

Congressional Digest

A Pro & Con® Monthly

Homelessness Policy PROS & CONS of Housing First

Is Housing First an effective solution to the homelessness crisis?

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Fighting Homelessness

Is Housing First an effective solution to the homelessness crisis?

“He who decides a case without hearing the other side... Tho he decide justly, cannot be considered just.”—Seneca

F O R E W O R D

More than 560,000 people in the United States — roughly 17 out of every 10,000 people — were experiencing homelessness on one January night in 2019, according to a Department of Housing and Urban Development survey.

That represented a 12% reduction from 2007, but experts say there’s still significant work to be done. As housing prices rise in major cities, especially in California, individuals and families are struggling to find affordable housing. Many cities also lack enough shelter beds to house homeless populations, and government-funded support systems have failed to keep up.

Indeed, between 2018 and 2019, the number of Americans experiencing homelessness rose nearly 3%. The coronavirus pandemic in 2020 underscored the vulnerability of homeless individuals and families.

The drop in the number of people experiencing homelessness under President Obama was in part attributed to the administration’s Housing First policies. However, the Trump administration has promoted policies that call for more policing and deregulating housing markets. The shift continues a debate about the pros and cons of Housing First as a solution to the homelessness crisis.

The Los Angeles nonprofit Beyond Shelter — with its “Housing first for families” motto — helped promote the philosophy, which spread throughout the 1990s on the local level. The model sees homelessness as a problem that can only be fixed with stable housing. Additional services — like job training, health care and substance abuse treatment — can be extended on a voluntary basis, but are not a requirement for housing; instead officials focus on keeping people sheltered as a platform for a more stable life.

Under President George W. Bush, the White House adopted Housing First as a best practice, and the nation saw a 30% reduction in chronic homelessness between 2005 and 2007. The idea was further reinforced under Obama’s Opening Doors program. That plan set the goal

that “no one should experience homelessness, no one should be without a safe, stable place to call home.”

Studies in cities that have used Housing First policies showed that the programs saved taxpayers money by reducing spending on other public programs, including prisons. A 2004 study in the *American Journal of Public Health* that compared homeless people in a Housing First program against a contingent on treatment and sobriety programs found that, in the first two years, people assigned to the first group spent 80% of their time stably housed, while those in the traditional treatment program were stably housed just 30% of the time.

However, critics say the model is a “one size fits all” policy that does not help address the underlying problems that led people into homelessness. Because it does not require drug and alcohol addiction treatment or mental health services, the critics say that Housing First simply hands out government money without lifting people up.

The Trump administration has signaled it will take a different strategy to address homelessness. President Trump has pressured cities in blue states to get people off the streets; the *Washington Post* reported in 2019 that he had called for police sweeps in Los Angeles to put people in shelters. A controversial Council of Economic Advisers report released in September 2019 proposed more policing of unhoused people and relaxing certain housing regulations that it says have raised costs. On Housing First, the CEA report said “it is not clear that this strategy has been successful in reducing homeless populations,” adding that it could create a supply-and-demand problem that would push people back on the streets.

In December 2019, Trump named Robert Marbut to head the U.S. Interagency Council on Homelessness, which coordinates work across 19 federal agencies. As a consultant for cities, Marbut focused on putting people into large-scale shelters that would provide food and services rather than creating affordable housing. In 2014, Marbut told the *Huffington Post*, “I believe in Housing Fourth.”

Local leaders have sought more federal assistance, even as they promote a Housing First philosophy. Whether they are able to work with a White House determined to go in a different direction remains to be seen. ■

Homelessness in the United States

The federal government's annual census of unhoused people

The U.S. Department of Housing and Urban Development (HUD) releases the Annual Homeless Assessment Report to Congress (AHAR) in two parts. Part 1 provides Point-in-Time (PIT) estimates, offering a snapshot of homelessness—both sheltered and unsheltered—on a single night. The one-night counts are conducted during the last 10 days of January each year. The PIT counts also provide an estimate of the number of people experiencing homelessness within particular homeless populations such as individuals with chronic patterns of homelessness and veterans experiencing homelessness.

In 2019, the PIT estimates of people experiencing homelessness in sheltered and unsheltered locations, as well as the number of beds available to serve them, were reported by 397 Continuums of Care (CoCs) nationwide. These 397 CoCs covered virtually the entire United States.

HUD has methodological standards for conducting the PIT counts, and CoCs use a variety of approved methods to produce the counts. HUD reviews the data for accuracy and quality prior to creating the estimates for this report.

■ On a Single Night in January 2019

- 567,715 people – about 17 of every 10,000 people in the United States – were experiencing homelessness across the United States.
- Just under two-thirds (63%) of people experiencing homelessness were staying in sheltered locations, and just over one-third (37%) were found in unsheltered locations.
- More than two thirds of people experiencing homelessness were in households with only adults (70% or 396,045 people). About one in three (30% or 171,670) people experienced homelessness as part of a family with at least one adult and one child under 18 years of age. Less than one percent (4,101 people) were in

households composed of one or more children without an adult present.

■ Changes over Time

- The number of people experiencing homelessness nationwide increased by nearly three percent between 2018 and 2019, or 14,885 more people.
- The unsheltered homeless population rose by nine percent or 16,826 people. The number of individuals over 24 staying in unsheltered locations increased by 11 percent or 18,792 more people.
- Between 2007 and 2019, the number of people experiencing homelessness on a single night in January decreased by 79,543 people or 12 percent.
- Unsheltered homelessness declined by 17 percent (44,564 fewer people) over the longer period, even though unsheltered homelessness has increased over each of the last four years.
- Sheltered homelessness decreased by 34,979 people (9%) between 2007 and 2019 and declined each year since 2014.

■ Demographic Characteristics of All People Experiencing Homelessness

- The demographic characteristics of people experiencing homelessness vary considerably by household type and shelter status. Of people experiencing homelessness on a single night in 2019 across all household types, 19 percent were children under the age of 18 (or 107,069 children), eight percent were young adults aged 18 to 24 (45,629 young adults), and nearly three-quarters were adults aged 25 or older (415,017 people).
- Both children in families and children homeless on their own usually were sheltered. Of the 107,069 children who were experiencing homelessness, fewer than one in ten was unsheltered (9% or 9,916 children).
- Adults aged 25 or older were almost nine of every ten people experiencing unsheltered homelessness, 87 percent of the total number of unsheltered people.

From the U.S. Department of Housing and Urban Development 2019 Annual Homeless Assessment Report to Congress, Jan. 13, 2020. See <https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf>.

■ National Estimates

- Nearly two-thirds of people experiencing homelessness were men or boys (61% or 343,187 men and boys), 39 percent were women or girls (219,911 women and girls), and less than one percent were transgender (3,255 people) or gender non-conforming (1,362 people). These gender characteristics reflect the high percentage of men among the homeless individual population.
- Almost half of the people experiencing homelessness were white (48% or 270,607 people), and white people made up just over half of the unsheltered population (57% or 119,487).
- Four of every ten people experiencing homelessness were black or African American (40% or 225,735 people). About a quarter of people experiencing unsheltered homelessness were black or African American (27% or 56,381).
- Over a fifth of all people experiencing homelessness were Hispanic or Latino (22%). The proportion is similar for people staying in sheltered and unsheltered locations (22% and 23%).

■ Changes in Demographic Characteristics of All People Experiencing Homelessness

- While the United States saw a decrease of less than one percent in sheltered homelessness overall, the number of sheltered adult individuals aged 25 or older increased by two percent (3,306 people) between 2018 and 2019. This is the fifth year in a row that sheltered homelessness has declined.
- Unsheltered homelessness declined among children and young adults (aged 18 to 24) but increased by 11 percent (18,792 people) for people 25 or older.
- Unsheltered homelessness rose by 12 percent among women and girls (6,513 more women and girls), outpacing a seven percent increase among men. Increases were observed for the small numbers of people identifying as transgender (43% or 606 more people) and as gender non-conforming (10% or 98 more people).
- Between 2018 and 2019, the percentage of people experiencing homelessness who were white remained flat overall. However, there was a four percent drop in sheltered homelessness among white people (5,553 fewer people), offset by a five percent increase (5,592 more white people) in unsheltered homelessness.
- Unsheltered homelessness increased across all racial groups, with [the] largest absolute increases observed

among people who were either white (increase of 5,592 or 5%) or African American (increase of 5,288 people or 10%), followed by a 2,200 person increase in the number of unsheltered Native Americans (an increase of 28%).

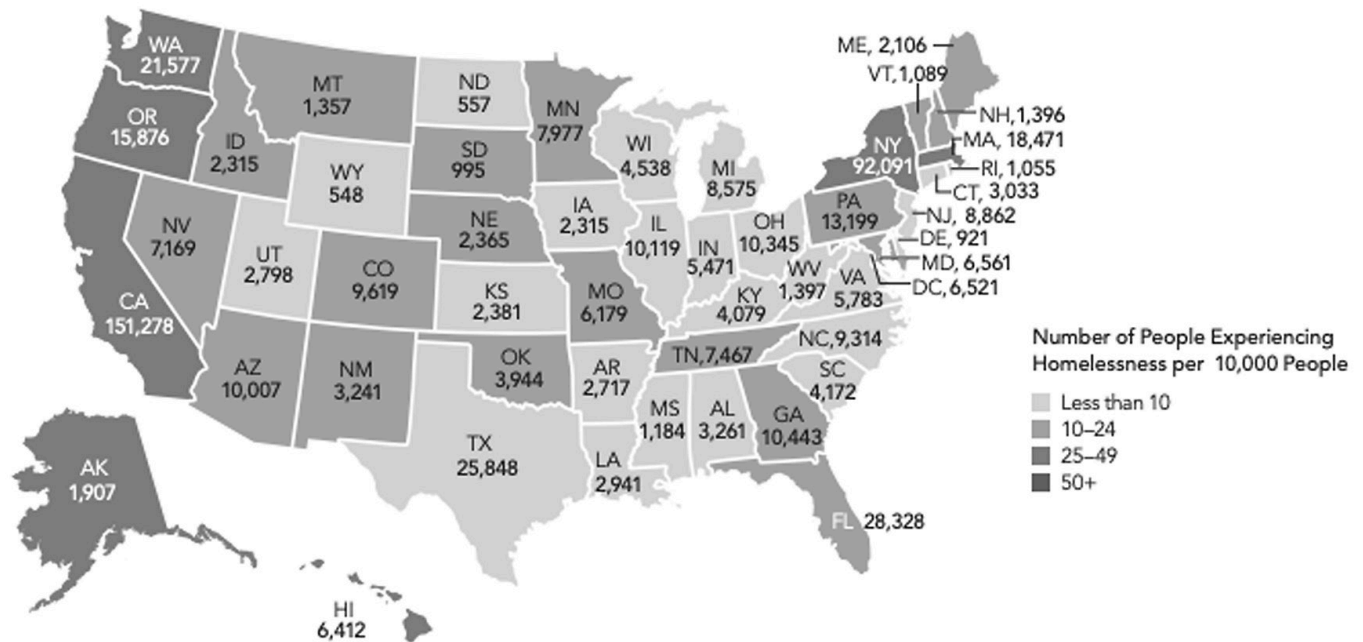
■ State Estimates

- Nearly half of all people experiencing homelessness in the country were in three states: California (27% or 151,278 people); New York (16% or 92,091 people); and Florida (5% or 28,328 people).
- California and New York had the largest numbers of people experiencing homelessness and the highest rates of homelessness, at 38 and 46 people per 10,000. Hawaii and Oregon also had very high rates, with 45 and 38 people experiencing homelessness per 10,000. As large states, Florida and Texas contributed large numbers of homeless people to the national estimates, they had rates of homelessness lower than the national average of 17 people per 10,000 (14 per 10,000 for Florida and 9 per 10,000 for Texas).
- More than half of all unsheltered people in the country were in California (53% or 108,432). Florida had the next largest number of people experiencing homelessness in unsheltered locations, with six percent of the U.S. total (12,476 people).
- California also had the highest percentage of all people experiencing homelessness staying in unsheltered locations (72%). In four other states, more than half of all people experiencing homelessness were found in unsheltered locations: Oregon (64%), Hawaii (57%), Nevada (53%), and Arkansas (52%).
- Five states—North Dakota, New York, Massachusetts, Maine, and Nebraska—sheltered at least 95 percent of people experiencing homelessness.

■ Changes in State Estimates over Time

- Twenty-nine states and the District of Columbia experienced declines in homelessness between 2018 and 2019. The largest absolute decreases were in Florida (2,702 fewer people) and Massachusetts (1,597 fewer people). The largest percentage decreases were in Connecticut (24%) and Maine (16%).
- The number of people experiencing homelessness increased in 21 states between 2018 and 2019. The largest absolute increases were in California (21,306 more people) and Oregon (1,400 more people). The largest percentage increases were in New Mexico (27%), and California (16%).

Estimates of People Experiencing Homelessness by State (As of January 2019)



Source: U.S. Department of Housing and Urban Development

- The number of people experiencing homelessness declined in 37 states between 2007 and 2019. The largest absolute decreases were in Florida (19,741 fewer people) and Texas (13,940 fewer people). The largest percentage decreases were in Kentucky (49%) and New Jersey (49%).
- Between 2007 and 2019, the number of people experiencing homelessness increased in 13 states, plus the District of Columbia. The largest absolute increases were in New York (29,490 more people) and California (12,292 more people). New York also had the largest percentage increase (47%), followed by Idaho (32%) and the District of Columbia (23%).

■ Inventory of Beds in the United States

Communities across the country submit data each year on their residential programs for people experiencing homelessness and their programs that help people leave homelessness. The two basic types of programs are those that provide shelter and temporary accommodations (emergency shelter, transitional housing, and safe havens), and those that provide permanent housing (rapid rehousing, permanent supportive housing, and other permanent housing).

Shelter is intended to serve people currently experiencing homelessness and is comprised of two main types of programs, emergency shelters (ES) and transitional housing programs (TH). Conceptually, ES is shorter-term

and provides less intensive services than TH. Shelter also includes a small number of programs for hard-to-serve individuals called safe havens (SH).

Permanent housing is intended to serve people who were homeless at the time they were admitted to a program. Once they enter, they are in housing that is permanent in the sense that they have a lease (or similar agreement) and may be able to stay in the same housing unit long-term. This category includes rapid rehousing, a short-term subsidy in which the individual or family may be able to remain after the subsidy ends; permanent supportive housing, housing with supportive services for formerly homeless people with disabilities; and other permanent housing, which also is intended for people leaving homelessness but is not restricted to people with disabilities.

As of January 2019, a total of 911,657 beds were dedicated to serving homeless or formerly homeless people in communities across the nation as of early 2019.

- Of the 389,549 beds dedicated to sheltering people currently experiencing homelessness, 75 percent were emergency shelters, and 25 percent were in transitional housing programs. Less than one percent (0.6%) of shelter beds were provided through safe havens.
- Of the 522,108 permanent housing beds, 71 percent were in permanent supportive housing, 22 percent were in rapid re-housing programs, and eight percent were in other permanent housing. ■

Obama's Homelessness Policy

How the 'Opening Doors' plan emphasized Housing First

In 2010, the Obama Administration declared the vision of Opening Doors to be centered on the belief that “no one should experience homelessness, no one should be without a safe, stable place to call home.” As amended by this document, the Plan sets, and remains focused on, four key goals: (1) Prevent and end homelessness among Veterans in 2015; (2) Finish the job of ending chronic homelessness in 2017; (3) Prevent and end homelessness for families, youth, and children in 2020; and (4) Set a path to end all types of homelessness.

This Plan is a roadmap for joint action by the 19 member agencies (the Council) of the United States Interagency Council on Homelessness (USICH) along with local and state partners in the public and private sectors. It provides a framework for the allocation of resources and the alignment of programs to prevent and end homelessness in America. The Plan also proposes the realignment of existing programs based on what we have learned and the best practices that are occurring at the local level, so that resources are invested in what works.

Evidence points to the role housing plays as an essential platform for human and community development. Stable housing is the foundation upon which people build their lives—absent a safe, decent, affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one's economic potential. Indeed, for many persons living in poverty, the lack of stable housing leads to costly cycling through crisis-driven systems like emergency rooms, psychiatric hospitals, detox centers, and jails. By the same token, stable housing provides an ideal platform for the delivery of health care and other social services focused on improving life outcomes for individuals and families. Researchers have focused on housing stability as an important ingredient for the success of children and youth in school. When children have a stable home, they are more likely to succeed socially, emotionally, and academically.

Opening Doors has advanced a set of strategies that

From the U.S. Interagency Council on Homelessness report Opening Doors, June 2015. See usich.gov/resources/uploads/asset_library/USICH_Opening_Doors_Amendment2015_FINAL.pdf.

call upon the Federal government to work in partnership with state and local governments, as well as the private and not-for-profit sectors to employ cost effective, comprehensive solutions to end homelessness. The Plan recognizes that the Federal government needs to be smarter and more targeted in its response and role, which also includes supporting the work that is being done on the ground. The Plan highlights that by collaborating at all levels of government, the nation can create a systematic response that will ensure that homelessness is prevented whenever possible and when it cannot be prevented, is rare, brief, and non-recurring.

■ Operational Definition of an End to Homelessness

Progress in communities and across the nation over the last few years has affirmed that an end to homelessness is an achievable goal and can be measured. A clear definition of what an end to homelessness means, supported by specific metrics, will ensure that Federal, state, and local partners are working towards a shared vision and goal.

Definition: An end to homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience, re-experience, or be at risk of homelessness. An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.

- When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

■ The Response to Homelessness

In the 1980s, the initial spike in the number of people experiencing homelessness was treated as a singular and short-term crisis event akin to a natural disaster. The prevailing response was emergency shelter. Later, the modality of a linear continuum emerged, with the premise that homelessness was the result of underlying conditions that needed to be addressed to make people “ready” for permanent housing, which was offered only at the end of a series of interventions.

Housing First emerged as an alternative to this linear approach. Housing First is premised on the following principles: 1) homelessness is a housing crisis and can be addressed through the provision of safe and affordable housing; 2) all people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing; 3) everyone is “housing ready,” meaning that sobriety, compliance in treatment, or even a clean criminal history is not necessary to succeed in housing; 4) many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing; 5) people experiencing homelessness have the right to self-determination and should be treated with dignity and respect and; 6) the exact configuration of housing and services depends upon the needs and preferences of the population.

Consistent with Opening Doors, communities are increasingly adopting evidence-based practices and replicating promising program models that incorporate a Housing First approach, leveraging resource commitments from the public and private sectors and from homeless assistance and mainstream systems.

There is growing attention to using resources strategically. Communities are doing this through the implementation of coordinated entry systems that streamline access to the assistance people need to get back into housing as quickly as possible. Using common assessment tools, communities are tailoring the most appropriate housing and service interventions to the needs of families and individuals. Short- and medium-term assistance can prevent homelessness for people who are at risk of losing their homes and help others rapidly return to stable living. Many communities are prioritizing the most vulnerable

people who experience chronic homelessness for permanent supportive housing.

Individuals experiencing chronic homelessness represent less than 15 percent of all people experiencing homelessness according to the 2014 Point-in-Time (PIT) count. These people have disabling conditions and spend long periods of time, often years, living in shelters and on the streets or cycling between hospitals, emergency rooms, jails, prisons, and mental health and substance use treatment facilities at great expense to these public systems. Permanent supportive housing is widely recognized as the solution for people facing the greatest challenges to housing stability including serious and persistent physical and behavioral health problems. Permanent supportive housing also costs less than allowing people to continue to cycle through public systems.

■ The Plan

Objective 1. Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness.

A key focus of Federal efforts is to “break down the silos” and improve access to Federal resources and their coordination with local and state resources. Enhanced coordination among public and private entities will lead to a better understanding of the causes and consequences of homelessness and how multiple federally-funded programs—and therefore agencies—can interact in strategies to prevent and end homelessness.

Objective 2. Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.

Much research and evaluation has been and is being conducted on homelessness and strategies to prevent and end it. There is tremendous opportunity to better understand and apply what is being learned by coordinating and sharing research across Federal agencies and with states and local communities.

Objective 3. Provide affordable housing to people experiencing or most at risk of homelessness.

For most people, the threat of homelessness stems from the gap between their current income and the cost of housing. People are extremely poor at the time they become homeless. Housing needs to be affordable to those households with the lowest incomes who are most at risk of homelessness. The households most vulnerable

are those with no income or those earning significantly less than 30 percent of Area Median Income. Housing is affordable if the cost is no more than 30 percent of the monthly household income.

Strategies include:

- Support additional rental housing subsidies through Federal, state, local and private resources to individuals and families experiencing or most at risk of homelessness.
- Expand the supply of affordable rental homes where they are most needed through Federal, state, and local efforts. To provide affordable housing to people experiencing or most at risk of homelessness, rental subsidies should better target households earning significantly less than 30 percent of the Area Median Income.
- Improve access to federally-funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness.
- Encourage collaboration between public housing agencies, multifamily housing owners, and homeless services to increase mainstream housing opportunities for people experiencing homelessness.
- Increase service-enriched housing by co-locating or connecting services with affordable housing.

Objective 4. Provide permanent supportive housing to prevent and end chronic homelessness.

The most successful intervention for ending chronic homelessness is permanent supportive housing, which couples permanent housing with supportive services that target the specific needs of an individual or family. There is a substantial body of literature that shows that supportive housing is successful for people with mental illness, substance use disorders, HIV/AIDS, and other often co-occurring conditions. People who have experienced chronic homelessness frequently have histories of trauma and violence as well as additional barriers to stable housing (e.g., criminal histories, no income, and poor credit). Permanent supportive housing is designed to address these needs.

Supportive housing can be provided through three primary strategies: 1) pairing a rent subsidy with dedicated services; 2) building new or rehabilitated units at a single site and providing a rental subsidy and on-site services; or 3) creating a set-aside of units within an affordable housing community and providing a rental subsidy and on-site services. The biggest challenges to creating more permanent supportive housing are the need for rental subsidies and dedicated funding for services.

Developers of sitebased units are further challenged by the need to cobble together multiple funding sources to create a debt-free financing structure since the supportive housing units do not generate adequate cash flow to [service] and repay hard debt. Federal, state, and local sources for capital, operations, and services are not currently designed to work in an integrated fashion.

Objective 5. Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

Unemployment, under-employment, and low wage employment are frequent causes of homelessness. The loss of a job leads to homelessness when tenants fall behind on their rent and homeowners fall behind on their mortgages—ultimately leading to eviction and foreclosure, respectively.

Although the economy is recovering, worst case housing needs persist at high levels. To combat this increase, it is important to connect people with employment while supporting efforts to increase income and access to career pathways. In order to be effective, this strategy must be coupled with increased affordable housing.

Programs designed to connect people to employment need to continue to respond to the concurrent needs of people who have experienced homelessness instead of creating barriers to support.

Objective 6. Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.

People with limited financial resources are most at risk of homelessness. People with poor health and disabling conditions are more likely to become homeless for a variety of reasons. Medical crises and health care bills can lead to personal bankruptcy and foreclosure, which can lead to homelessness. Homelessness in turn exacerbates poor health.

Mainstream programs and services are those that are not specifically targeted to, but which can serve, people experiencing homelessness. They include both entitlements and other benefits. They fall in three broad categories: health care, income support, and work support.

While many people experiencing or most at risk of homelessness are eligible for these mainstream programs, surprisingly few people access the full range of programs and services available to them. Sometimes it requires obtaining lost identification materials, including birth certificates, Social Security documentation, or state IDs. The processes to apply for mainstream services can be complex, fragmented, and at times designed more to screen

out people who are not eligible, instead of being focused on reaching out and expediting support for people who are eligible and most in need of the services and supports.

The number of people who obtain health coverage, income and work supports can be increased through key strategies like expediting application and enrollment processes for people identified as experiencing homelessness, ensuring coordination and communication between services providers and mainstream programs, conducting enrollment drives at places frequented by people experiencing homelessness, and using data and technology to reduce duplication and streamline enrollment.

Objective 7. Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

There is strong evidence that housing integrated with health care is an effective and cost-saving intervention for people experiencing homelessness and those unstably housed with serious health problems. These include people living with chronic diseases and disabling conditions. The integration of housing with services is increasingly identified as a way to address complex health care needs that overlap with vulnerabilities associated with race and gender, extreme poverty, HIV/AIDS, mental illness, chronic substance use, incarceration, and histories of exposure to trauma and violence, as well as homelessness.

Housing assistance coupled with health care has been shown to decrease overall public expense and make better use of limited public resources, such as emergency rooms and hospitals. For people experiencing homelessness and other vulnerable populations there is a need to integrate health care with social services like case management, linkage to emergency financial resources, budgeting and financial management, family services, as well as addressing legal needs.

Objective 8. Advance health and housing stability for unaccompanied youth experiencing homelessness and youth aging out of systems such as foster care and juvenile justice.

The needs of unaccompanied youth who become homeless are distinct from those of adults or families experiencing homelessness. Young people are still emotionally, socially, and physically developing. They often have little or no work experience when they become homeless. They also face many barriers to enrolling, attending, and succeeding in school including: lack of basic needs such as food and healthcare; lack of access to school records and other paperwork; difficulty accumulating

course credits due to frequent school mobility; and, lack of transportation. A unique set of strategies is required to end homelessness for this population.

Objective 9. Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.

People with serious behavioral health conditions who are homeless are often incarcerated when they cannot get the care and treatment they need. People with behavioral health conditions experiencing homelessness also frequently end up in the emergency room and hospitalized. These are interventions that lead to higher costs without improved outcomes. Effective targeted interventions, outreach, discharge planning, and diversion programs are proven to help keep people out of emergency rooms, hospitals, and jails and to connect people to housing, support, or for those who need it, supportive housing.

Objective 10. Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

In an effective crisis response system built upon Housing First principles, homeless outreach is coordinated as well as collaborative. Outreach providers coordinate with one another to ensure full community coverage, connect people to local coordinated assessment processes, connect people to needed health care and emergency services, and work as part of a system for connecting people to stable housing using a Housing First approach.

In a crisis response system, emergency shelter with stabilization services is readily available to provide immediate safety and address immediate crisis needs. Shelter services also emphasize rapid connection to appropriate permanent or stable housing.

An effective crisis response system also includes rapid re-housing, which is designed to quickly exit households from homelessness and return them to permanent housing. Households receiving rapid re-housing are provided housing identification services, including landlord recruitment and ongoing engagement, rent and move in assistance, and tailored case management that connects households to necessary mainstream resources within the community. Preliminary evidence shows that rapid re-housing, when combined with connections to appropriate mainstream resources, can successfully end homelessness for many families and individuals who do not need intensive and ongoing financial and service supports, and in comparison to transitional housing, is a more cost-effective housing intervention. ■

Does Housing First Work?

What research says about the effects of stable housing

There is a significant body of research and evidence that documents the positive impacts of housing stability—and the negative impacts of housing instability—on families and individuals. Accordingly, effective responses to homelessness focus on helping people get and keep housing, and to use housing as a foundation for accessing services, supports, and opportunities in their communities.

Housing First approaches help ensure that people experiencing homelessness are connected to permanent housing swiftly with as few obstacles as possible. This approach requires eliminating or reducing the use of treatment preconditions, behavioral contingencies, and other barriers or requirements prior to housing or as a condition for continued tenancy in housing.

Housing First is not housing only. Rather, these approaches are based on a substantial and growing body of evidence that people experiencing homelessness can achieve stability in permanent housing when they are provided the appropriate level of tailored services and supports. These approaches are both cost effective and create stronger outcomes.

As summarized in a recent review of the research literature, costs for emergency shelter, and visits to hospital emergency rooms, are significantly lower for people who receive an intervention offered using Housing First approaches. The effects of Housing First approaches on hospitalizations, for both medical and psychiatric care, are more ambiguous, with most studies showing decreases in utilization and costs for inpatient care.

In some studies, including those that include a comparison group and programs that serve persons with more moderate needs, inpatient costs increased for persons served by Housing First approaches. This may be because the Housing First approaches offered support that led people to receive needed care for health conditions that had been neglected when they were experiencing home-

lessness. Most studies documented decreased criminal justice system costs, associated with fewer arrests and days of incarceration.

While most of the evidence for the impact of Housing First comes from evaluations of programs that offer permanent supportive housing to persons with behavioral health disorders who experience chronic homelessness, there is growing recognition of the value of Housing First approaches and practices as the basis for a community- or systems-level framework to ending homelessness. A systems-level approach organizes diverse stakeholders across multiple systems to use principles of Housing First to work together toward the shared goal of reducing and preventing homelessness. The approach focuses on first moving people from homelessness into housing as quickly as possible, and then providing the supports they need to maintain stability.

This framework recognizes that housing provides a secure platform that supports recovery from trauma and homelessness. When communities offer a range of housing options that have varying levels of tolerance for substance use, this provides a safer environment for people experiencing homelessness who are often marginalized, stigmatized, and vulnerable because of poverty and behavioral health disorders.

In addition to offering permanent housing using Housing First program models, a systems-level Housing First approach offers safe, flexible, interim housing options for vulnerable people who need a place to stay because of delays in finding permanent housing, or during gaps in housing when they relocate from one place to another for reasons that might include problems with landlords or roommates.

■ **Prioritizing People Experiencing Homelessness for New and Existing Housing That Is Affordable**

With support of federal and national partners, many communities are focusing greater attention on targeting and prioritizing people experiencing homelessness for existing and new affordable housing opportunities. In addition to addressing a need for housing for those

From the U.S. Interagency Council on Homelessness report The Evidence Behind Approaches that Drive an End to Homelessness, Sept. 4, 2019. See [usich.gov/resources/uploads/asset_library/Evidence-Behind-Approaches-That-End-Homelessness-Brief-2019.pdf](https://www.usich.gov/resources/uploads/asset_library/Evidence-Behind-Approaches-That-End-Homelessness-Brief-2019.pdf).

exiting homelessness, access to housing that is affordable across all levels of the economic spectrum is also critical for preventing homelessness from occurring in the first place.

Many communities are implementing multiple strategies to better align affordable housing efforts with work to end homelessness.

These efforts are informed by evidence that safe and affordable housing provides a wide range of positive impacts for adults and children.

- HUD’s large-scale Family Options Study demonstrated that access to permanent housing subsidy leads to substantial benefits in reducing food insecurity and school mobility and improving adult and child well-being and long-term housing stability.
- In another study, children living in subsidized housing were more likely to be food secure, less likely to be seriously underweight, and more likely to be classified as “well” on a composite indicator of child health, compared to their peers whose families were on the wait list for subsidized housing.
- Research also demonstrates that housing strengthens family well-being and reduces violence and insecurity. Providing families experiencing homelessness with access to a permanent subsidy leads to significant spillover effects, including dramatic reductions in child separations, domestic violence, and psychological distress — all of which have powerful impacts on child well-being.

■ Providing Rapid Re-housing to Families and Individuals

Rapid re-housing is designed to help individuals and families experiencing homelessness return to permanent housing as quickly as possible, through three primary components: housing identification, rent and move-in assistance, and case management and services to support housing stability.

Implementation of rapid re-housing interventions emphasizes shortening the length of time that people experience homelessness, minimizing the negative impacts of homelessness that intensify over time, and preventing future returns to homelessness.

The research and emerging evidence on rapid re-housing thus far suggests cost-effectiveness and outcome improvements, as summarized below.

- **Low costs compared to other housing interventions.** In the Family Options Study, rapid re-hous-

ing had the lowest per family monthly cost of any intervention studied, as well as the lowest cost for an average stay. The cost for an average stay for a family in each type of program was \$6,578 for rapid re-housing, compared with \$16,829 for emergency shelter; \$18,821 for a permanent subsidy; and \$32,557 for transitional housing.

- **High rates of placement into permanent housing.** Eighty percent (80%) of households receiving rapid rehousing services through the [U.S. Department of Veterans Affairs (VA)] Supportive Services for Veteran Families (SSVF) program had permanent housing upon program exit. Veterans with no income and those with less than \$500 in monthly income at program entry still achieved a high rate of success in getting and keeping permanent housing at program exit. An even higher proportion (90%) of families in the Rapid Re-housing for Homeless Families Demonstration evaluation exited the program with a housing placement.
- **Modest increases in measures of family self-sufficiency.** For households participating in the SSVF program, the median monthly income increased from \$251 at program entry to \$450 at exit.

The rapid re-housing program model was initially designed for families with children, and it has frequently been implemented to assist households with moderate barriers to housing stability. Today, however, it is increasingly being used to serve individuals and persons with greater barriers to housing stability.

In FY 2017, 60,567 Veterans participated in rapid re-housing services funded through the VA’s SSVF program. As noted above, this program is evidenced to have high rates of placement into permanent housing.

- More than two-thirds (69%) of persons served were Veterans in households without children.
- Nearly half (49%) of the literally homeless Veterans who received rapid re-housing services were living in unsheltered situations, including vehicles or other outdoor locations, prior to program entry.
- More than three in five (62%) of the Veteran participants in the SSVF program had a disabling condition.
- Nearly half (47%) of Veterans who successfully exited from SSVF rapid re-housing programs to permanent housing were in unsubsidized rental housing, while a little less than half (44%) were using a long-term rental subsidy (most frequently HUD-VASH [HUD-VA Supportive Housing]).

■ Providing Supportive Housing Opportunities to People with Most Intense Needs

Supportive housing is a proven, cost-saving intervention that combines non-time-limited housing assistance with wrap-around supportive services for individuals and families with the longest histories of homelessness and most complex care needs. The supportive housing model incorporates a range of approaches that are tailored to the household's unique preferences and needs.

Supportive housing is designed to offer housing support with no time limitation or preconditions, such as sobriety, absence of criminal record, medication adherence, or participation in services. While participation in services is encouraged, often as part of a comprehensive client-centered case management model, it is not a condition of living in the housing.

A very substantial body of research and evidence has consistently demonstrated both the cost savings created through supportive housing and its effectiveness in ending homelessness for those with the most complex needs and most significant challenges, as summarized below.

- **Cost offsets and savings.** Over more than a decade, dozens of studies conducted across the country demonstrate that the costs of delivering supportive housing are offset in large part by reductions in the use of crisis services, including shelters, jails, ambulances, and hospitals. Cost offsets are generally higher for higher-need tenants who have higher rates of utilization of these crisis services. Key studies include:
 - In the Chicago Housing and Health Partnership, individuals experiencing homelessness who were receiving inpatient hospital care for chronic medical conditions were randomly assigned to receive usual care or access to recuperative care (respite) and supportive housing. The intervention group had 29% fewer hospitalizations, 24% fewer emergency room visits, and 24% fewer days in nursing homes. Compared to usual care, annual cost savings for the intervention group averaged \$6,307 per person.
 - Cost savings have also been demonstrated in New York City, where Medicaid costs decreased by about one-third for individuals who participated in a supportive housing program for adults with active substance use disorders, compared to similar people experiencing homelessness who did not receive supportive housing.
 - New York City's FUSE II (Frequent User

Service Enhancement Initiative) provided supportive housing to individuals who had been frequent users of jail and shelter services. After one year, over 91% of participants were housed in permanent housing. Relative to a comparison group, FUSE II participants' use of emergency shelters was reduced by 70%, and they had 40% fewer days incarcerated. Participants were also much less likely to use other crisis services, including ambulance rides and psychiatric hospitalizations.

- The evaluation of the Los Angeles Housing for Health Program found that costs for public services consumed in the year after participants moved into supportive housing declined by nearly 60%, from an average of \$38,146 in the year prior to housing, to \$15,358 in the year after housing. These cost reductions reflected fewer emergency room visits and arrests, and shorter inpatient hospital stays.
- **Participants were much less likely to return to homelessness.** Even tenants with the longest histories of homelessness and most complex needs remain stably housed once connected with supportive housing. Evaluations of supportive housing programs using a Housing First approach generally show housing retention rates between 75-85% for single adults and between 80-90% for families.
 - An evaluation of the Los Angeles Housing for Health program, which provided supportive housing for people with complex health needs and frequent users of hospital care who were experiencing homelessness, found that more than 96% of those who entered housing remained stably housed for at least one year. Nearly all (83%) of the people served in this housing program were experiencing chronic homelessness.
 - People move out of supportive housing for a variety of reasons; some may leave because they have achieved stability and no longer need assistance, while others may leave because of eviction. An analysis of data from the HUD-VASH program found that only one in ten Veterans who left HUD-VASH housing exited due to eviction. Veterans who left because of eviction were more likely to be male and significantly more likely to have a serious mental illness or substance use disorder, as compared to Veterans who exited because they had accomplished their goals. ■

Trump's Homelessness Policy

A move away from Housing First

The federal government provides funding to communities to support homeless assistance programs, and these programs can affect homeless populations as well, typically by either reducing the demand for homes by increasing the supply of homeless shelters, or by increasing the demand for homes by expanding housing programs in which people are not defined as homeless or by preventing homelessness before it occurs. The U.S. Department of Housing and Urban Development (HUD) is the largest source of Federal funds, providing \$2.6 billion combined via the Continuum of Care (CoC) program and Emergency Solution Grant program alone in 2019. These two programs support competitive funding to communities for homeless outreach, emergency shelter, transitional housing, rapid rehousing, permanent supportive housing and homelessness prevention.

The U.S. Department of Veterans Affairs (VA) provides \$1.8 billion for programs that serve homeless veterans, in addition to funding from HUD targeted specifically to homeless veterans. VA also offers a range of other programs and services for homeless and at-risk veterans enrolled in the VA health care system, including comprehensive mental health care and substance use disorder programs.

Other smaller sources of funding include the U.S. Department of Health and Human Services, the U.S. Department of Education, and the U.S. Department of Labor. State and local governments and private philanthropy provide substantial funding and support for homeless assistance as well.

Over the past decade, a major shift has occurred in federal homelessness policies. The stock of permanent supportive housing increased by over 170,000 beds, a 92 percent increase, since 2007. The stock of rapid rehousing beds increased from 0 to about 109,000. Together, permanent supportive housing and rapid rehousing beds increased by 280,000 beds, and this increase was nearly half the stock of total homeless assistance beds in 2007.

From the White House Council of Economic Advisers report The State of Homelessness in America, Sept. 16, 2019. See [whitehouse.gov/wp-content/uploads/2019/09/The-State-of-Homelessness-in-America.pdf](https://www.whitehouse.gov/wp-content/uploads/2019/09/The-State-of-Homelessness-in-America.pdf).

In contrast, the stock of transitional housing beds fell from about 211,000 in 2007 to about 101,000 in 2018, a 52 percent decrease.

For permanent supportive housing, the federal government increasingly emphasized a “Housing First” approach over the past decade. Under Housing First, homeless individuals are provided supportive housing with no preconditions, and do not face requirements as a condition of retaining housing even after they have been stabilized.

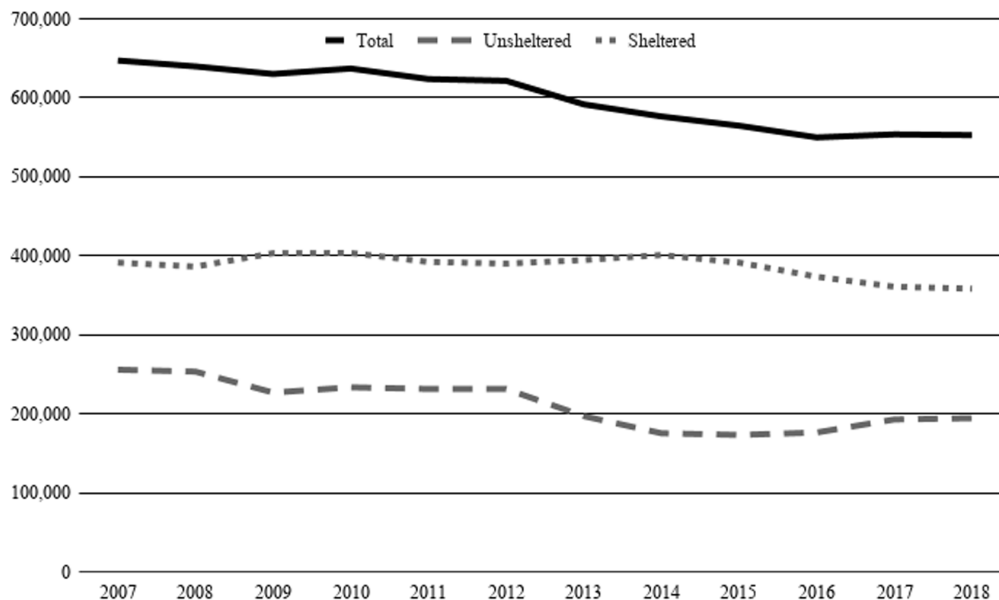
■ Evidence on the Effectiveness of Federal Efforts in Reducing Homeless Populations

Most studies on homelessness do not estimate the impact of interventions such as Housing First or permanent supportive housing more generally on homeless population sizes. Instead, they typically evaluate how individual outcomes of people change as a result of receiving specific interventions. For outcomes such as impacts on substance abuse and mental illness, Housing First in general performs no better than other approaches. It tends to cost more as well. A 2018 National Academies of Sciences report states: “Overall, except for some evidence that PSH [permanent supportive housing] improves health outcomes among individuals with HIV/AIDS, the committee finds that there is no substantial published evidence as yet to demonstrate that PSH improves health outcomes or reduces health care costs.”

But there is strong evidence that housing homeless people reduces the number of days the recipients of housing spend homeless. For example, a large randomized controlled trial in Canada found that a Housing First intervention providing permanent supportive housing significantly reduced the number of days single adults spend homeless. A major HUD-sponsored randomized control trial in the United States found that long term housing vouchers, but not necessarily rapid rehousing, reduced the amount of time families spend in homeless shelters.

However, these types of individual-level studies cannot determine how policies that house homeless people affect homeless population sizes. When permanent supportive housing is expanded, and all beds are filled by people experiencing homelessness, the number

Homeless Count in the United States by Shelter Status (2007-2018)



Source: White House Council of Economic Advisers, U.S. Department of Housing and Urban Development

of homeless people mechanically falls by the number of additional beds. However, this initial reduction can be undone through several possible mechanisms. First, when people exit homeless shelters, the quality of shelters may increase as shelter operators seek to fill their now vacant beds, and homelessness could rise back up. Second, when people are removed from unsheltered environments, the street may become a less difficult place to sleep when it becomes less congested with homeless people who utilize the most sought after spots, again increasing the number of people who remain or fall into homelessness. Third, increasing housing demand may increase the price of housing, drawing additional people into homelessness and weakening the initial reduction in homelessness further. Fourth, the people who live in the new permanent beds may remain there longer than they would have otherwise remained homeless. To the extent that housing programs over time house people who otherwise would have no longer been homeless, they no longer have any effect on reducing homelessness until the unit becomes vacant and a new person is removed from homelessness. Fifth, the promise of housing for homeless people could encourage people to stay homeless longer in order to qualify. Thus, the long-run reduction in the number of homeless people may be smaller than the original decline in homelessness that mechanically occurs from housing homeless people.

While most empirical studies of Housing First and permanent supportive housing do not consider effects on

homeless populations, one exception is [Kevin] Corinth, [whose 2017 study] estimates the impact of permanent supportive housing beds on homeless population sizes using data from CoCs from 2007 through 2014. He finds that 10 additional permanent supportive housing beds reduce the homeless population by about 1 person. Thus, the approximately 173,000 increase in permanent supportive housing beds between 2007 and 2018 could explain less than one fifth (about 17,300 people) of the total reported decline in homelessness of about 94,000 people over this period.

Meanwhile, [Thomas] Byrne et al. find only a modest association between chronic homeless population sizes and permanent supportive housing beds [in a 2014 study]. [David] Lucas studies how Federal funding in general affects homeless populations — [his 2017 study] unsurprisingly finds that more funding increases sheltered homelessness (presumably because Federal funding increases the supply of shelter), but he also finds no impact in reducing unsheltered homelessness.

Other studies have found that Federal funding may reduce homelessness, although data limitations could play a role in these results. More positive evidence has been found for programs that seek to prevent homelessness before it occurs, both at the individual level and community level. But overall, the evidence does not suggest that Federal efforts have necessarily played a major role in the observed decline in homelessness between 2007 and 2018.

■ Evidence on Decline of Homeless Populations

Rather than resulting from previous Federal policies, a more likely explanation for the reduction in homeless counts between 2007 and 2018 is that they are largely artificial, a result of (i) transitional housing being defined as “homeless” but similarly time-limited rapid rehousing not being defined as “homeless,” and (ii) miscounting of unsheltered homeless people.

[Between 2007 and 2018], the total homeless count fell by over 94,000 people (15 percent). Just over one third was accounted for by an approximately 33,000 person reduction in sheltered homelessness, and the remaining almost two thirds was accounted for by an approximately 61,000 person reduction in unsheltered homelessness.

■ Trump Administration Actions to Reduce Homelessness

To reverse the failed policies of the past, the Trump Administration is addressing the root causes of homelessness. One of the major factors that increases homelessness is regulation that impedes home construction, which reduces the supply of homes and thus increases homelessness. While housing market regulations are largely set at the local level, the Trump Administration has recognized the importance of these regulations for the health of the economy and Americans’ well-being, and taken action to address overly burdensome regulations. On June 25, 2019, President Trump signed an executive order that establishes a White House Council on Eliminating Regulatory Barriers to Affordable Housing. The newly established council includes members from across federal agencies, and is tasked with identifying regulatory barriers to building housing along with actions to address these barriers.

Another important factor that increases homelessness is the tolerability of sleeping on the street, which among other factors may be affected through policing of street activities. The administration has through a series of executive orders consistently supported the police. As potential evidence of better supported police, the violent crime rate fell slightly (by just under 1 percent) in 2017 after increasing by 7 percent between 2014 and 2016. Based on the first 6 months of 2018, violent crime in 2018 fell by 4.3 percent. More research is needed to understand how different policing policies affect the outcomes of homeless people—including their ultimate destinations, mental health, drug use, employment and other dimensions of well-being—as well as outcomes for non-homeless people.

Individual demand factors that increase homeless-

ness are being addressed as well. The President’s policies to reduce the supply of illicit drugs entering the United States, prevent new people from becoming addicted by ensuring proper use of prescription drugs, and provide treatment to those with substance use disorders have been successful in reducing drug overdose deaths. According to preliminary 2018 data, drug overdose deaths fell for the first time in decades, after increasing by 21 percent in 2016 and by 10 percent in 2017. President Trump has also worked to reform incarceration policies and support people exiting prison by signing the First Step Act on December 21, 2018. And President Trump appointed the first ever assistant secretary for substance abuse and mental health services in HHS, in conjunction with a prioritization of people with severe mental illness. Finally, strong economic growth, historically low unemployment rates, and reductions in poverty have increased the incomes of people at the bottom of the distribution and can reduce their likelihood of falling into homelessness.

In addition to addressing the root problems of homelessness, including both community-level and individual-level factors, homeless assistance programs can potentially reduce homelessness as well. While federal policies over the past decade have dramatically shifted the program landscape, the evidence does not necessarily indicate that this approach has more successfully reduced homeless populations. The Trump administration has sought to improve on these results by reforming the Housing First approach in the major HUD homeless assistance program that provides competitive funding to CoCs. While the program maintains a commitment to providing housing with no preconditions to program participants, the latest 2019 Notice of Funding Availability allows communities flexibility to impose service participation requirements for participants after they have been stabilized in housing. This reform will allow for greater local flexibility and innovation to drive successful outcomes for vulnerable homeless individuals. Moreover, to the extent that better results for homeless individuals allow them to more quickly transition to private housing, homeless assistance programs can be more quickly freed up to serve homeless people still living on the street.

In conjunction with this reform, HUD has also strengthened its emphasis on self-sufficiency as a key component of homeless assistance programs. Increasing employment and income of homeless individuals can reduce durations of homelessness and increase stabilization in housing after exiting homelessness. These reforms may more successfully reduce homelessness and address the underlying problems that people experiencing homelessness face. ■

Legislative Background on Homelessness Policy

Congress looks to boost affordable housing and support services

As the Trump administration has increasingly blasted red cities and blue states for not doing enough to reduce their homeless population, a debate has grown over how the administration can best play its role. While some cities and states have increased their spending to offer additional services and increase the housing supply, mayors like Los Angeles' Eric Garcetti have asked that the White House provide more assistance.

However, the Trump administration's focus on policing and deregulation of the housing market instead of the Housing First model that many cities embrace has created friction. Congressional Democrats have criticized the administration's approach and have instead called for more social services funding.

Lawmakers in both parties have pitched policy solutions, but it's unlikely any bill can get the bipartisan support necessary to pass. Instead, most of the debate over how to address homelessness will play out in the annual budget process. Democrats have signaled that they'd like to direct additional money to homelessness assistance grants, despite a Trump administration budget that proposed keeping the funding flat. Trump's fiscal year 2021 proposed budget included \$2.8 billion for homelessness grants and slashed the overall budget of the Department of Housing and Urban Development (HUD) by about 15%. House Appropriations Committee Chairwoman Nita Lowey (D-N.Y.) said that would "lead to more people struggling to find affordable housing and more people falling into homelessness." Congress has preserved language that supports Housing First models in previous funding bills.

The third stimulus bill (H.R. 748) to address the economic fallout of the coronavirus pandemic, which passed in March 2020, directs \$4 billion to homelessness programs, half of it structured as emergency grants. Advocacy groups say that money will help at-risk people during the crisis (as well as some local and state rent-forgiveness policies), but that more permanent funding will be needed to truly help Americans experiencing homelessness.

■ Ending Homelessness Act

House Financial Services Committee Chairwoman Maxine Waters (D-Calif.) introduced the Ending Homeless-

Selected Internet Sites

- **U.S. Department of Housing and Urban Development**
hud.gov
- **U.S. Interagency Council on Homelessness**
usich.gov
- **U.S. Department of Veterans Affairs**
va.gov
- **U.S. House Committee on Financial Services**
financialservices.house.gov
- **U.S. Senate Committee on Banking, Housing, and Urban Affairs**
banking.senate.gov
- **American Civil Liberties Union**
aclu.org
- **Pacific Research Institute**
pacificresearch.org
- **Hawaii Department of Human Services**
Interagency Council on Homelessness
humanservices.hawaii.gov
- **California Policy Center**
californiapolicycenter.org
- **National Alliance to End Homelessness**
endhomelessness.org
- **Texas Public Policy Foundation**
texaspolicy.com
- **National Coalition for the Homeless**
nationalhomeless.org

ness Act (H.R. 1856) as a holistic approach to combating homelessness in America. The bill would provide \$13.27 billion over five years in new funding for housing programs, including construction of new units, vouchers, case management and technical assistance for families seeking housing. According to a bill summary, the funding would break down as follows:

- \$5 billion in McKinney-Vento Homeless Assistance Grants, with funding for 85,000 new permanent housing units.
- \$2.5 billion for new Special Purpose Section 8 Housing Choice Vouchers, enough for 300,000 additional federal vouchers.

- \$1.05 billion a year for the National Housing Trust Fund to create 25,000 new rental units targeted for low-income renters.
- \$500 million for state and local governments to support case management and social services for people experiencing homelessness.
- \$20 million for state and local governments to coordinate housing and health care initiatives.

H.R. 1856 passed the Financial Service Committee in July 2019 but has not been heard on the House floor. Republicans have opposed the bill for its high price tag and for not addressing some of the root causes of homelessness. A Senate version (S. 2613) from Sen. Kamala Harris (D-Calif.) has not received a committee hearing.

■ Homeless Children and Youth Act

Rep. Steve Stivers (R-Ohio) proposed this bipartisan bill (H.R. 2001) to amend HUD's definitions related to homeless individuals and children and make them consistent across all federal agencies. Stivers has said this would help identify the true scope of youth homelessness and make more people eligible for federal assistance.

Some homelessness advocacy groups, including the National Alliance to End Homelessness, oppose the bill, saying it would create more paperwork for federal agencies and it does not dedicate additional funding to address budget shortfalls. The bill has not received a hearing in the 116th Congress, although previous versions have passed House committees.

■ American Housing and Economic Mobility Act

This bill (S. 787) from Sen. Elizabeth Warren (D-Mass.) seeks to address the housing affordability crisis by expanding the nation's housing supply and offering incentives to change local zoning regulations. Through federal spending, the bill would support construction of up to 3.2 million new housing units for lower-income and middle-class families. It would also create a \$10 billion competitive grant program for local governments that reform their land use policies in ways that encourage more affordable housing.

Notably, the bill would also offer down payment assistance to first-time homebuyers who live in formerly redlined or segregated areas, an attempt to help minority homebuyers. The bill has not received a hearing. A house version (H.R. 1737) was introduced by Rep. Cedric Richmond (D-La.).

■ Family Stability and Opportunity Vouchers Act

Sens. Todd Young (R-Ind.) and Chris Van Hollen (D-Md.) introduced S. 3083 to help families with young children. It would create an additional 500,000 housing vouchers for such families to help them find housing in neighborhoods with high-performing schools and other resources.

■ Services for Ending Long-Term Homelessness Act

This bill (H.R. 3272) from Rep. Alcee Hastings (D-Fla.) would create a grant program in the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration to fund supportive housing and health care. It would also task the agency with designing new national strategies to address chronic homelessness.

■ Ensuring Equal Access to Shelter Act

The Trump administration has proposed rolling back the Obama-era Equal Access Rule, which barred HUD shelters from rejecting people based on their sexual orientation or gender identity. This Democrat-backed bill would bar the proposed rule and ensure that transgender individuals experiencing homelessness could access federal shelters. A House version (H.R. 3018) from Rep. Jennifer Wexton (D-Va.) passed the House Financial Services Committee, but a Senate version (S. 2007) from Sen. Brian Schatz (D-Hawaii) has not received a hearing.

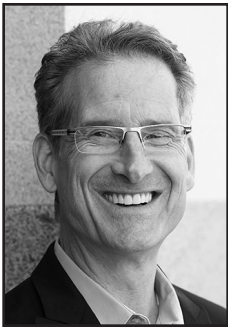
■ Outlook

With or without federal help, cities and states are working to address the homelessness crisis in their own jurisdictions, making them the likely venue for aggressive policy ideas and spending.

With housing affordability a national problem, Democrats and Republicans have vowed to find a way to reduce housing instability. However, the high price tag on Democratic proposals makes them unlikely to pass the Republican-controlled Senate, which has also been unwilling to increase funding for federal housing programs that the Trump administration wants to cut.

However, the coronavirus pandemic has focused attention on the vulnerability of Americans experiencing homelessness and the potential for others to lose their homes. The economic stimulus packages considered during the crisis could offer lawmakers a new opportunity to increase spending or enact policy reforms. ■

Is Housing First an effective solution to the homelessness crisis?



American Civil Liberties Union

Kevin Baker, Legislative Director, California Center for Advocacy and Policy

The American Civil Liberties Union's (ACLU) mission is to defend and preserve the individual rights and liberties guaranteed by the U.S. Constitution and the nation's laws. The ACLU has more than 4 million members, activists and supporters, fighting in all 50 states, Washington, D.C., and Puerto Rico to safeguard American rights. Kevin Baker works to advance the ACLU's policy goals in California. He specializes in issues concerning civil rights, privacy, immigrants' rights, open government and campaign finance. Prior to joining the ACLU, he was the deputy chief counsel for the state assembly's Committee on the Judiciary. The following is a Dec. 10, 2019, letter to the California Statewide Homeless and Supportive Housing Task Force.

“... we urge the Task Force to focus its energies on fully funding and implementing the Housing First strategy ...”

Our communities are stronger, more vibrant, and healthier when all residents have access to a safe, affordable home. Yet, in California, a home of any kind is out of reach for too many residents. We applaud Governor [Gavin] Newsom for forming the Task Force as a step forward in the state's ongoing efforts to solve this crisis. We are encouraged that he has assembled a group of knowledgeable and thoughtful individuals to help craft recommendations for a statewide response.

Unfortunately, based on the limited public information available about its work, the Task Force may be entertaining policy ideas that will do little to effectively address California's housing and homelessness crisis and will even exacerbate the problem. The ACLU of California and our partners look forward to sharing our vision with you and working together to address California's homelessness crisis. Specifically, we urge the Task Force to focus its energies on fully funding and implementing the Housing First strategy — the only proven solution to homelessness — which provides people with subsidized affordable housing and supportive housing as an immediate response to their needs.

Ending the homelessness crisis requires a significant funding investment at the state level to address the shortfall of affordable housing in California. Without the commitment of sustainable funding sources for affordable housing, we will continue to lose the battle to ensure that every Californian has access to a safe, permanent home. California is facing what is arguably the worst homelessness crisis in the nation. The state is home to 12 percent of the nation's population, but a whopping 24 percent of all people experiencing homelessness.

Nearly half of all unsheltered people in the United States are Californians, and almost 70 percent of California's homeless population is unsheltered — the highest rate in the nation. Older adults now make up a larger percentage of people experiencing homelessness than at any time in the last several decades, primarily because they are priced out of their homes. The homelessness crisis is also a byproduct of racism in California. The percentage of black people who are homeless is five times higher

Continued on page 20

Is Housing First an effective solution to the homelessness crisis?

Lance T. Izumi

Senior Director of Education Studies, Pacific Research Institute

Lance Izumi is an expert in U.S. education policy and has written several books on the subject. In addition to being a senior director, he is a Koret Senior Fellow at the Pacific Research Institute, a public policy organization that promotes free-market policy solutions. From 2016 to 2017, he served on President Donald Trump's transition team for education policy. The following is his Oct. 30, 2019, article titled, "Five Things The President Can Do To Confront And Prevent A Homelessness Tsunami," co-written with Michele Steeb, former CEO of Saint John's Program for Real Change. The article was originally published in the Hoover Institution's Eureka policy magazine.



The Los Angeles Times recently reported that over 75 percent of those living on the streets in California's largest city are struggling with mental illness, substance abuse, or a physical disability. The Times's analysis aligns with a new national study released by the California Policy Lab at UCLA reporting that 78 percent of the nation's homeless struggle with mental illness and 75 percent with a substance abuse disorder. The significance of this report: officials from the Los Angeles Homeless Services Authority earlier reported that only 29 percent of LA's homeless were afflicted by either mental illness or a substance use disorder.

News organizations throughout the country should follow the Times's lead and do a deeper dive into what their homeless services agencies are reporting. Why? Because it makes no sense to continue to prescribe solutions to the problem of homelessness without understanding what led folks into it. "Health, behavioral health and trauma are significant contributing factors to loss of housing, particularly for unsheltered women," stated an October 2019 report by the California Policy Lab. This view is underscored by recent research by the Journal of Health Care for the Poor and Underserved, which found that homeless adults in California's Santa Clara County — home to fabled Silicon Valley — reported severely traumatic childhoods:

- 78 percent grew up in a household with a person experiencing drug or alcohol dependence;
- 64.6 percent endured psychological abuse as a child; and
- 37.5 percent experienced homelessness as children.

Over the past five years, at both the national level and in California, our public-policy answer to this escalating crisis has been a one-size-fits-all approach called Housing First.

Housing First was initially rolled out in 2009 through the Department of Housing and Urban Development (HUD), targeting a small and distinct segment of the homeless population — the severely addicted and mentally ill chronic homeless.

"... 78 percent of the nation's homeless struggle with mental illness and 75 percent with a substance abuse disorder."

Continued on page 21

*ACLU,
continued from page 18*

**“Experts agree that
the Housing First
strategy is the only
effective response to
homelessness.”**

than the state’s black population — according to the U.S. Census, about 5.8 percent of Californians identify as black or African American, but they account for around 30 percent of the state’s homeless population. Due to the unaffordability of market-rate housing, California has the highest poverty rate in the nation when taking the cost of living into account.

As the gap between what most Californians earn and housing costs widens, more and more people will be pushed into homelessness. Indeed, extremely low-income Californians are exceptionally vulnerable to housing loss. The National Low Income Housing Coalition’s current data shows that there are 1.3 million extremely low income renter households in California, 76 percent of which are paying more than half of their income to rent. Meanwhile, there are only 22 affordable units per 100 extremely low-income households who need them. Until there are enough truly affordable housing units for all of these renters, people will continue to become homeless at alarming rates.

It is not an overstatement to say that this burgeoning crisis is a defining moral failure of our times. Californians agree: according to recent polling, they view homelessness and housing affordability as the state’s top issues. Experts agree that the Housing First strategy is the only effective response to homelessness. Under the Housing First model, households pay 30 percent of their income to rent — an amount they can afford — and receive wrap-around supportive services as needed. Studies show that people who are immediately placed in supportive housing are more likely to stay housed than people who move through programs and shelters first. Living in supportive housing improves health, mental health, and self-rated quality of life. Housing First is so effective, in fact, that it has been the national best practice since 2003.

Both Democratic and Republican administrations have endorsed it, and it is the centerpiece of the U.S. Interagency Council on Homelessness’ plan to end homelessness. The Housing First strategy also results in significant cost offsets when compared to emergency shelter, with some studies even showing net cost reductions. The substantial cost offsets, proven effectiveness of the strategy in ending (rather than prolonging) homelessness, and the considerable benefits for participants combine to make Housing First a more efficient and humane allocation of public resources when compared to emergency shelter.

California’s economy is the fifth largest in the world and we have the capacity to end homelessness, but decision-makers have yet to prioritize ending homelessness by fully funding and implementing the Housing First model. The persistence of the homelessness crisis in California demonstrates what happens when the Housing First model doesn’t guide state and local policy.

The Governor created the Task Force to tackle the homelessness and housing crisis, but the initial proposals espoused by leaders of this Task Force do not invest in a Housing First strategy. In fact, the proposals will only prolong the homelessness crisis while reversing important advances in human rights. We urge you to oppose the following proposals:

1) The “right” to shelter and the “obligation” to accept it: [This] suggestion from the Task Force has nothing to do with addressing the state’s dire shortage of safe, affordable homes. Instead, the proposal calls on California to establish a “right” to

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By 2013, HUD bureaucrats had introduced it to all segments of the homeless population and creatively manipulated research to call it evidence based. Then, they encouraged states and counties across the country to follow suit. Three years ago, California adopted Housing First as its one-size-fits-all approach — requiring that all departments administering state programs targeted to ending homelessness incorporate the core components of Housing First into their programs by July 2019.

Under Housing First, all agencies that receive HUD funding are mandated to provide lifelong, permanent housing for all who enter homelessness while strictly prohibiting sobriety requirements or accountability requirements for the individuals it seeks to help. In other words, our public-policy response to this crisis emphatically ignores the underlying reasons the majority of people enter into homelessness. What's more, HUD-funded and state-funded programs for homeless families are forced to accept anyone into their program, even those with untreated mental illness or addiction, putting children and their mothers at great risk of retraumatization by placing them in dangerous environments. Furthermore, Housing First policy diametrically not only conflicts with best practices in substance-use disorder treatment, as well as the core principles of trauma-informed care, it also defies common sense. Helping people out of homelessness requires an individualized approach that helps them address the reasons they became homeless so they can permanently escape the vicious cycle that entraps most who enter.

Saint John's Program for Real Change, a Sacramento-based program designed to support single-mother-led families struggling with addiction, domestic violence, mental illness, or trauma, is an example of how effective an individualized approach can be. Mothers graduate from the 18-month residential program at Saint John's with a job, with a savings account, and having received the counseling and other services needed to work through the trauma and addiction that led to their homelessness. In addition, their children have a role model to whom they can look to guide their path forward rather than repeat the cycle.

Not only is a one-size-fits-all public policy response ineffective for the majority of people struggling with homelessness, here is how it's fueling a homelessness tsunami in our future. Federal Department of Education statistics show that nearly 1.4 million students attending public school experienced homelessness in the 2016–17 school year — that's 27 percent more children than in 2010–11. Meanwhile, nearly 43,000 California children are currently experiencing homelessness, an increase of 19.1 percent, comparing the 2016–17 school year to that of 2010–11. Data for 2017–18 is not yet publicly available, but the preliminary information suggests the numbers of homeless children in California continues to increase. Bear in mind these statistics:

1. One in three homeless children has a major mental disorder by the time he or she is eight years old.
2. Homeless children have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems, all of which make homeless students twice as likely to repeat a grade compared to non-homeless children.
3. Homeless children perform worse academically than children categorized as low-income. A study of students in Washington State found that homeless children scored 10 percentage points lower on the state math and English tests than low-income students who were not homeless.

“Housing First policy diametrically not only conflicts with best practices . . . it also defies common sense.”

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emergency shelter and an “obligation” to accept it — a scheme that would appear to entail clearing people off the streets and forcibly confining them in government-funded settings. This policy doesn’t end homelessness. Instead, it merely warehouses people experiencing homelessness in spaces away from public view.

2) The shelter-first strategy: By proposing a “right” to shelter, the Task Force prioritizes a massive expansion of the emergency shelter system as a first response to homelessness — a strategy that undermines a decades-long effort to fund and implement the Housing First model. Fully implementing the Housing First model would give people an immediate pathway out of homelessness.

A shelter-first strategy, by contrast, does nothing to address the housing affordability crisis, monopolizes precious resources that should be committed to subsidized affordable and supportive housing, and condemns people experiencing homelessness to years of shelter living. This approach is inhumane: research suggests that even the most well-run shelters are inappropriate living situations for more than a few days or weeks. While emergency shelters provide protection from the elements and sometimes access to services, they also crowd large numbers of people together, leading to psychological distress, greatly restrict residents’ freedom, expose them to contagious diseases, and deprives them of a private life.

3) Doubling down on criminalizing people experiencing homelessness and saddling them with punishing municipal debt: Compulsory shelter would only amplify decades of aggressive enactment and enforcement of laws that criminalize homelessness in most California cities and counties — including some represented by members of the Task Force. The criminalization of homelessness is a cruel and costly strategy that encumbers our most economically disadvantaged community members with criminal records, expensive fines and fees, and jail time. Pushing people into the criminal justice system for being too poor to afford a place to live also makes it even more difficult for them to escape homelessness.

Unfortunately, the above policies coincide with other statewide efforts to restrict the civil liberties of Californians experiencing homelessness. For example, the state has just passed legislation that expands the criteria for losing one’s civil liberties through conservatorships — a wrong-headed approach that allows counties to compel outpatient mental health and substance abuse treatment for people experiencing homelessness who have been detained on a psychiatric hold eight or more times for evaluation and treatment in a 12-month period.

This return to the days of coercive psychiatric treatment undoes hard-won advances in civil rights that have enabled people with disabilities to live in dignity, receive voluntary community-based treatment in the least restrictive environment, and control their bodies and lives. It does nothing to improve the quality of community-based mental health services.

Moreover, research shows that coercive treatment of substance abuse problems is ineffective, and coercive treatment of mental health problems is not more effective than voluntary community-based treatment, and thus needlessly restricts the civil liberties of people experiencing homelessness. Rather, evidence indicates that providing people with permanent, affordable housing and wrap-around community-based

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“Fully implementing the Housing First model would give people an immediate pathway out of homelessness.”

Izumi,
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4. Homeless children are sick at twice the rate of other children and have five times the rate of diarrhea and stomach problems, which is not surprising given that homeless children are twice as likely to go hungry and half of them experience anxiety, depression, or withdrawal. As a consequence, it is not surprising that homeless children have great difficulty learning in school.

Without appropriate and individualized interventions, it's obvious how a homeless child beset with a wide array of overwhelming life challenges becomes an addicted, mentally ill, and seemingly unemployable homeless adult living on the streets. Instead, our one-size-fits-all public-policy response disregards the root causes of a person's homelessness. Thus, the tidal wave of people facing homelessness today is nothing compared to the tsunami that may face us tomorrow. Here's what President Trump and his administration can do to reverse this terrifying trend:

1. Request that the Council of Economic Advisers at the White House evaluate the research that HUD uses to claim Housing First as evidence based for all populations struggling with homelessness, both in the near and long term.
2. Return to the original intent of Housing First — a solution originally developed for the severely addicted and mentally ill street homeless versus a one-size-fits-all answer for all who struggle with homelessness.
3. Force HUD to adopt the federal Department of Education's definition of homelessness so they can no longer hide the growing number of homeless women and children in America. HUD's narrow and unrealistic definition of a homeless family has led to its declaration that family homelessness is decreasing and prevents some of the most vulnerable children and families from accessing help.
4. Designate the federal Administration for Children and Families, within the US Department of Health and Human Services, as the agency responsible for homeless families, as they are in tune with the needs of homeless families and children in particular.
5. Create partnerships with churches, the private sector, and philanthropic organizations to support programs that have demonstrated results in creating self-sufficient individuals and families.

“... our one-size-fits-all public-policy response disregards the root causes of a person's homelessness.”

California Policy Center **Edward Ring, Contributing Editor and Senior Fellow**

The California Policy Center (CPC) is a nonprofit that works on various public policies to improve California's democracy and economy. Edward Ring is a co-founder of the center and served as its first president. He is an expert in the policy areas of sustainable economic development and political reform. The following is from his Nov. 5, 2019, article titled, "How Federal Intervention Can Ease California's Homeless Crisis," co-written with Soledad Ursua, an investment professional with 12 years of experience in public-private partnerships. The article was originally published on the CPC website.

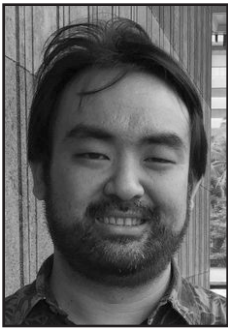


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services improves treatment adherence, health, and mental health, and is therefore considered by experts to be a foundational element of health care. California is at a crossroads. Either we choose the alarmingly retrograde path of oppression, detention, segregation, criminalization, and prolonged homelessness, or we end this crisis by fully funding and implementing the Housing First model — a solution that integrates our most economically disadvantaged residents into the community and provides them with the foundation for a full and healthy life.

We urge you to reject the first path and develop statewide policy recommendations guided by Housing First principles. Only affordable housing coupled with appropriate services will end this crisis, and we must not delay in making a full commitment to this strategy.



Hawaii Interagency Council on Homelessness

Scott Morishige, Chair

Scott Morishige chairs the Hawaii Interagency Council on Homelessness (HICH). The council, established in 2011, is responsible for finding solutions to end homelessness. Members of the council include state department directors, federal agency representatives and community leaders. Morishige is also the coordinator on homelessness for Hawaii Gov. David Ige (D). The following is his op-ed titled, “Permanent supportive housing will reduce homelessness,” co-written with Marc Alexander, executive director of the Office of Housing for the city of Honolulu. It was originally published in the Honolulu Star-Advertiser on April 9, 2019.

**“Housing First . . .
delivers the kind of
results our island
communities need.”**

Despite the perception that the issue of homelessness can never be solved, we actually know what works: permanent supportive housing, or in other words, housing with wrap-around professional support services that include mental health and addiction programs. Now that this has been firmly established here in Hawaii and across the nation, we know there is no shortcut to addressing the unsheltered homeless who are living on our streets and other public spaces. Most of those who remain in places unfit for human habitation are very ill and need both a stable place to sleep and support services to become healthy again and reintegrate into society. Housing First, one of the most-studied forms of permanent supportive housing, delivers the kind of results our island communities need.

A University of Hawaii evaluation of the city’s program determined that after three years, 86% of those housed through Housing First remained in housing. Even more promising, a report of participants in 2018 indicated that 91% of program participants were identified as chronically homeless and over 60% of those came directly from city streets. Meanwhile, the state’s Housing First program has a 92% retention rate over five years, with almost 75% identified as chronically homeless. Yet another evaluation of both the city and state Housing First programs found that after clients were housed, estimated per client monthly savings in health care alone totaled \$6,200, a reduction of 76%. Some people may not be aware that over the past

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California's homeless crisis is now visible to everyone living in the state. Along with tens of thousands of homeless who are concentrated in various districts of the major cities, additional thousands are widely dispersed.

If you drive into most major urban centers, you will see their tent encampments along freeway junctions, under bridges, along frontages, beside drainage culverts. Even in very small towns, they congregate by the dozens in parks and parking lots, along the streets and in the alleys. Billions have been spent to ameliorate the situation, and these billions have only served to make the situation worse than ever.

[T]he San Francisco Bay Area and Los Angeles County host, between them, well over 100,000 of California's estimated 130,000 homeless. And in both of those metros, local government policies have utterly failed.

This failure is partly because local elected officials are hampered by state laws which make it nearly impossible to incarcerate petty thieves and drug addicts, or institutionalize the mentally ill, and court rulings that prohibit breaking up homeless encampments unless these homeless can be provided free and permanent "supportive housing."

The state and federal governments have even mandated that providing "housing first," and getting every homeless person under a roof prior to any allocations of funds for treatment to overcome drug addiction or manage mental illness, is a condition of receiving government funds to help the homeless. As if these laws and court rulings that have made homeless populations unmanageable weren't enough, California's state legislators have crippled the ability of developers to cost effectively construct any type of housing. State laws designed to prevent "sprawl" have caused land prices within cities to skyrocket.

An audit recently released by L.A.'s City Controller Ron Galperin exposed the City's inability to build enough homes with the \$1.2 billion in Prop HHH [Supportive Housing Loan Program] voter approved bond funds to address the crisis of homelessness. At an average cost of \$550,000 per apartment unit of "permanent supportive housing," small wonder. Similar or even higher average per unit costs are typical of previous efforts in Los Angeles as well as throughout California.

Diverting nearly all funding to "Housing First" at the expense of treatment, and elevating the costs of that housing through legalized corruption, guarantee that billions more will be wasted as homelessness in California only gets worse. California's local, county, and state governments have demonstrated themselves to be administratively and ethically inept. It is time for the Federal government, under the vision and leadership of President Trump, to intervene and solve this problem with a comprehensive interagency response.

If several federal agencies launched a coordinated effort to get California's homeless crisis under control, it could be accomplished in months instead of several years. For example, the [Department] of Housing and Urban Development could reform the Low Income Tax Credit program to put a cap on per unit costs for housing projects to qualify. They could repeal the disastrous "housing first" mandate that prevents homeless programs from prioritizing treatment equally to constructing shelters.

Housing and Urban Development/Federal Housing Administration

Federal tax credit programs and taxpayer-backed dollars are being abused by special interest groups, under the guise of social redistribution policies. Specifically, the

"The [Department] of Housing and Urban Development . . . could repeal the disastrous 'housing first' mandate . . ."

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“Ultimately, the only solution to homelessness is a combination of housing and personal support services . . .”

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two years, Oahu has actually reported its first declines in homelessness since 2009. This year, the total homeless count dropped by 4% (184 persons) to 4,311.

While most of the decline was driven by reductions in sheltered homelessness (-19%, or 440 persons to 1,910), the number of unsheltered homeless persons increased significantly (+12%, or 256 persons to 2,401). Although the more detailed report has yet to be released, we know from past experience that most of those living on our streets are among the most ill — the exact population Housing First is designed to help. So, why have we seen reductions in sheltered homelessness? In a nutshell, we are moving more people into permanent housing than ever before due to strong implementation of housing programs by our many service providers, in addition to increased affordable housing units such as Kahauiki Village (Kalihi), Kauhale Kamaile (Waianae), and Ena Road (Waikiki). Ultimately, the only solution to homelessness is a combination of housing and personalized support services, especially those targeting homeless individuals and families.

On April 1, those who serve the homeless on Oahu (Partners in Care) and the neighbor islands (Bridging the Gap) presented state lawmakers a unified solution agenda: sustained annual commitments for truly affordable housing, which includes targeted housing for the chronically homeless; sustained annual commitments for core homeless services such as Housing First; and changes to mental health laws to ensure people incapacitated by mental illness are connected with the help they need. More than 90 organizations, including business and government sector stakeholders, signed the agenda in support. As stated previously, we know what works to address homelessness, and we know how much funding we need to save taxpayer money in the long run. What we need now is community support and the political will to do the right thing for those who live on our streets and remain vulnerable. It’s time for us to quit looking for the magic wand, and embark full speed ahead on what research, data and detailed evaluation has shown actually works.



National Alliance to End Homelessness

Sharon McDonald, Director for Families and Youth

The National Alliance to End Homelessness (Alliance) is a nonprofit based in Washington, D.C., that serves as a leading voice on federal homelessness policy. The Alliance works with national and local partners to promote nonpartisan policies to help end homelessness. Sharon McDonald has served as the director for families and youth since January 2001. She was also a social worker and program director for Daily Planet, a community-based social service center in Richmond, Va. The following is her June 21, 2019, article titled, “Why Housing First? Why Not Housing Second or Third?,” which was originally published on the Alliance’s website.

Among the most common themes talked about in the homelessness sphere is the importance of adhering to Housing First principles. Why is that? Housing First is a very simple concept that is often misunderstood. Housing First is an approach to

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LIHTC (Low Income Housing Tax Credit) program may be unduly influenced by non-profit housing developers with no incentive to build cost effective solutions, and are now reaching “affordable housing” per apartment costs that can exceed \$750,000. These high costs are due to California’s state and local governments requiring hundreds of permits with exorbitant fees and lengthy processing times, excessive environmental regulations, and prevailing wage requirements. Very few developers are capable of complying with this punitive array of obstacles, ensuring that the “subsidy” goes to powerful and favored special interest groups, defeating the underlying policy of the program in general.

Recommendations:

- Repeal “housing first” which prevents funds from immediately being shared with treatment programs.
- Reform the LIHTC program so that it only finance[s] “affordable housing” within 60-120% of area median income, but require developers to prove that residents could afford to live there, using household budgeting tools that take into account utilities and surrounding expense factors.
- By setting conditions on federal funds for homeless projects, and by removing the “housing first” rule that prevents treatment from getting equal priority to shelter, far more assistance will be possible with the same amount of funding.

“Repeal ‘housing first’ which prevents funds from immediately being shared with treatment programs.”

Andrew C. Brown

Director, Center for Families and Children, Texas Public Policy Foundation

Andrew Brown focuses his work on protecting and strengthening families through community-focused policy solutions. He specializes in child welfare issues and international adoption law. The Texas Public Policy Foundation is a nonprofit research institute that aims to promote liberty, personal responsibility and free enterprise. The following is his op-ed titled, “Housing First approach won’t solve homelessness crisis,” co-written with Michele Steeb, former CEO of Saint John’s Program for Real Change. It was originally published in The Hill on Nov. 30, 2019.



In the weeks since the Texas Department of Transportation began clearing homeless encampments that have become an unofficial and unwelcome symbol of life in Austin, the homelessness crisis has shown few signs of slowing down. A five-acre temporary campsite established by the state has seen little traffic while tents and makeshift shelters continue to pop up beneath overpasses almost as soon as they are cleared.

Cleaning up the encampments is a good first step to address the growing threat to public health and safety, but solving the problem will require a more robust policy solution. During a recent appearance on Fox News, Secretary of Housing and Urban Development Ben Carson correctly pointed out that solving Austin’s homelessness crisis requires federal, state, and local government to work alongside nonprofits. One action that Secretary Carson can take that will make that easier is reforming his department’s “Housing First” policy.

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“... Housing First interventions focus on helping people achieve stability in housing first.”

homelessness that prioritizes providing permanent housing to people experiencing homelessness quickly, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

But why *should* housing come first? People who experience homelessness may have a myriad of other challenges, including a mental health or substance use disorder, limited education or work skills, or a history of domestic violence and trauma. Would people experiencing homelessness be better off if we helped them address other issues they are struggling with first and address their housing needs later? These are not uncommon arguments. Housing First, it has been argued, allows people to avoid addressing severe challenges, such as a substance use disorder. The argument continues that if these underlying issues go unaddressed, people will quickly return to homelessness. At times, these arguments have successfully delayed implementation of Housing First in many programs and localities. But they’re based on false premises. Services are part of Housing First interventions. People are offered or connected to services that are tailored to the needs of their household. But these services are not mandated: and people are not coerced into accepting them. Client choice is a fundamental tenet of Housing First practice.

Housing First-informed interventions such as Permanent Supportive Housing and Rapid Re-Housing demonstrate that when people have help paying for housing, and when they receive services tailored to their individual needs, they will escape homelessness and they will stay housed.

Not only are Housing First interventions effective in ending homelessness, they are typically cheaper than allowing people to remain homeless and reliant on public shelters and other services. Practitioners with long histories of serving long-term homeless adults know that withholding housing help until people “get better” can result in people spending years on the streets as their health declines. People with severe mental illnesses cycle frequently between jails, hospitals, shelters and streets without ever achieving a stable home. Those that have seen this heartbreaking cycle, unfortunately still too common given inadequate resources, understand this fundamental truth: withholding housing assistance doesn’t help people, it hurts them.

Instead of requiring people to stabilize before receiving housing, Housing First interventions focus on helping people achieve stability in housing first. This is often a critical precursor to other improvements in their lives. People with the foundation of a home are better positioned to take advantage of supportive services: they have the stability in which to engage in job search. They have the platform they need to provide care and continuity for their young children. They have the safety housing affords that allow those who want to address traumatic experiences with a skilled practitioner to do so at a pace that is unthreatening and makes sense to them. They have a safe place to store medication and address their health and mental health needs. The absence of housing help makes attaining personal goals that much harder to attain. Housing First focuses on providing the housing assistance and the supportive services that people require to sustain housing and avoid future homelessness. Study after study demonstrates that housing has many curative benefits for people experiencing homelessness. It is true it does not solve every need; people still require additional supports to attain personal goals and continue to thrive. But one thing housing clearly does solve? Homelessness.

Housing First is an approach launched under President George W. Bush and dramatically expanded into a one-size-fits-all policy under President Obama. It provides those experiencing homelessness with subsidized housing with no expectations. Under this approach, nonprofits requiring their clients to abide by accountability measures, such as pursuing sobriety or attending regular job training classes, are barred from receiving state and federal grants.

While many consider Housing First to be a revolutionary success, actual outcomes show that gains are short-lived at best. Utah, which was once lauded by Housing First advocates, initially reported reducing its homeless population by 91 percent between 2005 and 2015. But a recent report from the state's Legislative Auditor General found that number was based on flawed data that falsely inflated the decrease in homelessness.

To add insult to injury, the homeless population in Utah has nearly doubled since 2016. Utah is only one example. In July, Austin Mayor Steve Adler visited Los Angeles and Seattle, which embraced the model and yet continue to lose their battles with homelessness.

California made Housing First official state policy in 2016 and required that all state funds for addressing homelessness be directed solely to programs that provide housing — with no preconditions or expectations of recovery. Since that time, the state's crisis has only grown worse with homelessness increasing in the city of Los Angeles by 16 percent from 2018.

Seattle, likewise, has struggled to make a dent in its homeless population. In March, a low-barrier tiny house village was forced to shut down because of rampant drug use and criminality.

These failures stand in stark contrast to the success of Austin's own Community First! Village, which Secretary Carson cited as an example of innovation. Operated by the nonprofit Mobile Loaves & Fishes, it is a planned community of tiny houses and mobile homes specifically designed to provide housing for those struggling with homelessness.

Unlike Seattle's tiny house village and other Housing First programs, residents of Community First! are required to undergo a criminal background check and are expected to pay rent and abide by civil law and community rules.

Alan Graham, the founder and CEO of Mobile Loaves & Fishes, points to the community's rules as the key to its success. "When you have skin in the game you're invested in your community," Graham said. A major problem with the Housing First policy, according to Graham, is that it focuses solely on giving someone a roof over their head and not allowing for the expectations that enable residents of the Community First! Village to thrive.

Nearly 75 percent of unsheltered people in the United States struggle with substance abuse disorders. Giving them a roof over their head without expecting them to address the root causes of their homelessness robs them of their inherent dignity and the opportunity to reach their full potential.

Secretary Carson has a unique opportunity to lead the nation in solving the growing homelessness crisis. His first step should be reforming HUD's Housing First policy and embracing innovative programs that put people first by expecting more of them than mere survival.

"While many consider Housing First to be a revolutionary success, actual outcomes show that gains are short-lived at best."

Pros & Cons of Gun Violence Research

Gun safety versus Second Amendment rights

In December 2019, Congress approved federal funding for gun violence research for the first time in nearly 20 years. As part of the fiscal year 2020 (FY 2020) spending bill (H.R. 1865), Congress approved \$25 million that will be split evenly between the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) to research firearm-related deaths and injuries.

“The epidemic of gun violence is a public health emergency,” Rep. Rosa DeLauro (D-Conn.), chair of the House Appropriations Subcommittee on Labor, Health and Human Services that approved the funding, said in a statement. “Yet, for more than two decades, Congress has failed to provide any meaningful reforms. The funding for evidence-based research at the Centers for Disease Control and Prevention and the National Institutes of Health will help us better understand the correlation between domestic violence and gun violence, how Americans can more safely store guns, and how we can intervene to reduce suicide by firearms.”

The CDC estimates that nearly 40,000 Americans died of gun-related injuries in 2017, based on the most recent data available. Compared with other wealthy countries around the world, the U.S. rates high in terms of its levels of gun violence. A study by the University of Washington’s Institute for Health Metrics and Evaluation found that the U.S. is among six countries that accounted for more than 50% of the world’s firearm-related deaths in 2016 (the five others are all located in Central and South America).

Federal funding for gun violence research was halted in 1996 when Congress passed the Dickey Amendment, which prevented the CDC from doing research that would advocate for or promote gun control. Named for former Rep. Jay Dickey (R-Ark.), the measure essentially froze research into the issue of firearm deaths. In fact, a study published in the journal *JAMA Internal Medicine* found that research publications on gun violence declined by 64 percent between 1998 and 2012. In that same time, the number of researchers dedicated to studying gun violence also fell.

In 2018, Congress clarified that the Dickey Amendment does not prevent the CDC from conducting research into gun violence. However, Congress did not provide any actual funding for the research.

The FY 2020 funding measure received vocal support from a number of health care organizations, including the American Public Health Association (APHA). “We are extremely grateful that the bill would provide both CDC and the National Institutes of Health each with \$12.5 million to study gun violence prevention,” Georges Benjamin, the organization’s executive director, said in a statement. “This funding is a central piece in a much-needed public health approach to reduce gun violence in the United States.”

Gun safety advocates, however, would still like to see Congress do more. “Americans demanding action can breathe a little easier with this momentous step toward a gun-safe America,” said former Rep. Gabrielle Giffords (D-Ariz.), who was shot in 2011 during a constituent meeting at a Tucson grocery store. “We still have a long road ahead keeping American communities safe, but investing in gun violence prevention research at CDC and NIH is a step in the right direction.”

While the funding measure had bipartisan support, House Democrats did have to settle for less than the \$50 million they had originally sought as part of a deal with Senate Republicans. Democrats also decided to keep the Dickey Amendment in place to get funding approved by the Republican-controlled Senate.

“You have to get something passed through the Senate, and it might make people more comfortable if the Dickey Amendment was there,” Sen. Chris Murphy (D-Conn.) told *The Hill* newspaper. “There’s always been a question as to what the Dickey Amendment prohibits and allows. If you set up a specific fund, it will be clear about what it allows without having to repeal it.”

Increased gun safety has been a long-standing agenda item for Democrats, and in 2019, the Democratic-controlled House passed some of the most significant gun reform bills in more than two decades, including the Bipartisan Background Checks Act (H.R. 8) and the Enhanced Background Checks Act (H.R. 1112). Both bills are aimed at closing loopholes to strengthen background check measures; however, it is unlikely that either bill will be considered by the Senate.

The FY 2020 funding measure allocating \$25 million for gun violence research was signed by President Trump in December 2019.

For more background, see the November 2019 issue of *Congressional Digest* on “Gun Control.” ■

Pros & Cons of Limiting the President's War Powers

Legislative authority versus swift military action

Congress demonstrated its disapproval of the Trump administration's recent military action against Iran when it approved a bipartisan resolution (S.J. Res. 68) limiting the president's war powers against that country. Weeks after the Trump administration ordered an airstrike in January that killed Qassem Soleimani, a top Iranian general, the Senate passed S.J. Res. 68 in a 55-45 vote, with eight Republicans joining all Senate Democrats in approving the measure. In March the House passed the measure by a vote of 227-186, with several Republicans joining Democrats in support of the resolution. President Trump, however, is likely to veto it.

"With passage of this resolution, we sent a powerful message that we don't support starting a war with Iran unless Congress votes that military action is necessary," Sen. Tim Kaine (D-Va.), who introduced the measure, said in a statement. "If we're to order our young men and women in uniform to risk their lives and health in war, it should be on the basis of careful deliberation."

The resolution would remove U.S. military forces from hostilities against Iran that have not been authorized by Congress through a declaration of war or an authorization for use of military force (AUMF). The measure would, however, allow the president to order strikes in cases of self-defense or in response to imminent attacks.

"Although the president, as commander in chief, has the power to lead and defend our armed forces and to respond to imminent attacks, no president has the authority to commit our military to a war," Sen. Susan Collins (R-Maine), one of three Senate Republican co-sponsors of the resolution, said in a statement. Sens. Rand Paul (R-Ky.) and Mike Lee (R-Utah) were the other Republican co-sponsors. "It is important to reassert the legislative branch's war powers authorities regardless of who occupies the White House."

Republicans who did not support the measure argued that the resolution could bind the president and prevent him from taking quick action against Iran if it were needed. "I know there are some divisions in our conference, but I think the overwhelming majority [of Republicans] will vote against [the measure] for unnecessarily tying the hands of the president," Sen. John Cornyn (R-Texas) told reporters ahead of the vote. "I mean, we all agree that Congress plays an important role, and we're not as nimble in actually responding to exigent circumstances."

President Trump himself echoed this opinion in a tweet posted on the eve of the Senate vote. "If my hands were tied, Iran would have a field day," he wrote. "Sends a very bad signal. The Democrats are only doing this as an attempt to embarrass the Republican Party."

When S.J. Res. 68 moved to the House for debate, proponents of the measure, including House Committee on Foreign Affairs Chairman Eliot Engel (D-N.Y.), argued that it would allow Congress "to stand up for its constitutional responsibilities over war powers." Engel also noted that while tensions with Iran cooled after the strike that killed Soleimani, hostilities between the two countries could escalate again at any time, so Congress needed to act now to check the president's war powers. "Congress doesn't have to wait until the president alone decides to use military force again. Indeed, it is our responsibility to do something because we know that tensions could flare up again at a moment's notice."

Engel also pointed to the fact that the strike that killed Soleimani was legally authorized by an outdated AUMF in Iraq. "I was here in 2002 when the House considered that resolution, and I can tell you: Congress did not intend for it to authorize a war against Iran," he said of the 2002 AUMF. "The administration, and any administration, should not be relying on the 2002 AUMF for anything, but we should all be able to recognize that attacking Iran is very different from other uses of force in Iraq."

Kaine and Sen. Todd Young (R-Ind.) introduced bipartisan legislation in early 2019 to repeal the 1991 and 2002 AUMFs against Iraq to prevent future abuse of the authorizations and to affirm Congress' authority in declaring and ending war. "This bill is an effort to prevent the future misuse of the expired Gulf and Iraq War authorizations and strengthen Congressional oversight over war powers," the two senators said in a joint statement.

Although Trump is likely to veto S.J. Res. 68 and the Senate does not have the votes to overturn the veto, supporters still say it carries a powerful message. "The president will veto it," said Senate Minority Leader Chuck Schumer (D-N.Y.), "but it sends a shot across his bow that the majority of the Senate and the majority of the House do not want the president waging war without congressional approval."

For more background, see the November 2017 Congressional Digest on "Authorizing Military Force." ■

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