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Questions and Answers about the Chronic Homelessness Initiative

What is the "Chronic Homelessness" Initiative?

The "chronic homelessness" initiative is a campaign to target federal, state, and local homeless assistance and other resources to people who meet the definition of "chronic homelessness."

What is the Federal Definition of "Chronic Homelessness?"

A "chronically homeless" person is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. "¹

By definition, the "chronic homelessness" initiative excludes the following groups of people: children (with disabilities and without disabilities) who are homeless with their parents; parents (with disabilities and without disabilities) who are homeless and who have children with them; youth on their own with disabilities who have not been homeless long enough to fit the federal definition; youth on their own without disabilities; unaccompanied individuals with disabilities who have not been homeless long enough to fit the federal definition; unaccompanied individuals without disabilities; and unaccompanied individuals who are unwilling to be declared disabled.

What is the Stated Rationale for the Chronic Homelessness Initiative?

Proponents of the chronic homelessness initiative point to research analyzing the shelter use patterns of single adults in publicly funded shelters in New York and Philadelphia.² This research found that 80% of these shelter users experienced a single episode of homelessness and stayed in shelter for a relatively short period of time; another 10% had four or five episodes of homelessness and, cumulatively, stayed in shelter for a longer period of time; and yet another 10% had an average of two episodes of homelessness, but stayed an even longer cumulative time in shelter. This last group of people, classified as "chronically homeless," and often suffering from serious health and mental health issues, occupied 50% of the total number of shelter days over a three-year period.

¹ Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol. 68, No. 17/Monday, January 27, 2003, 4019. This definition is shared by the U.S. Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs.

² Culhane, D.P. & Kuhn, R. (1997). Patterns and determinants of shelter utilization among single homeless adults in New York City and Philadelphia: A longitudinal analysis of homelessness. *Journal of Policy Analysis and Management*, 17 (1) 23-43.

Many policy implications have been drawn from this research. Most significantly, proponents of the "chronic homelessness" initiative argue that because the "chronically homeless" group "used up" half of all the shelter days, a larger portion of homeless assistance dollars should be targeted to permanent supportive housing for them. The often-stated purpose of this policy is to "free up" more emergency shelter beds for the remaining 90% in need.

Why is this Rationale, and the Policy Implications Drawn from it, Inappropriate and Misleading?

While the above-cited research is informative, the conclusions that have been drawn from it are misleading and inappropriate as a basis for national policy.

- **The claim that "'chronically homeless' people represent 10% of *all* homeless people, and use up 50% of *all* homeless services" is a misrepresentation of the research findings.** The particular study that led to the typology of "chronically homeless" only included data regarding single adults who used publicly funded shelters in two major metropolitan areas. It did not include families with children or unaccompanied youth. Nor did it include rural or suburban areas. Finally, the study did not measure use of *any* service other than publicly-funded, centrally-administered emergency shelter days. Therefore, the claim that "chronically homeless" people represent 10% of *all* homeless people, and use up 50% of *all* homeless services" is incorrect and should not be used as the basis of national policy.
- **Targeting resources toward permanent supportive housing for the "chronically homeless," as currently proposed, is unlikely to "free up" emergency resources for families or other populations.** The argument that targeting resources toward permanent supportive housing for the "chronically homeless" will "free up" emergency resources for families and other populations assumes that there is a fixed, unchanging population of people who are "chronically homeless," and that "freed up" shelter beds will go to serve other populations. Neither assumption is true. Without addressing the causes of homelessness among people with disabilities, new people will continue to join the ranks of the "chronically homeless" and be in need emergency shelter beds. Moreover, no plan, discussion, or proposed restructuring of homeless assistance grants has been offered to specify precisely *how* "freed up" emergency shelter resources will be redirected toward "non-chronic" populations. In the absence of such a plan, or a significant influx of new resources for *all* populations, the targeting of resources toward permanent supportive housing for the "chronically homeless" merely re-shuffles the deck, resulting in *fewer*, not more, services for families and other populations.
- **The "chronic homelessness initiative," as currently envisioned, is incapable of "ending homelessness" for people with disabilities.** While permanent supportive housing targeted to people who are *currently homeless* is an essential service in resolving the homelessness of many people with disabilities, it cannot prevent *currently housed* people with disabilities from losing their housing. Even if enough funding were allocated for permanent supportive housing for every person who is currently "chronically homeless," new individuals with disabilities would continue to become homeless because the underlying causes of their homelessness are not addressed by the initiative. Similarly, while "discharge planning" has been part of the "chronic homelessness" discussion around prevention, it becomes merely an ad hoc exercise in problem management when no affordable housing exists to which people can be discharged. Only a sustained effort to address the long-term causes of homelessness, including lack of adequate

health care, affordable housing, and livable incomes, will prevent and end homelessness for people with -- and without -- disabilities.

- **The argument that "chronically homeless" people are "the most vulnerable" among people experiencing homelessness, and therefore deserving of greater attention and resources, is inappropriate.** Proponents of the chronic homelessness initiative have sought to garner support for it by asserting that "chronically homeless" people are "the most vulnerable" among people experiencing homelessness, and therefore deserve a greater portion of federal resources.³ Such assertions unethically pit needy populations against each other for service dollars. Moreover, the accuracy of the assertion is undermined when research on children is considered -- research that is strikingly absent from discussion at the federal policy level. Rarely mentioned, for example, is the finding that young children were most at risk of staying in public shelter in New York and Philadelphia, and the younger the child, the greater the risk; indeed, infants under the age of one had the highest rates of shelter use.⁴ To assume that these children are less vulnerable to the ill effects of homelessness because they move through the public shelter system more quickly is wrong. Many of the horrific conditions of homelessness directly contribute to physical, mental and emotional harm. For example, infants and toddlers who are homeless are at extreme risk of developmental delays and health complications.⁵ Children experiencing homelessness are diagnosed with learning disabilities at much higher rates than other children.⁶ In addition, there is evidence that experiencing homelessness as a child is associated with experiencing deep poverty and homelessness as an adult.⁷ Ignoring the plight of this equally vulnerable population, under the questionable assumption that it is "less vulnerable" than single adults with disabilities, all but guarantees the perpetuation of "chronic" homelessness into the foreseeable future.

What is the Impact of the Federal Mandate to Prioritize Chronic Homelessness on Local Communities?

- **Communities are being forced to overlook the results of their own needs assessments in order to meet federal mandates to serve "chronically homeless" people. As a result, federal funding is not addressing the service gaps determined by communities.** In

³ News Release, U.S. Department of Housing and Urban Development, December 17, 2002. "Bush Administration Awards Record \$1.1 Billion to Provide Housing and Services to Homeless Individuals and Families."

⁴ Culhane, DP & Metraux, S (1996). One year rates of public shelter utilization by race, sex, age and poverty status in New York City (1990-1995) and Philadelphia (1995).

⁵ Homeless infants and toddlers have higher rates of low birth weight and need special care right after birth four times as often as other children. Nearly 70 percent of homeless infants and toddlers have chronic illnesses. Children experiencing homelessness are diagnosed with learning disabilities at twice the rate of other children, and suffer from emotional or behavioral problems that interfere with learning at almost three times the rate of other children. The Better Homes Fund, *America's New Outcasts: Homeless Children* (1999).

⁶ *Id.*

⁷ Interagency Council on the Homeless, *Homelessness: Programs and the People They Serve*, 1999.

distributing homeless assistance grants, HUD asks communities to rank local needs and prioritize the gaps in the resources available to meet those needs. It then awards grants based on that process, called the "Continuum of Care." Over the past few years, as a result of the "chronic homelessness" initiative, HUD has given preference to communities that use funds for permanent housing to "end homelessness for chronically homeless people."⁸ This preference disregards local needs, realities, and emerging trends, and is therefore in direct conflict with the stated goal of the Continuum of Care process: rather than enabling local communities to determine their own priorities based on local need, HUD has determined their priorities for them. Many communities have witnessed significant growth in the scale and severity of homelessness among families with children, unaccompanied youth, and disabled and non-disabled populations that do not fit neatly into the "chronic homeless" paradigm. Yet these communities are being forced to overlook emerging needs in favor of a narrowly constructed national priority. As a result, equally vulnerable populations face service gaps that, if left unaddressed, have the potential to cause irreparable harm and even lead to "chronic homelessness."

What about Poverty?

Perhaps most troubling about the "chronic homelessness" initiative is the complete absence of any discussion of poverty and the affordable housing crisis that underlie homelessness for *all* populations. To separate homelessness from poverty and housing is fundamentally to distort its causes; yet this is precisely what the chronic homelessness initiative appears to have accomplished. People experiencing homelessness, and those at-risk of experiencing homelessness, deserve better.

Future Directions

The "chronic homelessness" initiative is beginning to redefine homelessness. Press releases, plans to end homelessness, and news articles are using the terms "chronic homelessness" and "homelessness" interchangeably, as though they were one and the same. No other kind of homelessness appears to exist -- or at least to be worthy of discussion or action. In this collapsing of categories, all people experiencing homelessness are either pathologized or made invisible.

Proponents of the "chronic homelessness" initiative have attempted to deflect criticism of the lack of attention to "non-chronic" homelessness, especially the homelessness of families, by calling for "research and innovation" concerning those populations. Yet existing research has been ignored, and the involvement of service providers and public agencies with insight and knowledge about them has been minimized. Worse, the "chronic homelessness" initiative has diverted attention and energies from broader solutions to homelessness and mainstream housing assistance programs such as the Section 8 and Section 811 programs. Without greater support for these measures, people with and without disabilities will continue to experience homelessness. Service providers, advocates, and public agencies must discard slogans, embrace solutions, and work to prevent and end homelessness for *everyone* who suffers it.

⁸ Notification of Funding Availability for Continuum of Care Homeless Assistance Programs, Office of Community Planning and Development, U.S. Department of Housing and Urban Development; Federal Register: April 25, 2003 (Volume 68, Number 80)].