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Homelessness: Targeted Federal Programs

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Homelessness: Targeted Federal Programs

The federal government administers a number of programs, through multiple federal agencies, that are targeted to assisting people who are experiencing homelessness by providing housing, services, and supports. Some programs target specific populations, such as veterans and youth, while others serve all people who are homeless. Available assistance may also depend on how programs define "homelessness."

There is no single federal definition of homelessness. A number of programs, including those overseen by the Departments of Housing and Urban Development (HUD), Veterans Affairs (VA), Homeland Security (DHS), and Labor (DOL), use the definition enacted as part of the McKinney-Vento Homeless Assistance Act (P.L. 100-77), as amended. The McKinney-Vento definition largely considers someone to be homeless if they are living in a shelter, are sleeping in a place not meant to be used as a sleeping accommodation (such as on the street or in an abandoned building), or will imminently lose their housing. Definitions for several other programs, such as the Department of Education (ED), are broader, and may consider someone living in a precarious or temporary housing situation to be homeless.

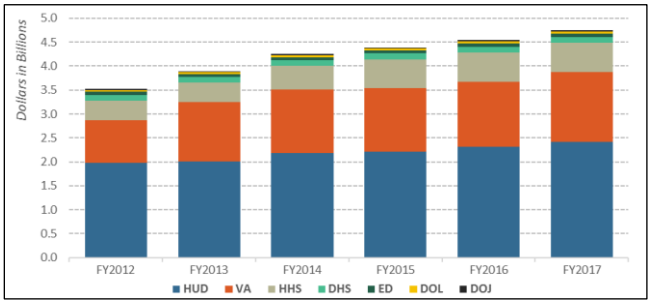
Programs that serve people experiencing homelessness include the Education for Homeless Children and Youths program administered by ED and the Emergency Food and Shelter program, a Federal Emergency Management Agency (FEMA) program run by DHS. The Department of Health and Human Services (HHS) administers several 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. The Department of Justice administers a transitional housing program for victims of domestic violence.

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, Supportive Services for Veteran Families, 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 U.S. Interagency Council on Homelessness, has established a goal of ending homelessness among various populations, including families, youth, chronically homeless individuals, and veterans (the VA also has its own goal of ending veteran homelessness). Point-in-time counts of those experiencing homelessness in 2017 show overall reductions among homeless people, as well as reductions among chronically homeless individuals, people in families, and veterans compared to recent years. At the same time, however, homelessness in some parts of the country, particularly areas with high housing costs, has increased.

The chart to the right shows trends in targeted federal homelessness funding, broken down by federal agency, from FY2012-FY2017.

Funding for Select Targeted Federal Homeless Programs



Source: Federal appropriations laws and agency budget justifications.

SUMMARY

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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 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.

The way homelessness is defined largely determines who is served by a particular federal program. This report discusses the definitions of homelessness used by targeted federal homeless programs. In addition, the report describes the current 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 2** 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 3** 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, a Federal Interagency Task Force on Food and Shelter for the Homeless was created to coordinate the federal response to homelessness. Among its activities was making vacant federal properties available as shelters.[8]

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 United States 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 homeless individuals have been created. Specific programs covered under the

[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.)

[8] See U.S. Congress, House Committee on Government Operations, Subcommittee on Intergovernmental Relations and Human Resources, *The Federal Response to the Homeless Crisis*, hearing, 98th Cong., 2nd sess., October 3, 1984, p. 205.

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.[9] 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.[10] (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 "homeless individual" in Section 103 of McKinney-Vento remained the same for years:

> [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 requirements[11]—either living in emergency accommodations or having no place to stay. This contrasts with definitions used in some other federal programs, where a person may currently

[9] These include the Education for Homeless Children and Youths program and Health Care for the Homeless.

[10] 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.

[11] 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/3rdHomelessAssessmentReport.pdf.

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 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.[12] In addition, 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.[13]

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.[14]

Runaway and Homeless Youth: The statute defines a homeless youth as either ages 16 to 22 (for transitional living projects) 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.[15]

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.[16]

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.

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 literal homelessness. On December 5, 2011, HUD released regulations that clarify some of the changes.[17] 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

[12] 42 U.S.C. §11434a.

[13] Migratory children are defined at 20 U.S.C. §6399.

[14] 34 U.S.C. §12291(a)(12), referring to 34 U.S.C. §12473(6).

[15] 34 U.S.C. §11279(3). The statute specifies that short-term shelters can serve youth older than age 18 if the center is located in a state or locality that permits this higher age.

[16] 42 U.S.C. §254b(h)(5)(A).

[17] 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.

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 2011, it clarified that a person exiting an institution cannot have been residing there for more than 90 days and be considered homeless.[18] 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.[19]

- **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 of 25.[20] 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

[18] Ibid., p. 76000.

[19] Ibid.

[20] Ibid., p. 75996.

nutrition program; and the McKinney-Vento Education for Children and Youths program.[21] 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 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.[22]
- 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.[23]

Communities are limited to using not more than 10% of Continuum of Care (CoC) program funds to serve families with children and youth defined as homeless under other federal statutes. The 10% limitation does not apply if the community has a rate of homelessness less than one-tenth of 1% of the total population.[24]

- **Domestic Violence:** Another change to the definition of homeless individual is that the HEARTH Act amendment 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."[25] The law also provides that an individual must lack the resources or support network to find another housing situation. HUD's 2011 final regulation specified that the conditions either must have occurred at the primary nighttime residence or made the individual or family afraid to return to their residence.[26]

[21] Ibid.

[22] Ibid., p. 76017.

[23] Ibid.

[24] 42 U.S.C. §11382(j).

[25] 42 U.S.C. §11302(b).

[26] 76 *Federal Register*, p. 76014.

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) The Education for Homeless Children and Youth (EHCY) program 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. The EHCY program was originally authorized under Title VII, Part B, of the McKinney-Vento Homeless Assistance Act. It was last reauthorized as part of the Every Student Succeeds Act of 2015 (ESSA), which was signed into law in December 2015.[27] In addition to EHCY provisions authorized under the McKinney-Vento Act, there are a number of provisions relating to the education of homeless children and youth that are authorized under the Elementary and Secondary Education Act of 1965 (ESEA), which was also amended by ESSA.

Provisions Authorized under the McKinney-Vento Act

Under the EHCY program, grants made by SEAs to local educational agencies (LEAs) must be used to facilitate the enrollment, attendance, and success in school of homeless children and youth. LEAs may use 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.

Additionally, each state must designate a state coordinator, whose duties include monitoring LEAs, disseminating data on student homelessness, and implementing professional development programs for LEA McKinney-Vento liaisons. At the LEA level, McKinney-Vento liaisons are responsible for ensuring that homeless students enroll in schools, that they are identified by school personnel, and that they have access to and receive all educational services for which they are eligible.

The McKinney-Vento Act also requires that each LEA shall, according to each child's best interest, continue the student's education in the school of origin[28] for the duration of

[27] For more information about ESSA, see CRS Report R44297, *Reauthorization of the Elementary and Secondary Education Act: Highlights of the Every Student Succeeds Act*.

[28] A school of origin is defined as the school attended when the student was permanently housed or the school in which the student was last enrolled.

homelessness or enroll the student in a public school that the student is eligible to attend. LEAs are required to provide transportation to and from the school of origin.

EHCY grants are allotted to SEAs in proportion to grants made under Title I, Part A of the 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 for grants to the outlying areas[29]. 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 funding for state activities. Minimally funded states (defined as states that receive an EHCY 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.

All LEAs are required to report data annually to the Department of Education on the number of homeless students enrolled, regardless of whether or not they receive a McKinney-Vento Homeless Education grant. In School Year (SY) 2015-2016, 4,303 LEAs, out of a total of 17,678, or about a quarter of all LEAs, received EHCY grants. In the same school year, 1,304,803 homeless students were reported enrolled in school compared to 1,263,323 in SY2014-2015. According to the National Center for Homeless Education, states provided an average per pupil rate of $57.43 in federal McKinney-Vento funding to LEAs for the additional supports needed by homeless students.[30]

Provisions Authorized under Title I-A of ESEA

Title I-A of ESEA provides funds to elementary and secondary schools with relatively high concentrations of students from low-income families to be used for supplementary educational and related services. All LEAs receiving funds under Title I-A of ESEA must reserve funds to provide homeless students with an education comparable to those received by other Title I-A students. The amount of funds reserved for this purpose can be determined through a needs assessment that takes into account the homeless student enrollment averages and trends in the LEA. Funds reserved under Title I-A may be used for homeless children and youth attending any school in the LEA, for services not ordinarily provided to other students,[31] to fund the LEA's McKinney-Vento liaison, and to provide transportation to and from the school of origin. State report cards authorized under Title I-A must disaggregate academic achievement and high school graduation rates for McKinney-Vento students.

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,[32] was established in 1983 and is administered by the

[29] American Samoa, Guam, Northern Mariana Islands, and the U.S. Virgin Islands.

[30] Data discussed in this section are from *Federal Data Summary: School Years 2013-14 to 2015-16, Education for Homeless Children and Youth*, National Center for Homeless Education, December, 2017, available at https://nche.ed.gov/downloads/data-comp-1314-1516.pdf.

[31] Examples of such services include purchase of clothes, school supplies, food, and medical and counseling services.

[32] 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.

Federal Emergency Management Agency, 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.[33]

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*.)

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. These are 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.). HCH is the only federal program that focuses on the health care needs of the homeless population.[34] Centers funded under the HCH program 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. 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 2017, there were 299 program grantees that provided care to 1,008,648 homeless individuals. The vast majority of these patients (nearly 86%) lived at or below the federal poverty level.[35] HCHs were permanently authorized in the

[33] For more information about recipient jurisdictions, see the National Board website, http://efsp.unitedway.org/.

[34] Section 330 of the Public Health Service Act provides funding for four types of health centers: (1) community health centers, (2) health centers for the homeless, (3) health centers for residents of public housing, and (4) migrant health centers. All four types of health centers provide health care to homeless individuals; however, only health centers for the homeless specifically target this population.

[35] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2017 Health Center Data: National Health Care for the Homeless Program Grantee Data, at https://bphc.hrsa.gov/uds/datacenter.aspx?fd=ho.

Patient Protection and Affordable Care Act (P.L. 111-148, as amended). (For more information about health centers, see CRS Report R43937, *Federal Health Centers: An Overview*.)

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).[36] 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.[37] 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 authorized federal funding for three programs through FY2013 (and Congress has continued to provide funding in subsequent years): the Basic Center Program (BCP), Transitional Living Program (TLP), and Street Outreach Program (SOP). These programs

[36] For more about PATH, see http://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path.

[37] For more about GBHI, see http://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/gbhi-program.

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.[38] 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*.)

Basic Center Program

(34 U.S.C. §§11211-11214) 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 may shelter as many as 20 youth[39] for up to 21 days, 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 basic provisions, individual and family counseling, and other supports. Some centers provide runaway and homeless youth (or those at-risk) with services in the home and through outreach on the streets. As specified in the law, BCP centers are intended to provide services as an alternative to involving runaway and homeless youth in the law enforcement, juvenile justice, child welfare, and mental health systems. Grantees are required to have a plan for ensuring they have relationships with law enforcement, health and mental health care, social service, welfare, and school district system personnel to coordinate services. They must also provide assurance that they coordinate with the McKinney-Vento school district liaison to ensure that runaway and homeless youth receive information about the educational services available under the Education for Homeless Children and Youths program.

BCP grants are allocated directly to nonprofit entities for three-year periods. Funding is generally distributed to entities based on the proportion of the nation's youth under age 18 in the jurisdiction (50 states, the District of Columbia, and the U.S. territories) where the entities are located. The states, the District of Columbia, and Puerto Rico each receive a minimum allotment of $200,000. Separately, the territories (as currently funded, this includes American Samoa and Guam) each receive a minimum of $70,000. The amount of funding for each state or territory can further depend on whether grant applicants in that jurisdiction applied for funding, and if so, whether the applicant fulfilled the requirements in the authorizing law and grant application.

[38] Other program activities have included a national communications system for runaway youth and their families (the National Runaway Safeline); training and technical assistance to grantees; the National Clearinghouse on Families and Youth; management information systems; and research, evaluation, and demonstration activities.

[39] Grantees can serve more than 20 youth in states or localities that require a higher maximum number to comply with licensing requirements.

Transitional Living Program

(34 U.S.C. §11221 through §11222) 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.[40] 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, 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."[41] TLP grantees are to assess the needs of youth and develop a plan to help them in transitioning to living independently or to another living arrangement. 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;
- assistance in job attainment;
- education and counseling on substance abuse; and
- mental and physical health care services.

TLP grantees are required to have a plan for ensuring that youth are properly referred to social service, law enforcement, educational (including post-secondary education), vocational, workforce training, and other supports. Grantees must also provide assurance that they coordinate with the McKinney-Vento school district liaison to ensure that runaway and homeless youth receive information about the educational services available under the Education for Homeless Children and Youths program.

Grantees may, and do, use TLP funds to directly serve unwed pregnant and parenting teens. 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 Program[42]

(34 U.S.C. §11261) The Street Outreach Program provides supports to runaway and homeless youth, including those living on the streets, who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, sexual exploitation, and trafficking.[43] The program's goal

[40] Youth can remain in the program beyond age 22 if they entered the TLP prior to that age and do not exceed the maximum period for remaining in TLP.

[41] "Exceptional circumstances" means a situation 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.

[42] 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).

[43] "Trafficking" refers to labor or sex trafficking of children under age 18 and any youth served in the SOP. The law

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. Youth also receive health and hygiene products, and food and drink items. 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, HHS has provided SOP grants to community-based public and private organizations.

Department of Justice (DOJ)

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

(34 U.S.C. §12351) 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.[44] 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. For FY2012 through FY2016, Congress once again funded the Transitional Housing Program as a separate, standalone program. (For more information about

refers to the definition of "severe forms of trafficking in persons," as defined at 22 U.S.C. §7102(9) and "sex trafficking," as defined at 22 U.S.C. §7102(10). "Severe forms of trafficking in persons" refers to (1) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (2) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. "Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

[44] As specified under 34 U.S.C. §12351, transitional housing includes funding for the operating expenses of newly developed or existing transitional housing. Short-term housing assistance includes rental or utilities payments assistance and assistance with related expenses such as payment of security deposits and other costs incidental to relocation to transitional housing.

the Violence Against Women Act, see CRS Report R42499, *The Violence Against Women Act: Overview, Legislation, and Federal Funding*.)

Department of Housing and Urban Development (HUD)

Homeless Assistance Grants

The Homeless Assistance Grants were established in 1987 as part of the McKinney-Vento 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).

The Homeless Assistance Grants consist of three separate programs: the Emergency Solutions Grants (ESG) program, the Continuum of Care (CoC) program, and Rural Housing Stability (RHS) grants. ESG funds are used primarily for emergency shelter and homelessness prevention, while the CoC program largely funds transitional and permanent housing. The statute provides that RHS funds may be carved out of CoC program funds for rural communities that wish to apply separately for funds. However, HUD has not implemented the RHS program. The following subsections describe each of these three programs. (For more information about the Homeless Assistance Grants, see CRS Report RL33764, *The HUD Homeless Assistance Grants: Programs Authorized by the HEARTH Act*.)

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, public housing agencies, or local redevelopment authorities to 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 (or 2009).

- 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 provides funds for transitional housing, permanent housing, and Homeless Management Information Systems (HMIS) for data collection. HUD considers permanent housing to include permanent supportive housing (housing together with supportive services) and rapid rehousing, a process through which grantees help homeless individuals and families find housing and provide rental assistance for a number of months.

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 on behalf of eligible grant recipients.

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; and by paying operating costs. Both grantees and the local Collaborative Applicants 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 are not necessarily eligible under HUD's definition of "homeless individual." HUD may award grants to

rural communities to be used for (1) rehousing 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 program, which includes child care among its services, is authorized through FY2020 at $1 million per year (P.L. 115-251).

HVRP, initially authorized as part of the McKinney-Vento Homeless Assistance Act, was most recently authorized at $50 million through FY2020 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251) . (For more information about HVRP and other programs for homeless veterans, see CRS Report RL34024, *Veterans and Homelessness*.)

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. Congress extended the program through FY2012 as part of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110-387). The law removed the program's demonstration status and expanded the number of sites able to provide services to 12 (up from six originally authorized in the law). Congress has continued to reauthorize the program, most recently through FY2020 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251), and, since FY2010, funding has been provided for the program as part of the HVRP appropriation.

Department of Veterans Affairs (VA)

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

Health Care for Homeless Veterans (HCHV)[45]

(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 FY2020 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251).

Homeless Providers Grant and Per Diem Program[46]

(38 U.S.C. §§2011-2013) The Grant and Per Diem (GPD) 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. Starting with the FY2017 competition for GPD funds, grantees are to focus on making transitional housing a short-term intervention and helping veterans obtain permanent housing as quickly as possible.

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 $258 million for FY2015 and each fiscal year thereafter (P.L. 114-228).

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, and those who have terminal illnesses or chronic mental illnesses. The program was most recently authorized at $5 million per year through FY2020 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251).

[45] Also known as the Homeless Chronically Mentally Ill Veterans (HCMI) program.

[46] Formerly called the Homeless Veterans Comprehensive Services Programs.

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.[47] 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/Transitional Residence Program[48]

(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 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 fund the program. Funding for this program comes from the VA's Special Therapeutic and Rehabilitation Activities Fund, and the program is permanently authorized.[49]

In 1991, as part of P.L. 102-54, the Veterans Housing, Memorial Affairs, and Technical Amendments Act, Congress added the Therapeutic Transitional Housing component to the CWT program. The housing component is authorized through FY2020 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251).[50] The purpose of the program is to provide housing to participants in the CWT program who have mental illnesses or chronic substance use disorders and who are homeless or at risk of homelessness.[51] Although the law initially provided that both the VA itself or private nonprofit organizations, through contracts with the VA, could operate housing, it was subsequently changed so that only the VA now owns and operates housing.[52] The housing is transitional—up to 12 months—and veterans who reside there receive supportive services.

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[47] 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.

[48] The CWT program was formerly called the Special Therapeutic and Rehabilitation Activities Fund.

[49] 38 U.S.C. §1718(c).

[50] 38 U.S.C. §2031.

[51] The VA's authority to operate therapeutic transitional housing is codified at 38 U.S.C. §2032.

[52] The provision for nonprofits was in P.L. 102-54, but was repealed by P.L. 105-114, §1720A(c)(1).

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. HUD-VASH 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 FY2018, for a total of $715 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 more than 90,000. After the first year of funding, HUD-VASH vouchers are funded through the Section 8 account. Separately, in FY2015 funds were set aside to pay for a tribal HUD-VASH program, supporting approximately 500 vouchers. Funds for supportive services are allocated through the VA medical services appropriation.

Supportive Services for Veteran Families (SSVF)

(38 U.S.C. §2044) 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. Most recently, the program was authorized at $380 million for FY2019 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251).

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 outreach; case management; assistance with rent, utility, and moving costs; and help applying for VA and mainstream benefits such as health care services, daily living services, financial planning, transportation, legal assistance, child care, and housing counseling.

Other Activities for Homeless Veterans

In addition to the targeted programs for which specific funding is available (see **Table 3** 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, experts

in substance use disorders, and others. The Advisory Committee was most recently authorized through FY2022 as part of the Department of Veterans Affairs Expiring Authorities Act of 2018 (P.L. 115-251).

- The VA's Veterans Benefits Administration has the authority to sell, at a discount, foreclosed properties acquired through the VA home loan program to nonprofit organizations and government agencies that will use them to shelter or house homeless veterans. This program is called Acquired Property Sales for Homeless Veterans and was mostly recently authorized through FY2017 as part of the Department of Veterans Affairs Expiring Authorities Act of 2015 (P.L. 114-228). In addition, 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 VA initiated the Veterans Justice Outreach Program through which VA outreach specialists assist veterans who are involved in the justice system but do not face imprisonment. The outreach specialists help veterans connect with VA health services and benefits for which they might be eligible.[53]
- The VA provides dental care for homeless veterans if needed to gain employment, relieve pain, or treat certain conditions.[54] Veterans are eligible if they are receiving care in the Domiciliary Care for Homeless Veterans program, the Compensated Work Therapy Transitional Housing program, Community Residential Care Facilities, or a Grant and Per Diem program.
- Through Enhanced Use Leasing authority, the VA may lease VA properties to outside entities for the provision of supportive housing.[55] Supportive housing is defined as housing combined with supportive services for veterans or their families who are homeless or at risk of homelessness. Among the types of housing that qualify are transitional, permanent, and single room occupancy housing, congregate living, independent living, or assisted living facilities.
- 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.

Efforts to End Homelessness

For nearly 10 years, since 2009, agencies within the federal government have focused on ending homelessness among all people experiencing it by focusing on specific populations, including veterans, families with children, youth, and people considered chronically homeless. However, efforts to bring about an end to homelessness began almost 20 years ago, when the concept was

[53] See U.S. Department of Veterans Affairs, *VHA Directive 1162.06, Veterans Justice Programs*, September 27, 2017, https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5473.

[54] 38 U.S.C. §2062.

[55] 38 U.S.C. §8161 et seq.

introduced in a report from the National Alliance to End Homelessness (NAEH), which outlined a strategy to end homelessness in 10 years.[56] The plan included four recommendations: developing local, data-driven plans to address homelessness; using mainstream programs (such as Temporary Assistance for Needy Families, Section 8, and Supplemental Security Income) 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 George W. Bush Administration and federal government focused on ending homelessness among chronically homeless individuals specifically. Initially, the term "chronically homeless" only included single, unaccompanied individuals. The term 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."[57] The HEARTH Act updated the definition to include families with a head of household who has a disability.[58]

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.[59] And, by 2003, the United States Interagency Council on Homelessness (USICH) had been re-engaged after six years of inactivity and was charged with pursuing the President's 10-year plan.[60] For the balance of the decade, multiple federal initiatives focused funding and efforts on this goal.

However, the initiative to end chronic homelessness 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.[61] When it was enacted in 2009, 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 2009 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. Further, **Table 1**, following the descriptions of plans to end homelessness, presents numbers of homeless people, including people in families, veterans, and those experiencing chronic homelessness.

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[56] 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.pdf.

[57] 24 C.F.R. §91.5.

[58] 42 U.S.C. §11360(2).

[59] The report is available at http://govinfo.library.unt.edu/mhc/MHCReport.pdf. See pp. 54-56.

[60] 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.

[61] 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.

The Chronic Homelessness Initiative

In 2002, the George W. 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 were 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.[62] (For more information about research surrounding chronic homelessness and permanent supportive housing, see CRS Report R44302, *Chronic Homelessness: Background, Research, and Outcomes*.)

Permanent supportive housing is generally seen as a solution to ending chronic homelessness. It consists of 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. A model of permanent supportive housing called "housing first" offers homeless individuals with addictions and mental health issues immediate access to housing even if they have not participated in treatment. Instead, the housing first model offers counseling and treatment services to clients on a voluntary basis rather than requiring sobriety or adherence to psychiatric medication treatment. It also stresses the importance of resident choice about where to live and the type and intensity of services, with services structured to fit individual resident needs. 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.[63] Based on the research, service providers and HUD began to devote resources to housing first initiatives.

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. For example, HUD has set aside additional funding for projects that serve those experiencing chronic homelessness. In addition, 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. While homeless people with disabilities need not have been homeless for the duration required for chronic homelessness, there is overlap in the populations. The requirement for permanent supportive housing is to be reduced proportionately as communities increase permanent housing units for those individuals and families, and it will end when HUD determines

[62] 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.

[63] 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.

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 released its report, entitled *Opening Doors*, in 2010. The plan set out goals of ending chronic homelessness as well as homelessness among veterans within the next five years and ending homelessness for families, youth, and children within the next 10 years. USICH updated the plan several times in subsequent years. The 2015 version expanded on what it means to end homelessness. It does not mean that homelessness will never occur, but rather that it should be "rare, brief, and non-recurring."[64] Specifically, communities should

- be able to identify people experiencing and at risk of homelessness;
- prevent and divert people from homelessness;
- provide immediate access to shelter and services while working to obtain permanent housing; and
- quickly connect people to housing and services when homelessness occurs.

The 2018 update to the USICH plan was retitled *Home, Together*.[65] The plan continues the goals of ending homelessness among specific populations, but it does not include time limits. The report includes six areas of increased focus—affordable housing, homelessness prevention and diversion, unsheltered homelessness, rural communities, employment, and learning from people who have experienced homelessness.[66]

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, by the end of 2015.[67] While the VA did not reach its goal to end homelessness within the time period, it has continued to work toward reducing veteran homelessness, acknowledging in 2017 that ending veteran homelessness may still be a "multi-year process."[68] Similar to the USICH plan, an end to veteran homelessness, according to the VA, means that communities will identify all veterans experiencing homelessness, be able to provide shelter immediately for

[64] U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, As Amended In 2015*, June 2015, https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf.

[65] U.S. Interagency Council on Homelessness, *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness*, July 19, 2018, https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf.

[66] Ibid., p. 4.

[67] 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.

[68] Jennifer McDermott, "New VA head: It'll take longer to end veteran homelessness," *Associated Press*, May 11, 2017.

veterans who want it, be able to help veterans move quickly into permanent housing, and have the capacity to help veterans who fall into homelessness in the future.[69]

The VA has not released a formal written plan to end homelessness. Instead, beginning with the FY2011 budget, VA budget documents have outlined ways in which it will pursue the goal of ending homelessness.[70]

Numbers of People Experiencing Homelessness

In the years since USICH and the VA announced efforts to end homelessness, there have been reductions in the overall number of people experiencing homelessness according to HUD's point-in-time counts, as well as in specific populations—people in families with children, veterans, and chronically homeless individuals. However, some communities, particularly in urban areas with growing housing costs, have seen an increase in the number of people experiencing homelessness over the same time period. Among those that have drawn attention for rising numbers of homeless people are Los Angeles City and County, which saw homelessness increase by 66% between 2010 and 2017, Seattle and King County (29%), New York (44%), and Honolulu (69%).[71]

See **Table 1** for point-in-time counts of people experiencing homelessness since 2007. For more information on HUD counts and estimates, see CRS In Focus IF10312, *How Many People Experience Homelessness?*

Table 1. Point-in-Time Counts of People Experiencing Homelessness

(Total and select subpopulations)

				Chronically Homeless	
Year	All Homeless People	People in Families with Children[a]	Veterans	Individuals	People in Families[b]
2007	647,258	234,558	—	119,813	—
2008	639,784	235,259	—	120,115	—
2009	630,227	238,096	73,367	107,212	—
2010	637,077	241,937	74,087	106,062	—
2011	623,788	236,175	65,455	103,522	—
2012	621,553	239,397	60,579	96,268	—
2013	590,364	222,190	55,619	86,289	16,539

[69] U.S. Department of Veterans Affairs, *FY2018 Budget Justifications, Volume II, Medical Programs and Information Technology Programs*, pp. VHA-152 to VHA-153, https://www.va.gov/budget/docs/summary/fy2019VAbudgetVolumeIImedicalProgramsAndInformationTechnology.pdf.

[70] See, for example, *FY2019 VA Budget Justifications, Volume 2 Medical Programs and Information Technology Programs*, p. VHA-158, https://www.va.gov/budget/docs/summary/fy2019VAbudgetVolumeIImedicalProgramsAndInformationTechnology.pdf.

[71] See HUD point-in-time count data by Continuum of Care, available at https://www.hudexchange.info/resource/5639/2017-ahar-part-1-pit-estimates-of-homelessness-in-the-us/. Various news reports have noted the growing numbers of homeless people in these communities. See, for example, Gale Holland, "L.A.'s homelessness surged 75% in six years. Here's why the crisis has been decades in the making," *Los Angeles Times*, February 1, 2018; Vernal Coleman, "Annual homeless count reveals more people sleeping outside than ever before ," *Seattle Times*, May 31, 2018; Mara Gay, "NYC Rise in Homeless is One of the Biggest in the U.S.," *Wall Street Journal*, December 6, 2017; and Dan Nakaso, "Most see homeless problem getting worse," *Honolulu Star Advisor*, March 26, 2018.

Year	All Homeless People	People in Families with Children[a]	Veterans	Chronically Homeless: Individuals	Chronically Homeless: People in Families[b]
2014	576,450	216,261	49,689	83,989	15,143
2015	564,708	206,286	47,725	83,170	13,105
2016	549,928	194,716	39,471	77,486	8,646
2017	553,742	184,661	40,056	86,962	8,457

Source: Data from 2007 through 2015 are taken from the HUD Annual Homeless Assessment Report, https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf. Data from 2016 thereafter are taken from subsequent Annual Homeless Assessment Reports, available at https://www.hudexchange.info/programs/hdx/guides/ahar/#reports.

Notes: Point-in-time counts are conducted by local communities and are to take place during one day in January each year. Therefore, the counts are a snapshot of the number of people who are homeless on a given day. They do not represent the total number of people who experience homelessness over the course of a year.

a. Families with children are households with at least one adult and one child.

b. HUD began reporting chronically homeless people in families as part of the 2013 point-in-time count.

Funding for Targeted Homeless Programs

Table 2 shows final appropriation levels for FY2008-FY2019 for the targeted homelessness programs included in this report with the exception of programs administered by the VA. Note that, as of the date of this report, not all federal agencies had received final appropriations for FY2019. As a result, **Table 2** only contains FY2019 funding numbers for programs in the Departments of Labor, Health and Human Services, and Education.

Table 3 shows actual obligations for the Department of Veterans Affairs targeted homeless programs for FY2005-FY2017. It does not contain FY2018 obligations because, as of the date of this report, only estimated obligations were available.

Table 2. Homelessness: Appropriations for Targeted Federal Programs, FY2009-FY2019

(Dollars in thousands)

Program	Agency	FY2009	FY2010	FY2011[a]	FY2012	FY2013[b]	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019[c]
Education for Homeless Children & Youth	ED	65,427	65,427	65,296	65,173	61,771	65,042	65,042	70,000	77,000	85,000[d]	93,500
Emergency Food & Shelter	DHS/ FEMA	200,000[e]	200,000[f]	119,760	120,000	113,805	120,000	120,000	120,000	120,000	120,000	—
Health Care for the Homeless[g]	HHS	171,700	171,300	215,800	232,500	248,500[h]	308,100[h]	426,400[h]	434,300[h]	426,300	434,000	—
Projects for Assistance in Transition from Homelessness	HHS	59,687	65,047	64,917	64,794	61,405	64,635	64,635	64,635	64,635	64,635	64,635
Consolidated Runaway and Homeless Youth Program	HHS	97,234	97,734	97,539	97,355	91,101	97,000	97,000	101,980	101,980	110,280[i]	110,280
—Runaway and Homeless Youth–Basic Center	*HHS*	*53,469*	*53,744*	*53,637*	*53,536*	*50,097*	*53,350*	*53,350*	*54,439*	*53,569*	—	—
—Runaway and Homeless Youth–Transitional Living	*HHS*	*43,765*	*43,990*	*43,902*	*43,819*	*41,004*	*43,650*	*43,650*	*47,541*	*48,083*	—	—
Runaway and Homeless Youth–Street Outreach Program	HHS	17,721	17,971	17,935	17,901	16,751	17,141	17,141	17,141	17,141	17,141	17,141
Transitional Housing Assistance for Victims of Domestic Violence, Stalking, or Sexual Assault[k]	DOJ	18,000	18,000	17,964	25,000	23,281	24,750	26,000	30,000	30,000	35,000	—
Homeless Assistance Grants	HUD	1,677,000	1,865,000	1,901,000	1,901,000	1,933,293	2,105,000	2,135,000	2,250,000	2,383,000	2,513,000	—
HUD-VASH – New Vouchers	HUD	75,000	75,000	50,000	75,000	75,000	75,000	75,000	60,000	40,000	40,000	—
Homeless Veterans Reintegration Program	DOL	26,330	36,330[j]	36,257	38,185	36,188	38,109	38,109	38,109	45,000	50,000	50,000

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. As of the date of this report, a bill was enacted to fund the Departments of Labor, HHS, and Education for FY2019 (P.L. 115-245), but had not yet funded other federal agencies represented in this table.

d. In the 115th Congress, an additional $25 million for assistance to LEAs serving homeless children and youth displaced by a natural disaster or emergency was appropriated for the Education of Homeless Children and Youth Program under the Further Additional Supplemental Appropriations for Disaster Relief Act, 218 (Division B, Subdivision 1 of the Bipartisan Budget Act of 2018, P.L. 115-123). These funds were appropriated in direct response to the natural disasters of 2017, including Hurricanes Harvey, Irma, and Maria, and the California wildfires.

e. 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).

f. 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).

g. 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. From FY2011 through FY2015, the program received mandatory funding from the Community Health Center Fund created in the Patient Protection and Affordable Care Act (P.L. 111-148), and that funding has been extended, most recently through FY2019 as part of P.L. 115-123. For more information on this funding source, see CRS Report R43911, *The Community Health Center Fund: In Brief*.

h. FY2013-FY2016 funding levels for Health Care for the Homeless reflect sequestration. In FY2013, funding was sequestered for the program's discretionary and mandatory funding allocations. In FY2014 through FY2016, only the mandatory funding amounts were sequestered.

i. The Consolidated Appropriations Act, 2018 (P.L. 115-141) provided funding for both the BCP and TLP under a lump sum appropriation for the "Consolidated Runaway, Homeless Youth Program." HHS is to determine the funding allocation for the BCP and TLP according to the requirements in the law.

j. Starting in FY2010, funding for HVRP included funding for the Incarcerated Veterans Transition Program.

k. Until FY2012, funding was provided as a set-aside under the VAWA STOP grant program.

Table 3. Homelessness: Targeted VA Program Obligations, FY2007-FY2017

(Dollars in thousands)

Program	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
Health Care for Homeless Veterans (HCHV)[a]	71,925	77,656	80,219	109,727	200,808	118,889	128,500	139,714	155,334	172,747	177,103
Homeless Providers Grants and Per Diem Program[b]	81,187	114,696	128,073	175,057	148,097	208,046	200,329	214,468	218,621	165,016	183,034
Domiciliary Care for Homeless Veterans (DCHV)	77,633	96,098	115,373	175,979	221,938	218,962	245,228	246,258	208,081	200,188	194,105
Compensated Work Therapy/Therapeutic Residence Program (CWT/TR)	21,514	21,497	22,206	61,205	73,420	73,067	71,687	91,055	70,299	60,012	66,504
Services for HUD VA Supported Housing (HUD-VASH)	7,487	4,854	26,601	71,137	119,603	169,873	288,107	340,806	375,419	462,109	508,859
Supportive Services for Veteran Families[c]	—	—	218	3,881	60,541	99,974	299,921	299,902	299,997	297,486	320,073

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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