

**Testimony by James Mauck, President and CEO of Catholic Charities and Community Services in the Archdiocese of Denver, presented before the House Committee on Financial Services, Subcommittee on Housing and Community Opportunity, July 13, 2004**

Mr. Chairman, Ranking Member Waters, and Members of the Subcommittee:

My name is James Mauck, and I am President and CEO of Catholic Charities and Community Services in the Archdiocese of Denver, CO. I have a master's degree in social work, and have been with Catholic Charities for 41 years.

Catholic Charities of the Archdiocese of Denver was founded in 1927 to provide social welfare services to people in need. Today it has grown to be a multi-service agency serving northern Colorado from over 30 community-based locations. Its primary focus is on serving the poor and disenfranchised through the hard work and dedication of more than 400 staff. Catholic Charities presently owns and operates three shelters for the homeless along the front range: the Mission in Fort Collins (capacity of 48), Guadalupe Shelter in Greeley (capacity of 40), and Samaritan House (capacity of 350). Catholic Charities also operates a range of affordable housing developments: Courtyard Commons, a 34-unit apartment building primarily for single homeless persons transitioning out of Samaritan House; Plaza del Milagro and Plaza del Sol, two newly constructed facilities providing housing for 40 migrant families and 142 singles; and approximately 75 units of dispersed transitional housing for families moving out of shelter or, in some instances, facing eviction. In addition, we are in the process of integrating the Archdiocesan Housing program into our delivery system. This merger will add 1050 units of affordable housing for low-income seniors, individuals with mobility impairments, and families to Catholic Charities' portfolio of housing opportunities.

Today, I am testifying on behalf of Catholic Charities USA, Volunteers of America, and Lutheran Services in America. Each of these organizations numbers among the nation's largest, private networks of social service providers. Together with our federal, state, and local partners, we work to strengthen families and communities by providing a wide range of services, including affordable housing and homeless services, from emergency food and shelter to permanent supportive housing. Every year, our organizations assist millions of our most vulnerable fellow Americans.

We thank the Subcommittee for its attention to the serious problem of homelessness in our country, and we are especially grateful to Congressman Renzi, Chairman Ney, and the other sponsors of the Samaritan Initiative Act of 2004 for their willingness to take a leadership role in Congress on behalf of some of our nation's most vulnerable people.

As faith-based providers of housing and services, we believe that our national community has a moral obligation to end homelessness for all Americans. This mission has been adopted by our local agencies.

You will hear much testimony today about the housing and supportive service needs of homeless individuals. These needs are great, and becoming greater. Among this group are many of our

nation's homeless veterans. Our agencies serve thousands of these persons every day, and they will continue to do so.

However, the focus of my testimony will be the critically important needs of homeless families with children. I will begin by drawing the Committee's attention to two facts that are underappreciated in discussions of homelessness policy:

- First, a substantial percentage of homeless families with children endure repeated or long-term homelessness.
- Second, because members of these families often suffer from domestic violence or sexual abuse, mental illness, chronic substance abuse, and other disabling conditions, intensive support services, in addition to housing assistance, play a crucial role in helping them to stabilize, improve their well-being, and make progress towards self-reliance.

These facts have important implications for the Samaritan Initiative and for homelessness policy in general. The remainder of my testimony will explore these implications, and provide you with recommendations that would strengthen this legislation.

### **Many Families with Children Suffer Repeated or Long-Term Homelessness and Need Intensive Support Services**

According to Martha Burt, the primary author of the Urban Institute's landmark study of homeless populations, children in families make up nearly 40 percent of persons using homeless assistance programs in the United States. This is about 1 million children every year. Moreover, more recent surveys—as well as reports from our member agencies—show that family homelessness is on the rise.

The population of homeless families with children is large and growing, and this fact is widely acknowledged. What is often missing in policy debates on family homelessness is the recognition that this population is not homogenous. While a majority of homeless families remain homeless for relatively short periods of time, large numbers of families suffer repeated or long-term homelessness. According to the Urban Institute study:

- 21 percent of homeless mothers with children report having been homeless at least 3 times
- 34 percent report that they have been homeless for a period between 7 and 60 months, and 5 percent report having been homeless for over 5 years.

In other words, a large number of homeless families suffer chronic homelessness.

The causes of repeated or long-term homelessness among families are complex. There is no doubt that a major cause is the increasing gap between low incomes and housing rents, and the severe shortage of affordable housing that exists in every community in America. Indeed, our agencies report that increasing numbers of working families are becoming homeless because housing is out of reach on take-home pay of \$800 to \$1000 per month, or even more in some regions.

Yet factors other than housing costs also contribute greatly to family homelessness, especially in the cases of families experiencing repeated or long-term homelessness. For instance, most homeless parents with children have endured domestic violence or abuse, or suffer from mental health, chronic substance abuse, or co-occurring disorders. The Urban Institute's data reveals that among homeless mothers with children:

- 16 percent are fleeing domestic violence or abuse; separately, the National Center on Family Homelessness reports that 32 percent of homeless women have experienced recent domestic violence
- 58 percent report mental health or substance abuse problems; and
- 22 percent suffer from co-occurring mental health and substance abuse disorders.

In the experience of our agencies, families often cycle through repeated episodes of homelessness because they do not receive the mental health care, substance abuse treatment, and other support services they need to cope with the problems they bring with them to the shelter.

We hear frequently that homeless families can “make it on their own” if they are provided with housing and modest support services to help them get back on their feet. Our agencies report, however, that this is simply untrue for a large numbers of homeless families. For example, the Volunteers of America affiliate in Columbus, Ohio provides permanent supportive housing for approximately thirty families at a time. Staff from that program report that the families they serve have previously cycled through homelessness on multiple occasions. Why? There are three primary reasons – domestic violence, mental health issues, and substance abuse disorders. Dennis Culhane's research on homeless families supports this conclusion. Without the services provided by the affiliate, such as counseling, psychiatric or psychological services, and drug or alcohol treatment, these families would continue to experience repeated episodes of homelessness.

### **Long-Term Homelessness Has a Devastating Impact on Children and Families**

If we fail to provide intensive support services as well as housing assistance, the consequences will be dire for hundreds of thousands of homeless children and their families.

Place yourself for a moment in the life of a homeless child. Sleeping in a car at night for weeks or months because your family has been evicted and has no place to go. Waking up to have breakfast in a soup kitchen rather than your own kitchen. Moving every few weeks to live with a new set of strangers, until your mother has exhausted the hospitality of every acquaintance she has. Growing up in a shelter where there is little privacy, surrounded by people who are living in desperation, full of fear, shame, and hopelessness. Spending your birthday in a crowded shelter, with no presents and no birthday cake and wondering if you will still be there a year later.

Homelessness has a devastating impact on children. Children experiencing homelessness suffer from poor nutrition, inadequate health care, greater exposure to environmental hazards like lead poisoning; as a result, they have high rates of both acute and chronic health problems. They also struggle with school. Children experiencing homelessness are diagnosed with learning

disabilities at twice the rate of other children. And they suffer from emotional or behavioral problems that interfere with learning at almost three times the rate of other children.

Families who are precariously housed or homeless are often forced to move frequently, which can lead to changes in children's school placement. Changing schools greatly impedes students' academic and social growth. A "rule of thumb" is that it takes a child four to six months to recover academically after changing schools, and the recovery period is probably longer for children coping with the insecurities and fears associated with homelessness. Twenty-one percent of homeless children repeat a grade because of frequent absences from school, compared to 5 percent of other children. And 14 percent of homeless children repeat a grade because they have moved to a new school, compared to 5 percent of other children.

Homelessness also has a destructive effect on family stability. When families lack adequate housing, child welfare agencies often step in to separate children from their parents. The Child Welfare League of America (CWLA) reports that 12 percent of homeless children end up in the foster care system, while 30 percent of foster kids could be reunited with their families if their housing problems were solved.

Our public policy should promote family stability, not force children into the overburdened child welfare system. This is especially true when keeping families together is far less costly than splitting them up. According to CWLA, the average child welfare family has 2.7 children, and the average annual cost of keeping these children in foster care is approximately \$45,000. In contrast, preserving a family in permanent supportive housing costs an average of only \$9,000 per year.

### **Congress Must Act to Preserve Access to Supportive Services for Homeless Families with Children**

While the Samaritan Initiative is a modest proposal, it is an important part of a broad new model of how supportive services for homeless persons are going to be funded, what types of services will be funded, and who will be eligible for these services. The implications of this model give cause for concern.

Currently, the majority of federal homeless assistance funding is distributed by the Department of Housing and Urban Development (HUD) through the McKinney competitive grant programs. In recent years, HUD has made it clear that it plans to reduce substantially the share of McKinney funding devoted to supportive services in favor of increasing spending on housing activities. In addition, HUD has announced its intention to restrict McKinney funding to only four basic types of supportive services: outreach, case management, life skills training, and housing counseling. Coupled to these changes of policy at HUD is the expectation that other federal agencies, such as HHS and VA, will ramp up their funding for health care, substance abuse treatment, mental health care, and other supportive services for homeless persons. The Samaritan Initiative is intended, in part, to meet this expectation.

Our concern is that these policy changes will effectively reduce the availability to homeless families of a wide range of crucial services such as substance abuse treatment and mental health

care. For HUD will no longer fund the services at all, while the Samaritan Initiative, in its current form, would fund them only for homeless individuals. To avoid this problem, the Samaritan Initiative should be modified to ensure that these services will be available to programs serving these families.

## **Recommendations**

Every strong argument in favor of providing permanent supportive housing for homeless individuals also applies to families with children suffering repeated or long-term homelessness:

- Homeless families with children are among the most vulnerable members of our society, and, as such, we have a strong moral obligation to assist them first.
- Families with children suffering long-term homelessness are hard to serve and stabilize, yet permanent housing combined with intensive support services succeeds where other forms of assistance fail.
- Finally, permanent supportive housing provides a cost-effective alternative to assistance delivered by other systems, such as emergency rooms and foster care.

If the Samaritan Initiative is to address effectively the problem of long-term homelessness, it must attend to the plight of homeless families with children. Accordingly, we recommend the following revisions:

- (1) Expand eligibility to include homeless families with children.** The Samaritan Initiative relies on a definition of “chronically homeless person” that categorically excludes families with children, even families with disabled members who have suffered from repeated or extended periods of homelessness. This artificial exclusion, combined with the policy changes being advanced by HUD, will hinder the efforts of homeless service providers to assist many homeless families with children in their struggle to achieve stability. We therefore propose that eligibility be expanded to include families with a disabled adult or child.
- (2) Shorten or eliminate the durational requirement.** The Samaritan Initiative limits eligibility to clients who have been homeless for at least a year or have experienced at least four episodes of homelessness over a period of three years. From both moral and policy standpoints, it makes no sense to require persons to remain homeless for extended periods before they are eligible for the assistance they need. Homelessness is dehumanizing. We should strive to move people out of homelessness as quickly as possible, not perpetuate it by denying them the assistance they need, simply because they have not been homeless long enough.

In addition, when eligibility for services is based on the duration of homelessness, documenting eligibility is difficult and leads to arbitrary distinctions between clients. It can be nearly impossible to document how long a person has been living on the street. And if a person lives on the street for four months, then stays with a relative for two weeks before returning to the street, he should not have to wait another full year before becoming eligible for assistance.

In short, judgments on program eligibility should be based on an assessment that confirms the family's need for permanent supportive housing, not on the length of time that they have lived on the street or in a shelter.

- (3) Revise the definition of “homeless” to capture the reality experienced by many homeless families.** Our shelters are overflowing with homeless families with children, yet many more are living doubled up with acquaintances and extended family members. Some of these families are forced to move frequently as they repeatedly exhaust the hospitality of their hosts. Recognizing that such unstable housing situations are damaging to children and families, the Samaritan Initiative's definition of “homeless” should be expanded. We propose that the Subcommittee substitute the broader definition currently used by the U.S. Department of Education, which was adopted as part of the No Child Left Behind Act of 2001. This would expand program eligibility to families lacking fixed, regular, or otherwise adequate housing, even if they are not living on the street or in a shelter.
- (4) The Samaritan Initiative should fund supportive services dollar-for-dollar with housing.** In the experience of our agencies, effective permanent supportive housing programs require a dollar of investment in supportive services for every dollar spent on housing operations. We therefore urge the Subcommittee to authorize \$50 million in combined service funding from the Department of Health and Human Services and Veterans' Administration to match the \$50 million in housing funding authorized from HUD.

Finally, it would be irresponsible to close without a word about broader housing policy. Our nation faces a crisis in affordable housing, and serious progress on preventing and ending homelessness cannot be made without substantial investments to increase the supply of, and access to, affordable housing, especially housing for households with extremely low incomes. We therefore urge the Members of the Subcommittee to provide leadership and resources to expand the production of affordable housing and to protect and strengthen crucial assistance programs like the Housing Choice (Section 8) Voucher Program.

### **Concluding Remarks**

Whatever success we have experienced in working with homeless persons has been largely due to our ability to provide or secure services. When our agency first began to serve the homeless in 1980-81, the dominant philosophy could have been described as “Two hots and a cot.” Most thought that the problem was economic, and were surprised and shocked to learn that drugs, alcohol, and chronic mental illness would soon dominate the landscape. Very quickly we came to realize that serving the homeless was a whole new field of effort, and that what we thought to be a temporary problem would come to dominate our careers. We were seeing all of what falls through our “safety net,” and it wasn't pretty. The most dispiriting part was to turn away, night after night, an ever-growing population of homeless families. With the wind howling, snow flurries in the air, and the temperature in the “teens,” we turned them away because our sites were already packed.

How tragic. And yet here is where we believe we can have a great impact. Families are young and their children are our future. They come to us with complex multitudes of problems, yet our experience has shown that they can be helped. Within families hope can be rekindled. Children and parents can be nurtured, and they can build better lives for themselves and for their communities. We will all benefit if we make it our task to help them.

Thank you.