

HOMELESSNESS IN THE UNITED STATES

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Introduction

The primary federal response to homelessness in the United States is the McKinney-Vento Homeless Assistance grants program administered by the United States Department of Housing and Urban Development (HUD). Dedicated programs also exist in a number of other federal agencies, including the United States Departments of Veteran Affairs (VA), Education (Ed), Health and Human Services (HHS), Labor (DOL), and the Federal Emergency Management Agency (FEMA). Researchers and most policymakers generally agree on the underlying causes of homelessness and primary solutions but policy responses are not robust enough to meet the scale of need and debate continues on a number of strategies to address homelessness.

Defining and enumerating homelessness in the United States

On an annual basis, every jurisdiction in the United States is required to conduct a “point-in-time” count of every person experiencing homelessness on a single night. Data from these local counts are submitted to HUD to create a national point-in-time estimate. Jurisdictions use a variety of methodologies when conducting these counts but there are strict definitions of the living situations considered homeless for the purposes of enumeration: a person must be residing in (1) an unsheltered location (outside, in a car or abandoned building, or other place not intended for human habitation) or (2) an emergency shelter or other temporary housing program dedicated to people experiencing homelessness, including a transitional housing program or temporary hotel or motel room paid for by a program.

In January 2020, just before the pandemic engulfed the United States, approximately 580,000 people were experiencing homelessness on a given night, with

Table 39.1 National homelessness point-in-time estimates, 2020

<i>Population</i>	<i>Total</i>	<i>Sheltered</i>	<i>Unsheltered</i>
Overall	580,466	354,386	226,080
Individuals	408,891	209,413	199,478
People in Families	171,575	154,908	16,667
Individuals Experiencing Chronic Homelessness	110,528	37,111	73,417
Veterans	37,252	22,048	15,204
Unaccompanied Youth	34,210	17,271	16,939

Source: The 2020 Annual Homeless Assessment Report (AHAR) to Congress. Part 1: Point-In-Time Estimates of Homelessness

Notes: This table is adapted from multiple tables in the source report. All of the populations included in the table are not distinct. Unaccompanied youth and individuals experiencing chronic homelessness are also included in the individual totals. Veterans can be individuals or people in families.

over 225,000 enduring unsheltered homelessness (Henry et al. 2021). Over two-thirds of people experiencing homelessness were lone adults, but nearly 155,000 people in family households containing over 100,000 children under the age of 18. Included in these overall populations were 34,000 young people under 25 that are unaccompanied by a parent and almost 38,000 veterans. Nearly 110,000 people were individuals experiencing chronic homelessness, meaning that the person has a disability and has experienced homelessness for at least one cumulative year in the past three years. Individuals experiencing chronic homelessness were the most likely to be enumerated in unsheltered situations, while people experiencing homelessness as part of a family were the most likely to be sheltered (Table 39.1).

HUD releases a second estimate of homelessness in the United States that captures the estimated number of people who enter all homeless programs over the course of the year—approximately 1.5 million people in 2018. This estimate shows the dynamic nature of homelessness in the United States as people move in and out of homelessness situations over time. The most common housed living situation before entering a homeless shelter is living doubled-up with family or friends (in some countries referred to as hidden homelessness) (Henry et al. 2018).

Someone can be eligible for homelessness assistance but not included in the count. For example, persons considered to be unstably housed or at an imminent risk of losing their homes, or those fleeing domestic abuse/violence or trafficking are statutorily eligible for homeless assistance but are not included in the point-in-time enumerations.

It is also important to note that housing and homelessness assistance in the United States are not entitlements—meaning that even though a person qualifies for assistance, the government is not required to supply it. While there are 580,000 people experiencing homelessness on a given night, there are fewer than 400,000 emergency shelter and other temporary beds available nationally (Henry et al. 2021).

One exception to this is educational stability; if a pupil in public schools requires assistance to continue to attend and participate in school as a result of a housing crisis, the school district is required to provide that student with services. Pupils that qualify for this type of assistance live in four types of housing situations: (1) unsheltered locations, (2) shelters and transitional housing, (3) hotels or motels, and (4) doubled-up (hidden homelessness) with family or friends. Pupils living in these types of housing situations are identified by school staff and data on these students are collected from every school district in the country. In the 2018–2019 school year, an estimated 1.4 million enrolled students were identified (National Center for Homeless Education 2021). The vast majority (77%) were doubled-up, potentially eligible for homelessness assistance funded by HUD, but not included in the count if they were doubled-up when it took place.

There are key limitations to all of the enumerations. Point-in-time counts vary in methodology by place and by time. Enumerators may miss people who are hidden or are not in canvassed areas. Annual estimates of shelter entries are dependent on locally managed data systems that only capture information on participating programs. Data are restricted to people who enter a shelter program at some point in the year. The estimates of homeless schoolchildren only capture information on enrolled pupils identified by school staff.

Homelessness policy and trends

In the early 1980s, homelessness gained significant attention of those in the media and policymakers for the first time since the Great Depression (Burt et al. 1999). In 1984, HUD estimated that between 250,000 and 350,000 people were homeless on an average night between December 1983 and January 1984 (Government Accounting Office 1985). In 1987, United States Congress passed the first legislation dedicated specifically to addressing homelessness: the Stewart B. McKinney Homeless Assistance Act (Congress.gov 1987). The legislation sought to better coordinate existing homelessness programs through dedicated grant funding and established the United States Interagency Council on Homelessness (USICH). A mandate was established that local jurisdictions (municipalities/local authorities) submit a local homelessness plan in order to receive federal funding. Dedicated homelessness programming was authorized and funded at HUD, HHS, Ed, DOL, and FEMA. These programs supported emergency services, housing, health, educational, and employment needs of people experiencing homelessness.

A 1996 survey of homeless assistance providers reported that an estimated 800,000 people were homeless on any given night, including about 200,000 children (Burt 2001). The primary policy response to homelessness up to this point was to provide shelter to keep people safe and food to provide basic necessities (Burt 1999). Very few resources were spent on helping people transition from the streets to independent housing in the community.

The McKinney Homeless Assistance Act was amended and reauthorized to expand, consolidate, and refine programs over two decades and, in 2000, it was renamed the McKinney-Vento Homeless Assistance Act. In 2002, President George

W. Bush's Administration announced a goal of ending chronic homelessness in ten years as part of its proposed budget for Fiscal Year 2003 (2002). This budget prioritized permanent supportive housing (housing-led/Housing First services) as the solution to chronic homelessness.

Simultaneously, USICH was urging states and cities to develop ten-year plans to end homelessness. By 2009, 250 jurisdictions had developed ten-year plans to end homelessness focused primarily on building data systems and connecting people experiencing homelessness to housing and services (Batko 2016).

Starting in 2005, communities were required to report point-in-time count estimates to HUD as part of their application for federal homelessness assistance funding. Based on those reports to HUD, an estimated 754,147 people experienced homelessness on a given night: 415,000 people in sheltered locations and 338,781 in unsheltered locations (HUD 2007). Between 2005 and 2007, communities received ongoing technical assistance on how to conduct point-in-time counts, and counts submitted to HUD from communities in 2008 totaled 672,000 people experiencing homelessness on a single night (HUD 2008). This is regarded as a more reliable estimate than the 2005 estimate.

In 2008, the Great Recession began and by 2009, there was fear that homelessness would drastically increase. Two major changes in homelessness policy were enacted during this time. The first was the creation of the Homelessness Prevention and Rapid Re-Housing (HPRP) program as part of the American Recovery and Reinvestment Act of 2009 (Congress.gov 2009a) and signed into law by President Barack Obama. At the time, the \$1.5 billion HPRP program was the largest single investment in addressing homelessness to date. The program funded rent and utility assistance, housing location assistance, and case management for both emergency homelessness prevention and rapid re-housing. This was the first large-scale investment in rapid re-housing, which to date had been a community-by-community innovation that was spreading as a best practice for helping people exit shelter quickly.

Months later, the McKinney-Vento Homeless Assistance Grant programs were reauthorized as part of the Homeless Emergency Assistance and Rapid Transition to Homelessness (HEARTH) Act (Congress.gov 2009b), the most significant changes to the HUD programs authorized by the legislation to date. Major changes included:

- clarifications and expansion of eligibility for homelessness assistance, including ensuring that homeless children identified by schools were eligible for homelessness prevention,
- prioritization of permanent housing solutions to homelessness, including permanent supportive housing and rapid re-housing, and
- a shift to performance-based and strategic local planning.

New performance goals were set, including reductions in the number of people becoming homeless for the first time, reductions in the length of time people spend homeless, increases in the number of people exiting to permanent housing, reductions in the number of people returning to homelessness, and increases in employment and income

among people experiencing homelessness. Communities were also required to create coordinated governance structures to deliver local strategic plans and “coordinated entry” systems to prioritize people experiencing homelessness for assistance.

In 2010, USICH released the first comprehensive federal plan to end homelessness for all populations (USICH 2010). The plan set goals of ending veteran and chronic homelessness by 2015, and family and youth homelessness by 2020. The U.S. Department of Veteran Affairs also established the Supportive Services for Veteran Families (SSVF) program, a homelessness prevention and rapid re-housing program. Paired with the HUD-VA supportive housing program, veterans experiencing homelessness could now access dedicated short-term and long-term permanent housing programs.

The homelessness response in the United States shifted drastically. In 2007, the most common homelessness services were emergency shelter and transitional housing (both temporary). By 2010, permanent supportive housing was the single most common service type. Transitional housing capacity was decreasing year over year as evidence was mounting that the intervention was costly and not effective at ending homelessness (Burt 2010). And, in 2018, rapid re-housing capacity eclipsed transitional housing capacity for the first time.

From 2009 to 2017, overall homelessness decreased 12.5%, driven in large part by decreases in veteran, chronic, and family homelessness (Henry et al. 2020). But, after decreasing between 2009 and 2015, unsheltered homelessness began to increase again, particularly in the West Coast cities, and particularly among people not experiencing chronic homelessness, women, and those who identify as Black and Latinx (Batko, Oneto, Shroyer 2020). The longstanding overrepresentation of Black and Indigenous people was worsening and, for the first time, data showed higher levels of unsheltered homelessness than sheltered homelessness (Henry et al. 2021) (Figure 39.1).

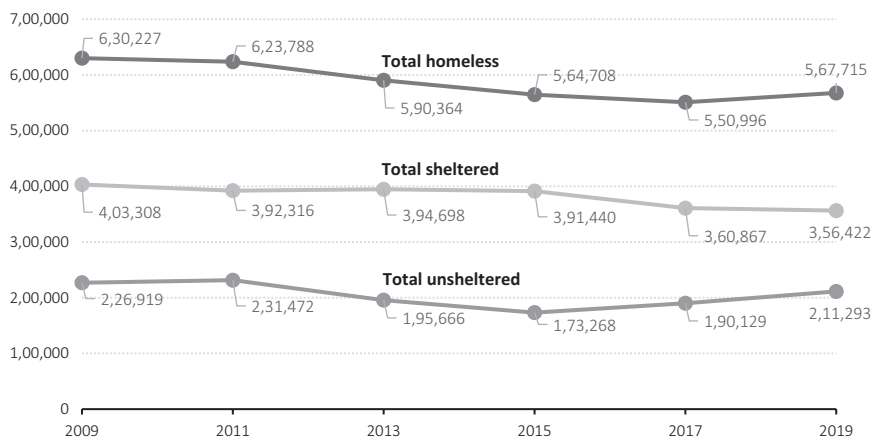


Figure 39.1 Trends in homelessness in the United States, 2009–2019

Source: 2019 US Department of Housing and Urban Development point-in-time and housing inventory count data, available at <https://www.hud.gov/2019-point-in-time-estimates-of-homelessness-in-US>.

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The COVID-19 pandemic had disparate health and economic impacts on Black and Latinx populations who were also at a higher risk of homelessness (Hardy and Logan 2020). The federal government took unprecedented steps to address homelessness and housing instability during this year: Congress appropriated tens of billions of dollars to homelessness and rental assistance, and the Centers for Disease Control implemented a nationwide eviction moratorium. Most jurisdictions did not conduct point-in-time counts in 2021, so positive and negative changes in homelessness were not clear, but one study projected an increase of 48% in chronic homelessness without large-scale government action (Flaming et al. 2021).

State of the academic debate

As homelessness has been a persistent community challenge for several decades, research on the issue has matured over time. There are always detractors but most researchers and policymakers acknowledge the body of evidence that shows homelessness is primarily caused by a lack of affordable, accessible housing and that homelessness is generally solved through provision of housing.

Causes of homelessness

Numerous studies over the last several decades have shown that rates of homelessness strongly correlate with a number of indicators for a lack of affordable housing, including low vacancy and high costs of rent (Honig and Filer 1993), increases in rents (Glynn, Byrne, and Culhane 2020), high incidences of housing cost burden (Quigley, Raphael, and Smolensky 2001), and unfavorable rent to income ratios for renters (Raphael 2014). The lack of affordable housing is compounded by the fact that only one in five households that are eligible for federal housing assistance—those households that need ongoing rent assistance to make housing affordable—actually receive it (Kingsley 2017).

People of color, particularly Black and Indigenous persons, are significantly overrepresented among people experiencing homelessness (Henry et al. 2021). Historically, the United States housing policy as well as documented discrimination in the private housing and employment markets are recognized as drivers of this increased risk for housing and economic instability and homelessness (Paul et al. 2019). Additionally, people with histories of incarceration (Couloute 2018) and child welfare involvement (Shinn et al. 2013) are more likely to enter homelessness, people of color also being overrepresented among these groups. Other risk factors for becoming homeless include prior history of homelessness, receipt of public assistance, being evicted, and pregnancy and having young children (Shinn et al. 2013; Wachter et al. 2019).

Typologizing homelessness

It is largely accepted among researchers, policymakers, and practitioners in the United States that, for most people, homelessness is a temporary situation and only

a small subset of people experience homelessness for prolonged periods of time. Early research on typologizing sheltered homelessness among individuals conducted by Kuhn and Culhane (1998) identified three primary categories of stays in homelessness: (1) the temporarily homeless (80%) who did not remain in shelter long and were less likely to have physical, mental, or behavioral health challenges, (2) the episodically homeless (10%) who are more likely to experience multiple episodes of homelessness and have physical, mental, and behavioral health challenges, and (3) the chronically homeless (10%) who are older, have long stays in shelter, and have more physical, mental, and behavioral health challenges.

A similar pattern emerged among families experiencing sheltered homelessness with the caveat that families that stayed a long time in programs (18–20%) were no more likely to have employment or health challenges than families that had short stays (72–80%) (Culhane et al. 2007). Families that were the most likely to have those types of challenges (2–8%) were more likely to have repeated stays as opposed to long stays suggesting that program policies (especially transitional housing) were driving patterns in duration of family homelessness.

People experiencing unsheltered homelessness are more likely to be experiencing chronic homelessness (Rountree, Hess, and Lyke 2019). They are also more likely to have a history with the criminal justice system; physical, mental, and behavioral health challenges; and not have a high school diploma or formal sources of income (Batko, Oneto, Shroyer 2020; Rountree, Hess, and Lyke 2019). People experiencing unsheltered homelessness have frequent interactions with police often as a direct result of where they are living. These interactions result in a cycle of jail and homelessness. Increasingly, jurisdictions are exploring alternative ways to respond to unsheltered homelessness, including large-scale encampment. But the evidence for these models is nascent (Batko et al. 2020).

Solutions to homelessness

The obvious solution to homelessness is affordable housing. One of the primary ways to help low-income households is to provide housing vouchers, a type of assistance for private market rentals, where the household only has to pay 30% of income toward rent. This type of voucher has been proven to promote housing stability, significantly reducing the risk of entering shelter (Gubits et al. 2016). Vouchers also support well-being, including reductions in psychological distress, food insecurity, child separations and partner violence, and alcohol and substance use (Gubits et al. 2016).

Permanent vouchers paired with intensive services to help chronically homeless individuals stabilize in housing. Permanent supportive housing (housing-led/Housing First) increases housing stability, decreases time spent homeless or in shelter, decreases arrests and jail stays, decreases use of emergency health care systems, and improves individuals' quality of life (Aidala et al. 2014; Collins et al. 2013; Culhane, Metraux, and Hadley 2002). Permanent supportive housing can also decrease overall rates of chronic homelessness (Byrne et al. 2014). Research shows inconsistent results when exploring whether permanent supportive housing

decreases expensive time in jails and emergency health systems, sufficiently to offset the cost of the intervention (National Academies of Sciences 2018). Unfortunately, there is an insufficient supply of permanent supportive housing and vouchers to meet the current need nationwide.

Rapid re-housing is a time-limited intervention intended to help individuals and families exit homelessness quickly and not return. To date, studies have shown that rapid re-housing helps households exit shelter quickly (Gubits et al. 2015), exit to permanent housing (Finkel et al. 2016), and successfully not return to homelessness in the short term (VA SSVF FY 2015 Annual Report). A question that remains unanswered is how rapid re-housing does or does not contribute to households' long-term housing stability.

In the United States, prevention of homelessness is an aspirational strategy. Most communities have varying programs that help households experiencing a short-term financial crisis such as a missed rent or utility payment. There is little evidence that these types of programs effectively prevent an episode of homelessness. Studies indicate that without meticulous targeting, homelessness prevention does not save jurisdiction resources on homelessness programs (Evans, Sullivan, Wallskog 2016). Increasingly, homelessness prevention efforts have shifted to "shelter diversion" programs on the front door of shelters. There have not as yet been any rigorous studies of shelter diversion.

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