



Report on Targeted Programs That Help People Experiencing or At Risk of Homelessness

U.S. Interagency Council on Homelessness

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Background

The mission of the United States Interagency Council on Homelessness (USICH) is to “coordinate the federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the federal government in contributing to the end of homelessness.” The agency’s authorizing authority is established under the McKinney-Vento Homeless Assistance Act 42 U.S.C. § 11313. Section 203[c] of the McKinney-Vento Act directs USICH to create a report of programs to assist people experiencing homelessness that includes:

- the number of homeless individuals served by program
- program impediments, including any statutory and regulatory restrictions that impede individuals experiencing homelessness from obtaining services or benefits under each program
- agency efforts to increase opportunities for homeless individuals to obtain shelter, food, and supportive services¹

This document serves as USICH’s Fiscal Year (FY) 2022 Report to Congress on Targeted Programs That Help People Experiencing or At Risk of Homelessness, pursuant to Section 203[c] of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11313 (c)(1)).

Process

USICH worked with its federal partner agencies operating programs that directly impact individuals experiencing homelessness to compile the data summarized in this report. Specifically, USICH asked those agencies to provide a brief description of programs that most closely align with the goal of addressing the needs of individuals experiencing homelessness and to provide data on the number of individuals served for the most recently completed fiscal year.² USICH asked agencies to provide a brief program narrative that identified impediments, successes, challenges, and future actions to help people experiencing homelessness. For most programs, the most recent available data is for the fiscal year ending September 30, 2021 (FY 2021).

The following table lists the programs included in this report:

¹ The statutory language from Section 203[c] of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11313 (c)(1)) is as follows: Within 90 days after July 22, 1987, and annually thereafter, the head of each Federal agency that is a member of the Council shall prepare and transmit to the Congress and the Council a report that describes—(A) each program to assist homeless individuals administered by such agency and the number of homeless individuals served by such program; (B) impediments, including any statutory and regulatory restrictions, to the use by homeless individuals of each such program and to obtaining services or benefits under each such program; and (C) efforts made by such agency to increase the opportunities for homeless individuals to obtain shelter, food, and supportive services.

² At the time of the report’s draft, 2021 was the most recently completed federal fiscal year.

Table 1: Programs Assisting Individuals Experiencing Homelessness by Agency

Agency	Program
USDA Food and Nutrition Service (FNS)	USDA/FNS: The Emergency Food Assistance Program
Education	Education for Homeless Children and Youth
HHS Substance Abuse and Mental Health Services Administration (SAMHSA) Administration for Children and Families (ACF)	HRSA: Health Care for the Homeless SAMHSA: Projects for Assistance in Transition From Homelessness SAMHSA: Mental Health Programs of Regional/National Significance for Homelessness SAMHSA: Substance Abuse Treatment Programs of Regional/National Significance ACF: Runaway and Homeless Youth ACF: Head Start
DHS Federal Emergency Management Agency (FEMA)	Emergency Food and Shelter Program Emergency Food and Shelter - Humanitarian Relief
HUD	Homeless Assistance Grants HCV Homeless Vouchers New HUD-VA Supportive Housing Vouchers
DOJ	Transitional Housing Assistance Grants to Victims of Sexual Assault
DOL	Homeless Veterans' Reintegration Program
VA	Health Care for Homeless Veterans Domiciliary Care Compensated Work Therapy / Transitional Residence HUD-VA Supportive Housing Program Services Grant and Per Diem Program Justice Outreach Prevention Initiative Supportive Services for Veteran Families Other VA Programs

Table 2: Federal Funding for Targeted Homelessness Programs (in Millions of Dollars)

*FY 2022 is based on allocations specified in the Consolidated Appropriations Act of 2022.

Agency	Program	FY 2019 Enacted	FY 2020 Enacted	FY 2021 Enacted	FY 2022* Enacted
USDA	USDA/FNS: The Emergency Food Assistance Program	374	402	422	481
ED	Education for Homeless Children and Youths	94	102	107	114
HHS	HRSA: Health Care for the Homeless	478	479	498	481
HHS	SAMHSA: Projects for Assistance in Transition From Homelessness	65	65	65	65
HHS	SAMHSA: Mental Health Programs of Regional/National Significance for Homelessness	33	33	33	33
HHS	SAMHSA: Substance Abuse Treatment Programs of Regional/National Significance	36	36	36	36
HHS	ACF: Runaway and Homeless Youth	127	132	137	140
HHS	ACF: Head Start	474	551	632	650
FEMA	Emergency Food and Shelter Program	120	125	130	130
FEMA	Emergency Food and Shelter - Humanitarian Relief	-	-	-	150
HUD	Homeless Assistance Grants	2,636	2,777	3,000	3,213
HUD	HCV Homeless Vouchers	-	-	43	-
HUD	New HUD-VA Supportive Housing Program Vouchers ³	40	40	40	50
DOJ	Transitional Housing Assistance Grants to Victims of Sexual Assault	36	37	40	43
DOL	Homeless Veterans' Reintegration Program	50	55	58	61
VA	Health Care for Homeless Veterans	167	173	187	202
VA	Domiciliary Care	182	196	204	198
VA	Compensated Work Therapy / Transitional Residence	84	62	64	62
VA	HUD-VA Supportive Housing Program Services	586	644	699	883
VA	Grant and Per Diem Program	255	237	252	321
VA	Justice Outreach Prevention Initiative	59	59	63	67
VA	Supportive Services for Veteran Families	386	381	420	395
VA	Other Programs	29	94	99	148
USICH	United States Interagency Council on Homelessness	3.6	3.8	3.8	3.8
Total		6,314	6,684	7,231	7,926

³ This reflects new incremental HUD-VASH vouchers only; existing vouchers are renewed in the HUD Tenant- Based Rental Assistance account.

Programs That Assist People Experiencing Homelessness

This section provides a general description for each program, including (where available) the number of people served annually and a program summary identifying impediments to serving people experiencing homelessness.

Department of Agriculture (USDA)

The Emergency Food Assistance Program (TEFAP)

Program Description: The Emergency Food Assistance Program (TEFAP), authorized in the Emergency Food Assistance Act of 1983 (7 U.S.C. § 7501 et seq.), provides low-income Americans with emergency food and nutrition assistance at no cost through distributing state agencies. The amount of food that each state receives is based on the number of unemployed people and the number of people with incomes below the poverty level in the state. States receive allotments and provide the food to local agencies, such as food banks, which distribute the food to local soup kitchens and food pantries. States also provide food to local organizations, such as community action agencies, that distribute the food directly to low-income households. Participating organizations may use the food to prepare meals in congregate settings. Recipients of food for individual use, including people experiencing homelessness, must meet income eligibility criteria set by the states. Individuals experiencing homelessness can also receive immediate food assistance in the form of prepared meals in a congregate setting, and they are not required to meet any income eligibility criteria to access such meals.

Number of People Experiencing Homelessness Served in FY 2021: Not Applicable. TEFAP does not collect participant level data.

Summary of Program Impediments and Agency Actions: TEFAP has program regulations and guidance flexibilities to promote access for individuals experiencing homelessness. For example, program regulations require that TEFAP distribution sites collect the address of an individual receiving TEFAP foods for individual use, but TEFAP policy memorandum FD-036 TEFAP – Local-Level Record Keeping Requirements (Revised) recognizes that individuals experiencing homelessness may not be able to provide an address. Program regulations prohibit TEFAP meal sites—often soup kitchens and shelters—from employing a means test for individuals seeking meals so that all individuals, including individuals experiencing homelessness, can access emergency food assistance.

USDA works collaboratively with program stakeholders—including nonprofit partners addressing hunger and homelessness—to improve program effectiveness and access. TEFAP program regulations encourage state agencies to establish a state advisory board to inform how states allocate TEFAP resources among various eligible outlet types. Advisory boards are also established to inform the program on which areas and populations have the greatest need for food assistance, and how to best serve eligible populations. USDA does not maintain information on the number of advisory councils in place or current activities, as these are optional.

In FY 2022, USDA's Food and Nutrition Service (FNS) recently awarded over \$39 million in [TEFAP Reach and Resiliency](#) grants to 38 TEFAP state agencies as supplemental funding to expand TEFAP's reach into remote, rural, tribal, and/or low-income areas that are underserved by current program operations. USDA expects to make an

additional TEFAP Reach and Resiliency grant opportunity available later. FNS also hopes to improve access in TEFAP through a proposed rulemaking entitled “[Food Distribution Programs: Improving Parity and Access](#),” which is currently scheduled for publication in 2023. The rule will focus on increasing access for TEFAP recipients and simplifying requirements for state and local program operators.

Supplemental Nutrition Assistance Program (SNAP)

Program Description: The Supplemental Nutrition Assistance Program (SNAP), the largest federal nutrition assistance program, provides nutrition assistance to eligible, low-income households via a monthly allotment of benefits placed on an Electronic Benefits Transfer (EBT) card, which works like a debit card and is used to purchase food at authorized retailers.

Number of People Experiencing Homelessness Served in FY 2021: USDA suspended SNAP data collection from March 2020 through June 2021 in response to the Covid-19 pandemic. Therefore, USDA is unable to provide comprehensive data for FY 2020 or FY 2021. In FY 2019—the most recent year the program had accurate data—SNAP served 970,000 households, representing 1.1 million SNAP participants, who reported experiencing homelessness at the time the household was certified for SNAP benefits.

Summary of Program Impediments and Agency Actions: SNAP enables people experiencing homelessness to use provisions that increase program access, including the use of authorized representatives, flexibilities regarding mail pick up and, in some states, access to restaurant programs to enable the purchase of hot foods. SNAP does not require a permanent address for program participation, and people experiencing homelessness can use shelters or local SNAP offices to receive SNAP-related mail. Households without permanent housing can also buy prepared meals at authorized restaurants with their SNAP benefits if they live in a state that operates a Restaurant Meals Program (RMP). The RMP is a state option that allows elderly, disabled, and homeless SNAP clients and their spouses to use their SNAP benefits to buy prepared meals at participating restaurants.⁴ SNAP also confers categorical eligibility to participants in other FNS programs, such as the National School Lunch Program, TEFAP, and the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC).

SNAP continues to prioritize ensuring access to nutrition benefits for low-income people eligible for SNAP. Annually, FNS issues guidance to the state agencies encouraging them to implement outreach strategies to inform underserved populations about nutrition assistance available through SNAP. States may choose to focus on specific populations, including people experiencing homelessness, and FNS reimburses state agencies 50% of their allowable costs for outreach activities.

⁴ Currently, Arizona, California, Illinois, Maryland, Michigan, Rhode Island, and Virginia operate RMPs.

Department of Education

Education for Children and Youth Experiencing Homelessness

Program Description: The Education for Homeless Children and Youths Program, authorized under Title VII-B of the McKinney-Vento Act, provides assistance to states to:

- Establish or designate an Office of Coordinator of Education of Homeless Children and Youth
- Develop and carry out a state plan for the education of children experiencing homelessness
- Make subgrants to local educational agencies (LEAs) to support the education of those children

These goals are designed to ensure that all children and youth experiencing homelessness have equal access to the same free, appropriate, public education that is available to other children.

Number of Students Experiencing Homelessness Enrolled in Public School Districts During the 2020-2021 School Year: 1,099,221

Summary of Program Impediments and Agency Actions: The COVID-19 pandemic and the pivot to virtual instruction in many public school districts from March 2020 through Spring 2021 resulted in significant decreases in the number of children and youth who identified as homeless. While all the causes of the decrease are not known, data shows that more students became disengaged or disenrolled during this time, making it more difficult for schools to identify them as experiencing homelessness.

In response to the COVID-19 pandemic, Congress appropriated \$800 million as part of the American Rescue Plan Elementary and Secondary School Emergency Relief Fund for Homeless Children and Youth (ARP-HCY). This funding was awarded to state educational agencies (SEAs) in April 2021 to supplement existing subgrantee LEAs or to manage a new competition. In July 2021, the remaining 75% of funding was disbursed to SEAs to award to public school districts on a formula basis. The goals of the ARP-HCY funding are to increase the identification of children and youth experiencing homelessness, particularly in historically underserved communities, and to connect them to educational and wraparound services to support academic success.

Additionally, the program supports efforts to address youth experiencing homeless through technical assistance and collaborations. The department's Education for Homeless Children and Youth (EHCY) Program and its contractor, the National Center for Homeless Education (NCHE), have supported coordinated technical assistance and evaluation for Youth Homelessness Demonstration Program grantees since FY 2017. The EHCY program team and NCHE have begun planning with the U.S. Department of Health and Human Services Runaway and Homeless Youth (HHS-RHY) to update technical assistance and communications on program eligibility across each agencies' programs. The EHCY program team and NCHE have also developed a collaboration with the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) to co-present on preventing youth reentering from juvenile justice facilities from experiencing homelessness to educators and OJJDP stakeholders. The EHCY program team and NCHE have collaborated with the National Youth Employment Coalition and the Department of Labor to increase awareness of Job Corps and other federal employment training programs as a resource for youth experiencing homelessness.

Department of Health and Human Services

Health Resources and Services Administration (HRSA): Health Care for the Homeless

Program Description: HRSA's **Health Center Program** provides affordable, accessible, quality, and cost-effective primary health-care services to vulnerable populations. In 2021, 299 Health Center Program grantees received funding under the Health Care for the Homeless (HCH) Program. The **Health Care for the Homeless** provides comprehensive primary health care, including substance use services as needed, to people experiencing homelessness, including children, youth, and veterans. Comprehensive services include basic health services, diagnostic laboratory and radiologic services, preventive health services, emergency medical services, and pharmaceutical services.

Outreach, case management, and eligibility assistance are among other required services that are especially critical to ensure patients experiencing homelessness can access all appropriate programs. Optional services include mental health, oral health, optometry, recuperative care, environmental health, and occupational therapy. Recipients of services include people who are experiencing sheltered and unsheltered homelessness, individuals who are at risk of homelessness and are doubled up, and people who are living in permanent supportive housing, transitional housing, or other housing programs targeted to people experiencing homelessness. HCH health centers are also required to provide temporary continued provision of services to certain formerly homeless individuals.

Additionally, HRSA supports two National Training and Technical Assistance Partners through cooperative agreements that fund training and technical assistance to health centers that serve people experiencing homelessness. The goal of the technical assistance is to support health centers in delivering comprehensive care, addressing emergent public health issues and health needs, improving operational effectiveness and quality, and advancing health equity.

Number of People Experiencing Homelessness Served by All 1,373 Health Centers (Including Health Care for the Homeless Grantees) During FY 2021: 1,294,327

Number of Patients Served by Health Care for the Homeless (HCH) Grantees During FY 2021: 906,259

Summary of Program Impediments and Agency Actions: The COVID-19 pandemic has further disconnected many people experiencing homelessness from care, leading to an increase in overdose deaths. There continue to be high rates of COVID vaccine hesitancy, pandemic fatigue, and low demand for vaccine and booster shots among the populations served. Data-sharing among homeless management information systems (HMIS), electronic health records, and state-based vaccination databases varies widely and comes with many state/local restrictions, which limit the ability to evaluate vaccine rates. The eventual end of the public health emergency and the redetermination of Medicaid will likely result in many people experiencing homelessness suddenly becoming uninsured. This would have a significant impact since in 2021, nearly 30% (29.58%) of patients served at HCH health centers were uninsured.

Despite these challenges, HCH grantees continue to provide quality primary care and other services to people experiencing homelessness. In 2021, HCH health centers served 101,244 patients diagnosed with substance-related disorders (excluding tobacco use). Moreover, HCH health centers provided nearly 510,227 visits for substance use services in 2021. HCH grantees provided over 5.8 million COVID-19 tests, and HCH health centers administered over 8.6 million total doses of COVID-19 vaccine, with 69% going to racial or ethnic minorities.

In addition to brick-and-mortar service sites, some HCH grantees offer “street medicine” and health center services through mobile units to meet the needs of the unsheltered individuals where they reside. In July 2020, the National Health Care for the Homeless Council launched the National Institute of Medical Respite Care and continues to champion the medical respite work by hosting learning collaboratives, creating online training courses on medical respite, and providing ongoing technical assistance to grantees launching new programs.

Substance Abuse and Mental Health Services Administration (SAMHSA): Projects for Assistance in Transition From Homelessness

Program Description: Projects for Assistance in Transition From Homelessness (PATH) is a formula grant program administered by SAMHSA to provide financial assistance to states and territories to support services for individuals experiencing or at risk of homelessness and who have serious mental illnesses and co-occurring substance use disorders. Eligible programs and activities include outreach services, screening and diagnostic treatment services, habilitation and rehabilitation services, community mental health services, alcohol or drug treatment services, staff training, case-management services, supportive and supervisory services in residential settings, and referrals for primary health services, job training, educational services, and limited housing services. Across the country, there are approximately 450 local PATH provider organizations.

Number of People Experiencing Homelessness Served in FY 2021: PATH program staff contacted 103,933 people experiencing homelessness, of whom 58,821 were actively enrolled in PATH at some point.

Summary of Program Impediments and Agency Actions: During COVID-19, SAMHSA received requests from PATH grantees for program flexibilities to meet the challenges of the pandemic. Grantees requested changes such as the re-budgeting of funds to provide temporary shelter for unsheltered individuals and adjustments to the 20 percent program cost cap on housing. Additionally, grantees requested administrative flexibility including extending grant performance periods, suspension of certain data collections, and allowances to use PATH funds to provide assistance with personal items such as food, copays for prescription medications, and pre-paid cell phones to unsheltered individuals. SAMHSA assessed the grantees request and determined that the agency does not have the authority to change any administrative, financial or performance related statutory and regulatory requirements applicable to the PATH program. Nonetheless, SAMHSA determined that it does have the authority to repurpose funds if it is within the legal and statutory requirements of the program.

SAMHSA: Mental Health Programs of Regional/National Significance - Homelessness Prevention Programs and Substance Abuse Programs of Regional/National Significance - Treatment Systems for Homeless

Program Description: SAMHSA funds the following programs to address substance abuse treatment through the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT):⁵

- **CMHS** strengthens the nation's mental health system by helping states improve and increase the quality and range of their treatment, rehabilitation, and supports to behavioral health resources by increasing outreach and access to mental health programs and ensuring the use of evidence-based practices. The **Treatment for Individuals Experiencing Homelessness (TIEH)** is a competitive grant program administered by CMHS. The goal of the program is to increase access to evidence-based treatment services, peer support, recovery services, and connections to permanent housing. The program supports the development and expansion of the local infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring disorder (i.e., SMI and substance use disorder [SUD] or a SED and SUD) who are experiencing homelessness. The goal of the TIEH program is to strengthen systems and increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support, and other recovery support services, and linkages to sustainable permanent housing. CMHS started the TIEH Collaborative Innovation and Implementation Network to promote grantee collaboration and information sharing. Grants are awarded for up to five years to states, governmental units within political subdivisions of a state, federally recognized American Indian/Alaska Native tribes, tribal organizations, Urban Indian Organizations, a consortium of tribes or tribal organizations, and domestic public and private nonprofits.

Number of People Experiencing Homelessness Served in FY 2021: 4,655

- **CSAT's** mission is to promote community-based substance use disorder treatment, and recovery support services for individuals and families. CSAT provides national leadership to improve access, reduce barriers, and promote high-quality, life-saving, and effective treatment and recovery support services. **Grants for the Benefit of Homeless Individuals (GBHI)** is a competitive grant program administered by CSAT. The goal of the program is to help communities expand and strengthen treatment and recovery support services for individuals (including youth and families) experiencing homelessness who have substance use disorders or co-occurring mental and substance use disorders.

Grants are awarded to domestic public and private nonprofits, and the program supports:

- Treatment and other recovery-oriented services for substance use disorders or co-occurring mental and substance use disorders

⁵ The Cooperative Agreement to Benefit Homeless Individuals (CABHI) is no longer active. In FY 2021, only six grantees remained operating under a no-cost extension to close-out the grant. The CABHI-States Program, as well as the Grants for the Benefit of Homeless Individuals—Services in Supportive Housing (GBHI-SSH) Program are also not active.

- Coordination of housing and services that support the implementation and/or enhance the long-term sustainability of integrated community systems that provide permanent housing and supportive services to the target population
- Efforts to engage and connect clients who experience substance use disorders or co-occurring disorders to enrollment resources for health insurance, Medicaid, and mainstream benefits programs (e.g., Supplemental Security Income [SSI]/Social Security Disability Insurance [SSDI], Temporary Assistance for Needy Families [TANF], and SNAP)

Number of People Experiencing Homelessness Enrolled in FY 2021: 4,020

Summary of Program Impediments and Agency Actions: Impediments that pose barriers to the full effectiveness of the programs (TIEH and GBHI) include limited housing availability for program participants and lengthy waitlists for access to services that have been exacerbated by behavioral health workforce shortages and the COVID-19 pandemic. COVID-19 impacted grantees because of limited or no in-person access to shelters, the need to address community priorities to ensure safety of both staff and clients, and the disruption to service access, such as difficulties enrolling clients in inpatient treatment due to a lack of access to rapid COVID-19 testing services. Transitions to virtual service delivery also created challenges engaging and retaining clients in telehealth due to technology literacy and access to technology—including internet services, computers, cell phones, and limited cell phone data coverage. To address these challenges, SAMHSA allowed flexibility for grant recipients affected by the loss of operational capacity and increased costs due to the COVID-19 pandemic by developing a COVID-19 resource page and Frequently Asked Questions (FAQs) Related to COVID-19 for SAMHSA Discretionary Grant Recipients.

Family and Youth Services Bureau (FYSB): Runaway and Homeless Youth (RHY) Program

Program Description: FYSB awards nearly 600 grants to more than 300 community-based organizations as part of the Runaway and Homeless Youth (RHY) Program that supports street outreach, emergency shelters, longer-term transitional living, and maternity group home programs. The programs listed below are operated as part of RHY:

- **Street Outreach Program** provides educational and prevention services to runaways, street youth, and youth experiencing homelessness who have been subject to or are at risk of sexual exploitation or abuse and severe forms of human trafficking. The program works to establish and build relationships between street youth and program outreach staff to help youth leave the streets. Locally-funded programs offer support, including substance use disorder and alcohol dependency treatment; counseling; information and referral services; individual assessment; crisis intervention; and follow-up support. Street outreach programs must have access 24 hours to local shelters that are age-appropriate.

Number of People Experiencing Homelessness Served in FY 2021: 13,372

- **Basic Center Program** works with locally-controlled, community, and tribal programs that address the immediate needs of runaway youth and youth experiencing homelessness and their families. Basic centers provide youth under age 18 with temporary emergency shelter, food, clothing, and referrals for

health care. Other types of assistance provided to youth and their families include individual, group, and family counseling, recreation programs, and after-care services for youth once they leave the shelter. Basic centers seek to help youth avert crisis and reunite young people with their families, when possible, or to locate appropriate alternative placements. In addition to serving youth in shelters, grantees may offer home-based services for families with youth at risk of separation from the family, street-based services, drug abuse education and prevention services, and testing for sexually transmitted diseases, at the request of the youth.

Number of People Experiencing Homelessness Served in FY 2021: 16,693

- **Transitional Living Program**, including the **Maternity Group Home Program**, provides longer-term residential shelter and support services to homeless youth between the ages of 16 and 22. Youth are provided with stable, safe living accommodations and support services that help them develop the skills necessary to move to self-sufficiency and independence. Living accommodations may include host family homes, group homes, and maternity group homes or supervised apartments. Skills training and support services provided include basic life skills and interpersonal skill-building, educational opportunities (vocational and GED preparation), job placement, career counseling, and mental health, substance use, and physical health care services. In maternity group homes, young people learn parenting skills, child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence and ensure the well-being of their young families.

Number of People Experiencing Homelessness Served in FY 2021: 3,090

RHY also operates the National Runaway Safeline (NRS), National Clearinghouse on Homeless Youth and Families, and the Runaway and Homeless Youth Training and Technical Assistance Center to support capacity building and technical assistance.

- **The National Communication System (NCS) for Runaway and Homeless Youth**, which is currently operated by NRS, makes over 100,000 connections a year through their hotline as well as online and offline resources and services. Their toll-free services are available 24 hours a day, 365 days a year throughout the U.S. and U.S. territories. NCS connects runaway and homeless youth with their families, legal guardians, transportation services, and service providers. Additionally, NCS provides prevention counseling and identifies resources for youth in crisis or those who are contemplating running away.

Number of People Experiencing Homelessness Served in FY 2021: 35,601 youth under age 21

- **The National Clearinghouse on Homeless Youth and Families** is a free information service of the Family and Youth Services Bureau. Its purpose is to educate the family and youth services field—including FYSB grantees and aspiring grantees—about research and effective practices that can improve the long-term well-being of families and youth.
- **The Runaway and Homeless Youth Training and Technical Assistance Center** assists FYSB grantee agencies in developing new approaches to serving runaway and homeless youth, accessing new resources, and establishing links with other grantees with similar interests and concerns. Through the

center, FYSB tracks trends in youth and family issues, identifies and shares best practices, sponsors conferences and workshops, and provides direct technical assistance.

Summary of Program Impediments and Agency Actions: In 2021, NRS data revealed a dramatic increase in youth under 15 years old reaching out for support, with a particular rise in youth under 12 years old, highlighting the need to expand the focus on resources and services for this age group as well as youth who identify as LGBTQI+. With increased numbers of younger youth contacting the NRS, there is a need to ensure that staff with specialized training are available to meet the needs of younger and diverse youth seeking services through the NRS.

Crisis contacts also continue to diversify, with youth who identify as transgender and non-binary reaching out in higher numbers than ever. In 2021, for the first time, most contacts identified as races/ethnicities other than white/caucasian. As a result, NRS has continued to adjust how it reaches out to young people including supporting youth online, with the goal of most effectively meeting youth where they are—especially those from underserved populations.

To better meet the needs of younger youth seeking services through the National Communication Center, NRS has begun to invest in additional research and training for crisis services staff and volunteers on this younger age group; to incorporate developmentally-appropriate crisis intervention strategies; and to explore alternative resources and tools to most effectively serve youth under 12.

Most youth in crisis continued to reach out to NRS from home, highlighting the opportunity to prevent runaway incidents and episodes of homelessness prior to youth leaving home or running away. To expand and promote opportunities for prevention, NRS continues to promote its *Let's Talk: Runaway Prevention Curriculum*, which was recently updated and modernized to better reach youth from a broad spectrum of audiences. NRS continues to host and participate in virtual panels and webinars, inviting participation from members of its Youth Advisory Board. Through these discussions, NRS sheds light on recent data and offers recommendations to other youth-serving organizations, including those serving youth experiencing homelessness and other non-traditional partners and organizations across the country who support young people in their communities.

NRS has focused its efforts on communicating and disseminating valuable information with young people via digital content. Messages highlighting the organization's services, providing valuable statistics, and connecting young people to key resources have been adjusted to focus on the issues most affecting youth in crisis. NRS also varies its messaging to target key audiences most effectively on different platforms, including Facebook, Instagram, and Twitter (@1800RUNAWAY). The program has also expanded its social media presence to include Snapchat and TikTok—platforms that have become increasingly popular with younger age groups.

RHY provides extensive training and technical assistance to grant recipients on the Runaway and Homeless Youth – Homeless Management Information System (RHY-HMIS) and corresponding data collection requirements to improve data quality and the timeliness of data collection. While RHY maintains a robust data collection system aligned with HUD's HMIS, collecting data on youth experiencing homelessness poses significant challenges because many are unwilling to share certain personal information, and there is limited capacity on the part of intake staff to accurately capture demographic information. Additionally, program staff continue to experience challenges interfacing with HMIS software at the program level.

Administration for Children and Families (ACF): Head Start

Program Description: The Head Start Program, through Head Start preschool and Early Head Start, are comprehensive child development programs that serve children from birth to age five, pregnant women, and their families. Head Start is a child-focused, multi-generational program, with the overall goal of increasing the school readiness of young children in low-income families. The children of families experiencing homelessness are categorically eligible for Head Start, and programs may reserve slots for homeless children and prioritize their enrollment.

Services provided by Head State include nutrition, developmental screenings, medical and dental screenings, immunizations, mental health and social services referrals, family engagement, and in some cases, transportation. Many Head Start grant recipients serve families experiencing homelessness, primarily in center-based programs.

Number of Families Facing Homelessness Served in FY 2021: 42,600

Number of Children Facing Homelessness Served in FY 2021: 45,500

Number of Families Who Accessed Housing in FY 2021: 10,500

Summary of Program Impediments and Agency Actions: Access to stable housing is a consistent challenge for Head Start and Early Head Start families experiencing homelessness, and to support families, the program issued guidance in May 2021 to encourage Head Start grant recipients to support families in accessing Emergency Housing Vouchers (EHVs) and to reach out to public housing authorities to address housing challenges.

Medicaid

Program Description: The Medicaid Program provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Program Data: 68% of Continuum of Care (CoC) program participants reported receiving Medicaid benefits⁶

Temporary Assistance for Needy Families (TANF)

TANF provides states and territories with flexibility in operating programs designed to help low-income families with children achieve economic self-sufficiency. States use TANF to fund monthly cash assistance payments to low-income families with children, as well as a wide range of services.

⁶ Program participation data is from HUD CoC Reporting that indicates the number of people reporting participating in the cited program upon entry into a CoC funded program. Data reflected represents FY 2019 CoC awardees who would have operated programs during calendar years 2020 and 2021.

Program Data: 6% of CoC program participants reported receiving TANF benefits⁷

Department of Homeland Security

Federal Emergency Management Agency (FEMA): Emergency Food and Shelter Program (EFSP)

Program Description: The McKinney-Vento Act in 1983 established the Emergency Food and Shelter Program (EFSP) to help meet the needs of people experiencing homelessness and hunger. The law requires FEMA to award appropriated funds to the National Board and requires the National Board to provide funding to private nonprofit and governmental organizations. Though the law establishes EFSP as a FEMA program, it is not a disaster or emergency assistance program covered under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

The National Board governs EFSP and is chaired by a FEMA representative and comprised of representatives from six national nonprofit agencies: American Red Cross, Catholic Charities USA, The Jewish Federations of North America, National Council of the Churches of Christ in the USA, The Salvation Army, and United Way Worldwide. The National Board allocates funds to jurisdictions (counties or cities) based upon a formula, and an additional small portion of funds is allocated to State Set-Aside Committees. Funds can be used for food (in the form of served meals or groceries), lodging mass shelters or hotels, one month's rent or mortgage payment, one month's utility payment, transportation costs associated with the provision of food or shelter, minimal repairs to mass feeding or sheltering facilities for building code violations or for handicap accessibility, and supplies and equipment necessary to feed or shelter people.

In addition to the program's regular or domestic appropriations, Congress started appropriating EFSP humanitarian relief funding in FY 2019. The funding for EFSP humanitarian relief is for the purpose of assisting nonprofits and faith-based and governmental organizations in providing shelter and other services to migrant families and individuals crossing the Southwest Border who are encountered by DHS. Eligible services that organizations may provide include sheltering, feeding, basic health and first aid, and other supportive services. Awards to service organizations for humanitarian relief funding are determined by the National Board.

Program Data: FEMA, the National Board, and United Way Worldwide do not collect data specifically on the number of people experiencing homelessness served. FEMA can provide data collected by the National Board on the number of meals provided, nights of lodging provided, rent/mortgage payments made, and utility payments made using EFSP funds during FY 2018—the latest year for which actual data is available.

- **Meals Provided:** 66,658,525
- **Nights of Lodging Provided:** 2,782,253
- **Rent/Mortgage Payments Made:** 44,458
- **Utility Payments Made:** 41,648

⁷ Program participation data is from HUD CoC Reporting that indicates the number of people reporting participating in the cited program upon entry into a CoC funded program. Data reflected represents FY 2019 CoC awardees who would have operated programs during calendar years 2020 and 2021.

Summary of Program Impediments and Agency Actions: The McKinney-Vento Act allows up to 5% of total administrative costs. However, appropriations legislation has continually capped EFSP administrative costs at 3.5%, and there are cases where Local Boards and/or Local Recipient Organizations (LROs) have declined EFSP funds because they are not able to absorb the financial burden of administering the funds in their communities. Declinations of awards due to administrative burdens pose a clear impediment to maximizing EFSP implementation at the local level.

The National Board allows and encourages partnerships between small and larger LROs operating in the community in order to share administrative burdens and overcome the challenge posed by the low administrative allowance. Although this approach does not fully address the issue of the low administrative allowance for regular EFSP funds, it illustrates how the National Board flexibly administers the program to maximize limited LRO resources.

Amid the COVID-19 pandemic, the National Board implemented policy changes to allow for greater flexibility on the assistance that could be offered to individuals. LROs allowed EFSP funds to provide rental or mortgage assistance to clients to prevent evictions and implemented policy changes to extend rent or mortgage payments from one to three months. Additionally, the National Board revised its policy to allow three months' worth of total rent or mortgage assistance to be paid in the form of partial monthly payments over an extended period. The National Board also implemented similar policy changes to extend utility payments from one to three months.

LROs are also allowed to use EFSP funds to pay for food, in the form of served meals or groceries, and lodging in a mass shelters or hotels. National Board policy had been to budget \$2 per meal per person, and \$7.50-\$12.50 per night per person for mass sheltering. Amid rising costs due to inflation, the National Board implemented policy changes to increase budget caps to \$3 per meal per person and eliminated the range of sheltering budgets in favor of a single rate of \$12.50 per person per night. These increases better reflect the true costs of feeding and sheltering.

Department of Housing and Urban Development (HUD)

Homeless Assistance Grants (HAG)

HUD's Homeless Assistance Grants provide funding to state and local governments and nonprofit providers to serve individuals and families across the U.S. who are affected by homelessness. The grants include both formula grant programs (Emergency Solutions Grants) and competitive (Continuum of Care) programs. The Youth Homelessness Demonstration Program (YHDP) has been included in annual appropriations for HUD since FY 2016 and is another competitive grant program that is governed under the CoC Program regulation.

Homeless Assistance Grant - Emergency Solutions Grants (ESG)

Program Description: The Emergency Solutions Grants (ESG) Program is a formula program that provides funds to states, qualified metropolitan cities, urban counties, and territories. States must subgrant most of their ESG funds

to local governments and private nonprofit organizations to carry out the program components. In general, the funds may be used for five program components: street outreach, emergency shelter, homelessness prevention, rapid rehousing assistance, and HMIS.

Number of People Experiencing Homelessness Served in FY 2021, Emergency Shelter Program: 490,000

Number of People Experiencing Homelessness Served in FY 2021, Rapid Rehousing Program: 80,000

Number of People Experiencing Homelessness Served in FY 2021, Homeless Prevention Program: 87,000

Summary of Program Impediments and Agency Actions: COVID-19 provided a unique opportunity to improve coordination among homelessness assistance, health-care, and public health providers. Quarantine and isolation protocols that relied on using non-congregate shelter options helped people move into permanent housing and out of shelter. From an operations standpoint, agencies continue to address inadequate staffing for grant administration and service provision for direct assistance. Both challenges impact program operations. Also, rising rent prices and the resulting disparities between median rents and HUD Fair Market Rents contribute to the limited housing options for program participants exiting into permanent housing. Additionally, the program continues to work to fully integrate its racial equity priorities and to fully integrate recommendations and perspectives of people with lived expertise.

Homeless Assistance Grant - Continuum of Care (CoC) Program

Program Description: The Continuum of Care (CoC) Program is a competitive program that awards funds, through CoCs, to states, local governments, and nonprofit organizations to promote community-wide efforts for ending homelessness. The CoC Program awards funds to eligible organizations through five components:

- **Permanent Housing (PH)** is community-based housing where there is no designated length of stay. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services. This component includes permanent supportive housing (PSH) for people with disabilities and rapid rehousing (RRH).
- **Transitional Housing (TH)** facilitates the movement of individuals and families experiencing homelessness to PH within 24 months of entering TH. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services.
- **Supportive Service Only (SSO)** funds may be used for acquisition, rehabilitation, relocation costs, or leasing of a facility from which supportive services will be provided to unsheltered and sheltered people experiencing homelessness. Street outreach is an allowable cost under SSO.
- **Homeless Management Information System (HMIS).** Funds may be used by HMIS leads to lease a structure in which the HMIS is operated or as operating funds to operate a structure in which the HMIS is operated and for other costs eligible in 24 CFR § 578.57.
- **Homelessness Prevention.** Funds may be used by recipients in CoC-designated high-performing communities for housing relocation and stabilization services, and short- and/or medium-term rental assistance, as described in 24 CFR § 576.105 and 24 CFR § 576.106, that are necessary to prevent an individual or family from experiencing homelessness.

Number of People Experiencing Homelessness Served in CoC Residential Programs in FY 2021: 330,000⁸

Summary of Program Impediments and Agency Actions: Collaborative Applicants and project-level recipients under the CoC Program face staff shortages and capacity limitations impacted by things like staff turnover, lack of training, and limited resources and infrastructure. CoCs are tasked with a level of responsibility associated with coordination, partnership, strategy implementation and system change, and resource development but with very limited funding to support the level of staffing needed to carry out these roles effectively.

HUD continues to improve effectiveness by investing in technical assistance that can be deployed to develop guidance and training materials or for the provision of direct technical assistance to CoCs based on a broad range of topics. HUD routinely engages people experiencing or who have experienced homelessness as well as other stakeholders, including advocacy and constituent groups to advance the work of the office. CoCs demonstrated the ability to quickly pivot in response to the COVID-19 pandemic in order to mitigate the risk of exposure of people experiencing homelessness to COVID-19. The unprecedented financial resources and technical assistance offered through the CARES Act demonstrated how CoCs can rapidly respond, especially when given tools, resources, and flexibility to do so.

Youth Homelessness Demonstration Program (YHDP)

Program Description: The Youth Homelessness Demonstration Program (YHDP) is a competitive demonstration program that awards funds to states, local governments, or nonprofit organizations to develop and implement a coordinated community approach to preventing and ending youth homelessness. YHDP has been included in each annual appropriation for the Homeless Assistance Grants account since FY 2016.

YHDP generally follows the CoC Program rules but allows communities to experiment by seeking waivers to regulatory and statutory requirements to better serve youth and young adults experiencing homelessness. Selected communities must develop a coordinated community plan to prevent and end youth homelessness, and all projects must be consistent with the community's coordinated community plan.

Selected communities can generally apply for the following types of projects:

- **Permanent Housing** is community-based housing without a designated length of stay and includes permanent supportive housing and rapid rehousing.
- **Transitional Housing** facilitates the movement of individuals and families experiencing homelessness to PH within 24 months of entering TH.
- **Homeless Management Information System.** Funds are available to use the CoC's designated HMIS.
- **Supportive Service Only** are projects dedicated to coordinated entry, housing search and placement services, case management, drop-in centers, legal services, or street outreach.
- **Host Homes and Kinship Care** subsidize the increased costs to the family that houses a youth or young adult if the costs are eligible CoC Program costs.

⁸ This data is based on grants funded with FY2019 CoC Awards that have an operating data beginning in January 1, 2020 but ending by December 31, 2021. While this appears to be 2 years of funding it is actually 1 year of funding but acknowledging that grants can start any time in 2020 and will end 12 to 18 months later (depending on the grant term).

- **Shared Housing** provides tenant-based rental assistance for a youth or young adult to reside with a family so long as all CoC Program requirements are met.

Number of People Experiencing Homelessness Served in FY 2021: 5,800 people served in residential programs

Summary of Program Impediments and Agency Actions: While Integrating Youth Action Boards (YABs) into CoC governance on a permanent and sustainable basis has been a challenge, YHDP communities have been successful in creating YABs and empowering the YAB members to lead YHDP planning and implementation. Communities have had success facilitating flexible program design through waivers and special YHDP activities, such as youth peer housing navigators, extended rapid rehousing, and joint TH-RRH projects, even as programs have also encountered challenges with staffing shortages and access to a lack of affordable housing options. YHDP projects that have been most successful have created partnerships that can best leverage funds to assist youth. These partnerships include collaborations with K-12 schools, higher education institutions, child welfare agencies, and the justice system. Nonetheless, there are still opportunities for communities to increase collaboration among these systems.

HUD-VA Supportive Housing (VASH) Program Vouchers

Program Description: HUD-VASH combines HUD Housing Choice Voucher (HCV) program rental assistance for veterans experiencing homelessness with case management and supportive services provided by the VA at its medical facilities and in the community. Veterans experiencing homelessness are first screened by their local VA medical facility (VAMC) and are then referred to the partner public housing agency (PHA) for the HCV eligibility determination and issuance of the voucher. Veterans must agree to participate in case management to receive rental assistance.

Number of People Experiencing Homelessness Served in FY 2021: 15,253

Number of Vouchers allocated in FY 2021: 104,924

Number of Vouchers leased in FY 2021: 79,387

Percentage of Allocated Vouchers Leased in FY 2021: 75.66%

Summary of Program Impediments and Agency Actions: HUD's publication of updated HUD-VASH Operating Requirements Federal Register Notice (FR-6243-N-01) provided additional waivers and program flexibilities and awarded 4,875 new FY 2020 HUD-VASH vouchers in FY 2021. Despite these additional resources, there continues to be an insufficient number of referrals to the program for the number of vouchers available. Both VAMCs and PHAs experienced operating limitations during the COVID-19 pandemic, which resulted in reduced administrative capacity to process applications.

HUD and VA regularly collaborate to increase voucher utilization, and HUD has recently issued guidance and TA to increase landlord recruitment. HUD is also using project-based vouchers for HUD-VASH to overcome some of the challenges of limited affordable housing stock.

Department of Justice

Office on Violence Against Women (OVW): Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, or Stalking Program

Program Description: The Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, or Stalking Program (Transitional Housing Program) supports programs that assist people experiencing homelessness or those in need of transitional housing or other housing assistance because of domestic violence, sexual assault, or stalking. Housing assistance is most commonly provided in the form of vouchers or rental subsidies. Transitional housing programs may also offer individualized services like counseling, support groups, safety planning, and advocacy services, as well as practical services like licensed childcare, employment services, transportation vouchers, telephones, and referrals to other agencies.

Number of People Experiencing Homelessness Served in FY 2021: During the first half of calendar year (CY) 2021, OVW Transitional Housing Program grantees reported serving more than 2,200 survivors fleeing domestic/sexual violence, providing them with support to help them locate, secure, and maintain permanent housing and economic stability. Grantees also reported serving over 3,100 children of survivors during the same six-month period. Note: OVW collects data from Transitional Housing Program grantees twice per CY. The most current data available are from the first half of CY 2021 (January – June).

Summary of Program Impediments and Agency Actions: Transitional Housing Program grantees cite a lack of safe and affordable long-term housing as the biggest obstacle confronting victims of domestic violence and sexual assault. In addition to high prices and low availability of rental units, victims encounter additional challenges to securing housing, including long waitlists for Section 8 and public housing; no credit or poor credit history; inability to meet the income requirements of landlords and property managers; a history of evictions; the presence of a criminal background; and outstanding debt.

OVW's 2020 Biennial Report to Congress on the Effectiveness of Grant Programs under the Violence Against Women Act includes information about issues and challenges grantees cite as impediments to project success and barriers to survivor safety and justice. OVW also provides grantees with training and technical assistance to support their efforts to serve survivors and hold offenders accountable using promising and proven approaches.

Grants to Indian Tribal Governments

Program Description: The Grants to Indian Tribal Governments Program (Tribal Governments Program) enhances tribes' ability to respond to violent crimes against American Indian and Alaska Native (AI/AN) women, enhance victim safety, and develop education and prevention strategies. The program's objectives are to support Indian tribes in using their sovereign authority to respond to sexual assault, domestic violence, dating violence, stalking, and sex trafficking; to provide services to survivors (including emergency and transitional housing); and to ensure that people who commit these crimes against AI/AN women are held responsible for their actions through a strong coordinated community response.

Number of People Experiencing Homelessness Served in FY 2021: During the first half of calendar year (CY) 2021, OVW Tribal Governments Program grantees reported providing emergency shelter services to 876 survivors and transitional housing to 178 survivors. Note: OVW collects data from Tribal Governments Program grantees twice per CY. The most current data available are from the first half of CY 2021 (January – June).

Summary of Program Impediments and Agency Actions: Tribal Governments Program grantees cite housing—including emergency shelter, transitional housing, and long-term affordable housing—as their biggest unmet need. While shelter services were sometimes available in nearby areas, grantees report that victims are often reluctant to use these resources, preferring to remain within their own communities. Additionally, grantees report that victims struggle to achieve independence due to their inability to access basic necessities, such as transportation; employment and job training; and childcare.

OVW’s 2020 Biennial Report to Congress on the Effectiveness of Grant Programs under the Violence Against Women Act includes information about issues and challenges grantees cite as impediments to project success and barriers to survivor safety and justice. OVW continues to provide grantees with training and technical assistance to support their efforts to serve survivors and hold offenders accountable using promising and proven approaches.

Department of Labor

Homeless Veterans’ Reintegration Program (HVRP)

Program Description: HVRP provides services to help veterans experiencing homelessness obtain meaningful employment and to stimulate the development of effective service delivery systems to address the complex problems facing veterans experiencing homelessness. Funds are awarded through competitive grants, and eligible entities include state and local Workforce Development Boards, Native American tribal governments (federally recognized), Native American tribal organizations (other than federally recognized tribal governments), for-profit/commercial entities, public agencies, and nonprofits, including community- and faith-based organizations. Veterans are provided with intensive case management, employment and training services, and critical links to supportive services within their communities. Job placement, training, job development, career counseling, and resume preparation are among other services provided by grantees.

Through HVRP, funding is also available for “stand downs”—local events typically held for one to three days during which a variety of social services are provided to veterans experiencing homelessness. The Homeless Female Veterans and Veterans with Families Program targets the subpopulation of female veterans experiencing homelessness and veterans with families experiencing homelessness. The Incarcerated Veterans’ Transition Program (IVTP) targets veterans who are at risk of homelessness as they transition from incarceration.

Number of People Experiencing Homelessness (Excluding Stand Down participants) Served in FY 2021: 17,000

Summary of Program Impediments and Agency Actions: The impacts of COVID have limited the ability for the grant recipients to conduct street outreach, and grant recipients have had to identify new and safer ways to interact during in-person contacts. DOL is strengthening its relationships with community partners in the homelessness space with the goal of making connections between DOL grant recipients and other local service providers where veterans go for assistance and support.

DOL has recently initiated a multi-year Customer Experience study to assist DOL in understanding how veterans experience services. DOL is also initiating a research study across service-connected and non-service-connected disabled veterans in areas including unemployment, labor force participation, and employment and training programs. DOL is also expanding the Off Base Transition Training to extend its traditional Transition Assistance Program beyond the active military installations to serve areas where large veteran populations face the high rates of unemployment.

Department of Veterans Affairs

Health Care for Homeless Veterans (HCHV) Program

Program Description: HCHV connects veterans experiencing homelessness to needed health care and social service programs via extensive outreach. HCHV outreach is conducted by clinical teams at 135 VA Medical Centers (VAMCs), making it possible for veterans to enter the network of VA-funded health care and social service programs with the end goal of eliminating homelessness. HCHV also provides residential treatment for mental health and substance use problems through contracts with community service providers, as well as long-term case management for veterans in permanent housing who need ongoing support.

Number of Veterans Served With Residential Services in FY 2021: Over 3,700 veterans exited HCHV Contracted Residential Services (CRS) programs to permanent housing. The average length of stay in a HCHV CRS program is 77 days. Sixty-one percent of veterans exiting CRS programs engage in VA mental health services and 76% receive ongoing VA medical services.

Number of Veterans Served With Outreach in FY 2021: HCHV provided outreach services to over 116,200 total veterans and provided case management services to over 11,000 veterans.

Summary of Program Impediments and Agency Actions: As the homeless veteran population ages, there is a need for more transitional housing that can provide immediate shelter and meet the complex medical needs of aging veterans. Additionally, there is a need for more outreach workers and homeless program staff to coordinate with community partners to ensure that VAMCs are fully integrated into local coordinated entry systems. While there are current HCHV staff focused on these issues, there is a need to bolster teams with additional staff members to work in these specific areas of the homeless programs.

HCHV anticipates receiving a sizable budget increase in FY 2023 to address both challenges. To address the medically fragile veterans who are experiencing homelessness, HCHV will initiate a contracted medical respite pilot program which will allow VAMCs to contract with community providers who can provide medical respite to

homeless veterans who need a higher level of care. In FY 2023, HCHV will also extend the opportunity for each VAMC to accept funding for one full-time equivalent employee focused on either street outreach or coordinated entry integration.

Domiciliary Care for Homeless Veterans (DCHV)

Program Description: DCHV is a supportive residential rehabilitation and treatment program for veterans experiencing homelessness who have complex and co-occurring mental health and substance use disorders, medical conditions, and/or psychosocial needs. This intensive clinical care program emphasizes self-care and personal responsibility in addition to treatment programs for conditions that inhibit veterans from exiting homelessness.

Number of People Experiencing Homelessness Served in FY 2021: The DCHV program provided services to over 3,000 veterans. (Note: DCHVs typically serve over 6,000 veterans each year. However, in response to the pandemic, capacity remained significantly reduced as sites continued to implement mitigation strategies to ensure both veteran and staff safety). The DCHV program offered more than 1,900 operational beds at 44 sites in support of homeless veterans.

Summary of Program Impediments and Agency Actions: Current authority for the establishment of DCHV programs limits the number of programs to no more than 45 individuals (38 U.S.C. § 2043(a)). Additionally, the pandemic continues to have an impact on mental health residential program operations broadly, including DCHV, resulting in sustained reductions in utilization. VA has submitted proposed legislation that would remove the limit on the number of Domiciliary programs that can be established. The Office of Mental Health and Suicide Prevention continues to work actively with the DCHV programs to address remaining operational challenges with the intent of increasing overall capacity and utilization.

Compensated Work Therapy/Transitional Residence (CWT/TR)

Program Description: The CWT/TR program is a work-based Mental Health Residential Rehabilitation Treatment (MH RRTP) Program offering a therapeutic residential setting for veterans involved in compensated work therapy. The CWT/TR program provides a rehabilitation-focused residential setting for veterans recovering from chronic mental illness, substance use disorders, and homelessness. CWT/TR provides a bridge between hospitalization or intensive outpatient treatment and successful community reintegration.

Number of People Experiencing Homelessness Served in FY 2021: At the end of FY 2021, there were 41 CWT/TR programs with 545 operational beds that served 595 unique veterans. The number of completed episodes of CWT/TR treatment during FY 2021 was over 400 and the average length of stay was approximately 178 days. Of the veterans discharged during FY 2021, 55% of those veterans eligible for employment had secured competitive employment at discharge. An additional 17% of veterans discharged from CWT/TR remained in CWT following discharge, continuing to receive vocational support. In FY 2021, 62% of veterans discharged from CWT/TR were

discharged to permanent housing. Among all veterans discharged from CWT/TR 23% were discharged to another MH RRTP, a health care institution or transitional housing (including temporary stays with family and friends).

Summary of Program Impediments and Agency Actions: The program continues to have challenges with aging infrastructure resulting in homes being taken out of service and at times program closures. VA is exploring options to make General Post Funds available to address repair and maintenance needs.

Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH)

Program Description: VA partners with HUD to serve veterans experiencing homelessness through a housing subsidy provided through HUD's Section 8 Housing Choice Voucher program and community-oriented clinical case management provided by the VA. VA case managers provide a range of supportive services focused on helping veterans to obtain and sustain housing in the community. The program targets the most vulnerable veterans who will benefit from ongoing support and case management, utilizing the principles of Housing First.

Number of Homeless Individuals Who Received Case Management in FY 2021: During FY 2021, the HUD-VASH Program provided case management services to 87,743 homeless and formerly homeless veterans.

Summary of Program Impediments and Agency Actions: Since 2008, HUD and VA have collaboratively awarded HUD-VASH vouchers based on an annual assessment of geographic need. In recognition that this need may vary over time, the HUD-VASH Operating Requirements provide authority for HUD to reallocate or recapture vouchers to improve voucher utilization and more quickly and efficiently move veterans into permanent housing. Reallocation or recapture may be appropriate when the supply of HUD-VASH vouchers exceeds the current or projected need for those vouchers. This updated process is expected to increase voucher utilization at facilities that have allocated vouchers they can no longer use due to their successful efforts to reduce or eliminate veteran homelessness in their catchment areas. In addition, the VA Homeless Program office has taken a variety of steps to mitigate turnover among HUD-VASH staff including, re-issuing policy guidance on staffing rates for homeless programs and providing funding for recruitment and retention incentives.

HUD-VASH has faced difficulty with voucher utilization and recruiting and retaining case managers. There are a wide variety of factors, internal and external to VA, which impact HUD-VASH voucher utilization. Barriers to full utilization vary widely from VAMC to VAMC and even among Public Housing Authorities (PHA), but broadly include factors such as the availability of safe and affordable housing stock, case management staffing, and the number of eligible veterans in the PHA/VAMC catchment area. Barriers VA faces in recruiting for case management positions include a lack of qualified providers and insufficient pay scale in many markets.

Additionally, HUD-VASH positions are field-based positions that require case managers to engage in face-to-face interactions, typically in non-clinical settings, such as in the veteran's home. This work requires a high degree of skill and autonomy and the providers doing the work are vulnerable to burnout, resulting in high turnover rates.

Homeless Providers Grant and Per Diem (GPD) Program

Program Description: The GPD Program is the VA's largest transitional housing program for veterans experiencing homelessness and is permanently authorized under Public Law 109-461. Since 1994, the GPD Program has awarded grants to community-based organizations to provide transitional housing with wraparound supportive services to assist vulnerable veterans with obtaining stable housing. The grants are designed to meet veterans at various stages as they move to permanent housing. Community-based organizations receiving GPD grants offer focused transitional housing services through a variety of housing models targeted to different populations and needs of veterans. The GPD program plays a vital role in the continuum of homeless services by providing supportive services to those veterans who would otherwise be among the unsheltered homeless population.

Number of People Experiencing Homelessness Served in FY 2021: GPD is the VA's largest transitional housing program with over 12,700 beds nationwide. The GPD programs successfully exited more than 8,250 veterans to permanent housing in FY 2021.

Summary of Program Impediments and Agency Actions: In FY 2021, some grantees who provided congregate or shared living spaces for veterans in transitional housing experienced challenges during the COVID-19 public health emergency. In FY 2021, GPD provided elevated per diem rates of up to three times the State Home domiciliary rate to support the increased cost of care for veterans during the public health emergency due to COVID-19. In addition, GPD offered two capital grant funding opportunities for current GPD community providers. The capital grants allow GPD grantees to renovate, construct or acquire facilities. As a result, shared or congregate transitional housing facilities are reduced nationwide. Upon completion of the grants, approximately 2,000 beds that previously were in shared or congregate spaces will be in individualized units for veterans experiencing homelessness.

Veterans Justice Outreach (VJO) Program

Program Description: The VJO program seeks to provide timely access to VA services for eligible veterans to prevent homelessness while providing resources to mental health and clinical treatment aimed toward lasting rehabilitation and independence for the involved veterans. Veterans who are at risk of or experiencing homelessness, those in frequent contact with the criminal justice system, and those reentering the community from incarceration are the primary beneficiaries of these programs. VJO provides outreach to veterans involved with the local justice system (e.g., police, jails, and courts). Each VAMC has at least one VJO specialist who serves as a liaison between VA and the local criminal justice system.

Number of People Experiencing Homelessness Served in FY 2021: The VJO program provided services to over 38,900 justice-involved veterans. VA provided support to 601 veterans Treatment Courts and other veteran-focused court programs. VA partnered with legal providers to offer 170 pro-bono legal clinics to veterans on site at VAMCs.

Summary of Program Impediments and Agency Actions: Effective outreach to justice-involved veterans depends on accurate identification of veterans among larger criminal justice populations. To assist its criminal justice partners with this process, VA offers the [Veterans Reentry Search Service](#) (VRSS), a web-based tool that prisons,

courts, and jails can use to identify veterans among the inmates or defendants in their systems, and simultaneously notify VHA outreach staff. In FY 2021, VRSS had 401 criminal justice users, including the Bureau of Prisons and 33 state prison systems. Although substantial, this number of users represents a small fraction of the more than 3,000 criminal justice agencies in the U.S., leaving unrealized opportunities for identifying veterans in many jurisdictions.

VA is promoting the use of VRSS by more criminal justice agencies, particularly jails and courts. With the assistance of Department of Justice (DOJ's) Bureau of Justice Assistance and National Institute of Corrections, as well as the National Association of Drug Court Professionals, VA is advocating for the adoption of VRSS in national training venues for criminal justice professionals.

Health Care for Reentry Veterans (HCRV)

Program Description: HCRV provides pre-release outreach, assessment, linkage, and brief post-release case management services for incarcerated veterans released from state and federal prisons. HCRV specialists across the country partner with state and federal correctional staff to identify incarcerated veterans, perform pre-release assessments, and facilitate post-release linkages.

Number of People Experiencing Homelessness Served in FY 2021: The HCRV program served over 5,800 veterans.

Summary of Program Impediments and Agency Actions: Effective outreach to justice-involved veterans depends on accurate identification of veterans among larger criminal justice populations. To assist its criminal justice partners with this process, VA offers the VRSS, a web-based tool that prisons, courts, and jails can use to identify veterans among the inmates or defendants in their systems, and simultaneously notify VHA outreach staff. In FY 2021, VRSS had 401 criminal justice users, including the Bureau of Prisons and 33 state prison systems. Although substantial, this number of users represents a small fraction of the more than 3,000 criminal justice agencies in the U.S., leaving unrealized opportunities for identifying veterans in many jurisdictions.

VA is promoting the use of VRSS by more criminal justice agencies, particularly jails and courts. With the assistance of DOJ's Bureau of Justice Assistance and National Institute of Corrections, as well as the National Association of Drug Court Professionals, VA is advocating for the adoption of VRSS in national training venues for criminal justice professionals.

Supportive Services for Veteran Families (SSVF) Program

Program Description: SSVF works with nonprofit organizations to provide social services for low-income and very low-income veterans and their families currently residing in or transitioning to permanent housing. Funding to these organizations provides outreach and case management to families to help them through the process of accessing all VA and mainstream benefits for which they are eligible. These benefits include health care, housing counseling services, temporary financial assistance, transportation services, childcare services, and legal services. This program allows families (defined as a single person, or a family in which the head of household or the spouse

of the head of household is a veteran) to receive guidance and case management to access a full range of community benefits available to maintain stable housing.

Number of People Experiencing Homelessness Served in FY 2021: SSVF assisted over 114,100 individuals; with over 80,000 veterans assisted. In FY 2021, SSVF also served more than 19,200 children in over 10,500 households. Seventy-seven percent of those discharged from the SSVF program obtained permanent housing. More information, including demographics and outcomes is available in the SSVF Annual Reports.

Summary of Program Impediments and Agency Actions: The primary challenge for the SSVF program is the lack of affordable housing and the growing numbers of unsheltered people experiencing homelessness. SSVF has launched several initiatives to address the growing affordable housing crisis and the growth of street homelessness. These initiatives include:

- Providing shallow subsidies with the potential for renewal and 2-year subsidy worth up to 50% of rent
- Expanding the use of Emergency Housing Assistance to immediately shelter veterans by placing them in hotels and motels
- Offering landlord incentives to assist in recruiting landlords wary of housing higher risk tenants
- Offering tenant incentives and augmented housing navigation services to help homeless veterans find and move into housing
- Offering Rapid Resolution which places homeless or imminently at-risk veterans with family or friends as an alternative to entering the homeless system

Other VA Programs: Community Resource and Referral Centers (CRRC)

Program Description: CRRCs are collaborative, multi-agency programs that provide “one-stop” access to housing, health care, job development programs, and other VA and non-VA benefits through a partnership with local community-based homelessness providers and other federal and state partners engaged in providing services to people experiencing homelessness. All centers are in community settings that facilitate access to services for veterans and their families.

Number of People Experiencing Homelessness Served in FY 2021: More than 61,400 veterans were served by 32 CRRCs.

Summary of Program Impediments and Agency Actions: Outreach to unsheltered veterans is one of the primary functions of a CRRC and many sites find it challenging to perform this duty with their current resources. An FY 2023 funding increase for HCHV would bolster current programs by allocating funding for one Social Worker per VA Medical Center whose primary role will be to support outreach to homeless veterans and coordination with community partners through their local coordinated entry systems.

Other VA Programs: Stand Downs

Program Description: Stand Downs are held by community agencies in partnership with VA, to outreach and provide service to veterans experiencing homelessness. Stand Downs are 1- to 3-day events providing health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment, and substance use disorder treatment.

Number of People Experiencing Homelessness Served in FY 2021: The HCHV program supported 153 Stand Downs providing outreach to over 30,700 veterans.

Summary of Program Impediments and Agency Actions: Stand downs were impacted by the COVID-19 pandemic and the Centers for Disease Control and Prevention (CDC) guidance regarding social distancing and limiting large gatherings. VA has implemented safety measures to ensure stand down events can continue to provide supportive services and resources to homeless and at-risk veterans.

Veterans Benefits Assistance (VBA) Outreach Program

Program Description: Each of the 56 VBA regional offices (ROs) has a homeless veteran coordinator. These coordinators can be either a Homeless Veterans Outreach Coordinator (HVOC) responsible for conducting outreach to homeless veterans, or a Homeless Veterans Claims Coordinator (HVCC) responsible for homeless veteran outreach, case management and expediting the processing of homeless claims. The HVOCs and HVCCs perform outreach to homeless veterans at homeless shelters, homeless Stand Downs, other areas where veterans may be located, and through coordination with state and local community partners. Through outreach efforts and direct veteran engagements, the HVOCs and HVCCs provide information and assistance. In addition to efforts to support homeless veterans, HVOCs and HVCCs also serve as the Justice-Involved Veteran Outreach Coordinators, providing outreach at Veteran Treatment Courts (VTCs) and federal and state prisons to assist justice-involved veterans and their families.

Number of People Experiencing Homelessness Served in FY 2021: VBA Regional Office outreach personnel conducted over 2,961 hours of outreach directed towards homeless veterans and over 360 hours of outreach specifically intended for justice-involved veterans. VBA completed 23,358 homeless Veterans' Compensation and Pension claims (21,398 compensation claims and 1,960 pension claims).

Summary of Program Impediments and Agency Actions: Outreach activities were negatively impacted by the COVID-19 pandemic due to limitations on in-person outreach efforts. VBA resumed in-person outreach efforts in Quarter 1 of FY 2022 (including homeless outreach efforts).

Other VA Programs: Homeless Veterans Dental Program (HVDP)

Program Description: HVDP works with VA-sponsored and VA-partnered homelessness rehabilitation programs across the country to increase access to quality dental care.

Number of People Experiencing Homelessness Served in FY 2021: Over 10,000 veterans received dental care through the HVPD.

Summary of Program Impediments and Agency Actions: For the last several years, limited-use, special purpose funding (i.e., Homeless Veteran Dental Initiative [HVDI]), has been utilized by approximately 40 VA dental facilities, per their request. If the HVDI funding ceases, there could be diminished access to dental care for homeless-experienced eligible veterans. By statute, an episode of dental benefits only become available when the health care enrolled veteran meets a 60-day minimum stay in certain transitional residential rehabilitation programs.

The Office of Dentistry's HVDP Directorate provides fund oversight and management of the HVDI to ensure proper utilization. HVDP Veteran care data at all dental sites is also monitored. The HVDP Directorate ensures continuous and frequent communications with dental services and homelessness care providers to maximize appropriate dental services for homeless-experienced veterans.

Other VA Programs: Homeless Patient Aligned Care Team (HPACT)

Program Description: HPACT provides a coordinated “medical home” specifically tailored to the needs of veterans experiencing homelessness. At selected VA facilities, veterans are assigned to an H-PACT care team that includes a primary care provider, nurse, social worker, homeless program staff, and others who provide medical and mental health care, case management, housing, and social services assistance, to provide and coordinate the health care they may need while assisting them in obtaining and staying in permanent housing.

Number of People Experiencing Homelessness Served in FY 2021: Nationally over 17,200 homeless and at-risk veterans were actively enrolled in the HPACT model of care in 2021 with over 22,000 served annually. In FY 2021, there were over 88 HPACT teams and providers operating at 57 VAMCs, Community Based Outpatient Clinics (CBOC), and CRRCs across the country.

Summary of Program Impediments and Agency Actions: Long-term sustainability of HPACT teams at local VAMCs continue to be a challenge for the program. In addition, HPACT teams face operational and staffing constraints due to the COVID-19 pandemic. HPO has enhanced coordination with HPACT sites and leadership and provided additional technical assistance. HPACT has also introduced new initiatives to enhance operations and provide additional support to maintain and increase staffing as needed at sites.

Other VA Programs: Homeless Veterans Community Employment Services (HVCES)

Program Description: HVCES consists of Vocational Development Specialists that are embedded in homeless programs at VA medical centers (VAMCs), complement existing medical center-based employment services, and are a bridge to employment opportunities and resources in the local community. HVCES provides a range of site-specific employment services.

Number of People Experiencing Homelessness Served in FY 2021: Approximately 5,100 veterans exited homeless residential programs with competitive employment (e.g., GPD, Low-Demand Supportive Housing [LDSH], and HCHV– Contract Residential Services [HCHV-CERS]). More than 10,300 veterans were employed at exit from all VHA homeless programs and services. There were nearly 13,800 newly documented, unique instances of employment for veterans engaged in or who exited from VA Homeless Programs or Services.

Summary of Program Impediments and Agency Actions: Employment for veterans who have experienced homelessness is complicated, as they often have multiple barriers to re-entering the workforce such as disabling medical conditions, mental health problems, substance use disorders, histories of justice involvement, and long periods of unemployment. Both staff and veterans often grapple to balance prioritizing access to clinical services with job preparedness activities. VA continues to enhance access to employment services through collaboration between VHA homeless programs and Department of Labor (DOL) programs such as, but not limited to, Veterans' Employment and Training Services (VETS), Homeless Veterans Reintegration Program (HVRP), and Senior Community Services Employment Program (SCSEP), which offer opportunities for joint trainings for staff, improved cross-agency communication, and public-facing stories of veteran successes as a result of these collaborative efforts. Employment outcomes for homeless veterans improve when these services, and others, are well integrated into housing stability and case management activities. HVCES is exploring interventions to further strengthen collaboration among HVCES, employment staff, and traditional homeless service providers.

CHALENG Program: The Community Homelessness Assessment, Local Education and Networking Groups Program for Veterans

Program Description: CHALENG enhances coordinated services by bringing VA together with community agencies, and other federal, state, and local governments that provide homeless services to assess the needs of homeless veterans and develop plans to meet those needs. CHALENG includes two components: CHALENG meetings, and the CHALENG survey, which includes the perspective of veterans as well as VA and community providers.

Number of People Experiencing Homelessness Served in FY 2021: In 2021, 4,149 individuals completed a CHALENG Participant survey. This included 1,773 homeless veterans and 2,376 providers (VA staff, state and public officials, community leaders, volunteers).

Summary of Program Impediments and Agency Actions: Collecting CHALENG survey information changed from a paper and pencil survey to an online survey, and not all veterans and homeless service providers have consistent access to computers, which can limit stakeholder input. VA designed a printable copy of the survey so that VAMC homeless programs can collect pencil and paper surveys for stakeholders who prefer that method.

Other VA Programs: National Call Center for Homeless Veterans (NCCHV)

Program Description: NCCHV provides 24-hour assistance to veterans experiencing homelessness, those at risk of homelessness, and to community organizations with the goal of making connections to local resources for help in times of crisis.

Number of Calls Received in FY 2021: The NCCHV received more than 145,000 calls. In addition, VAMC staff have responded to over 72,000 referrals from the call center.

Summary of Program Impediments and Agency Actions: Homeless program staff responding to NCCHV referrals at VA facilities perform these functions outside of their primary duties and responsibilities. Calls and referrals continue to increase with a small budget provided to NCCHV and no budget within the VHA Homeless Programs Office for program management. The VHA Homeless programs Office plans to seek approval to begin a pilot with the goal of obtaining dedicated homeless program full-time equivalent employees nationwide in FY 2023 to mitigate risks associated with continued use of collateral duty positions.

Conclusion

USICH coordinates and catalyzes the federal response to homelessness, working in close partnership with senior leaders across its 19 federal member agencies. By organizing and supporting leaders—such as governors, mayors, Continuum of Care leaders, and other local officials—USICH drives action to achieve the goals of the Federal Strategic Plan to Prevent and End Homelessness (FSP) and ensures that homelessness in America is ended once and for all.

USICH recognizes that ending homelessness requires an adequate supply of housing and the availability of community-based, high-quality, low-barrier, and voluntary supportive services. To address barriers identified in this report, and others, the FSP focuses on a wide range of activities to designed to increase the uptake and effectiveness of federal programs and benefits. The FSP recommends specific strategies and actions directly intended to reduce eligibility barriers, eliminate program inefficiencies, and promote cross-system collaborations.

The federal programs and resources listed in this report are vital to our efforts to end homelessness. USICH looks forward to working with our partners to address many of the impediments identified in this document as part of the implementation of the FSP.