

**Testimony of  
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**before the**

**Subcommittee on Housing and Insurance  
Committee on Financial Services  
United States House of Representatives**

**Legislative Review of H.R. 1511, the “Homeless Children and Youth Act of 2017”  
June 6, 2018**

The National Alliance to End Homelessness (the Alliance) is a nonpartisan, mission-driven organization committed to preventing and ending homelessness in the United States. The Alliance analyzes policy and develops pragmatic, cost-effective policy solutions as we work collaboratively with the public, private, and nonprofit sectors to build state and local capacity to help homeless individuals and families make positive changes in their lives. We provide data and research to policymakers and elected officials in order to inform policy debates and educate the public and opinion leaders nationwide.

The National Alliance to End Homelessness must oppose H.R. 1511. This bill, clearly well intentioned, would undermine the positive impact that HUD’s Continuum of Care program is having on homelessness around the country. In particular, it would make it harder for children and youth in the most dire situations to get help with housing. This is the reason Congress has repeatedly rejected similar proposals over many years.

The bill would make fundamental changes to the Continuum of Care program. To understand the negative consequences of such changes, it is important to consider some basic facts about this program, how it achieves results, and who it serves.

**The characteristics and function of the Continuum of Care Program**

The Continuum of Care takes up approximately 4 percent of HUD’s budget. Its authorizing statute was overhauled extensively, through an 8-year bipartisan legislative process that culminated in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, passed in 2009. Despite its small size, it is effective in leveraging both additional funds and effective policies from local communities. Funding under the Continuum of Care is competitive both within communities and between communities, incentivizing community-wide systematic approaches focused on performance and outcomes. Among other things, the changes to the Continuum of Care in the HEARTH Act were influenced by House Republican leadership’s views on poverty, that programs should use data and known effective practices, and should be driven by results. This approach has garnered substantial support from both political parties. The Alliance’s view is that much of the reduction in homelessness over the past decade, in the face of substantial headwinds from the economy, is due to these characteristics of the Continuum of Care.

## **Keys to the Continuum of Care's effectiveness**

One important characteristic of the Continuum of Care is that it focuses exclusively on people whose housing situation is most dire. People living in these situations, unfortunately, are likely to be left out by larger HUD and other agency programs for which many others are eligible. The Continuum of Care limits eligibility for most of its housing and shelter resources to people who are homeless in the sense that they have no safe and viable place to live at all.

The precise measure of eligibility was a major topic of debate and discussion during the development of the HEARTH Act. One concern was not to shut people out who desperately need the kinds of immediate housing, usually with only temporary subsidy, that the Continuum of Care provides. But an equal concern was to avoid creating long waiting lists for help and situations where people with less dire housing needs would overwhelm the system and make it impossible to get results. The eligibility rules in the HEARTH Act have proven to produce this balance. There are still too many people who are homeless and are not getting the help they need, including families and youth who are living in unsafe situations or in places not meant for human habitation: on the streets, in cars, tents or abandoned buildings. This, however, is due to inadequate funding, not because they are ineligible.

At the same time, there are millions of Americans who have bad housing situations and cannot afford housing that is better. This needs to be a major national priority. The Continuum of Care, however, is not the right tool for this larger job. The Alliance hopes to work with the Subcommittee to develop appropriate solutions that are of an appropriate scale to address this larger affordable housing problem.

Other things besides eligibility rules that lead to effectiveness include a competition that incentivizes evidence-based effective practices, and that responds through the annual process to new research, data, and information about what works.

In summary, the Continuum of Care program is effective because Congress ensured that it knows what its job is and focuses on getting that job done.

## **Who the Continuum of Care serves now**

***CoC serves vulnerable children and youth now*** — Since there have been statements made to the contrary, it is important to clear up one misunderstanding to start: families with children and youth who are homeless – including those who are in safely doubled-up situations for less than two weeks - are eligible for Continuum of Care services, and many receive them every year. The Alliance estimates, based on HUD's housing inventory count data, that the Continuum of Care over the current year will help approximately 290,000 people in families and youth in programs to obtain permanent housing, more than half of the total. In fact, in recent years some of the best work being done on homelessness is in relation to families and youth.

***Who is eligible now*** — Under the compromise reached by Congress in the HEARTH Act, the following are always defined as homeless and eligible for services from the Continuum of Care:

- People living in places not meant for human habitation - “unsheltered.” This group includes people sleeping on the streets, in tents and makeshift huts, in abandoned buildings, cars, trains, busses, ministorage lockers, caves, and a frightening array of other situations. The “Point-in-Time (PIT) count” carried out through the hard work of communities across the country provides

the only comprehensive effort to enumerate people living unsheltered. While it is widely thought to underestimate the number, it has at least been consistently carried out. In early 2017, it showed nearly 193,000 Americans living unsheltered at that time, including nearly 17,000 people in families with minor children, and 22,000 unaccompanied youth under 25.

- People living in homeless shelters or other places intended as temporary housing for people experiencing homelessness. This is the group that is being taken care of by homelessness programs, but are not in permanent housing. It is essential that they have the help the Continuum of Care provides to make the move into permanent housing, both for their own wellbeing and to free up spaces in shelter for people who are newly homeless and/or still on the street. There were over 360,000 people in this situation during the January 2017 PIT Count, including 168,000 people in families with minor children, and 19,000 unaccompanied youth.
- People living in apartments, houses or other regular housing but who are in immediate danger (including people wanting to flee domestic violence, sexual predation or other criminal activity). An important reform in the HEARTH Act was to add this category to the eligible population. These are people who need to get out of the housing they are in due to an immediate severe threat. It includes, for example, people in families and youth who are being trafficked or who are trading sex for a place to sleep.
- People living in apartments, houses or other regular housing, whether their own or someone else's, who will be displaced within 14 days and have no resources to secure other housing (including "couch surfing"). The HEARTH Act also codified what had previously been an informal policy of HUD, to make eligible for the Continuum of Care people who are about to lose whatever housing they have. "Couch surfing," moving from one associate's apartment to another after a few days in each, was the target of this provision. This time frame was higher than the previous 7-day time frame.

In addition, communities have the option of adjusting eligibility rules in some circumstances, although this authority has not been used, showing that existing eligibility rules are meeting communities' needs.

Finally, it is important to note that there are other sources of funding to provide temporary or permanent housing to people who are not eligible for Continuum of Care services, especially the Emergency Solutions Grants that are also administered by the part of HUD that deals directly with homelessness.

### **Why the bill would do harm**

***Many more people eligible, without additional funding, will mean people with the worst housing situations have a harder time getting help*** -- The most direct and immediate harm from this bill would be its massive expansion of the number of families and youth, with less dire housing situations, who are eligible. The most recent readily available data from the Census Bureau indicate there are approximately 4 million people in families and youth with incomes below the poverty level who are living in the home of some other person. In changing the rules about who is eligible for the Continuum of Care, under the rubric of the "definition of homelessness," the bill would multiply several times over the number of families and youth eligible for the Continuum of Care, without additional funds. Waiting lists for these programs – already extensive as other testimony affirms - would explode, leaving people with the most

severe problems at a disadvantage, and overwhelming communities' efforts to prioritize and solve the problem. The inevitable result would be that those with the most dire housing needs, those who are now eligible, would have a harder time getting help. This would be true both for populations for whom the rules are not changed (veterans, people with disabilities) and for families and youth who are eligible now, including the many thousands of youth and people in families who are now unsheltered.

***Generally, trying to pull back from aspects that are important to the program's effectiveness*** - Other aspects of the bill would have the effect of limiting HUD's ability to get the best possible results from this program. The bill would restrict the ability to use funds to address emergent issues or new evidence about the effectiveness or lack thereof of specific interventions for specific populations. Congress should allow HUD to carry out its appropriate function in implementing this program. Its results have been good, under the Bush and Obama, and so far under the Trump, Administrations. The ability to respond flexibly to new challenges and opportunities would be undercut by several provisions of this bill, including provisions prohibiting HUD from scoring based on program models, and restrictions on prioritization based on what research shows to be the most effective models.