

ENDING HOMELESSNESS: WHAT THE RESEARCH SAYS IT WILL TAKE

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Homelessness not only causes poor outcomes for the families and individuals affected; it is costly to communities, states, and taxpayers. Children experiencing homelessness are particularly vulnerable to negative outcomes, and more likely to become homeless as adults. The homeless population is diverse, and multiple, interacting structural and individual factors may lead to homelessness. Rigorous research suggests that access to affordable housing is key to reducing homelessness and improving individual and family well-being, and simply providing services without housing will not be effective. Permanent supportive housing has been particularly effective in reducing chronic homelessness. States can do many things to make housing more affordable through policies and practices that increase the supply of affordable housing and make existing housing more affordable to individual households through rent subsidies. For example, New Jersey has built more affordable housing per capita in high-opportunity communities near good schools and jobs than any other state in the nation, and uses a wide range of local, state, and federal funding sources to generate this housing. Other successful state strategies for addressing homelessness include rental assistance, capital/construction assistance, bond financing, local taxes, cross-jurisdictional planning, inclusionary zoning, and programs to address specific household needs. Key to making many of these policy options work for individuals and families is having an integrated service system.

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INTRODUCTION

At its core, homelessness happens when people's incomes are too low to allow them to pay for housing and have enough left over for other needs. The distance between the two sides of this equation—incomes versus housing costs—has grown increasingly wide since the early 1980s. Currently, there is no county in the United States where people working full time and earning the minimum wage can find rental housing that costs no more than 30% of their income.¹ Not surprisingly, the lower a household's income, the more likely it is to be severely affected by the cost of housing.

Since the 1980s, programs and services to address homelessness have expanded dramatically; yet, the number of people experiencing homelessness has not significantly diminished over time, except where concerted efforts have been made to provide housing and supportive services. A growing body of research suggests that there are effective strategies for moving individuals and families out of homelessness. This chapter illuminates ways in which policymakers can use this research to end homelessness in the future.

Martha Burt

WHAT ARE THE COSTS AND IMPACTS OF HOMELESSNESS?

Homelessness not only causes poor outcomes for the families and individuals affected; it is costly to communities, states, and taxpayers. Research over the past decade has strengthened our grasp of these costs, which include programs for people experiencing homelessness (emergency shelters, transitional housing, permanent supportive housing, and supportive services) as well as public agency costs (for health care, police and ambulance services, jail and prison, veterans' services, hospitalizations, and behavioral health). A basic study found significant costs (paid by federal, state, and local governments) for even the simplest homeless situations.²

Health care costs, in particular, may escalate, as homelessness is a barrier to people in need of consistent care of pre-existing and chronic medical conditions. Compared to housed individuals with similar characteristics, people experiencing homelessness are more likely to use emergency department services and experience greater numbers and longer lengths of inpatient hospitalizations, and may also need alcohol and drug treatment and detoxification or mental health services.³ These medical costs are often borne by public payers—especially by cities and counties for uncompensated care. Before the Affordable Care Act, very few homeless people had publicly funded health insurance, so city and county hospitals paid a larger share of these costs of care. Federal programs paying for some of this care include Medicare, Veterans Affairs, and Medicaid in states that opted to expand benefits under the Affordable Care Act.

Other studies have identified costs for various sub-groups of people experiencing homelessness. One study of chronically homeless people with severe alcohol problems estimated the median cost per person was \$4,066 per month—nearly \$49,000 per year—while people remained on the streets.⁴ Another study of homeless veterans showed that they used \$24,988 in health, mental health, and substance abuse treatment services alone in the year before they entered a housing program.⁵ Ultimately, studies suggest that leaving a person chronically homeless may cost taxpayers as much as \$30,000 to \$50,000 per year.⁶ A 2010 study looked at the costs associated with serving first-time homeless families, many who leave homelessness relatively quickly. Looking at the families who stayed for an extended length of time (8 to 18 months), the average cost per household ranged from \$6,574 to \$38,742 depending on the community.⁷

Studies suggest that services for a chronically homeless person may cost taxpayers \$30,000 to \$50,000 per year.

While homelessness undoubtedly affects the well-being of everyone who experiences it, it can have a particularly negative and lasting impact on children. Children experiencing homelessness suffer from high rates of hunger and malnourishment, mental and physical health problems, and increased risk of out-of-home placement in foster care.^{8, 9, 10} Homeless children may also experience developmental delays and emotional and behavioral problems, which may be associated with their mother's emotional distress.¹¹ Homelessness also is associated with negative effects on academic achievement. Homeless or unstably housed students are more likely to miss school or change schools often, do poorly on standardized tests, and repeat grades or drop out.¹² Most notably, experiencing homelessness as a child translates into a greater risk of homelessness in adulthood.

HOW MANY PEOPLE ARE HOMELESS AND WHO ARE THEY?

The pervasiveness of homelessness may not be easily apparent given different ways of defining and counting the population. The Homeless Management Information System (HMIS), which provided some of the Wisconsin data for Adam Smith's chapter, is a database used by most shelters and homeless providers in each state to keep track of every individual who uses their services. The HMIS produces an accurate count of sheltered people and can provide information about the number of people who used a shelter or other homeless program during the course of a year. But any count from the HMIS will still undercount homeless people, because many people do not use homeless shelters, even for one night during a year.

The annual Point-in-Time count captures the number of people who were in a shelter, in transitional housing, or on the streets and counted by a worker or volunteer on a designated day. This count, conducted during a 24-hour period in January, captures significant numbers of people not in shelter on that night; however, an unknown number of additional people will not be seen, and therefore not counted, or will be seen but be incorrectly deemed not homeless by the people doing the counting. Thus, all counts include some measure of inaccuracy, almost always in the direction of an underestimate.

One group that is particularly difficult to count is unaccompanied youth—those not connected to their families. Typical counting methods that work for adults don't accurately capture the survival strategies youth use, such as being mobile, staying in groups, "couch surfing," or hiding in plain sight. Plus, many youth don't want to be found because they are fleeing abuse or fear being placed into foster care. In addition, many unaccompanied youth aren't connected to support services, because they aren't aware of or are avoiding them.¹³ In recent years, HUD has emphasized the importance of including youth in the annual count, and communities are working on creative ways to make this happen.

Regardless of what definition or type of count is used, homelessness remains pervasive. My research over the last 30 years shows that the annual homeless count exceeds 1% of the U.S. population and may represent as much as 10% of all poor people.¹⁴ Data from the National Survey of Homeless Assistance Providers and Clients reveals extensive diversity in the homeless population.¹⁵ Other than extreme poverty, no other characteristic (such as marital status or race) is true for even half of the homeless population. The same can be seen in the Annual Homeless Assessment Reports that have been delivered to Congress annually since 2007.¹⁶ These data challenge the idea that there is a stereotypical "homeless population" or simple solutions to homelessness.¹⁷

Another important concept to consider is the dynamic nature of people's homeless experiences. Some are homeless once and for only a short time. This is sometimes called "transitional" or crisis homelessness—most people fall into this group. Others experience "episodic" homelessness, where they have several short or medium-length spells before finally securing stable housing. Yet others live on the streets or in other places not intended for human habitation for many years, or keep flowing into and out of homelessness. This group of people experiencing "chronic" homelessness also often has serious mental illness, physical disabilities, or substance abuse disorders. Each type of homelessness is associated with poor outcomes for individuals and families, and understanding these patterns is critical for improving program design and developing effective public policies to address the problem.

The annual homeless count may represent as much as 10% of all poor people.

WHY DO PEOPLE BECOME HOMELESS?

Understanding why people become homeless also is key to designing effective strategies to prevent and end the problem. Structural factors provide the underlying basis for homelessness; then, individual factors play out upon the stage set by structures. Public programs can introduce supports and services intended to ameliorate the effects of structural factors on people whose individual circumstances make them particularly vulnerable to losing their housing.¹⁸

Structural Factors

Structural factors are those aspects of society that affect everyone and contribute to the odds that we will have higher or lower levels of homelessness. They include:

- **The cost of housing.** Changing housing markets for extremely low-income families and single adults have priced many of them out of the market. Aspects of a changing housing market include gentrification (removal of low-cost housing from the market), extreme income inequality (very high earners bid up the price of housing), increasing production costs, and zoning and other regulatory frameworks.
- **The capacity to earn enough money to live on.** There are declining employment opportunities for people with a high school education or less. Even those with a job often do not earn enough to raise their incomes above the poverty level.

Since 1989, the U.S. Department of Housing and Urban Development has tracked the housing needs of very low income households (incomes below 50% of area median, or about \$31,000 in today's dollars) who pay more than 50% of their income for rent. In 1989, only 5% of all households paid more than 50% of their incomes for housing¹⁹; in 2001, it was 12.6%, rising to 16.2% in 2013, the most recent year for which data are available. Among renters, the situation is even worse. In 2013, 24% of very low income renters paid more than 50%, and another 23% paid between 30% and 50% of their income for rent.²⁰

Evidence for the effects of the economy on levels of homelessness can be seen most clearly during recessions. Modern homelessness in the United States began as a public issue during the 1981-1982 recession, when women and families with children began appearing in soup kitchens and shelters for the first time.^{21, 22} The recent recession beginning in 2008 strongly affected the number of families with children experiencing homelessness over a year's time, from about 131,000 in 2007 to about 170,000 in 2009—a 30% increase.²³ By 2013, those numbers had not returned to 2007 levels, reflecting slow economic recovery, especially for people at the bottom.

Structural factors help answer the question: "Why are there more homelessness people now?" However, during times when structural conditions worsen, even low-income people without vulnerabilities may experience a crisis that leads to a homeless episode.

Individual Factors

Individual factors make a difference when structural factors increase the difficulty of affording housing. They make individuals and families more vulnerable to housing loss because they are less able to cope with the changes. Personal circumstances that are more common among homeless people than among the general population include:

The changing housing market has priced out many low-income families and single adults.

- adverse childhood experiences (e.g., physical or sexual abuse, removal from the home and placement in foster care or other institutions),
- disconnection from family, friends, and other sources of social and financial support,
- alcohol and/or drug abuse (current or historical),
- mental illness,
- chronic physical health problems,
- incarceration (for males),
- low levels of education or skills training,
- poor or no work history, and
- too-early childbearing.

Most people have a personal network of friends and family upon whom they rely for temporary assistance when they need help. Studies of homeless families (e.g., the Family Options Study) reveal that most families who eventually find their way to emergency shelters have used their networks to the extent that their networks are able to help. They have doubled up, stayed with family and friends, stayed in their cars, and used other approaches to avoid using emergency shelter for as long as possible.

People with few or no personal network resources are more at risk of homelessness when a crisis occurs. For example, children coming from the foster care system are more vulnerable to homelessness because they are less likely to have any network to fall back on once they leave care. They don't have their birth family, having been removed from it after experiencing neglect or abuse, and their foster family has no obligation to help them after they age out of care (age 18 in most states). Children aging out of the system are often also without the training, skills, or experience to sustain themselves independently.²⁴

These individual factors help to identify the people who are most likely to lose their housing when the structural situation worsens. For virtually all homeless people, extreme poverty (less than half the federal poverty level) is also a reality, and the basis upon which all other individual factors influence potential homelessness. However, according to my research, considering all individual vulnerabilities that predict homelessness, plus extreme poverty, accounts for only 32 percent of the variance in whether a particular person does or does not experience homelessness.²⁵ Given circumstances caused by structural factors, sometimes it is as simple as bad luck.

Social Safety Net

The third part of the puzzle of homelessness is the social safety net. States vary in the level of funding for and number of programs available for poor individuals and families, which play a role in the number of people who experience homelessness. One striking example of the effect of a public intervention occurred when it was removed—the closure of institutions for people with mental disabilities starting in the 1960s.

For the first decade or so after deinstitutionalization began, many people with mental disabilities lived in small hotel rooms or boarding houses; however, during the 1970s and 1980s, more than one-third of this type of housing disappeared—in some cities

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the loss was above 50%. As they were displaced, more and more people with mental disabilities became homeless.²⁶ The same thing happened on a smaller scale when the Social Security Administration eliminated the category of “drug and alcohol abuse” as the basis of eligibility for SSI. Many who lost benefits also became homeless.²⁷

The fact that multiple interacting factors may lead to homelessness, as well as the diversity of the homeless population, point to the need for well-targeted interventions that address structural factors first, then individual ones. The following section discusses what the research suggests about how to reduce homelessness among different sub-populations and what it may take to end the problem.

WHAT WILL IT TAKE TO END HOMELESSNESS?

Ultimately, people experiencing homelessness need housing. In addition, people at high risk of homelessness need to have their current housing secured, and households that might be able to take in a struggling family member or friend need secure housing.

In the early years of homeless policy, policymakers and communities focused on temporary housing (e.g., emergency shelters, transitional housing, and motel vouchers) and service provision (e.g., meal programs, work training, alcohol and drug abuse treatment, medical care). Despite significant public and private investments, however, people continued to become or remain homeless. Providing more “services” without also providing affordable housing may paradoxically increase the homeless population. People become reliant on such services, which may help ameliorate the effects of homelessness but do not end it.²⁸

A recent briefing paper from the National Conference of State Legislatures summarized the research well: “... the quantity of safe and affordable housing has failed to keep pace with demand.”²⁹ As discussed earlier, the poorest of the poor are increasingly unable to find housing that doesn’t consume most of their income. In Wisconsin, about 16% of working households had a severe housing cost burden in 2014.³⁰

Rigorous research supports the idea that the provision of housing leads to better outcomes for families and individuals. For example, as noted in Jill Khadduri’s chapter, the Family Options Study found that housing subsidies are most effective for helping homeless families find stable housing and improving their well-being. Research on other subgroups of people experiencing homelessness is similarly instructive.

People Experiencing Chronic Homelessness, Including Veterans

People experiencing chronic homelessness have been the focus of much attention, for good reason. They are a finite, high-cost, high-need population. The federal government, and some states and communities, have set goals to eliminate chronic homelessness and have made good progress, using research to drive programmatic solutions. These include Utah, Denver, Los Angeles County, and others.

Research is clear that one effective solution for people experiencing chronic homelessness is permanent supportive housing. Permanent supportive housing has several key features: housing is kept affordable, it is permanent, and services such

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as substance abuse treatment and health care are offered, along with supports to remain stably housed. Tenants' ability to stay in their housing is not dependent on their participation in services—i.e., permanent supportive housing is "housing," not "treatment." Retention rates are generally more than 80%.³¹

The most effective form of permanent supportive housing for people experiencing long-term homelessness is Housing First, which offers housing without strings to get people off the streets first, then works on helping them stabilize and reduce or eliminate behaviors and conditions that put them at risk of losing their housing. What distinguishes Housing First from other permanent supportive housing is that housing is not conditional on any particular tenant behavior. People do not have to be clean and sober; they do not have to be medications-compliant; they do not have to be "nice." They only have to pay their rent and comply with conditions of their lease, the same as any other tenant. The mantra of Housing First is "housing is health," meaning that it is virtually impossible to address a person's disabling conditions while they are still on the street. Housing is the platform from which all else flows—treatment for chronic and life-endangering health conditions, recovery from substance abuse, reconnection with family, and other outcomes.

Many research studies attest to the effectiveness of permanent supportive housing at moving people experiencing chronic homelessness into housing and keeping them there.³² Such programs help explain recent reductions in chronic and veteran homelessness.³³

Over the long term, providing permanent supportive housing is also cost-effective. It dramatically reduces shelter costs, expensive visits to the emergency room and hospitals, mental health costs, and involvement with the criminal justice system. One study showed a return on investment even for homeless people with the most severe disabilities.³⁴ In another study, 95% of the costs to provide permanently supportive housing were offset by reductions in acute services such as inpatient hospital visits, which saves money for cities, counties, and Medicaid.³⁵ Similar studies have been conducted in rural areas with similar results, even for communities that do not invest a lot in serving people while they are homeless.³⁶

Youth Experiencing Homelessness

Compared to information available on what works for chronically homeless people and families experiencing homelessness, research on homeless youth is still trying to get a grasp on the size and nature of the population. Very few studies have looked at what works. What does exist tends to come through the silo of youth services rather than of homelessness. For instance, research from Chapin Hall at the University of Chicago (featured in the 33rd Wisconsin Family Impact Seminar) looked at policies that extend foster care beyond the age of 18, to see if longer supports lead to greater ability to maintain independence and avoid homelessness once care ends.³⁷ Preliminary results indicate that extending care may delay but not prevent homelessness. By age 23, about the same proportion of youth leaving foster care at age 18 or at age 21 has experienced at least one night of homelessness or unstable housing reflected in couch surfing.

Permanent supportive housing reduces chronic homelessness and saves taxpayer dollars spent on emergency shelter, medical, and criminal justice costs.

WHAT ARE SOME POLICY OPTIONS FOR STATES?

States can do many things to make housing more affordable through policies and practices that increase the supply of affordable housing and make existing housing more affordable to individual households through rent subsidies. It is critically important to increase supply, because increased subsidies to households in the absence of more actual units, while helping individual households, will ultimately do little more than drive up the price of housing. Given that low-income households cannot pay enough rent to cover the costs of development and post-occupancy operating expenses of low-income housing, subsidies are needed.³⁸

New Jersey has built more affordable housing per capita in high-opportunity communities near good schools and jobs than any other state.

Increasing the Supply of Affordable Housing: The Case Study of New Jersey

Spurred on by several landmark State Supreme Court decisions, New Jersey is probably the best example of a state committed to creating new affordable housing. “Mount Laurel I” ruled that zoning ordinances that make it physically and economically impossible to provide low- and moderate-income housing were unconstitutional. “Mount Laurel II” created a “fair share formula” to measure each municipality’s obligation to provide affordable housing, as well as a “builder’s remedy” to force municipalities to fulfill that obligation. As a result of the Mount Laurel decisions, New Jersey has built more affordable housing per capita in high-opportunity communities near good schools and jobs than any other state in the nation.³⁹

New Jersey uses a wide range of local, state, and federal funding opportunities to generate this housing.⁴⁰ Local jurisdictions may use fee ordinances and payment-in-lieu fees. State-funded resources come from several sources.

- Under the jurisdiction of the New Jersey Department of Community Affairs: Urban Housing Assistance Fund, New Jersey Affordable Housing Trust Fund, Deep Subsidy Program, Municipal Land Acquisition Program, State Rental Assistance Program, and the Neighborhood Revitalization Tax Credit Program.
- Under the jurisdiction of the New Jersey Housing and Mortgage Finance Agency: home ownership incentives, a small rental project loan program, a housing preservation program, a special needs housing trust fund and revolving loan program, and a transitional and permanent housing loan program for youth aging out of foster care.

New Jersey’s Neighborhood Preservation Balanced Housing program creates housing opportunities in viable neighborhoods for households of low and moderate income and is funded by the New Jersey Realty Transfer Tax. It uses the following practices and techniques:

- Housing trust funds;
- Rent subsidies to households, to reduce what the household must pay to what it can afford at 30% of its income;
- Production subsidies of various types, including land acquisition and costs of construction; and
- Establishment of a statewide allocation of affordable housing to assure that each municipality includes its “fair share” of housing affordable to very low-income households.

The net result of all these policies is the access of more than 60,000 households to affordable housing, distributed fairly within communities around the state—and still counting.

Other Affordable Housing Programs and Funding Sources

The National Low Income Housing Coalition has assembled a database of programs established with state or local resources that offer either **rental assistance** (157 active programs, 5 in Wisconsin) or **capital/construction assistance** (171 active programs, 1 in Wisconsin).⁴¹ In addition to the practices noted for New Jersey, another source of funding used to support housing production is **bond financing**. The cities of Houston and Louisville, Los Angeles County, Seattle/King County, and the states of Alabama, Arizona, Hawaii, and Vermont sell bonds to support affordable housing production. Washington state law established the practice of adding a small percentage to real estate transfer taxes to give each county a funding source for programs addressing homelessness. A relatively rare option is a **local tax** such as Miami/Dade County's food and beverage tax, which is levied only on establishments doing a certain level of business and most likely to serve visitors to the area. Proceeds are dedicated to programs addressing homelessness and domestic violence.

In addition to these sources of funding, **cross-jurisdictional planning** to include affordable housing in all jurisdictions is essential; further, the plans must be enforceable. There are some localities that have attempted regional zoning or planning with an eye to creating more affordable housing, but none has gone as far as New Jersey, with its "fair share" applying to all municipalities in the state.

Quite a few jurisdictions address the need for affordable housing with policies described as **inclusionary zoning**, an affordable housing tool that links the production of affordable housing to the production of market-rate housing. Inclusionary zoning policies either require or encourage new residential developments to make a certain percentage of the housing units affordable to low- or moderate-income residents. Evidence is mixed as to how well these policies work to produce more affordable units.⁴² A good deal depends on the terms of the policies and how well they are enforced. Some research has been done to identify factors that lead to more effective inclusionary zoning.⁴³

Programs to Address Specific Needs

Other common practices address the specific needs of individuals and households. These include:

- Scattered-site approaches that negotiate with landlords in the private market and help currently homeless households find housing;
- Supportive services aimed at helping households keep their housing once they move in, including working with landlords as well as tenants;
- Services that address particular skill deficiencies such as personal and family financial management skills;
- Techniques that help households establish or re-establish credit and successful rental histories;
- Practices that help people re-connect with family members; and
- Practices that seek to reduce the harm people do to themselves and others through alcohol and drug abuse.

Inclusionary zoning policies require or encourage new residential developments to make a certain percentage of housing units affordable to low-or moderate-income residents.

Integrated Service Systems

Key to making many of these policy options work for individuals and families is having an integrated service system among state agencies that moves beyond coordination to collaboration.⁴⁴ This is particularly important for households with complex and interacting health and behavioral health conditions, because without it, they can fall through holes between siloed agencies. This work consists of joint analysis, planning, and the development of shared goals, all supported by agency leadership. A truly coordinated community response includes the following components:

- participation from *all* actors that provide services and support to the homeless;
- a mechanism for ensuring households receive the services they need, which results in improved client outcomes and more efficient and effective use of resources;
- a functioning, data-informed feedback mechanism; and
- an ongoing mechanism for thinking about next steps and how to accomplish them.

Best practice suggests that these elements are easiest to maintain if there is a paid coordinator to organize and staff interagency work groups and committees. Maine and Connecticut are good examples of states that have made a concerted effort to integrate their services. Local initiatives in Seattle/King County; Portland, Oregon; and Los Angeles County are other examples.

CONCLUSION

When homeless families and adults achieve stable housing, they are more able to support family members who have mental illnesses or are in stressful situations.

The research and policy options above have the potential to both reduce current and prevent future homelessness. They also work to strengthen families, ending the cycle of homelessness for children and providing a more stable platform for dealing with other barriers to well-being. For example, when homeless families and adults achieve stable housing, they are more able to support family members who have mental illnesses or are in stressful situations. Further, helping low-income families and individuals get and keep safe, affordable housing can be a simple way to sidestep complicated minimum income policies. This not only alleviates human suffering, but impacts the state budget by reducing expenditures on safety net programs and the justice system.

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