

**Testimony of  
Kat Lilley  
Deputy Executive Director  
Family Promise of Colorado Springs  
Guest Advisory Council & Government Relations Committee  
Family Promise**

**Subcommittee on Housing and Insurance  
Committee on Financial Services  
U.S. House of Representatives**

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Good Morning, Chairman Duffy, Ranking Member Cleaver and Members of the Subcommittee on Housing and Insurance. Thank you for this opportunity to be a part of this important discussion regarding the current barriers children and youth experiencing homelessness meet when working to access housing and services funded by HUD, and how reform is necessary to remove system gaps and ensure current HUD funding is truly aligning with the priority of reaching the most vulnerable of those experiencing homelessness.

My name is Kat Lilley, and I am Deputy Executive Director of Family Promise of Colorado Springs, an affiliate of Family Promise National. I work closely with and am a representative of Family Promise National serving as a member on the Guest Advisory Council and Government Relations Committee. Family Promise of Colorado Springs is an emergency shelter which serves families with minor children experiencing homelessness and offers comprehensive wrap-around services to empower families to attain long-term stability and self-sufficiency. Currently, these services include emergency shelter and meals, transitional housing, home-ownership opportunity for families within our shelter and transitional housing, intensive case-management, life-skills classes, and limited (funding contingent) homeless prevention services. Nationally, there are more than 200 Family Promise affiliates in 43 states, serving more than 50,000 individuals with the support of more than 180,000 volunteers annually. Family Promise makes this possible by developing and supporting affiliates which address family homelessness in each community. Knowing that homelessness and outcomes of homeless services are greatly affected by local factors, Family Promise supports each of its affiliates in addressing homelessness through varying services and programs to meet the local need, with a focus on city and county partnerships. I have been active as a provider with the Pikes Peak Continuum of Care since 2015, serving on the Ranking and Prioritization Committee for the HUD Continuum of Care Competition, the Coordinated Entry Policies and Procedures Committee, and I participate in the Coordinated Entry process. In addition to my work as a family provider and with the Pikes Peak Continuum of Care, I am also an outreach volunteer with BlackBird Outreach, which is a local organization providing

outreach and system navigation services focusing on unsheltered individuals experiencing homelessness.

My dedication to serving vulnerable and homeless families and individuals stems from personal experience. I am “Mom” to six children, one of which struggles with severe mental illness. In April of 2013, my son experienced his first psychotic episode, and posed a safety risk to himself and my other children. This episode resulted in his first in-patient hospitalization, which lasted 23 days. Following this hospitalization, my son required intensive treatment, which required me to evaluate how I could reduce our household expenses and alleviate the need for me to work two jobs. At the time, I lived in a rural mountain community outside of Colorado Springs, and I made the decision to down-size our home and move into Colorado Springs. I gave my landlord notice and started to prepare my family for this transition.

I actively worked for three months to find a home for my family. After a month of not securing a home, I started reaching out to resources in Colorado Springs, looking for assistance in navigating an extremely competitive housing market, and continued to reach out for increased levels of assistance for the next two months. With every phone call I made, every door I walked through, I heard “no.” The reasons varied but included: reaching out too soon; not being “imminently homeless”, not meeting income requirements, and my “special boy” being identified as too high risk to house in a family program. I made hundreds of phone calls and walked through every door I could find through resource lists, churches, and local provider referrals. With each “no” my desperation intensified, and panic became a daily reminder that I needed a solution for my children, who ranged in age from 12 years to 16 months old.

The month prior to our vacate date was extremely hard. While working to support my family, manage my son’s mental health treatment, and parent six children, I was packing a 3,000 square foot home, getting rid of non-essential items, and trying to find a home or a program which would accept us. During that month, I tirelessly called resources, submitted program and landlord applications, and attended numerous face-to-face appointments in follow up to applications, many of which required me to find childcare to attend. Every call, application, and appointment required me to verbalize the current crisis, my son’s mental health struggles, and often give a social history, which added reliving numerous traumas, including spending ten years in foster care due to familial sexual assault, a violent relationship in my adulthood, and the recent end of my second marriage, which was the result of my ex-husband abusing one of my daughters. I subjected myself to this trauma repeatedly, convincing myself that it would lead my family to housing. Each interaction left me emotionally raw, with no recourse but to push the emotions aside and put on a mask of bravery for my children. With each “no” that came in response to these applications, I found less and less value in myself. Why wasn’t I worth helping? Why didn’t anyone see that my children deserved and needed a home? With each “no,” my stress levels multiplied. With each “no,” my hope diminished.

The week prior to leaving our home, I secured a P.O. Box, knowing I needed a new mailing address, and a storage unit, knowing I would not have the resource to replace my children’s beds. I called friends and neighbors to see if they might have room for my family for a night or two, while I continued to work to find housing. I reached out to members of my biological family, many of which I hadn’t interacted with in years, and my ex-husband’s family, looking for any option to keep a roof over my children’s heads. All efforts ended with rejection.

That final day, as I drove down the hill with my children, pillows, blankets, toiletries, pajamas, and a change of clothes packed in my van around them, my “special boy” asked me where we were going. I can not put into words the pain I felt, as I told him I didn’t know. How does a mother look into her young children’s eyes and tell them she failed them? How does a parent explain to their children that they don’t know where they are going to sleep?

I drove to Colorado Springs looking for a motel room, limiting my phone calls, now that I didn’t have my landline phone and had switched a pre-paid phone plan to reduce expenses. At the first motel which advertised a weekly rate of \$330, I was met with an unforeseen barrier. I was advised my family would require two rooms due to there being seven of us, and that I would require a second adult to secure the second room. I asked for the manager and was advised by the manager that it was the fire code which prevented us from obtaining one room and no exception could be made. I tried smaller motels in less desirable areas – the motels which are clearly not meant for families or upkept, trying anything to find a way to keep my children from experiencing a homeless shelter, where I was unsure what they would be exposed to and if we would be safe.

I ran out of motels to try and turned to the shelters on the community resource list. The first shelter I arrived at advised me they could not accommodate minor children, and referred me to the next, indicating it was the only shelter which worked with families. When I arrived at the family shelter, I was advised that due to my oldest son’s age (12 years old), there was only a small part of their shelter which could accommodate us, and that it didn’t have enough available beds. When I asked where we could go for help, the response was that there was no where for us to go, no one to reach out to, and with those words, what little hope I had vanished. We had no where to go and nowhere to turn.

This is the point where my young children met the HUD Definition of Homelessness, making us eligible for HUD housing assistance and services. This is also the point where it was most difficult for me to pursue assistance. I had limited phone service, was trying to conserve gas money, and I was scared. I was terrified of letting anyone know that my family was without shelter. I felt the need to be invisible and isolated because I was sure my children would be taken away and, with no familial custodian available, placed in foster care if anyone became aware of our situation. I was not willing to stop hiding and reach out for services until I felt the chance of my children being placed in foster care was less harmful to them than having them sleep in a vehicle. I had to feel like my children were better off without me before I could ask for help again.

I don’t share these details of my personal story with you lightly, as they are difficult for me to recount and relive. I share this with you today, because I believe it is important for you to know the realities of family and youth homelessness as you review and consider the Homeless Children and Youth Act, HR1511, which includes reforms to align the HUD definition of homelessness with that of other federal systems, allows communities to the flexibility to utilize HUD funding more effectively and appropriately to meet the needs of all populations experiencing homelessness, and reduces the significant barriers children, youth, and families encounter when trying to access HUD housing assistance and services.

In my work now, as a service provider and active member of the Pikes Peak Continuum of Care Coordinated Entry system, I am aware the barriers to HUD assistance and services my family faced are not unique, and that many families face barriers my family did not. Many of these barriers to are largely due to the HUD definition of homelessness, which is the most restrictive

definition of homelessness of any federal system. It is counterintuitive that services are offered which prioritize education through financial aid, transportation, and school provided meals, to youth and children who are identified as homeless under federal statute and be unable to offer housing assistance and services to these same children and youth because they aren't homeless under another federal statute.

**The HUD Definition of homeless creates unnecessary barriers for children, youth, and families at system entry points, service prioritization, and service access.**

Families experiencing homelessness are commonly referred to as the “Invisible Homeless Population.” When we picture the “homeless” we don’t generally picture a family with children, or a teen. This is because this is not the homeless population we see when we are walking down the sidewalk or even walking up to a shelter. As I highlighted in my personal story, at the point I knew I couldn’t secure housing for my family, I repeatedly pursued every avenue possible before I arrived at a shelter. As a parent, I am not unique in this. Parents with children commonly avoid shelter, fearing the safety of their children. Like me, these parents exhaust every avenue, including situations which pose harm to themselves and their children, thinking the threats they know are better than the unknown threats they will face in a shelter shared by more than one hundred strangers. Children, youth, and families who temporarily stay with others (“couch-surfing” or “doubled-up”) do not meet the HUD definition of homelessness and are ineligible for all HUD housing assistance other than homeless prevention, regardless of vulnerability and acuity.

This means the HUD definition forces communities and providers to offer assistance and services to children, youth, and families, which vulnerability indicator assessments (VI-SPDAT), a tool required to be used by HUD for Coordinated Entry, deems inappropriate. This is fiscally irresponsible and detrimental to youth and families who will not be provided with adequate supports to sustain their housing. This is setting youth and children up for failure and reentry into homelessness. The alternative would be to offer no resource at all.

As other witnesses today will testify, research shows children, youth, and families who are temporarily staying with others (“couch-surfing” or “doubled-up”) face the same vulnerabilities, and youth often experience higher vulnerability, than those meeting the HUD definition of homelessness. Sadly, I see this with children and families in my work regularly.

Recently, I spoke with a mother, with two young children. She indicated she first experienced homelessness in 2016, when she left an abusive relationship. She went to a shelter, where she stayed with her children for three months while pursuing employment and housing. After exceeding ninety days in the shelter, she was asked to leave the shelter due to time limits and was told she could return in thirty days if she still had need. A week later she lost the job she had secured while in shelter, because she missed too many days, due to repeatedly searching for places to stay that week. She was able to stay at a friend’s house for a couple of weeks, but “out stayed their welcome” and she was forced to look at other options. At this point, her family moved into a motel, in a neighboring small town, where she exhausted all savings she had accrued while working. When those funds were expended, she “did what she had to” to pay for another week in the motel, and that has continued for the last year and a half. A few months ago, her family was forced to leave the motel they had called home, because the town enforced its Motel Maximum Stay ordinance, which pushed numerous individuals and families (including at least 88 school aged children) out of the motels they had been calling home. She found another motel in Colorado

Springs but did not have enough money to continue to afford it, and there were no friends left to turn to.

She called hoping our transitional housing would be her solution. We currently have a waitlist, and she “doesn’t have time for that.” I gave her a referral to the other family shelter and asked her to call or stop by if she decided to pursue our services. I heard the defeat in her voice, when she said she was headed back to where she started.

These children have been vulnerable and homeless as defined by other federal systems for two years. Although upon shelter entry this family meets the HUD homeless definition, they still will not be prioritized for the intensive services and housing assistance their vulnerability score indicates they require because based on the HUD definition of homelessness their length of homelessness is two episodes totaling four months in the last three years. As a result, once entered into our Coordinated Entry system, housing resources will be offered to the individuals, youth, and families on the by-name list who have lower vulnerability scores within the same resource range and have experienced homelessness longer by the HUD definition. As of last week, this means more than 100 households with lower vulnerability scores will be offered a housing resource before one is offered to this mother and her children. Whereas, under The Homeless Children and Youth Act, HR 1511, these children and their mother would be prioritized as number five for the same resources.

The current prioritization method greatly impedes access to resources for children, youth, and families across the spectrum of HUD housing assistance and services. Had the family above had a vulnerability indicator assessment entered into Coordinated Entry while they were staying with friends or staying in the motel, they would appear on the by-name list, but our Coordinated Entry system would have skipped over them when prioritizing appropriate resources based on their score, moving onto the households with lower vulnerability scores in the resource range, including households with less time homeless, thereby prioritizing all households who meet the HUD definition of homeless before this family. This would leave coordinated entry with the option of offering Homeless Prevention, the resource the family qualifies for based on HUD definition, but an inappropriate resource to address this family’s vulnerability. If there were enough resources to make it to the bottom of the list, to qualify for the appropriate resource, the family would have to enter shelter beds (if available) or a service provider would have to pay for the family to stay in a motel. The final alternative would be to offer this family no resource at all.

This is not an isolated incident; the details vary from youth to youth and family to family, but the outcome is the same, in that truly vulnerable children and youth are being passed over in our current systems. I do not believe the current methods align with the intent of the HUD mandates for Coordinated Entry to prioritize the most vulnerable, although these methods meet the written mandates and demonstrate the Continuum of Care’s commitment to aligning with the HUD priority of chronicity. The proposed revisions to the HUD definition of homeless in The Homeless Children and Youth Act allows Coordinated Entry systems to continue to meet the HUD mandates for Coordinated Entry, while aligning with the HUD priority of chronicity, and to serve truly the most vulnerable, instead of the most vulnerable meeting HUD’s restrictive homeless definition.

HUD mandated communities to implement Coordinated Entry, asking us to create communities with “no wrong door” to ensure individuals, youth, and families with children experiencing homelessness could walk into any service provider and have access to the same assistance and

services they would have been offered had they walked into another service provider's office. The unintended consequence of this mandate is that an entire population of children and youth have been left with "no door" unable to access housing assistance and services due to the HUD definition of homeless.

**The HUD Definition of Homeless limits public and private response to the needs of children, youth, and families.**

In addition to creating unnecessary barriers to the access of housing assistance and services for children, youth, and families, the HUD definition of homeless keeps youth and families experiencing homelessness invisible and uncaptured. Every year, the Department of Education counts and makes public the number of school aged children which were identified as homeless during the school year. Each year, the Department of Education count indicates that far more children and youth are experiencing homelessness than the HUD Point In Time (PIT) count indicates, yet the PIT count is the count which is used as a marker for community HUD funding and the count which is used to inform the public on effectiveness of homeless providers in our communities.

The PIT count underrepresents children, youth, and families. This is directly related to both how the PIT count is administered and to the HUD definition of homeless. The PIT count only counts individuals, youth, and families who meet the HUD definition above. I have already discussed how this definition excludes many children, youth, and families. Numbers are skewed when counting children, youth, and families when the HUD definition of homeless is applied, as the PIT count pulls data from HMIS (Homeless Management Information System) on the numbers of individuals, youth, children, and families who are in a "bed" at a shelter, transitional housing service, and permanent supportive housing service. As outlined above, youth, children, and families have limited access to these services and often avoid shelter.

For counts on unsheltered individuals, youth, and families, only households observed as homeless, without shelter are counted. Some communities do this through outreach workers and volunteers tallying the number of heads they see in tents and cars on one given night. Other communities, like mine, El Paso County, administer a survey. This is a voluntary survey, which volunteers and service providers offer a short survey at key locations around the area where individuals experiencing homelessness are known to gather. Our Homeless Outreach Team, and our local outreach service providers work to administer the survey in "camps." Our community is unable to comprehensively canvas the rural areas of our county, leaving large sections of our county completely uncaptured on the PIT count, as there are no shelters or services in these areas.

This method undercounts children, youth, and families, because it not only requires youth and children experiencing homelessness to be in areas frequented by individuals experiencing homelessness, it also requires a youth or parent to agree to take a survey and then complete a survey with a stranger, telling them they (and their children) are without shelter. As outlined previously, for fear of child welfare intervention, most parents and unaccompanied youth, are not going to complete a survey which will highlight the situation they are working to hide.

For a youth or a parent with children to voluntarily admit they are without shelter, they have to at the "nothing to lose" stage, or there has to be an ongoing trusting relationship with the person

asking for disclosure. Therefore, in addition to the broader definition of homeless, the schools, who have a relationship with families and youth obtain higher counts.

The PIT count perpetuates the invisibility of children, youth, and family homelessness. This not only makes it difficult to track trends within this population, but it reduces the private response to the crisis these populations face, by feeding the perception that these populations are not experiencing homelessness and are not going unsheltered.

With The Homeless Children and Youth Act, communities which conduct an annual count will be required to count all who meet the expanded definition of homeless. This will allow communities to better track trends in children, youth, and family homelessness, as well as demonstrate the need communities to act to ensure that children, youth, and families have access to shelter and housing assistance and services, and that there is funding for these services.

It is important to be able to accurately track trends with children, youth and family homelessness. It is clear this is not currently happening, as nationally and locally it is being reported that family homelessness is decreasing. This does not mirror reality. Local data in my community shows that family homelessness is increasing while the PIT count is not reaching as many families and children. Local school district liaisons have reported an increase in student homelessness in their schools.

### **The HUD definition of Chronic Homelessness excludes families with children from Permanent Supportive Housing.**

Permanent Supportive Housing (PSH) is the highest level of intervention that can be offered to those experiencing homelessness. It is designed to offer permanent housing to the most vulnerable among the homeless population, who will be unable to sustain housing utilizing other interventions, and often offers wrap-around services to address vulnerability related to health, mental health, and addiction. HUD has mandated that all Continuum of Care funded Permanent Supportive Housing Providers and Coordinated Entry Systems prioritize Chronically Homeless persons for PSH beds.

Families with children have a higher threshold than individuals to meet the current HUD Definition of chronically homeless. This is because to qualify as chronically homeless individuals must have a disability. For families with children, the head of household must have a disability. This excludes families with children who have a disability and are parented by an adult who does not from meeting the chronic homeless definition. I speak from experience when I tell you that having a child with a disability poses a threat to both ongoing housing and employment. Families with disabled children whose acuity and vulnerability place in the appropriate score range on vulnerability assessments and who have a disabled child should have the same access to PSH as a disabled individual.

### **HUD's selective national prioritization of program models has disadvantaged families.**

HUD's national prioritization of program models like Rapid Rehousing and Permanent Supportive has disadvantaged families with children and youth due to subsequent de-funding of Transitional Housing programs due to the heavy incentives to matches the national priorities for the the Continuum of Care Competition and local Emergency Solutions Grants. In Colorado Springs, the Pikes Peak Continuum of Care defunded and reallocated funding which had previously been

allotted to high performing service providers exclusively serving families with children. In the following year, the City, to align with HUD's priority for housing first models, Permanent Supportive Housing, and Rapid Rehousing aligned their Emergency Solutions Block Grants and Community Development Block Grants. This defunded all three providers of Transitional Housing and Emergency Shelter which served exclusively families with children. The reallocated funding did not go to programs which support families and children or youth. The effects of these heavily incentivized priorities are straining high performing programs, closed the only program exclusively serving women, and have offered no new option for services to families and youth.

**The Homeless Children and Youth Act will not require additional funding, take away services from more vulnerable, or overwhelm the system.**

Opponents of the Homeless Children and Youth Act have stated that expanding the HUD definition of homeless and allowing access to Coordinated Entry and housing assistance and services would require additional funding, take services away from more vulnerable households, and overwhelm the system. This doesn't hold up to examination. The Homeless Children and Youth Act expands the definition of homeless to allow children, youth, and families to be assessed and prioritized based on their vulnerability and acuity, through the same process which is in place currently for households meeting the HUD's narrow definition. Currently, truly vulnerable youth and children are not being offered assistance and services which their vulnerability indicators assessment scores indicate they need because of where they usually sleep. Vulnerability and acuity are based on much more than where an individual, child, or youth lays their head. So much so, that the VI-SPDATS (for all demographics) have limited questions regarding where they sleep. The Family (F) VI-SPDAT has only three questions which relate directly housing history and the homeless situation:

- Where do you and your family sleep most frequently?
- How long has it been since you and your family lived in permanent stable housing?
- In the last three years, how many times have you and your family been homeless?

There are 38 additional questions to assess families' overall vulnerability and to "match" that vulnerability to the appropriate level of intervention for that vulnerability.

In the current system, vulnerable children and youth are being passed over for resources their vulnerability identified them for, and the resources are being offered to households with lower vulnerability. Fixing this does not equate to resources and services being diverted from more vulnerable households, it equates to meeting the priority of serving the most vulnerable.

Although Continuum of Cares and service providers would welcome more funding, The Homeless Children and Youth Act does not require it. As outlined above, it allows all homeless households to be prioritized for available resources using the same methods and prioritization currently being used. It doesn't require more resources, it just insures resources are being utilized appropriately and that the most vulnerable are prioritized. This is true in relation both to the homeless definition and chronic homeless definition.

Expanding the PIT count brings families out of the shadows and aligns the public perception of homelessness with the reality. In addition, it would allow for more accurate trend tracking for children and youth homelessness. It would also expand private funding opportunity by demonstrating the need and demand for assistance for children and youth experiencing



homelessness and help mobilize community responses for the currently invisible homeless population.

## **Conclusion**

The current HUD definition of homeless creates “no door” for children, youth, and families, in a system which was intended to offer “no wrong door” to all populations experiencing homelessness. Children, youth, and families are unable to access appropriate and necessary housing assistance and services because current HUD definition of homelessness disqualifies them appropriate interventions and standard prioritization, not based on their vulnerability or need, but based on which couch or floor they were able to sleep on last night. We, as communities and a nation are working to serve the most vulnerable when addressing homelessness. To truly accomplish this, we must stop excluding children and youth from the conversations and allow them to have equal access to the current housing assistance and services. The Homeless Children and Youth Act does just this.