

## Executive Summary

As part of FADICA members' Platform: Homelessness and the UnHoused, LEO has prepared a summary and analysis of current research, principles of Catholic Social Teaching (CST) that align with this platform, and interviews with key providers and leaders in this program and policy space. LEO has distilled the learnings into a synopsis which outlines the state of homelessness research, practice, and policy. In a separate document, LEO presents a gap analysis which presents where things are today, what is ideal in the future, and where gaps exist. Where gaps exist, we also put forth possible action items to address the gaps and move towards reducing homelessness in the United States. During the conference, LEO will guide members through a discernment exercise to arrive at clear, agreed-upon actions that the group will take going forward.

## FADICA Platform Process

### 1. Learn/Listen (LEO)

2. Discern (LEO guides FADICA members at conference)
3. Act (FADICA members decide on action for the group)

Listen and Learn (LEO): Synopsis of statistics, research, provider inputs, and leader inputs

- Sections
- Methodology
- Key Statistics
- Key Covid Statistics
- Key Concepts
- Summary of Evidence on Homelessness and Housing
- Catholic Social Teaching and Homelessness
- What Providers are Saying
- What Leaders are Saying

### Listen and Learn (LEO): Synopsis

#### Methodology

- Existing research (current evidence of what works)
- FADICA member surveys (leaders)
- FADICA SVDP surveys (providers)
- LEO interviews (provider partners)
- LEO interviews (key leaders - national)
- LEO interviews (Catholic leaders - national)
- Persons with lived experience

# Key Statistics on Homeless Persons

## General

- More than **500,000 people** experience homelessness on any given night.
- 1.42 million people** pass through shelters every year.

## Demographics

- 1.3 million students** experience homelessness every year.
- Men are **60% more likely** to experience homelessness than women.
- Black people are **41% of the homeless population** (but only 13% of the total U.S. population).

## Cost

- Locally, the average cost of public services per person experiencing homelessness is **\$83,000/year**.

## Geographic Trends

- Large increases in homelessness** in New York, Los Angeles, Seattle, and San Francisco have driven recent increases in homelessness nationwide.

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# Key Covid Statistics

## General

- The most recent point in time count for 2022 showed **582,462 people** are homeless on a given night, an increase of **2,000 people** since 2020.
  - Of those, **384,630** were sheltered, and **233,832** were unsheltered (a **3.4% increase** since 2020).
- Chronic homelessness **increased by 15.6%**, representing a **32.4% increase** in sheltered homelessness and **7.1%** in unsheltered.

## Demographic Changes

- The overall number of individual adults (not in a family unit) experiencing homelessness **increased by 3.1%**.
- Homeless families with children declined (following the current trend) by **6.1%** since 2020.<sup>1</sup>
- The number of youth experiencing homelessness dropped by **12%**, representing a **32.8%** drop in unsheltered youth under 18 and a **21.9%** drop in unsheltered youth aged 18 to 25.
- The number of veterans experiencing homelessness dropped by **11.1%**, likely due to HUD-VASH programs.

## Continuing Disparities

- Black and indigenous people are overrepresented in the homeless population. Black people make up **12%** of the total U.S. population, but **37%** of the homeless population. **50%** of people experiencing homelessness as a family are Black. 2020 to 2022 saw a **2%** increase in unsheltered homelessness among Black people.
- The same time period saw a **4%** increase in unsheltered homelessness among American Indian, Alaska Native, and Indigenous people, and a **19%** increase among Native Hawaiians and Pacific Islanders.
- The same time period also saw an **8%** increase in homelessness among Latinos. **16%** of Latinos experiencing homelessness are unsheltered. Latinos make up **19%** of the U.S. population, but **24%** of the homeless population.

1. According to NAEH, this is due to Covid-era policies such as: "the eviction moratorium, combined with relief resources including economic impact payments, emergency rental assistance, and state-level legal aid programs, were key to these reductions." (NAEH, 2022)

## Key Concepts

### Continuum of Care

A Continuum of Care (CoC) is a regional or local group that coordinates housing and services funding for homeless families and individuals. CoCs can represent major cities, suburbs, and rural areas. CoCs are the only way communities receive HUD funding for homelessness. As of 2017 there were 461 CoC's across the 50 states, Washington D.C., Puerto Rico, Guam. CoCs are made up of community stakeholders including nonprofit homelessness service providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

### HUD recognizes four necessary parts of a CoC.

1. Outreach, intake, and assessment
2. Emergency shelter to give immediate, safe alternatives to sleeping on the streets, especially for homeless families with children
3. Transitional housing with supportive services for skill development
4. Permanent supportive housing to give individuals and families an affordable place to live with services if needed

### Chronic Homelessness vs. Situational Homelessness

Chronically homeless refers to individuals who have spent a large portion of their lives on the streets and have concurrent issues that hamper their ability to reconnect to their communities, including substance abuse and/or serious mental health problems.

Situationally homeless refers to individuals or families who become homeless after a crisis. Since they don't have a support network to call on, they are unable to maintain housing through the crisis. They are considered temporarily homeless because their housing crisis can be resolved as a related specific situation is addressed.

### VI-SPDAT

The Vulnerability (VI) & Service Prioritization Decision Assistance Tool (SPDAT) [VI-SPDAT] is a combination of two tools used to determine vulnerability and allocation of resources. The VI was developed by Community Solutions to determine chronicity and medical vulnerability in homeless individuals. The SPDAT was developed by OrgCode Consulting as an intake and case management tool to help social service providers allocate resources in a targeted way.

The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) requires communities to develop and use a mechanism or tool to assess and coordinate access. This is to move away from both "first come, first served" and "gut instinct" systems of assessment. VI-SPADT was one effort meant to help communities quickly assess people in crisis and match them to the best resources available.

Recent studies have highlighted two problems with the VI-SPDAT. First, there are concerns that it is not reliable at assessing risk. Second, it may perpetuate racial inequities. Because of this, more communities are re-assessing their use of the VI-SPDAT via their Continuums of Care and efforts to develop and test other measures are underway across the country. For example, LEO is studying a tool being developed by the South Alamo Regional Alliance for Homelessness (SARAH) to more quickly and accurately assess and triage people experiencing homelessness.

### Diversity, Equity, and Inclusion

Agencies, funders, and leaders across the country are addressing concerns about structural racism within housing and other social systems in a number of ways. Some have launched or enhanced work focused on diversity, equity, and inclusion (DEI) to review and revise programs and policies through a DEI lens.

## Summary of Evidence in Housing and Homelessness <sup>2</sup>

Homelessness policy is an area that has actually built and used evidence well, especially compared to other anti-poverty solution approaches. What follows is a brief summary based on Evans, et al's 2018 meta-analysis of the literature. For each strategy, a brief note on evidence is provided. Following the summary is a set of research questions that remain to be answered, and evidence that still needs to be built or is in the process of being built.

### Prevention

Prevention programs are those that give assistance before people lose housing. There is growing evidence that several of these types of programs work.

There are four main types of prevention strategies: Comprehensive interventions, emergency financial assistance (EFA), critical time intervention (CTI), and eviction court. Comprehensive interventions connect families to an array of coordinated services to help them maintain housing, and evidence is still being built about these programs. Several studies show that when targeted well, EFA is particularly effective at keeping at-risk people housed and for up to a year. CTI programs offer case management and transition services when people are vulnerable, like after a hospital stay. While modest, the existing evidence shows strong effects on preventing homelessness. Since evictions are often a gateway into homelessness, eviction court support/legal aid has shown to be effective at improving outcomes for tenants facing eviction.

### Housing First

Housing first programs are those that give immediate housing with no conditions to individuals who have lost their housing but have not yet entered a shelter. Emerging evidence shows that this approach is very effective, especially with individuals who are chronically homeless, including veterans and those struggling with mental illness and substance abuse. Supportive housing is one form of this and there is strong evidence that for certain populations this increases housing stability. Rapid re-housing is another form of housing first, providing short-term immediate housing with no conditions (like sobriety or employment). It progressively requires families or individuals to pay for the housing as their lives and employment stabilize. Early evidence shows that this is an effective way to reduce homelessness, but there are several studies underway to confirm this finding and demonstrate who it works best for and for how long.

### Low-income Housing Subsidies

Low-income housing subsidies do not directly target homelessness, but may prevent it or reduce it. Public housing complexes are the most common example, though the 1990s saw a concerted effort to replace old units with new ones. More were demolished than built, so total public housing decreased. At the same time, housing vouchers and other strategies emerged and grew. Long-term housing vouchers allow families to subsidize their rent with any landlord who accepts them, but the evidence on vouchers is mixed. For low-income families, vouchers only slightly improved their quality of housing and had no effect on the family being housed in the first place (said another way, they helped families already housed get better housing). For low-income families at risk of homelessness, vouchers are effective in improving well-being and housing outcomes. Low-income housing tax credits (LIHTC) are a method of increasing the supply of affordable housing, where developers get tax credits to increase housing units that are income-dependent.

### Broad Interventions

Some policies affect homelessness indirectly through overall housing prices. Rent control limits the amount a landlord can charge, but this can disincentivize landlords to develop new units. Thus reduces overall housing stock which can increase prices and crowd out low-income families. Similarly, zoning laws can cause price increases, as they focus on restricting units in an area so the market cannot respond to demand appropriately.

### Remaining Research Questions

1. Can we expand the pool of evidence about what programs improve housing stability?
2. What outcomes beyond housing are improved by existing housing programs?
3. What bundle of services are most effective and for whom?
4. Can researchers evaluate and use the structure of coordinated entry?
5. Can supply-side interventions work?
6. What are the general market effects of homelessness interventions?

<sup>2</sup> From Evans, Phillips, and Ruffini (2018). Reducing and Preventing Homelessness: A Review of the Evidence and Charting a Research Agenda. JPPAM.

## Catholic Social Teaching and Homelessness<sup>3</sup>

The key principles of Catholic Social Teaching (CST)—human dignity, solidarity, and subsidiarity, give us great guidance to support work with homeless and unhoused persons.

### Principles Related to the Individual Level

- Respect the dignity of every person as a child of God.
- Defend life when it is threatened or diminished.
- Dignity of the human person calls us to overcome poverty and suffering.
- Every person has a right and duty to participate in shaping society and promoting the well-being of all, especially the poor and vulnerable.

### Principles Related to the Institutional and Program Level

- In the spirit of subsidiarity, larger institutions in society should not overwhelm smaller ones.
- The dignity of work is part of God's creation, and employers are responsible for setting just wages.
- The fundamental right to life includes the right to access the things required for human decency: food and shelter, education and employment, health care and housing, and freedom of religion and family life.
- The option for the poor and vulnerable is a basic moral test for our society. How do we treat the most vulnerable in our midst? Those who are oppressed by poverty are the object of preferential love on the part of the church.
- Public policy should be marked by a focus on moral principles rather than the latest polls, the needs of the weak rather than the benefits for the strong, and the pursuit of the common good rather than the demands of narrow interests.

## What Providers are Saying

### What Needs Are Out There

- There is an increased need after Covid.
- There is a lack of employment, and underlying health problems keep people home and afraid to be in the workplace.
- An increased cost of living is compounded by no increase in wages.
- There is increased need among the elderly, disabled, larger families, and LGBTQ youth.
- Mental health needs were already on the rise. Covid has pushed them even higher and for more people.
- People are asking for more cash assistance due to low-wages and high housing disparity.

### Current Challenges

#### *Staffing*

- Labor shortages are greatly impacting the ability to serve.
- Staffing is the #1 issue among providers.
- Staff experience turnover and burnout. Some providers have increased mental health resources for staff, are trying to increase wages, and are leaning into mission to attract and retain.

#### *Funding*

- Funding is key to how they operate AND to what services they can offer and who they can serve.
- Providers first identify program they want to run, then see if they have funding, then see how they can staff it.
- Funding is not always flexible and providers must be creative to support some people in need.
- More funding is needed for immediate cash assistance and non-rental assistance.
- Covid funding allowed providers to serve more people, especially with flexibility. They worry that the end of Covid funds means they will be forced to serve fewer people with less flexibility.

## Key Programs

- Rapid re-housing, housing first, and permanent supportive housing (especially for veterans) are key, along with emergency financial assistance.
- Some providers make landlord-focused efforts such as dedicated teams to build relationships with landlords, teams dedicated to tenants rights, and efforts to become the point of contact for landlords to resolve issues (rather than the landlord engaging the legal system). SVDP Cares holds a celebratory dinner for tenants to share the impact of housing on their lives; landlords attend and are publicly recognized.
- Most agencies offer some version of wraparound case management. Some of these programs are directly focused on people experiencing homelessness; others are not but might prevent homelessness.
- Only some providers are involved in shelter services.
- Some providers (such as St. Joseph Housing Initiative) renovate and sell homes to low- and moderate-income families.
- Master leasing, where the provider becomes the tenant and subleases to an individual or family in need, allows more landlords to see guaranteed payments (thus making them more willing to lease) and potentially leverages multi-family space for several individuals.
- Coordinated entry and CoCs have mixed reviews. East coast providers are in favor; others see they are needed, but see them as broken and inherently biased (see VI-SPDAT note above).

### Highlights of Their Work

- Providers are proud of how many people they could serve during Covid.
- Staff are dedicated to the mission even in the most stressful time in memory.

### Key Metrics

*Providers generally track their homelessness program progress by the following metrics.*

- # of people returning to the system
- # of people transitioning from shelter
- % caseloads housed within the year

## What Leaders are Saying

### Challenges

- Section 8 vouchers seem to work, but there are not enough. If people do have one, it is often hard to find a landlord who will take it.
- While some communities move to build affordable housing to address housing insecurity, neighborhoods sometimes put up resistance to homeless individuals being located near them.
- Several leaders note the lack of a good tool to assess and place people with the right housing program. They agree that VI-SPDAT should be out, but what should replace it? VI-SPDAT is also often used to assess many people who are ineligible.
- As mental illness is on the rise, it has become intrinsically tied to approaches to homelessness.
- The housing justice approach argues that the goal of “ending homelessness” is not right and should be replaced with the longer-term goal of housing justice. The Housing Justice framework is a relatively new concept rooted in rectifying historical and systemic drivers of housing insecurity, achieving racial equity in housing, and creating upward mobility for all people.



## Solutions

- CoCs (see above) are key. This local approach is how HUD decentralized decision-making and local communities now determine who gets funding. This local approach also resonates among Catholic leaders in terms of the principle of subsidiarity. There seems to be an opportunity for funders to get involved with these.
- The Catholic Church is one of the biggest landowners in the U.S. (in some areas, it is the biggest). There are efforts in some communities like Los Angeles to convene Catholic leaders and housing leaders to discern how church properties can be repurposed to serve the homeless.
- Veterans are a success case. Because veterans have access to many support services, once a community identifies its homeless veterans and gets them connected with services, veteran homelessness becomes functionally zero. For example, the HUD-VASH program provides a permanent supportive housing voucher to veterans. LEO's research shows that for every voucher given there is one less homeless veteran. Veterans Administration programs wrap additional support services, such as for mental health and employment, around housing. This approach could be applied to other specific homeless populations.
- The Housing PLUS approach to shelter is focused on immediately solving the housing crisis, but recognizes that housing and shelter alone are not enough to move people to long-term stability. People also need access to support services like employment, transportation, and health care.
- Opportunities exist for funders to be the "first money in," offering early support for innovative programs like pallet shelters or tiny homes which provide low-cost temporary housing to allow people to transition safely to more permanent housing. Early findings show that 75-95% of people in pallet shelter communities are permanently housed within 12 months. More research is needed in this area.
- Opportunities also exist for advocacy around policy gaps, like those related to foster youth exiting care. The Specialty Family Foundation in Los Angeles has been involved in supporting flexible funding to allow agencies to temporarily house youth as they wait to be eligible for HUD housing. HUD recently funded the LA Youth Demo Project with \$15 million to allow the LA CoC to find solutions to youth homelessness.
- Combined funding models allow funders to come together to purchase property for an agency, making it possible for the agency to use the property for its work. The Hilton Foundation has taken part in this via Alexandria House.
- Many typical "red tape" barriers were eliminated during Covid, making it possible to serve more people faster and with greater flexibility. No one wants to see those barriers return.
- Innovations abound—pallet homes, master leasing, and ideas from overseas such as shared housing and communal living.

## The Voices of Those With Lived Experience

Several leaders and providers have taken active steps to involve people with lived experience (people who have at one point been homeless themselves) in creating the vision and process of providing homelessness services. Good examples of this include Community Solutions and Destination Home, LEO partner

