



Policy Recommendations for Meeting the Grand Challenge to End Homelessness

According to the Congressional Budget Office, the United States spends \$50 billion annually on housing assistance for low-income households, but only one quarter of eligible households receive this support,¹ and nearly 1.5 million Americans are homeless each year.² Untold numbers live doubled up and in substandard housing.³ The largest recent increases in homelessness have occurred in cities such as Los Angeles and New York. Demographic trends show that most of this growth has come from two distinct subgroups: young adults and persons over age 50.⁴

In order to meet the grand challenge to end homelessness, social policies and interventions must address upstream structural factors that cause homelessness as well as implement downstream approaches that end or substantially reduce its effects.⁵ The belief that this challenge is achievable is based on a recent paradigm shift in policies on homelessness, a shift attributable to the rise of Housing First (HF) and other evidence-based practices.⁶ The new paradigm has three guiding principles: (a) Prioritize housing over shelters and permanent supportive housing over transitional housing; (b) value client choice and direction; and (c) match flexible support services to needs (instead of pursuing one-size-fits-all approaches). These principles are closely aligned with the values and practices of the social work profession.

Recommendation 1:

Expand Access to Housing Subsidies, Including Housing Choice Vouchers (HCVs)

Government-funded rental vouchers, such as HCVs, have proven to be a vital safety net for low-income Americans. Ensuring that no more than 30% of recipient-household income goes to payment of rent in the private housing market, HCVs are a de facto homelessness prevention program for over 2 million households.⁷ However, appropriations for low-income housing programs have declined by over two thirds since the 1970s.⁸ According to the Congressional Budget Office, providing HCVs to everyone who qualifies financially would cost \$41 billion per year; this cost could be offset by reductions in tax breaks for affluent homeowners.⁹ Another option is to provide less restrictive “shallow” subsidies; recipients could pool their subsidies and live together or pay the subsidies directly to family members in exchange for housing. Investment in housing subsidies extends affordable housing to low-income individuals who might otherwise use shelters and other costly institutions such as jails and hospitals.¹⁰

Recommendation 2:

Ensure That Evidence-Based Psychosocial Interventions Accompany Housing Assistance for Those in Need

The vast majority of homeless persons manage to exit homelessness without using intensive services, and those who

remain have needs that vary widely in intensity. The awareness that one size does not fit all means that flexible supports must accompany housing assistance. Three leading evidence-informed approaches follow this principle: *rapid rehousing*,¹¹ *critical time intervention*,¹² and *permanent supportive housing with an emphasis on HF*.¹³ Rapid rehousing enables individuals and families to avert homelessness or to exit it as quickly as possible by using one-time cash payments for emergencies.¹⁴ While critical time intervention focuses on preventing homelessness during major transitions from institutions (e.g., hospitals, jails, and shelters) to community living,¹⁵ permanent supportive housing delivered via HF approaches provides longer term housing and more intensive support for higher need homeless individuals.¹⁶ All three of these approaches have federal endorsements as evidence based and effective, but scaling them up and maintaining fidelity to ensure quality control remains a challenge.¹⁷ In particular, flexible psychosocial supports are critical to stabilizing the lives of newly or precariously housed individuals and families.¹⁸ Funding such supports *along with housing* is essential to ending homelessness.

Recommendation 3:

Develop and Evaluate Housing-Led Interventions for Specific Populations

To build upon the success of HF with chronically homeless adults, and especially veterans,¹⁹ HF or “housing-led” approaches should be adapted for use with other populations, and the effectiveness of those adaptations should be evaluated. Interventions for homeless youth, for example, must take into account their lack of maturity and the nonadult legal status of those under age 18 (child welfare authorities play a significant role in such cases). There are also special needs subgroups, including lesbian, gay, bisexual, transgender, and queer youth; youth with mental or physical disabilities; foster care “graduates”; and undocumented immigrant youth. Youth homelessness implicates family dysfunction as well as poverty; proposed interventions must involve family mediation as a first step if safety is assured.²⁰ Other emerging homeless populations, such as older adults and unaccompanied women, can benefit from housing-led programs with targeted support services.²¹

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End Notes

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