

**Written Statement
of
Jeremy Rosen**

**Executive Director
National Policy and Advocacy Council on Homelessness**

**Testifying before the
Subcommittee on Housing and Community Opportunity
Committee on Financial Services
U.S. House of Representatives**

**October 4, 2007 Hearing on
*Reauthorization of the McKinney-Vento Homeless Assistance Act***

Introduction and Oral Statement:

Congresswoman Waters, thank you for your invitation to testify today, and for your strong leadership on affordable housing issues. Ranking Member Capito, thank you as well for your commitment to housing and homelessness issues, as you assume your new post. I would also like to thank two other members of this Subcommittee, Representatives Julia Carson and Geoff Davis, for their leadership in introducing H.R. 840 – the Homeless Assistance and Rapid Transition to Housing (HEARTH) Act of 2007. Let me also commend Representative Judy Biggert – for her commitment to ensuring that every homeless child and youth can attend school. And thank you as well to all of the Subcommittee members who have co-sponsored HEARTH.

I am Jeremy Rosen, Executive Director of the National Policy and Advocacy Council on Homelessness (NPACH). NPACH is a grass roots anti-poverty organization. Our mission is to ensure that national homelessness policy accurately reflects the needs and experiences of local communities. In this and other roles, I have spent the past nine years providing assistance to homeless persons – first through direct legal assistance and now by promoting comprehensive public policies to help end homelessness.

We will not end homelessness in the United States without a major commitment to the development and preservation of affordable housing that goes far beyond the current investment made by federal, state, and local governments. As an extremely small percentage of the current federal housing budget, HUD's homeless assistance grant programs were never designed to end homelessness in this country, and they are incapable of doing so. Nevertheless, it is our collective responsibility, in reauthorizing the McKinney-Vento Homeless Assistance Act, to design an effective and efficient program that provides a full range of housing and services to as many homeless children, youth, families, and single adults as possible.

We are not talking about “statistics” or “the homeless,” but about people. They are young children, living with their mother in an emergency shelter, or youth who live on the streets after running away from abusive parents, or women hastily fleeing their homes, seeking an end to domestic violence. They are also single mentally ill adults who live on the streets, sometimes for a very long time, many of whom are veterans – including veterans of the current conflicts in Iraq and Afghanistan.

Enacting the HEARTH Act is a critical first step in meeting our moral obligation to these Americans. HEARTH will consolidate and simplify HUD's homeless assistance grant programs, align HUD's definition of homelessness with the definition used by the U.S. Departments of Education and Justice, eliminate administratively created set-asides and incentives that hamper local efforts to prevent and end homelessness, better support rural communities, and provide new opportunities to fund homelessness prevention. This will give local service providers, advocates, and government officials – working together – with the flexibility they need to respond to homelessness as it appears in their urban, suburban, and rural communities.

Many different viewpoints will be expressed in the testimony at this hearing. Witnesses will say that HUD's current policies are working well across the country. We believe that they are not. Witnesses will also say that the Senate's approach to McKinney-Vento reauthorization would be more effective than HEARTH. The Senate approach will be described as a careful balance – crafted to ensure that limited funding is used to support the “most vulnerable” homeless persons. We disagree. While the Senate legislation represents an improvement on current HUD policy, we believe that the bill does not adequately meet the needs of America's homeless children, youth, single adults and families.

Finally, witnesses will say that we cannot afford HEARTH – that it will make too many people eligible for federal homeless assistance. This is not the case. In determining eligibility for federal programs, we must first adequately define the eligible population – in this case, the number of people in this country who do not have a home of their own. If resources are insufficient to serve all eligible people, we must strive to increase the available funds – and in the interim we must rely on people in local communities to make tough decisions about how to most effectively use the limited funding that they receive.

In short – how we define homelessness must not be influenced by the funding currently available for homeless assistance programs. Important social problems cannot be solved by merely defining them out of existence, as HUD has sought to do by declaring that the federal government is committed only to ending “chronic homelessness.” This is an unacceptably modest goal.

The remainder of my statement will elaborate on these points – I ask that it be entered into the record. Thank you again for the opportunity to be here today. I look forward to answering questions from members of the Subcommittee.

Testimony:

NPACH works with homeless service providers, advocates, and government officials from around the country. We also work with groups representing youth, single adults, and families who are homeless. Through this work we have come to understand that homelessness looks different in every urban, suburban, or rural community in America. Some cities have a large street homeless population – in other localities there are more doubled up families. Still other communities may see large numbers of unaccompanied homeless youth. Just to add a layer of complexity, each community has a different capacity to respond to homelessness – one city might have a significant supply of housing for homeless families but no funding for supportive services, while another area might have almost no vacant units of affordable housing, but adequate supportive services funding.

Ultimately, this means that when reauthorizing HUD's McKinney-Vento Homeless Assistance Grant programs, Congress must codify a comprehensive and flexible approach to homelessness that allows communities to effectively use federal funds to meet their most pressing local needs. HUD's role should not be to use set-asides, bonuses, and incentives to force communities into a one size fits all approach that focuses on ending "chronic" homelessness – even in communities where a gaps analysis shows that this is not the most pressing local need. Compared to HUD's current approach and to the approach contemplated under S. 1518, currently pending in the Senate, H.R. 840 – the HEARTH Act – presents such a flexible framework; we recommend strongly that that the House adopt it. In the remainder of my statement, I will outline key issues for reauthorization, and discuss why HEARTH provides our best hope for resolving them.

Ending Homelessness:

Before commenting on specific legislative proposals, it is important to state a fundamental truth that is often ignored - HUD's McKinney-Vento Homeless Assistance Grant programs cannot end homelessness

in America. This is an especially worrisome suggestion when one considers that, as a share of the federal budget, McKinney-Vento funding has declined by 28 percent since 1995.

Most people who become homeless do so because of the failure of federal and state “mainstream” programs or systems of care to meet their needs. These “mainstream” programs and systems can be defined as interventions designed to assist all low income Americans – not just persons experiencing homelessness. Funding for these programs, while wholly insufficient, is far greater than funding for HUD’s homeless assistance programs. To truly end homelessness in this country, we must ensure that “mainstream” programs keep low income children, youth, and families stably housed, fed, insured, and employed or in school.

In recent years, we have discovered just how “mainstream” programs can contribute directly to homelessness. Here are some examples. When funding for Section 8 and other affordable housing programs is reduced, and affordability requirements on other housing units are allowed to expire, individuals and families will not find alternative affordable housing in their communities, and many will become homeless. When eligible low-income persons are incorrectly denied Temporary Assistance for Needy Families (TANF) “welfare” or Supplemental Security Income (SSI) disability benefits, they lose their ability to afford housing, and many will become homeless. When people are discharged from mental health or substance abuse treatment facilities, jails, prisons, or foster care, and no provisions are made to ensure that they receive appropriate housing and healthcare, many of them will become homeless. And when people cannot access mental health or substance abuse treatment, they lose jobs and other social supports. Many of these people will become homeless.

Unfortunately, none of these statements are hypothetical. Over the past 20 years, we have repeatedly seen funding cuts for affordable housing programs, incorrect denials of eligibility for public assistance, lack of discharge planning, and inability to access community based services – and these failures of “mainstream” programs have directly resulted in homelessness.

Ensuring access to public benefits and treatment, and ensuring adequate discharge planning, is costly and complicated – there is no question about it. However, the moral and economic cost of not doing so is far greater. Intervening to end homelessness is considerably more expensive than ensuring that we

prevent it, and preventing homelessness must be our primary social objective – so no individual or family spends time on the street or in emergency shelter.

We can offer several recommendations in this area. Consistent with HUD's *FY 2006-2011 Strategic Plan* measure to “carefully scrutinize the policies of its mainstream housing programs to determine whether additional mainstream housing resources can be brought to bear,” permanent housing solutions should be pursued through increases in Section 8, public housing, CDBG, HOME, Section 202, Section 811, and HOPWA programs as well as increases in housing production for households living at or below the federal poverty line, rather than supportive housing set-asides placed on HUD McKinney-Vento programs. We appreciate the Subcommittee's effort to begin this process – particularly efforts to enact H.R. 2895, the National Affordable Housing Trust Fund Act of 2007.

Ending Long-Term Homelessness:

Among the reasons that passing a prompt reauthorization of the McKinney-Vento Act is critical is that it will ensure that Congress makes important decisions about the structure and emphasis of federal homeless programs. Over the past thirteen years, lack of input from Congress has led to HUD dramatically overstepping its bounds, and making significant policy changes through the annual Notice of Funding Availability (NOFA) process. This un-democratic approach has essentially been “legislation by NOFA.” Compounding this problem, HUD has made poor policy choices, seeking to turn a set of programs meant to meet the emergency, transitional, and permanent housing needs of a broad range of individuals and families into a narrowly tailored group of programs focusing on providing permanent housing for a small number of homeless individuals, with less and less money available to meet the needs of the majority of the homeless population.

In making these comments, we refer specifically to HUD's initiative to end “chronic” homelessness. Note that rather than using the term “chronic” homelessness, we prefer “long-term” homelessness – using the term “chronic” to describe a homeless individual unnecessarily pathologizes people who are simply without housing.

We could not be more supportive of any sincere initiative to end homelessness for people living on the streets of this country. It is unarguably wrong that, in the world's richest nation, we have even one man, woman, or child who must sleep on the streets – without a roof over his or her head. That said, it could not be more cynical for the Administration to have sought cuts to HUD's overall housing budget – including the budget for Section 811 permanent housing for persons with disabilities – while declaring a goal of ending long-term street homelessness for individuals with disabilities. Unfortunately, homeless persons living in emergency shelter and transitional housing have paid the price for these policies of contradiction, as HUD has taken resources that were keeping people off of the streets and devoted them to people who were already on the streets. As a result, different groups of vulnerable homeless persons have been pitted against one another – one group deservedly seeking new housing, and the other rightfully seeking to preserve the housing they already had.

In 2001, HUD Secretary Mel Martinez had the opportunity to commit the Administration to a bold goal – ending homelessness in the United States. Instead he made a significant but dramatically less impressive pledge - to end “long-term” homelessness in ten years. HUD defined the “long-term” homeless population as single adults, with disabilities, who had either lived on the street for more than one year, or on at least four occasions over a period of 3 years. And HUD determined that the size of this population was approximately 150,000 – and that each “long-term” homeless person would need a unit of permanent supportive housing – housing with no length of stay requirement, coupled with intensive supportive services.

Regrettably, from the beginning of the Administration, HUD's signature homelessness initiative excluded children, youth, and families – even families where the head of household would have met the “long-term” homelessness definition, except that he or she was living with one or more children. It is hard to understand how having a child can make a single adult less worthy of obtaining permanent housing.

Quickly, additional consequences of the “long-term” homeless initiative became clear. Immediately, HUD and the U.S. Interagency Council on Homelessness began urging local communities to begin planning activities. One might expect that communities would have been urged to prepare plans to end homelessness for everyone, with ending “long-term” homelessness as one strategy. But this was not the case. Communities were actively discouraged from creating broad plans to end homelessness, and

instead were only asked to plan for ending “long-term” homelessness. While some enlightened jurisdictions prepared more comprehensive plans, all too many cities, counties, and states followed the Administration’s narrow directives. Again, HUD ignored the needs of homeless children, youth, and families.

Over the next several years, HUD unveiled the centerpiece of the “long-term” homeless initiative – significant financial incentives that have resulted in the widespread de-funding of programs serving homeless children, youth, and families – even in communities which had no desire to take money away from those populations, and had little to no “long term” homelessness. Starting in the late 1990’s, with Congressional approval, HUD began setting aside 30% of homeless assistance grant funds for permanent housing targeted to disabled individuals and families with disabled heads of household. No duration of homelessness was required to qualify for this housing.

Under the “long-term” homeless initiative, bonus and incentive funds from this 30% pot were targeted to any community that would prioritize “long term” homelessness. In addition, grant scoring criteria were changed so that communities not prioritizing “long-term” homelessness would be less competitive in applying for funds. With overall affordable housing funding flat or declining, no community could afford to turn down bonus funds. As a result, cities, suburbs, and rural areas began to use significant amounts of their homeless assistance grant funding for permanent supportive housing to provide additional assistance for the “long-term” homeless population. However, homeless assistance grant funding did not increase to pay for this new housing. The money had to come from somewhere, and it did – it came from existing programs providing emergency and transitional housing, and supportive services.

Even communities where street homelessness was not prevalent, or communities that had significant other needs, were forced to focus funding on HUD’s rigid permanent supportive housing priority. And as funding shifted towards permanent housing, the annual renewal burden – the amount of funds necessary to renew all of the rent subsidies for permanent housing units – began to grow more and more quickly. As a result, we are in a situation where, if action is not taken soon, HUD’s Homeless Assistance Grant program funds will be completely consumed by renewal funding for existing projects. At that point, HUD will be unable to fund any new programs to assist homeless persons. And as this shift has been occurring, at no time did HUD seek Congressional approval for their initiative.

So, let us now assess progress – more than six years after the initiative to end “long-term” homelessness in ten years began. In our view, the initiative has failed. There is no question that a significant number of very hard to serve people have left the streets for permanent supportive housing. This is a positive outcome. Unfortunately, the overall number of people housed has been difficult to quantify. HUD and the U.S. Interagency Council on Homelessness periodically release selective data from specific cities, but no comprehensive assessment has been provided. And when city-by-city data has been made publicly available, in many cases the data does not match reports from local homeless coalitions and service providers.

But one thing is clear – more than halfway through this ten year initiative – “long-term” homelessness has not declined. In fact, it may even have increased. In 2000, the National Alliance to End Homelessness stated that approximately 150,000 people met this definition. More recently, estimates have ranged as high as 200,000. We do know this - no advocacy organization or federal government agency can report an overall decline in “long-term” homelessness. This is because, for every person who is moved off the streets and housed, another person arrives on the street, stays there for an extended time, and becomes a part of the “long-term” homeless population. We are bailing water from a leaky boat. However, because the Administration has chosen to fund much of their initiative by shifting homeless assistance grant money rather than providing new funds, water is entering the boat as fast as we can remove it.

Just ask homeless persons, advocates, service providers, and local government officials in New York City. Two years after their “long-term” homeless initiative began, New York City reported a record number of homeless families. Or ask homeless persons in Philadelphia, Pittsburgh, and Louisville – all cities who lost millions of dollars in HUD homeless assistance because they failed to prioritize permanent supportive housing to the degree that HUD desired. For that matter, ask people in Columbus, Ohio – a model city for success in ending “long-term” homelessness. Columbus lost funding even though the local Continuum of Care sought to prioritize “long-term” homelessness. Why? Because the Continuum was so successful in obtaining new housing units from outside the homeless assistance grant programs, that they decided to ask HUD for supportive services funding. But because of HUD’s rigid permanent housing priority, their funding application received a low score, and the city lost grant dollars.

If we have been unable to reduce “long-term” homelessness for over six years, it seems unlikely that we will end it in the next four years. We must continue our efforts to move people from the streets to permanent housing, but new approaches are needed – approaches that focus on the use of mainstream federal housing funds, not limited homeless assistance dollars. For example, NPACH and other organizations have pushed this year for 7,500 new Section 8 vouchers for disabled homeless veterans. We are hopeful that when FY 2008 appropriations are finalized, these funds will be included. These 7,500 vouchers, coupled with new supportive services dollars from the VA, will end homelessness without taking money away from existing homeless assistance programs.

HEARTH and S. 1518 address the “long-term” homelessness initiative in different ways. S. 1518 codifies for the first time the rigid definition of “long-term” homelessness. Families with a disabled head of household would be included (an improvement over current HUD practice), but this makes the definition no less arbitrary - for example, families where a child, not an adult, has a disability still would be excluded. In addition, S. 1518 would authorize the HUD Secretary to continue the damaging incentives and bonuses which have driven the “long-term” homeless initiative. Finally, S. 1518 would write the 30% set-aside for permanent housing for persons with disabilities into law through the authorization process – currently this language becomes law every year only because it is tucked onto one page of the annual appropriations legislation that funds HUD – a location that does not lend itself to appropriate Congressional scrutiny.

We must strongly oppose making these provisions a part of federal law. A failed experiment ought not to be institutionalized. Instead, we support the approach taken in HEARTH. HEARTH requires communities to prepare a comprehensive analysis of local service gaps. Communities would then apply for funding to meet their most pressing needs. HUD would oversee this process, ensuring that local communities were in fact seeking funds to address their most severe needs. In communities where significant percentages of the homeless population is living on the street, a large percentage of funding could continue to flow towards reducing street homelessness – without people having to stay on the streets for a year, waiting to become eligible for housing. And in rural communities where few people live on the streets, resources could be focused on youth, families, or victims of domestic violence.

We do support one provision from S. 1518 which is not contained in HEARTH – a provision that would renew permanent housing grants funded initially through the homeless assistance grant programs from the Section 8 funding account. This provision offers the potential to relieve the crippling burden of permanent housing renewals, allowing funds to go for new housing and services interventions. It is our expectation and belief that supporters of HEARTH would be in favor of adding this key provision, and we will work with the Subcommittee to help ensure that this occurs.

Aligning HUD's Definition of Homelessness With That Used By Other Federal Agencies:

HUD's current definition of homelessness, adopted twenty years ago and not amended since that time, is largely limited to people who are on the streets or living in emergency shelters. This definition excludes people who are forced to live in other homeless situations, including people staying with others ("doubled-up") or staying in motels because they have nowhere else to go. Children, youth, and families are disproportionately impacted by this exclusion. To address these concerns, HUD's definition of homelessness must be updated to include people living in doubled up situations or in motels due to an inability to afford adequate alternative housing.

This would better align the HUD definition with the definitions of homelessness used by the U.S. Departments of Education, Health and Human Services, and Justice. The definition of homelessness contained in the education subtitle of the McKinney-Vento Act includes children and youth who are sharing the housing of others due to loss of housing, economic hardship, or similar reasons, and those children and youth in motels. The Violence Against Women Act, signed into law in January 2006, now incorporates the education definition. And homeless assistance programs administered by HHS (Head Start, Health Care for the Homeless, the Treatment for Homeless Program) have adopted regulations that define homelessness more broadly than the HUD definition. The current HUD definition of homelessness may have been appropriate twenty years ago, but it does not adequately protect people who are without homes in 2007.

These more recent federal definitions better respond to the reality of homelessness among families and youth. In many communities across the country, there are no shelters, shelters are full, or shelters do not serve families or youth on their own, thus forcing families and youth into other homeless situations. In

addition, the streets are untenable for families who lose their housing, because living on the streets puts children at unthinkable risk – it means child welfare involvement and family separation. Due to the lack of other options, many homeless families end up staying temporarily with other people, or in motels. Youth on their own are also more likely to “couch surf” than to live outdoors.

Doubled-up and motel situations are damaging. They are crowded and unstable, making it difficult for parents to work and children to attend school. These living situations can also be unsafe. And in the case of doubling up they create specific child welfare concerns, when children continuously stay with strangers. Plus, there are few services for families and youth living doubled up or in motels. Finally, because battered women's shelters nationwide turn away nearly as many women as they serve, victims of domestic violence and their children often have no other option but to live doubled-up, which exposes them to greater risks of returning to an abusive situation or being found by an abuser.

HEARTH includes the amended definition of homelessness that we recommend. This will allow communities, especially exurban and rural areas without shelters, to serve the people who are without homes within their borders. And it will accurately define homelessness to cover everyone who is without a home of their own due to an inability to afford safe and adequate housing.

While we strongly support funding increases for federal homeless assistance programs, accurately capturing the number of people who are homeless in this country unfortunately does not guarantee that result - homeless assistance is not an entitlement like food stamps or Medicaid. Instead, the homeless assistance budget is set through the appropriations process. However, we strongly believe that efforts to include all people without homes in the definition of homelessness are helping to build the political will for funding increases - by making it clear that homelessness is not just a problem for large cities. As we demonstrate to Members of Congress that significant homelessness exists in the suburban and rural communities they represent, many legislators who had not devoted significant time to this issue are becoming supporters of the policy changes and appropriations increases proposed under HEARTH.

Ultimately, however, the number of homeless people in this country cannot be tied to the level of funding for homeless assistance programs – homelessness exists, whether or not the federal government commits funds to address it. The Department of Justice’s domestic violence programs are not fully funded,

yet the agency's definition of homelessness was recently expanded to accurately reflect what local communities were reporting. Similarly, schools do not have infinite homeless assistance funding, but the McKinney-Vento education program is committed to serving everyone who is homeless.

We cannot afford to turn our backs on these children and youth, particularly if we look at the long term costs to society: today's homeless children and youth are at high risk of becoming tomorrow's homeless adults. If we do not make policies that are responsive to their needs, we will be perpetuating homelessness indefinitely.

Unfortunately, S. 1518 abandons many of these vulnerable young people. The bill acknowledges a need to expand HUD's current definition of homelessness to include people who are doubled up or living in motels, but it limits that expansion in unacceptable ways. For a doubled up family to be covered, the family would have to be told by the host that they can only stay with them for a short time, and be unable to contribute significantly to the cost of the host's rent. In addition, the family would be required to have moved twice during a 21 day period or three times over the course of a year. For a family living in a motel to be covered, the family would have to establish that they can only afford the motel for a short time, and again that they have moved twice during a 21 day period or three times over the course of a year.

Proponents of this provision argue that basing eligibility for assistance on how many times an individual or family has moved will focus resources on people who are most in need. We do not agree. Moving once into a dangerous or abusive situation, for example, could be far more damaging to a family than moving three times in quick succession. Arbitrary eligibility criteria that allow no flexibility to meet individual circumstances have no place in federal statute. On the other hand, the HEARTH definition would allow local providers to make individualized assessments of which doubled up or motel families were most in need – and to quickly and effectively provide them with assistance.

Homelessness in Rural America:

As many of my colleagues have carefully documented in their written testimony, homelessness is a significant problem in rural America. Both HEARTH and S. 1518 seek to address rural concerns. We believe that HEARTH is more effective in doing so.

S. 1518 would set up a new rural homelessness program, amending an existing piece of the McKinney-Vento statute that has never been funded or implemented by HUD. We are pleased that the Senate bill is focusing attention on rural concerns. However, that attention is focused too much on program administration, and not enough on distribution of program funds.

The two most significant barriers to serving people who are homeless in rural communities are HUD's existing definition of homelessness and HUD's implementation of the "long-term" homeless initiative.

As we have discussed in detail above, S. 1518 does not significantly amend the definition of homelessness, and it would perpetuate and codify the "long-term" homeless initiative. In contrast, HEARTH amends the HUD definition of homelessness so that people who are without homes in rural communities would be covered, eliminates unsuccessful set-asides and bonuses, and provides significant local flexibility in the use of federal funds. For those reasons, HEARTH is the better bill for rural America.

Homelessness Prevention:

As we have discussed above, federal, state, and local mainstream programs must do a better job of preventing homelessness. However, we also believe (as do all of our colleagues testifying today) that a portion of homeless assistance grant funding should be spent on homelessness prevention. Both HEARTH and S. 1518 seek to codify this approach. Because HEARTH allows greater local flexibility in using funds for homelessness prevention, without putting at risk funds for street outreach and emergency shelter, we prefer the approach taken in the House legislation.

Under current law, the "Emergency Shelter Grant (ESG)" program block grants 15% of federal homeless assistance funds to local communities. Up to 30% of these funds can be used for homelessness prevention, with the rest going to emergency shelter and street outreach. HEARTH would continue this approach, while lifting the 30% cap on prevention. The legislation permits jurisdictions to spend more of their block grant funds on prevention, without requiring it. HEARTH also makes prevention an eligible use of funds under the "competitive" portion of homeless assistance funding. Because HEARTH broadens HUD's definition of homelessness, the bill would allow local communities to serve the full range of people who need it.

In contrast, S. 1518 renames the current “Emergency Shelter Grant” program the “Emergency Solutions Grant” program, boosting block grant funding to 20% of federal homeless assistance funds. However, many of the individuals and families who could be served under HEARTH would not be served under S. 1518. This is because S. 1518 targets eligibility for prevention funds to individuals and families considered homeless under the bill’s narrow expansion of current law, plus individuals and families considered “at risk” of homelessness- a newly defined population that requires people to meet several criteria, including being at or below 20% of area median income. This standard is likely to exclude many people who are truly in need of help. In addition, S. 1518 imposes a new requirement on local communities – beginning two years after enactment of the legislation, ESG grantees would not be allowed to spend more than 60% of total block grant funding on emergency shelter or street outreach. This could force communities to de-fund successful existing programs that provide emergency shelter or street outreach. Finally, S. 1518 does not make prevention an eligible use of funds in the “competitive” homeless assistance program, thus restricting local flexibility.

Community Participation:

Because homelessness looks different in every community, we strongly believe that decisions about how to allocate homeless assistance funds should be made at the local level. However, we also believe that – in order to ensure that communities make wise decisions – it is appropriate for HUD to ensure that all key stakeholders are at the table when decisions are being made. As many of our colleagues have indicated in their own written statements, too many local Continuums of Care have had a history of excluding certain groups, including homeless persons, homeless education liaisons, and service providers assisting homeless youth, homeless victims of domestic violence, and homeless veterans. We also support HUD’s review of local funding decisions to ensure that they are congruent with the gaps and needs analysis that communities must produce. And finally, we think that communities seeking funds to assist homeless persons should certify that they are not taking counter-productive steps such as “criminalizing” homelessness or making it more difficult for homeless children and youth to exercise their civil right to attend school. HEARTH codifies this comprehensive approach, while S. 1518 does not contain many of

these key provisions. Because the HEARTH Act best codifies a “Continuum of Care” that reflects our values, we support the House-proposed framework for community participation.

Thank you again for your invitation to testify today. We look forward to working closely with the Subcommittee to approve the HEARTH Act.