

**LEGISLATIVE REVIEW  
OF H.R. 1511, THE HOMELESS  
CHILDREN AND YOUTH ACT OF 2017**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON  
HOUSING AND INSURANCE  
OF THE  
COMMITTEE ON FINANCIAL SERVICES  
U.S. HOUSE OF REPRESENTATIVES  
ONE HUNDRED FIFTEENTH CONGRESS  
SECOND SESSION

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JUNE 6, 2018  
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**LEGISLATIVE REVIEW  
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**Wednesday, June 6, 2018**

U.S. HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON HOUSING  
AND INSURANCE,  
COMMITTEE ON FINANCIAL SERVICES,  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2128, Rayburn House Office Building, Hon. Sean P. Duffy [chairman of the subcommittee] presiding.

Present: Representatives Duffy, Posey, Luetkemeyer, Stivers, Hultgren, Rothfus, Trott, Hensarling, and Cleaver.

Also present: Representatives Green and Moore.

Chairman DUFFY. The Subcommittee on Housing and Insurance will come to order.

Today's hearing is entitled, "Legislative Review of H.R. 1511, the Homeless Children and Youth Act of 2017," though it is 2018.

Without objection, the Chair is authorized to declare a recess of the subcommittee at any time.

Without objection, all members will have 5 legislative days within which to submit extraneous materials to the Chair for inclusion in the record.

Without objection, members of the full committee who are not members of this subcommittee may participate in today's hearing for the purpose of making an opening statement and questioning our witnesses.

The Chair now recognizes himself for 3 minutes for an opening statement.

First, I want to thank our witnesses for participating in today's hearing on homelessness.

A few weeks ago, members of this committee convened for an overall review of homelessness in America. I thought it was a great hearing. Witnesses discussed how homelessness looks different in urban areas versus rural areas. We heard how the Point-in-Time, or PIT, is utilized by HUD (U.S. Department of Housing and Urban Development) to provide a snapshot of homelessness levels from one year to the next.

We are here today to dive a little deeper into the definition of homelessness. More specifically, we will look to uncover how HUD's definition is creating barriers in impacting our Federal Government's ability to keep our families out of poverty.

As I read our witnesses' statements today, it became apparent on two different issues. First, the PIT numbers that HUD uses to give us a picture of homelessness year over year seems to be a misrepresentation of the entire or complete picture. Why doesn't it paint a whole picture? I think that is going to be the question that all of you are going to throw our way in your testimony today and by way of the questions we are going to ask you.

I expect to hear that you are going to talk about certain homeless populations that go uncounted because they live in tents in the woods or they couch-surf or simply don't want to admit their family is homeless for fear of losing their children. The last thing we want to have is people that hide from the reality of their living situation because of the potential the Federal or State Government might take away their kids.

All of these reasons are familiar because of the same reasons you don't choose—or we don't see homelessness in our rural communities, and it is a problem. And I think taking a deeper dive on this issue to make sure we can expose and shed light on it is critical and key.

The most jarring fact in today's testimony is HUD's definition of homelessness doesn't match the definition used by other Federal agencies. We have seen this in several Government programs. We tend to amend the law by passing various bills over the years, and the Federal Government ends up with different definitions for the same subject matter, which obviously creates complication and confusion. We need to make sure that the definition of homelessness is uniform throughout all of our Federal programs.

As a father of eight—one that is 18 and one that is 2 and everywhere in between—I was touched by the testimony of one of our witnesses who discussed how she had gone through to support her six children while trying to navigate the definition of homelessness. It is a testimony and a statement of strength.

I believe her story, along with the testimony of others, will shine a light on why we need to address HUD's definition of homelessness to make sure we are doing all we can to improve the plight of our impoverished families.

And I do want to thank you all for being here today. I am looking forward to this hearing.

And I want to now recognize the gentleman from Missouri, the Ranking Member, for 3 minutes. And if he wants more, I will give him more.

Mr. CLEAVER. Thank you, Mr. Chairman.

Thank those of you who have come to provide us with some information that we will need in trying to deal with this issue.

The hearing today is a legislative hearing focused on H.R. 1511, the Homeless Children and Youth Act of 2017. This bill would expand the definition of homelessness to include more children who lack stable homes. Currently, homelessness under HUD is defined under the parameters of the HEARTH Act, which defines a homeless person as someone who lacks a fixed nighttime residence. The definition is targeted to help those in greatest need.

H.R. 1511 would also make several restrictions on HUD, including limiting HUD's ability to set national housing priorities or

incentivize Continuum of Care (COC) programs to use housing models that rely on evidence-based practices.

The Housing and Insurance Subcommittee recently held a quite necessary and appropriate hearing on the state of homelessness in the country. And though the overall homelessness rate has, in fact, been decreasing—and that is always good news, yet homelessness remains an issue of critical concern, one that should remain a priority for our committee.

According to the National Alliance to End Homelessness, on a single night, an estimated 184,661 people in families, or 57,971 family households, were identified as homeless, and almost 17,000 people and families were living on the street in a car or in another place not meant for human habitation. It is estimated that there are 550,000 homeless people in the United States.

But here is the rub, as it relates to this legislation. Due to Federal funding limitations, hundreds of homeless individuals and families are unable to access resources, and waiting lists for services are already far too long. Only a fraction of children who would fall under HUD's current definition of homeless are able to be served by HUD.

Expanding the definition of homelessness, though well-intentioned—and I support the effort, but this expansion could add millions of people to already strained waiting lists. Without providing additional funding, this proposal could make it even more difficult for children already on waiting lists to receive help from housing.

Housing our Nation's children should be at the forefront of our national priorities. This shouldn't be a fleeting conversation but one both sides of the aisle should commit to.

Thank you, Mr. Chairman. I yield back.

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes the gentleman from Ohio, the author of 1511, the subject of today's hearing, Mr. Stivers, for 2 minutes.

Mr. STIVERS. Thank you, Mr. Chairman. I really appreciate you holding this hearing on our bipartisan bill, H.R. 1511, the Homeless Children and Youth Act.

First, I want to thank each of the witnesses for joining us today. While we may not all agree on everything, I certainly admire your dedication to combating homelessness, all of you.

This hearing, I think, will highlight the discrepancies between the definition of homelessness used by different Federal agencies and different programs.

Most Americans would consider Housing and Urban Development to be the flagship agency in the effort to prevent homelessness. Consequently, they might be surprised to learn that it uses the most restrictive definition of homelessness, one that denies vulnerable children who are couch-surfing or living off the generosity of family and friends or children who are living day to day out of motels—those folks are denied the definition of homelessness because of how their homelessness is being served. Let me be clear: These children are homeless, and they deserve our help.

But data from Head Start and the National Center for Homelessness Education indicate that the problem is getting worse, with 1.3 million children experiencing homelessness from 2015 to 2016, a 3.5-percent increase. But if you search for these kinds of kids in

HUD's homelessness statistics, you won't find them, because they are not included in the definition.

I understand the point of the Ranking Member about resources. But if we can't get the number right, we can't know what the resources need to be. I am fully supportive of getting more resources, but we have to get the count right.

I think my bill would bring visibility to these children, give our communities more flexibility so they could choose how to address this growing problem, and give policymakers the information they need to get the resources that we need to combat homelessness.

Mr. Chairman, I appreciate your time. I appreciate you holding this hearing. And I look forward to the information coming out.

I yield back.

Chairman DUFFY. The gentleman yields back, and I appreciate his work on this important issue.

I now want to welcome our panel of witnesses.

First, we have Ms. Barbara Duffield, Executive Director of SchoolHouse Connection; second witness, Mr. Steve Berg, Vice President of Programs and Policy at the National Alliance to End Homelessness, who has been a great partner on this issue.

Thank you.

Our third witness is Kat Lilley, Deputy Executive Director of Family Promise of Colorado Springs.

Welcome.

And, finally, our fourth witness is Ms. Millie Rounsville, CEO of the Northwest Wisconsin Community Services Agency, based out of the great city and the great State of Superior, Wisconsin.

Welcome.

The witnesses will in a moment be recognized for 5 minutes to give an oral presentation of their written testimony. Without objection, the witnesses' written statements will be made part of the record following their oral remarks.

Once the witnesses have finished presenting their testimony, each member of the subcommittee will have 5 minutes within which to ask the panel questions.

I would just note that on your table you have three lights. Green obviously means go, yellow means you have a minute left, and red means your time is up. We will try to be cognizant of our time. You also, please, try to be cognizant of the 5-minute limit as well.

Your microphones are sensitive. Make sure they are on and you are speaking directly into them.

With that, Ms. Duffield, you are recognized for 5 minutes for an oral presentation of your written testimony.

#### **STATEMENT OF BARBARA DUFFIELD**

Ms. DUFFIELD. Good morning, Chairman Duffy, Ranking Member Cleaver, and members of the subcommittee. Thank you for the opportunity to provide this testimony today.

I worked at the Intersection of Homelessness and Education for nearly 25 years, and I have witnessed many improvements over that time. But HUD's definition of homelessness and its national priorities have created real barriers to helping homeless children and youth. As a result, we are perpetuating homelessness. We are guaranteeing that homelessness will continue indefinitely. The

Homeless Children and Youth Act will help ensure that today's homeless children and youth do not become tomorrow's homeless adults.

Let me put this debate in context. I worked with a student who stayed in a house with 11 adults and 4 children because her mother was mentally ill and kicked her out. All the adults in the house used cocaine. Many of them worked in the strip club. The student provided childcare in exchange for a roof over her head. But she said this was better than other situations she had been in because "a lot of guys wanted to get something out of you." She was in high school.

As this committee knows, Federal agencies do use different definitions of homelessness. And with few exceptions, in practice, the HUD definition only includes people living in shelters or outdoors. Under HUD's definition, the student I described is not homeless.

In contrast, the definition used by the Department of Education and other Federal agencies includes children and youth who are staying in motels or are staying temporarily with others due to loss of housing, economic hardship, or a similar reason.

This definition reflects reality. Schools are present in every community, even those without shelters, even those where shelters are full. So, contrary to the picture painted by HUD, school numbers have increased by 34 percent since the end of the recession, now totaling 1.3 million homeless students. Head Start homeless numbers have nearly doubled.

And new research shows that child homelessness often leads to youth homelessness and then to adult homelessness, where children of homeless adults may start this life again. HUD's definition contributes to this damaging cycle by preventing some of the most vulnerable homeless children and youth from accessing services. Also, it keeps them invisible, which limits both public and private action.

Make no mistake, the children and youth who meet Education's definition are every bit as vulnerable as those who meet HUD's definition. And my written testimony documents the same poor academic, health, and mental health outcomes of all homeless students regardless of where they sleep.

It also shows how frequently families and youth move between Education homeless and HUD homeless. In fact, when I described this debate to a remarkable young woman who stayed in all sorts of homeless situations, her response to me was, "The open sky never made me bleed."

Yet homeless children and youth who don't meet HUD's definition are barred from even being assessed. The Homeless Children and Youth Act would allow children and youth whose homelessness has been verified by one of eight Federal programs to be assessed for services rather than basing their eligibility very simplistically on where they happen to find a place to sleep.

Just last week, we tried to assist a young couple with a toddler who are expecting their second child. They are staying in a toxic household with other people. They will be kicked out in a month. They have nowhere to go. But Coordinated Entry in their community said they weren't in a place from which they could get evicted, so they are not eligible for prevention assistance. And they don't

meet HUD's definition of homelessness, so they aren't eligible for homeless assistance. But under the Homeless Children and Youth Act, an early Head Start program could verify the family's homelessness and they could be assessed. So the trajectory of four lives, including their unborn child, could change for the better.

But beyond definitions, HUD has deprived communities of the flexibility that they need by creating strong national incentives for housing models in certain populations. They don't meet all communities' needs. The high school student I worked with, she couldn't benefit from Rapid Re-Housing. She is too young to sign a lease. Rapid Re-Housing is failing many families who become homeless again, but they don't show up in HUD's metrics. Meanwhile, program models that have been successful in helping families leave homelessness and sustain their housing have been defunded.

The Homeless Children and Youth Act would remedy this one-size-fits-all approach with scoring that is primarily based on the extent to which projects meet priorities in a local plan and are cost-effective to the local plan. In this way, it allows communities to respond flexibly to new challenges and opportunities.

Please know that the Homeless Children and Youth Act has broad support from organizations that work directly with homeless children and youth. And we ask you to enact it so that homelessness will cease to rob millions of children, youth, and adults of their full human potential.

Thank you.

[The prepared statement of Ms. Duffield can be found on page 32 of the Appendix.]

Chairman DUFFY. Thank you, Ms. Duffield.

Mr. Berg, you are recognized for 5 minutes.

#### **STATEMENT OF STEVE BERG**

Mr. BERG. All right. Thank you, Chairman Duffy and members of this subcommittee and the committee.

I want to start by saying we at the National Alliance to End Homelessness and I personally have worked with this committee for many, many years on this very difficult issue, and I thank you all for your devotion to dealing with it and to finding things that are really going to work.

I would especially like to address Congressman Stivers. We literally 15 years ago identified Columbus, Ohio, as one of the places that leads the country in a new approach to homelessness that could actually start getting results, really based on going beyond just funding a bunch of individual programs and empowering a community-wide system that would look at data, look at what really works, make decisions about how to allocate scarce resources and get results. And Columbus has continued to do that.

We work very closely with people at a community shelter board who oversee this process in Columbus. They, I know, regard you as an ally in this work. And even though we disagree on this particular bill, we can work through that, but we also regard you as an ally in this. And I thank you for your work on this.

This is a crucial time on the issue of homelessness, as all of you may be aware. But as the HEARTH Act has become fully implemented and has—and the good practices both that are incentivized

by the HEARTH Act and that are incentivized by, say, the homeless programs in the veterans world, communities are finding that they are getting better and better results. The kind of results that Columbus was getting 15 years ago are now more common in communities, in terms of people who are on the streets quickly being housed.

At the same time, because of where we are in the short-term business cycles and longer-term issues of housing, the problem of affordable housing in the country is getting far, far worse, so that one effect of that is that people are pouring into the homelessness system. So, even as communities of care to do better, they are dealing with more and more people in their community who are falling into that system. This is a time we need to be doing our very best work. And we need support from everybody in Congress to do that.

This particular bill, the concerns we at the Alliance have about this bill are mainly around eligibility rules for the Continuum of Care. The Continuum of Care is the primary homeless program at HUD. It accounts for 4 percent of HUD spending, so it is a small program. It has, however, a very important role to play. As it was overhauled by the HEARTH Act in a bipartisan manner, it has become what is driving communities—through the competitive grant process, driving communities to get better results and to focus on the people who have the most severe and immediate problems.

Much of what the HEARTH Act did was to make changes in who is eligible for the program, the definition of homelessness, but particularly as it relates to who is eligible. People who are in housing, who are sleeping in an apartment or a house, but who are in immediate danger because the house they are sleeping in is a drug den, because they are victims of domestic violence, because they are dealing with all kinds of truly dangerous situations, those are all eligible for the Continuum of Care right now. You don't need to change anything to make them eligible. You need to change the funding levels in order to have enough money to actually address the whole problem, but the eligibility rules don't need to change.

The problem with this bill's large expansion of the definition is that it will, at best, overwhelm systems that communities have for determining how to allocate the scarce resources of the homeless programs, and, at worst, it will mean that the worst-off people, the people in the gravest immediate danger, will have a harder time getting help because they will be out-competed for the resources by people who have a little more stable situation, living with relatives or friends or family.

The work that HUD has done on this has been very responsive to what Congress has told HUD to do. And the report language from this committee, from the Appropriations Committee over many years has been very clear that HUD needs to find out what kind of interventions are doing the best work, are getting the best results, and then make sure communities are using the money for those. This bill moves in exactly the opposite direction, and that is the other concern besides the eligibility rules.

So I am happy to answer questions about this. I can come and see you in your office if you have other questions. But thank you again.

[The prepared statement of Mr. Berg can be found on page 28 of the Appendix.]

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes Ms. Lilley for 5 minutes.

#### **STATEMENT OF KAT LILLEY**

Ms. LILLEY. I would like to thank the committee for allowing me to come here and speak today. It truly is an honor to be able to be here.

In my written testimony, I highlighted my personal story with you all. I didn't do that lightly. It is hard to relive the time that I experienced homelessness with my six children. I did it because I think you really needed to understand the vulnerability that exists prior to meeting the definition of HUD homelessness.

I highlighted for you what my family and I went through months leading up to homelessness, weeks leading up to homelessness, and the day that I finally hit the threshold for the HUD definition of homelessness.

What I can tell you is that, had any of the other avenues that I pursued for my family for housing prior to entering shelter come through, I would not be sitting here today. I would not be working in the homeless industry. I would not be successful.

And I can tell you that because, while Mr. Berg is well-informed on policy, he is not on the ground level. He is not seeing what these families are living in. I reached out to situations that I knew were dangerous for my family, looking for four walls to keep us out of a shelter. I reached out to a biological family member who had a registered sex offender living in their home, begging for a floor to sleep on. Had they told me yes, I would have been there in a heartbeat, because I believed and I know that there are families in all of our communities that believe dealing with the dangers we know is safer than dealing with the dangers that are unknown in the shelter system.

In my work now, providing care to families and children who are experiencing homelessness, I am out in the community. I am an active member of our COC, and because I have six children, I am active in a number of school systems. I see the vulnerability in our community. I know that we have families who are living in situations that are dire.

Just 3 weeks ago, I was in a motel room with a family of five who had been living there for 4 months. I sat down on the bed, and it was wet. It is what the motel had for them. There were lice, there were cockroaches, there were bugs. The 3-year-old showed me her little bed on the floor. She had what she called a nest. There were blankets, there was a pillow, and there were bugs. It was a horrendous situation.

While we were sitting there and we were talking, there was a banging on the door. It was a neighbor in the motel room. He was upset that last night the baby had been crying and was going to go talk to management to see if they could be put out of the motel although they had paid for this week.

These are not situations children should be living in. These are not safe situations.

And contrary to what Mr. Berg tells you, this family is not eligible for COC services. If we do a VI-SPDAT, or a Vulnerability Index, on this family, they are going to be told, "You have one recourse. We may offer you one service. We can rapidly re-house you or assist you with prevention." This family is not suitable. Their vulnerability does not meet a successful outcome for us to put them in a place that they can't afford and say, "We are going to provide you with limited assistance, limited services, and we are not going to address the vulnerability that brought you here." We are setting them up to fail.

This is happening nationally. Family Promises across the Nation in 43 States can give you hundreds and hundreds and hundreds of stories where this is true.

The biggest pushback to the bill is that it is going to overwhelm the system or that it is a funding issue. This isn't a funding issue. This is an issue that, while we are saying Continuum of Cares are prioritizing the most dire situations, they are excluding some of the most vulnerable and dire situations.

We are not asking to bump chronic homeless people down on the list. We are not asking to bump people without shelter down on the list. We are asking you to include individuals who are truly being victimized because of their situations on the list. We are asking you to prioritize them the same way you prioritize the people who don't have shelter at this time.

Honestly, my vulnerability was lower when I was in shelter than it would have been had I been doubled up or in a motel. And we are just asking that you consider that issue and move forward with this.

Our PIT counts are inaccurate. Because they are inaccurate and because we are continuing to leave families invisible, we don't know the trends that are going on in family and youth homelessness. We can't say that family homelessness is going down just by sticking our head in the sand and not counting individuals that are truly vulnerable and homeless.

I thank you for this time, and I am open to questions at the end of this. Thank you.

[The prepared statement of Ms. Lilley can be found on page 57 of the Appendix.]

Chairman DUFFY. Thank you, Ms. Lilley.

Ms. Rounsville, you are recognized for 5 minutes.

#### **STATEMENT OF MILLIE ROUNSVILLE**

Ms. ROUNSVILLE. Thank you, Mr. Duffy and Mr. Cleaver, for the opportunity to come here and speak. This is a conversation we have on a local level, so I am happy to be able to be here in front of a larger audience and to see that a lot of the things that I am seeing locally are also agreeing with Ms. Lilley's community.

I am the Director of Northwest Community Services Agency. We are what is called a community action program. We have been providing services to low- and moderate-income throughout our five-county service area for the last—over 50 years now. Being as we are community action, we do prioritize vulnerable populations, low-income populations, and, unfortunately, for our service area, homelessness is a large part of that world.

On the local level, as homeless service providers, we work well together. We work with our school districts, we work with our local units of Government, our Head Start agency, our faith-based partners. And we truly pull together a toolkit to try to accommodate those needs.

From a geologic perspective, my service area covers 8,000 square miles. In that 8,000 square miles, we only have 90,000 people. We probably have more trees than we do population. Our agency has served as the lead in terms of the HUD world, the ESG (Emergency Solutions Grants) world, those sort of things. And it predominantly has to do with capacity and the requirements that come with receipt of those Federal funds.

We in the city of Superior are fortunate that we have three shelter facilities. We have a homeless men's shelter that is operated by our organization. We have a family shelter that is operated by one of our faith-based partners. And then we have a domestic violence shelter. In Ashland, which is 70 miles away, we also have a domestic violence shelter.

But that is it. Throughout the rest of our service area, we are relying on hotel vouchers to try to prevent individuals from sleeping in their cars, sleeping in the campsites. It is cold. It is 40 below. Anybody that we can get sheltered on our Point-in-Time counts, we bring our faith-based partners, they issue hotels.

The reason I bring this up is related to some of the Point-in-Time data that has been discussed—is a lot of our homelessness numbers and the homeless needs going up and down are based on those PIT numbers, and they are also based on the HMIS data. And for our service area, to try to go out and cover that 8,000-square-mile area between 11 at night and 6 in the morning, finding people that are living in campsites, we have two reservations that we need to cover, those numbers aren't truly accurate in terms of what our community looks like on a given night.

In terms of the homeless information database, which is a requirement with HUD, our organization, along with our family shelter, are the only two organizations that are entering data into that system. So if we were looking at, from a community level, what the homeless needs are in northwest Wisconsin and the number is going up and down, it is not reflective of 50 percent of our shelters because they are domestic violence, it is not reflective of our faith-based partners that are providing services, and as we have discussed earlier, it doesn't include the number of homeless identified through our school districts and our Head Start agencies.

One of the things that this bill would allow would be local flexibility. In our service area, our needs are similar in terms of the families, people that are being placed in foster care, the families that are doubled up because there is no shelter availability.

The Continuum of Care process, while it is important and it does fund a variety of services in our country, I believe, looks very different in our part of the country than it may in some other parts of the country.

I provide a lot of written testimony, so I am trying to focus my oral on things that may be a better use of your time.

But in the State of Wisconsin, we have 72 counties. HUD recognizes four Continuum of Care. So our bigger cities—Racine; Dane,

which is Madison; and Milwaukee—HUD designates those as their own Continuum of Care. Our northern five counties is what is called the Balance of State Continuum of Care. So, on the ground level, there are 21 local groups: Myself representing my 5 counties; Duana Bremer that was here a few weeks ago representing her service area. But we compromise what is the Balance of State Continuum of Care.

So, as this process started many years ago—I have been involved in this process for 21 years—the Continuum of Care was designed to meet homeless needs. There was a pro rata need that was established by counties. We started a lot of supportive services-only programs, transitional housing programs, things that are identified locally as a need.

As this evolution in time has changed, the only new programs that communities are able to apply for is permanent supportive housing. And, in our case, we don't have enough chronically homeless meeting that definition in our rural areas. And what has been happening in reality is we have had larger cities that are having more services available for chronic homeless, which is great—that is their need; people are being housed—but what we are doing is we are continually taking away services from our rural communities, and we have less services available to meet the needs of the families that we are working with.

So I do see I am over time. I will pause there. I will be available for questions.

[The prepared statement of Ms. Rounsville can be found on page 66 of the Appendix.]

Chairman DUFFY. Thank you, Ms. Rounsville.

And I want to thank the panel for their testimony.

The Chair now recognizes himself for 5 minutes.

Just a brief note. I am sorry, I—we defend the bureaucracy, we defend the status quo and argue for more money. I don't think that answer actually works. You can argue for more money. I get that. But also say, is the system actually working? Are we actually effective with the dollars that we use? Because with \$21 trillion in debt, it is fair to come back and say, "I need more, because I am using the dollars that you have given me really well right now," but if we can't look at how we are actually using today's dollars, how do we come back and ask for more?

And I think that is the point of this conversation. How are we using our current dollars? Let's use them well. And if there is more that is needed, let's fight for more money to help those who have fallen into homelessness.

Ms. Rounsville, as you might know, I was the D.A. in Ashland County, which covers your area, and have dealt with the women's shelter, and it is a great facility.

But you made a comment about how money might flow into the Dane County area, Madison, and maybe a little less up north in the rural part. And is that because you have been so effective in addressing homelessness and they haven't been effective in Dane County, or is something else happening in how money is distributed?

Ms. ROUNSVILLE. I would be happy to cover that.

It is actually multifold. So, in our rural areas, we don't have United Way dollars. We don't have entitlement communities. We are piecemealing packages together.

One of our largest funding sources for the shelter side, such as New Day that you referenced, is the ESG money through the State. Based on one of their formula allocations, the dollars are divided up throughout the State of Wisconsin based on things such as your homeless counts.

As I referenced earlier, when people aren't using HMIS, the numbers go down. As the numbers go down, I am issuing less hotel vouchers. I am the one entering into HMIS. Thus, next year we have a lower allocation, we have less resources.

On the Continuum of Care side, it is that 69 counties that are submitting an application. So it is all 69 counties looking at in terms of competing nationally to bring resources into our State following HUD's priorities, getting the extra points on the application to keep serving homeless throughout that 69-county area.

The needs of us in northern Wisconsin, while they are important, we don't have a high population of chronic homeless. One of HUD's priority areas is serving chronic homeless. And there are pockets throughout the State that do have a need to serve chronic homeless. So those resources are coming into our State and enhancing services in those areas, but we are no longer able to apply for transitional housing, which works well. And then we lost a transitional housing program this last round, so we are only going to have one COC-funded project left in our service area.

But that is what is happening, is, as they are prioritizing specific populations, the more urban areas that have that population are able to access those dollars, as opposed to we don't have an opportunity to apply for a transitional housing program, which would better meet our needs.

Our Rapid Re-Housing that we fund with the ESG and the State dollars, we have people that come up on our priority list, but if you are in a town like Ashland and you have something on your background or you have been evicted by one of the property owners, nobody is going to give you a lease. It wouldn't matter if you had dollars available.

Chairman DUFFY. Just quickly, the Point-in-Time counts, are those accurate? Do you—

Ms. ROUNSVILLE. No.

Chairman DUFFY. —think they get—they don't. And does that affect your funding?

Ms. ROUNSVILLE. Well, HUD says you have to cover your geographic footprint. Does anybody here think they could cover 8,000 square miles in 7 hours? I mean—and especially in the wintertime. We have two-lane roads. We have no cell phone service. We have national forests. It is not an easy—

Chairman DUFFY. It is impossible.

Ms. ROUNSVILLE. —feat to get try to get that.

Chairman DUFFY. Yes. It is impossible. And, right, you don't get an accurate count. And then, obviously, the dollars don't necessary flow.

To the panel, is there a correlation between child homelessness and adult homelessness? Does that correlation actually exist? The panel agrees with that?

Doesn't it make sense, then, especially when you have kids or young adults, the youth, that we try to address that problem early on and say, let's help these kids get into housing so they are not pulling resources in their adulthood from others, they are actually self-sufficient, let's start them off on the right path?

Ms. Lilley, does that make sense to you?

Ms. LILLEY. It absolutely makes sense to me.

I understand that we want to serve the most vulnerable, and I feel like, as a Nation, we are overlooking that the most vulnerable are the individuals that are experiencing homelessness that we can't see. They are not the people sleeping on the street. It is the youth that are being traumatized by the experiences—

Chairman DUFFY. I am sorry. The story that you tell about the kids in the hotel room, or your own story, who is more vulnerable than kids going through this process from their teen years into adulthood? Who is more vulnerable than that?

I have a—and my time is up. As I have asked you all to be respectful of the red dot, I am too. So, with that, I am going to recognize Mr. Cleaver for 5 minutes. We will do a second round. Mr. Cleaver for 5 minutes, the Ranking Member.

Mr. CLEAVER. Thank you, Mr. Chairman.

This is an important issue. And I want to reiterate something that Mr. Berg said earlier, and that is that I would prefer to believe—and I think I am actually correct—that there probably is not any person in here who is anti-help homeless individuals.

I want to thank the gentleman from Ohio for taking the lead in this. It is always a very emotional issue with me. My wife and I had a homeless kid show up on our doorstep. And it had something to do with the NBA, one of the players. I won't go into it here. But he moved into our home, and because he went to school with our twin boys, all three of them went off to college together on basketball scholarships.

And then I think it was May 11, Flight 592, ValuJet went down in the Everglades, and Jerrold was on that flight. I saw what he went through as a homeless kid, 15 years old—and I mean homeless. I don't mean—he wasn't staying with his grandmother or chose not to stay with his uncle. I mean with nothing, his clothing on his back.

And so this is something that is very, very meaningful to me. And I want to express, in no small way, my appreciation for the Chairman for putting this on the docket and for Mr. Stivers and the people on the Democratic side who are working with him. I think it is the gentlewoman from Ohio who is also part of this bill.

And so, for me, this is a worrisome issue. It is not easy to resolve, and we are going to have to struggle with it. It is not a question of whether or not these erratically housed families and youth deserve housing assistance. That is just not the issue. The issue, for me, is whether or not they should skip the line, ahead of other families and youth with other problems.

I don't know if we will ever have enough money to resolve this issue. But we will never handle homelessness until we envision a Nation without homelessness and try to go there.

So this legislation is not perfect, but I think the whole effort in Congress—and this is what I think all of us forget—is that we are hopefully moving toward perfection. Nothing is perfect. We are moving in that direction. So I appreciate it.

So if someone could address the issue I raised about whether or not putting people ahead in the line is something that we can figure out how to get around. I would love to have everybody in here supporting the same piece of legislation.

Mr. BERG. Well, if I could start, I think it is extremely important to have clear goals and clear ideas about what kind of things the Continuum of Care is funding that get the best results and then really focus on getting the people who can benefit from that into those programs.

At the same time, the Continuum of Care, as I said at the start, it is 4 percent of HUD's budget—4. There are a lot of other things that go into communities' responses to this issue, including other HUD funding, funding from other Federal agencies, lots of philanthropic funding. So there is a range of things that different people need, and it is possible to set up a system that provides people with what they need while still understanding that this one program, this one 4 percent, needs to be reserved for people who are in immediate danger.

Because I think the rules of the Continuum of Care really are that people in immediate danger are covered. If the only place you have to live is with your kids with a registered sex offender, you are eligible right now. You are. You can't get help because—

Ms. LILLEY. You are eligible for one program, not the program that necessarily meets your vulnerability. That is ineffective and fiscally irresponsible.

Mr. BERG. That is not about—that is not—this bill wouldn't help that.

Ms. LILLEY. But it would.

Mr. BERG. This bill changes eligibility. It doesn't change what kinds of programs are available and what the community is doing.

Ms. LILLEY. The Ranking Member raised a very interesting question about whether or not this bill should be passed based on people skipping the line. And the bill isn't about people skipping the line or moving ahead in the line. The bill is addressing letting people join the line based on their vulnerability on the same scale as people who are outside.

Currently, they can't even get in line. This isn't about jumping a line. It is about being able to stand in the same line for the appropriate resources based on their vulnerability, the same scale of vulnerability that people outside are being measured on.

Mr. CLEAVER. Now, I think the—well, let me reiterate. I support and, in fact, voted that we create the line in the first place. So, I don't want—I think we need to be careful as we are discussing something that almost everybody in here supports.

Ms. ROUNSVILLE. Mr. Chairman, can I address the line quickly? Am I allowed to do that?

I just want to talk about the line. Because we talk about vulnerable, and we are talking about the doubled-up individuals, and then we are talking about families in shelter. And I believe there is an impression that the families in shelter are already in the line.

The threshold to meet for permanent support of housing that is chronically homelessness, you have to have an adult with a disability to meet that definition.

So our shelters and families that are staying in the domestic violence shelter, while they may be at the bottom of the list, they are still not eligible, because to be chronically homeless, the adult has to have a disability.

So it isn't just a matter of the couch-surfers not being able to get to the line. It is the families that are sitting in the line that we can't help because they are not meeting chronically homeless.

Mr. CLEAVER. I thank you for your generosity, Mr. Chairman.

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes the gentleman from Florida, Mr. Posey, for 5 minutes.

Mr. POSEY. Thank you very much, Mr. Chairman. And thank you for calling this hearing. Homelessness is not something that is on the radar every day, but it is a massive, massive problem, and I don't think anyone's districts are completely immune from it.

Ms. Lilley, I think your written testimony and your verbal testimony may be some of the most compelling that I have heard so far. Thank you very much for that.

I love Family Promise. My wife and I became aware of it, and we work through our church. And I know it is effective; I know what you are saying is the truth. It is another example of how much more productive, efficient, and effective privately operated functions can be than Government, monolithic, one-size-fits-all, you-are-in-or-you-are-out structures that clearly have not seemed to have worked very well, or there wouldn't be a need for so many of the other organizations, such as yours.

A question that demands an answer after reading all of your testimony, a couple times actually: How did you break the cycle? How did you free yourself and your family?

Ms. LILLEY. I was supported by Family Promise. And so I am actually the Deputy Director of the organization that served my family 4-1/2 years ago. So it was the support that allowed me through that process.

And they extended a lot of grace to me. Emergency shelters generally will time a family out after 90 days and ask them to exit and then reapply if there is availability. I stayed in shelter straight for more than 6 months.

I did receive assistance through Rapid Re-Housing on the back end of shelter to be able to house my family. And that supported me on my trajectory forward.

Once I exited the shelter and was stably housed, I wanted to give back. And so I started volunteering with Family Promise. A year after exiting shelter, I became a staff member and have just climbed up the ranks ever since, and homelessness has become my life since.

I think it is important to recognize in my personal story that I received some assistance that was HUD-funded that helped me

overcome my situation. It was after 6-plus months in shelter. It was after an extreme amount of time of struggling. My special boy, during my homeless situation, had two more long-term hospitalizations because the process was stressful for him, as it was for me.

But that HUD funding that helped me get back on my feet, I was able to utilize it before that 6-month mark. However, when you are looking at Rapid Re-Housing, I had to qualify for a landlord that was willing to take those funds and my family. As you can imagine, a lot of landlords look at an application and say, "Currently homeless, six kids, lower income than it used to be a year ago," and they go, "I think I will pass," especially when you are in communities with low vacancy.

And so it took a long time for me to find a landlord willing to work with me, which is why that may not have been the most effective across-the-board intervention that we are offering to families.

Mr. POSEY. How would you specifically suggest we redefine homeless eligibility at HUD?

Ms. LILLEY. Specifically, I think that we need to broaden the definition to align with other Federal systems. We need to include the families that are doubled up. We need to include the families that are living in a motel.

They are not stably housed. Most of these parents are out trying to figure out how they are going to pay for the motel room tomorrow. They are not sure how they are going to stay with a friend another week longer. They are sitting in bedrooms on floors with their children, telling them that they can't cry, telling them that they can't access the refrigerator because it is not their food.

It is not a housing situation; it is a floor, it is a cot, it is a blanket. And it is not acceptable. We have to expand it. We have to truly work to serve the most vulnerable and acknowledge that just because a family has four walls around them, that doesn't mean that they are not vulnerable.

There are a lot of assumptions that go into the Alliance saying that we're not—this expands it and we are no longer going to be serving the most vulnerable that they haven't done the research to back up. These families are vulnerable, they are being victimized, and they deserve a spot in the line for resources based on their vulnerability.

Mr. POSEY. If you could make one change besides the definition, what would that be?

Ms. LILLEY. I would allow communities to be able to use the resources that best fit their community dynamic and the current housing dynamic of that community. So if transitional housing is effective in a community and proven effective in a community, that HUD not prioritize it being defunded.

Mr. POSEY. Thank you.

I see my time is up. Thank you, Mr. Chairman. I yield back.

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes the author of 1511, the gentleman from Ohio, Mr. Stivers, for 5 minutes.

Mr. STIVERS. Thank you, Mr. Chairman.

And before I go to questions—I do want to ask a bunch of questions, but I want to acknowledge what Mr. Berg said initially, is

while we may disagree on this individual issue, I want to thank you for your passion and what you are doing to combat homelessness, because we are all on the same side on that even if we disagree about a particular issue.

And I want to acknowledge the folks back in Columbus, Ohio: Michelle Heritage, who I am sure you work with, Mr. Berg, who has been a friend of mine for 20 years, so I have known and worked with at Saint Vincent's and worked with her on combating homelessness at the Community Shelter Board. They are doing incredible work. They have been one of the most innovative organizations in the country; they continue to be. And while they may disagree with me on this issue, I consider them friends and know that we have the same goals in mind.

So I want to continue on what Ms. Lilley was just talking about. And because the Ranking Member and because Mr. Berg have brought it up, I just want to be really clear what this bill does and doesn't do.

This bill is about taking invisibly homeless people that are seen as invisible today—by the law, they are invisible. That is tragic. It is unacceptable. It produces very bad results for those people and allows them to be taken advantage of—and brings them into the light and allows them to be counted. That is what this bill does.

It does not prioritize them, does not put them in line in front of anybody else. The communities can decide who they want to serve based on who has the most emergent need and who is in the most danger. But it brings those invisible people into the light. That is what we should be about.

And then I am—I want to pledge to all of you, I will be fighting for resources.

But I do want to start a few questions by asking Ms. Duffield, so tell me, does this bill require anybody to move to the front of the line?

Ms. DUFFIELD. No, it does not. It simply means you are eligible to be assessed on the same vulnerability indicators as anybody else. You are not to the front of the line. You are in the line. You are actually being seen by the same standards.

And, again, my testimony provides data showing that these children are every bit as in dire straits as anybody else.

Mr. STIVERS. Thank you.

And that is where I want to move to Ms. Lilley, on that, because you have been so eloquent already on this issue. Talk about how these invisibly homeless people can be and are taken advantage of today in the name of getting them housed by friends, family, strangers, and other folks, either financially or in other ways taken advantage of, and how that makes them vulnerable and how they are—help us understand why they are vulnerable people.

Ms. LILLEY. Absolutely.

As we all know, people who are feeling desperation make choices out of that desperation, and they are not always choices that align with the end goal or that are safe choices to make.

We see families who are able to pay for a motel this week and next week come up \$30 short, so they are outside and they are asking people to come up with that money. And then someone will walk up to them and say, "You know what? I have 30 bucks. Let

me join you in your room.” So now a stranger has joined these children in a room because a family needed \$30 to pay for next week. And that is introducing the children to new, unknown dangers.

Also, when we are talking about community systems, community systems are important when we are looking at the human need for community. And when we are talking about family homelessness and children homelessness, it is very isolating. When you have families who are in shelter, there is a community there. Parents in a shelter look out for each other. They support each other. They cheer each other on.

Families who are experiencing homelessness in a motel or a situation where they are staying with others, it is not generally family. It is not generally grandma and grandpa. It is not generally aunt or uncle. A lot of times, it is strangers that happen to offer a place to stay. A lot of times, it is people that were in the past with a family who now have a place to stay.

I currently—it breaks my heart to say, I have a mom and a dad with a 3-week-old baby that on Monday decided to move in with someone they met 3 hours prior, because that was a better choice for them than going to the shelter with their vulnerable baby. That is not safe.

Mr. STIVERS. Wow.

Ms. LILLEY. They are not considered homeless anymore. And they are in dire need for that baby, who is at a key developmental stage and will be for the next 3 years, for an intervention to be offered.

So we are forcing families—we are telling families, “You are not homeless enough to help.” And then we are faulting them for being in situations that aren’t safe and keeping them in the shadows, when we are trying to draw them out so that we can help, so that we can assist. We want them to see the friendly face that says, “You are not alone. It can be OK.”

Mr. STIVERS. And I know I am basically out of time, but if I could just have each of the panel members, one at a time, say whether they believe these children should be counted or hidden in homelessness.

Ms. DUFFIELD. They should be seen and served.

Mr. BERG. I think the more data we have about all these problems, the better. So, certainly, if we can get information about who is living in what situations, that would be excellent.

Ms. LILLEY. Counted and served.

Ms. ROUNSVILLE. Counted and served.

Mr. STIVERS. Thank you.

I yield back.

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes the gentleman from Pennsylvania, Mr. Rothfus, for 5 minutes.

Mr. ROTHFUS. Thank you, Mr. Chairman. I want to thank you for calling today’s hearing.

And I would like to commend Representative Stivers for his hard work on this important issue.

The Homeless Children and Youth Act addresses a number of problems with our current approach to homelessness, but I want to start by focusing on one in particular. As HUD has prioritized one-

size-fits-all mandates, like Housing First, and connected those priorities to funding, it has pushed communities to move away from programs and strategies that actually work.

As a result, local organizations have lost out on necessary funding or have been forced to change their model. Ultimately, this hurts the very people we are trying to help: The poor, the vulnerable, and those in need of a helping hand.

One of the organizations that has been harmed is the HEARTH organization in my district. HEARTH is a transitional housing provider focusing on women fleeing domestic violence. Due to the one-size-fits-all approach pushed by HUD, HEARTH has faced pressure to completely change its model or risk losing funding. This is unfair to the western Pennsylvania families that need HEARTH in their community.

And I want to enter their statement on the Homeless Children and Youth Act into the record.

Mr. Chairman, if I could offer a statement from HEARTH into the record on the Homeless Children and Youth Act.

Chairman DUFFY. Without objection.

Mr. ROTHFUS. Ms. Lilley, you have both personal and professional experience with your homelessness relief programs. Could you comment on what happened in your community when HUD prioritized Rapid Re-Housing and permanent supportive housing?

Ms. LILLEY. Absolutely. I actually sit on the Ranking and Prioritization Committee on my Continuum of Care, so I know exactly the decisions that were made to try and meet the competitiveness of the COC.

In my community, we have only a couple transitional housing programs. One of them specifically serves families with children. We have My Transitional Housing Program, which is exclusively privately funded; I don't ask for HUD money for it.

And then we have a transitional housing program that—it is a borderline. Under HUD's definition, it is considered transitional housing. However, it truly hits an emergency need for unaccompanied women in our community, in that it only serves women, and it is a short-term transitional housing program. It maxes at 6 months instead of the 2 years for the most markers.

When HUD pushed the prioritization, saying that we really needed to focus on Rapid Re-Housing and that we really needed to focus on permanent supportive housing, as you can imagine, these are things that we would love to expand in our community, but they take infrastructure. And infrastructure takes time to develop, especially when you are talking about permanent supportive housing, which requires units, a lot of units, to meet that need.

Our Continuum of Care looked at how we were meeting that need and decided that, to stay competitive as a continuum, although our family transitional housing program, which was large, was high-performing, had highly successful outcomes and lower recidivism rates, we had to remove funding from that program and reallocate it to a different program. It was actually a new program, so we weren't sure how that was going to play out, but it matched the HUD priority. As a result, this transitional housing program had to struggle the next year to backfill the funding that was removed from them.

In my community, the women's transitional housing program in this last go-around, they did not receive COC money because of the HUD priority. And, in addition, because the city has decided to align with the HUD priorities for ESG and CDBG (Community Development Block Grant) money as well, they did not receive their ESG or CDBG money either. That shelter closed last week.

Mr. ROTHFUS. Ms. Rounsville, I understand the transitional housing project in your area lost Federal support as a result of HUD's push to deprioritize transitional housing.

Does transitional housing have a good track record in your area?

Ms. ROUNSVILLE. Transitional housing in our world was ideal. We held the lease. We could take high-barrier families. Landlords had worked with our agency for 50 years, so we didn't have a problem with getting that housing provided.

The Rapid Re-Housing is also a good model, but it is not a one-size-fits-all. Having the Rapid Re-Housing, especially under the stimulus—we had about \$900,000 for 2 years, as opposed to now we get, like, \$60,000 for 2 years. But having those two services available in the community really complemented each other.

We had our high-barrier families where you are the single mom that is 21 with five kids. Transitional housing gave us more time. It had intensive case management. They could seek mental services or if they had kids with disabilities, addiction counseling, those sort of things.

Versus the Rapid Re-Housing model—ideally, it works best for first-time homeless, low-barrier. Rapid Re-Housing would be an ideal program for the issue that we face with our foster care system. Our families that have their children removed, placed in foster care, we have our human services that have a group of those. If those people could just find housing, they could get their kids back. That is not a program—they are not eligible for our services.

But if we could take a program like Rapid Re-Housing and target it, or transitional housing, to that population, we could bring our families back together, we could support our families, as opposed to increasing the number of children remaining in foster care that as teenagers are either running, staying with other people, or they are aging out of foster care and then we are hitting on the other end as chronic homeless later on.

Mr. ROTHFUS. Thank you.

I yield back.

Chairman DUFFY. The gentleman yields back.

The Chair recognizes the gentleman from Michigan, Mr. Trott, for 5 minutes.

Mr. TROTT. I want to thank the Chairman and the Ranking Member for organizing this hearing today and also thank the panel for your time today but also and perhaps more importantly for all the good work you no doubt do every day back in your communities.

Mr. Berg, so all of the other panelists have disagreed with your assertion that someone who is in a situation, a drug den or an abusive situation or maybe a potentially trafficking situation is eligible for the COC program. Do you stand by your position in that regard?

Mr. BERG. Yes, absolutely. I would recommend the committee get HUD in here and let them explain all the rules that they have in place.

Let me just be clear, though, we are talking about eligibility because this bill addresses eligibility. The program is not funded well enough—

Mr. TROTT. Let's talk about that in a minute.

Mr. BERG. —to help everyone who is eligible. So that is a separate problem. And that is why a lot of people who need help aren't getting it.

Mr. TROTT. So the other panelists are just wrong with respect to their definition of eligibility. Is that what you are saying?

Mr. BERG. I think that to the extent that they have said what you said, that is not correct.

Mr. TROTT. You said that HUD needs to ascertain what programs are working and this bill undermines that. How does it do that?

Mr. BERG. Well, several provisions in the bill would prohibit HUD from setting various kinds of priorities, even though Congress has been quite clear over 20 years that they want HUD to set priorities based on what works best.

Mr. TROTT. OK. So that is the basis for that conclusion.

Mr. BERG. That and also the concern that, by massively expanding who is eligible for the program, there would be an overwhelming effect that would prevent—

Mr. TROTT. Would you be supporting the bill if there was more funding?

Mr. BERG. That is hard to say.

Mr. TROTT. I am trying to determine whether really your opposition is based on lack of resources or some other, more fundamental concern.

Mr. BERG. The fundamental concern is that this program has a very specific purpose, which is to quickly get people who are in immediate danger because of their housing situation out of that.

There are a lot of other people, millions of people, who are being hurt by the fact that they don't have decent housing. I think there are other approaches to that that would work better to fix that problem.

Mr. TROTT. I appreciate that.

Do you agree with Ms. Rounsville's concern that the program, as currently configured, favors urban areas over rural areas?

Mr. BERG. I am concerned about that. I can't say definitely yes or no, but it is definitely a concern of ours.

Mr. TROTT. So this is to the entire panel.

Ms. Lilley, you have already responded quite eloquently, and your comments I found to be very powerful and persuasive. So you can certainly add in another suggestion besides community flexibility, but this is for the entire panel.

The COC program, what one or two changes would you make, other than the debate we are having regarding the eligibility definition?

Ms. DUFFIELD. I think the Homeless Children and Youth Act does what needs to be done, which is to go back to the original purpose of the COC, which is to really have the communities figure out

what they need, as opposed to having HUD tell them what they need.

So if those projects were scored based on a local plan and local plans that will identify whether they were for a local plan, then we would see a flexible, effective system. But right now it is a very heavy-handed system. There is no competition. The only competition is how well you can meet HUD's priorities.

Ms. ROUNSVILLE. I would agree with that. I think, in terms of the Continuum of Care process, if there was an opportunity to bring back programs like transitional housing that we knew worked within our communities, or if there was a way that our local communities could look at what our needs are—as I have talked about, in a 69-county area, trying to do a coordinated entry system that is identical through a 69-county area using a screening tool that maybe your local groups don't agree with but another community wants, there are so many pieces that are required now in this geographic area, and when it becomes a 69-county area, it is very difficult to get everybody across that spectrum to follow one-size-fits-all.

If there was flexibility that local communities or local regions could each have their own process and prioritize what our needs are, that would make sense. And maybe in another community, chronic homeless is their focus, and they need to continue serving that population. But that doesn't preclude another group within the Continuum of Care from serving children in foster care, homeless and runaway youth, or other populations that may be what our highest need is.

Mr. TROTT. Great. Thank you.

I will yield back.

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes the gentleman from Texas, Mr. Green, for 5 minutes.

Mr. GREEN. Thank you, Mr. Chairman. Thank you, as well, to the Ranking Members and the witnesses.

I would like to visit with you about empirical evidence. What I would like to know first is, are we spending too much money on homelessness? If we are and you believe we are, would you kindly extend a hand into the air?

Please allow the record to reflect that none of the witnesses have extended a hand into the air.

Mr. BERG. Could I just extend one finger in the air? Because we are spending a lot of money on homelessness, not to solve it, but to deal with it and manage it. Jails are spending money on homelessness. Mental health systems are spending money on homelessness. We are spending a lot of money on not solving the problem.

Mr. GREEN. Are we spending too much is the question.

Mr. BERG. We are spending too much money not solving the problem. We are not spending nearly enough to solve the problem.

Mr. GREEN. Because we are not helping enough people, does that mean that we are wasting money? If you think so, would you kindly extend a hand into the air?

Let me continue then.

If you think we are wasting money, give me one empirical piece of evidence of how we are wasting it.

I think, Ms. Lilley, you had some evidence?

Ms. LILLEY. Well, I do.

So Mr. Berg continues to say that the families that we are trying to expand this definition to serve are already able to be served under the Continuum of Care. And what I keep reiterating is that they are not able to be served adequately based on their vulnerability score, which is fiscally irresponsible.

Because we are saying that if you want assistance and you need assistance, we can offer you one form of assistance, regardless of whether or not your family has a chance of that form of assistance—

Mr. GREEN. A quick follow up, if I may, Ms. Lilley.

Ms. LILLEY. Yes.

Mr. GREEN. Are you indicating that because we are helping some and we are not helping others that that is a waste of money?

Ms. LILLEY. I am indicating that because we cannot—

Mr. GREEN. I didn't quite get the answer to my question. Are you indicating that because we are helping others who need help that we are wasting money?

Ms. LILLEY. No.

Mr. GREEN. OK.

Now, here is where I think we are. I think we are victims of a lilliputian conviction that the poor can do more with less and that the rich need more to do more.

It really is painful to see you at odds with each other because we have decided that there is a finite amount of money that is available. It is very painful to see this happening, especially given that we are the richest country in the world, especially given that we continually tout the expanding economy and we talk about how great Wall Street is doing and how people are faring so well. To see you have to combat each other over some—did you say 4 percent, Mr. Berg?—4 percent of HUD's budget, 4 percent, when, the truth be told, we need to expand the budget.

Now, I know that there are those who would say that if you pass this bill we will expand the budget because we will appropriate the funds at the appropriate time. Well, there are ways to ascertain what will be needed for that appropriate time before we pass the bill.

I believe that we ought to help every person that you have called to our attention, Ms. Lilley. I really do. I think yours is a noble cause. It is not a quixotic effort. It is noble.

And, Mr. Berg, I believe you want to make sure that all the people who have been getting help continue to get help. But with this lilliputian theology—and it is almost a theology; not really—but this belief that the poor can do more with less, keep the finite amount of money, but expand the number of people who need it, and then have the debate that I see here today, which is very painful, very painful.

I yield back the balance of my time.

Chairman DUFFY. The gentleman yields back.

The Chair now recognizes one of the coauthors and sponsors of this legislation, the gentlelady from the great State of Wisconsin, Ms. Moore, for 5 minutes.

Ms. MOORE. Thank you so much, Mr. Chairman.

And I do want to thank the witnesses and apologize for my late arrival, but I am very, very interested in this topic.

And I just want to associate myself with some of the comments that the gentleman from Texas just made, because it is painful to recognize that there is a dearth of funding to address this bill.

I guess I have a comment before I ask any questions. I have found myself 67 years old, and, I am a person who has always had a sea of income—I have had an island of income in a sea of need. And so friends and family and strangers and others—I have taken in many homeless people. And the minute you take them in and they get a place on your couch for a night, they are no longer considered homeless, even though you are unable to extend that beyond a few days. And so that was, of course, my interest in this bill.

I also understand the plight of runaway youth. And children in my community—we have one in four kids who go to bed hungry every night, so those folks who would qualify under the Child Nutrition Act.

But I am empathetic with the notion that we are scrambling over crumbs that are falling from the master's table. And this bill has been very well-intentioned over the years, but it has never come with the commitment to actually fund these programs.

I am wondering, Mr. Berg—and forgive me if you are going to be repeating yourself because I was absent, but do you have some sense of how we can prime the pump to really meet the needs of all homeless people?

And I do believe that you sincerely want to see us address homelessness. You mentioned we are spending money but we are not addressing it. Can you just share with me what you think would be worthy of our consideration?

Mr. BERG. Sure. Absolutely.

And thank you, Ms. Moore. I know you were a great proponent of the HEARTH Act a few years ago—

Ms. MOORE. Yes.

Mr. BERG. —that changed the eligibility rules, expanded the eligibility rules.

But really what we are looking at in terms of a broader housing campaign, we are working with a lot of different organizations, including people from the education field, the healthcare field, to address the problem that we all recognize, that people don't have housing that they can afford. Whether they end up homeless as a result or whether they end up on your couch, they still need help.

We need more investment in rent subsidies. We need more building of houses that are affordable to people with those rent subsidies. And we need short-term help too. I mean, this is something that a lot of communities are understanding. They are looking—

Ms. MOORE. So I guess what you are saying is that this is a well-intentioned bill, but there are some things we need to do preliminarily. Is that what you are suggesting?

Mr. BERG. Yes. I mean, thinking you can really solve these problems by changing the eligibility rules in this little homeless program, that is not—

Ms. MOORE. I mean, for example, I was stunned to learn just recently—we haven't raised the minimum wage in a dozen years.

And I don't care how hard you work, there is no housing anywhere in the United States of America, urban, rural, ex-urban, a person cannot afford a two-bedroom apartment anywhere in America off a minimum wage job. So they are at risk of homelessness.

So when you expand eligibility, if I am hearing you correctly, you may be bringing in a universe of people who earn the minimum wage. Is that—

Mr. BERG. Right.

Ms. MOORE. —a takeaway?

Mr. BERG. Right.

Ms. MOORE. OK.

Any of the rest of you have anything to offer in my 8 seconds?

Ms. DUFFIELD. I would like to comment.

We are aligning definitions. This isn't adding millions of people. We are actually talking about creating efficiencies.

Ms. MOORE. OK.

Ms. DUFFIELD. The HEARTH Act changes didn't work, or we wouldn't be here. Those categories that were added are not meeting the needs of the most vulnerable. We are actually creating a system that is so complicated that we spend millions of dollars on technical assistance to figure it out. We have flowcharts, like this, for the definition of chronic homelessness.

So what is the better use of time? Documenting all of this, figuring out the three layers, figuring out all the regulations HUD added on to those categories, or talking to a school social worker who knows the child, talking to a Runaway and Homeless Youth Act program who knows the child? What is a better use of time? Taking advantage of existing systems that have identified these kids already and helping them collaborate better and leverage services, or running around documenting their status and all the many hoops that HUD has put before these children?

Ms. MOORE. I can see that my time has expired. I just want to thank the Chairman for his generosity, and I yield back.

Chairman DUFFY. The gentlelady yields back.

Here, here, Ms. Duffield. Thank you very much.

I want to thank our panel. This has been wonderfully informational. I actually appreciate the debate that you all had. That is actually helpful to us. It is inspiring that we can go back and forth and hear a rigorous conversation. So thank you.

The Chair notes that some Members may have additional questions for this panel, which they may wish to submit in writing. Without objection, the hearing record will remain open for 5 legislative days for Members to submit written questions to these witnesses and to place their responses in the record. Also, without objection, Members will have 5 legislative days to submit extraneous materials to the Chair for inclusion in the record.

Without objection, this hearing is now adjourned.

[Whereupon, at 11:22 a.m., the subcommittee was adjourned.]



# **A P P E N D I X**

June 6, 2018

**Testimony of  
Steve Berg  
Vice President for Programs and Policy  
National Alliance to End Homelessness**

**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.



**Testimony of  
Barbara Duffield  
Executive Director  
SchoolHouse Connection**

**Subcommittee on Housing and Insurance  
Committee on Financial Services  
U.S. House of Representatives**

**June 6, 2018**

Good morning, Chairman Duffy, Ranking Member Cleaver, and Members of the Subcommittee on Housing and Insurance. Thank you for the opportunity to provide testimony this morning about the ways in which HUD homeless assistance must be reformed to prevent future generations from experiencing homelessness.

My name is Barbara Duffield, and I am Executive Director of SchoolHouse Connection. We are a national organization working to overcome homelessness through education. We provide strategic advocacy and practical assistance in partnership with early childhood programs, schools, institutions of higher education, service providers, families, and youth. We also support youth and young adults directly through a youth scholarship and leadership program. Our advocacy is guided by the belief that change must be rooted in the realities of local communities. We listen and learn, then advocate and implement.

I've worked at the intersection early care, education, housing, and homelessness for nearly twenty-five years. In that time, early care and education programs have greatly improved their responses to youth and family homelessness. In contrast, U.S. Department of Housing and Urban Development (HUD) policy on homelessness continues to present significant barriers to children, youth, and families, as well as to the agencies who are charged with helping them. These barriers revolve largely around HUD's definition of homelessness, and the kinds of national priorities that HUD has imposed on local communities.

The Homeless Children and Youth Act, HR 1511, is bi-partisan legislation that includes critical reforms to align HUD homeless assistance with other federal systems, and to allow communities to use HUD funding more flexibly, effectively, and appropriately to meet the needs of all populations – including children, youth, and families. My testimony explains why these reforms are urgently needed if we are to truly prevent and end homelessness.

## I. THE DISPARITIES BETWEEN FEDERAL DEFINITIONS OF HOMELESSNESS

Federal agencies use different definitions of homelessness for the various programs that they administer. While some definitions of homelessness are promulgated through regulations, the two most widely used definitions of homelessness are codified in statute.

The U.S. Department of Education (ED) definition of homelessness, used by all public schools in the United States, includes children and youth who lack a fixed, regular, and adequate nighttime residence. This definition specifically includes children and youth living in shelters, transitional housing, cars, campgrounds, motels, and sharing the housing of others temporarily due to loss of housing, economic hardship, or similar reasons. This is the same definition of homelessness used by Head Start, federally-funded child care programs, child nutrition, and other federal family and youth programs.

With few exceptions, the U.S. Department of Housing and Urban Development (HUD) definition of homelessness only includes people living in shelters, transitional housing, or on the streets or other outdoor locations. (See Appendix A for a chart of federal definitions of homelessness.)

## II. CHILD AND YOUTH HOMELESSNESS SHOWS NO SIGN OF DECLINE, AND CONTRIBUTES TO ADULT HOMELESSNESS

Schools and early childhood programs have an important and unique lens on youth and family homelessness. Public schools are universal institutions: they exist in all communities, including communities that do not have youth or family shelters, where shelters are full, or where shelter conditions preclude families or youth from staying in them. Under federal law, all public schools are required to identify and enroll children and youth who experience homelessness, and provide transportation when they move between different kinds of homeless situations. These unique features of schools make them a more accurate national barometer of family and youth homelessness than HUD data, which is limited only to shelter capacity and people who can be observed to be staying outside during point-in-time counts in winter.

Schools and Head Start programs have not witnessed a decline in homelessness. Quite to the contrary, in school year 2015-2016, schools reported 1.3 million children and youth who were experiencing homelessness at some point in the year.<sup>i</sup> This number does not include children who were too young for school, were not identified as homeless, or were not enrolled in school. Nonetheless, it represents a 3.5 percent increase over the previous year and a 34 percent increase since the end of the recession in 2009. There is every indication that the 2016-2017 school year data, which will be released this summer, will show yet another increase. Similarly, Head Start programs, which use the same definition of homelessness as public schools, and also are required by law to identify children who experience homelessness, have reported increases. The number of children experiencing homelessness at some point during the Head Start program year has nearly doubled over time, from 26,200 in 2006-2007, to 52,708 in 2015-2016.<sup>ii</sup>

In addition to many years of data from federal programs, we now have the best research on youth homelessness that we have ever had: Chapin Hall at the University of Chicago's Voices of Youth Count (VoYC) initiative. This public-private research initiative, funded in part by HUD, found that 4.2 million young people experienced homelessness on their own in America over a 12-month period.<sup>iii</sup> This means that one in ten young adults aged 18-25, and at least one in 30 adolescents aged 13-17, experienced some form of homelessness unaccompanied by a parent or guardian over the course of a year. While we do not have trend data yet from this initiative, we now know that youth and young adult homelessness is widespread, and that public schools, institutions of higher education, early childhood programs, and especially HUD data undercount it.

Perhaps most importantly, Chapin Hall's research demonstrates that child and youth homelessness are inextricably linked, creating strong pathways to adult homelessness. The study found that youth homelessness often starts early in life, with the majority of homeless young adults having experienced homelessness in childhood or adolescence. It also found that more than one in three homeless young women are pregnant or parenting. Their babies and toddlers are starting their lives homeless, leading to poor health and education outcomes that place them at greater risk of homelessness later in life. Other research demonstrates that youth homelessness is by far the largest pathway into entrenched single adult homelessness.<sup>iv</sup> Taken as a whole, these findings reveal that child homelessness often leads to youth homelessness, and then to adult homelessness, where children of homeless youth and adults may start the cycle again.

Finally, the research counters the notions that homelessness can be "ended" simply by providing housing to people who are currently homeless, and by focusing on a narrow definition of homelessness. VoYC demonstrates that there is a massive, constant stream of new youth into homelessness over time; that "couch-surfing" is often unsafe; and that many serious challenges, such as addiction and mental health problems, stand in the way of getting out of homelessness.

Based on this research, and our close relationships with educators, service providers and homeless youth across the country, it is our contention that HUD's current approach to homelessness – largely reactive, focused on adults, and focused on housing alone – is failing America's children and youth. If it continues to fail them, we will see all forms of homelessness persist. We must recognize and respond to the unique needs of children and youth if we are to reduce homelessness for all populations. This means changing HUD homeless policy.

### **III. HOMELESSNESS AMONG CHILDREN, YOUTH, AND FAMILIES IS A DIVERSE, DYNAMIC, AND FLUID PHENOMENON.**

Most children and youth who experience homelessness are invisible to the public eye. They don't stay in shelters, because shelters don't exist in their communities, shelters are full, shelters have limited stays or other restrictions, or shelters are perceived – sometimes rightly so – as dangerous places for children and youth. Families fear child welfare involvement if they

are found staying outside; youth and young adults fear predation in adult shelters. As a result, most homeless children and youth stay temporarily with other people in unstable and often unsafe situations. Their homelessness may start by staying with someone they know, but often spirals into staying with anyone who will take them in. Nearly 76 percent of homeless students enrolled in public schools in the 2015-2016 school year were staying in these “doubled-up” situations when they were first identified as homeless by school personnel.<sup>v</sup> Many other children and youth stay in motels, either paid for by charity or with whatever meager, inconsistent income their family may have. Approximately 7 percent of homeless students were in motels when they were identified by schools. Only 14 percent of homeless students were in shelters, and just over 3% were unsheltered.

These are not static categories, with different kinds of homeless children and youth staying consistently in one kind of living situation. Rather, homelessness is fluid and inherently unstable. Homeless youth and families move frequently among different living situations. For example, VoYC found that 72 percent of youth who experienced “HUD homelessness” (generally, sleeping on the streets, in a car, or in a shelter) said they also had stayed with others while homeless. Fifty-two percent felt unsafe while staying with others.

Many schools can document mobility and histories of homelessness during a year and over multiple school years. For example, the Anchorage School District has analyzed trend data on homeless students. In this last school year alone, nearly 23 percent of homeless students had more than two addresses, and 24 percent had three or more addresses, with many moving between shelters and doubled-up situations. In Independence, Missouri, 68 percent of homeless students had 1-2 moves in the 2017-2018 school year; 25 percent had 3-4 moves, and 7 percent had more than five moves. The number of motel addresses provided for these moves were twice as many those of shelter addresses, and the number of doubled-up addresses were ten times as many as those of shelter addresses. In Winnacut, New Hampshire, only half of the identified homeless students stayed in the same homeless situation for the entire school year; the rest moved between “ED homeless” (meeting the education definition of homelessness) and “HUD homeless” categories two or three times. Within the 2017-2018 school year, one family’s trajectory looked like this:

- shelter (met HUD and ED definition)
- transitional living shelter, then kicked out (met HUD and ED definition)
- winter rental, then evicted (met neither ED nor HUD definition while renting)
- staying with uncle, then kicked out (met ED definition)
- sleeping in van (met HUD and ED definition)
- motel hopping (met ED definition)

- camping (met HUD and ED definition)

The reality that homelessness is fluid and inherently unstable is acknowledged by federal programs that focus on the needs of infants, toddlers, children, youth, and young adults. Public schools, Head Start programs, Early Intervention providers under Part C of the Individuals with Disabilities Education Act, Child Care and Development Fund programs, institutions of higher education, and the National School Meals program use the definition found in the education subtitle of the McKinney-Vento Act. Congress affirmed this definition of homelessness as recently as 2015, with the reauthorization of the education subtitle of the McKinney-Vento Act by the Every Student Succeeds Act. The Runaway and Homeless Youth Act uses a definition of homelessness that includes youth for whom it is not possible to live in a safe environment with a relative, and who have no other safe alternative living arrangement.

In contrast, HUD's definition of homelessness is practically limited to people who are staying in shelters or on the streets. HUD also has promulgated and prioritized a definition of "chronic homelessness," which is extremely complex and particularly difficult for families to meet; moreover, it does not include families where a child has a disabling condition (see Appendix B for HUD's flow chart of the chronic homelessness definition).

#### **IV. HOW DOES HUD'S DEFINITION OF HOMELESSNESS CREATE BARRIERS FOR CHILDREN, YOUTH, AND FAMILIES?**

##### **1. HUD's definition of homelessness excludes some of the most vulnerable children, youth, and families from accessing the help they need.**

There is little evidence to suggest that children and youth who are considered homeless under ED's definition because they are staying with others temporarily, or whose family is paying for their motel room, are less vulnerable than those who meet HUD's definition of homelessness. Simply put, where homeless families and youth happen to lay their heads at night does not determine their risk or vulnerability. When I described the debate over federal definitions of homelessness to one remarkable young woman who has experienced many forms of homelessness, including sleeping outside and staying with others, she replied, "The open sky never made me bleed."

A number of studies indicate that homeless children and youth who are staying with others are just as vulnerable as those in shelters or even sleeping outside. For example, the vulnerability of unaccompanied youth who have no option but to stay with others is well documented. A study of homeless youth in Los Angeles reported that: "Staying with a stranger exposes adolescents to greater threats of violence and victimization than shelter stays, and staying with a stranger may put young people at particular risk for sexual exploitation."<sup>vi</sup> The same study found that African-American youth and LGBT youth were more likely to stay with strangers, placing them at greater risk than their white and heterosexual peers. They are at risk of trafficking, abuse, neglect, and other harms. Multiple studies in rural and urban areas have found approximately 40 percent of unaccompanied homeless youth are victims of trafficking. More than a quarter of

youth experiencing homelessness say that they'd agreed to sexual activity with someone in order to have a place to sleep.<sup>vii</sup>

Additional evidence comes from Chicago, where the Families in Transition project (“FIT”) is addressing family homelessness through a joint collaboration between the Department of Family Services and the HomeWorks Campaign. Families meeting the McKinney-Vento education definition of homelessness in six high-poverty elementary schools were assessed and prioritized for housing based on the HUD Vulnerability Index (VI) score (with a requisite VI score over 6) via the Coordinated Entry System standardized assessment tool. The 2018 data show that, of FIT-eligible families, families staying in shelters and those staying in doubled-up situations received comparable VI scores.<sup>viii</sup> Compared to HUD-homeless families, doubled-up families had greater mental health needs, higher rates of medical conditions making it difficult to carry out the activities of daily life, and similar rates of other vulnerabilities, such as domestic violence and substance abuse. In addition, families staying with others were significantly more likely than HUD-homeless families to have experienced homelessness on more than one occasion in the past three years.

Academically, children and youth identified under the McKinney-Vento Act who are staying in motels or with others temporarily (“doubled-up”) fare as poorly on academic assessments, have nearly identical gaps in credit accrual, have nearly identical rates of suspensions and expulsions, and share the same low graduation rates as children and youth who are in shelters or who are unsheltered.<sup>ix</sup> They also share similarly poor health. For example, among New York City’s high school students in 2015, homeless students staying with others or staying in a motel were at least as likely as students living in homeless shelters to get four or fewer hours of sleep, miss breakfast every day in the previous week, be unaccompanied, and not get at least 60 minutes of physical activity per day in any day during the previous week.<sup>x</sup>

Young children – infants, toddlers, and preschoolers – also face significant harm while staying with others in “doubled-up situations,” or in motels. They may be kept in car seats and other confined places, stunting their motor and other developmental skills. They are shushed and restrained in order not to get their family kicked out from wherever they may be staying. Infants are at risk of Sudden Infant Death Syndrome if they are sleeping on couches with their mothers. Young children and their mothers may not have access to adequate food, and suffer the developmental consequences of malnutrition. They may be less likely to be enrolled in quality early childhood programs, since they are not in a readily identifiable place like a shelter.<sup>xi</sup> They are exposed to violence, disruption of routine, and other traumas that set them back in life, before they even start school.

Despite their extreme vulnerability, homeless children, youth, and families who do not meet HUD’s definition of homelessness are not able to be assessed for HUD homeless assistance through the coordinated entry system. This means that some of the most vulnerable children and youth are barred from services that they desperately need. Coordinated entry presents many challenges, as described by other witnesses here today. But the reality, given high levels of need, is that some kind of prioritization or triage based on risk or “acuity” is necessary. For

services to be effective in ending homelessness, access must be determined by overall levels of vulnerability and need, rather than simplistically and arbitrarily by where a child or youth happens to be sleeping at any given time.

**2. HUD's definition of homelessness keeps homeless children and youth invisible, limiting public and private action to address their needs.**

HUD's definition leaves out the vast majority of children, youth, and families who experience homelessness. This is particularly true in rural areas. VoYC found that the prevalence of youth and young adult homelessness in rural and urban areas is statistically identical, but rural homelessness is more hidden. In any community without a shelter for families or youth, or where those shelters are full, or unavailable, the only homeless families or youth counted or served by HUD are those observed staying outside.

The failure of HUD's definition of homelessness to include most children, youth, and families who experience homelessness means that these children and youth do not show up in counts that are considered "official" by local, state, and federal government, as well as private philanthropy. HUD data thus paint a picture of a smaller problem. In addition, metrics for "ending" homelessness are based on HUD's definition, and thus lead to skewed claims of progress on youth and family homelessness. The end result is a homeless response system that continues to be focused "downstream" – on adults who have serious problems, many of whose homelessness might have been prevented if communities responded earlier, using an accurate definition of child and youth homelessness.

**3. HUD's definition of homelessness hinders efforts at prevention by making it much more difficult for public schools, institutions of higher education, and early childhood programs to accomplish their missions. Each of these systems is critical for preventing and ending homelessness in the long-term.**

HUD's definition is an impediment to leveraging the early care and education that can change the trajectory of children and youth's lives, and prevent future homelessness. VoYC found that the top three factors associated with higher risk of young adult homelessness are 1) not having a high school diploma or GED (346% higher risk of homelessness as a young adult); 2) having a child (200% higher risk of homelessness as a young adult); and 3) having a low income (162% higher risk of homelessness as a young adult). These top factors are related directly to early childhood programs, public education, and higher education.

Stabilizing homeless children and youth through access to HUD homeless services could benefit their health, development, and academic attainment. Graduating from high school protects against young adult homelessness. Obtaining a college degree leads to significantly higher salaries, better health, and home ownership, again protecting against homelessness.<sup>xii</sup> Early childhood programs for young children not only prepare children for later academic and life success, but also allow parents to search for work and housing. For these reasons, education is the surest path out of homelessness. Yet it is extremely challenging for early childhood

programs, public schools, and higher education institutions to collaborate with HUD homeless assistance programs when the majority of the homeless children and youth they are required to identify and serve are not eligible for any HUD homeless services, or are not eligible for the HUD homeless assistance programs from which they could benefit the most.

Early care and education programs often are marginalized in community discussions of homelessness because of the differences in federal definitions. They are forced to focus on an extremely narrow subset of the children and youth they serve in order to sustain a collaboration. Their definitions and data are not taken seriously, and their work is not seen as pivotal to ending homelessness. If the HUD definition were aligned with the definition used by other federal programs, early care, education, and housing collaborations could be powerful, allowing all systems to maximize resources to promote children's health, development, and the academic success they need to obtain decent jobs and afford housing as adults.

**V. THE CHANGES TO HUD'S DEFINITION OF HOMELESSNESS IN THE 2009 REAUTHORIZATION OF THE HEARTH ACT HAVE FAILED TO REMEDY THESE PROBLEMS.**

The debate over HUD's definition of homelessness has a long history, resulting in some changes to the HUD homeless assistance statute in the 2009 reauthorization. However, the barriers for children, youth, and families presented by HUD's definition have continued for the following reasons:

1. While the statute appears to recognize homelessness under other federal definitions, the language places arbitrary and convoluted requirements on people who are homeless under those definitions, requiring multiple moves within a specified time period and prescribing a minimal number of disabling conditions. ("Category 3" of the HUD definition). In essence, the statutory definition itself excludes most children and youth who are homeless, and predicates eligibility on a mandatory period of suffering and struggle that ultimately damage children, creating the potential for lifelong challenges.
2. For those children and youth who are homeless under other federal definitions, and who have moved multiple times, and who meet the other pre-requisites of "Category 3," the statute requires communities to request special permission from HUD to use HUD homeless assistance funds to serve them. To date, HUD has denied every such request from every community, with no written explanation (see Appendix C for HUD's FOIA response to the Chicago Coalition for the Homeless documenting HUD's pattern of excluding Category 3). Many other communities have not applied to use funds for Category 3 because of the difficulty of proving eligibility, HUD's systematic defunding of the program models for which families and youth in Category 3 are eligible, and verbal communication from HUD that it has not and will not grant permission to use this category.

3. HUD has restricted eligibility further through regulations that impose significant documentation requirements for establishing homelessness under all the categories added in 2009, adding to the complexity of the statutory definition.<sup>xiii</sup> Families and youth cannot produce required documentation as they struggle with the instability and trauma of homelessness. In fact, the McKinney-Vento Act recognizes this in the Education subtitle, which allows children and youth to be enrolled in school immediately, without any of the typically required documentation. HUD's policies, however, ignore the real difficulties of obtaining and preserving documents while homeless.
4. HUD also has used its Notice of Funding Availability (NOFA) to limit services to children and youth. Though the NOFA, HUD has restricted the eligibility of people who are homeless under the categories of homelessness added in 2009 to certain program models, while simultaneously defunding those program models (transitional housing and supportive services).<sup>xiv</sup>

**VI. HUD HAS IMPOSED NATIONAL PRIORITIES FOR POPULATIONS AND PROGRAM MODELS THAT DON'T WORK FOR MANY FAMILIES AND YOUTH IN MANY COMMUNITIES, AND THAT CREATE BARRIERS TO PERMANENT EXITS FROM HOMELESSNESS.**

Homelessness looks different in communities across the country; it is shaped by local economies, housing markets, demographic trends, and social problems, such as opioid or methamphetamine use. The local resources available to address homelessness for specific populations also vary considerably.

Despite these diverse local contexts for homelessness, HUD has created strong, federal incentives and requirements for certain kinds of housing models, like Rapid Rehousing, and for certain populations, like chronically homeless adults, that do not match all communities' needs. Even when communities identify greater needs for other populations or program models, they must adopt national priorities in order to be competitive for funding.

In addition, the program models and priorities established by HUD are predicated on the view that homelessness is primarily, if not exclusively, a housing problem, solved by housing alone. This view has marginalized program models that address the complex root causes of homelessness, and that provide enough time to ensure that families and youth will be able to sustain housing on their own once they leave the program.

In particular, we are concerned that Rapid Rehousing – an intervention with origins in response to the recession, where many families needed short-term housing assistance to recover from homelessness due to foreclosure or job loss – has been overprescribed, including for families suffering from deep poverty and its complications. In some jurisdictions, many families cannot maintain their housing once the subsidy ends. Consequently, they experience repeated homelessness, re-traumatizing them and their children.<sup>xv</sup> Unaccompanied homeless youth

under age 18 – the population for whom lack of shelter is the greatest challenge – are not old enough to sign a lease, which precludes Rapid Rehousing as a viable option.

Above all, we are concerned with the outcomes of HUD’s preferred program models on the development and well-being of children and youth, including educational outcomes. New research suggests that priority access to Rapid Rehousing may not be best for students experiencing family homelessness.<sup>xvii</sup> In fact, when housing interventions were analyzed in light of up to four years of school records, students assigned to Rapid Rehousing had lower average attendance and lower math and reading achievement than children receiving only typical shelter services. In the comparisons that involved only permanent housing subsidies and Rapid Rehousing, homelessness was associated with achievement gaps in both math and reading achievement that persisted over years. Homeless and housing interventions must be judged on their long-term impact on children and youth, including their educational outcomes; if they are not, children and youth will continue to cycle in and out of homelessness over their lifetimes, mired in poverty and its ill effects.

**VII. HUD HAS IMPLEMENTED POORLY PROVISIONS IN THE 2009 REAUTHORIZATION DESIGNED TO INCREASE ACCESS TO EARLY CARE AND EDUCATION. AS A RESULT, CHILDREN AND YOUTH CONTINUE TO FACE BARRIERS TO THE EARLY CARE AND EDUCATION THAT CAN STABILIZE THEM, AND ULTIMATELY HELP THEM ESCAPE POVERTY AND HOMELESSNESS AS ADULTS.**

The 2009 reauthorization of the HEARTH Act included four specific provisions designed to improve access to early care and education:

Section 427(B)(iii): The Continuum of Care applicant will be required to demonstrate that it is collaborating with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services.

Section 426(b)(7): The Continuum of Care applicant will be required to demonstrate that it is considering the educational needs of children when families are placed in emergency or transitional shelter and is, to the maximum extent practicable, placing families with children as close to possible to their school of origin so as not to disrupt the children’s education.

Section 426(b)(4)(C): Project applicants must demonstrate that their programs are establishing policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.

Section 426(b)(4)(D): Project applicants must demonstrate that programs that provide housing or services to families are designating a staff person to ensure that children are

enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

HUD has done little with these demonstrations and assurances. Almost ten years after they became law, most providers I meet – and certainly most educators – are not even aware that they exist. In the 2017 NOFA, HUD provided for “up to” one point in the plan to end homelessness for households with children for demonstrating that families are informed of and receive referrals to educational services. In the plan to end youth homelessness, HUD awarded “up to” one point for demonstrating collaboration with school districts. HUD has not asked communities for the names of staff people designated by HUD homeless programs to ensure children are enrolled in school and connected to early childhood programs, nor provided such a list to school districts. In fact, most homeless programs are unable to name that designee. These are missed opportunities to connect children and youth to early care and education – the best long-term strategies for avoiding homelessness in the future.

**VIII. THE HOMELESS CHILDREN AND YOUTH ACT IMPROVES ACCESS TO HUD HOMELESS SERVICES FOR HOMELESS CHILDREN, YOUTH, AND FAMILIES BY:**

**1. Aligning HUD’s definition of homelessness with those of federal programs serving children, youth, and families.**

In contrast to the narrow and complex statutory and regulatory process for establishing eligibility for HUD homeless assistance programs, the Homeless Children and Youth Act allows children and youth who have been verified as homeless by a director or designee of one of one of eight specified federal programs to be eligible for HUD homeless assistance. These federal programs include public schools, the Runaway and Homeless Youth (RHYA) program, Head Start, the Child Care and Development Fund, the Violence Against Women Act, Health Care for the Homeless program, the Child Nutrition Act, the Higher Education Act, and the United States Housing Act. Most of these programs have preexisting requirements to identify homeless children and youth.

This amendment allows a streamlined referral process in which homeless children, youth, and families who have been identified by specific federal programs are eligible to be assessed for HUD homeless assistance. It entrusts the people who are closest to the child, youth, and family – the people who know them the best and who have verified their eligibility for services under their respective federal programs – to work more closely with HUD homeless assistance providers in the assessment process. The amendment does not make all homeless children and youth under all federal statutes automatically eligible for HUD homeless assistance, or require communities to prioritize children and youth.

A similar mechanism exists in federal school meal policy and higher education policy. School district liaisons are authorized to determine eligibility for school meals under the USDA program; the liaison determines a child or youth’s homeless status, then simply provides a

name and date of homelessness to the child nutrition coordinator. The family or youth is spared filling out another application and receives expedited access to food. Under higher education law, school district liaisons, RHYA providers, and HUD homeless assistance providers are authorized to determine the status of unaccompanied homeless youth for the purposes of being an independent student for federal financial aid. The intent of this process is to remove bureaucratic hurdles to financial aid for unaccompanied homeless youth who have already been identified by specific federal homeless programs. Both policies have been in place for well over a decade, streamlining access to assistance, reducing paperwork, and facilitating collaboration between federal programs. These policies thus provide strong precedents for amending HUD homeless assistance to remove barriers for homeless children, youth, and families.

**2. Allowing communities to provide housing and services tailored to the unique needs of each homeless population, including housing models that are most appropriate for youth and for families.**

The Homeless Children and Youth Act would allow local communities to meet local needs, as long as they do so effectively. It would correct the heavy-handedness of current HUD homeless policy, which imposes federal priorities on local communities. It would prohibit HUD from awarding greater priority, points, or weight based solely on the specific homeless population to be served or the proposed housing or service model. It would require HUD to ensure that scoring is based primarily on the extent to which communities demonstrate that a project and program components meet the priorities identified in the local plan, and are cost-effective in meeting the overall goals and objectives identified in the local plan.

There would be nothing to prevent communities that can demonstrate that their current approach meets local needs in a cost-effective manner to continue their approach. However, communities that have identified other needs would be free to respond to them.

**3. Increasing the visibility of homeless children, youth and families through data transparency and more accurate counts.**

Both the HUD definition of homelessness and its Point in Time (PIT) Count mask the extent of the need for families and youth, making it much more difficult to raise awareness of the problem of child and youth homelessness. In addition to the flawed methodology of the PIT count, the HEARTH Act prohibits HUD from requiring communities to count the categories of homelessness that were added in the 2009 reauthorization. To ensure more accurate data on all types of homelessness, the Homeless Children and Youth Act requires that if communities conduct annual counts of homeless people, they must count individuals that meet any part of the definition of homelessness. It also requires HUD's annual report to Congress to include data on homelessness from programs under other federal statutes. The Homeless Children and Youth Act therefore will provide policymakers and communities with a more complete picture of homelessness among all who experience it. We cannot use funding efficiently, or engage the

private sector in our efforts, without complete data. We cannot solve a problem if we refuse to see the full extent of the problem.

**4. Aligning HUD homeless assistance with infant, child, and youth serving systems.**

The Homeless Children and Youth Act will help ensure that children, youth, and families receive all services for which they are eligible, including child care, education, and the supportive services they need to obtain decent jobs and afford housing as adults. It makes coordination with early care and education required criteria for competitive grants, adds unaccompanied youth to educational assurances, and programs to ensure unaccompanied homeless youth are informed of their status as independent students for financial aid purposes and receive verification of that status. These provisions will improve homeless children and youth's access to early care and education, birth through postsecondary, helping to stabilize them during their time of crisis, and ensuring that they receive the full benefits of programs that can prevent future homelessness.

**IX. THE HOMELESS CHILDREN AND YOUTH ACT WILL NOT TAKE SERVICES AWAY FROM OTHER POPULATIONS, "FLOOD" THE SYSTEM, SET BACK "PROGRESS" TOWARD THE GOAL OF PREVENTING AND ENDING HOMELESSNESS, OR REQUIRE ADDITIONAL FUNDING TO IMPLEMENT.**

The concerns raised by opponents of the Homeless Children and Youth Act do not stand up to scrutiny.

Whether or not newly eligible children and youth receive HUD Homeless Assistance services will depend on local needs assessments. Communities that identify greater needs for single adults, or other populations, will be free to continue to prioritize programs to serve them. In addition, communities that establish coordinated assessment systems would be required to ensure that those most in need of assistance receive it, and that the criteria used to assess need employ separate, age-appropriate criteria to assess the safety and needs of children and youth. By allowing communities to assess and serve some of the most vulnerable children and youth, future homelessness – and the costs associated with it – will decrease.

The notion that service providers will "cherry pick" less vulnerable children and youth if the Homeless Children and Youth Act were enacted is unfounded. It assumes that children and youth who do not meet HUD's definition are less vulnerable, with fewer problems. As described above, this is simply untrue. Moreover, prioritization will still occur, ensuring that those most in need of services receive them.

It is also important to recognize that HUD homeless assistance is not the sole source of funding for homeless services. Other public and private sources contribute significantly. As noted

above, HUD's definition of homelessness and its Point in Time Count mask the extent of the need for families and youth, making it much more difficult to raise awareness of the problem of child and youth homelessness among non-federal sources of funds. The Homeless Children and Youth Act will increase the visibility of homeless children, youth, and families through more accurate data, thus providing a true picture of homelessness and helping communities leverage and attract more public and private resources to address homelessness.

The current HUD definition of homelessness results in inefficient and ineffective use of funds. Service providers and educators use general funds or donations to put families and youth into emergency shelters or motels for the sole purpose of qualifying them for permanent supportive housing or Rapid Rehousing programs. Some providers designate beds as emergency beds for the purpose of qualifying youth for HUD homeless assistance. This is a waste of resources and creates destabilizing and harmful moves. The current HUD homeless assistance program has become so complicated that HUD spends millions of dollars in technical assistance to help communities understand and implement it. The federal government should not tie the hands of local communities with inconsistent definitions of homelessness and funding streams that prevent agencies from maximizing their impact. The Homeless Children and Youth Act simplifies eligibility; allows communities to make the best use of existing resources; and promotes leveraging additional resources.

Finally, the Homeless Children and Youth Act will allow communities to invest in homeless children and youth, thereby preventing future adult homelessness, and future child and youth homelessness. Intervening in the cycle at earlier stages is key to prevention, and ultimately the key to ending homelessness.

#### **CONCLUSION**

For years, HUD's homelessness policy has focused downstream, on homeless adults. Yet by failing to account for the nature and needs of homeless children, youth and families, federal homelessness policy has assured a continuing stream of young people into adult homelessness. Our collective work on homelessness must move upstream. A crisis-response system that is focused on only one element of homelessness, disconnected from the complex root causes of homelessness, and focused primarily on the needs of adults, will never end or prevent homelessness.

The Homeless Children and Youth Act is a bipartisan bill supported by a wide range of organizations, including associations of service providers and educators who work most closely with families and youth experiencing homelessness (see Appendix D for a list of supporting national organizations). We implore you to enact it, so that the promise of every child and youth may be realized, and homelessness will cease to rob millions of children, youth, and adults of their human potential.

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- <sup>iv</sup> Johnson, G. and Chamberlain, C. "From Youth to Adult Homelessness." *Australian Journal of Social Issues*, Vol. 43, No. 4 (Summer 2008).
- <sup>v</sup> National Center for Homeless Education. (2017). *Federal Data Summary School Years 2013-14 to 2015-2016*. Education for Homeless Children and Youth. Available at: <https://nche.ed.gov/downloads/data-comp-1314-1516.pdf>
- <sup>vi</sup> Rice, E., et al. "Homelessness Experiences, Sexual Orientation, and Sexual Risk Taking Among High School Students in Los Angeles." *Journal of Adolescent Health* (2013) 1-6.
- <sup>vii</sup> Administration on Children, Youth and Families, Family and Youth Services Bureau. (2016). *Street Outreach Program Data Collection Project Final Report*. Available at [www.acf.hhs.gov/sites/default/files/fysb/data\\_collection\\_study\\_final\\_report\\_street\\_outreach\\_program.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/data_collection_study_final_report_street_outreach_program.pdf)
- <sup>viii</sup> Data and interviews with Julie Dworkin, Director of Policy, Chicago Coalition for the Homeless, on May 29, 2018, and Mary Tarullo, Associate Director of Policy, Chicago Coalition for the Homeless, on May 29, 2018.
- <sup>ix</sup> Analysis of K-12 public school data by *Schoolhouse Washington*, a project of *Building Changes*, a nonprofit organization in Washington State focused on youth and family homelessness; Institute for Children, Poverty, & Homelessness. *Atlas of Student Homelessness in New York City 2017*. Available at: [http://www.icphusa.org/new\\_york\\_city/map-atlas-student-homelessness-new-york-city-2017/](http://www.icphusa.org/new_york_city/map-atlas-student-homelessness-new-york-city-2017/)
- <sup>x</sup> Institute for Children, Poverty, & Homelessness, New York City. Forthcoming analysis of 2015 Youth Risk Behavior Survey data, available early July, 2018.
- <sup>xi</sup> Miller, P. M. (2011). "A Critical Analysis of the Research on Student Homelessness." *Review of Educational Research*, 81(3), 308–337. Retrieved from <http://doi.org/10.3102/00346543.11415120>
- <sup>xii</sup> See, e.g., Federal Reserve Bank of New York (2017). *Press Briefing on Household Debt, with Focus on Student Debt*. Accessed June 3, 2018 at <https://www.newyorkfed.org/medialibrary/media/press/PressBriefing-Household-Student-Debt-April32017.pdf>; Carnevale, Anthony, Smith, Nicole, and Strohl, Jeff (2014). *Recovery: Job Growth and Education Requirements Through 2020*. Georgetown University's Center on Education and the Workforce. Accessed June 3, 2018 at: <https://cew.georgetown.edu/wp-content/uploads/2014/11/Recovery2020.ES.Web.pdf>.
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**Appendix A**  
**Federal Definitions of Homelessness**

<b>Federal Definitions of Homelessness</b> <i>(emphasis added)</i>		
<p><b>Runaway and Homeless Youth Act - 42 U.S.C. §5601</b> (Used by HHS for Family and Youth Services Bureau)</p>	<p><b>McKinney-Vento Homeless Assistance Act - 42 U.S.C. §11434A, As Amended by The Every Student Succeeds Act -</b> (Used by ED, by HHS for Head Start and the Child Care Development Fund, by USDA for Child Nutrition, and by DOJ for the Violence Against Women Act)</p>	<p><b>McKinney-Vento Homeless Assistance Act as Amended by Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 - 42 U.S.C. §11302</b> (Used by HUD)*</p>
<p>The term ‘homeless’, used with respect to a youth, means an individual—</p> <p>(A) who is—</p> <p>(i) less than 21 years of age, or, in the case of a youth seeking shelter in a [Basic Center Program], less than 18 years of age or is less than a higher maximum age if the State where the center is located has an applicable State or local law (including a regulation) that permits such higher maximum age in compliance with licensure requirements for child- and youth-serving facilities; and</p> <p>(ii) for [a Transitional Living Program], not less than 16 years of age and either</p> <p>(I) less than 22 years of age; or</p> <p>(II) not less than 22 years of age, as the expiration of the maximum period of stay permitted under section 322(a)(2) if such</p>	<p>The term “homeless children and youths”--</p> <p>(A) means <i>individuals who lack a fixed, regular, and adequate nighttime residence</i> (within the meaning of section 103(a)(1)); and</p> <p>(B) includes--</p> <p>(i) children and youths who are <i>sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</i>; are living in motels, hotels, trailer parks, or camping grounds <i>due to the lack of alternative adequate accommodations</i>; are living in emergency or transitional shelters; or are abandoned in hospitals;</p> <p>(ii) children and youths who have a <i>primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings</i> (within the meaning of section 103(a)(2)(C));</p>	<p>...[T]he terms ‘homeless’, ‘homeless individual’, and ‘homeless person’ means—</p> <p>(1) an individual or family who <i>lacks a fixed, regular, and adequate nighttime residence</i>;</p> <p>(2) an individual or family with a <i>primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground</i>;</p> <p>‘(3) an individual or family <i>living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)</i>;</p> <p>(4) an individual who resided in</p>

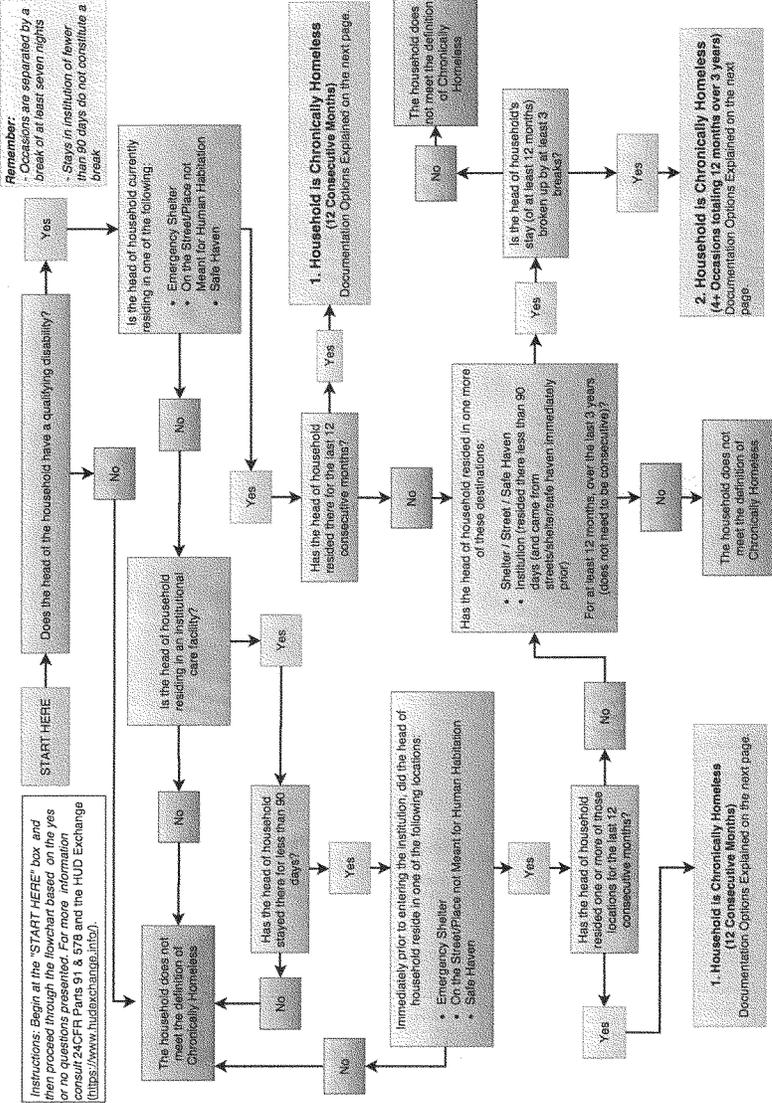
<p>individual commences such stay before reaching 22 years of age;</p> <p>[Note that pending legislation would raise this age to 24]</p> <p>(B) <i>for whom it is not possible to live in a safe environment with a relative</i>; and</p> <p>(C) who has <i>no other safe alternative living arrangement</i>.</p>	<p>(iii) children and youths who are <i>living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings</i>; and</p> <p>(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).</p>	<p><i>a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided,</i></p> <p>(5) an individual or family who—</p> <p>(A) <i>will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs</i> for low-income individuals or by charitable organizations, as evidenced by—</p> <p>(i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;</p> <p>(ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or</p> <p>(iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;</p> <p>(B) has no subsequent residence identified; and</p> <p>(C) lacks the resources or support networks needed to obtain other permanent housing; and</p> <p>(6) <i>unaccompanied youth and homeless families with children and youth defined as homeless</i></p>
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		<p><i>under other Federal statutes who—</i></p> <p>(A) have experienced a <i>long term period without living independently in permanent housing,</i></p> <p>(B) have <i>experienced persistent instability</i> as measured by frequent moves over such period, and</p> <p>(C) <i>can be expected to continue in such status for an extended period of time</i> because of 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.</p> <p>(b) Domestic violence and other dangerous or life-threatening conditions. Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, 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, and who have no other residence and lack the resources or support networks to obtain other permanent housing.</p> <p>(c) Income eligibility (1) In general A homeless individual shall be eligible for assistance under any program provided by this chapter, only if the individual complies with the income</p>
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		<p>eligibility requirements otherwise applicable to such program.</p> <p>(2) Exception Notwithstanding paragraph (1), a homeless individual shall be eligible for assistance under title I of the Workforce Innovation and Opportunity Act.</p> <p><u>*Note that HUD's "Notice on Limitation on Use of Funds to Serve Persons Defined as Homeless Under Other Federal Laws" (Notice: CPD- 12-001, Issued: January 17, 2012, available at <a href="http://bit.ly/HUDNotice">http://bit.ly/HUDNotice</a>) restricts communities from using HUD funding to serve youth considered homeless under other definitions. A FOIA request of HUD revealed that since 2010, HUD has not allowed any community to serve persons defined as homeless under other federal laws, despite special requests from twelve communities to do so.</u></p> <p><u>HUD's final rule on subparagraph (b), Domestic Violence, omits the statutory language "including where the health and safety of children are jeopardized." In addition, HUD has restricted eligibility under subparagraph (b), Domestic Violence, such that persons who meet these criteria are not eligible for Rapid Rehousing unless they also meet Category 1, "literally homeless."</u></p>
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# Appendix B Flowchart of HUD's Definition of Chronic Homelessness





## Documentation Standards for Chronic Homelessness

**Instructions:** Based on your navigation of the flowchart on the previous page, locate the appropriate numbered situation on this page and follow the documentation standards noted. This tool summarizes the criteria for the new Chronically Homeless Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>)

Documentation of Homelessness		Documentation of Disability
<p><b>1. Household is Chronically Homeless</b> (12 Consecutive Months)</p>	<p><input type="checkbox"/> HMIS record or record from a comparable database; or</p> <p><input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or</p> <p><input type="checkbox"/> Written referral by another housing or service provider; or</p> <p><input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above.</p> <p>If the head of household is currently staying in an institution where they have been for less than 90 days (and were in a shelter/street/safe haven immediately prior) their Institutional Stay can be documented by:</p> <p><input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence; or</p> <p><input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above.</p>	<p>Documentation of the head of household's disability, including:</p> <p><input type="checkbox"/> Written verification of the disability from a licensed professional;</p> <p><input type="checkbox"/> Written verification from the Social Security Administration;</p> <p><input type="checkbox"/> The receipt of a disability check; or</p> <p><input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.</p>
<p><b>2. Household is Chronically Homeless</b> (4+ Occasions totaling 12 months over 3 years)* *May include institution stays of &lt;90 days</p>	<p><input type="checkbox"/> HMIS record or record from a comparable database; or</p> <p><input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or</p> <p><input type="checkbox"/> Written referral by another housing or service provider; or</p> <p><input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence (for institutional stays of less than 90 days)</p> <p><input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above.</p> <p>* Each separate occasion <b>MUST</b> be documented (minimum of 3 breaks). 100% of the breaks can be documented by self-report.</p>	<p>Documentation of the head of household's disability, including:</p> <p><input type="checkbox"/> Written verification of the disability from a licensed professional;</p> <p><input type="checkbox"/> Written verification from the Social Security Administration;</p> <p><input type="checkbox"/> The receipt of a disability check; or</p> <p><input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.</p>
<p><b>Important Notes:</b></p> <ul style="list-style-type: none"> <li>• Each individual occasion needs to be fully documented.</li> <li>• Breaks can be documented by self-report.</li> <li>• For each Project:                             <ul style="list-style-type: none"> <li>• 100% of households served can use self-certification for 3 months of their 12 months.</li> <li>• 75% of households served need to use 3<sup>rd</sup> Party documentation for 9 months of their 12 months; and</li> <li>• 25% of households served can use self-certification as documentation for any and all months.</li> </ul> </li> </ul>		



**Appendix C**  
 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
 WASHINGTON, DC 20410-0001

OFFICE OF ADMINISTRATION

May 24, 2018

Ms. Mary Tarullo  
 Associate Director of Policy  
 Chicago Coalition for the Homeless  
 70 East Lake Street, Suite 720  
 Chicago, IL 60601

RE: Freedom of Information Act Request  
 FOIA Control No: 17-FI-HQ-01151

Dear Ms. Tarullo:

This letter is an interim response to your Freedom of Information Act (FOIA) request dated and received on May 2, 2017. In your request, you asked for the following:

1. All applications from local Continuums around the country that have applied to use Continuum of Care (CoC) funds for families and youth meeting the Department of Housing and Urban Development's Category 3 definition of homelessness, for the time frame of 2010 to 2016.
2. All documents that contain HUD's response to the applications during that span.

In addition, in an email dated November 17, 2017, to Howard Rosenberg of my staff, you asked for clarification on the following two points:

3. Can HUD please clarify how many CoCs applied to use HUD's Category 3 definition of homelessness for the 2016 cycle?
4. How many of those applications were granted?

In response to your first request, during the time frame of your request, 2010 to 2016, there are 12 applications that sought to use HUD's Category 3 definition of homelessness. (Of the 12 applications, none were successful.)

In response to your second request, there are no documents in which HUD has conveyed to Category 3 applicants that their applications have been rejected; rather, HUD merely has notified CoCs of funding applications that HUD has approved.

In response to your third request, the answer is three.

In response to your fourth request, the answer is zero.

Unsuccessful applications are available for you to receive, subject to the submitter notice process in which HUD has provided you a fee estimate for the 25 applications. However, under that process, the entity that submitted the application reviews its submission and can propose possible redactions, which HUD may or may not agree with. After HUD adjudicates any objections raised by the entity, the Department then releases the application, in whole or in part. The page range of an application ranges from 1 to 450, and, the enclosed cost estimate assumes 450 pages in each. If you are interested in pursuing your request further, HUD can provide a better estimate of the number of pages for particular applications.

I have determined that your request falls under the category of "other requester," as described in 24 CFR 15.110(b) of the Department's FOIA regulations. Therefore, as you may know, each FOIA request must contain an agreement to pay certain costs for processing the records. From a preliminary search for records responsive to your request, the Office of Community Planning and Development has confirmed that the estimated cost for processing your FOIA request will be \$530.00. This assessment fee is based on \$530.00 for 5,400 photocopies at 10 cents a page, with the first 100 pages free.

In the event that the estimated fees are higher than you anticipated, please feel free to confer with Mr. Howard Rosenberg of my staff to determine if it will be possible to redefine your request to meet your needs at a reduced cost. He can be reached at (202) 402-5507. Otherwise, because the fees exceed \$250.00, the Department must receive payment before releasing the records requested. Responsive documents will be provided to you once payment is received. If you wish the Department to proceed with processing your request as originally stated, please see the enclosed billing statement and remit a check or money order, **made payable to the U.S. Treasury**, to:

U.S. Department of Housing and Urban Development  
Office of the Executive Secretariat  
FOIA Branch  
451 Seventh Street, SW, Room 10139  
Washington, DC 20410-3000

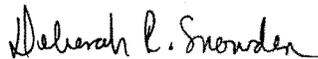
Attention: Howard Rosenberg  
Telephone: (202) 402-5507

To ensure proper credit, please reference FOIA control number 18-FI-HQ-00710 on the check or money order when making your payment. Please be advised that further processing of your request will be held in abeyance for 15 business days from the date of this letter. If the Department does not receive your payment within the 15-day period, or you have not contacted

HUD staff to redefine your request, I will conclude that you do not desire further processing and your request will be withdrawn. Please note that a withdrawal would not preclude you from filing further FOIA requests.

Thank you for your interest in the Department's programs and policies.

Sincerely,



Deborah R. Snowden  
Deputy Chief FOIA Officer  
Office of the Executive Secretariat

Enclosure

**Appendix D**  
**Supporters of the Homeless Children and Youth Act**

This list includes national organizations that support the Homeless Children and Youth Act. A partial list of state and local supporters may be found at <http://www.helphomelesskidsnow.org>

Alliance for Excellent Education  
 American Academy of Pediatrics  
 American Psychological Association  
 American School Counselor Association  
 Center for Policy Research  
 Children's Advocacy Institute  
 Child Welfare League of America  
 Children's Home Society of America  
 Coalition for Juvenile Justice  
 Covenant House International  
 Education Navigation LLC  
 Every Child Matters  
 Family Focused Treatment Association  
 Family Promise  
 First Focus Campaign for Children  
 Global Alliance for Behavioral Health and Social Justice  
 Healthy Teen Network  
 HEAR US  
 National Advocacy Center of the Sisters of the Good Shepherd  
 National Association for Children's Behavioral Health  
 National Association of Counsel for Children  
 National Association for the Education of Homeless Children and Youth  
 National Association of School Psychologists  
 National Center for Housing and Child Welfare  
 National Coalition for the Homeless  
 National Coalition for Homelessness Solutions  
 National Diaper Bank Network  
 National Network to End Domestic Violence  
 National Network to End Family Homelessness  
 National Network for Youth  
 National Title I Association  
 National WIC Association  
 NETWORK Lobby for Catholic Social Justice  
 Ounce of Prevention  
 Project Rehome  
 Public Advocacy for Kids  
 The Ray E. Helfer Society  
 Salaam Legal Network & Citizens Council for Human Rights  
 SchoolHouse Connection  
 School Social Work Association of America  
 Shriver National Center on Poverty Law



**Testimony of**  
**Kat Lilley**  
**Deputy Executive Director**  
**Family Promise of Colorado Springs**  
**Guest Advisory Council & Government Relations Committee**  
**Family Promise**

**Subcommittee on Housing and Insurance**  
**Committee on Financial Services**  
**U.S. House of Representatives**

**June 6, 2018**

Good Morning, Chairman Duffy, Ranking Member Cleaver and Members of the Subcommittee on Housing and Insurance. Thank you for this opportunity to be a part of this important discussion regarding the current barriers children and youth experiencing homelessness meet when working to access housing and services funded by HUD, and how reform is necessary to remove system gaps and ensure current HUD funding is truly aligning with the priority of reaching the most vulnerable of those experiencing homelessness.

My name is Kat Lilley, and I am Deputy Executive Director of Family Promise of Colorado Springs, an affiliate of Family Promise National. I work closely with and am a representative of Family Promise National serving as a member on the Guest Advisory Council and Government Relations Committee. Family Promise of Colorado Springs is an emergency shelter which serves families with minor children experiencing homelessness and offers comprehensive wrap-around services to empower families to attain long-term stability and self-sufficiency. Currently, these services include emergency shelter and meals, transitional housing, home-ownership opportunity for families within our shelter and transitional housing, intensive case-management, life-skills classes, and limited (funding contingent) homeless prevention services. Nationally, there are more than 200 Family Promise affiliates in 43 states, serving more than 50,000 individuals with the support of more than 180,000 volunteers annually. Family Promise makes this possible by developing and supporting affiliates which address family homelessness in each community. Knowing that homelessness and outcomes of homeless services are greatly affected by local factors, Family Promise supports each of its affiliates in addressing homelessness through varying services and programs to meet the local need, with a focus on city and county partnerships. I have been active as a provider with the Pikes Peak Continuum of Care since 2015, serving on the Ranking and Prioritization Committee for the HUD Continuum of Care Competition, the Coordinated Entry Policies and Procedures Committee, and I participate in the Coordinated Entry process. In addition to my work as a family provider and with the Pikes Peak Continuum of Care, I am also an outreach volunteer with BlackBird Outreach, which is a local organization providing

outreach and system navigation services focusing on unsheltered individuals experiencing homelessness.

My dedication to serving vulnerable and homeless families and individuals stems from personal experience. I am “Mom” to six children, one of which struggles with severe mental illness. In April of 2013, my son experienced his first psychotic episode, and posed a safety risk to himself and my other children. This episode resulted in his first in-patient hospitalization, which lasted 23 days. Following this hospitalization, my son required intensive treatment, which required me to evaluate how I could reduce our household expenses and alleviate the need for me to work two jobs. At the time, I lived in a rural mountain community outside of Colorado Springs, and I made the decision to down-size our home and move into Colorado Springs. I gave my landlord notice and started to prepare my family for this transition.

I actively worked for three months to find a home for my family. After a month of not securing a home, I started reaching out to resources in Colorado Springs, looking for assistance in navigating an extremely competitive housing market, and continued to reach out for increased levels of assistance for the next two months. With every phone call I made, every door I walked through, I heard “no.” The reasons varied but included: reaching out too soon; not being “imminently homeless”, not meeting income requirements, and my “special boy” being identified as too high risk to house in a family program. I made hundreds of phone calls and walked through every door I could find through resource lists, churches, and local provider referrals. With each “no” my desperation intensified, and panic became a daily reminder that I needed a solution for my children, who ranged in age from 12 years to 16 months old.

The month prior to our vacate date was extremely hard. While working to support my family, manage my son’s mental health treatment, and parent six children, I was packing a 3,000 square foot home, getting rid of non-essential items, and trying to find a home or a program which would accept us. During that month, I tirelessly called resources, submitted program and landlord applications, and attended numerous face-to-face appointments in follow up to applications, many of which required me to find childcare to attend. Every call, application, and appointment required me to verbalize the current crisis, my son’s mental health struggles, and often give a social history, which added reliving numerous traumas, including spending ten years in foster care due to familial sexual assault, a violent relationship in my adulthood, and the recent end of my second marriage, which was the result of my ex-husband abusing one of my daughters. I subjected myself to this trauma repeatedly, convincing myself that it would lead my family to housing. Each interaction left me emotionally raw, with no recourse but to push the emotions aside and put on a mask of bravery for my children. With each “no” that came in response to these applications, I found less and less value in myself. Why wasn’t I worth helping? Why didn’t anyone see that my children deserved and needed a home? With each “no,” my stress levels multiplied. With each “no,” my hope diminished.

The week prior to leaving our home, I secured a P.O. Box, knowing I needed a new mailing address, and a storage unit, knowing I would not have the resource to replace my children’s beds. I called friends and neighbors to see if they might have room for my family for a night or two, while I continued to work to find housing. I reached out to members of my biological family, many of which I hadn’t interacted with in years, and my ex-husband’s family, looking for any option to keep a roof over my children’s heads. All efforts ended with rejection.

That final day, as I drove down the hill with my children, pillows, blankets, toiletries, pajamas, and a change of clothes packed in my van around them, my “special boy” asked me where we were going. I can not put into words the pain I felt, as I told him I didn’t know. How does a mother look into her young children’s eyes and tell them she failed them? How does a parent explain to their children that they don’t know where they are going to sleep?

I drove to Colorado Springs looking for a motel room, limiting my phone calls, now that I didn’t have my landline phone and had switched a pre-paid phone plan to reduce expenses. At the first motel which advertised a weekly rate of \$330, I was met with an unforeseen barrier. I was advised my family would require two rooms due to there being seven of us, and that I would require a second adult to secure the second room. I asked for the manager and was advised by the manager that it was the fire code which prevented us from obtaining one room and no exception could be made. I tried smaller motels in less desirable areas – the motels which are clearly not meant for families or upkept, trying anything to find a way to keep my children from experiencing a homeless shelter, where I was unsure what they would be exposed to and if we would be safe.

I ran out of motels to try and turned to the shelters on the community resource list. The first shelter I arrived at advised me they could not accommodate minor children, and referred me to the next, indicating it was the only shelter which worked with families. When I arrived at the family shelter, I was advised that due to my oldest son’s age (12 years old), there was only a small part of their shelter which could accommodate us, and that it didn’t have enough available beds. When I asked where we could go for help, the response was that there was no where for us to go, no one to reach out to, and with those words, what little hope I had vanished. We had no where to go and nowhere to turn.

This is the point where my young children met the HUD Definition of Homelessness, making us eligible for HUD housing assistance and services. This is also the point where it was most difficult for me to pursue assistance. I had limited phone service, was trying to conserve gas money, and I was scared. I was terrified of letting anyone know that my family was without shelter. I felt the need to be invisible and isolated because I was sure my children would be taken away and, with no familial custodian available, placed in foster care if anyone became aware of our situation. I was not willing to stop hiding and reach out for services until I felt the chance of my children being placed in foster care was less harmful to them than having them sleep in a vehicle. I had to feel like my children were better off without me before I could ask for help again.

I don’t share these details of my personal story with you lightly, as they are difficult for me to recount and relive. I share this with you today, because I believe it is important for you to know the realities of family and youth homelessness as you review and consider the Homeless Children and Youth Act, HR1511, which includes reforms to align the HUD definition of homelessness with that of other federal systems, allows communities to the flexibility to utilize HUD funding more effectively and appropriately to meet the needs of all populations experiencing homelessness, and reduces the significant barriers children, youth, and families encounter when trying to access HUD housing assistance and services.

In my work now, as a service provider and active member of the Pikes Peak Continuum of Care Coordinated Entry system, I am aware the barriers to HUD assistance and services my family faced are not unique, and that many families face barriers my family did not. Many of these barriers to are largely due to the HUD definition of homelessness, which is the most restrictive

definition of homelessness of any federal system. It is counterintuitive that services are offered which prioritize education through financial aid, transportation, and school provided meals, to youth and children who are identified as homeless under federal statute and be unable to offer housing assistance and services to these same children and youth because they aren't homeless under another federal statute.

**The HUD Definition of homeless creates unnecessary barriers for children, youth, and families at system entry points, service prioritization, and service access.**

Families experiencing homelessness are commonly referred to as the “Invisible Homeless Population.” When we picture the “homeless” we don’t generally picture a family with children, or a teen. This is because this is not the homeless population we see when we are walking down the sidewalk or even walking up to a shelter. As I highlighted in my personal story, at the point I knew I couldn’t secure housing for my family, I repeatedly pursued every avenue possible before I arrived at a shelter. As a parent, I am not unique in this. Parents with children commonly avoid shelter, fearing the safety of their children. Like me, these parents exhaust every avenue, including situations which pose harm to themselves and their children, thinking the threats they know are better than the unknown threats they will face in a shelter shared by more than one hundred strangers. Children, youth, and families who temporarily stay with others (“couch-surfing” or “doubled-up”) do not meet the HUD definition of homelessness and are ineligible for all HUD housing assistance other than homeless prevention, regardless of vulnerability and acuity.

This means the HUD definition forces communities and providers to offer assistance and services to children, youth, and families, which vulnerability indicator assessments (VI-SPDAT), a tool required to be used by HUD for Coordinated Entry, deems inappropriate. This is fiscally irresponsible and detrimental to youth and families who will not be provided with adequate supports to sustain their housing. This is setting youth and children up for failure and reentry into homelessness. The alternative would be to offer no resource at all.

As other witnesses today will testify, research shows children, youth, and families who are temporarily staying with others (“couch-surfing” or “doubled-up”) face the same vulnerabilities, and youth often experience higher vulnerability, than those meeting the HUD definition of homelessness. Sadly, I see this with children and families in my work regularly.

Recently, I spoke with a mother, with two young children. She indicated she first experienced homelessness in 2016, when she left an abusive relationship. She went to a shelter, where she stayed with her children for three months while pursuing employment and housing. After exceeding ninety days in the shelter, she was asked to leave the shelter due to time limits and was told she could return in thirty days if she still had need. A week later she lost the job she had secured while in shelter, because she missed too many days, due to repeatedly searching for places to stay that week. She was able to stay at a friend’s house for a couple of weeks, but “out stayed their welcome” and she was forced to look at other options. At this point, her family moved into a motel, in a neighboring small town, where she exhausted all savings she had accrued while working. When those funds were expended, she “did what she had to” to pay for another week in the motel, and that has continued for the last year and a half. A few months ago, her family was forced to leave the motel they had called home, because the town enforced its Motel Maximum Stay ordinance, which pushed numerous individuals and families (including at least 88 school aged children) out of the motels they had been calling home. She found another motel in Colorado

Springs but did not have enough money to continue to afford it, and there were no friends left to turn to.

She called hoping our transitional housing would be her solution. We currently have a waitlist, and she “doesn’t have time for that.” I gave her a referral to the other family shelter and asked her to call or stop by if she decided to pursue our services. I heard the defeat in her voice, when she said she was headed back to where she started.

These children have been vulnerable and homeless as defined by other federal systems for two years. Although upon shelter entry this family meets the HUD homeless definition, they still will not be prioritized for the intensive services and housing assistance their vulnerability score indicates they require because based on the HUD definition of homelessness their length of homelessness is two episodes totaling four months in the last three years. As a result, once entered into our Coordinated Entry system, housing resources will be offered to the individuals, youth, and families on the by-name list who have lower vulnerability scores within the same resource range and have experienced homelessness longer by the HUD definition. As of last week, this means more than 100 households with lower vulnerability scores will be offered a housing resource before one is offered to this mother and her children. Whereas, under The Homeless Children and Youth Act, HR 1511, these children and their mother would be prioritized as number five for the same resources.

The current prioritization method greatly impedes access to resources for children, youth, and families across the spectrum of HUD housing assistance and services. Had the family above had a vulnerability indicator assessment entered into Coordinated Entry while they were staying with friends or staying in the motel, they would appear on the by-name list, but our Coordinated Entry system would have skipped over them when prioritizing appropriate resources based on their score, moving onto the households with lower vulnerability scores in the resource range, including households with less time homeless, thereby prioritizing all households who meet the HUD definition of homeless before this family. This would leave coordinated entry with the option of offering Homeless Prevention, the resource the family qualifies for based on HUD definition, but an inappropriate resource to address this family’s vulnerability. If there were enough resources to make it to the bottom of the list, to qualify for the appropriate resource, the family would have to enter shelter beds (if available) or a service provider would have to pay for the family to stay in a motel. The final alternative would be to offer this family no resource at all.

This is not an isolated incident; the details vary from youth to youth and family to family, but the outcome is the same, in that truly vulnerable children and youth are being passed over in our current systems. I do not believe the current methods align with the intent of the HUD mandates for Coordinated Entry to prioritize the most vulnerable, although these methods meet the written mandates and demonstrate the Continuum of Care’s commitment to aligning with the HUD priority of chronicity. The proposed revisions to the HUD definition of homeless in The Homeless Children and Youth Act allows Coordinated Entry systems to continue to meet the HUD mandates for Coordinated Entry, while aligning with the HUD priority of chronicity, and to serve truly the most vulnerable, instead of the most vulnerable meeting HUD’s restrictive homeless definition.

HUD mandated communities to implement Coordinated Entry, asking us to create communities with “no wrong door” to ensure individuals, youth, and families with children experiencing homelessness could walk into any service provider and have access to the same assistance and

services they would have been offered had they walked into another service provider's office. The unintended consequence of this mandate is that an entire population of children and youth have been left with "no door" unable to access housing assistance and services due to the HUD definition of homeless.

**The HUD Definition of Homeless limits public and private response to the needs of children, youth, and families.**

In addition to creating unnecessary barriers to the access of housing assistance and services for children, youth, and families, the HUD definition of homeless keeps youth and families experiencing homelessness invisible and uncounted. Every year, the Department of Education counts and makes public the number of school aged children which were identified as homeless during the school year. Each year, the Department of Education count indicates that far more children and youth are experiencing homelessness than the HUD Point In Time (PIT) count indicates, yet the PIT count is the count which is used as a marker for community HUD funding and the count which is used to inform the public on effectiveness of homeless providers in our communities.

The PIT count underrepresents children, youth, and families. This is directly related to both how the PIT count is administered and to the HUD definition of homeless. The PIT count only counts individuals, youth, and families who meet the HUD definition above. I have already discussed how this definition excludes many children, youth, and families. Numbers are skewed when counting children, youth, and families when the HUD definition of homeless is applied, as the PIT count pulls data from HMIS (Homeless Management Information System) on the numbers of individuals, youth, children, and families who are in a "bed" at a shelter, transitional housing service, and permanent supportive housing service. As outlined above, youth, children, and families have limited access to these services and often avoid shelter.

For counts on unsheltered individuals, youth, and families, only households observed as homeless, without shelter are counted. Some communities do this through outreach workers and volunteers tallying the number of heads they see in tents and cars on one given night. Other communities, like mine, El Paso County, administer a survey. This is a voluntary survey, which volunteers and service providers offer a short survey at key locations around the area where individuals experiencing homelessness are known to gather. Our Homeless Outreach Team, and our local outreach service providers work to administer the survey in "camps." Our community is unable to comprehensively canvas the rural areas of our county, leaving large sections of our county completely uncounted on the PIT count, as there are no shelters or services in these areas.

This method undercounts children, youth, and families, because it not only requires youth and children experiencing homelessness to be in areas frequented by individuals experiencing homelessness, it also requires a youth or parent to agree to take a survey and then complete a survey with a stranger, telling them they (and their children) are without shelter. As outlined previously, for fear of child welfare intervention, most parents and unaccompanied youth, are not going to complete a survey which will highlight the situation they are working to hide.

For a youth or a parent with children to voluntarily admit they are without shelter, they have to at the "nothing to lose" stage, or there has to be an ongoing trusting relationship with the person

asking for disclosure. Therefore, in addition to the broader definition of homeless, the schools, who have a relationship with families and youth obtain higher counts.

The PIT count perpetuates the invisibility of children, youth, and family homelessness. This not only makes it difficult to track trends within this population, but it reduces the private response to the crisis these populations face, by feeding the perception that these populations are not experiencing homelessness and are not going unsheltered.

With The Homeless Children and Youth Act, communities which conduct an annual count will be required to count all who meet the expanded definition of homeless. This will allow communities to better track trends in children, youth, and family homelessness, as well as demonstrate the need communities to act to ensure that children, youth, and families have access to shelter and housing assistance and services, and that there is funding for these services.

It is important to be able to accurately track trends with children, youth and family homelessness. It is clear this is not currently happening, as nationally and locally it is being reported that family homelessness is decreasing. This does not mirror reality. Local data in my community shows that family homelessness is increasing while the PIT count is not reaching as many families and children. Local school district liaisons have reported an increase in student homelessness in their schools.

**The HUD definition of Chronic Homelessness excludes families with children from Permanent Supportive Housing.**

Permanent Supportive Housing (PSH) is the highest level of intervention that can be offered to those experiencing homelessness. It is designed to offer permanent housing to the most vulnerable among the homeless population, who will be unable to sustain housing utilizing other interventions, and often offers wrap-around services to address vulnerably related to health, mental health, and addiction. HUD has mandated that all Continuum of Care funded Permanent Supportive Housing Providers and Coordinated Entry Systems prioritize Chronically Homeless persons for PSH beds.

Families with children have a higher threshold than individuals to meet the current HUD Definition of chronically homeless. This is because to qualify as chronically homeless individuals must have a disability. For families with children, the head of household must have a disability. This excludes families with children who have a disability and are parented by an adult who does not from meeting the chronic homeless definition. I speak from experience when I tell you that having a child with a disability poses a threat to both ongoing housing and employment. Families with disabled children whose acuity and vulnerability place in the appropriate score range on vulnerability assessments and who have a disabled child should have the same access to PSH as a disabled individual.

**HUD's selective national prioritization of program models has disadvantaged families.**

HUD's national prioritization of program models like Rapid Rehousing and Permanent Supportive has disadvantaged families with children and youth due to subsequent de-funding of Transitional Housing programs due to the heavy incentives to matches the national priorities for the the Continuum of Care Competition and local Emergency Solutions Grants. In Colorado Springs, the Pikes Peak Continuum of Care defunded and reallocated funding which had previously been

allotted to high performing service providers exclusively serving families with children. In the following year, the City, to align with HUD's priority for housing first models, Permanent Supportive Housing, and Rapid Rehousing aligned their Emergency Solutions Block Grants and Community Development Block Grants. This defunded all three providers of Transitional Housing and Emergency Shelter which served exclusively families with children. The reallocated funding did not go to programs which support families and children or youth. The effects of these heavily incentivized priorities are straining high performing programs, closed the only program exclusively serving women, and have offered no new option for services to families and youth.

**The Homeless Children and Youth Act will not require additional funding, take away services from more vulnerable, or overwhelm the system.**

Opponents of the Homeless Children and Youth Act have stated that expanding the HUD definition of homeless and allowing access to Coordinated Entry and housing assistance and services would require additional funding, take services away from more vulnerable households, and overwhelm the system. This doesn't hold up to examination. The Homeless Children and Youth Act expands the definition of homeless to allow children, youth, and families to be assessed and prioritized based on their vulnerability and acuity, through the same process which is in place currently for households meeting the HUD's narrow definition. Currently, truly vulnerable youth and children are not being offered assistance and services which their vulnerability indicators assessment scores indicate they need because of where they usually sleep. Vulnerability and acuity are based on much more than where an individual, child, or youth lays their head. So much so, that the VI-SPDATS (for all demographics) have limited questions regarding where they sleep. The Family (F) VI-SPDAT has only three questions which relate directly housing history and the homeless situation:

- Where do you and your family sleep most frequently?
- How long has it been since you and your family lived in permanent stable housing?
- In the last three years, how many times have you and your family been homeless?

There are 38 additional questions to assess families' overall vulnerability and to "match" that vulnerability to the appropriate level of intervention for that vulnerability.

In the current system, vulnerable children and youth are being passed over for resources their vulnerability identified them for, and the resources are being offered to households with lower vulnerability. Fixing this does not equate to resources and services being diverted from more vulnerable households, it equates to meeting the priority of serving the most vulnerable.

Although Continuum of Cares and service providers would welcome more funding, The Homeless Children and Youth Act does not require it. As outlined above, it allows all homeless households to be prioritized for available resources using the same methods and prioritization currently being used. It doesn't require more resources, it just insures resources are being utilized appropriately and that the most vulnerable are prioritized. This is true in relation both to the homeless definition and chronic homeless definition.

Expanding the PIT count brings families out of the shadows and aligns the public perception of homelessness with the reality. In addition, it would allow for more accurate trend tracking for children and youth homelessness. It would also expand private funding opportunity by demonstrating the need and demand for assistance for children and youth experiencing

homelessness and help mobilize community responses for the currently invisible homeless population.

#### **Conclusion**

The current HUD definition of homeless creates “no door” for children, youth, and families, in a system which was intended to offer “no wrong door” to all populations experiencing homelessness. Children, youth, and families are unable to access appropriate and necessary housing assistance and services because current HUD definition of homelessness disqualifies them appropriate interventions and standard prioritization, not based on their vulnerability or need, but based on which couch or floor they were able to sleep on last night. We, as communities and a nation are working to serve the most vulnerable when addressing homelessness. To truly accomplish this, we must stop excluding children and youth from the conversations and allow them to have equal access to the current housing assistance and services. The Homeless Children and Youth Act does just this.

Testimony by Ms. Millie Rounsville  
Chief Executive Officer  
Northwest Wisconsin Community Services Agency Inc.  
House Committee on Financial Services  
Subcommittee on Housing and Insurance  
June 6<sup>th</sup>, 2018  
Homeless Children and Youth Act of 2017

Good morning. My name is Millie Rounsville and I am the CEO of Northwest Wisconsin Community Services Agency Inc. I would like to take this opportunity to thank the Subcommittee on Housing and Insurance Committee chairperson Sean Duffy, Ranking Member Emanuel Cleaver and the rest of the committee members for inviting me to be with you today. We are so grateful for the opportunity to be part of this important conversation on the barriers that prevent homeless children and youth from obtaining housing assistance and services.

For the past 21 years I have worked for The Northwest Wisconsin Community Services Agency, Inc. (NWCSA) a Community Action Agency incorporated in 1967 serving the five Northwestern Wisconsin counties of Douglas, Ashland, Bayfield, Iron and Price. The mission of NWCSA is "To improve the quality of life by providing resources and services within our community." NWCSA as a community-based organization is dedicated to the betterment of life of the low-income and disadvantaged residents in its SDA. Wide arrays of programs are offered by way of assistance to alleviate the needs of the disadvantaged.

As an organization NWCSA provides 58 different programs/services within its 8,000 square mile service area with a population of approximately 90,000 residents. The services range from prenatal care coordination up to our senior center and adult day care programs. Specific to homeless we operate the following:

Emergency Shelter- In Superior we have operated the Solid Rock Safe Haven (a homeless men's shelter founded in 1938) since 1999. We have provided hotel vouchers as a form of homeless shelter throughout our service area for nearly 30 years. In four of our counties only one physical shelter exists, and it is specific only to those fleeing domestic violence.

Transitional Housing- NWCSA started its first project serving singles and families with 4 units under the Continuum of Care Program. Between 1999 and 2005, we increased that program to 22 units in our service area. We also operate a Transitional Living Program with other funding, since HUD has not allowed for the creation of new Transitional Housing Programs for many years.

Rapid Re-Housing- Our agency participated in the pilot HPRP Program with ARRA funds and have continued this service with ESG and State Funding since. We also are able to provide additional Rapid Re-Housing services for Veterans through the Supportive Services for Veterans Families Program.

Prevention- This is another service we have been providing for nearly 30 years. Being able to prevent the eviction is far more beneficial for that household than allowing them to enter the homeless system. Prior to HUD requiring that communities adopt "Coordinated Entry," we used ESG/HPRP funds along with other resources to meet this need. After prevention became a part of Coordinated Entry, we made the decision to discontinue the use of HUD funds in our area for prevention services, because it added numerous requirements and an additional screening tool that prevented us from actually preventing homelessness. We are able to provide prevention services to Veterans through the Supportive Services for Veterans Families Program, and we use local funds and local partners on a limited basis to help fill other prevention gaps. However, these funds are more limited than the amount under ESG, so ultimately, we are able to prevent fewer families from becoming homeless.

Over time we have seen many changes in our homeless programs, both in terms of the needs of the customers we work with as well as the funding to operate programs. We continue to see those fleeing domestic violence, veterans, chronic homeless, individuals, families, etc. Two of the largest trends we are seeing are relating to our youth and the foster care system.

In the rural areas of northwestern Wisconsin, children and youth face many barriers: unemployed/ underemployed parents, single-parent households, homelessness, drug addiction of children, youth and/or parents, etc. With the limited number of shelters in rural areas, youth often try to stay with friends or relatives, but that is a limited stay. Many youths in rural areas find themselves "couch surfing," which is they move from home to home just so they can stay in a warm dry place for the night. It's not much of a future for our children and youth to look forward to. They drop out of school early and they find themselves dependent on social service programs and government assistance. It's a vicious cycle, which could be eliminated if we could use HUD homeless assistance funds to help them.

While we work with all homeless populations, we see that child and youth homelessness is different than adult homelessness. Homeless families with children and unaccompanied youth stay wherever they can. They often are forced to move frequently between living situations such as motels, or staying temporary with others temporarily, because there is no family or

youth shelter in the community, shelters are full, or shelter policies exclude them. These children and youth face real harm, including negative emotional, educational, and health outcomes; they are at extremely high risk of physical and sexual abuse and trafficking.

Locally a concern we are facing is the spike in children being placed in foster care. We have worked hard locally to find additional places for children so they can remain in their community; previously we had children from Superior being sent to Iron County, or even further, just for a placement. As a homeless provider working with other non-profits and our human services department, we are finding that many of the family unifications cannot be made because the parent has not obtained housing. Many of these parents are staying with others temporarily – “doubled up.” Therefore, we are not able to provide housing resources to unite these families because “they are not homeless,” and they are not eligible for the highest score on the priority or waiting list that we are required to use by HUD.

In addition to the frustrations of not being able to address the needs that I have identified above, there have been many struggles from a system level. The Homeless Management Information System (HMIS) is essential in the gathering of data for those we serve. In our area there is only one other agency contributing data to HMIS. It is a family shelter with a transitional living program in one community. However, ESG funds are distributed by a formula allocation that is based in part on the homeless numbers in HMIS. However, the numbers of homeless people in HMIS does not reflect the number of people who are homeless in my community, because so many homeless service providers do not use HMIS. In part, these providers don’t use HMIS because of the numerous training and other unfunded requirements that come with the use of the system. The end result is a reduction of financial resources, which again further reduces the number of people we can serve.

Federal child and youth programs, including early childhood programs and public schools, recognize all of the forms of homelessness that children and youth experience, but the U.S. Department of Housing and Urban Development (HUD) does not. Instead, HUD homeless assistance eligibility criteria exclude some of the most vulnerable homeless children and youth from accessing the programs and services that they need. Currently there are 4 categories of homeless and another chart determining which program type you are eligible for based upon which category you are in. Here are the categories:

- 1) *Literally homeless individuals and families*
- 2) *Individuals and families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources, or support networks*
- 3) *Unaccompanied youth or families with children and youth who meet the homeless definition under another federal statute and 3 additional criteria*
- 4) *Individuals and families fleeing or attempting to flee domestic violence with no subsequent residence, resources, or support networks*

*Here are the HUD interventions based upon category with Emergency Solutions Funding*

	<i>Street Outreach</i>	<i>Emergency Shelter</i>	<i>Rapid Re- housing</i>	<i>Homeless Prevention</i>
<i>Category #1</i>	X(a)	X	X (b)	
<i>Category #2</i>		X		X (b)
<i>Category #3</i>		X		X (b)
<i>Category #4</i>	X	X	X (b)	X (b)

*(a) Must serve persons sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation*

*(b) Must only serve participants with annual income at or below 30% of CMI.*

*Here are the HUD interventions based upon category with Continuum of Care Program*

	<i>Supportive Services only</i>	<i>Safe Haven</i>	<i>Transitional Housing</i>	<i>Permanent Supportive Housing</i>
<i>Category #1</i>	X	X(b)	X	X(b)
<i>Category #2</i>	X		X	
<i>Category #3</i>	X (a)		X (a)	
<i>Category #4</i>	X		X	X

*(a) Must receive prior HUD approval to serve this category*

*(b) Additional limitations on eligibility within Category 1(see Continuum of Care Program Interim Rule)*

The idea of a process like “Coordinated Entry” on a community level is important for those seeking resources, and something we believe have been doing locally for decades, before it was imposed by HUD with many unfunded requirements. We all work together as agencies; private, public, tribal and faith based. We don’t duplicate client populations served; we educate the community as a whole and communicate on a regular basis. HUD now requires that each designated Continuum of Care (CoC) have a Coordinated Entry System. Currently, we are the only organization participating in the CoC in our area. Prior to June of 2017, all four of the shelter facilities in the five-county area received HUD ESG funds through our organization. With the additional requirements of HUD’s Coordinated Entry system described below, the other providers no longer apply for the funding.

The COC Coordinated Entry system for our service area involves outreach, intake, screening for eligibility, scoring using the appropriate version of the SPDAT (there are three for singles, one for families and another for youth) and adding households to the priority list. As we operate transitional and rapid re-housing, when we have a program opening we must document that we took the eligible household from the top of the list into our program. These are the requirements to continue to receive HUD funding, but no increase in funding was provided to do so. We continue to try to meet our mission of continuing to serve those most in need. If locally we could have selected the screening tool and been able to prioritize our local needs as we identify them, I believe our emergency shelter partners would continue to apply for HUD funding, which they desperately need. However, many of our shelters object to the SPDAT because they wish to reduce trauma, and screening tools that discuss abuse ultimately re-traumatizes families.

From the client side, it is an additional process to answer a series of questions with someone you have never met, receive a score to determine what intervention is appropriate, and then you are added to the list. The Coordinated Entry process is even more confusing in our geographic area. If you call the 211 from our office, you will be connected to the Duluth, MN Coordinated Entry System (Duluth/Superior is a HUD MSA). You will complete the same process and they may even give you the same score. In our office if you score a 2, we will divert you and not offer any services; however, Duluth will put you on their priority list for rapid re-housing. People who are not willing to complete the intake and screening process don't get on the list at all. If they don't complete the assessment, they go on the list with a 0, scoring leaving them at the bottom, likely never to be served. When no resources are available, we are required to continue to maintain contact with people to see if they are still in need, and to let them know they are still on the list. Often this results in a negative response from the customer who is in need of help and frustrated that we call them only to inform them that we still cannot help them. It is difficult for a person in crisis to understand the process. It is also hard for us to maintain contact, as homeless people often do not have a cell phone and are not easy to locate once they are added to the list.

The change from transitional housing to rapid re-housing as a program model has also been a barrier for many households when their name comes up on list. Transitional Housing is a program in which the organization holds the lease with the landlord. In the rapid rehousing model, the participant signs the lease with the landlord. When issues such as previous evictions are on a person's background, finding a landlord willing to work with a family is a struggle, especially for a rural community.

In the most recent CoC competition, we were not awarded a renewal for our Douglas County transitional housing project, due to the strong incentives from HUD for projects to be reallocated from transitional housing to permanent supportive housing. We were told that transitional housing projects disadvantage our continuum, because they increase the total amount of time that people are considered homeless. However, the rates of return to

homelessness – i.e. recidivism - are much lower for transitional housing projects. I believe this is because of the case management services that can be provided (education, job training, etc.), as well as the length of time that is necessary to address the reasons why people are homeless in the first place. Unfortunately, HUD's push for "Housing First" means that we can no longer require people to participate in case management, or any other service that might address their ability to maintain housing.

While our community does not have any permanent supportive housing, (PSH) accessing one of these programs is not feasible as they are targeted to serve "chronically homeless" people. Chronically homeless people are one, but not the majority of the homeless populations we identify. Many families, youth and individuals in our community have high barriers to employment, often substance abuse and education needs that would benefit from this program model, but they do not meet the "chronic homeless" definition. Cities, in contrast, have more people who meet the definition of chronic homelessness, and therefore, they are able to access new projects for PSH, and will be able to continue to draw down more resources. Meanwhile, rural communities, who have fewer people who meet the definition of chronic homelessness, are left with no additional resources.

As my colleague Duana Bremer testified in May, the Homeless Children and Youth Act would return decision-making to local communities and protect vulnerable children and youth. Her organization along with mine cover the northern 11 counties of Wisconsin and face very similar issues. The HCYA would allow communities to serve the homeless children, youth and families they identify as most in need of assistance, by aligning HUD Homeless Assistance eligibility criteria with other federal programs. HCYA would empower local communities to use resources most efficiently to prevent and end homelessness in both the short and long-term. This is something that most communities have done for many years, but are no longer able to do based upon the constraints of HUD's requirements.

In closing, I appreciate this opportunity to provide input on homelessness in my community. I ask you to pass the Homeless Children and Youth Act, which is supported strongly by all of my local partners, as well as, WISCAP the state wide association of Community Action Agencies. This legislation will help us improve outcomes for many homeless families and youth in my community.

Submitted Testimony before the House Financial Services Committee

Housing and Insurance Subcommittee

June 6, 2018

Testimony Submitted By

Judy Eakin, Executive Director

HEARTH

Glenshaw, Pennsylvania

Federal Homeless Programs for Children, Youth, and Families and Community Programs

Although the Department of Housing and Urban Development is designed to address the issue of homelessness, it is not addressing the issue of family and child homelessness. Families, youth and children all have very different needs than individual chronically homeless adults. For one, keeping families together and providing services that treat the various generations at once is a major difference. Moreover, families present a tremendous opportunity to break the cycle of poverty and homelessness through education and services that treat homelessness upstream. By helping parents and children early, instead of waiting until families disintegrate, children are lost to Child Protective Services, and challenges become even greater and costlier to address, we can permanently solve homelessness.

The Homeless Children and Youth Act (HCYA) would ensure that communities are able to use the U.S. Department of Housing and Urban Development's Homeless Assistance Grants flexibly, effectively, and appropriately to meet the unique needs of the children, youth and young adults, and families experiencing homelessness in their communities. The steps to ensure this include:

- Allowing communities to serve some of the most vulnerable youth and young adults by aligning HUD Homeless Assistance eligibility criteria with other federal programs, including the Runaway and Homeless Youth Act and Violence Against Women Act programs.
- Not requiring families and children to become "chronically homeless" before they can receive service
- Not allowing HUD to penalize communities that prioritize solutions for families by awarding them less points in a competitive grant process

For over twenty years, HEARTH has partnered with the tax payer, the federal government, the state of Pennsylvania, and Allegheny County to provide housing and comprehensive services to

homeless parents and children. HEARTH is now the only transitional housing program for homeless women with children in Allegheny County. HEARTH has moved 310 homeless families, including 577 children, from homelessness and dependency to economic independence and self-sufficiency since 1995.

HEARTH has seen first-hand how the Department of Housing and Urban Development has moved from supporting comprehensive programs that focus on increasing incomes, maintaining sobriety, and personal development to housing-only for the chronically homeless. HUD's adoption of Housing First has created a top-down one-size-fits-all approach to homelessness that forces programs to fundamentally change or risk losing critical funding.

Compliance to existing HUD and state requirements would mean that HEARTH would abandon a two decade-long drug-free housing policy. HEARTH's drug-free policy is central to running safe and crime-free housing communities and permanently solving homelessness for individuals, families and communities since 1995. We believe that HUD's Housing First approach presents a significant barrier to families with children from obtaining housing assistance from HUD and from receiving the services they desire to move from welfare to work, to support their sobriety, and to become reunified with their children and break the intergenerational cycle of homelessness and poverty.

With the problem of homelessness at an all-time high, it's time for reform. HUD's Housing First approach works in some populations and locations, but is not a panacea to homelessness despite HUD's insistence that they are evidence-based and data driven. In fact, the recently released audit from the State of Utah on that state's largest homelessness assistance provider is a sad example of "low barrier" programming.

HEARTH is a member of the National Coalition for Homelessness Solutions (NCHS). The NCHS is a provider initiated and provider led coalition dedicated to making policy changes that support homeless families, children, and youth. Our members actively provide housing and services to families, youth, and children in twenty states. These local providers with hands-on experience serving families and youth are encouraging HUD to fund multiple pathways out of homelessness and create a local, needs-based approach. We also seek better outcome measures to assess effectiveness in helping people permanently exit homelessness.

HUD must broaden its approach to ending homelessness, and restore local control to communities. That is why the NCHS supports H.R. 1511, the Homeless Children and Youth Act. By broadening the definition of homelessness, more families and children can be served. By allowing flexibility apart from HUD's one-size-fits-all Housing First approach, more programs can be supported that serve those seeking workforce training, a sober living environment, and need accountability to achieve personal transformation and never be homeless again.

The NCHS encourages Congress to reform HUD's homelessness assistance program and create realistic outcomes that not only solve homelessness, but deep, generational poverty. That is why our members seek reform that addresses:

- The limiting federal definition of homelessness.
- The well-being of families with children, and youth, who have not been prioritized or well-served by current HUD priorities.
- The inaccuracy of the Point In Time Count and its negative impact on communities and populations, especially families, women, children, and youth.
- The top-down, one-size-fits-all bureaucratic approaches, rigid national mandates imposed on communities, and housing models that do not meet the unique needs of families and youth.

The outcome measures and evaluation that fail to include income, workforce preparation, educational attainment, child and youth well-being, and family stability – not just housing stability

The changes to HUD's homelessness assistance programs have become increasingly evident at the community level. As communities struggle to implement federal programs for those experiencing homelessness, they must bear the costs of significantly changing populations served and approaches used to serve the homeless. For example, transitional housing programs have lost funding even while communities seek more beds, new requirements to qualify for federal funding have been imposed that totally change the nature of how to move individuals out of homelessness and poverty into economic independence. Here are some significant local impacts of HUD's current approach:

- Programs that emphasize sobriety and require work are scored so low that inclusion in the regional plan and funding is generally impossible. See the USICH's Housing First "Checklist"  
[https://www.usich.gov/resources/uploads/asset\\_library/Housing\\_First\\_Checklist\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf)
- Programs are forced to make a choice between funding and maintaining their program requirements, including treatment plans.
- CoC's required programs to become a part of the Coordinated Entry System (CAHP). This system attempts to identify and track every homeless individual and connect them with the services the CoC deems the best fit. The CAHP program assumes that every unit or bed in a region is a part of the CoC and, therefore, open units or beds are required to be filled by the CoC – regardless of a programs population focus or requirements.
- Organizations have been defunded for failing to move from transitional housing to permanent supportive housing.
- Organizations have been required to change their service population to focus on chronic homeless and veterans regardless of community need.

- States, as they adopt Housing First, are requiring compliance with Housing First priorities (low barrier, coordinated entry, HMIS) in state programs, such as qualifying for affordable housing projects and eligibility such as affordable housing tax credit programs.
- In states, such as California, where housing is more expensive, homelessness has exploded. HUD's approach is based on the provision of housing, therefore, in those areas with greater housing costs, the approach fails spectacularly.

In 2016, the Allegheny County Continuum of Care (COC) Homeless Advisory Board, voted to exclude any transitional housing programs in the 2016 application to HUD. This decision was presented as a need to maintain HUD funding by aligning with HUD priorities of chronic homelessness. It was also a way to immediately decrease the number of homeless families in the Continuum of Care via the elimination of transitional housing. This included housing that served unaccompanied youth, clients in recovery, and victims of domestic violence; populations that HUD has stated benefit from transitional housing.

Allegheny County COC sent out an RFP for organizations to apply for the money reallocated from transitional housing to permanent housing forcing all programs to change their mission or give up funding. Thus HEARTH Board of Directors voted on June 15, 2016 to maintain our current mission and service to families who are fleeing domestic violence with a program that provides safety, empowers them to become economically self-sufficient, and helps lift them out of poverty through Transitional Housing.

Additionally, the HAB voted that *all* housing programs would follow a Housing First model. "Housing first" is a model which believes that the end to homelessness is putting a roof over someone's head, not helping them become financially self-sufficient to keep that roof over their head independent of government subsidies. This is not HEARTH's philosophy. We believe that homelessness is about a lack of empowerment including economic empowerment. Economic empowerment provides individuals and families with choices – where to live, type of housing, who to live with, etc. It also provides people with the ability to pay for their own housing rather than needing subsidies on a permanent basis.

Economic self-sufficiency is obtained through employment that pays a living wage. The ability to secure this type of employment occurs when clients gain marketable skills. Participation in a training/educational program is a key component of HEARTH's program. Along with safe, secure housing and educational training; clients are involved in weekly case management and a life skills program that includes budgeting, problem solving, credit reparation, overcoming trauma, and creating healthy relationships.

The combination of these elements helps clients become economically self-sufficient by increasing their income which allows them to obtain permanent housing. These adults now become taxpaying citizens, helping the economy rather than being dependent on government

subsidies to live. This economic self-sufficiency breaks the cycle of poverty. Parents serve as role models for education, employment, and financial independence. HEARTH has created a transitional housing program that has proven success. Of the clients graduating from our program: 60% increase their income, 66% obtain full time employment, and 82% secure permanent housing.

The Board of Directors and staff are committed to maintaining this program so that many families can be served going forward. This decision means that the HEARTH transitional housing program will not be converted to Permanent Supportive Housing. The current model would allow us to serve 100 families in the next 5 years. Permanent Supportive Housing would only allow about 30 people to be served during the same time 5 years due to the design.

I am going to share a story with you. *Look back 8 years, Amanda is a 25 year old mother with 1 child. Her partner is wonderful, attentive, and supportive. After he gets home from work, he drives her wherever she needs to go – grocery shopping, her sons sports events, dinners, hair appointments, clothes shopping. He loves to be with her and wants to spend all their time together. Her friends are envious of the attention and presents he gives her.*

*But everything isn't the way it appears. Amanda isn't really allowed to go anywhere on her own. She has lost touch with most of her friends and sees her family only occasionally. She hasn't been given the opportunity to get a driver's license and they don't live near a bus stop. Her dependence is complete.*

*And those gifts –usually they serve as apologies for her partner's abusive behavior. When Amanda got pregnant with her second child, the abuse escalated dramatically. Many nights, she cried herself to sleep, which only served to infuriate her abuser.*

*Amanda left after her daughter was born, fleeing to her parents. Her abuser followed her to the house and physically removed the children, telling Amanda she would never see her children again. He threatened her parents and vowed to contact the police and cross file charges against her. Fearing for her children's safety, Amanda returned to his home.*

*The abuse continued to escalate. Involving other people or calling the police just increased her abuser's fury. Amanda feared for her life.*

*How did this end you wonder? Well, it is both a sad and happy ending. Happy, because Amanda and her children ended up HEARTH. Sadly, only after an incident that landed Amanda in the hospital with broken bones. At the hospital, she was assisted with filing a PFA on behalf of herself and her children.*

*But where would they go after the hospital? Staying with her parents wasn't safe; it put all of them at risk. Amanda was now 32 years old and hadn't worked since she was 20 years old. She had no skills to obtain employment that would support her and her children. And how would she get to work, secure childcare, and increase her skills? With no credit, bank accounts, or funds in*

*her name how could she qualify for housing or furnish an apartment? Was she destined to return to her abuser to meet her children's basic need of food, clothing and shelter?*

*Thankfully, HEARTH continues to exist as a safe transitional housing program that offers supportive services while clients work to become economically self-sufficient. The multiple levels of security made Amanda feel that she and her children were safe. During case management meetings Amanda was able to identify a path forward. With onsite supportive services such as a food pantry, clothing pantry, computer lab, children's playgrounds and the Early Head Start program, Amanda was able to meet all the family's basic needs (plus more)!*

*Amanda now has a permanent PFA for herself and her children. She was able to start a medical training program knowing that her children were in school and Early Head Start classes. Volunteers helped her get the necessary clothing for her training program. The bus route at the bottom of the hill makes getting to and from school possible. The onsite counseling from our local domestic violence program is helping her overcome her trauma and improve her self-esteem.*

*Under current HUD guidelines, Amanda would not have received safe housing and onsite support.*

We urge the support of the Subcommittee for H.R. 1511, the Homeless Children and Youth Act so that HUD broadens its approach to ending homelessness, and restores local control to communities. By allowing flexibility apart from HUD's one-size-fits-all Housing First approach, more programs can be supported that serve those seeking workforce training, a sober living environment, and need accountability to achieve personal transformation and never be homeless again. By eliminating narrow definitions, parents and children will not be excluded from funding and services that perpetuate the cycles of abuse and poverty that have been generational.

H.R. 1511, the Homeless Children and Youth Act, will expand the federal definition of homelessness so that more families and children can be served. It will give greater flexibility to local communities to determine populations and approaches instead of HUD's top-down, one-size-fits-all Housing First mandate. The Act will provide necessary reforms so that individualized needs, root causes of homelessness – such as addiction, employment challenges, and generational poverty and dysfunction – can be addressed, and supportive communities can have equal footing with other populations and approaches.

