



Opening Doors

**FEDERAL STRATEGIC PLAN TO
PREVENT AND END HOMELESSNESS**

UPDATE 2012



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PREVENT AND END HOMELESSNESS

UPDATE 2012

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Preface from the Chair

As the Chair of the United States Interagency Council on Homelessness (USICH), I am pleased to present the second annual update on *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

In June 2010, this Administration launched an ambitious, comprehensive plan to end homelessness. Today, as we continue to implement *Opening Doors*, we are seeing new partnerships form and unprecedented collaboration occur among the 19 Federal agencies that are USICH members. We cannot afford anything less than the most cost-effective, evidence-informed, and far-reaching solutions. This Plan demands smart approaches to ending homelessness.

Despite the economic downturn we did not have a surge in homelessness. With one-time Department of Housing and Urban Development (HUD) funds, we prevented and ended homelessness for 1.3 million people, and we strengthened the way our homeless service systems operate, targeting those most in need and focusing on housing first and rapid re-housing.

Through significant collaboration between HUD and the Department of Veterans Affairs, we achieved an 18 percent decrease in the number of Veterans experiencing homelessness between 2010 and 2012. *Opening Doors* can move us to the finish line of ending Veteran homelessness and make housing a reality for every Veteran and their family if we continue to make new investments in proven practices.

We know integrating mainstream resources with targeted homelessness programs is critical to making progress. With the Affordable Care Act, we have an unprecedented opportunity to scale-up permanent supportive housing by covering critical community supports to help people experiencing chronic homelessness who have serious health problems. Temporary Assistance for Needy Families and public housing are also critical programs that can help families with children avoid or quickly curtail the devastating effects of homelessness.

For the first time ever, we have a framework in place for how we will move forward to end youth homelessness in America. First, we need better information on the size and scope of youth homelessness. Second, we need to identify effective interventions. Leaders from juvenile justice, child welfare, education, and workforce development are working together to develop creative solutions.

The Council is fully committed to achieving the goals set forth in *Opening Doors*: (1) finishing the job of ending chronic homelessness by 2015; (2) preventing and ending homelessness among Veterans by 2015; (3) preventing and ending homelessness for families, youth, and children by 2020; and (4) setting a path to ending all types of homelessness. We have made much progress, but there is still work to be done. We will continue to improve the data we collect, forge new partnerships, and stimulate new innovations. Our commitment to collaboration and best-practices will ensure that *Opening Doors* will continue to set the path to end homelessness.

Sincerely,

Kathleen Sebelius, USICH Chair and Secretary of Health and Human Services





Executive Summary

Two years have passed since the United States Interagency Council on Homelessness (USICH) launched *Opening Doors*, the nation's first-ever comprehensive strategic plan to prevent and end homelessness. Recently, USICH released an amendment to *Opening Doors* focused on preventing and ending youth homelessness and improving educational outcomes for children and youth experiencing homelessness.

This report presents the most recent available information on progress toward the goals of the Plan: to end chronic homelessness by 2015; to prevent and end homelessness among Veterans by 2015; to prevent and end homelessness for families, youth, and children by 2020; and to set a path toward ending all forms of homelessness. These are bold and measurable goals that, to be achieved, require sustained and strategic investments, especially as new resources are difficult to obtain.

The Administration's commitment to the goals of the Plan continues to be evidenced by the President's budget proposal to Congress. In FY 2013, he proposed a significant increase for homelessness programs. In the last two years, particular success in addressing homelessness among Veterans has occurred through new funding provided to serve this population. We are hopeful that the President's commitment to fostering cost-effective interventions for preventing and ending homelessness in all of its manifestations will be supported by Congress.

This document provides the latest information available on the number of people experiencing homelessness, the Federal programs that provide assistance, and information on USICH and member agencies' activities and accomplishments in the last year.

Since the last *Opening Doors Update* in 2011, HUD published data from the 2011 and 2012 Point-in-Time counts, showing a modest 2.5 percent reduction in the number of people experiencing homelessness on a given night, but one that, given the current economic environment in which homelessness could be expected to increase, suggests that the work being done across the country is meeting with success. Most notable is the 18 percent reduction in homelessness among Veterans between 2010 and 2012. At the same time, data reported by the Department of Education (ED), which uses a broader definition of homelessness than does HUD, show that for the first time public schools identified more than one million children who experienced homelessness over the course of the 2010–2011 school year. This data highlights the urgency of increasing progress in order to achieve *Opening Doors'* goal of ending family, youth, and child homelessness by 2020.

Looking across the country, it is clear that communities that are determined to prevent and end homelessness are achieving success. Chattanooga, Tennessee, for example, reports a stunning 89 percent reduction in chronic homelessness since 2007, and a 48 percent reduction in homelessness overall during that same period. In many communities across the country, there is new and concerted planning to prevent and end homelessness among youth. Ending homelessness in America requires commitment and determination at all levels of government and relies on effective public-private partnerships.

As the third year of *Opening Doors* implementation begins, the lessons learned will shape actions moving forward:

- ▶ **Collaborations must include mainstream and community programs.** There has been significant forward progress engaging Public Housing Agencies, Medicaid directors, and TANF programs, as well as other targeted programs such as child welfare and criminal justice, in local efforts. Partnerships across the country are showing how to break down silos to develop shared goals, how to share data, and how to achieve better outcomes.
- ▶ **Resources must be targeted effectively.** Communities need to reserve homelessness prevention assistance to households that are most imminently at risk of becoming homeless. The most expensive and intensive interventions, like transitional housing and permanent supportive housing, should be reserved for people who require those interventions to end their homelessness. The good news is that short-term, less expensive interventions like rapid re-housing, critical time intervention, and transition-in-place programs are proving to be more efficient and cost-effective for many communities that once might have prescribed intensive and long-term interventions.
- ▶ **Providers and funders must be willing to make significant changes.** The \$1.5 billion investment in HUD's Homelessness Prevention and Rapid Re-Housing Program (HPRP) spurred communities to adopt new tools quickly. The HUD-VA Supportive Housing program (HUD-VASH) has compelled VA Medical Centers and Public Housing Agencies to re-examine their processes to better target and more rapidly house Veterans experiencing chronic homelessness. The Affordable Care Act presents new opportunities for improving the health of people experiencing homelessness through Medicaid expansion and new vehicles like health homes. HEARTH Act implementation gives communities new tools but also creates high expectations for how HUD's homelessness resources are managed.
- ▶ **Results occur when new investments are strategically deployed.** The three best examples of this are HPRP, HUD-VASH, and VA's Supportive Services for Veteran Families program (SSVF). Communities that used HPRP in large part for rapid re-housing, and did so strategically, saw decreases in homelessness. Likewise, a concerted effort by HUD, VA, and local communities to improve implementation of HUD-VASH contributed to the 18 percent reduction in homelessness among Veterans between 2010 and 2012. When the VA implemented SSVF, they turned to HUD for lessons learned from HPRP so that, from the start, SSVF dollars could be used most effectively.

USICH is encouraged that, during the gradual economic recovery, homelessness has not spiked. In fact, in some communities it has decreased significantly. The Administration remains committed to the goals of *Opening Doors* and the objectives, now amended, that were set forth to accomplish these goals.¹ Homelessness is a complex problem, but, increasingly, there is better information about effective interventions, better information about the costs and benefits of preventing and ending homelessness, and great examples from around the country of how smart and determined communities have made significant improvements, resulting in dramatic reductions in homelessness. Homelessness is an urgent problem, but homelessness is also a solvable problem. USICH is pleased to report progress toward that end.

Introduction

Background on the Council and Opening Doors

USICH’s mission is to “coordinate the Federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the Federal Government in contributing to the end of homelessness.” The Council consists of 19 Federal agencies (see Table 1). In 2012, Kathleen Sebelius, Secretary of Health and Human Services, assumed the Chair. USICH Executive Director Barbara Poppe has served in that capacity since November 2009. The Council is supported by 12 professional and administrative staff based in Washington, DC and five regional coordinators across the country.

On June 22, 2010, USICH and its 19 member agencies released *Opening Doors*, the nation’s first-ever comprehensive strategic plan to prevent and end homelessness. The Plan was amended on September 12, 2012. *Opening Doors* serves as a roadmap for joint action by the Federal government and its partners at the State and local levels. The Plan is based on the vision that no one should experience homelessness—no one should be without a safe, stable place to call home. It is a five-year Plan, covering FY 2010–2014, with four goals:

- ▶ Finishing the job of ending chronic homelessness by 2015;
- ▶ Preventing and ending homelessness among Veterans by 2015;
- ▶ Preventing and ending homelessness for families, youth, and children by 2020; and
- ▶ Setting a path to ending all types of homelessness.

Member Agency	Principal
Department of Agriculture	Secretary Tom Vilsack
Department of Commerce	Secretary Rebecca Blank*
Department of Defense	Secretary Chuck Hagel
Department of Education	Secretary Arne Duncan
Department of Energy	Secretary Steven Chu
Department of Health and Human Services	Secretary Kathleen Sebelius
Department of Homeland Security	Secretary Janet Napolitano
Department of Housing and Urban Development	Secretary Shaun Donovan
Department of Interior	Secretary Ken Salazar
Department of Justice	Attorney General Eric Holder
Department of Labor	Secretary Seth D. Harris*
Department of Transportation	Secretary Ray. H. LaHood
Department of Veterans Affairs	Secretary Eric K. Shinseki
Corporation for National and Community Service	Chief Executive Officer Wendy Spencer
General Services Administration	Administrator Daniel M. Tangherlini*
Office of Management and Budget	Deputy Director Jeffrey Zients*
Social Security Administration	Commissioner Carolyn Colvin*
U.S. Postal Service	Postmaster General Patrick R. Donahoe
White House Office of Faith-based and Neighborhood Partnerships	Executive Director Joshua DuBois

* acting

Table 1

USICH Member Agencies

The Plan has 52 strategies under 10 objectives that cover five themes. Highlighted language reflects the recent amendment to *Opening Doors*.

Increase Leadership, Collaboration, and Civic Engagement

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

Increase Access to Stable and Affordable Housing

- Objective 3:** Provide affordable housing to people experiencing or most at risk of homelessness
- Objective 4:** Provide permanent supportive housing to prevent and end chronic homelessness

Increase Economic Security

- Objective 5:** *Improve access to education* and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness
- Objective 6:** Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

Improve Health and Stability

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

Retool the Homeless Crisis Response System

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





Measuring Progress

To measure progress towards the Plan's goals, *Opening Doors* established six key measures. The first four are population measures that tie directly to the goals (i.e., the change in the number of people experiencing homelessness, the change in the number of individuals experiencing chronic homelessness, the change in the number of Veterans experiencing homelessness, and the change in the number of people in families experiencing homelessness). The other two measures are intended to track progress against two overarching strategies in the Plan: the change in the number of permanent supportive housing units; and the change in the number of households exiting homeless assistance programs with earned income and/or mainstream benefits.



USICH Congressional Reporting Requirements

This report provides the latest information on the number of people experiencing homelessness, the Federal programs that provide assistance, and our activities and accomplishments in the past year. In so doing, this report fulfills several requirements contained in the HEARTH Act for USICH:

- ▶ An assessment of the nature and extent of homelessness and the needs of those experiencing homelessness;
- ▶ A description of the activities and accomplishments of Federal agencies and the Council;
- ▶ An account by USICH member agencies of the programs they administer that assist people experiencing homelessness (as an appendix to this document); and
- ▶ An assessment of what is needed going forward.

This document provides an updated assessment of the nature and extent of homelessness in America based on the most data released by HUD and ED. It discusses activities and accomplishments of the Council, including an overview of Federal funding and people served by Federal programs, as well as a review of major USICH and member agency activities that have happened during the last year.

Top

Photo courtesy of the United Way of San Diego County

Bottom

Photo courtesy of the Homeless Families Foundation and the Community Shelter Board of Columbus, Ohio

Nature and Extent of Homelessness

This chapter shares the most recent data on homelessness from HUD’s 2011 and 2012 Point-in-Time (PIT) counts and its 2011 Annual Homeless Assessment Report (AHAR),² as well as the Department of Education’s (ED’s) Education for Homeless Children and Youth Data Collection Summary for the 2010–2011 school year. Because the timing of reporting of data on homelessness varies, some of the data discussed in this section reflect the first year of implementation of Opening Doors, some the second year of implementation, and some was collected prior to the release of the Plan. In addition to the implementation of Opening Doors, this period was characterized by high unemployment and poverty, but also increased investment in homeless assistance through the American Recovery and Reinvestment Act and increased funding for programs that serve homeless Veterans and their families.

Trends in Homelessness on a Single Night: 2011 and 2012

According to HUD data, 633,782 people were identified on the streets or in shelters on a single night in January 2012.³ Approximately 62 percent of those counted were sheltered—sleeping in emergency shelters or transitional housing, while the other 38 percent were unsheltered—sleeping on the streets, in their cars, in abandoned buildings, or in other places not meant for human habitation (see Table 2).⁴ Nearly two-thirds of the people experiencing homelessness on a single night were individuals (62 percent), while more than a third (38 percent) were persons in families. Persons in families were much less likely than individuals to be unsheltered: 20 percent of all persons in families experiencing homelessness were unsheltered on the night of the PIT count, while half of individuals experiencing homelessness were unsheltered.

	2007	2008	2009	2010	2011	2012
Individuals	423,377	415,202	404,957	407,966	399,836	394,379
Sheltered	213,073	204,855	215,995	212,218	205,834	199,159
Unsheltered	210,304	210,347	188,962	195,748	194,002	195,220
Persons in Families	248,511	249,212	238,110	241,951	236,181	239,403
Sheltered	178,328	181,506	187,313	191,325	186,482	190,996
Unsheltered	70,183	67,706	50,797	50,626	49,699	48,407
Total Homeless Persons	671,888	664,414	643,067	649,917	636,017	633,782
Sheltered	391,401	386,361	403,308	403,543	392,316	390,155
Unsheltered	280,487	278,053	239,759	246,374	243,701	243,627

Table 2.

Homelessness in the United States at a Point in Time, 2007–2012

Source: U.S. Department of Housing and Urban Development, <http://www.hudhre.info/index.cfm?do=viewCoCMapsAndReports>

The total number of people identified as experiencing homelessness on a single night has decreased by five percent between 2007 and 2011. From 2010 to 2011 the number of people experiencing homelessness decreased by 2.1 percent. Over time, a smaller share of all people experiencing homelessness is unshel-

tered, and a larger share is found in emergency shelters or transitional housing. This may in part reflect better street counts, but it may also reflect community success in getting people off the streets and into shelters or housing.

The number of homeless persons in families decreased from 241,951 in 2010 to 236,181 in 2011, a 2.3 percent change. Since 2007, the total number of homeless persons in families has decreased five percent, from 248,511 to 236,181. The number of sheltered persons in families has increased slightly during this period (from 178,328 to 186,482) while the number of unsheltered persons in families decreased 29 percent, from 70,183 to 49,699. The majority of the decrease among persons in families occurred between 2008 and 2009, and has stayed more or less the same since then.

From 2011 to 2012 the number of people experiencing homelessness continued to decrease. The number of individuals experiencing homelessness decreased 1.4 percent, from 399,836 to 394,379. The number of persons in families experiencing homelessness increased 1.4 percent, from 236,181 to 239,403 while the number of families remained unchanged, from 77,186 families to 77,157 families.

Prior to *Opening Doors*, national policy focused on ending chronic homelessness through funding incentives to develop permanent supportive housing and through the dissemination of best practice strategies for reducing chronic homelessness. (HUD defines chronic homelessness as a person with a disabling condition who has been continuously homeless for a year or more or has had four at least four episodes of homelessness in the past three years.)⁴ As shown in Table 3, the number of people experiencing chronic homelessness decreased by 9.0 percent from January 2010 to January 2012. Since 2007, there has been a 19.3 percent decrease in chronic homelessness. The majority of decrease over time has occurred among unsheltered individuals experiencing chronic homelessness.

Table 3.
Changes in
Targeted Homeless
Subpopulations
Point-In-Time Counts
2007–2012

	2007	2008	2009	2010	2011	2012	Change 2007–2012
Chronic							
Sheltered	41,768	45,418	45,592	43,374	38,971	32,647	-21.7%
Unsheltered	82,065	78,717	65,325	66,438	68,177	67,247	-18.1%
Total	123,833	124,135	110,917	109,812	107,148	99,894	-19.3%
Veteran							
Sheltered	<i>Unavailable*</i>		43,409	43,437	40,033	35,143	N/A
Unsheltered	<i>Unavailable*</i>		32,200	32,892	27,462	27,476	N/A
Total	<i>Unavailable*</i>		75,609	76,329	67,495	62,619	N/A

Note: *Prior to 2009, HUD did not release national estimates of homeless Veterans as part of the AHAR.

Source: U.S. Department of Housing and Urban Development, <http://www.hudhre.info/index.cfm?do=viewCoCMapsAndReports>

The 2011 PIT count identified 67,495 homeless Veterans. This represented a 12 percent decrease from the 2010 PIT count, which identified 76,329 homeless Veterans. Fifty-nine percent of homeless Veterans were sheltered on the night of the PIT count and 41 percent were unsheltered. The 2011 PIT count was the first in which all Continuums of Care (CoCs) were required to report on the number of sheltered and unsheltered Veterans. Previous reports had relied on statistical techniques to produce a national estimate of homeless Veterans.



Over time, a smaller share of all people experiencing homelessness is unsheltered, and a larger share is found in emergency shelters or transitional housing.

In the 2012 PIT, the number of Veterans experiencing homelessness decreased 7.2 percent from 67,495 to 62,619 and the number of people experiencing chronic homelessness decreased 6.8 percent from 107,148 to 99,894.

The PIT also provides information on the prevalence of chronic substance abuse and severe mental illness among adults experiencing homelessness. In the 2012 PIT, 111,993 of the adults counted were identified as having a severe mental illness and 131,363 of the adults counted were identified as having a chronic substance abuse problem. CoCs are required to collect this information only for adults in sheltered living situations (emergency shelter, transitional housing, or Safe Havens). As a result, the data does not fully reflect the prevalence of mental illness and substance abuse problems among people experiencing homelessness.

Geographic Concentration

State level PIT data shows that homelessness remains heavily concentrated within a handful of States. Just under half of all persons experiencing homelessness at a single point in time (46 percent) reside in four States: California, Florida, Texas, and New York (see Table 4). Together these four States represent just 33 percent of the overall U.S. population.⁶ In three of these States (CA, FL, and TX), the percentage of homeless persons who were unsheltered is significantly higher than the national average of 38 percent.

	Sheltered		Unsheltered		Total
California	45,890	(35%)	85,008	(65%)	130,898
Florida	19,832	(36%)	35,338	(64%)	55,170
New York*	65,482	(94%)	4,084	(6%)	69,566
Texas	17,501	(51%)	16,551	(49%)	34,052
	289,686				

Note:

New York City accounts for 81 percent of the homeless population in the State of New York. Unlike other States, New York's Legal Right to Shelter (based on a 1979 class action lawsuit against New York City and State) ensures greater availability of local and State resources; consequently there is a low proportion of unsheltered versus sheltered persons.

Table 4.

The Concentration of Homelessness in the United States (2012)

Source: U.S. Department of Housing and Urban Development, 2012 Point In Time Count, <http://www.hudhre.info/index.cfm?do=viewHomelessRpts>

Homelessness is also heavily concentrated in large metropolitan areas. Consequently, large shifts in homelessness prevalence in these communities can have a significant impact on the national figures.⁷ Unlike past years, there was no single CoC whose changes had a disproportionate impact on national trends in 2011. The overall homeless PIT did not change dramatically in New York City or Los Angeles, the two CoCs with the largest homeless population (see Table 5).

Table 5

Continuums of Care with the Largest Changes in their PIT counts, 2011-2012

Continuum of Care	BIGGEST INCREASES			Continuum of Care	BIGGEST DECREASES		
	Total Homeless 2011	Total Homeless 2012	Change		Total Homeless 2011	Total Homeless 2012	Change
New York City, NY	51,123	56,672	5,549	Los Angeles City and County, CA*	45,422	42,353	-3,069
Joplin/Jasper, Newton Counties, MO	457	1,724	1,267	Houston/Harris County, TX	8,471	7,187	-1,284
Ohio (Balance of State)	4,431	5,121	690	Bergen County, NJ	1,521	454	-1,067
Phoenix/Maricopa County, AZ	5,831	6,485	654	Las Vegas/Clark County, NV*	9,432	8,752	-680
Gainesville, Florida	1,179	1,814	635	Fresno/Madera County, CA*	5,135	4,492	-643

Note: * Indicates community did not do a new count of unsheltered Veterans in 2012, opting to report their number from the 2011 PIT count

Source: US Department of Housing and Urban Development, 2011, 2012 Point-in-Time Count data, <http://www.hudhre.info/index.cfm?do=viewHomelessRpts>

Annual Estimates on Shelter Use

While the PIT count provides a snapshot of the number of people experiencing homelessness on a given night in America, the development and implementation of Homeless Management Information Systems (HMIS) has allowed CoCs to produce unduplicated counts of the total number of people who use emergency shelter or transitional housing programs during the course of a year. This longitudinal data also helps track lengths of stay, service use patterns, and flow in and out of the system.



The 2011 Annual Homeless Assessment Report (AHAR) provides a national estimate of the number of persons who used an emergency shelter or transitional housing program between October 1, 2010 and September 30, 2011 (FY 2011). These annual estimates reflect the demand for shelter (both emergency shelter and transitional housing), the number of available shelter beds, and the length of time people spend in shelter. As shown in Table 6, the annual estimate of individuals using shelter decreased 11.7 percent between 2007 and 2011. In contrast, the number of persons in families has increased by 13.4 percent. Among individuals, the average stay in emergency shelters has increased from 38 nights in 2007 to 49 nights in 2011. Longer lengths of stay mean that these shelter beds serve fewer people on an annual basis. The decline in the number of individuals using shelter may also reflect an emphasis on moving chronically homeless individuals out of shelters and into permanent housing. The average length of stay for families in emergency shelter has decreased from 67 nights in 2007 to 64 nights in 2011. Additionally, we suspect that the recession may have increased the demand for shelter among families.

Photo courtesy of St. Stephens Human Services, Minneapolis, Minnesota

	2007	2008	2009	2010	2011	% Change 2007-2011
Individuals	1,115,054	1,092,612	1,034,659	1,043,242	984,469	-11.7%
Persons in Families	473,541	516,724	535,447	567,334	537,414	13.4%
Total Persons	1,588,595	1,593,794	1,558,917	1,592,150	1,502,196	-5.4%

Note: * The second Annual Homeless Assessment Report (AHAR) captured data for a six-month period only (January 1 through June 30, 2006) and therefore is not comparable to figures presented for subsequent years. Volume II of the 2012 AHAR will be published later this year.

Source: US Department of Housing and Urban Development, Annual Homeless Assessment Report (AHAR) data, 2006-2011, <http://hudhre.info>

The most recent AHAR also provides new evidence that people with disabilities are at increased risk of experiencing homelessness. Thirty-eight percent of adults who used shelter in 2011 had a disabling condition. By comparison, 15 percent of all adults in the U.S. have a disabling condition. This means that adults with a disabling condition are 2.5 times more likely than other adults to use a homeless shelter. Since 2007, the percent of sheltered homeless individuals with a disabling condition has increased from 40.4 percent to 42.6 percent while the percent of sheltered homeless adults in families has remained at 16 percent.

Annual Estimates of Homeless Students

The Department of Education (ED) collects data on the number of homeless students enrolled in public schools (preschool–12th grade) in the United States each year.⁸ ED’s Education for Homeless Children and Youth (EHCY) program, authorized under the McKinney-Vento Homeless Assistance Act (McKinney-Vento), uses a definition of homelessness that is broader than that used by HUD and includes youth and families that are doubled up with other households or living in motels. Unlike the Point-in-Time count, ED’s count is a cumulative total of all students who experience homelessness over the course of the school year. According to ED, 1,065,794 homeless students were identified during the 2010–2011 school year (SY) compared to 939,903 students in the 2009–2010 school year, a 13 percent increase.⁹

ED also requires local education agencies (LEAs) to capture information on the primary nighttime residence of the student when he or she was determined eligible for EHCY services (i.e., identified as homeless). The primary nighttime residence categories are sheltered, unsheltered, hotels, motels, and doubled-up (see Table 7). Nearly three-quarters of homeless students (72 percent) were in doubled-up living situations. Since SY 2007–2008, the number of homeless students in doubled-up situations has increased by 53 percent. This is likely a result of both the economy and improvements in data collection and reporting, as more LEAs submitted data for the report and California (which represents over 20 percent of all homeless students) reported more accurate data.

Table 6

Annual Estimate of
Individuals Using
Shelter, 2007–2011*



Photo courtesy of and ©
the Bill & Melinda Gates Foundation

Table 7
Primary
Nighttime Residence
of Homeless Students
Four-Year Comparison

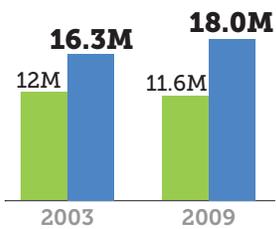
	SY07-08	SY08-09	SY09-10	SY10-11
Shelters	164,982	211,152	179,863	187,675
Doubled-Up	502,082	606,764	668,024	767,968
Unsheltered	50,445	39,678	40,701	51,897
Hotels/Motels	56,323	57,579	47,243	55,388
Total*	773,832	915,173	935,831	1,062,928

Note:
 Not all States capture data on primary nighttime residence, thus totals in this table are less than the total number of homeless students reported by ED.

Source: National Center for Homeless Education. *Education for Homeless Children and Youth Program Data Collection Summary*. June 2012

The Impact of the Recession

Infographic



Rental Unit Supply Gap

-4.3M units -6.4M units

Available Units Demand

The weak economy and the decline in homeownership have caused an increase in the **number of households competing for affordable rental units.**

By 2011, the recession had officially been over for more than a year. Many of the economic factors associated with homelessness—poverty, unemployment, tight rental markets—however, remained at elevated levels. In 2011, 15.9 percent of Americans lived in poverty, an increase from 15.3 percent in 2010.¹⁰ The economic downturn exacerbated sharp national increases in poverty that were already emerging over the last 15 years. During this period, the number of families living in extreme poverty has increased sharply. An analysis of data from the Survey of Income and Program Participation (SIPP) found that the number of families with children reporting \$2 or less per person, per day in total household income increased from 636,000 in 1996 to 1.46 million in early 2011.¹¹

The collapse of the housing market in some States has led to a steep decline in the number of Americans that own their own homes. The weak economy and the decline in homeownership have caused an increase in the number of households competing for affordable rental units. In 2003, 16.3 million very low-income renters competed for 12 million affordable and adequate rentals that were not occupied by higher-income households. By 2009, the number of these renters hit 18.0 million while the number of affordable, adequate, and available units dipped to 11.6 million, pushing the supply gap to 6.4 million units.¹² In 2012, the National Low Income Housing Coalition reported that the average renter earned \$14.15 an hour, far below the \$18.25 hourly wage necessary to afford a standard two-bedroom apartment.¹³

The lack of adequate, affordable, and accessible housing units has caused an increase in the number of very low-income renters with “worst case” housing needs. Renters are considered to have worst case needs if they pay more than half of their total income on rent and utilities or if they live in severely substandard housing. From 2007 to 2009, the number of renters with worst-case needs increased by 20 percent, from 5.91 million to 7.10 million, the largest increase in any two-year period since at least 1985. Forty-one percent of very-low income renters had worst case needs. Nearly all worst-case needs renters (94 percent) reported spending more than half of their monthly income on housing.¹⁴

The lack of affordable housing has also pushed many low-income households into doubled-up housing situations. In last year’s *Update* we noted the significant increase in the number of doubled-up households from 2008 to 2010. The most recent available data from the 2011 Current Population Survey estimated that the percent of shared households declined by 0.4 percentage points between 2010 and 2011.¹⁵ A 2010 study found that the recession has caused a dramatic increase—nearly five-fold—in the rate of overcrowding.¹⁶ For many, the arrangements represent their last best option—the only way to stave off entering a homeless shelter or sleeping in their cars.

Wage Gap



\$14.25
per hour

Earned by average renter

\$18.25
per hour

Needed to afford a standard two-bedroom apartment

Given the economic conditions, it is encouraging that HUD's PIT count showed a slight decrease in homelessness from 2010 to 2012. One resource that helped to aid for the reported decrease was the American Recovery and Reinvestment Act's Homelessness Prevention and Rapid Re-Housing Program (HPRP). From its implementation in late 2009 through March 2012, HPRP has provided assistance to more than 1.3 million people and helped pave the way for a fundamental change in the way communities respond to homelessness. Additionally, the efforts to end homelessness among Veterans were aided by additional funding for new HUD-VASH vouchers.

Looking ahead, the weak economy and the lack of affordable rental housing represent strong headwinds in our efforts to prevent and end homelessness, reinforcing the need for improved targeting of resources and leveraging of new opportunities, including new health care options under the Affordable Care Act.

The Costs of Homelessness

Opening Doors is based on a large body of research that demonstrates both the costs of homelessness, as well as the cost savings to States and local communities when permanent supportive housing is made available to highly vulnerable populations. Last year's *Update* summarized many of these studies.

The cost effectiveness of permanent supportive housing is becoming increasingly well-established in the academic and medical community. In 2012, the *Journal of the American Medical Association* cited supportive housing as a cost saving strategy for addressing chronic homelessness, noting "a growing body of literature verifies the cost-effectiveness of supportive housing."¹⁷ One of the most recent additions to this literature is a cost-utility analysis of supportive housing for homeless and unstably housed HIV-positive persons in Baltimore, Chicago, and Los Angeles. The cost-utility analysis includes not just the costs associated with the intervention compared to a control group, but also the cost savings associated with reduced risk of HIV transmission and improved quality of life. The study found an estimated cost-per-quality-adjusted-life-year savings of \$62,493 associated with receiving supportive housing.¹⁸

All levels of government face extraordinary pressure to reduce costs. Ending homelessness is increasingly being recognized as a win-win for the people who have experienced it and for the public that needs to know that its investments yield cost-effective results. Many communities have come to appreciate that managing the rate of growth in health care spending means attending to housing stability as a prerequisite for health, better care management, and lower costs. The Federal government is partnering with communities to continue to demonstrate both the cost impact and outcome improvements that result from providing housing and more integrated care to people experiencing homelessness. Two good examples are the Health Innovation grants from HHS and the Social Innovation Fund grant from the Corporation for National and Community Service awarded to the Corporation for Supportive Housing.

The costs of homelessness are not just monetary. There is an incredible human cost as an aging group of people experiencing chronic homelessness are living on the streets with intensifying health problems and a new group of children face the prospect of growing up without the stability of a home.

The first group of **Health Care Innovation Awards**, administered by the Center for Medicare and Medicaid Innovation (CMMI), were given in May 2012 to 26 organizations. “Made possible by the health care law—the Affordable Care Act—the awards will support 26 innovative projects nationwide that will save money, deliver high quality medical care and enhance the health care workforce,” notes CMMI.

Three of the grantee organizations work specifically on ending homelessness. Their initiatives aim to limit healthcare barriers for individuals experiencing homelessness:

The National Health Care for the Homeless Council is joining into a cooperative agreement to serve 10 communities across the U.S. to decrease the number of emergency department visits and lack of primary care services for over 1,700 homeless individuals.

The Center for Health Care Services in San Antonio, Texas, will work to integrate behavioral care and health care for a group of approximately 260 homeless adults in San Antonio with severe mental illness or co-occurring mental illness and substance abuse disorders, at risk for chronic physical diseases.

Northern California’s **LifeLong Medical Care** will further integrate care and encourage healthy behavior among 3,250 seniors and other adults with disabilities who are Medicaid and dual Medicare/Medicaid-eligible beneficiaries.



Courtesy of Central City Concern of Portland, Oregon



Courtesy of Homeward Bound of Asheville, North Carolina

Accomplishments and Activities

Progress Against Plan Goals

USICH tracks six key measures to assess progress against the Plan. The first four are population measures that tie directly to the goals of the Plan and two measures are intended to track progress against two overarching strategies in the Plan:

- ▶ change in the total number of people experiencing homelessness
- ▶ change in the number of individuals experiencing chronic homelessness
- ▶ change in the number of Veterans experiencing homelessness
- ▶ change in the number of people in families experiencing homelessness
- ▶ change in the number of permanent supportive housing units
- ▶ the change in the number of households exiting homeless assistance programs with earned income and/or mainstream benefits

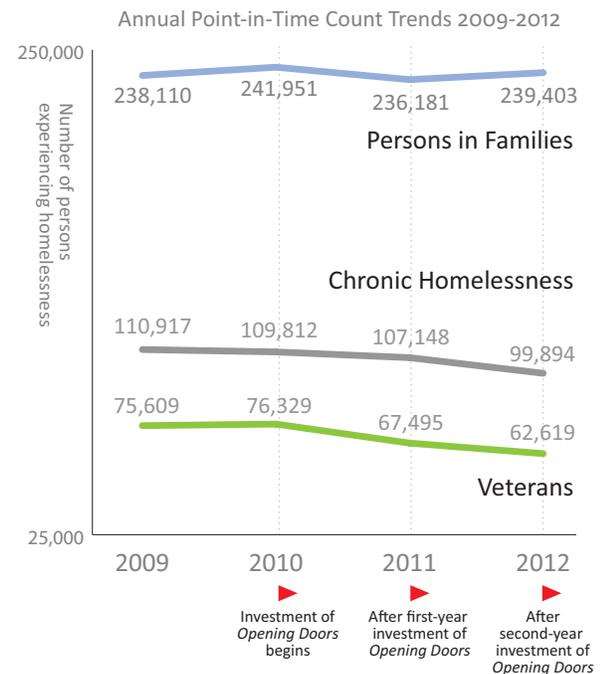
Population Measures

As discussed in the last section, 633,782 people were identified on the streets or in shelters on a single night in January 2012. This represents a less than one percent decrease relative to 2011. As seen in Figure 1, specific subpopulation changes are as follows:

- ▶ 239,403 people in families experiencing homelessness were identified in the 2012 PIT count, compared to 236,181 in 2011, an increase of 1.4 percent.
- ▶ 99,894 persons experiencing chronic homelessness were identified in 2012, compared to 107,148 in 2011, a decrease of 6.8 percent.
- ▶ 62,619 Veterans experiencing homelessness were identified in 2012, relative to 67,495 in 2011, a decrease of 7.2 percent.

While much work remains to end homelessness in America, a modest decrease in the face of a recession is positive news and signals the opportunity to make real gains as the economic recovery continues in the coming years.

Figure 1
Opening Doors Performance:
Population-Specific Measures



Source: US Department of Housing and Urban Development, Annual Homeless Assessment Report (AHAR) Data, 2009-2012.

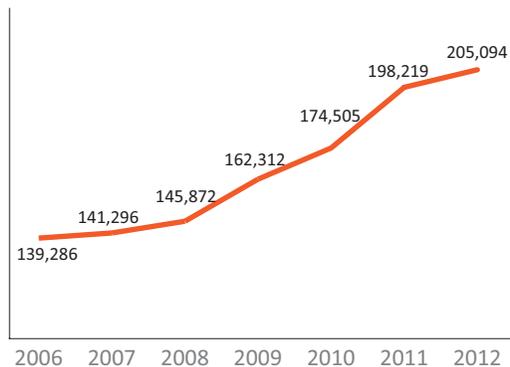
Strategy Measures

One of the most critical strategies in *Opening Doors* centers on increasing the number of permanent supportive housing units in the country. As seen in Figure 2, an additional 6,875 permanent supportive housing units came online between 2011 and 2012—an increase of 3.5 percent. In 2012, 36 percent of the new supportive housing units assisted people experiencing chronic homelessness. More significant gains in the coming years and improved targeting of units towards individuals experiencing chronic homelessness will be needed if the nation is to meet Plan goals (particularly in those States and communities that have the greatest numbers of people experiencing chronic homelessness). Since we cannot expect all of the needed units to come through new appropriations, communities must continue to examine local performance outcomes to identify the most strategic and cost-effective use of resources in order to help more people avoid or end their homelessness.

Figure 2

Opening Doors
Performance:
Permanent Supportive
Housing Inventory

Source:
US Department of Housing
and Urban Development,
Housing Inventory Chart
(HIC) Data, 2007-2012.



The last key set of measures focuses on the number of households exiting homeless assistance programs with earned income and/or mainstream benefits. Baseline data on this measure was captured from 2009 HUD Annual Performance Reports (APRs) during the creation of *Opening Doors*. Due to HUD’s conversion to a new performance reporting system and changes in the way the data was collected during the 2010 transition year, comparable data for 2010 is unavailable and data from the 2011 program year was not yet available for this annual update.

Number of Persons Assisted

Council member agencies administer multiple programs targeted to those experiencing homelessness or through mainstream programs that broadly assist low-income populations. The majority of mainstream programs do not collect information on the housing status of people served by the program. Consequently, USICH cannot determine the extent to which individuals experiencing or at risk of homelessness are accessing those programs at a single point or over time. However, they are all generally targeted to low-income populations, and thus offer a critical safety net to those households.

The targeted homelessness programs collect information on the number of persons served by the program (see Table 8). Note that these figures are for separate programs and there could be some people who are served by multiple programs. As discussed in the previous section, “Nature and Extent of Homelessness,” the need for assistance continues to outpace available resources. As such, the Federal investment in these programs is critical to support State and local efforts to prevent and end homelessness.

Table 8

Persons Assisted by Targeted Federal Homeless Assistance Programs

Department	Program	Appropriations			Number of Homeless Persons Assisted, 2010/2011 ^a
		2010	2011	2012	
Education	Education for Homeless Children and Youth	\$65.4 million	\$65.3 million	\$65.2 million	883,816
Health and Human Services	Grants for the Benefit of Homeless Individuals	\$42.5 million	\$42.5 million	\$46.34 million	4,948
	Health Care for the Homeless	\$185.1 million	\$214.6 million	\$231.2 million	805,064 ^a
	Projects for the Assistance in Transition from Homelessness	\$65.1 million	\$64.9 million	\$64.7 million	65,442 ^a
	Runaway and Homeless Youth	\$115.7 million	\$115.5 million	\$115.3 million	44,112
	Services in Supportive Housing	\$34.6 million	\$33.1 million	\$32.9 million	4,298
Homeland Security	Emergency Food and Shelter Program	\$200 million	\$119.76 million	\$120 million	Not provided
Housing and Urban Development	Homeless Assistance Grants (ESG, SHP, S+C, Section 8 SRO)	\$1.865 billion	\$1.905 billion	\$1.901 billion	1.1 million ^a
	Homelessness Prevention and Rapid Re-Housing Program	N/A (Recovery Act Funded)			1.3 million ^b (8/09–3/12)
	HUD-VA Supportive Housing (HUD-VASH)	\$75 million	\$50 million	\$75 million	35,592 housed ^c (End of FY 2011)
Justice	Transitional Housing Assistance Grants to Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking	\$18 million	\$17.964 million	\$25 million	7,103 ^d
Labor	Homeless Veterans' Reintegration Program	\$36.3 million	\$36.3 million	\$38.2 million	15,951 ^a
Veterans Affairs	Case Management for HUD-VASH	\$71 million	\$120 million	\$202 million	35,592 housed ^c (End of FY 2011)
	Domiciliary Care for Homeless Veterans	\$176 million	\$222 million	\$201 million	8,855
	Homeless Providers Grant and Per Diem	\$175 million	\$172 million	\$224 million	32,000
	Healthcare for Homeless Veterans	\$110 million	\$201 million	\$135 million	95,071
	Veterans Justice Outreach Initiative	\$5 million	\$22 million	\$22 million	15,076
	Supportive Services for Veterans' Families (includes others within the Veteran's household)	\$4 million	\$61 million	\$100 million	28,241
	Homeless Veterans Supported Employment Program	Program began in FY2011	\$23 million	\$32 million	12,116
	National Call Center for Homeless Veterans	\$2 million	\$5 million	\$3 million	48,879 calls; 27,357 medical center referrals
	HUD/VA Prevention Pilot (includes Veterans and members of household)	N/A	\$1 million	\$5 million	1,717 ^b

Notes

- Agencies reported number of individuals assisted by their programs during the most recent year for which data was available at the time this report was compiled. For most agencies, this was 2011. Numbers denoted with an asterisk (*) are for 2010.
- These are time-limited appropriations, not ongoing programs.
- The number used here is actual number housed at the end of FY 2011, not total served.
- 7,103 is the number of victims and their children and other dependents served by Transitional Housing grantees from January to June 2011.

Progress Across Plan Themes

The following is a review of activities and accomplishments by USICH staff and member agencies over the last year. This summary is organized by the five themes that capture the Plan's 10 objectives.

Increasing Leadership, Collaboration, and Civic Engagement

In order to increase leadership, collaboration, and civic engagement, the Plan focuses on promoting collaborative leadership at all levels of government and across all sectors. Furthermore, *Opening Doors* proposes strengthening the capacity of public and private organizations by increasing knowledge about the causes and nature of homelessness and successful interventions to prevent and end it. Leadership and collaboration matter because the lives and needs of people experiencing or most at risk of homelessness are impacted by many different systems and sectors. Effective collaboration requires strong and sustained leadership. Effective collaboration is required if mainstream programs are going to successfully work together to build a better mechanism for identifying people at risk of homelessness and braiding together resources to fund the range of interventions called for in the Plan.

The unprecedented level of collaboration around Plan implementation among Federal agencies has continued since the development of *Opening Doors*. Tremendous collaboration also continues between the Federal government and State and local governments and nonprofits.



In September 2011, the Council met at a local family shelter in DC and discussed cross agency solutions to family homelessness.

Photo: USICH

Once again this year the Council modeled collaboration through its regular meetings. The Council fulfilled its Congressional requirement to meet four times per year. The meetings continue to have significant Cabinet-level participation. The two 2011 meetings in this reporting period included one in September that brought the Council to a family shelter in Washington DC for a dialogue with local providers and families. In December 2011, for the first time, the Council focused on youth homelessness. In April 2012, the Council focused on a dialogue with national leaders in ending chronic homelessness. June 2012 marked the first ever webcast Council meeting, including a discussion of a new framework for ending youth homelessness with a panel of national experts. (The youth framework is discussed in greater detail below.) The Council meeting in September 2012 (not covered in this reporting period) was also made public via a webcast, focusing again on ending family homelessness. Federal agency leaders coming together to continue advancing the implementation of *Opening Doors* demonstrates commitment and drives cross sector solutions to complex problems. The inclusion of States and private sector leaders in these meetings is another sign of the level of collaboration occurring.

Examples of collaboration among Federal agencies include:

- ▶ HUD, VA, and USICH are working with the national nonprofit Community Solutions and the Rapid Results Institute to host Rapid Results Housing Placement Boot Camps, local events designed to engage key leaders from the VA, PHAs, CoCs, HUD and nonprofits to set ambitious goals to end homelessness and improve the process of housing Veterans through HUD-VASH. Participating communities have included: Tucson, Arizona; San Diego City and County, San Francisco, and Los Angeles, California; Gainesville/Alachua County and Orlando, Florida; Atlanta and the Balance of State CoC, Georgia; Greater New Orleans, Louisiana; Detroit, Michigan; New York City, New York; Las Vegas, Nevada; and Corpus Christi, Houston and Harris County, and San Antonio, Texas. In late 2010, VA and USICH planned and conducted a two-day National Forum on Veterans Homelessness for four hundred people—Federal staff from VA, HUD, HHS, and DOL; Veterans Integrated Service Network (VISN) staff; advocates; and housing and service providers who work with Veterans. Three Cabinet Secretaries spoke at the Forum. Most notably, VA Secretary Shinseki directed each Veterans Health Administration (VHA) Director to work with local community partners to develop local strategic plans to end Veteran homelessness and to synergize their activities with their respective communities.
- ▶ Beginning in September 2011, Federal agencies with programs serving youth began working together to better understand the size and scope of youth homelessness, effective interventions, and how to make progress toward the goal of ending youth homelessness in 2020. There were significant contributions by many agencies, including HHS, HUD, and ED. This was the first time agencies came together to look at the problem, how they each fund programs and collect data, and to develop consensus on how to move forward. Throughout the process, USICH helped make connections to local providers and national advocacy organizations, including a dialogue between experts and Secretary Sebelius at Lighthouse Youth Services, a leading youth provider in Cincinnati, Ohio. The youth framework is discussed in greater detail below. Work continues across agencies to advance the framework, which was endorsed by the Council at its June 2012 meeting.
- ▶ In early 2011, HUD, VA, and DOL staff planned for and conducted a start-up conference for the Veterans Homelessness Prevention Demonstration Program (VHPD). USICH staff also participated. The VHPD is a pilot collaborative initiative to explore early interventions to prevent Veteran homelessness. This program is targeted to service members returning from the wars in Afghanistan and Iraq. The communities selected for this demonstration are located near the following military installations: MacDill Air Force Base in Tampa, Florida; Camp Pendleton in San Diego, California; Fort Hood in Killeen, Texas; Fort Drum in Watertown, New York; and Joint Base Lewis-McChord near Tacoma, Washington.
- ▶ A process called HUDStat allows HUD and VA officials to regularly monitor and evaluate the progress of HUD-VASH within the context of ending Veteran homelessness by 2015. Twice a year, the HUD Secretary meets with officials from HUD and VA who present the latest national data on HUD-VASH program performance measures, including voucher utilization, lease-up times, and



Secretary of Education Arne Duncan, Secretary of HUD Shaun Donovan, and Secretary of HHS Kathleen Sebelius discuss the framework to end youth homelessness with a panel of experts at the Council meeting in June 2012.

Photo: USICH

targeting. HUDStat allows HUD and VA officials to identify problems or issues that require policy changes or clarifications and to address them. HUDStat meetings provide the opportunity to examine HUD-VASH operations and implementation with representatives from HUD and Veterans Health Administration field staff within cities with high concentrations of homelessness.

Civic Engagement and Capacity Building

Civic engagement and capacity building are important strategies to achieve the goals of *Opening Doors*. Below is a description of the action taken to educate the country about *Opening Doors* and what is needed to prevent and end homelessness in America.

- ▶ In the FY 2012 Budget, Congress gave USICH authority to directly hire its regional coordinators. This year, USICH was able to hire five regional coordinators, including the national programs director in Washington DC, and staff based in Detroit, San Diego, Boston, and Asheville, North Carolina. Together these five staff members work closely with States and local communities, focusing on communities with the highest rates of homelessness to align local plans with *Opening Doors* and to ensure deployment of proven strategies.
- ▶ In May 2012, USICH collaborated with United Way Worldwide at their annual Community Leaders Conference to present community engagement strategies to end homelessness to local United Way leaders. United Ways are increasingly leading systems change, policy dialogues, and advancing innovative grant-making as they mobilize the community to solve critical social problems, including homelessness. Participants received a toolkit created by USICH that summarized the roles that United Ways have played in a community impact model of ending homelessness, and links to successful cross-sector plans to end homelessness, including cross-sector roles, metrics, and benchmarks. The toolkit is available at www.usich.gov/uww.
- ▶ HHS/SAMHSA and many Federal partners hosted two expert panels, one in August 2011 titled *Homelessness: Addressing the Needs of Homeless Veterans of Operations Enduring Freedom, Iraqi Freedom, and New Dawn*, and another in April 2012 titled *Homelessness in the Frontier and in Rural America*. USICH released [summaries of the Veterans expert panel](#), as well as [an expert panel on homelessness prevention](#) from last year.
- ▶ USICH and its Federal partners developed a national homelessness research agenda in collaboration with leading researchers. [This document](#) provides guidance to funders and researchers on areas of research that are needed to fill critical gaps in knowledge.

Finally, having quality information to track our impact in reducing homelessness requires better data and more integrated systems. It also requires more research and dissemination of what is already working in communities. The following has been accomplished thus far:

- ▶ HUD and VA are counting homelessness among Veterans together through the HUD PIT. Working together has brought VA providers into the HUD counting process and improved the way communities ask about prior military service. HUD and VA also released the second *Veterans Annual Homeless Assessment Report to Congress* using the 2010 data. The report documents both numbers and characteristics of Veterans experiencing homelessness. Notably, it documents how female Veterans are twice as likely as male Veterans to become homeless. Beginning with the 2011 AHAR, HUD will



no longer issue a separate supplemental AHAR on homeless Veterans. This information will be contained in the 2011 AHAR and all subsequent reports.

- ▶ In an effort to streamline reporting by homelessness programs and present a more comprehensive picture of homelessness and interventions, HHS and VA continue to implement HUD's Homelessness Management Information System (HMIS) for PATH and VA homelessness programs. Notably, when VA implemented the new Supportive Services for Veteran Families grants (SSVF), they used HMIS from the very beginning.
- ▶ HHS and HUD have also been working together to look at coordinated data collection for HUD's homeless assistance programs and HHS' Runaway and Homeless Youth Act (RHYA) programs. In addition to developing common data elements between the Runaway and Homeless Youth Management Information System (RHYMIS) and HMIS, work is being done to determine what is needed to integrate RHYMIS with HMIS. This would cut down on dual reporting systems for grantees that have funding from both RHYA and HUD, and provide a more comprehensive picture of how youth move between homeless services.
- ▶ USICH convened an interagency working group to identify next steps to move towards a common vocabulary and data standard related to housing status, prioritizing across targeted homeless programs and some mainstream programs where the most feasible and highest impact changes could be made.
- ▶ HUD's two-year study, [The Impact of Housing and Services Interventions on Homeless Families](#), began its follow-up survey period in June 2012. This study of family homelessness compares several combinations of housing assistance and services in a multi-site experiment to determine which interventions work best to promote housing stability, family preservation, child well-being, adult well-being, and self-sufficiency. It is the largest experimental study of homelessness ever conducted.
- ▶ In May 2012, HHS released the final report for [Linking Human Services and Housing Assistance for Homeless Families and Families at risk of Homelessness](#), which focuses on 14 local programs that link human services with housing supports to help homeless families. Researchers conducted in-depth case studies and site visits in order to identify and examine programs across the country that deliberately integrate human services and housing, and to synthesize information gathered into promising practices for further dissemination. As a result of this study, 10 promising practices were developed and characteristics of these programs were shared, increasing the Federal government's understanding of how best to integrate mainstream resources to assist families experiencing homelessness.
- ▶ HHS also issued [four new issue papers](#), under a larger study on chronic homelessness focused on people who have multiple, complex, and interacting physical and behavioral health conditions, and the ways in which this population

Barbara Poppe participates in outreach with the VA Greater Los Angeles' Assertive Community Treatment Team.

2012 PIT Count Participation

Administration officials volunteered alongside Continuum of Care leadership in 20 cities for the January 2012 Point-in-Time counts. These officials joined thousands of volunteers across the nation in this annual effort to count the number of people experiencing homelessness. In the District of Columbia, Department of Veterans Affairs Deputy Secretary Scott Gould and HUD Acting Deputy Secretary Estelle Richman volunteered with staff from VA, HUD, HHS and USICH to survey Capitol Hill. USICH Executive Director Barbara Poppe participated in counts in both New Orleans and Miami.

is served through different types of programs. The papers discussed Medicaid’s role in covering authorized health services to Medicaid beneficiaries, Public Housing Agencies’ involvement in permanent supportive housing provision, Supplemental Security Income eligibility for this population, and a demographic analysis of those experiencing chronic homelessness and the supports for which they are eligible.

- ▶ USICH continues to add features to its website in order to be a centralized resource on ending homelessness. In the last year, USICH has created new website content and profiled innovative practices from around the country on at least 10 new topics ranging from implementing alternatives to criminalization measures to utilizing resources for Veterans beyond the HUD-VASH program, all of which were disseminated through our online newsletter and social media outlets. USICH has also been involved or has hosted a total of 18 webinars in the last year, serving as expert panelists or moderators. Every webinar hosted or moderated by USICH is [available on the USICH website](#).



Photo courtesy of the YWCA of Columbus, Ohio and the Community Shelter Board in Columbus, Ohio.

Increasing Access to Affordable and Supportive Housing

While affordable housing is key when addressing homelessness more generally and family homelessness in particular, 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 the individual or family. Increasing the stock of affordable and supportive housing is central to achieving the Plan's goals. It is impossible to end homelessness without it. However, efforts to improve targeting to the most vulnerable households, as well as working to remove barriers to mainstream housing assistance programs are also very critical. During the second year of implementation of *Opening Doors*, USICH and its Federal partners continue to advance these objectives.

- ▶ HUD's Office of Special Needs Assistance Programs (SNAPs) continued to build the national permanent supportive housing inventory by providing incentives for the creation of supportive housing through its annual CoC competition. In 2011, HUD funded 731 new PSH projects that will create an estimated 8,624 units of new permanent supportive housing.
- ▶ At the end of FY 2011, 35,592 Veterans and their families were in housing through the HUD-VASH program. In July of 2011, HUD awarded 6,790 new VASH vouchers and an additional 676 project-based set aside vouchers. In March 2012, HUD and VA announced awards for an additional 10,000 vouchers from the FY 2012 appropriations. The collaboration between VA and HUD to improve lease-up, implementation of Housing First practices, and targeting of HUD-VASH is a great example of how new investments, strategically deployed, can make a significant difference in helping to reduce and ultimately end homelessness.
- ▶ HUD and USICH have been exploring ways to better utilize mainstream housing resources for people experiencing homelessness. Two national convenings of Public Housing Agency (PHA) directors and CoC leadership occurred in 2012. These meetings promoted partnership between PHAs and CoCs, identified challenges PHAs face providing housing to people experiencing homelessness, and identified and shared best practices and innovative solutions. Concurrently, HUD has begun a national study of the extent and ways in which PHAs are engaged in local efforts to end homelessness. USICH worked with HUD and national nonprofit, Corporation for Supportive Housing, to develop guidance, engagement strategies, and toolkits to promote increased utilization of HUD mainstream housing programs in community efforts to end homelessness.
- ▶ HUD published a rule entitled Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, which is intended to ensure that HUD's core housing programs are open to all eligible persons, regardless of sexual orientation, gender identity, or marital status.
- ▶ Significant dialogue is taking place between USICH, Federal agencies, and communities on the impact of Olmstead agreements on ending homelessness. These agreements include State plans and sometimes court settlements to help people in institutions transition to more appropriate community settings. As communities define housing choices and invest in new housing options, this can also benefit people experiencing chronic homelessness. Discussions are occurring across Federal agencies and in States about how to promote community integration and choice; how to meet the needs of people exiting institutions and people experiencing homelessness, and how to create an adequate supply of permanent supportive housing.

Increasing Economic Security

- ▶ In order to increase economic security, the Plan's objectives focus on increasing meaningful and sustainable employment opportunities for all sectors of our society, and for increasing and improving access to mainstream workforce and income support programs to reduce financial vulnerability to homelessness. As the economy improves and Americans return to work, a drop in unemployment rates will undoubtedly reduce the number of people at risk of homelessness. Current data shows that 1.8 million jobs were created on non-farm payrolls between July 2011 and July 2012, and we will continue to work to ensure those opportunities extend to the most vulnerable members of our society.¹⁹

While more progress is needed, the following Federal advances have been made in the last year:

- ▶ HHS, through the Substance Abuse and Mental Health Services Administration (SAMHSA), continues to operate the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative that aims to improve access to SSI/SSDI benefits for individuals who are homeless through Federally funded technical assistance.
- ▶ HHS released [final documents from its study of benefits-access efforts](#) that utilize web-based technology to improve access to multiple public benefit programs for eligible low-income populations, including in-depth case studies of eight selected initiatives and a discussion of the potential for sustaining, expanding, and replicating promising models.
- ▶ In November 2011, President Obama signed into law [The VOW to Hire Heroes Act of 2011](#) to reduce unacceptably high rates of unemployment among Veterans. This Act provided additional vocational rehabilitation assistance to Veterans with service-connected disabilities and funded employer incentives to hire and train Veterans. Additionally, the VOW to Hire Heroes Act created the Veterans Retraining Assistance Program (VRAP) to train unemployed Veterans for placement in a high-demand occupation. Through FY 2012, VA issued 45,000 Certificates of Eligibility to Veterans for participation in VRAP. It also requires service members to attend the Transition Assistance Program (TAP) before leaving the military.
- ▶ Through the work of the Veterans Employment Initiative Task Force, the Departments of Labor, Defense, and Veterans Affairs have revamped the TAP for separating service members. The redesigned TAP will help service members successfully transition to the civilian workforce, start a business, or pursue training or higher education.
- ▶ DOL and VA have collaborated with the White House to improve employment outcomes and the economic stability of Veterans and their families. [The White House Joining Forces Initiative](#) seeks to ensure that military families have what they need in the areas of employment support, educational support, and health and wellness to help prevent housing crises and overcome economic stability.
- ▶ The VA has also worked with the nonprofit and private sectors through the [Hiring Our Heroes initiative](#), led by the U.S. Chamber of Commerce. This initiative seeks to connect employers in the public and the private sector to Veterans looking for work. In 2011, over 220 Hiring Our Heroes events took place, and over 400 hiring fairs will take place by the end of 2012.

- ▶ As part of the Disability and Employment Initiative (DEI), since 2010 DOL has awarded grants totaling \$63 million to 26 States to support extensive partnerships, collaboration, and coordination across multiple service delivery systems to leverage public and private resources to better serve persons with disabilities and improve their employment outcomes. Eleven of these projects include some focus on expanding the capacity of the public workforce system to serve persons who are homeless and/or disabled Veterans. Through these projects, States partner with Disabled Veterans' Outreach Program (DVOP) specialists in American Job Centers (also known as One-Stop Career Centers) to assist homeless and/or disabled Veterans in accessing the system's employment and training services, as well as linking them to other benefits. A third round of DEI grants was awarded in September 2012.
- ▶ In 2010 VA and HHS, along with the American Bar Association, launched a [partnership to help Veterans gain permanent housing](#). Homeless Veterans report that child support concerns are among their most difficult issues. For example, child support debt can hurt a Veteran's credit rating and capability to rent or qualify for housing assistance, as well as obtain employment. To address these challenges and support Veterans as parents, pilots in nine cities provide assistance with modifying child support orders and reducing child support debt. The project also connects Veterans with legal services, responsible fatherhood, and community-based programs that offer employment and other supportive services. As of November 2011, the partners provided services to over 1,000 Veterans and resolved nearly \$800,000 in State-owed child support debt.
- ▶ In July 2012, DOL awarded Workforce Innovation Fund grants to support innovative program and policy alignment. Among the 26 grants made, DOL funded three local workforce investment boards that demonstrated robust partnerships with public housing authorities. These grants will test various strategies of delivering services to those experiencing homelessness, public housing residents, and housing insecure individuals with the ultimate goal of increased employment among participants. By requiring rigorous evaluation of each intervention, DOL will ensure that these three grants identify and document effective practices in serving individuals who are experience housing insecurity.



Photo courtesy of the YWCA of Columbus, Ohio and the Community Shelter Board in Columbus, Ohio.

Improving Health and Stability

In order to improve the health and stability of people experiencing or most at risk of homelessness, the Plan’s objectives focus on integrating primary and behavioral health care services, child and family services, and youth education, employment readiness, and transitional services with homeless assistance programs and housing.

Medicaid and the Affordable Care Act

Homelessness is often the result of poor health, and homelessness itself can make people more vulnerable to illness. The Affordable Care Act presents a significant opportunity to help prevent and end homelessness in America—the law expands Medicaid eligibility to individuals with incomes of at or below 133 percent of the Federal Poverty Level. While individuals experiencing homelessness are often in need of a broad range of supportive services, very few States have intentionally designed their State Medicaid Plan to incorporate these supportive services. A significant body of research shows cost savings for public systems when people with long histories of homelessness become stably housed through the pairing of housing and services in permanent supportive housing.²⁰ Individuals experiencing chronic homelessness often have high levels of emergency department use, longer inpatient hospital stays, and increased contact with police, courts, and correctional systems. This high-end system use is often driven by both acute and chronic disease as well as untreated behavioral health conditions that require ongoing care. Absent appropriate venues to promote healing and both short- and long-term stability, these individuals are at great risk of recidivism to the hospital or emergency department, corrections system, or the streets. The Affordable Care Act offers new benefits and options for managing the care—and the costs—for people whose improved health depends on stable housing.

HHS and USICH have also been working closely with States to encourage coordination of plans to end homelessness with their planning around Affordable Care Act implementation. Around the country, leaders who understand the link between homelessness and rising health care costs and between housing and better health outcomes are seizing the opportunities presented through Medicaid, the Affordable Care Act, and other funding opportunities to help end homelessness. Notable examples include:

- ▶ Louisiana has recently implemented a new managed behavioral health plan that includes providing behavioral health services to Medicaid beneficiaries in permanent supportive housing. State government, the managed care entity, supportive housing providers, and homeless service providers are working collaboratively to provide Medicaid services to beneficiaries in supportive housing.
- ▶ Illinois is looking to test new accountable care organizations and health home models, including exploration of a new partnership that would bring the experience of organizations that have worked with homeless populations to provide holistic care coordination for people experiencing homelessness and a broader vulnerable population. Similar discussions are occurring in Oregon.
- ▶ Massachusetts, through the Massachusetts Behavioral Health Partnership, has invested in intensive case management through its managed care arrangements to provide Community Support to Persons Experiencing Chronic Homeless (C-SPECH).

- ▶ The Corporation for Supportive Housing was awarded and began implementation of a CNCS Social Innovation Fund grant, which they have sub-granted to four organizations to serve the needs of chronically homeless individuals who are also frequent users of public systems. These projects will use supportive housing integrated with care management, and primary and behavioral health to improve health outcomes while reducing public costs among individuals with complex health needs. Because of matching funds from the private sector, this project will leverage nearly triple the original CNCS investment to assist individuals experiencing chronic homelessness.

Youth Stability

In June 2012, the Council approved a framework for ending youth homelessness. The needs of unaccompanied youth who become homeless are in important respects 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 enter homelessness. A unique set of strategies is required to end homelessness for this population.

Attaining the goal of ending youth homelessness will require mapping specific needs and the scale of required interventions. USICH and its Federal partners focused work on four areas:

- ▶ Developing a confident estimate of the number of youth experiencing homelessness through better coordination of data, a youth Point-in-Time count, and a periodic household survey.
- ▶ Creating a preliminary, research-informed intervention model based on assessment of risk and protective factors and interventions that are shown to influence them.
- ▶ Increasing evidence over time of effective interventions, including interventions for certain underserved and over-represented subgroups—including LGBTQ youth, pregnant and parenting youth, and child welfare and juvenile justice-involved youth—with a goal of identifying and scaling up evidence-based practices through more rigorous evaluation.
- ▶ Analyzing the gaps in funding, services, and capacity in order to inform what will be necessary to end youth homelessness.

An overarching commitment to impacting core outcomes for youth experiencing homelessness—stable housing, permanent connections, social-emotional well-being, and education and employment—guided every aspect of this work.

In addition:

- ▶ HUD’s study of programs that assist youth who are aging out of foster care is under way. [A literature review and initial report](#) was published in April 2012 that details the characteristics of those aging out of foster care and the current resources available to assist these youth in finding housing upon their exit from foster care. The report also proposes a program typology for current programs and identifies innovative programs across the country that may warrant more investigation.

Breaking the Cycle of Homelessness and Incarceration

In April 2012, USICH released [*Searching Out Solutions: Constructive Alternatives to the Criminalization of Homelessness*](#), a report documenting constructive alternatives to the criminalization of homelessness that are improving the lives of individuals experiencing homelessness and the community as a whole. The report focuses on three areas of action for communities to take: developing comprehensive seamless systems of care, creating collaborations between law enforcement and human services, and implementing alternative justice system strategies. The report also highlights successful programs from across the country in each of these three areas and provides tools and recommendations for implementing these alternatives to criminalization.

Other Federal activities related specifically to the relationship between homelessness and re-entry include:

- ▶ The Federal Interagency Re-entry Council brings together relevant Federal agencies in an effort to assist individuals returning from prison to become productive, tax-paying citizens, save taxpayer dollars by lowering the direct and collateral costs of incarceration, and make safer and healthier communities. Since there is a reciprocal relationship between incarceration and homelessness, USICH and its member agencies have been active members of this group. The Re-entry Council continues to develop Re-entry Myth Busters, fact sheets clarifying existing Federal policies that affect formerly incarcerated individuals and their families. New topics include TANF, VA benefits, Social Security, and Supplemental Nutrition Assistance Programs.
- ▶ Similarly, HUD Secretary Donovan issued a letter to Public Housing Agencies clarifying Federal prohibitions on housing ex-felons, which are limited to registered sex offenders and people who have been found guilty of operating methamphetamine labs. Oftentimes communities have stricter limitations. The Secretary called on PHAs to follow the Federal guidelines and make housing assistance available for the formerly incarcerated who qualify under the Federal guidelines.
- ▶ VA's Health Care for Re-entry Veterans program has served more than 45,000 Veterans nearing release from State and Federal prisons and is connecting them with VA health care services upon release.
- ▶ There are 100 Veterans Treatment Courts throughout the country, and the VA's Veterans Justice Outreach Specialists serve as liaisons between these courts and VA's health care system. These specialists facilitate Veterans' access to treatment and keep courts apprised of their progress as they work toward graduation and the resolution of their cases.
- ▶ At least 22 community legal service providers are serving Veterans in 19 VA medical centers, with more partnerships in development to help Veterans address their unmet legal needs.
- ▶ DOL's Reintegration of Ex-Offenders program awards grants to nonprofit organizations to provide occupational skills training, mentoring, and supportive services, including housing assistance to formerly incarcerated individuals. In May, DOL awarded \$20.5 million in grants to 18 nonprofit organizations under the fifth round of grants for this program. In June, DOL also awarded \$12.1 million in grants to nine nonprofit organizations under a new program to provide reentry employment and supportive services, including housing, to formerly incarcerated women.

Retooling the Homeless Crisis Response System

In some communities, homeless assistance is provided through a linear model where people experiencing homelessness are expected to demonstrate “housing readiness” and progress through levels of care (emergency shelter, transitional housing, and finally permanent housing). More and more, communities are adopting approaches which, instead of focusing on housing readiness, redirect efforts toward preventing homelessness and rapidly returning people who become homeless to housing. *Opening Doors* calls on communities to restructure their homeless services system into effective and rapid crisis response systems.

The Homelessness Prevention and Rapid Re-Housing Program (HPRP), \$1.5 billion funded under the American Recovery and Reinvestment Act of 2009, helped over 1.3 million Americans avoid or end their homelessness. HPRP helped ward off an increase in homelessness that might have otherwise been expected during the recession. It also paved the way for systems change in communities across the country. Many communities used this one-time infusion of new dollars to change the way they supported families who were entering or already in the shelter system. One of the key lessons learned from HPRP is that communities that used the money mainly for prevention found it difficult to target those resources so that they actually lowered demand for shelter (and consequently did not reduce homelessness). Conversely, communities that used the money predominantly for rapidly re-housing people were able, in many instances, to lower shelter lengths of stay, and in some cases, even lower the daily shelter census (which reduced homelessness as measured during the Point-in-Time count).

Federal efforts to retool the homelessness crisis response system have included these undertakings:

- ▶ HUD provided considerable technical assistance to local Continuums of Care to help them prepare for implementation of the HEARTH Act, including development and testing of a new self-assessment tool. HUD began transitioning HPRP to the new Emergency Solutions Grants (ESG) created under the HEARTH Act. HUD released an interim regulation for ESG, as well as the final regulations on the new HEARTH definition of homelessness to now be used by HUD’s homelessness assistance grants.



Photo courtesy of the YWCA of Columbus, Ohio and the Community Shelter Board in Columbus, Ohio.

- ▶ VA partnered with HUD to take early learning from HPRP to shape implementation of its new Supportive Services for Veteran Families grants. Initial awards in 2011 went to 87 organizations in 40 States and the District of Columbia to help approximately 22,000 Veterans and their families with a \$60 million FY 2011 appropriation. The FY 2012 grant awards were announced in July 2012 with an increased appropriation of \$100 million. The grant awards went to 151 organizations in 49 States, the District of Columbia and Puerto Rico and are expected to serve 42,000 families. Since SSVF is a program that has received new investments, it has been especially important to help communities use these dollars strategically through effective targeting and promotion of rapid re-housing.
- ▶ The VA expanded the scope of its Grant and Per Diem program, encouraging grantees to implement a Transition-in-Place model. This enables a Veteran to access permanent housing quickly and tailor the supportive services to the needs of the Veteran as their lives become more stabilized. The Veteran maintains close ties to the local VA to make sure that other needed services are being provided on an as-needed basis.
- ▶ The VA also launched a nationwide outreach initiative called Make the Call, encouraging families, friends, and citizens to help prevent and end homelessness among Veterans by directing them to the VA's toll-free, round-the-clock number: 877-4AID-VET (877-424-3838).
- ▶ HUD is continuing four studies initiated last year to identify and document promising practices and program models for homelessness prevention and rapid re-housing. These studies include an evaluation of the Rapid Re-Housing Demonstration Program, a qualitative evaluation of HPRP-funded prevention programs, an evaluation of the HUD/DOL/VA Veterans Homelessness Prevention Demonstration Program, and an experimental design with random assignment study for families. This fourth study will help determine the effectiveness of different housing interventions and how to better target housing and services to families with different types and levels of needs.
- ▶ While the FY 2012 Budget did not fully implement HEARTH, HUD continued work on all the new regulations (and interim regulations were released in the summer of 2012, outside the period officially covered in this report).



Retooling the crisis response system is a multi-year effort due to the breadth of the objectives and strategies. As such, it will be critically important to collect data on impacts and outcomes. Strategies and implementation plans must adapt to what is learned in future years. Systemic reform requires a long-term commitment, thoughtful course correction when necessary, and an overall focus on results.

Photo courtesy of the Corporation for Supportive Housing

Federal Assistance Required

Per the Council's reporting requirements outlined in the McKinney-Vento legislation, this section of the report examines the level of Federal assistance needed moving forward. Despite the economic challenges the country has faced in the first year of Opening Doors implementation, commitment to the goals of the Plan remain strong. Congressional support for Opening Doors is vital in our efforts to invest in cost-effective and proven solutions across the country. The President's 2013 Budget proposed funding levels that reflect a sincere commitment to investing in solutions to homelessness that move the needle on the problem and best serve those in need. Ending homelessness will require an equal commitment on the part of Congress. Providing assistance for America's most vulnerable citizens, people without the safety and security of a home, has always been a bi-partisan priority. Investing in solutions to homelessness is critical if we are to end homelessness in America. Not solving homelessness is also costly, so it is wiser in the long-run to invest in solutions now.

Federal Investments

Preventing, reducing, and ultimately ending homelessness in America requires partnerships at all levels of government as well as with the nonprofit and private sectors. The Council acknowledges the very challenging fiscal environment we are operating in and understands that Congress and the Administration need to make difficult budget decisions. The Obama Administration is committed to working with Congress to identify what can be done in the upcoming year together to advance the nation toward the goals of *Opening Doors*. At the same time, Federal agencies are exploring ways to increase the impact of existing targeted homeless programs and increase the use of mainstream programs or other types of targeted programs to help prevent and end homelessness.

In Fiscal Year 2012, while many of the programs received flat funding, some of the programs received increases that helped advance momentum toward achieving the goals of *Opening Doors* (see Table 8 on page 19). Funding in FY 2012 increased for the HUD-VASH and Grant and Per Diem transitional housing targeted programs for Veterans experiencing homelessness, both of which serve Veterans in many different types of communities across the country—from those in urban centers to those in small suburban communities. The expansion of funds for these groups and continued work on targeting these resources to Veterans experiencing chronic homelessness, in concert with homeless assistance grants in the HUD Budget request, sustains movement toward the Plan's goals.

The FY 2013 Budget request builds on the progress of *Opening Doors* by requesting a significant funding commitment to implement the Plan. The FY 2013 Budget request includes \$4.7 billion for targeted homelessness assistance funding, a 17 percent increase over the previously enacted FY 2012 level. The 17 percent increase includes increased strategic investment for HUD's Homelessness Assistance Grants (notably in the revamped Emergency Solutions Grants program), a continued expansion of the HUD-VASH program, and additional funding for rapid re-housing for Veterans and their families in the Supportive Services for Veterans Families Program.

Barriers

Progress is being made to advance the goals set forth in *Opening Doors*, most notably in the reduction in Veterans experiencing homelessness as well as the new framework for ending youth homelessness. To achieve these goals significant barriers must be overcome.

The supply of affordable housing continues to fall far short of need. This shortage is one of the greatest obstacles to preventing and ending homelessness in all its forms. While the Federal government is working diligently to bolster the affordable housing stock, it is also important for communities to consider ways to target new and existing affordable housing to prevent and end homelessness.

Targeted homelessness resources must be sufficiently funded and efficiently deployed. At the same time, mainstream resources must be engaged in significant and strategic ways. Much work is being done to understand and maximize the role public housing, Medicaid, TANF, and other mainstream Federal programs can play in preventing and reducing homelessness. And it is critical that these public programs be preserved.



Courtesy of Central
City Concern of
Portland, Oregon

Conclusion



Photo courtesy of the Arizona Coalition to End Homelessness

Current data suggest that the work of implementing *Opening Doors*, a collaborative effort among Federal, State, and local governments, private business, and philanthropy to prevent and end homelessness, has prevented an increase in homelessness during unfavorable economic conditions, and, in fact, points to a modest decrease in homelessness overall. Data in communities such as Chattanooga, Tennessee and Omaha, Nebraska, where achieving the goals of *Opening Doors* is a top priority, show enormous reductions in homelessness, particularly among people experiencing chronic homelessness. Perhaps most significantly, collaboration inspired by *Opening Doors* led to a nationwide 18 percent reduction in Veteran homelessness from 2010 to 2012 as captured in HUD's Point-in-Time count.

As the base of knowledge expands the impact of *Opening Doors*, the case for the strategic use of resources toward rapid re-housing is strengthening, as the data favors systems that embrace rapid re-housing as a strategic solution. There is also a greater understanding of the need for providers and funders to transform outdated models and adapt to new tools. HPRP spurred much of the transformation that led to reductions in homelessness, making the case for greater investment in new tools that are formed out of evidence-based, best practices and that leverage the most current data. Studies are also showing that targeting of resources like transitional housing and permanent supportive housing toward those who are the most vulnerable is a strategy that reduces costs overall. Successful targeting directs other less vulnerable individuals, who would otherwise enroll in more costly programs, to interventions designed more specifically for their needs, such as rapid re-housing, critical time intervention, and transition-in-place programs.

The new Federal framework for ending youth homelessness has built consensus among Federal policy-makers, States, local communities, advocates, and providers regarding the critical steps that need to be taken now to make the goal of ending youth homelessness by 2020 achievable. We will push to obtain better data and take urgent action to improve services to vulnerable populations.

The future success of *Opening Doors* will rely heavily on local efforts to prevent and end homelessness that emphasize the continued engagement of public housing agencies, Medicaid directors, and TANF programs, as well as other targeted programs like child welfare and criminal justice. In the third year of implementation of *Opening Doors*, the 19 USICH member agencies will continue to drive collaboration and strategies toward achieving the four bold goals outlined in the Plan with the shared vision that no one should be without a safe, stable place to call home.

Endnotes

1. USICH released an [amendment to Opening Doors](#) on September 12, 2012. The amendment expands three objectives under the Plan related to unaccompanied youth and education.
2. At the time of publication of the 2012 *Update*, the 2012 PIT data—contained in Volume I of the *2012 Annual Homeless Assessment Report*—had been released. Volume II, which details shelter use over the course of a year, had not yet been released. The 2011 AHAR data is used solely for the section, ‘Annual Estimates on Shelter Use.’ 2012 PIT data is used for all other data points.
3. 2012 Point-in-Time Estimates of Homelessness: *Volume I of the 2012 Annual Homeless Assessment Report (AHAR)*. (Washington, D.C., December 2012). Retrieved from: <https://www.onecpd.info/resource/2753/2012-pit-estimates-of-homelessness-volume-1-2012-ahar/>
4. HUD allocates homeless assistance grants to organizations that participate in local homeless assistance program planning networks. Each of these networks is called a Continuum of Care (CoC). HUD introduced the CoC concept to encourage and support local organizations in coordinating their efforts to address housing and homeless issues and reduce homelessness. Each CoC can determine its own geographic boundaries; some cover a single city or county, others cover multiple counties, and a few are Statewide. In addition, most States administer “Balance of State” CoCs to cover rural areas and smaller cities not covered by their own continuum. CoCs are required by HUD to conduct an annual count of their sheltered and unsheltered homeless population every other year, starting in 2007, then 2009, and so on. Many CoCs, however, choose to conduct a PIT count each year. In 2010, 291 of HUD’s 445 CoC regions (or 65%) voluntarily conducted a count of both sheltered and unsheltered populations. Another 56 (12%) conducted a sheltered-only count, and the remaining 98 (22%) did not conduct a count. For CoCs that did not conduct a count, HUD uses their 2009 data.
5. A **disabling condition** means: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

U.S. Department of Housing and Urban Development, Office of Community Planning and Development. *HUD’s Homeless Assistance Programs Supportive Housing Desk Guide* (Washington, D.C., 2008). Retrieved at: <https://www.onecpd.info/resources/documents/SHPDeskguide.pdf>
6. U.S. Census Bureau. (2010). Retrieved from: <http://2010.census.gov/2010census/popmap>
7. As communities have made improvements to PIT enumeration methods, it has been difficult to isolate the effects of this increasing sophistication from the impacts of policy interventions and external factors (e.g., natural disasters, changing housing and labor market conditions). Because the counts are becoming both more comprehensive (including not just HUD-funded beds but most/all community beds) and increasingly accurate, we believe the 2011 figures offer a more solid baseline for assessing progress.
8. The McKinney-Vento definition of “enrolled student” includes those students attending classes and participating fully in school activities. For data collection purposes, an enrolled student includes any child for whom a current enrollment record exists.
9. National Center for Homeless Education. *Education for Homeless Children and Youth Program Data Collection Summary*. (2012).

10. "U.S. poverty heads toward highest level in 50 years." *Chicago Tribune*. July 23, 2012.
11. Shaefer, Luke H. and Kathryn Edin. "Extreme Poverty in the United States, 1996 to 2011." National Poverty Center: *Policy Brief #28* (2012). Retrieved from: http://www.npc.umich.edu/publications/policy_briefs/brief28/policybrief28.pdf
12. Joint Center for Housing Studies of Harvard University. *America's Rental Housing: Meeting Challenges, Building on Opportunities*. (Cambridge, MA: Harvard University, 2011). Retrieved from: <http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/americasrentalhousing-2011.pdf>
13. National Low Income Housing Coalition. *Out of Reach 2012*. (Washington, D.C., 2012). Retrieved from: <http://nlihc.org/sites/default/files/oor/2012-OOR.pdf>
14. U.S. Department of Housing and Urban Development Office of Policy Development and Research. (2011). *Worst Case Housing Needs 2009 Report to Congress*. Retrieved from: http://www.huduser.org/portal/publications/affhsg/wc_HsgNeeds09.html
15. Mykyta, Laryssa and Suzanne Macartney. *Sharing a Household: Household Composition and Well-Being: 2007-2010, Current Population Report*. (U.S. Department of Commerce, 2012). Retrieved from: <http://www.census.gov/prod/2012pubs/p60-242.pdf>
16. Painter, G. *What Happens to Household Formation in a Recession?* (Washington, D.C.: Research Institute for Housing America and the Mortgage Bankers Association, 2010). Retrieved from: http://www.housingamerica.org/RIHA/RIHA/Publications/72429_9821_Research_RIHA_Household_Report.pdf
17. Kuehn, Bridget M. "Supportive Housing Cuts Costs of Caring for the Chronically Homeless." *JAMA* 308, No. 1 (July 2012): 17-19. [doi:10.1001/jama.2012.7045](https://doi.org/10.1001/jama.2012.7045)
18. Holtgrave, David R., et al. "Cost-Utility Analysis of the Housing and Health Intervention for Homeless and Unstably Housed Persons Living with HIV." *AIDS and Behavior* (May 2012). <http://dx.doi.org/10.1007/s10461-012-0204-3>
19. U.S. Department of Labor, Bureau of Labor Statistics. (2011). The Employment Situation – April 2011. [News Release]. Retrieved from: http://www.bls.gov/news.release/archives/empsit_05062011.pdf
20. For the latest research documenting the cost effectiveness of permanent supportive housing, visit the USICH research library at http://www.usich.gov/usich_resources/research_and_evaluation/cost_effectiveness_studies

For more information, contact:

United States Interagency Council on Homelessness
Federal Center SW | 409 3rd Street SW, Suite 310
Washington, DC 20024

Email: usich@usich.gov

Or visit: www.usich.gov

