

How Close Are We to Ending Chronic Homelessness in the United States?

-A brief prepared by Joe Colletti, PhD and Sofia Herrera, PhD-
Urban Initiatives on Homelessness and Poverty
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We are currently struggling with ending chronic homelessness in the United States (U.S.). In 2005, all of the continuums of care (CoCs)¹ in the country reported a total of 175,914 chronically homeless adults and children. In 2010 the same CoCs reported 106,107 chronically homeless adults and children, which corresponds to a decrease of 69,807 or 38%.

Between 2010 and 2015, however, less progress was made. In 2015, all of the CoCs in the U.S. reported a total of 96,275 chronically homeless adults and children, which represents a decrease of 9,832 persons or 9% when compared to the 106,107 persons reported in 2010.²

This brief focuses on the recent progress made towards ending chronic homelessness by the 20 CoCs with the largest total number of homeless persons in the country according to the 2015 Annual Homeless Assessment Report (AHAR).³ The 2016 AHAR has not yet been published. The strategies that they are using to end chronic homelessness are included in the last section of this brief.

Summary of Progress between 2005 and 2016

In 2005, the 20 CoCs reported to the U.S. Department of Housing and Urban Development (HUD) a total of 60,003 chronically homeless adults and children. In 2010 the same CoCs reported 31,469 chronically homeless persons,⁴ which corresponds to a decrease of 28,534 or 48% when compared to 2005. The decrease of 48% is larger than the 38% decrease reported by all of the CoCs in the U.S. during the same period of time.

¹ A "Continuum of Care" is a geographically based group of representatives that carries out the planning responsibilities of the Continuum of Care program, as described in 24 CFR Part 578 [Docket No. FR-5476-I-01] RIN 2506-AC29 Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Rule by the U.S. Department of Housing and Urban Development (HUD). These representatives come from organizations that provide services to the homeless, or represent the interests of the homeless or formerly homeless.

² <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports>.

³ Each year HUD provides a AHAR report to congress which outlines key findings largely based upon point-in-time homeless count data and Housing Inventory Chart data reported by CoCs to HUD. For more information, go to <http://www.hudhdx.info/Default.aspx>.

⁴ <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports>.

However, as noted in table 1 below, between 2010 and 2015 there was an increase in the overall number of chronically homeless adults and children which is contrary to the decrease reported by all of the CoCs in the U.S for the same period. The total number of chronically homeless persons in 2010 (31,469) rose to 38,934 in 2015, which represents an increase of 7,465 persons or 24%. This increase was counter to the decrease of 9% of chronically homeless persons nationwide during the same period of time.

Table 1. Comparison of Total Number of Unsheltered and Sheltered Chronically Homeless Persons in 2010 and 2015

Continuums of Care with the Largest Total Number of Homeless Persons in 2015:	2010	2015	Variance	
			#	%
New York City, NY	3,128	5,830	+2,702	+86
Los Angeles City & County, CA	7,661	14,173	+6,512	+85
Seattle/King County, WA	903	812	-91	-10
San Diego City and County, CA	885	1,689	+804	+91
Las Vegas/Clark County, NV	1,090	458	-632	-58
District of Columbia	2,110	1,790	-320	-15
Texas Balance of State	1,547	1,428	-119	-8
Chicago, IL	689	1,066	+377	+55
San Francisco, CA	2,816	1,925	-891	-32
San Jose/Santa Clara City & County, CA	2,270	2,434	+164	+7
Boston, MA	709	957	+248	+35
Georgia Balance of State	1,221	981	-240	-20
Oregon Balance of State	581	1,457	+876	+151
Washington Balance of State	373	763	+390	+105
Honolulu, HI	552	868	+316	+57
Santa Ana/Anaheim/ Orange County, CA	3,783	806	-2,977	-79
Indiana Balance of State	585	422	-143	-24
Nassau, Suffolk Counties/Babylon/Islip/Huntington, NY	53	200	+147	+277
Wisconsin Balance of State	254	238	-16	-6
Colorado Balance of State	259	637	+378	+146
Total:	31,469	38,934	+7,465	+24

The next table shows that the 20 CoCs did report a decrease of chronically homeless adults and children between 2015 and 2016⁵. The number of chronically homeless persons in 2015 (38,934) fell to 33,904 in 2016, which represents a decrease of 5,030 persons or 13%. This may be the beginning of a favorable reversal of the previous five-year period (2010 -2015).

⁵ 2016 data was taken from the 2016 CoC Program grant applications which are posted on various CoC web sites.

Table 2. Comparison of Total Number of Unsheltered and Sheltered Chronically Homeless Persons in 2015 and 2016

Continuums of Care with the Largest Total Number of Homeless Persons in 2015:	2015	2016	Variance	
			#	%
New York City, NY	5,830	4,294	-1,536	-26
Los Angeles City & County, CA	14,173	13,468	-705	-5
Seattle/King County, WA	812	785	-27	-3
San Diego City and County, CA	1,689	1,416	-273	-16
Las Vegas/Clark County, NV	458	285	-173	-38
District of Columbia	1,790	1,597	-193	-11
Texas Balance of State	1,428	823	-605	-42
Chicago, IL	1,066	343	-723	-69
San Francisco, CA	1,925	1,932	+7	+0
San Jose/Santa Clara City & County, CA	2,434	2,095	-339	-14
Boston, MA	957	919	-38	-4
Georgia Balance of State	981	933	-48	-5
Oregon Balance of State	1,457	1,078	-379	-26
Washington Balance of State	763	693	-70	-9
Honolulu, HI	868	1,090	+222	+26
Santa Ana/Anaheim/ Orange County, CA	806	716	-90	-11
Indiana Balance of State	422	373	-49	-12
Nassau, Suffolk Counties/Babylon/Islip/Huntington, NY	200	174	-26	-13
Wisconsin Balance of State	238	187	-51	-21
Colorado Balance of State	637	703	+66	+10
Total:	38,934	33,904	-5,030	-13

What is indicative of this reversal, as noted in table 3, is that six or 30% of the 20 CoCs answered “yes” when asked “Is the CoC on track to meet the goal of ending chronic homelessness by 2017?” by HUD in the 2016 CoC Program grant application which were submitted to HUD for CoC funding in September.

Table 3: CoC’s on Track to Meet the Goal of Ending Chronic Homelessness by 2017

CoCs with Largest Numbers of Homeless Persons:	CoC on target to end Chronic Homelessness by end of 2016?	
	Yes	No
New York City, NY		✓
Los Angeles City & County, CA		✓
Seattle/King County, WA		✓
San Diego City and County, CA		✓
Las Vegas/Clark County, NV	✓	
District of Columbia	✓	
Texas Balance of State		✓
Chicago, IL	✓	
San Francisco, CA		✓
San Jose/Santa Clara City & County, CA		✓
Boston, MA		✓
Georgia Balance of State	✓	
Oregon Balance of State		✓
Washington Balance of State		✓
Honolulu, HI		✓
Santa Ana/Anaheim/ Orange County, CA		✓
Indiana Balance of State		✓
Nassau, Suffolk Counties/ Babylon/Islip/ Huntington, NY	✓	
Wisconsin Balance of State	✓	
Colorado Balance of State		✓
Total:	6	14

Strategies to End Chronic Homelessness

Six (6) or 30% of the 20 CoCs answered “yes” when asked “Is the CoC on track to meet the goal of ending chronic homelessness by 2017?” by HUD in their 2016 CoC Program grant applications. These six CoCs were also asked to briefly describe the “strategies that have been implemented by the CoC to maximize current resources to meet this goal.” An outline of the strategies for each of the six CoCs follows:

Las Vegas/Clark County, NV:

- *The CoC has adopted data collection efforts to create and maintain a by-name list of those experiencing chronic homelessness, similar to the efforts initiated towards ending veteran homelessness.*
- *With the BNL (by-name list), coordinated outreach teams and first responders can assist in populating the list as well as updating the status of individuals on the list as to current housing placement and/or location, particularly identifying those who may be frequent utilizers or super-utilizers of high cost systems, such as hospitals or corrections facilities.*

- *Location information is critical as housing placements become matched to households awaiting housing placement.*
- *Local implementation of best practices, such as FUSE (Frequent Users of Services Initiative) and the anticipated implementation of PSH (permanent supportive housing) and RRH (rapid rehousing) projects, aid in attaining this goal.*

District of Columbia:

- *The CoC has adopted a policy of prioritizing the chronically homeless for PSH (permanent supportive housing) resources; and*
- *is continuing to add and expand PSH (permanent supportive housing) programming dedicated to housing persons experiencing chronic homelessness at entry.*

Chicago, IL:

- *The CoC Board adopted a policy that all PSH (permanent supportive housing) projects prioritized turnover units beginning with their FY 2016 grants.*
- *The CoC has developed a By-Name-List to track all known chronically homeless individuals and families.*
- *The CoC has met with local HUD officials to help develop policies on how to use HMIS (Homeless Management Information System) data as homeless documentation to help with efforts to expedite referrals into PSH (permanent supportive housing) projects.*

Georgia Balance of State:

- *The CoC adopted the orders of priority in all CoC-funded PSH (permanent supportive housing) programs as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing to both further reduce the number of people experiencing chronic homelessness and to target current PSH (permanent supportive housing) resources.*
- *Current CoC strategies include increased emphasis and technical assistance for PSH (permanent supportive housing) providers on prioritization of people who are chronically homeless, technical assistance on harm reduction and housing first models, working with HUD TA (technical assistance) around methodology for special populations, and working to create a by-name registry for chronically homeless individuals in the 2017 PIT (point-in-time count).*
- *Currently, some of the CoC-funded PSH (permanent supportive housing) programs have PATH Teams, and they have provided training and TA (technical assistance) at the annual training. The CoC will work with them to strategize more comprehensive outreach approaches for PSH (permanent supportive housing) programs in order to reach some of the more vulnerable people who may not be accessing services.*

Nassau, Suffolk Counties/ Babylon/Islip/ Huntington, NY:

- *Major contributing factors involved regular engagement, by-name list tracking and case coordination for housing plans.*
- *Our SOC conducts outreach at least twice a week and is sharing data with all outreach projects in the region. The SOC also conducted a region wide chronic homeless PIT sweep on August 10. Outreach now includes mental health and medical professionals and VI-SPDAT screenings are being conducted on the street.*
- *Through the CoC Prioritization Order, chronic homeless persons would be prioritized for any PSH (permanent supportive housing) vacancies. According to calculations using the USICH (United States Interagency Council on Homelessness) Supportive Housing Opportunities Planner (SHOP), by dedicating all PSH (permanent supportive housing) beds for chronically homeless, we will have 0 chronically homeless by 2017.*
- *The CoC is additionally actively working to increase capacity through affordable housing development and landlord engagement.*

Wisconsin Balance of State:

- *Strategies implemented by BOS to end CH include: training, increase effective use of resources, collaboration & awareness.*
- *The COC Director provides ongoing training & TA on prioritization policy, CH definition & doc. req.*
- *HMIS lead ensures accurate CH (chronic homeless) data collection, evaluate progress & report at project, community & COC level.*
- *CE (Coordinated Entry) committee & implementation team will identify gaps, needs & evaluate effectiveness of system.*
- *The COC Director will continue to reach out to HUDVASH to ensure CH vets are prioritized.*
- *Marketing will continue for CE & community awareness on CH.*
- *The Board president & COC Director will continue to work with State Interagency Council's 10 Year plan, supporting strategies to end CH in WI.*

Fourteen (14) or 70% of the 20 CoCs answered “no” when asked “Is the CoC on track to meet the goal of ending chronic homelessness by 2017?” HUD then asked these CoCs to briefly describe “what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?”

A review of strategies used by the 14 CoCs revealed the following approaches:

1. Street Outreach and Engagement

Focus more intensely on chronically homeless individuals and families through assertive street outreach and engagement into areas and encampments where CH persons are known to live.

2. Coordinated Entry System

Use of a coordinated entry system to identify chronically homeless individuals and families with the most severe needs and prioritized them for permanent housing placement.

3. Data Collection

Creation and maintenance of a master list of chronically homeless individuals and families that is updated on a weekly basis to help monitor progress and track housing outcomes.

4. Housing First Approach

Implementation of a housing first approach to help chronically homeless individuals and families obtain permanent housing by focusing on removing barriers such as little or no income, past or present substance use, and criminal history.

5. Case Conferencing

Meetings on a regular basis with housing and supportive services providers in order to ensure that barriers to housing are being removed on a case-by-case basis and that progress is being monitored.

6. Housing First Training

Provide housing first training since many shelter and permanent supportive housing providers do not fully embrace, or possess the skills, to implement a housing first model.

7. Critical Time Intervention

Ensure that chronically homeless individuals and families are receiving assistance to help develop and/or strengthen community support networks.

8. Ballot Measures

Support ballot measures that create more affordable housing including permanent supportive housing and funding for services to help chronically homeless individuals and families obtain and maintain such housing.

9. Align Federal, State, and Local Resources

Align federal, state, and local resources that develop and support affordable housing including permanent supportive housing through acquisition, rehabilitation, new construction, and supportive services when needed.