

**Testimony for the U.S. House Committee on Financial Services
Subcommittee on Housing, Community Development and Insurance**

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**Housing America: Addressing Challenges in Serving People
Experiencing Homelessness**

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Thank you for the opportunity to submit written testimony regarding, “Housing America: Addressing Challenges in Serving People Experiencing Homelessness,” on behalf of Catholic Charities USA (CCUSA), a national organization representing more than 167 diocesan Catholic Charities member agencies, which operate 3,500 service locations across the country.

Last year, the CCUSA network provided help and created hope for over 15 million people.¹ Many of the people coming to Catholic Charities agencies are homeless, in search of shelter, in need of basic services, including rental assistance, or looking for an affordable place to live. In 2020, the Catholic Charities network helped almost 180,000 people access stable and affordable housing, provided homeless-related services to over 403,000 individuals, and operated over 37,000 units of permanent housing.

Catholic Charities operates in all areas of the housing continuum which includes housing with project-based subsidies for seniors and families, shelter and transitional housing, homelessness prevention, permanent supportive housing for formerly chronic homeless persons, housing first, and rapid rehousing. Catholic Charities also provides critical, housing-related support services such as case management, social services, basic needs and emergency utility assistance. Additionally, member agencies provide housing counseling services, such as budget counseling, that help people remain housed.

As you well know, homelessness and the lack of affordable housing were major issues for millions of low-income and marginalized households before the pandemic. “On a single night in January 2020, 580,466 people – about 18 of every 10,000 people in the United States – experienced homelessness across the United States. This represents a 2.2 percent increase from 2019.”² Children, seniors, people with disabilities, working families, and even veterans were already struggling to pay their rent and at risk of losing their housing. Also, decades of systemic, unfair housing policies have blocked minorities, especially Black, Hispanic and Native-American households, from building wealth and obtaining economic security. The result is significant racial disparities in housing and homelessness.

Homelessness continues to impact our country and without swift action from the federal government to support stable housing initiatives, more people will suffer the same fate. To effectively reduce homelessness, the nation must first prevent people from becoming homeless. Therefore, we would like to share with you challenges to serving people experiencing homelessness as identified from frontline workers:

1. Lack of outreach workers and permanent supportive housing

There are two major issues identified within the “continuum of care.” One issue is found at the beginning of the continuum of care and the other at the end.

At the beginning, there are not enough street outreach workers going into homeless encampments, creating relationships, and helping homeless individuals, including veterans, to receive services. Street outreach is crucial not only for initiating clients into homeless services but also for following up on their particular cases. Homeless individuals can be slow to trust – for good cause – which is another reason why street outreach is so important, as it shows care for and a willingness to meet them where they are.

¹ [2020 Annual Report](#), Catholic Charities USA, www.catholiccharitiesusa.org.

² [2020 Annual Homeless Assessment Report Part 1 to Congress](#), U.S. Department of Urban Development, www.hud.gov

At the end of the “continuum of care” process, once clients have received services (i.e., rapid re-housing, transitional housing, support services), there is not enough permanent supportive housing (PSH) or rental assistance vouchers to stop the cycle of homelessness.

Recommendation: Increase resources for street outreach and permanent supportive housing. The Build Back Better Act (BBB) includes \$15 billion for the national Housing Trust Fund, which is frequently used to build permanent supportive housing and other housing that is affordable to people with the greatest needs. BBB also includes \$24 billion in rental assistance to fund housing choice vouchers including 300,000 new vouchers that would benefit approximately 700,000 people of whom 274,000 are children, 138,000 are people with disabilities, and 76,000 are seniors.³ In addition, part of the BBB voucher funding would help about 80,000 households experiencing, or at risk of, homelessness. Congress should include these resources in any budget reconciliation bill, along with investments in rental assistance and public housing that serve households with the lowest incomes. In addition, Congress should provide funding to cover the cost of case management services.

2. Homeless Management Information System (HMIS)

The HMIS system does not allow providers to access information entered by other service providers and community-based organizations. For example, a homeless individual might receive varying services from five different providers/community-based organizations. If an individual provider is not aware of the other services already being provided, the result may be disjointed care for clients and the potential for duplication of services.

In a situation where a service provider (street worker; case manager) encounters a homeless person and/or a severely mentally ill person on the streets, the service provider should be able to access HMIS to see what services the homeless/mentally ill person is receiving and any case manager information that is available. Street workers and case managers that have access to the services being provided a client are better equipped to help with the client’s continuity of care.

Recommendation: The HMIS should be updated to facilitate the sharing of information among providers. The loosening of these restrictions would give frontline providers a better picture of the services a client is receiving under the continuum of care. To improve upon the existing continuums of care, the HMIS and HUD Housing Counseling System data should be linked in order to better assist in the case management of clients, identify emerging trends for homelessness, track better the direct assistance provided to clients, and connect clients to counselors.

3. Sharing Personal Information

Many homeless individuals choose to forgo services because the process is too intrusive. For some homeless individuals, having to frequently give out personal information and stories can re-trigger trauma.

Recommendation: Create a centralized system so that homeless individuals are not constantly sharing their personal information when trying to access services.

³ BBB Includes Major Investments in Affordable Housing, The Center on Budget and Policy Priorities, <https://www.cbpp.org/blog/bbb-includes-major-investments-in-housing-affordability>

4. Number of Documents Needed

In order to qualify for permanent supportive housing and housing vouchers, a homeless person must produce the following documents: birth certificate, social security card, government issued identification, physician letter on disabling conditions, supplemental security income award, Medicaid or health insurance card, and documentation of time spent homeless (letters from homeless outreach workers and/or HMIS services documentation).

It is impractical to expect persons experiencing homelessness to produce this much documentation especially given that they lack a home and often have lived on the streets for a long time. Additionally, most homeless or severely mentally ill persons do not have the ability to obtain all of these documents without assistance.

Outreach workers/case managers need perseverance and an incredible amount of time to help clients obtain qualifying documents. Some agencies report having to spend an entire day with a client just to obtain an ID and additional days/times for other documentation. Such time-consuming efforts indicate the necessity for funding long-term intensive case management/street outreach.

Recommendation: Reduce the number of documents a homeless individual need to qualify for permanent supportive housing. For example, to prove citizenship either a birth certificate or a social security card should suffice; no need for both. Provide funding for long-term intensive case management and street outreach.

5. Need for long-term/intensive case management

Between approximately one to three years of intensive case management is needed to help a homeless and severely mentally ill person receive housing, income, and support services. Case managers often carry a caseload of 25 to 100 or more clients, which means less time for individuals. Case managers need smaller caseloads to have the time necessary to help each client navigate through all the barriers to housing and income.

Recommendation: Support full funding to cover the cost of case management, smaller caseloads, and long-term case management services (up to three years).

6. Medicaid billing for services

In many clinic-based and community-based organizations, case managers are required to bill 25 out of 40 hours of face-to-face time with their clients. Often case managers carry caseloads of up to 100 or more clients who are either in homes or homeless. In order to satisfy the 25-hour threshold, caseworkers tend to meet in-home clients first, and more often, than with homeless clients. Searching for homeless clients takes a lot of time and is not billable, which disincentivizes caseworkers to search for them.

Recommendation: Support value-based care in social services so case managers can spend time looking for and working with the most severely mentally-impaired clients on their case load. The healthcare system is moving away from fee for services to value-based care. Social Services should too. Congress should also ensure adequate training dollars in the Department of Housing and Urban Development (HUD) budget to ensure agencies are maximizing eligible Medicaid/Medicare reimbursements.

7. Medication Management

Housing is needed for the severely mentally impaired. The housing should include affordable rent, meals and medication management. These individuals often need daily reminders to take their medications routinely.

Recommendation: Support funding for programs to serve the severely mentally ill that include affordable rent with daily medication management.

8. Wait times for substance abuse treatment

Often people experiencing homelessness need detox and substance abuse treatments, but too often there are waiting lists to get treatment, especially for individuals without insurance or on Medicaid. For example, a client in desperate need of detox reached out for help with getting into a treatment facility. The case worker called the only detox facility in the area and was told there was a waiting list and to call back. Several follow-up calls were made. Unfortunately, the person died that same week in his apartment waiting to get treatment.

Recommendations: Increase the number of detox and substance abuse treatment facilities that accept Medicaid.

In addition to the aforementioned barriers, frontline workers also report:

- The value of the housing voucher is inadequate in some markets to keep pace with rising housing costs. HUD should expand its use of Small Area Fair Market Rents and other measures to allow vouchers to meet the needs of households in areas with growing rents.
- There is a lack of affordable housing and an adequate supply of rental housing to truly address the unsheltered. Congress should expand and better target federal resources to help build and make housing affordable to people with the lowest incomes.
- Landlords often refuse to accept housing vouchers or to renew leases because they can charge higher rent. Federal legislation is needed to ban discrimination on the basis of “source of income.”
- More flexibility is needed in administration of unused housing vouchers allocated for specific populations. For example, staff from one agency report their community has over 400 unused vouchers allocated for a special population for whom the need has been met. However, remaining vouchers cannot be used for other eligible households.
- Restrictive zoning laws that limit the capacity to develop affordable and multi-family housing.
- Lack of access to housing for mixed-status families and those with criminal records. Congress and HUD should lower barriers households face when attempting to access federal housing assistance.
- No existing funds to adequately fund housing navigation.

We would also like to share with you the following recommendations submitted to the U.S. Interagency Council on Homelessness for their strategic plan:

- Increase access to housing for children aging out of foster care by authorizing HUD to make Family Unification Program vouchers available through every agency that administers housing and to provide the vouchers to all at-risk foster youth who need them as they age out of the child welfare system. In addition, support a wholistic approach that includes access to case management services, education, financial literacy, nutrition, and employment and job training should be included.
- Provide emergency relief to youth, children, and families experiencing homelessness in light of the economic consequences of COVID-19. This could be done by establishing a direct funding stream to nonprofit agencies working on the frontlines to provide social services.

- Provide free or subsidized housing arrangements and access to other services for homeless and/or struggling college students.
- Continue funding to jurisdictions via the Emergency Solution grants, which provide aid to people experiencing housing insecurity in order to prevent them from becoming homeless. Payments provided to individuals via these grants should include mandatory (or strongly encouraged) housing counseling. Data shows that individuals and households that work with a housing counseling agency are less likely to default on mortgages or be evicted for non-payment of rent, which reduces the chance of becoming homeless. Housing counseling also increases access to resources and skills to manage their housing situation. This is in addition to the need for affordable and safe housing for all.
- Create a housing program for returning citizens that assists them with connecting to family or friends, offers financial assistance, and provides services to support living arrangements. In the event returning citizens cannot connect with family or friends, priority should be given to permanent supportive housing. In addition, transitional housing/rapid rehousing options could be used to provide services and financial support for a specified period. Other services should include discharge planning while incarcerated, including access to mental health services and providers for all who need them.
- Create a plan to address senior homelessness that includes access to geriatric professionals who understand and are sensitive to the needs of seniors, stabilization of physical and mental health, investment in permanent supportive housing for the senior population, and eligibility expansion for supportive services to include older homeless adults ages 55 to 65.
- The federal government should also streamline the utilization of screening, brief intervention and referral treatment (SBIRT). SBIRT is instrumental in teaching coping skills and healthy social interaction. Promote utilization of a collaborative care model with the goal of single coordinated care plans and single electronic health records (EHR).
- Increase Respite Care services and the number of available beds to the homeless population.
- Provide increased funding for additional HUD-Veteran Affairs Supportive Housing vouchers.

Additionally, we would like to share the following models as solutions to addressing and preventing homelessness:

Healthy Housing

The CCUSA Healthy Housing Initiative (HHI) pilot coordinates permanent housing placement, case management and social services of Catholic Charities with the primary care and behavioral health services of Catholic Health to reduce chronic homelessness.

The CCUSA HHI has three goals:

1. Reduce chronic homelessness by 20%;
2. Decrease Emergency Room/Hospital utilization of those housed by 25%; and
3. Connect 35% of the newly housed persons to primary care and behavioral health services.

The HHI addresses chronic homelessness from a holistic perspective:

- **Housing** - develop affordable housing and/or connect clients to housing providers.
- **Services** - connect housed clients to case management, health and behavioral health services.
- **Advocacy** - pursue policies, resources and solutions to alleviate chronic homelessness.

The HHI is a person-centered initiative to solve chronic homelessness and restore lives through the provision of permanent supportive housing (PSH) integrated with intensive case management and access to behavioral and healthcare services. HHI permanent supportive housing includes onsite or accessible health services by Catholic or mission-aligned local hospital systems; behavioral health services and case management services

provided by local Catholic Charities agencies and other organizations; and, property management supported by a Catholic Charities case manager to work with formerly chronic homeless households.

The HHI is a five-year pilot from January 2020 through December 31, 2024, in five pilot cities: Detroit, Las Vegas, Portland, St. Louis and Spokane with the goal to expand across CCUSA's national footprint.

Link to [Catholic Charities USA Health Housing Initiative](#).

Case Management

The Padua Program, designed by Catholic Charities Fort Worth (CCFW), completely reworks the service delivery model to center on intensive case management, not individual programs. This innovative program offers a much more holistic, comprehensive approach that includes case management, individualized assessments and service plans, small caseloads, and financial supports. The Lab for Economic Opportunity (LEO) at the University of Notre Dame evaluated the impact of this innovative program through a randomized control trial evaluation to measure: a) the impact of this new intervention on short and long-term life outcomes for people living in poverty, and b) whether any positive results are large enough to justify the greater costs.

Overall, the study results show that after 24 months in the program, Padua clients experience increases in both employment and earnings and a 26% increase in working full time. Those who entered Padua stably-housed saw a 36% increase in fulltime work and 34% increase in monthly earnings. Those who entered the program unstably-housed saw a 73% reduction in homelessness and were 53% more likely to report improved health. At program entry, families' expenses on average were 140% of their stable income. Upon program completion, families' expenses were on average 89% of their stable income. On average, families increased their liquid assets by \$5,139, for a collective savings of \$149,030. On average, families reduced their debt by \$2,380 for a collective reduction of \$91,865. Among families reaching financial self-sufficiency, only 69% were earning a living wage at program entry. Upon program completion, families, on average, were shown to earn 125% above the target living wage line.

For more information, visit this site:

[Case Study of Padua Conducted by the Lab for Economic Opportunity at University of Notre Dame](#)

Housing First

The housing crisis exacerbates homelessness due to rising housing costs and income inequality, forcing many families out of stable housing. One of the strongest mechanisms to reduce chronic homelessness is the "Housing First" approach. The Housing First approach maintains that the multiple needs of a family experiencing homelessness can only be adequately addressed when the family has stable and permanent shelter. Once a family is housed, Catholic Charities agencies can then administer holistic case management services to address their full array of needs including mental health, opioid addiction, hunger, and job training. Housing First is an evidence-based approach that has demonstrated long-term housing stability, improvements in physical and behavioral health outcomes, and reductions in the use of crisis services, such as emergency departments, hospitals, and prisons.

Homelessness Prevention Call Center-Case of Catholic Charities, Archdiocese of Chicago

The Homelessness Prevention Call Center (HPCC) offers financial assistance to people who are at risk of being evicted or who have had their heat or lights turned off due to a recent crisis. HPCC is housed and operated at Catholic Charities, in collaboration with local agencies. The Call Center's Information and Referral Specialists screen callers who are experiencing a short-term, one-time crisis, and the referral specialists determine if fund resources are available (such as state, municipal, and county programs, as well as private funds). The Journal of Science published the results of the August 2016 [study](#) by the Lab for

Economic Opportunity at the University of Notre Dame, which evaluated the Homelessness Prevention Call Center run by Catholic Charities Chicago. The study findings revealed that callers who received financial assistance were 76% less likely to enter shelter within six months of their call versus those who called when funding was not available. The study also showed that even a year later these individuals were significantly less likely to become homeless.

For additional information, please see the LEO Policy Brief.

Veteran Homelessness

Veterans are particularly at risk of homelessness. The Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program started in 1992 as a care source for homeless veterans with psychiatric and substance abuse disorders. Since then, the program has expanded with over 87 vouchers distributed in FY2017 and the needs of homeless veterans coordinated by more than 450 continuums of care. The Lab for Economic Opportunity at the University of Notre Dame examined the impact of the HUD-VASH program on veteran homelessness and found that every voucher increased permanent supportive housing beds by 0.9 (by about one bed), and reduced veterans' homelessness by slightly more than 1 (for every voucher, there was about 1 less homeless person).

For more information on the published study visit American Journal of Public Health.

Housing Stabilization-The Case of Catholic Charities Eastern Washington (Spokane, WA)

Case workers at Catholic Charities Eastern Washington Diocese of Spokane Community Housing Program help clients transition from homelessness. They help residents succeed in housing by assisting with skills development such as meal planning, taking care of their apartment and setting boundaries. Through Catholic Charities' housing stabilization program, families and individuals experiencing homelessness, or living with a disability, can receive referrals for assistance for housing, employment, disability benefits and recover from opioid use disorder. Supportive housing caseworkers' partner with clients to help them find and qualify for housing and to access services that will help them achieve their housing goals. Caseworkers empower clients exiting the State Hospital to continue their behavioral health treatment and work alongside certain Medicaid-eligible households that have experienced homelessness and are looking to move into permanent housing.

Diversion Programs-The Case of Catholic Charities Eastern Washington (Spokane, WA)

Diversion programs such as those operated by the Diocese of Spokane Catholic Charities Eastern Washington assist households challenged with navigating the housing systems in order to obtain and maintain permanent housing. Diversion collaborates with households to help them avoid or resolve homelessness. Every household is partnered with a diversion specialist who reviews their housing situation and assists with creating a plan to overcome their housing challenges. The program does not have access to financial assistance for direct housing costs such as rent arrears or security deposits. Instead, case managers direct program participants to community resources, provide job search assistance, educate on life and tenancy skill, assist with landlord/tenant mediation, tenant rights and responsibilities classes.

Every day, Catholic Charities agencies serve the needs of our most vulnerable sisters and brothers seeking help, compassion and care. We urge you to seize this opportunity to make the difference in the lives of those who are struggling to afford a home, who are homeless or who are at-risk of becoming homeless. To do so, housing must remain a priority in any reconciliation package passed by Congress. Thank you for your consideration of these important recommendations.

Respectfully submitted,

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