

**Testimony to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education Concerning Programs in the United States Departments of Labor, Health and Human Services, and Education**

**By**

**The National Alliance to End Homelessness**

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March 31, 2008

The National Alliance to End Homelessness (the Alliance) is a nonpartisan, nonprofit organization that has several thousand partner agencies and organizations across the country. These partners are local faith-based and community-based nonprofit organizations and public sector agencies that provide homeless people with housing and services such as substance abuse treatment, job training, and physical health and mental health care. In addition, we have supported over 180 state and local entities who have completed ten year plans to end homelessness. The Alliance represents a united effort to address the root causes of homelessness and challenge society's acceptance of homelessness as an inevitable by-product of American life.

**Summary of Appropriations Goals**

**Moving Forward to End Homelessness** – Communities across America are working toward ending homelessness. Communities are using federal, state, and local funds to help homeless persons maintain housing. It is important that this progress not be undermined. To this end, the Alliance recommends the following:

- Allocate an additional \$44 million for services for homeless people within SAMHSA's PRNS accounts of the Center for Mental Health Services and Center for Substance Abuse Treatment.
- Increase funding to Projects for Assistance in Transition from Homelessness (PATH) to \$75 million.
- Increase the Runaway and Homeless Youth Act Programs to \$140 million.
- Provide a \$248 million increase in the Community Health Center program within Health Resource Services Administration. This would result in a \$21.5 million increase in the Health Care for the Homeless program.
- Fund Education for Homeless Children and Youth services at its full authorized level of \$85 million.
- Increase funding for the Homeless Veterans Reintegration Program to \$50 million.

**Connecting Homeless Families, Individuals, and Youth to Mainstream Services** –

People experiencing homelessness also depend on mainstream programs such as the ones below to live day to day and once housed, remain housed. The Alliance recommends the following to meet this goal:

- Fund the Social Services Block Grant at \$2.8 billion
- Reject cuts and fund the Community Services Block Grant at \$700 million
- Appropriate \$60 million in education and training vouchers for youth exiting foster care under the Safe and Stable Families Program.

- Fund the Community Mental Health Services Performance Partnership Block Grant at \$482.9, a \$61.9 million increase.
- Fund the Substance Abuse Prevention and Treatment Block Grant at \$1.858 billion

## **Background**

Our 2007 report, *Homelessness Counts*, estimates that 744,313 people are homeless on any given night. This includes **98,452** families with children and **23 percent** of homeless people are defined as chronically homeless; these are people with a disability and have been homeless repeatedly or continuously for twelve months. Successful interventions for all homeless populations couple housing with an appropriate level of services for the family or individual.

For chronically homeless populations, permanent supportive housing successfully and cost effectively ends homelessness. These programs couple a home with intensive supportive services such as access to health care, mental health services, addiction treatment, employment training and case management.

There are also successful housing programs linked with services which are proving to be effective for all homeless populations, as well as those at-risk of homelessness. The services, based on clients' need, are usually less intensive than in permanent supportive housing but still essential for these families, individuals and youth.

Therefore, not only does the Department of Housing and Urban Development play a role in ending homelessness, so do the Departments of Labor, Health and Human Services, and Education. **We call on Congress to adequately fund programs that assist states and local entities in developing permanent housing and the necessary social services to end homelessness for all Americans.**

## **Detailed Program Descriptions**

### Goal #1 - Moving Forward to End Homelessness

#### **Support Services for Permanent Supportive Housing Projects**

*The Alliance recommends allocating an additional \$44 million for services in permanent supportive housing within SAMHSA's Center for Mental Health Services and Center for Substance Abuse Treatment.* Years of reliable data and research demonstrate that the most successful intervention to solve chronic homelessness is linking housing to appropriate support services. Current investments by SAMHSA in homeless programs are highly effective and cost efficient.

Last year, the Department of Health and Human Services updated its 2004 report entitled *Ending Chronic Homelessness: Strategies for Action*. The updated strategic plan, U.S. Department of Health and Human Services: Strategic Action Plan on Homelessness, broadened HHS' focus to include all homeless populations and their need for services. While acknowledging some success since 2004, the strategic plan explained that personal and programmatic barriers to mainstream programs, such as Medicaid, welfare, Medicare

and general substance abuse and mental health services funds, still exist and must be overcome to have an adequate level of funds needed to end homelessness

### **Projects for Transition Assistance from Homelessness (PATH)**

*The Alliance recommends that Congress increase PATH funding to \$75 million and adjust the funding formula to increase allocations for small states and territories.* PATH provides outreach to eligible consumers and ensures that those consumers are connected with mainstream services, such as Supplemental Security Income (SSI), Medicaid and welfare programs. Under the PATH formula grant, approximately 30 states share in the program's annual appropriations increases. The remaining states and territories receive the minimum grant of \$300,000 for states and \$50,000 for territories. These amounts have not been raised since the program was authorized in 1991. To account for inflation, the minimum allocation should be raised to \$600,000 for states and \$100,000 for territories. Amending the minimum allocation requires a legislative change. If the authorizing committees do not address this issue, we hope that appropriators will explore ways to make the change through appropriations bill language.

### **Runaway and Homeless Youth Programs**

*The Alliance recommends funding the Runaway and Homeless Youth Act (RHYA) programs at \$140 million.* RHYA programs support cost-effective, community and faith-based organizations that protect youth from the harms of life on the streets. The RHYA programs can either reunify youth safely with family or find alternative living arrangements. RHYA programs end homelessness by: engaging youth living on the street with Street Outreach Programs, quickly providing emergency shelter and family crisis counseling through the Basic Centers, or providing supportive housing that helps young people develop lifelong independent living skills through Transitional Living Programs. Recently, the Congressional Research Service issued a report complimenting the good work of RHYA programs but detailing the gaps in services due to limited funding. For example, only one-tenth of the youth who connect with a RHYA program are able to receive services. It is essential that Congress increase this program.

### **Community Health Centers and Health Care for the Homeless (HCH) programs**

*The Alliance recommends a \$248 million increase in the Community Health Center program within Health Resource Services Administration. This would result in a \$21.5 million increase in the Health Care for the Homeless program.* Persons living on the street suffer from health problems resulting from or exacerbated by being homeless, such as hypothermia, frostbite, and heatstroke. In addition, they often have infections of the respiratory and gastrointestinal systems, tuberculosis, vascular diseases such as leg ulcers, and hypertension.<sup>1</sup> Health care for the homeless programs are vital to prevent these conditions from becoming fatal. Congress allocates 8.7% of the Consolidated Health Centers account for Health Care for the Homeless (HCH) projects.

### **Education for Homeless Children and Youth**

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<sup>1</sup> Harris, Shirley N, Carol T. Mowbray and Andrea Solarz. *Physical Health, Mental Health and Substance Abuse Problems of Shelter Users*. Health and Social Work, Vol. 19, 1994

*The Alliance recommends funding Education for Homeless Children and Youth (EHCY) at \$85 million.* The most important potential source of stability for homeless children is school. The mission of the Education for Homeless Children and Youth program is to ensure that these children can continue to attend school and thrive. The Education for Homeless Children and Youth program, within the Department of Education's Office of Elementary and Secondary Education, removes obstacles to enrollment and retention by establishing liaisons between schools and shelters and providing funding for transportation, tutoring, school supplies, and the coordination of statewide efforts to remove barriers.

### **Homeless Veterans Reintegration Program (HVRP)**

*The Alliance recommends that Congress increase HVRP funding to \$50 million.* HVRP, within the Department of Labor's Veterans Employment and Training Service (VETS), provides competitive grants to community-based, faith-based, and public organizations to offer outreach, job placement, and supportive services to homeless veterans. HVRP is the primary employment services program accessible by homeless veterans and the only targeted employment program for any homeless subpopulation. It is estimated that this program only reaches about two percent of the overall homeless veteran population. An appropriation at the authorized level of \$50 million would enable HVRP grantees to reach approximately 19,866 homeless veterans.

### **Goal #2 – Connecting Homeless Families, Individuals and Youth to Mainstream Services** **Social Services Block Grant (SSBG)**

*The Alliance recommends that Congress increase SSBG funding to \$2.8 billion.* SSBG funds are essential for programs dedicated to ending homelessness. In particular, youth housing programs and permanent supportive housing providers often receive state, county, and local funds which originate from the SSBG. As the U.S. Department of Housing and Urban Development has focused its funding on housing, programs that provide both housing and social services have struggled to fund the service component of their programs. This gap is often closed using federal programs such as SSBG.

### **Community Services Block Grant (CSBG)**

*The Alliance recommends that Congress rejects cuts and fund CSBG at \$700 million.* Funding cuts for CSBG will destabilize the progress communities have made toward ending homelessness by not only ending services directly provided by CSBG funds but limiting a community's ability to access other federal dollars such as those provided by HUD. Community Action Agencies (CAAs), which are the primary local recipients of CSBG funding, are directly involved in housing and homelessness services. In several communities, CAAs lead the Continuum of Care (CoC). CoCs coordinate local homeless service providers and the community's McKinney-Vento Homeless Assistance Grant application process with the Department of Housing and Urban Development.

In the fiscal year 2004 Community Services Block Grant Information Systems report published by the U.S. Department of Health and Human Services, CAAs reported administering \$207.4 million in Section 8 vouchers, \$30 million in Section 202 services<sup>2</sup>

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<sup>2</sup> Section 202 is dedicated to housing from elderly and disabled individuals and families

and \$271.1 million in other Department of Housing and Urban Development (HUD) programs which includes homeless program funding<sup>3</sup>.

### **Foster Youth Education and Training Vouchers**

*The Alliance recommends that Congress appropriate \$60 million in education and training vouchers for youth exiting foster care under the Safe and Stable Families Program.* The Education and Training Voucher Program offers funds to foster youth and former foster youth to enable them to attend colleges, universities and vocational training institutions. Students may receive up to \$5000 a year for college or vocational training education. The funds may be used for tuition, books, housing, or other qualified living expenses. Given the large number of people experiencing homelessness who have a foster care history, it is important to provide assistance such as these education and training vouchers to stabilize youth, prevent economic crisis, and prevent possible homelessness.

### **Community Mental Health Performance Partnership Block Grant**

*The Alliance recommends that Congress appropriate \$482.9 million for the Community Mental Health Performance Partnership Block Grant.* The Mental Health Block Grant provides flexible funding to states to provide mental health services. Ending homelessness requires federal, state and local partnerships. Additional mental health funds will give states the resources to improve their mental health system and serve all people with mental health disorders better, including homeless populations. For example, block grant funds can be used to pay for services linked to housing for homeless people, thereby meeting the match requirements for projects funded through Shelter Plus Care or the Supportive Housing Program.

### **Substance Abuse Prevention and Treatment Block Grant**

*The Alliance recommends that Congress appropriate \$1.858 billion for the Substance Abuse Prevention and Treatment Block Grant.* The Substance Abuse Prevention and Treatment (SAPT) Block Grant is the primary source of federal funding for substance abuse treatment and prevention for many low-income individuals, including those experiencing homelessness. Studies have shown that half of all people experiencing homelessness have a diagnosable substance use disorder. States need more resources to implement proven treatment strategies and work with housing providers to keep homeless, especially chronically homeless populations stably housed.

### **Conclusion**

Homelessness is not inevitable. As communities implement plans to end homelessness, they are struggling to find funding for the services homeless and formerly homeless clients need to maintain housing. The federal investments in mental health services, substance abuse treatment, employment training, youth housing, and case management discussed above will help communities create stable housing programs and change social systems which will end homelessness for millions of Americans.

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<sup>3</sup> U.S. Department of Health and Human Services, Administration of Children and Families. The Community Services Block Grant FY 2004 Statistical Report. Prepared by the National Association for State Community Services Programs.