or medium-term rental assistance (4-18 months), for up to six months of rental arrears, for security or utility deposits, for utility payments, and for help with moving expenses.⁴⁵ Recipients may also use funds for supportive services that help veterans and their families find and maintain housing such as case management, housing search and placement, credit repair, child care, and transportation.⁴⁶

Other Activities for Homeless Veterans

In addition to the targeted programs for which specific funding is available (see **Table 2** at the end of this report), the VA engages in several activities to assist homeless veterans that are not reflected in this report as separate programs. An Advisory Committee on Homeless Veterans was established within VA to consult with and seek advice concerning VA benefits and services to homeless veterans (38 U.S.C. §2066). The Advisory Committee consists of 15 members appointed from Veterans Service Organizations, community-based homeless service providers, previously homeless veterans, experts in mental illness, substance use disorders, and others. The Advisory Committee was most recently authorized through December 31, 2014, as part of the VA Expiring Authorities Extension Act of 2013 (P.L. 113-59).

Another VA initiative is Comprehensive Homeless Centers (CHCs). These CHCs are located in eight cities, and consolidate all of the VA's homeless programs in that area into a single organizational framework to promote integration within the VA and coordination with non-VA homeless programs.⁴⁷ CHCs offer a comprehensive continuum of care to help homeless veterans escape from homelessness. The VA also sponsors Drop-in Centers, which provide a daytime sanctuary where homeless veterans can clean up, wash their clothes, get a daytime meal, and participate in a variety of low intensity therapeutic and rehabilitative activities. Linkages with

⁴⁵ U.S. Department of Housing and Urban Development, *Notice of FY2009 Implementation of the Veterans Homelessness Prevention Demonstration Program*, July 14, 2010, pp. 9-11, <http://www.hudhre.info/documents/VetsHomelessPreventionDemo.pdf>.

⁴⁶ *Ibid.*, p. 11.

⁴⁷ Comprehensive Homeless Centers are located in Anchorage, Brooklyn, Cleveland, Dallas, Little Rock, Pittsburgh, San Francisco, and Los Angeles.

longer-term assistance are also available. The VA Excess Property for Homeless Veterans Initiative provides for the distribution of federal excess personal property (hats, parkas, footwear, sleeping bags) to homeless veterans and homeless veterans programs.

The Department of Labor makes funds available through its Homeless Veterans Reintegration Program for local communities that organize Stand Downs for Homeless Veterans. Stand Downs are local events, staged annually in many cities across the country, in which local Veterans Service Organizations, businesses, government entities, and other social service organizations come together for up to three days to provide services for homeless veterans. Some of these services include food, shelter, clothing, and a range of other types of assistance, including VA provided health care, benefits certification, and linkages with other programs. Another program, called Veterans Benefits Administration's (VBA's) Acquired Property Sales for Homeless Providers, allows the VA to sell, at a discount, foreclosed properties to nonprofit organizations and government agencies that will use them to shelter or house homeless veterans. Finally, Project CHALENG for Veterans is a nationwide VA initiative to work with other agencies and better coordinate the response to the needs of homeless veterans. VA regional offices designate "points of contact" from among local service providers, and they in turn work with other federal agencies, state and local governments, and nonprofit organizations to assess the needs of homeless veterans and develop action plans to meet identified needs.

Social Security Administration (SSA)

The *SOAR Initiative (SSI/SSDI Outreach, Access and Recovery)*, while not a Social Security Administration (SSA) program, assists homeless individuals in obtaining Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) benefits. SOAR was created through a collaborative effort among HHS, HUD, and SSA. SOAR makes technical assistance available to train state and local human services workers to better serve homeless individuals with mental illnesses or substance use disorders who may qualify for Social Security benefits. The program came about through the Homeless Policy Academy Initiative, a series of collaborations among HUD, HHS, VA, DOL, ED, the Interagency Council on Homelessness, and the states that took place from 2001 through 2007. SOAR was undertaken after multiple states requested training regarding the SSDI and SSI application processes.⁴⁸ As part of the initiative, representatives from 34 states received SOAR training between 2005 and 2007.⁴⁹ Funds through the PATH program (described earlier in this report) have been used to train providers in SOAR,⁵⁰ and the Substance Abuse and Mental Health Service Administration (SAMHSA) continues to fund technical assistance to SOAR programs.⁵¹ Currently all states participate in SOAR.⁵²

⁴⁸ U.S. Department of Health and Human Services, *Homeless Policy Academy Initiative: Final Contractors Report*, April 2007, p. vi, <http://www.hrsa.gov/homeless/pdf/finalreport.pdf>.

⁴⁹ Initially, 24 states participated in SOAR training. In August 2007, an additional 10 states were selected to participate. See USICH Newsletter, August 9, 2007, http://www.ich.gov/newsletter/archive/08-09-07_e-newsletter.htm.

⁵⁰ See U.S. Department of Health and Human Services, *FY2011 Substance Abuse and Mental Health Services Administration Congressional Budget Justification*, p. SAMHSA/CMHS-57, http://www.samhsa.gov/Budget/FY2011/SAMHSA_FY11CJ.pdf.

⁵¹ Deborah Dennis, Margaret Lassiter, and William H. Connelly, et al., "Helping Adults Who Are Homeless Gain Disability Benefits: the SSI/SSDI Outreach, Access, and Recovery (SOAR) Program," *Psychiatric Services*, vol. 62, no. 11 (November 2011), pp. 1373-1374.

⁵² Ibid.

In 2011, 71% of SOAR-assisted SSI or SSDI applicants were approved for benefits.⁵³ Although data are limited on how homeless applicants for benefits otherwise fare on initial application, among those localities that collect data, approval rates range between 10% and 15%.⁵⁴ Of all adult SSI applicants in 2011, 27% were awarded benefits.⁵⁵ An earlier evaluation of SOAR programs in 19 states also found improved access to housing for some individuals who gained benefits, and cost savings for state public benefits programs.⁵⁶

Efforts to End Homelessness

More than a decade ago, the concept of ending homelessness was introduced in a report from the National Alliance to End Homelessness (NAEH), which outlined a strategy to end homelessness in 10 years.⁵⁷ The plan included four recommendations: developing local, data-driven plans to address homelessness; using mainstream programs (such as TANF, Section 8, and SSI) to prevent homelessness; employing a housing first strategy to assist most people who find themselves homeless; and developing a national infrastructure of housing, income, and service supports for low-income families and individuals. While the idea of ending homelessness for all people was embraced by many groups, the Bush Administration and federal government focused on ending homelessness among chronically homeless individuals specifically. For most of the decade, the term chronically homeless was defined as “an unaccompanied homeless individual with a disabling condition who has been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years.”⁵⁸ The HEARTH Act updated the definition to include families with a head of household who has a disability.⁵⁹

In the year following the release of the NAEH report, then-HUD Secretary Martinez announced HUD’s commitment to ending chronic homelessness at the NAEH annual conference. In 2002, as a part of his FY2003 budget, President Bush made “ending chronic homelessness in the next decade a top objective.” The bipartisan, congressionally mandated Millennial Housing Commission, in its Report to Congress in 2002, included ending chronic homelessness in 10 years among its principal recommendations.⁶⁰ And by 2003, the United States Interagency Council on Homelessness (USICH) had been re-engaged after six years of inactivity and was

⁵³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *2011 SOAR Outcomes*, February 2012, <http://www.prainc.com/cms-assets/documents/52889-944292.2011-outcomes-summary-031212.pdf>.

⁵⁴ Yvonne M. Perret, Deborah Dennis, and Margaret Lassiter, *Improving Social Security Disability Programs for Adults Experiencing Long-Term Homelessness*, National Academy of Social Insurance, November 14, 2008, p. 3, http://www.nasi.org/usr_doc/Perret_and_Dennis_January_2009_Rockefeller.pdf.

⁵⁵ Social Security Administration, *SSI Annual Statistical Report, 2012*, July 2013, Table 69, http://www.ssa.gov/policy/docs/statcomps/ssi_asr/2012/sect10.pdf.

⁵⁶ *Preliminary Outcomes from the SOAR Technical Assistance Initiative*, Policy Research Associates, May 2008, <http://www.prainc.com/SOAR/soar101/SOAROutcomes.pdf>.

⁵⁷ National Alliance to End Homelessness, *A Plan: Not a Dream. How to End Homelessness in Ten Years*, June 1, 2000, http://www.endhomelessness.org/files/585_file_TYP.pdf.

⁵⁸ 24 C.F.R. §91.5. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (P.L. 111-22) changed the definition to include families with an adult member who has a disabling condition.

⁵⁹ 42 U.S.C. §11360(2).

⁶⁰ The report is available at <http://govinfo.library.unt.edu/mhc/MHCReport.pdf>. See pp. 54-56.

charged with pursuing the President's 10-year plan.⁶¹ For the balance of the decade, multiple federal initiatives focused funding and efforts on this goal.

However, the initiative to end chronic homelessness has raised some concerns among advocates for homeless people that allocating resources largely to chronically homeless individuals is done at the expense of families with children who are homeless, homeless youth, and other vulnerable populations.⁶² The HEARTH Act mandated that the USICH draft a Federal Strategic Plan to End Homelessness among all groups (families with children, unaccompanied youth, veterans, and chronically homeless individuals) within a year of the law's enactment, and to update the plan annually. In addition to the USICH plan, in November 2010 the VA announced a plan to end homelessness among veterans within five years. These plans—to end chronic homelessness, to end homelessness generally, and to end veterans' homelessness—are described below.

The Chronic Homelessness Initiative

In 2002, the Bush Administration established a national goal of ending chronic homelessness within 10 years, by 2012. An impetus behind the initiative to end chronic homelessness is that chronically homeless individuals are estimated to account for about 10% of all users of the homeless shelter system, but are estimated to use nearly 50% of the total days of shelter provided.⁶³

Permanent supportive housing is generally seen as a solution to ending chronic homelessness.⁶⁴ Permanent supportive housing consists of low-cost housing, paired with social services, available to low-income and/or homeless households. Services can include case management, substance abuse counseling, mental health services, income management and support, and life skills services. Providing permanent supportive housing to homeless adults with mental illnesses or substance abuse disorders is sometimes referred to as the “housing first” approach—housing is found for homeless individuals prior to treatment of their illnesses and addictions. In the late 1990s, research began to show that finding housing for homeless individuals with severe mental illnesses meant that they were less likely to be housed temporarily in public accommodations, such as hospitals, jails, or prisons.⁶⁵ Based on the research, service providers and HUD began to devote resources to housing first initiatives.

⁶¹ The Interagency Council on Homelessness (ICH) was created in 1987 in the Stewart B. McKinney Homeless Assistance Act, P.L. 100-77. Its mission is to coordinate the national response to homelessness. The ICH is composed of the directors of 19 federal departments and agencies whose policies and programs have some responsibility for homeless services, including HUD, HHS, DOL, and the VA.

⁶² See, for example, the House Financial Services Committee, Subcommittee on Housing and Community Opportunity, *Hearing on Reauthorization of the McKinney-Vento Homeless Assistance Act, Part II*, 110th Cong., 2nd sess., October 16, 2007, http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_house_hearings&docid=f:39908.pdf.

⁶³ Randall Kuhn and Dennis Culhane, “Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data,” *American Journal of Community Psychology*, vol. 26, no. 2 (April 1998), p. 219.

⁶⁴ Report from the Secretary's Work Group on Ending Chronic Homelessness, *Ending Chronic Homelessness: Strategies for Action*, Department of Health and Human Services, March 2003, pp. 12-13, <http://aspe.hhs.gov/hsp/homelessness/strategies03/>.

⁶⁵ See Dennis Culhane, Stephen Metraux, and Trevor Hadley, “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing,” *Housing Policy Debate*, vol. 13, no. 1 (2002): 107-163.

The Administration undertook several projects to reach its goal of ending chronic homelessness within 10 years, each of which took place during the mid-2000s. These included (1) a collaboration among HUD, HHS, and VA (the *Collaborative Initiative to Help End Chronic Homelessness*) that funded housing and treatment for chronically homeless individuals; (2) a HUD and DOL project called *Ending Chronic Homelessness through Employment and Housing*, through which HUD funded permanent supportive housing and DOL offered employment assistance; and (3) a HUD pilot program called *Housing for People Who Are Homeless and Addicted to Alcohol* that provided supportive housing for chronically homeless persons.

In addition, since FY2005 HUD has encouraged the development of housing for chronically homeless individuals in the way that it distributes the Homeless Assistance Grants to applicants through its annual grant competition. HUD awards points to applicants if their Continuums of Care (the geographic entities that collectively apply to HUD for funds) have developed 10-year plans to end chronic homelessness. In addition, through the competition grantees can receive additional funding—a “permanent housing bonus”—if they create permanent supportive housing for individuals with disabilities or families with an adult member who has a disability. While the permanent housing bonus does not technically require that housing be created for those who are chronically homeless, often those homeless individuals who have disabilities are chronically homeless.

HUD’s Continuum of Care program requires that at least 30% of funds (not including those for permanent housing renewal contracts) are to be used to provide permanent supportive housing to individuals with disabilities or families with an adult head of household (or youth in the absence of an adult) who has a disability. This requirement will be reduced proportionately as communities increase permanent housing units for those individuals and families, and it will end when HUD determines that a total of 150,000 permanent housing units have been provided for homeless persons with disabilities since 2001.

The U.S. Interagency Council on Homelessness Federal Strategic Plan to Prevent and End Homelessness

The HEARTH Act, enacted on May 20, 2009, as part of the Helping Families Save Their Homes Act (P.L. 111-22), charged the U.S. Interagency Council on Homelessness (USICH) with developing a National Strategic Plan to End Homelessness. The HEARTH Act specified that the plan should be made available for public comment and submitted to Congress and the President within one year of the law’s enactment. The USICH convened working groups made up of members of federal agencies to discuss ending homelessness among specific populations: families, youth, chronically homeless individuals, and veterans.⁶⁶ The council then held regional meetings to get feedback from various stakeholders, and it accepted public comments on its website during March 2010.⁶⁷

On June 22, 2010, the USICH released their report entitled *Opening Doors*.⁶⁸ The plan sets out goals of ending chronic homelessness as well as homelessness among veterans within the next

⁶⁶ U.S. Interagency Council on Homelessness, *Federal Strategic Plan to Prevent and End Homelessness Overview*, <http://www.usich.gov/PDF/FSPOverviewSummary.pdf>.

⁶⁷ For public comments, see <http://fsp.uservoice.com/forums/41991-how-can-the-local-community-contribute-to-the-visit>.

⁶⁸ U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (continued...)

five years and ending homelessness for families, youth, and children within the next 10 years. The report lays out five overarching strategies to assist in accomplishing these goals; each category has between one and three specific objectives to pursue in furtherance of the goals. The five categories are (1) increasing leadership, collaboration, and civic engagement; (2) increasing access to stable and affordable housing; (3) increasing economic security; (4) improving health and stability; and (5) retooling the homeless crisis response.⁶⁹

The 2012 update to *Opening Doors* reported on progress toward its goals by looking at the numbers of people experiencing homelessness, including subgroups (families with children, chronically homeless individuals, and veterans), the number of permanent supportive housing units available for homeless individuals, and the number of people experiencing homelessness who leave homeless assistance programs with either earned income or access to mainstream benefits.⁷⁰ The report presented data from HUD's point-in-time estimates of homelessness in 2012. In the five years since the recession began in 2007, homelessness decreased for people in families (by 3.7%) and for chronically homeless individuals (by 19.3%).⁷¹ While comparison data do not exist for homeless veterans in 2007, since 2009, homelessness among veterans has declined by 17.2%. Available permanent supportive housing units across the country reached 205,000 by 2012, increasing each year from 141,000 available in 2007.⁷² The USICH did not yet have data on earned income or mainstream benefits to compare to 2009 levels.

The Department of Veterans Affairs Plan to End Homelessness

On November 3, 2009, the VA announced a plan to end homelessness among veterans within five years.⁷³ However, the VA has not released a formal written plan, and instead, VA budget documents outline areas of focus for the new plan.

Beginning with the FY2011 budget, VA budget documents have outlined six areas of focus for ending homelessness. These are (1) outreach and education, (2) treatment, (3) prevention, (4) housing and supportive services, (5) employment and benefits, and (6) community partnerships.⁷⁴ In its FY2014 budget, the VA noted that it expected to continue expanding the number of veterans served through HUD-VASH, Healthcare for Homeless Veterans, the Grant and Per Diem Program, Supportive Services for Veteran Families, and other programs and initiatives.

(...continued)

Homelessness, June 2010, http://www.ich.gov/PDF/OpeningDoors_2010_FSPPPreventEndHomeless.pdf.

⁶⁹ Ibid., p 26.

⁷⁰ U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, Update 2012*, http://www.usich.gov/resources/uploads/asset_library/Update2012_FINALweb.pdf.

⁷¹ Ibid., pp. 9-10.

⁷² Ibid., p. 18.

⁷³ See U.S. Department of Veterans Affairs, "Secretary Shinseki Details Plan to End Homelessness for Veterans," press release, November 3, 2009, <http://www1.va.gov/OPA/pressrel/pressrelease.cfm?id=1807>.

⁷⁴ See, for example, *FY2013 VA Budget Justifications*, Volume 2 Medical Programs and Information Technology, p. 11-15, http://www.va.gov/budget/docs/summary/Fy2013_Volume_II-Medical_Programs_Information_Technology.pdf.

Legislation

Legislation Enacted in the 113th Congress

The **Violence Against Women Reauthorization Act of 2013 (VAWA 2013; P.L. 113-4)** added housing rights for victims of domestic violence, dating violence, sexual assault, and stalking, including a provision that states that an applicant may not be denied public housing assistance on the basis that the person has been a victim of domestic violence, dating violence, sexual assault, or stalking.

VAWA 2013 also reauthorized the Department of Justice Transitional Housing Program at \$35 million annually from FY2014 through FY2018. Among other things, VAWA 2013 ensures that victims receiving Transitional Housing Program assistance are not subject to prohibited activities, including background checks or clinical evaluations, to determine eligibility for services. VAWA 2013 also specifies that transitional housing support services may include certain services to help the victim secure employment, including obtaining employment counseling, occupational training, job retention counseling, and counseling concerning re-entry into the workforce.

The **Department of Veterans Affairs Expiring Authorities Act of 2013 (P.L. 113-37)** was enacted on September 30, 2013. The law extended the authorizations for a number of homeless veterans programs through FY2014: the Homeless Veterans Reintegration Program, Referral and Counseling Services for Veterans at Risk of Homelessness Who Are Transitioning from Certain Institutions, the Grant and Per Diem Special Needs grant, and Supportive Services for Veteran Families. The law also authorized the Grant and Per Diem program through FY2015 and each year thereafter.

The **VA Expiring Authorities Extension Act of 2013 (P.L. 113-59)**, enacted on December 20, 2013, reauthorized several homeless veterans programs through December 31, 2014: Healthcare for Homeless Veterans, Acquired Property Sales for Homeless Providers, and the Advisory Committee on Homeless Veterans.

Active Legislation in the 113th Congress

The **Homes for Heroes Act of 2013 (H.R. 384)**, passed by the House on May 15, 2013, would create a position in HUD for a Special Assistant for Veterans Affairs to ensure that veterans have access to housing within each of HUD's programs and to coordinate HUD programs and activities that relate to veterans. The Special Assistant would also serve as liaison between HUD and the VA, as well as HUD and the Interagency Council on Homelessness, and would coordinate with state and local agencies and organizations that work with veterans. The bill also calls on HUD and the VA to report annually to Congress on the number of veterans experiencing homelessness and on HUD activities related to veterans.

The **Helping Homeless Veterans Act of 2013 (S. 287)** was passed by the Senate on November 6, 2013. As introduced, the bill would have changed the definition of homeless veteran to incorporate Section 103(b) of the definition as modified by the HEARTH Act. Section 103(b) includes anyone who is fleeing a situation of domestic violence or other life-threatening condition. S. 287 was amended at the committee level to incorporate aspects of S. 825 and S. 1058. As amended, S. 287 would additionally allow grants through the Grant and Per Diem

program to be used to maintain existing facilities (in addition to expanding or modifying them); would increase the per diem payments for housing units in which veterans move from transitional to permanent housing through the Transition in Place option; would authorize use of per diem payments for the dependents of homeless veterans; and would require the VA to report on the capacity of Grant and Per Diem providers for future planning purposes. The bill would also expand the population eligible to receive care through the Dental Care for Homeless Veterans program; give VA the authority to partner with and provide funding to private or public entities that give legal representation to veterans who are homeless or at risk of homelessness; require evaluation of the outreach program for veterans being discharged from institutions who are at risk of homelessness; and reauthorize various programs with expiring authorities.

H.R. 1305, a bill to provide clarification regarding eligibility for services under the Homeless Veterans Reintegration Program, was marked up and approved by the House Veterans' Affairs Committee Subcommittee on Economic Opportunity on April 25, 2013. The bill would expand eligibility for HVRP to include veterans receiving rental assistance through the HUD-VASH program and veterans transitioning from incarceration.

The **Homeless Veterans Reintegration Program Reauthorization Act of 2013 (H.R. 2150)** was marked up and approved by the House Veterans' Affairs Committee Subcommittee on Economic Opportunity on July 18, 2013. The bill would authorize HVRP at \$50 million per year through FY2018.

The **Safe Housing for Homeless Veterans Act (H.R. 2065)** was marked up and approved by the House Veterans' Affairs Committee Subcommittee on Health on July 23, 2013. The bill would require Grant and Per Diem providers to provide VA with certification that they have satisfied local code requirements.

Funding

Table 1 shows final appropriation levels for FY2007-FY2014 for the targeted homelessness programs included in this report with the exception of programs administered by the VA. The table also contains a column showing appropriations that were made as part of the American Recovery and Reinvestment Act (P.L. 111-5). **Table 2** shows actual obligations for the Department of Veterans Affairs targeted homeless programs for FY2004-FY2012 and estimated obligations for FY2013.

Table I. Homelessness: Appropriations for Targeted Federal Programs, FY2006-FY2014

(dollars in thousands)

Program	Agency	FY2007	FY2008	FY2009 Stimulus Act, P.L. 111-5	FY2009	FY2010	FY2011 ^a	FY2012	FY2013 ^b	FY2014
Education for Homeless Children & Youth	ED	61,871	64,067 ^c	70,000	65,427	65,427	65,296	65,173	61,771	65,042
Emergency Food & Shelter	DHS/ FEMA	151,470	153,000	100,000	200,000 ^d	200,000 ^e	119,760	120,000	113,805	120,000
Health Care for the Homeless ^f	HHS	167,900	174,700 ^c	160,000 ^g	171,700	171,300	215,800	232,500	260,300 ^h	319,500 ^h
Projects for Assistance in Transition from Homelessness	HHS	54,261	53,313 ^c	—	59,687	65,047	64,917	64,794	61,405	64,794
Consolidated Runaway and Homeless Youth Program	HHS	87,837	96,128 ^c	—	97,234	97,734	97,539	97,355	91,101	97,000
<i>—Runaway and Homeless Youth—Basic Center</i>	<i>HHS</i>	<i>48,298</i>	<i>52,860</i>	—	<i>53,469</i>	<i>53,744</i>	<i>53,637</i>	<i>53,536</i>	<i>50,097</i>	— ⁱ
<i>—Runaway and Homeless Youth—Transitional Living</i>	<i>HHS</i>	<i>39,539</i>	<i>43,268</i>	—	<i>43,765</i>	<i>43,990</i>	<i>43,902</i>	<i>43,819</i>	<i>41,004</i>	— ⁱ
Runaway and Homeless Youth—Street Outreach Program	HHS	15,027	17,221 ^c	—	17,721	17,971	17,935	17,901	16,751	17,141
Homeless Assistance Grants	HUD	1,441,600	1,585,990	— ^j	1,677,000	1,865,000	1,901,000	1,901,000	1,933,293	2,105,000
<i>—Homelessness Prevention and Rapid Re-housing</i>				1,500,000						
Homeless Veterans Reintegration Program	DOL	21,809	23,620 ^c	—	26,330	36,330	36,257	38,185	36,188	38,109
Transitional Housing Assistance for Victims of Domestic Violence, Stalking, or Sexual Assault ^k	DOJ	14,847	17,390	50,000	18,000	18,000	17,964	25,000	23,281	24,750

Source: Table prepared by the Congressional Research Service (CRS). Unless otherwise stated, sources of data are agency budget justifications and congressional appropriations documents. The amounts are enacted values and do not necessarily include all rescissions for each program in each fiscal year.

Notes: Italics indicate amount is subsumed under earlier line item.

- a. In FY2011, all discretionary accounts were subject to an across-the-board rescission of 0.2%. Unless otherwise noted, the funding levels in the table have been reduced by the rescission amount.
- b. In FY2013, most accounts were subject to an across-the-board rescission of 0.2% as well as reductions due to sequestration. Unless otherwise noted, funding levels in the table have been reduced to reflect both the rescission and sequestration.
- c. In the FY2008 Consolidated Appropriations Act, P.L. 110-161, Division G, Section 528, an across-the-board rescission of 1.747% was applied to nearly all Departments of Labor, Health and Human Services, and Education programs. The values in the table reflect the rescission.
- d. Funds for the Emergency Food and Shelter program were appropriated as part of the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act (P.L. 110-329), while appropriations for the remaining programs were part of the FY2009 Omnibus Appropriations Act (P.L. 111-8).
- e. In FY2010, funds for the Emergency Food and Shelter Program were appropriated as part of the Department of Homeland Security Appropriations Act (P.L. 111-83); all other programs received appropriations as part of the Consolidated Appropriations Act (P.L. 111-117).
- f. The Health Care for the Homeless program is funded under the Health Resources and Services Administration (HRSA), Community Health Centers program. The law requires that health centers serving special populations, including homeless individuals, receive the same proportion of funds that they received in FY2001 (42 U.S.C. §254b(r)(2)(B)). For the Health Care for the Homeless program, this is approximately 8.6% of the funds appropriated for the Community Health Centers program. CRS relies on the U.S. Department of Health and Human Services Moyer Material for estimated allocations.
- g. The American Recovery and Reinvestment Act (ARRA, P.L. 111-5) appropriated \$500 million for health centers to fund services to patients, as well as \$1.5 billion in infrastructure funding for facility construction and renovation, the purchase of equipment, and acquisition of health information technology. According to HHS, \$160 million went to serve homeless individuals. See U.S. Department of Health and Human Services, Office of the Assistant Secretary for Resources and Technology, *FY2012 Moyer Material*, April 2011, p. 30.
- h. FY2013 and FY2014 funding levels for Health Care for the Homeless are estimates. The FY2013 and FY2014 estimates do not reflect sequestration. In FY2014, mandatory funding for Health Care for the Homeless program was reduced under the Sequestration Order for FY2014 by 7.2%.
- i. The FY2014 Omnibus Appropriations Act and Joint Explanatory Statement did not provide a breakdown between the Basic Center and Transitional Living programs.
- j. Although funds appropriated through ARRA for homelessness prevention and rapid re-housing were distributed using the Emergency Shelter Grants formula, the funds were administered according to different rules than those under the Homeless Assistance Grants.
- k. Until FY2012, funding was provided as a set-aside under the VAWA STOP grant program.

Table 2. Homelessness: Targeted VA Program Obligations, FY2004-FY2013

(dollars in thousands)

Program	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013 (estimate)
Health Care for Homeless Veterans (HCHV) ^a	42,905	40,357	56,998	71,925	77,656	80,219	109,727	200,808	118,889	137,013
Homeless Providers Grants and Per Diem Program ^b	62,965	62,180	63,621	81,187	114,696	128,073	175,057	148,097	208,046	202,468
Domiciliary Care for Homeless Veterans (DCHV)	51,829	57,555	63,592	77,633	96,098	115,373	175,979	221,938	218,962	233,983
Compensated Work Therapy/Therapeutic Residence Program (CWT/TR)	10,240	10,004	19,529	21,514	21,497	22,206	61,205	73,420	73,067	78,250
Services for HUD VA Supported Housing (HUD-VASH)	3,375	3,243	3,626	7,487	4,854	26,601	71,137	119,603	169,873	244,602
Supportive Services for Veteran Families ^c	—	—	—	—	—	218	3,881	60,541	99,974	300,000

Source: Department of Veterans Affairs budget documents.

- a. Includes funding for the Homeless Chronically Mentally Ill Veterans (HCMI) and the Homeless Comprehensive Service Centers, including mobile centers. A specific breakdown of obligations among activities is not available.
- b. Does not include funding for Grant and Per Diem Liaisons.
- c. The first awards for the Supportive Services for Veteran Families program were made in FY2011.

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