



Common Myths about Homelessness and Federal Homelessness Policy

Myth #1

Myth: HUD Point-in-Time numbers are an accurate count of people experiencing homelessness in the United States.

Facts: The Point in Time (PIT) count is only a snapshot of people experiencing homelessness in one night in January. It is generally acknowledged that the PIT is a vast undercount because:

- 1) it relies on HUD's narrower definition of homelessness
- 2) it is performed primarily by volunteers
- 3) it requires self-reporting
- 4) it omits people who do not want to be counted
- 5) it undercounts children, youth and families, and
- 6) it fails to count people who are doubled up, sleeping in motels, in jails, staying in hospitals, or otherwise can't be found.

It is also important to note that:

- In 2017, PIT numbers showed there were 550,996 people experiencing homelessness during a 24-hour period of time in which the count was taken. Experts estimate that those experiencing homelessness during the course of the year are 2.5 to 3 times this number – or 1.3 to 1.6 million.
- HUD uses a more restrictive definition of “homelessness” which results in a significant undercount compared to the Department of Health and Human Services and Department of Education. For example, in 2017 the Department of Education, which uses a more inclusive definition and methodology, estimated that there were 1,355,881 **students** experiencing homelessness, not counting parents and siblings not in school.

- The PIT count also does not count persons temporarily housed through Rapid Re-Housing (RRH) assistance – which is generally limited to 3 to 24 months – as HUD considers these households “permanently housed” upon entry. Similarly, those who are housed in HUD funded Permanent Supportive Housing (PSH) are also not counted as homeless, even though the vast majority of HUD Homeless Assistance funding through the Continuum of Care Program covers the costs of continuing housing and supportive services for people in PSH.

Myth #2

Myth: Coordinated Entry Systems (CES) required by HUD are connecting more people with more housing resources.

Facts: In theory, CES systems should be matching people experiencing homelessness with appropriate and available housing and service resources. However, in many communities, these systems create long waiting lists, fail to consider unique circumstances like geographical preferences when making referrals, are ill-suited to target specific resources to targeted populations, and are often managed by entities that do not have direct relationships or meaningful contacts with the people the system is intended to serve. CES systems with limited housing resources create bottlenecks that potentially give people experiencing homelessness a false hope that they may obtain housing, when such likelihood is limited. Even the best hotel reservation system in the world is useless if there is never, or rarely, a vacant room to reserve. Unfortunately, that is the case for most communities implementing CES.

Myth #3

Myth: Coordinated Assessments accurately identify which people experiencing homelessness need housing and services the most.

Facts: Many communities have adopted the use of the Vulnerability Index and Service Prioritization Decisions Assistance Tool (VI-SPDAT) to assess and prioritize families and individuals for limited housing and service resources. However, the VI-SPDAT has never been validated as an evidence-based practice to be used for this purpose. Among the tool's faults are that it is often administered by volunteers without clinical training to make such assessments, it relies on self-reported information that is often inaccurate, it utilizes a one-time assessment to make critical decisions rather than objective information, and it tends to prioritize physical challenges over mental health challenges. In addition, there is increasing indication that the tool has implicit racial and ethnic bias that discriminate against persons of color.

Myth #4

Myth: Rapid Re-Housing (RRH) is a model of housing that works for everyone and ensures that people will be housed long-term.

Facts:

- Rapid Re-Housing (RRH) is a voucher program providing short-term to medium-term rental assistance for up to 2 years. While RRH can be an effective housing strategy in communities with available affordable housing supply to resolve homelessness quickly for individuals and families that have immediate housing needs which can be assisted with time-limited, short-term, and limited supportive services, or as a bridge to long-term affordable housing or subsidy. However, over-reliance on RRH as a one-size-fits-all approach fails to honor and address the unique needs of large numbers of individuals and families experiencing homelessness who need longer-term solutions and are living with greater service needs, including people who are living with a disabling condition or have no opportunities for economic mobility to allow them take on the full rent burden of average rents in their communities. For these families or individuals, RRH often creates a cliff effect and results in

people returning to homelessness. Providing RRH without a strategy to increase the incomes of those housed through employment at livable wages often leads families to become homeless again after the housing subsidies end, and a new eviction on their record makes it harder to find housing again.

- The “successful” outcomes for RRH are generally measured based on the housing status of those exiting the program on the last day that rental assistance is provided. Since most households receiving RRH continue to be housed throughout the length of rental assistance provided, they are “permanently” housed at program exit, even if they do not have sufficient resources to pay the next month’s rent. This overestimates the success of the program, because it doesn’t reflect whether people remain housed after the rental assistance ends.
- Rapid Re-Housing has been promoted as an evidence-based practice based on faulty analysis of the HUD funded Family Options Study. This study looked at four interventions to end homelessness for families across multiple cities: 1) long-term rental assistance (such as Section 8), 2) transitional housing, 3) Rapid Re-housing, and 4) business as usual. The study found that the most successful intervention was long-term rental assistance. However, HUD determined that this was too expensive to implement widely. The outcomes were almost identical between transitional housing and RRH. However, since HUD funded transitional housing was more expensive, HUD concluded that RRH was the best approach.
- There have been some studies looking at the long-term outcomes for households assisted through RRH. However, due to the difficulties of tracking people after they exited a RRH program, there are contradictory findings among these studies. Evidence suggests that RRH for veterans may be more successful than for the general population, given the greater resources available for veterans in the community. However, longer term evaluations of RRH need to be completed before RRH becomes the primary response to homelessness.

Myth #5

Myth: Criminalization and enforcement actions against people experiencing homelessness connect more people to services.

Facts: Criminalization of homelessness is often a reaction by communities who do not want to “see” the existence of homelessness on the streets, parks, under bridges, etc. However, there is no data to show that criminalization decreases the number of people and families experiencing homelessness or results in a higher connection between people and services in the community especially when the community does not have an appropriate level of housing, shelter or services available. Additionally, criminalization has long-term impacts on people’s ability to obtain housing, creates increased trauma and distrust within the homeless community, and perpetuates barriers and stigma against people experiencing homelessness. Criminalization also creates barriers to employment and housing for those caught up in arrests simply due to their homeless status. Criminalization is also costly, creating a system where individuals are forced to cycle from homelessness to the criminal justice system and back, wasting resources that could otherwise go to solving the problem.

Myth #6

Myth: People on the streets “choose” to be homeless rather than access shelter or housing.

Facts: The assumption that people “choose” to be homeless is often used as a way for communities to shift the blame of high cost housing markets, low wages, inadequate services, or barriers to shelter or housing to the people who are the victims of those systems. Homelessness is traumatizing, exhausting, dangerous and stigmatizing. People who say they “choose” homelessness have long been marginalized and left behind by inadequately funded housing and services systems that they no longer trust. People who say “I choose to be homeless” often do so as a defense mechanism, as it feels better to have “agency” over one’s condition than to feel trapped in homelessness by circumstances beyond their control. Furthermore, emergency shelters don’t work for everyone because they are time-limited, often have barriers to entry such as requiring an ID or sobriety, there are often no places to store belongings or bring pets inside, and they often force families and couples

to separate. With strict check-in and check-out times, they don’t work for people who have jobs.

Results of the Denver Social Impact Bond (SIB), which targets permanent supportive housing to frequent utilizers of Denver jails, demonstrates that almost every person will choose housing over the streets if given the right options. Out of 250 unsheltered, chronically homeless SIB participants referred for PSH through the program, only 1 person refused to participate after assertive outreach and engagement and the offer of a choice of permanent housing options.

Myth #7

Myth: Federal funding for affordable housing has increased over time and is adequate to address the current problem of homelessness.

Facts: The growth of mass homelessness in our cities did not occur overnight. It is the result of nearly four decades of federal budget cuts to affordable and public housing programs. During the Reagan administration, federal spending on subsidized housing including state-owned public housing and housing vouchers dropped from \$26 billion to \$8 billion and funding levels have never been restored. When adjusting for inflation, it is clear federal funding has not kept up with the growing needs as demonstrated by the fact that two major federal programs that fund housing development, HOME and CDBG, have decreased by 63% and 64% respectively since 1992. Further, only 1 in 4 families that qualify for rental assistance will receive the benefit.

The current administration has proposed cuts to affordable housing, public housing and homelessness assistance programs each year. While Congress has refused to accept these reductions, they have not increased funding for these programs to the levels required to meet housing needs across the country.

Myth #8

Myths: HUD spends its entire annual \$2.6 billion homelessness budget on providing housing and services to people who are newly homeless or currently experiencing homelessness.

Facts: The vast majority of HUD funding is needed just to renew existing projects housing formerly homeless persons. In 2018, 91.3% of projects funded by HUD were renewal projects, with only 5.8% (\$126 million) being new housing or service projects. 71% of renewals (totaling \$2 billion) were for permanent supportive housing programs aimed at keeping currently housed families and individuals in their homes. While it is critical that formerly homeless persons in PSH continue to receive housing assistance and supportive services, we will never end homelessness if only 6% of available funding goes to house those currently living on the streets or in shelters.

Congress authorized in the HEARTH Act of 2009 that funding to renew permanent supportive housing be funded through the Section 8 Appropriations Fund rather than through the more limited homeless assistance funding. However, Congressional appropriators and HUD have not taken steps to implement this change. Doing so now would free up \$2 billion dollars of funding to target the newly homeless and those currently on the streets. Of course, Congress would need to adequately fund an increase in the Section 8 fund for PSH to ensure that this move was not at the expense of others relying on the Section 8 program.

Myth #9

Myth: When homelessness rises in any given community, HUD responds by providing more resources and support.

Facts: Through the annual Continuum of Care competition, HUD actually penalizes communities that are experiencing an increase in homelessness due to factors outside of their control. Communities that demonstrate an overall reduction in the number of people experiencing homelessness, a reduction of “first time homeless,” a reduction in the length of time people remain homeless, a decrease chronically homelessness, a decrease in family homelessness, or a reduction in the number of homeless veterans receive more “points” and therefore are eligible for

more funding through the completion. However, communities that are struggling with increased homelessness due to affordable housing shortages, increased population, decreased employment opportunities, natural disasters and other factors out of their control are penalized and eligible for less funding. This approach is not only counterproductive, it exacerbates the problem by reducing the very resources these communities need to reduce homelessness.

Myth #10

Myth: There have been decreases in the number of people experiencing homelessness over the last decade, and we are on a path to solving homelessness.

Facts: After declining slightly for almost a decade (based on unreliable PIT data), the number of people experiencing homelessness in the United States increased for the third year in a row in 2019. HUD data, which relies on the limited data gathered from the Point-in-Time count, showed a slight decrease in family homelessness and veteran homelessness which is likely the direct result of increased funding for these targeted populations. However, over that same time period, there was an increase in the number of “unsheltered” people experiencing homelessness. Further, HUD claims that homelessness has decreased by 15% since 2007, despite recent evidence of increased homelessness in many communities. Even if true, at that rate, we will not achieve the end of homelessness until 2070. That is unacceptable in the richest nation on earth.

Myth #11

Myth: Homelessness impacts all racial, ethnic, and social groups equally.

Facts: Homelessness continues to disproportionately affect communities of color, with African-Americans and Native Americans dramatically overrepresented among the homeless population. While African-Americans represent 13 percent of the U.S. population, they make up 40 percent of the country's homeless population. Additionally, Latinx people are significantly undercounted and excluded from housing and services. LGBTQ+ persons are also overrepresented in the homeless population, as are youth aging out of foster care.

Myth #12

Myth: Prioritizing Housing for the Chronically Homeless and most vulnerable frees up resources that can be re-directed to house families, youth and other homeless individuals.

Facts:

- Federal, state and local policy has increasingly focused limited housing resources to those experiencing chronic homelessness in the mistaken belief that doing so will reduce the amount of funding needed to shelter and serve this population, and that those resources can be then redirected to less expensive populations, such as families, youth and those experiencing homelessness due to economic issues. While there is significant evidence that supports the fact that housing those who are chronically homeless with health, mental health, and substance addictions have positive outcomes in housing, and can lead to reductions in avoidable costs from emergency rooms, hospitalization, detox and jail interventions, there is little evidence that these savings flow to the benefit of housing those families and individuals with less complex needs.
- Indeed, as HUD has prioritized limited funding to housing the chronically homeless through its funding competitions, more and more of federal funding is needed to just keep these individuals housed, and the HUD budget has not increased significantly enough to house non-chronic families and individuals. Even with this increased focus on chronic homelessness, the HUD mandated Point-in-Time counts show that chronic homelessness has decreased, at best, by only 26 percent over 11 years. At that rate, we will not end chronic homelessness until 2050, and the savings from this approach will not reach families and non-chronic individuals and youth until that time.
- The inevitable result of this prioritization is to increase the length of time newly homeless individuals with disabilities remain homeless, as they must “age into chronic homelessness” status to receive access to limited supportive housing.

Myth #13

Myth: HUD, USICH and their consultants know what works best for each community to end homelessness.

Facts: Unfortunately, in due to inadequate funding to meet the needs of people experiencing homelessness in communities across the country, HUD and the U.S. Interagency Council on Homelessness have developed a series of tools to ration this limited funding – such as coordinated access systems, prioritization requirements, assessment tools such as the VISPDAT, diversion, and Rapid Re-Housing – rather than advocating for sufficient funding to meet the needs of all families and individuals experiencing homelessness. In order to compete for HUD funding, communities have been required to use these tools as a “one-size-fits-all” solution. This limits communities from developing new interventions based on their assessments of the needs of their communities.

In order to develop real solutions and policies that work, it is critical that people experiencing homelessness be involved as decision makers and real partners in planning and programming to end homelessness.

Myth #14

Myth: Homelessness will always be with us.

Facts: No. Although throughout our history, homelessness has ebbed and flowed with economic crises, wars, and depression, we are in the fourth decade of the longest sustained period of mass homelessness in our history. In many communities, homelessness has reached crisis proportions. This is not inevitable. We know how to end homelessness for individuals, families and youth – by providing affordable housing, removing barriers to housing, and providing the health, mental health, employment, and other supportive services people need to successfully keep their housing. The problem is that we as a nation have not devoted the resources to accomplish these solutions at the scale needed to meet the growing needs in our communities. This is a failure of policy and political will. Once we change this and increase investment in real solutions commensurate with scale of the problem, we can and will end homelessness.