



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
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## Written Testimony of

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**"The Homeless Children and Youth Act of 2011: Proposals to Promote Economic Independence for Homeless Children and Youth"**

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### Introduction

Chairman Biggert, Ranking Member Gutierrez, members of the Subcommittee, it is an honor to testify before you today about ways in which homeless and vulnerable families with children as well as unaccompanied youth can be housed with HUD resources. The fact that there are Americans with nowhere to call home is an absolute shame; that any child, much less many thousands of children, live on our streets is unacceptable. Homelessness is more than the loss of housing; it impacts a child's health, emotional well-being, and ability to achieve in school.

The Obama Administration keenly recognizes this and developed a comprehensive Federal Strategic Plan to Prevent and End Homelessness. In 2010, it was through the leadership of the US Interagency Council on Homelessness, with Secretary Shaun Donovan as the Chair that year and Barbara Poppe as Executive Director, the Federal government reached out to stakeholders nationwide and developed a truly comprehensive plan. The explicit goals in the plan are to finish the job of ending chronic homelessness by 2015, ending veteran homelessness by 2015, and ending family and youth homelessness by 2020.

Given that no child should be without a home, ending family and youth homelessness is a key part of the Federal Strategic Plan. Families with children make up too large a share of our homeless population. Based on our most recent Annual Homelessness Assessment Report, families with children make up 37% of all people living in homeless shelters, or, worse yet, in

unsheltered locations, such as on sidewalks, in cars, and parks. Sadly, 1 in 5 homeless families are unsheltered.

This week HUD released the national Point-In-Time count for homeless persons. HUD partners with communities each January to count the number of persons at a point in time who are either unsheltered (e.g., living outside) or are in homeless shelters. These counts do not include persons who are at risk of not having housing, such as persons living with other family members or friends.

The number of persons living unsheltered or in shelters declined by just over 2 percent from 2010 to 2011, to approximately 636,000 persons. Importantly, this overall decline reflects reductions in all sub-groups: individuals, the chronically homeless, veterans and families with children. The reduction in homelessness among families was 2.4 percent from 2010 and 5.0 percent since 2007. Given the difficult economy and high poverty rates, it is heartening that we are seeing some progress again in reducing homelessness. These reductions are a testament to both nationwide homelessness prevention efforts which I will be articulating later as well as continued funding of proven programs authorized by this Subcommittee that provide supportive housing to homeless families and individuals.

### Defining Homelessness

The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act, which amends the McKinney Act of 1987, provides communities, for the first time, with a full range of tools to prevent and end homelessness. In particular, HEARTH expressly allows for HUD programs to serve persons who are defined as at risk of homelessness, it expands the definition of who is considered homeless and now includes qualifying families and children in the definition of chronically homeless.

Allowing HUD programs to serve persons who are at risk of homelessness enables communities to reach out and stabilize families and youth, thus preventing them from falling into homelessness. HEARTH also expands the homeless definition, which will help ensure that more families with children and unaccompanied youth are *eligible* for HUD homeless assistance. The new homeless definition includes many persons, especially families, children and unaccompanied youth, who had previously not met HUD's statutory homeless definition. In particular, the definition of homelessness under HEARTH now includes, for instance, persons who are not yet without housing but will be within two weeks. This important provision will help ensure that families do not have to sleep on the streets for a night in order to be eligible for homeless assistance. The definition would also include families with children and unaccompanied youth defined by any other Federal statute as homeless who meet the statutory vulnerability tests. In addition to defining at risk of homelessness and expanding the definition homelessness, the law also allows families, and not just individuals, who meet the statutory tests to be considered chronically homeless.

During the proposed rulemaking phase for the new homeless definition, we received more than 200 comments. We carefully reviewed each and made a number of important changes in the final rule based on these comments. For example, historically, HUD did not have an explicit definition of *youth*, but rather defined children as under the age of 18 and adults as 18 and older. During the comment period, many recommended HUD define *unaccompanied youth*. Commenters provided a wide range of ages to make the distinction, including ages 17, 21 and under 25. Through these comments, we recognized the need to define the term and reached out to our Federal partners to identify the ages used in youth-targeted programs.

Based on their feedback, we decided to define *youth* as persons under age 25, which will allow us to more accurately capture the broad range of ages of youth. More importantly, it will allow communities to better target resources to their particular needs. Another example involves the number of moves it takes before someone has *persistent instability* and can be considered homeless. The HEARTH Act defines *persistent instability* as measured by “frequent” moves over a “long-term” period. To clarify these terms, HUD proposed that *persistent instability* be measured by three or more moves during a 90-day period. Many commenters thought that for families and youth in particular, that three or more moves was too high a standard and that 90-days was too long, and that the combination of the two would have been disruptive. Based on that input, in the final rule *persistent instability* is now defined as *two* or more moves during a *60-day* period. This will allow communities to reach more families with children and youth at imminent risk for homelessness that should be eligible for HUD assistance.

HUD is now beginning to implement the definition with its over 8,000 local grantee partners. We have held and will continue to hold national training on the definition. It is important to note that as grantees begin to use the new, more expanded definition of homelessness, we have for several years received essentially flat funding. We are obviously in a time of great fiscal restraint, and it will be very challenging to serve *more* people who are either at risk of homelessness or are now defined as homeless without additional resources.

To put this in perspective, at current funding levels, HUD can house through its transitional or permanent supportive housing programs just over 200,000 persons. Unfortunately, there are nearly 650,000 people on any given day and 2 million people during the course of the year-- many of whom are families with children and youth -- who live either on the streets or in short-term homeless housing. These figures do not include persons at risk of having no housing. So, again, despite the expanded definitions under HEARTH, a realistic analysis of the available resources makes it clear that serving *more* people, including more homeless families with children and unaccompanied youth, will be very difficult, at least in the short term.

### HEARTH Implementation

The HEARTH Act was enacted in May 2009 and was the result of many years of hard work from those in Congress, the advocacy community, homelessness service providers and HUD. I was personally involved in these efforts from the beginning and was very heartened to see Congress pass this in a bi-partisan way and to watch President Obama sign it into law. In addition to broadening the definition of homelessness, the HEARTH Act consolidates three homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, revises the Emergency Shelter Grants program – the now renamed Emergency Solutions Grants (ESG) program -- and creates the Rural Housing Stability program to replace the Rural Homelessness Grant program.

The HEARTH Act also codifies in law the Continuum of Care planning process which has long been a part of HUD's application process, providing greater coordination in responding to the needs of homeless persons.

For the first time, HUD's homeless assistance programs have the full range of tools communities need to confront homelessness for families and children--from prevention to emergency shelter, transitional housing, rapid re-housing, and permanent housing.

To implement the HEARTH Act amendments, HUD has developed and is issuing six sets of regulations. The Emergency Solutions Grants program interim rule, with corresponding amendments to the Consolidated Plan, was issued on November 14 and published in the Federal Register on December 5. The rule goes into effect on January 4, 2012 and public comments are due February 3, 2012. We have already begun training on the basic provisions of the rule. The Homeless Definition final rule was also posted November 14, with a December 5<sup>th</sup> Federal Register date. The rule goes into effect on January 4, 2012 and our first training on the homeless definition took place on December 6, the day after it was published. In addition, HUD also recently issued the Homeless Management Information System or HMIS proposed rule which was issued on December 9; comments are due February 7, 2012. The Continuum of Care rule is in final clearance as is the rule for the new Rural Housing Stability Assistance program.

With the new Emergency Solutions Grants program now being implemented, I wanted to make a few observations. Its predecessor, the Emergency Shelter Grants, an original McKinney Act program, provided funding mainly to operate emergency shelters. While that program was vital, the HEARTH Act greatly expands its offerings under the new Emergency Solutions Grants program. ESG can now provide flexible homelessness prevention assistance and rapid-re-housing. Rapid re-housing provides families and youth who have fallen into homelessness with case management and other supports to quickly get back into housing. HUD was able to use the new ESG's prevention and rapid re-housing component even before enactment through the Recovery's Act's \$1.5 billion Homelessness Prevention and Rapid Re-Housing (HPRP) program. In fact, when Congress created the HPRP Program, it used the HEARTH ESG language. To date, HPRP has been a huge success. This program primarily targets families with children and to date has prevented or ended homelessness for well over 1 million persons,

including over 750,000 persons in families. We would assert that HPRP is one of the primary reasons we have actually seen homelessness decrease during this recession. Going forward, grantees will be able to use their experience with HPRP to readily implement the new ESG program, albeit at lower funding levels. The introduction of flexible prevention in ESG as well as for high performers in the new Continuum of Care program and in the Rural Housing Stability Program will enable communities to prevent homelessness for vulnerable families as well as serve those who are homeless.

Given the lower than requested funding levels for 2012 to implement the HEARTH programs, HUD will determine which programmatic provisions -- in particular for the Continuum of Care program -- the agency will be able to implement this year.

### Common Vocabulary on Homelessness

I would like to acknowledge the good work of GAO in assessing the federal data on homelessness, the research related to homelessness and how different definitions might impact the effectiveness of programs. I enthusiastically support the finding that there should be a common vocabulary for homelessness. With the U.S. Interagency Council on Homelessness as the Executive branch lead for this effort, I defer to Executive Director Barbara Poppe's testimony and leadership on this subject. I would, however, like to make several comments.

First, I personally appreciate the need to establish a common vocabulary across agencies if we are going to end homelessness. I experienced this firsthand when in 2009 and 2010 HUD and the Departments of Health and Human Services (HHS) and Education (ED) worked together to develop a demonstration program to provide mainstream housing and services for families and children who had no housing or were on the verge of losing their housing. I was the HUD lead on the effort and worked closely with my counterparts at Education and HHS. It was at times challenging to work together effectively without a clear and common vocabulary on the issue of homelessness.

Second, HUD has been very involved with the effort to explore a common vocabulary on homelessness so that agencies can better collaborate and collect more consistent information. HUD has worked closely with USICH to understand the challenges entailed and explore solutions. USICH held a summit, hosted by HUD, on this topic and actively participated in the session.

### Mainstream Resources and Evaluation Efforts

Finally, we realize that solving homelessness will require both more resources than are available through McKinney and the HEARTH amendments and more data so that the resources we do

have can have the maximum impact. We are involved in several initiatives to help reduce and end homelessness for families with children and for youth that attempt to both bring more resources to the table and to find the best strategies to deal with this problem. We developed with the Departments of Education and Health and Human Services the framework for a demonstration to use mainstream resources such as TANF to house and serve families with children who are without housing or at risk of losing their housing.

We have sought funding to encourage public housing agencies to use their mainstream resources to house homeless families and youth and others.

We are currently conducting a national evaluation of the Impact of Housing and Services Interventions on Homeless Families, the largest evaluation on homelessness in which HUD has ever engaged. The evaluation will assess the impact of different interventions, including transitional housing, rapid re-housing and housing subsidies such as Housing Choice Vouchers. An interim report on the study will be available in the summer of 2012. The final report, which will include an assessment of housing placement over time, is due out in 2014. We are also funding grants to study: 1) the outcomes for children on variety of fronts, including health and school outcomes; 2) barriers to preschool enrollment for homeless children; and 3) academic achievement and school participation of homeless children.

In addition, HUD is conducting a project that focuses on the housing needs of the nearly 30,000 youth who “age out” of the foster care system each year. The study will catalog the range of housing programs that serve youth aging out of foster care, including their funding mechanisms; identify “model” programs with documented outcomes; conduct an in-depth review of communities who are using family unification program vouchers to serve this population; and identify opportunities to mitigate the risk of homelessness for youth as they transition out of the foster care system. We expect to issue research findings and a final report on the project in spring 2013.

Finally, in support of the Federal Strategic Plan to Prevent and End Homelessness, HUD is conducting a research effort to explore and document how Public Housing Agencies currently serve and interact with homeless families. The goals of the study are: 1) to establish a baseline level of current engagement of PHAs in serving homeless households, 2) to explore barriers to, or concerns about, increasing the number of homeless households served or targeting homeless households, and 3) to identify mechanisms to address or eliminate barriers identified. Initial results will be available in later 2012.

In conclusion, I want to thank you for the opportunity to testify today and look forward to answering any questions you may have.