Maximizing the Impact of Federally Funded Housing and Supportive Services Programs

Report to Congress From
U.S. Interagency Council on Homelessness

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Purpose

Housing is the fundamental solution to homelessness. Shelter, like food, is a basic human need. Stable housing serves as the platform for people to address all their needs, no matter how complex. Research shows that supportive housing, that is, housing paired with voluntary supportive services is an effective model for individuals who have experienced chronic homelessness to attain housing stability.[1] Given the complex needs of people experiencing homelessness, adequate housing and services collaborations help address many of the underlying factors that may have impacted their past housing stability. To better understand the barriers to accessing housing and services, the United States Interagency Council on Homelessness (USICH) has prepared this report identifying barriers to maximizing the impact of federally funded housing and supportive services programs with an emphasis on actions that lie within the purview of federal agencies.[i]

Background and Methodology

USICH created this report in response to the following 2022 Appropriations Act House Committee Report language:

> *The agreement directs USICH to submit to the House and Senate Committees on Appropriations within 270 days of enactment of this act a report identifying current federally funded supportive service programs, how those programs interact with federally funded housing programs, and challenges or barriers that hinder improved performance in such programs in meeting the needs of formerly chronically homeless individuals living with substance use disorders or mental and/or behavioral health issues.*

This report primarily bases findings and recommendations on the following sources:

- Public input on the development of USICH's *All In*: The Federal Strategic Plan to Prevent and End Homelessness (FSP)
- Literature review of existing evidence from federal and non-federal sources

Per directive language, this report focuses on the needs of *formerly* chronically homeless individuals with substance use disorders or mental and/or behavioral health conditions who currently reside in Permanent Supportive Housing (PSH). USICH also recognizes that:

- Many individuals who have experienced homelessness and who live with mental health conditions and/or substance use disorders *do not / have not* experienced chronic homelessness and;
- Many people who experience chronic homelessness *did not / do not* live with diagnosed substance use disorders or mental and/or behavioral health conditions.

This report also focuses on recommendations to streamline these populations' access to housing and services. USICH identifies a comprehensive, but not exhaustive, inventory of these federally funded housing and supportive services

[i] While factors such as community opposition to housing developments ("NIMBYism") impact our partners' capacity to scale housing and supportive services interventions, this report specifically highlights challenges within the purview of federal agencies to address.

programs in Appendix A. Additionally, USICH and federal partners in recent years have compiled and publicized similar inventories, including the following publicly available resources:

- Federal Programs that Support Individuals Experiencing Homelessness
- Federal Health and Social Service Programs That Support People Experiencing Homelessness

Key Definitions

The directive identifies several terms with formal definitions recognized by federal agencies. When referenced in this report, USICH relies on official federal definitions for the following terms:

Chronic Homelessness

According to HUD, as defined through the Homeless Emergency Assistance and Rapid Transition to Housing[2] (HEARTH) Act, chronic homelessness refers[3] to an individual or head of household with a disability who has been living in a place not meant for human habitation in an emergency shelter, or in a safe haven for at least 12 months either consecutively or cumulatively over four occasions in three years.

Housing and Supportive Services

Numerous federally funded housing and supportive services programs support exits from and prevent reentry into homelessness. Often funded at the federal level, wraparound services can include case management, primary medical care, transportation, nutritional services, substance use disorder or mental health conditions counseling, advocacy, pre-tenancy services, harm reduction supports, childcare and education, and assistance in locating and maintaining employment. Housing-related services also play a crucial role in promoting housing stability. The Centers for Medicare & Medicaid Services describes[4] tenancy sustaining supports as "services provided once an individual is housed to help the person achieve and maintain housing stability, such as individualized case management and care coordination."

Housing First

Housing First[5] is an evidence-based approach to providing housing and services applied across all elements of systems for ending homelessness. The approach ensures that people experiencing homelessness are swiftly connected to permanent housing, with few to no treatment preconditions, behavioral contingencies, or other barriers. While Housing First reduces barriers to housing, Housing First is not "housing only." Strong evidence shows that people experiencing homelessness can achieve stability in permanent housing if provided with access to voluntary, continual, and appropriate services. Study after study has shown that Housing First when implemented with fidelity , yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes. The evidence is summarized below, with links to key studies.

Permanent Supportive Housing

Permanent Supportive Housing (PSH)[6] is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities. PSH employs[7] both the single-site and the scattered-site model, depending on factors such as communities' needs and resources. Single-site PSH generally involves developing or acquiring a multi-unit apartment building and onsite services for people experiencing homelessness. At the same time, scattered site PSH connects people experiencing homelessness with private market

housing units and brings supportive services to the unit or provides services at an offsite location. Tenants drive[6] problem-solving-focused plans and can access various voluntary services not tied to tenancy.[6] In 2021, the nationwide inventory of Permanent Supportive Housing for people who formerly experienced homelessness included[8] more than 376,000 total year-round beds.[ii]

Context and Summary of the Evidence Base

PSH and a Housing First[9] approach can be considered complementary tools for addressing chronic homelessness and helping people with disabilities live independently in the community. PSH represents a successful and proven programmatic and housing intervention. In contrast, Housing First represents a broader approach and framework that can be used in conjunction with PSH and other program models, and as a community-wide framework for ending homelessness. A robust evidence base, developed over more than two decades, demonstrates significant positive outcomes of this approach:

- PSH interventions targeting individuals experiencing homelessness with high service use produce[10] cost-savings[11] through reductions in usage of emergency rooms, jails and prisons.
- People struggling with substance use disorders achieve[12] meaningful reductions in substance use when provided with housing placements, tenancy sustaining supports, and comprehensive services. Project-based[iii] A Housing First approach is also associated[13] with improved alcohol outcomes, which include alcohol quantity, problems, and dependence. Housing First's positive impact further holds true for people with co-occurring serious mental health conditions and substance use disorders.[14]
- A Housing First approach has been shown to be more effective than Treatment First[iv] approaches in supporting access to employment.[15] Furthermore, a recent systematic review showed that a Housing First approach was more effective than Treatment First programs in decreasing homelessness[16] (88% greater reduction in Housing First than Treatment First) and improving housing stability (41% greater improvement in Housing First than Treatment First).
- A Housing First approach significantly lowers[17] the number of jail/prison sentences and interactions with the criminal justice system.
- With proper support, people in PSH—including people diagnosed with severe mental illness[18]—can maintain permanent, independent housing.
- Rapidly housing individuals and providing[19] immediate, intense support boost participants' access to and utilization of planned healthcare services, improving health outcomes. And people with severe mental disabilities placed in supportive housing experienced[20] marked reductions in hospitalizations and length of stay per hospitalization.

[ii] USICH uses HUD's definition for chronic homelessness and acknowledges that communities may face barriers in applying this designation to fully reflect people's experiences.

[iii] Project-based Housing First provides immediate, low-barrier, non-abstinence-based, permanent supportive housing to chronically homeless individuals within a single housing project. Project-Based Housing First for Chronically Homeless Individuals With Alcohol Problems: Within-Subjects Analyses of 2-Year Alcohol Trajectories - PMC (nih.gov)

[iv] Treatment First approaches require clients be "housing ready," often defined as in psychiatric treatment and substance-free, before and while receiving permanent housing. See: Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health among Homeless Populations with Disability: A Community Guide Systematic Review - PMC (nih.gov)

- Supportive housing also leads[21] to better child welfare outcomes, such as increased reunifications among children in out-of-home care.

A Housing First approach also produces positive outcomes in various environments, including in both urban[22] and rural areas,[23] and for a wide variety of sub-populations, including older and younger people,[24] veterans,[25] families,[26] and people with serious mental illness.[27] While the evidence overwhelmingly affirms the efficacy of offering PSH and using a Housing First approach, real barriers and challenges exist in scaling the model and implementing it with fidelity to provide for the needs of all program participants.

Effective Components of a Housing First Approach

The success of a Housing First approach relies not only on available resources but also on implementation fidelity or the degree to which an intervention is delivered as intended. Ensuring that a Housing First approach is carried out consistently with the underlying core principles is essential.

Housing First Model Characteristics

Key components of a Housing First approach critical to achieving positive outcomes largely center around emphasizing participant voice and choice. Participant choice and voice remain central[28] to many evidence-based practices, as the data show that people are more likely to access and retain services customized to their needs, particularly in the recovery space. Thus, access to programs is not contingent[5] on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, or participation in required services. A Housing First approach applies[5] to various permanent supportive housing settings (i.e., single-site and scattered site) and recognizes that no one should have to earn a safe place to sleep at night.

Promoting Implementation Fidelity

A high-fidelity Housing First approach requires[29] that tenants are the primary authors of their treatment plans and that the services they choose under these plans are consumer-driven and chosen from a flexible "menu." Such programs often report more positive outcomes than programs with lower fidelity. For example, compared with lower-fidelity programs, higher-fidelity programs increase[30] outpatient service utilization and boost the engagement of clients who the public mental health system had not appropriately served.

Evidence-Based Practices

A Housing First approach provides an overarching approach to prioritizing securing housing and supportive services to house and keep housed populations experiencing homelessness. Particularly within the context of providing supportive services, several evidence-based models and practices help promote the uptake of services, positive service outcomes, and housing retention.

Evidence-based models[v] often center on the following approaches:

[v] USICH's forthcoming FSP centers these evidence-based models across strategies.

- Cultural competency:[31] Integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services and produce better outcomes.
- Disability competence:[32] An aspirational, participant-centered model that focuses on the eventual goal of supporting individuals to achieve maximum function. The model focuses on the individual needs of the participant, respect for the participant's choices, and the elimination of medical and institutional bias.
- Harm reduction:[33] A proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with alcohol and other substance use at both the individual and community levels. Harm reduction approaches have been proven to prevent death, injury, disease, overdose, and prevent substance misuse or disorder. Harm reduction is an effective approach to addressing the public health epidemic involving substance use, infectious disease and other harms associated with drug use.
- Low barrier services:[34] Service provision designed to screen-in rather than screen-out applicants, with the greatest barriers and assistance provided without service participation requirements and restrictive rules.
- Person-centered strategies:[35] Identification of individual strengths, goals, preferences, needs, and desired outcomes that staff, family, and other team members use to help people access paid and unpaid services.
- Trauma-informed care:[36] A framework for organizational and individual service delivery across the homelessness services system that acknowledges and responds to the trauma experienced by all household members. Trauma-informed practices are policies, procedures, interventions, and interactions among clients and staff that recognize the likelihood that a person receiving services has experienced trauma or violence. For effective service delivery and stable housing placements, organizations and staff must understand the impact of trauma on individuals and families and learn how to minimize its effects and respond appropriately with cultural awareness and competence without contributing to further trauma.

Cross Program Housing and Supportive Services Interactions

Financing Models

Various federal, state, and local funding streams finance housing and supportive services programs. Federally, the following agencies primarily fund housing services: HUD and the Department of the Treasury through its Low-Income Housing Tax Credit program. And the following agencies primarily fund supportive services: HUD,[vi] the Department of Health and Human Services (HHS), and the Department of Veteran Affairs (VA).

While receiving funding and guidance from the federal level, communities at the local level often must work[37] collaboratively across various departments and levels of government (and with the non-profit sector) to align funding, priorities, and strategies. At the federal level, communities often seek funds from multiple programs and offices within one department. For example, the Administration for Children and Families (ACF) funds many programs supporting individuals, children, and families within HHS. And the Substance Abuse and Mental Health Services Administration's programs (SAMHSA) support many behavioral health treatments and recovery-oriented services.

At the local level, various entities manage programs and administer funds. For example, the local Continuum of Care spends homelessness assistance funds, the local public housing authority allocates housing vouchers, and state and local

[vi] HUD's Continuum of Care and Emergency Solutions Grants Programs fund various supportive services at the community level. CoC and ESG Additional Requirements - CoC vs. ESG - HUD Exchange

governments operate benefit programs such as TANF and SNAP. Thus, communities must collaborate and leverage local, state, and federal funding streams to create and sustain projects and accompanying services.

The Relationship Between Housing and Supportive Services

In the context of PSH, best practices indicate[29] ideally that separate entities should provide housing units and services to best enhance the tenancy of the program participant. Without separate entities providing the housing and services, the roles of service provider and landlord can become blurred, which could impact the low barrier approach of PSH. Thus, alignment across various housing and supportive services entities remains crucial to meeting the holistic needs of people in PSH. The rest of this report focuses on addressing alignment, coordination, and other barriers among housing and supportive services programs.

Opportunity: Coordinating and Financing Housing and Services

Challenges

Implementing PSH to scale requires the coordination of various funding streams, as detailed above. Communities face challenges in aligning the resources necessary to implement proven approaches with fidelity. Such challenges include, but are not limited to:

- Fragmented and uncoordinated funding sources, policies, and priorities at the federal, state, and local levels complicate[37] the ability of communities to align resources.
- Funding allocations for each program may also vary annually, with Congressional funding for programs often fluctuating and competitive program funding cycles making awards based on performance measures and evolving criteria that communities may or may not meet fully or consistently. Further, in cases of frequent competition, jurisdictions may get funding at some times but not others.
- Unpredictable funding allocations may not meet the demonstrated need of a service population, may have different or conflicting regulations, and/or short or competing expenditure timelines. Funding streams may be one-time only, which could impact program participants planning for and relying upon services over an extended period.
- Unless providers operate onsite at a PSH site, coordination and logistical problems may emerge[37] in facilitating an array of services for program participants. Collaboration amongst disparate partners, including federally-funded community-based social services agencies, remains critical.
- Access barriers complicate engaging with and benefiting from services. In both scattered site and project-based PSH, program participants may face transportation and other barriers to accessing the services they are enrolled in (including physically inaccessible service-delivery sites). The co-location of services in a housing development and providing onsite and 24/7 access to services can help bridge these challenges.
- Housing and services providers work in larger ecosystems which include various other systems and partners, including but not limited to hospitals, social service agencies, the child welfare system, and law enforcement. Coordination and uptake of care rely on building and sustaining trust with program participants, promoting low-barrier services, and preventing harmful interactions across all other systems. These cross-system interactions and referrals also require coordination around documentation and eligibility. Without adequate collaboration and rapid support, for example, youth with complex behavioral health or physical health needs may later experience chronic homelessness.

Federal Actions

- Section 1017(a) of the SUPPORT Act required HHS to issue[38] a Report to Congress describing innovative state initiatives and strategies for providing housing-related services and supports under a state Medicaid program to individuals with a substance use disorder who are experiencing or at risk of experiencing homelessness. HHS's Centers for Medicare & Medicaid Services (CMS) has further provided guidance on how states can use[4] Medicaid dollars to fund housing tenancy supports, particularly services[39] for individuals experiencing chronic homelessness in PSH. Many states have adopted a wide range of approaches to increase housing stability for Medicaid beneficiaries with substance use disorders who are experiencing or are at risk of homelessness. Across unique programs, state priorities, and tailored strategies to address local needs, several consistent program implementation, partnership, and funding themes have helped achieve[38] measurable progress in increasing housing stability in HHS's selected programs reviewed in California, Maryland, Washington, Maricopa County, Arizona, and City/County of Philadelphia, Pennsylvania. Recent efforts include, for example, in December 2021, CMS approved[40] a waiver in California to address homelessness and housing instability, including through:
    - Improving access to coordinated health and social services, including housing
    - Expanding statewide access to housing supports
    - Providing funding for community-based organizations to expand services and programs
    - Reducing avoidable use of costly health care service
    - Improving whole-person care[vii] for Medi-Cal enrollees
- To amplify and expand the evidence base on PSH and other interventions, HHS and HUD partnered to create[41] in December 2021 the new Housing and Services Resource Center (HSRC), which, through technical assistance and web-based resources, has started to implement a federally coordinated approach to facilitating housing and service system partnership and leveraging housing and service resources. Furthermore, forthcoming case studies, for example, will address:[42]
    - Collaborating with other community partners and leveraging strengths and resources in cross-sector partnerships
    - Utilizing a mix of federal, state and/or local funding, including from HUD and HHS
    - Convening community organizations to intentionally align, coordinate and integrate supports and services to reduce housing instability and homelessness
- In June 2022, SAMHSA's Homeless and Housing Resource Center (HHRC) published a resource[43] that identifies federal resources to fund supportive housing services for people with behavioral health needs.
- In 2021, HUD published[44] an evaluation of *Pay For Success: Permanent Supportive Housing Demonstration*, an initiative launched with the Department of Justice to test a promising model for financing permanent supportive housing through private and philanthropic investment for people experiencing homelessness with frequent contact with criminal justice, homeless services, and health care systems.

Recommendations

Federal partners can continue to support communities in facilitating partnerships and access to various funding streams. Recommendations include:

[vii] Instead of treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan. Whole Person Health: What You Need To Know | NCCIH (nih.gov)

1. Ensure programs across the federal government serving people experiencing homelessness center a Housing First[45] approach that prioritizes person-centered strategies, accessibility, and personal choice.
2. Streamline processes to support communities in leveraging and coordinating federal, state, and local funding streams to expand PSH. Provide further guidance, tools, and technical assistance to help reduce[46] administrative burdens and uncertainties for communities.
3. Elevate innovative strategies and partnerships to leverage the Medicaid program funds to support the coordination of housing assistance for people with a high acuity of health needs who require frequent observations to make certain their condition improves or they remain stable.
4. Identify opportunities to leverage federal funding sources that can pay for an array of supportive services and training to ensure they are offered with fidelity to best-practice approaches.
5. Facilitate partnerships among housing providers, aging and disability services, family and youth-serving systems, and health care, including treatment for mental health conditions and substance use disorders, to encourage the co-location and integration of various care programs and provision of culturally competent and gender-affirming resources.
6. Analyze federally funded PSH requirements, including eligibility and recordkeeping, to optimize program performance for people with intense service needs and other specific sub-populations.

Opportunity: Expanding Workforce Capacity

Challenges

The effectiveness of housing and services interventions depends in large part on the ability of communities to adequately scale staffing supports to meet the holistic needs of people formerly experiencing chronic homelessness. Many people with a history of chronic homelessness may have a history of substance use disorders or mental and/or behavioral health conditions, therefore, requiring programs that have staff with specialized skills and additional training and/or experience. Barriers to expanding workforce capacity include:

- **Homelessness Staffing Shortages:** The COVID-19 pandemic and associated recession have compounded[47] long-standing staffing issues, as frontline workers and others continue to experience low wages, high caseloads, and high burnout and turnover. In fact, pre-pandemic, the average job tenure for homelessness services workers was less than two years.[48] This shortage often leads to a staff churn where programs lose key staff and must invest new resources to hire and train new staff, and program participants in PSH cycle through case workers or end up on service waitlists for services crucial to their overall ability to maintain housing. This staff churn also impacts communities' implementation fidelity for evidence-based models, as many providers must consistently train new staff to implement practices. Finally, coordinating housing and services is time-consuming and complicated work that requires technical assistance. Staff churn further complicates this capacity/resource-intensive coordination.
- **Rural Disparities:** Rural communities and other underserved areas may experience[49] more acute staffing shortages, as the number of providers, services and staffing expertise/capacity to provide accessible and comprehensive services may be limited in many communities.
- **Supportive Services Staffing Shortages:** Fields adjacent to homelessness services also continue to experience high staffing shortages. For example, 158 million Americans live[50] in Health Professional Service Areas that lack sufficient mental health practitioners to meet their needs. Furthermore, the demand for services will continue to grow[51] in the coming years.

Federal Actions

Federal agencies recognize the stark staffing challenges impacting the work of housing and keeping people housed. Recent federal actions include:

- In August 2022, AmeriCorps announced a second round of funding for the new Public Health CDC-AmeriCorps partnership program, a groundbreaking initiative funded by the American Rescue Plan Act to invest $400 million over five years to support efforts to build a strong and diverse workforce ready to respond to the nation's public health needs. In this funding announcement, AmeriCorps prioritizes[52] addressing public health challenges exacerbated by the pandemic, such as substance use disorders and mental health conditions.

Recommendations

Federal partners can continue to support communities in scaling staffing to meet the holistic needs of the populations served in PSH. Recommendations include:

1. Provide staff to facilitate peer-led housing and service delivery models, like recovery coaches for substance use disorders, peer specialists in mental health conditions, and youth mentors/staff with lived experience in youth programs. These staff can increase access to services across communities and improve the effectiveness of such services by leveraging the lived expertise of people who have experience with homelessness, substance use disorders, and/or mental health conditions.
2. Grow the pipeline of providers to address mental health conditions and substance use disorders and improve their geographic distribution to target areas with the greatest unmet need.
3. Work across federal partners to identify and address structural barriers to retaining the homelessness services workforce.

Opportunity: Expanding and Applying the Evidence Base

Challenges

Federal agencies and national partners continue to learn more about key components that enhance evidence-based strategies' effectiveness, such as PSH.. As new challenges continue to emerge, such as the lingering impacts of the pandemic, additional research will help inform how to expand and apply the evidence base. Additional evidence will address emerging research gaps, such as the effectiveness of new innovative approaches to financing scaled PSH models.

Federal Actions

Federal agencies recognize areas needing shoring up and promote the PSH evidence base. Recent activities include:

- The HSRC continues to provide resources, program guidance, training, and technical assistance to many partners, including public housing authorities, housing providers, and state Medicaid agencies. Disability, aging, and behavioral health agencies; the aging and disability networks; homeless services organizations and networks; health care systems and providers; and tribal organizations.

Recommendations

Federal agencies can continue to support research to inform evidence-based strategies for all populations served by PSH. Recommendations include:

1. Promote emerging lessons from the HSRC and facilitate on-the-ground partnerships among housing and services entities.
2. Address the need for additional evidence, including but not limited to assessing:
    - Geographic gaps in PSH inventory across the country
    - The needs of long-term residents of PSH who have aged in place
    - Which clients are referred[53] to which models of PSH, and how do these referrals differ by race, ethnicity, age, disability, and other demographic data
    - Innovative payment models to support[37] housing and services
3. Increase visibility and implementation of evidence-based practices to connect people to services and keep them housed, including but not limited to low-barrier models, person-centered strategies, trauma-informed care, Critical Time Intervention,[54] gender-affirming care, and harm reduction strategies for substance use and healthcare.
4. Better understand the unique needs of sub-populations, such as chronically homeless youth and survivors of domestic violence, and tailor strategies accordingly, particularly through a racial equity lens.

Conclusion

PSH, using a Housing First approach and other evidence-based practices, has been shown effective in housing and keeping housed thousands of people who have experienced homelessness across the country. Federal agencies and community partners will need to enhance coordination and maximize resources to build upon this progress and address real barriers to scaling this work. *All In: The Federal Strategic Plan to Prevent and End Homelessness* will directly tackle many of the challenges identified in this report, and USICH looks forward to working across agencies and communities to implement these strategies. USICH recognizes the need for an all-of-government and cross-sectoral partnership to ensure that all Americans, particularly the most vulnerable, can find and retain a stable home.

Appendix A: Inventory of Targeted and Non-Targeted Federal Housing and Supportive Services Programs

Housing Programs

- **Agriculture**
  - Non-Targeted[viii]
    - Rural Development Single-Family Housing Programs
    - Rural Development Multi-Family Housing Programs
- **General Services Administration**
  - Targeted[ix]
    - Federal Real Property Assistance Program (jointly administered w/ HHS & HUD)
- **Housing and Urban Development**
  - Targeted
    - Continuum of Care Program
    - Emergency Solutions Grant (ESG) Program and Emergency Solutions Grant Program-CARES Act (ESG-CV)
    - HUD-Veterans Affairs Supportive Housing (HUD-VASH) and Tribal HUD-VASH
    - Youth Homelessness Demonstration Program
    - Emergency Housing Vouchers provided by the American Rescue Plan
  - Non-Targeted
    - HOME Investment Partnerships Program and HOME-American Rescue Plan
    - Section 8 Housing Choice Voucher Program
    - Mainstream Housing Choice Voucher Program
    - Section 202 Supportive Housing for the Elderly Program
    - Section 811 Supportive Housing for Persons with Disabilities, including both Capital Advance and Project Rental Assistance
    - Public Housing
    - Family Unification Program Voucher Program
    - Foster Youth to Independence Initiative
    - Housing Opportunities for Persons With AIDS (HOPWA) and HOPWA-CV
    - HUD-DOJ Pay for Success Permanent Supportive Housing Demonstration
    - National Housing Trust Fund
    - Community Development Block Grant (CDBG) and CDBG-CV
- **Treasury**
  - Non-Targeted
    - Low-Income Housing Tax Credit (LIHTC)

Supportive Services Programs

- **Agriculture**
  - Non-Targeted

[viii] A non-targeted program is a program that is targeted to a broader population – such as low-income Americans, persons with disabilities, or older adults – that may include people experiencing or at risk of homelessness.
[ix] A targeted program is a program dedicated to serving people experiencing or at risk of homelessness.

        - Emergency Food Assistance Program
        - Supplemental Nutrition Assistance Program (SNAP)
        - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- **Health and Human Services**
    - Targeted
        - Grants for the Benefit of Homeless Individuals
        - Health Care for the Homeless Program
        - Projects for Assistance in Transition from Homelessness
        - Runaway and Homeless Youth Programs, including Transitional Living Programs
        - Treatment for Individuals Experiencing Homelessness
        - SSI/SSDI Outreach, Access, and Recovery
    - Non-Targeted
        - Adult Protective Services
        - Child Care Development Fund
        - Community Mental Health Services Block Grant
        - Community Services Block Grant
        - Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities Program
        - Domestic Victims of Human Trafficking Services and Outreach Program
        - Emergency Response Grants
        - Family Violence and Prevention Services
        - Head Start and Early Head Start
        - Health Center Program
        - Independent Living Programs (including State Independent Living Councils and Centers for Independent Living)
        - Low Income Home Energy Assistance Program
        - Low Income Household Water Assistance Program
        - Medicare
        - Medicaid
        - No Wrong Door Programs (including Aging and Disability Resource Centers)
        - Older Americans Act funded programs and formula grants to State Units on Aging and Area Agencies on Aging
        - Older Americans Act Title VI programs (programs that support American Indians, Alaska Natives and Native Hawaiians)
        - State Protection and Advocacy Systems Programs
        - Promoting Safe and Stable Families
        - Ryan White HIV/AIDS Program
        - Social Services Block Grant
        - State Assistive Technology Act Programs
        - State Developmental Disabilities Council Programs
        - State Opioid Response Grants
        - Substance Abuse Prevention and Treatment Block Grant
        - Temporary Assistance for Needy Families Program
        - Trafficking Victim Assistance Program
        - Tribal Opioid Response
        - University Centers of Excellence in Developmental Disabilities

- **Housing and Urban Development**
  - Non-Targeted
    - Multifamily Housing Service Coordinator Program
    - Public and Indian Housing Family Self-Sufficiency Program
- **Justice**
  - Targeted
    - Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program
    - Housing Assistance Grants for Victims of Human Trafficking
  - Non-Targeted
    - Office on Violence Against Women administers 19 grant programs designed to prevent and end domestic violence, dating violence, sexual assault, and stalking
    - The Second Chance Act Pay for Success Initiative
    - Servicemembers and Veterans Initiative
    - Access to counsel in evictions and eviction diversion initiatives
    - Office for Victims of Crime currently administers 8 grant programs (FY2022) to support victims of human trafficking
- **Labor**
  - Targeted
    - Homeless Veterans' Reintegration Program
  - Non-Targeted
    - Job Corps
    - Jobs for Veterans State Grants (JVSG)
    - National Dislocated Worker Grants (NDWGs)
    - Reentry Employment Opportunities (REO) Program
    - Wagner-Peyser Employment Service
    - WIOA Adult & Dislocated Worker Programs
- **Social Security Administration**
  - Non-Targeted
    - Old Age and Survivors Insurance
    - Supplemental Security Income
    - Social Security Disability Insurance
- **Treasury**
  - Non-Targeted
    - Earned Income Tax Credit
    - Emergency Rental Assistance Program
- **Veterans Affairs**
  - Targeted
    - Community Resource and Referral Centers
    - Domiciliary Care for Homeless Veterans Program
    - Grant and Per Diem Program
    - Health Care for Homeless Veterans Program
    - Homeless Patient Aligned Care Team
    - Homeless Veterans Community Employment Services
    - Homeless Veterans Dental Program
    - HUD-VASH

        - Supportive Services for Veterans Families
        - Veteran Justice Outreach Initiative
        - Legal Services for Homeless Veterans and Veterans At-Risk for Homelessness Grant Program
    - Non-Targeted
        - Compensated Work Therapy
        - Enhanced Use Lease Program
        - National Center on Homelessness Among Veterans

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