

THE FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

HEARING

BEFORE THE

SUBCOMMITTEE ON
HOUSING, TRANSPORTATION, AND COMMUNITY
DEVELOPMENT

OF THE

COMMITTEE ON
BANKING, HOUSING, AND URBAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

ON

REVIEWING THE UPDATED FEDERAL STRATEGIC PLAN TO PREVENT
AND END HOMELESSNESS, DISCUSSING RECENT ACTIONS TAKEN BY
AGENCIES ON THE ISSUE OF HOMELESSNESS IN AMERICA, AND EX-
PLORING TOPICS RELATED TO RELEVANT LEGISLATIVE PROPOSALS

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THE FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

WEDNESDAY, MARCH 8, 2023

U.S. SENATE,
COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS,
SUBCOMMITTEE ON HOUSING, TRANSPORTATION, AND
COMMUNITY DEVELOPMENT,
Washington, DC.

The Subcommittee met at 2:30 p.m., in room SD-538, Dirksen Senate Office Building, Hon. Tina Smith, Chair of the Subcommittee, presiding.

OPENING STATEMENT OF CHAIR TINA SMITH

Chair SMITH. Well, good afternoon. The Subcommittee on Housing, Transportation, and Community Development will come to order.

I am very glad to have Senator Lummis as my new partner and Ranking Member on this Subcommittee, and I really look forward to working with you over the next 2 years. Both Senator Lummis and I are interested and concerned and ready to dig in on issues of the shortage of housing, especially in rural communities, and the unique challenges that we see on tribal lands. And we are both, as we have discovered, focused on getting things done, so I am confident that we will be successful in finding common ground, and I look forward to the work ahead of us.

And I am also very glad to welcome Senator Fetterman, Senator Kennedy, Senator Vance, and Senator Britt to the Subcommittee this year.

So without safe, decent, affordable housing, nothing in your life works, and it is nearly impossible to maintain a job or go to school or stay healthy. Almost 600,000 Americans experience homelessness on any typical night, and of this number about 60 percent of those experiencing homelessness are sheltered while the other 40 percent are unsheltered.

Homelessness is a significant challenge in our country and we have to acknowledge that it is not getting better. It is getting worse. While we made big strides in reducing homelessness in the first half of the last decade, we know that the number of people experiencing homelessness began to rise again around 2016, and the pandemic only exacerbated the challenges that individuals and families have faced.

The backdrop to the issue of homelessness is that our Nation is facing an affordable housing crisis. According to data published by the National Low Income Housing Coalition, not one State in the

country has an adequate supply of affordable rental housing for the lowest income renters. In fact, for the 10.8 million families with extremely low incomes in the United States there is a shortage of more than 7 million affordable homes, which is very alarming.

The challenge of funding and keeping a safe, affordable place to live is real in every part of the country—urban, suburban, and rural—and it affects everyone. However, homelessness disproportionately affects some folks more than others, including Black and Latino and Native communities. In my home State of Minnesota, while Native Americans make up only about 1 percent of the adult population, the 2018 statewide homeless study found that they make up 12 percent of adults experiencing homelessness.

In December, the U.S. Interagency Council on Homelessness published “All In”, the Federal strategic plan to reduce and end homelessness. The plan calls for a 25 percent reduction in homelessness by 2025, and lays out a data-backed plan to make that happen. This is an aggressive goal but I am glad that we are aiming high here.

We have learned a lot in the last few years about how to effectively address homelessness. The American Rescue Plan provided 70,000 emergency housing vouchers to rapidly re-house individuals at risk of homelessness, especially veterans and victims of domestic violence and sexual assault. And just last month, Secretary Fudge announced \$315 million in awards to address unsheltered homelessness and homelessness in rural communities, along with thousands of vouchers. This coordination of grants and vouchers is critical, and I look forward to hearing more about how it can work from our witnesses today.

I am also looking forward to hearing more about how we can cut red tape, improve staffing, and make it easier for service providers and housing providers to do their jobs instead of worrying about administrative paperwork. We heard a number of suggestions at the hearing Senator Rounds and I held in this Subcommittee last year on this topic, and I hope that we can find bipartisan ways to make existing programs work more effectively.

There are several examples of bipartisan efforts in this area. Senator Reed and Senator Collins have a bill to reauthorize the Interagency Council on Homelessness. Senator Coons and Senator Cramer have introduced a bill to expand the Housing Choice Voucher Program and eliminate duplicative inspection requirements, a bill that both Senator Lummis and I have cosponsored in the past. And there are other bipartisan efforts to improve the low-income housing tax credit, to address veteran homelessness, and more at other committees.

You know, I often hear from people working on homelessness that we know what to do to solve this problem. We just need the will to fix it. We have data-driven strategies that have proven effective in addressing homelessness in recent years and are helping people who have fallen into homelessness. But we must also address the housing affordability challenges at all levels that are driving people into homelessness in the first place.

Addressing homelessness and the challenges of housing affordability has long been an issue that both Republicans and Democrats have been concerned about, so I hope that in this hearing we

can continue that bipartisan work and look for concrete steps that we can take together to address this deep challenge with a comprehensive approach, effective, strategies, and the resources that we need.

And with that I recognize Senator Lummis.

STATEMENT OF SENATOR CYNTHIA LUMMIS

Senator LUMMIS. Well, thank you, Madam Chair. It is a delight to join you on this Subcommittee in this endeavor, and I too look forward to tangible results from this bipartisan effort. Thank you. And I also want to thank our witnesses for being here today.

Right now many American families are struggling to find safe, affordable housing. For some of these families housing insecurity is a growing concern. There are many challenges that can drive an individual or family to homelessness and make it harder to regain housing. The availability of affordable housing is part of the problem, but mental health challenges, physical disabilities, and struggles with substance use can lead to homelessness and make it harder to escape when it occurs. These problems cut across demographics.

As a result, communities in every State right now, including my home State of Wyoming, are challenged to help those who are homeless or who lack stable housing. Today's hearing on the Biden administration's strategic plan to prevent and end homelessness provides a good opportunity to talk about what has worked and where we can do better.

"Housing First", a centerpiece of the Administration's plan, is a policy that places individuals into supportive housing without any conditions. Individuals are offered supportive services but are not required to use them. The term "Housing First", then, raises an important question. If housing comes first, what comes second? Individuals are placed into housing and then may choose whether to undertake mental health treatment or substance abuse counseling they need to live healthy lives, but how many people caught in the cycle of addiction or the grips of a severe mental health crisis can recognize the help they need at that moment?

At some point, when "Housing First" fails—and it does fail for some people—there need to be other paths to help. Shuttling vulnerable people between programs without needed treatment is not the path to housing independence. It perpetuates the problem. I am disheartened at the Administration's continued focus on a version of "Housing First" without the integrated wraparound services some individuals and families require to overcome homelessness. As a result, we have drifted too far to "housing only." Funded does not allow local organizations the flexibility to act on what they have seen work in their local community.

I would also like to see HUD and USICH spend more time on the unique needs of rural communities and tribes. These are important issues in Wyoming. Homelessness and housing instability look different in rural areas and reservations. Shelters are rare, and so many people turn to family and friends to get through a period of homelessness. As a result, homelessness shows up as overcrowding rather than tents on the street. But given how HUD conducts its counts of the homeless, these individuals and families living with

family and friends would not be counted. We cannot fix problems when we are unsure of how big they are or where they are.

Homelessness is a challenging issue, one that requires our best ideas. I look forward to hearing more from the witnesses about specific ideas to reduce red tape and help programs better serve vulnerable Americans.

Thank you, Madam Chair. I yield back.

Chair SMITH. Thank you, Senator Lummis, and I would like to welcome Senator Britt to the Subcommittee. We are very glad to have you with us today as a Member of this Subcommittee. Thank you.

Senator BRITT. Thank you.

Chair SMITH. So I would like to introduce our witnesses now. Today we are joined by Jeff Olivet, who is Executive Director of the U.S. Interagency Council on Homelessness. Jeff has working on issues related to homelessness for more than 25 years, including as a street outreach worker and case manager.

And Richard Cho is Senior Advisor for Housing and Services at the U.S. Department of Housing and Urban Development. He has spent more than 20 years working on housing issues, and previously served as Deputy Director of the U.S. Interagency Council on Homelessness.

This hearing is a hybrid format so Senators may join in person or by video. For witnesses, you will each have 5 minutes for your opening statements. Each of you will have a clock in front of you or on your screen, although you are both here so no screens, and your full written statement will be made a part of the record.

Mr. Olivet, you are recognized.

STATEMENT OF JEFF OLIVET, EXECUTIVE DIRECTOR, INTERAGENCY COUNCIL ON HOMELESSNESS

Mr. OLIVET. Good afternoon, Chair Smith, Ranking Member Lummis, and distinguished Members of the Subcommittee.

Homelessness is a life-and-death public health crisis. Tens of thousands of people die every year due to the dangerous conditions of living without a home. According to the latest data, more than 582,000 people experienced homelessness in the U.S. on a single night in January 2022, but that is only a snapshot in time. We know that over the course of a year, at least twice that number—more than 1.2 million people—experience homelessness in our Nation.

Two major drivers of this crisis are the lack of affordable housing and the failure of wages to keep pace with the high cost of housing. By some measures, as many as half of those living in shelters and on the street are working, and yet full-time minimum wage workers cannot afford a modest apartment in any county in America. Decades of growing economic inequality have left more than half of Americans living paycheck to paycheck and one unexpected car repair or medical bill away from homelessness.

In 1970, this Nation had a surplus of 300,000 affordable homes, and today, a shortage of millions of units means that for every 100 extremely low-income renters, only 37 available homes are affordable. Where do we expect the others to live?

We also know that health and homelessness are inextricably linked. Illness, injury, and medical expenses put people at risk of homelessness, and homelessness is harmful to people's health. People who are homeless face higher rates of mental health and substance use disorders, and like many health conditions, homelessness is deadly, but it is preventable. Every day, roughly 2,500 people exit homelessness in this country, yet the same number fall into homelessness. To solve this challenge, we must combine effective housing and wraparound supports with upstream prevention efforts that keep people from losing their homes in the first place.

While homelessness has increased in recent years, we are beginning to see progress. After steady declines in homelessness nationally from 2010 to 2016, homelessness began to rise again. During the pandemic, however, we were able to come together to stem the tide. Between 2020 and 2022, we actually flattened the curve. And while unsheltered homelessness remains of paramount concern to the Biden-Harris administration, along with rural homelessness and tribal homelessness, we have seen homelessness drop significantly among veterans, families, and youth. And what those successes show is that we can make progress even in the most difficult of circumstances.

When the pandemic put millions of people out of work and at risk of losing their homes, Congress came together to pass the CARES Act, then the American Rescue Plan, amounting to the largest investments in ending homelessness at any point in our Nation's history. Congress expanded unemployment assistance, launched bold initiatives like emergency rental assistance, and provided financial support that saved families from starving and losing their homes. Together Congress and the President prevented what could have been a massive wave of new homelessness.

These investments also ended homelessness for tens of thousands of Americans. In just the last year-and-a-half, HUD and VA initiatives helped more than 140,000 people move out of shelters, off the streets, and into homes. Building on these successes, our new Federal strategic plan, "All In", aims to reduce homelessness 25 percent by 2025, and create a pathway to end it for good.

With the help of Congress and State and local leaders, we believe that it is possible to achieve this ambitious goal. The plan is founded on an evidence-based, all-hands-on-deck approach, and it includes numerous strategies and actions to prevent homelessness, urgently address the basic need for shelter, and expand housing and support that help people exit homelessness.

Work to implement the plan is already underway. Our team is developing implementation work plans and putting the strategies into action this year. As we move forward, we will work with Congress and our Federal agency partners as well as with people who have experienced homelessness, Governors, mayors, providers, and others on the front line of this tragedy.

During my three decades in this work, any progress we have made has come when we are united. We all have a role to play. Homelessness did not happen overnight, and it will not be solved overnight. But with resources, creativity, and unity, I believe we can build a country where no one experiences the trauma and in-

dignity of homelessness and where everyone has a safe place to call home.

Thank you very much for your time, and I look forward to your questions.

Chair SMITH. Thank you very much.

And now Dr. Cho.

STATEMENT OF RICHARD CHO, SENIOR ADVISOR FOR HOUSING AND SERVICES, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Mr. CHO. Thank you. Good afternoon, Chair Smith, Ranking Member Lummis, Senator Britt, and other Members of the Subcommittee. Thank you for allowing me to testify and share some of what HUD is doing to address the Nation's homelessness crisis.

In every city, town, rural community, and tribal Nation across this country there are people, adults and seniors, people with disabilities, youth, families with children who lack access to safe and stable housing. No place is immune. But every day, in each of those communities, there are also people—dedicated policymakers, political leaders, outreach workers, and housing and services providers—who are equipping people to once again have a safe and stable home.

At HUD and across the Biden-Harris administration we are working hand-in-hand with those leaders to solve this crisis, and I would like to take a moment publicly to thank those leaders for their commitment to addressing and ultimately ending homelessness.

Regrettably, after 6 straight years of progress, from 2016 to 2020, homelessness rose both in numbers and in visibility. Overall, homelessness rose by 6 percent, unsheltered homelessness increased by 28 percent, and chronic homelessness increased by 43 percent. But our recent history tells us that this does not need to be the end of our story. Homelessness can be solved. I know this because it is happening every day across communities in this country. I know this because we have cut veteran homelessness by 55 percent since 2010. I know this because prior to 2016, our Nation as a whole was reducing homelessness overall and for nearly all populations.

Congress deserves the credit for the progress that we have made and that we are continuing to make. It was through bipartisan 2009 HEARTH Act that Congress started requiring communities and HUD, for the first time, to start tracking performance outcomes and to achieve those performance outcomes. Specifically, are more people exiting homelessness into permanent housing? Are lengths of homelessness episodes shortening? And are fewer people returning back to homelessness once housed? And by creating accountability for those performance measures, Congress, HUD, and USICH helped to transform our Nation's homelessness response. Through year-after-year investments, Congress also enacted and scaled evidence-based programs to solve homelessness among veterans.

I will say it again—homelessness can be solved, but to do it we must continue to scale the housing and supportive services interventions that work, like permanent supportive housing, rapid re-

housing, and housing vouchers. We must continue to keep communities focused and accountable to measurable outcomes, and we must continue to mobilize partnerships at all levels and across all sectors.

The record over the last decade illustrates that solving homelessness requires Federal leadership, both from Congress and the Executive branch, to support what works. It will take all of us, Government at all levels and the nonprofit and private sector, to work with urgency both to help those experiencing homelessness today as well as to prevent others from ever becoming homeless.

Under the leadership of the President, Vice President, and Secretary Fudge, HUD has been working to solve homelessness with the urgency it requires, and to again move the trajectory of homelessness back in the right direction, downward. We are doing that by scaling housing and supportive services to meet the need. The American Rescue Plan funded 70,000 emergency housing vouchers, the first-ever vouchers dedicated to addressing homelessness beyond veterans. To date, homelessness has been resolved for 47,000 households through those vouchers.

We are also addressing the national shortage of permanent supportive housing through \$5 billion in American Rescue Plan funding for the Home Investment Partnerships Program, and an additional \$75 million that we received in fiscal year 2023. And working with the Department of Health and Human Services, we are working to help communities to leverage HHS programs—Medicaid, SAMHSA grants, and community health centers—to help provide housing-related supportive services.

We are also directing resources and attention to unmet areas of need, especially people in encampments and other unsheltered settings, as well as in rural and tribal areas. Last June, we issued the first-ever dedicated package of grants and vouchers to address unsheltered homelessness and homelessness in rural communities. And we are continuing to expand tribal communities' access to the housing and homelessness resources that we administer.

We have also been reinvigorating community efforts to work with urgency to help connect people experiencing homelessness to housing and services. Through our House America initiative, we partnered with leaders across 105 communities, across 32 States, representing over 50 percent of the Nation's homelessness population. Those communities collectively re-housed 100,000 households experiencing homelessness and placed 40,000 new units of dedicated housing to address homelessness into development.

We also revived a new Federal commitment between HUD, VA, and USICH to end veteran homelessness, and in 2022, 40,000 veterans were moved from homelessness into permanent housing.

As Mr. Olivet noted, our latest data shows that the Administration's early efforts are working with the resources and support from Congress. Amid a global pandemic and growing challenges in the housing market, we averted a spike in homelessness. Homelessness has remained virtually flat in the last 2 years. Family homelessness decreased by 6 percent, homelessness among unaccompanied youth decreased by 12 percent in the last 2 years, and as I mentioned earlier, veteran homelessness decreased by 11 percent, the

largest drop in 5 years. Veteran homelessness is now down 55 percent.

I thank the Subcommittee for its deep concern for this national crisis of homelessness, and I will say this again, that this crisis is solvable. Senators, we have reduced homelessness national before. In fact, two-thirds of communities across this country have reduced homelessness since 2010, and more than half have been continuing to see declines in homelessness since 2016. We are continuing to reduce it nationally for veterans and families with children, and we can reduce it and ultimately end homelessness for all communities and for all populations.

As the President reminds us, there is no problem in America that we cannot solve if we work together.

Thank you for the opportunity to testify, and I welcome your questions.

Chair SMITH. Thank you very much. We will now begin a round of 5-minute questions from Members, and unless we have any of our colleagues on television or on the screen I will go first, and then we will go back and forth between the majority and the minority.

Let me just start with this. It is a question for both of you. The recently released Federal plan sets the bold but achievable goal of reducing homelessness 25 percent by 2025, in just a couple of years, and it has been described as an aspirational goal but an achievable goal.

Let me ask both of you, what have we learned from our successes in reducing veteran homelessness and youth homelessness and family homelessness? What have we learned from those successes that we can apply to achieving this goal?

Mr. Olivet, you can go first.

Mr. OLIVET. I think we have learned quite a few things. One is that when we provide resources, we see progress. The things that we do not pay attention to, we do not see progress. So the bipartisan support of addressing veteran homelessness, for example, has really borne fruit over the last decade. That is through programs like the HUD-VASH program and supportive services for homeless veterans. The same is true with youth. The Youth Homelessness Demonstration Project and others have shown remarkable success on those areas that we really target resources.

The resources that we are targeting are a combination of housing and wraparound supports, and that really is the recipe for how to end this, as many of you have noted already.

I think another thing that we have learned is that it takes everybody. The communities that we see really making progress are where we have got mayors aligned with county administrators, with the nonprofit sector and the faith community and the business community in lockstep with what we are trying to do with Federal resources. And where we see that alignment, we see good things happen.

Chair SMITH. Dr. Cho, would you like to add to that?

Mr. CHO. Yes, Chairwoman. I would agree with what Mr. Olivet already said. You know, working to reduce homelessness ultimately is about: can we move more people out of homelessness into stable

housing quicker than more people fall into homelessness, and also can we prevent more people from becoming homeless.

Mr. Olivet already talked about the unity that is needed. I think what holds communities up and what sometimes reduces their ability to work with speed to connect more households to stable housing is often the disagreements that happen at the local level about what needs to happen, and those distractions often delay a commitment to helping do everything that it takes to cut through red tape and assist more individuals and families and youth to obtain permanent housing.

So it is speed, but it is also having the resources on hand. Our data shows that for veterans, communities have pretty much enough resources to house veterans who become homeless. For families, only 1 out of every 3 families with children who experience homelessness has an available housing resource available at the community level. For individuals it is even worse. They often have only one available housing intervention for every seven individuals who are experiencing homelessness.

So we need resources, evidence-based practices scaled to meet the need, and we also need to help communities to work with urgency and efficiency, and that means also having the unity at the local level that prevents them from those distractions.

Chair SMITH. Thank you. I think that the data that you cited about how—you know, it is difficult to make progress if you have as many people entering into homelessness as you have leaving homelessness. And there is this sort of churn or just kind of constant processing that is just part of the problem, which gets me to the point that the individuals that are experiencing homelessness are very diverse, and what is happening to them is extremely—you know, you cannot paint it all with one picture.

This gets, I think, as Dr. Cho is raising, the question of prevention. What can we do to prevent people from getting into that cycle? Would either of you like to just address that briefly and specifically? What are one or two things that we need to do to make sure that we can stop people feeding into the problem of homelessness—entering into, I should say?

Mr. OLIVET. I think you are absolutely right to point this out. We have gotten increasingly sophisticated as a Nation bailing out the bathtub. We see successes all the time, of people exiting homelessness, getting connected with mental health care and substance use treatment and jobs and community and family. What we have not done is turned off the faucets that are flowing into homelessness.

So when we start thinking about where people are coming from, where people are most at risk of becoming homeless, we think about young people aging out of foster care, and we think about people serving in our military and transitioning to civilian life, or people coming out of domestic violence situations—these very tough environments. But we are not doing a good job at partnering with those systems to make sure that we are sharing homelessness prevention as a common goal.

Chair SMITH. Yep. I just want to mention—I am about out of time, but I hear over and over again that if you really want to get to the bottom of this challenge you have to be working hand-in-glove with people who have experienced homelessness themselves,

folks that have lived experiences, sort of the term that is used. But, I mean, it is people who understand what is going on.

Could you just maybe, Dr. Cho, could you just respond to that quickly, how important is it to be really building strategies and coming up with solutions with folks that have actual experience?

Mr. CHO. I think it is vital and something that we have built into a number of programs. We learned it the most through the Youth Homelessness Demonstration Program, where it became a requirement that young people who had a lived experience with homelessness are placed in positions of decision making to help design the kind of programs and systems that are needed to address homelessness.

And you learn things from talking to people with lived experience that a provider who has never experienced homelessness would never have thought of. For example, some people do not feel safe in shelters. They feel that they are at risk of violence or having their possessions stolen. And if we do not understand what the experience of actually being in a shelter is like, we will design environments that maybe people do not want to come into, and no wonder we see people outside.

Chair SMITH. Thank you. Thank you very much. Senator Lummis.

Senator LUMMIS. I want to thank both of you for being here today.

Certainly when Congress just does not do a reauthorization when it comes up, we just do these continuing resolutions over and over, we forget to pay attention. We forget that when all else fails, read the directions is always good advice. We do not go back and read our own directions, see how a program was designed and how it is being applied now, and whether something was lost in translation.

And I am of the opinion that maybe some of those things are at play here. So I want to explore that a little bit in my questions to you.

Mr. Olivet, among the tools for action on USICH's website there is a "Housing First" checklist that is intended to help make a basic assessment of whether and to what degree a particular housing program is employing a "Housing First" approach. So if a tenant is unable to abide by the terms of a tenancy, every effort is made, according to the website, to move them to another housing situation program or project.

Would you agree that these are principles of "Housing First"?

Mr. OLIVET. Thank you, Ranking Member, for raising the issue of "Housing First", and sometimes what we see is a discrepancy between the directions, as you so rightly said, and how things play out in the real world.

We know that "Housing First" does not mean housing only, and I was a case manager in this field before we had "Housing First", and what we were doing was not working very well: making people jump through a lot of hoops before they go into housing. And so we would see people languishing in shelters and in vehicles and on the street with serious mental health issues and untreated substance use issues. And what I hear from people over and over is that, "it is incredibly hard to get sober and stay sober if I am outside. It

is very hard to address my mental health if I do not have a stable home to go to.”

So the whole principle of “Housing First” was to get people into that stable foundation as quickly as possible and provide really good wraparound supports to help them succeed. And that works very well for many people, but not everyone, as you said.

Senator LUMMIS. And so my question is, and my concern is, that maybe some of those wraparound services are not actually happening, that instead of saying, OK, we are going to give them services, and when they are ready we will put them in a house. Now we are saying we will provide housing but then not requiring these wraparound services that give them the help, knowledge, information, and support they need to stay in that house.

Mr. OLIVET. I think what we have seen is when those services are readily available to people, many, many people choose them. And as you said, it does not work for everyone. The success rates in “Housing First” are as high as 90 percent. It is an extraordinary success rate. But that also means that 1 out of 10 folks are not being served well, and they return to homelessness. We need to do a better job supporting them.

Senator LUMMIS. Should they be required to access those services as opposed to leaving it voluntary?

Mr. OLIVET. Voluntary treatment is the thing that’s proven to work best. When people are forced to do treatment of some kind, it is not always as successful, and people do not always do as well in that treatment.

Senator LUMMIS. OK. Thank you, Dr. Olivet.

And Dr. Cho, thank you for your 20 years of service in housing programs. That is a commitment, and we appreciate your years of expertise.

So in rural areas, as I mentioned, some people just cram themselves into housing. It happens a lot on Indian reservations. As opposed to being homeless, there are many families under one roof. And this has got to be hard, but how do we account for those people? They are “underhoused.”

Mr. CHO. Thank you, Senator, for that question. We recognize that in rural communities and in tribal communities in particular, homelessness looks different, and our definition of homelessness does include people who are living in substandard conditions, who are living in places not meant for human habitation. I have been to tribal Nations where I have seen some of the conditions that people are living in, severely overcrowded. So that is part of the definition.

And we have been working to increase more resources going to rural communities as well as to tribal communities, and with additional flexibilities. Resources that we provide to tribal communities allows them to adapt the programs to the needs of their tribal communities. And for the rural resources that we have been providing, we took advantage of the fix that actually Congress made so that you can use some of our homeless assistance grants to make home repairs and other home modifications that are often needed to just make housing livable in those rural communities.

Senator LUMMIS. My time has expired. Again, thank you both.

Chair SMITH. Thank you very much. Senator Menendez.

Senator MENENDEZ. Thank you, Madam Chair. Thank you to you and the Ranking Member for hosting what I think is a very important hearing and topic.

A key element of combatting homelessness is supportive housing or housing paired with supportive services, such as treatment for health conditions and substance use disorders. It seems to me that these services are critical as they can help ensure families are able to stay in their home and provide resources to deal with conditions that make it harder to do so.

So, Mr. Olivet, can you talk to us about the role expanding permanent supportive housing plays in the Administration's strategic plan to end homelessness?

Mr. OLIVET. Thank you, Senator. One of the pillars of our plan is called Housing and Supports, and we deliberately paired those two things. We know that housing is essential to end homelessness, but housing alone is not always sufficient. And depending on people's life experiences and the challenges they are facing, people need different degrees of support. I mean, all of us do. You think about all of the support that we get, from family and friends, from professionals, from therapists, from all sorts of social and professional supports. The same is true for anyone who has been homeless.

And so the key is to really tailor and individualize those wrap-around supports in a way that makes sense for that family, for that young person, for that veteran, for that person living in a tribal or a rural area. I know it gets harder when you are in rural areas in Alabama or Ohio or Wyoming, where there just are not that many services, and I think that gets to be the real challenge that we all need to wrestle with: How do we scale those supports up?

Senator MENENDEZ. I am glad to hear that access to supportive housing is a core element of the plan. We look forward to working with you on those services.

Let me turn to another issue. HUD's most recent Annual Homelessness Assessment Report, or AHAR, shows that the number of individuals experiencing chronic homelessness has continued to increase, even as the overall number of people experiencing homelessness has mostly leveled off.

Dr. Cho, what factors are driving the increase in chronic homelessness specifically, and what additional steps can we take to moderate the trend of rising chronic homelessness.

Mr. CHO. Yeah, thank you so much for raising that, Senator, and I think you actually answered that in your first question, which is we have seen a significant decrease in the production of new permanent supportive housing, which is the best tool we have to address chronic homelessness. People experiencing chronic homelessness are people who have experienced homelessness long term and who have a disabling condition, whether it is mental illness, addiction, or chronic medical conditions, often all co-occurring at the same time. And permanent supportive housing is the intervention that provides that, wraparound supports along with affordable housing.

From 2010 to 2016, our Nation added 104,000 new units of permanent supportive housing to the national inventory. From 2016 to 2020, we only added 32,000 in that 4-year period. So the rate of

new permanent supportive housing production cut to less than half of what it was in the prior 6-year period. We need to get back to doing that.

HUD is using resources from the American Rescue Plan as well as resources provided through appropriations to help communities provide the capital and operating, and well as supportive services to create more permanent supportive housing. Through our Continuum of Care program we actually fund about \$240 million of those funds actually goes to pay for supportive services in permanent supportive housing settings.

Senator MENENDEZ. I appreciate that answer. You know, AHAR 2022 detailed demographic data for the overall population of persons experiencing homelessness, but it does not have data for this population of persons experiencing chronic homelessness. Given the struggle these individuals face, whether it is that affordable housing shortage you just spoke about or whatever, I think it is critical that we understand more about them.

Can you commit that you will work on obtaining this data and making it public?

Mr. CHO. Yes, Senator. We actually do collect that in the second part of our AHAR reports, which tracks the number of people who use our homelessness assistance programs. The latest data on that, part 2 of our AHAR report, covers 2019 and 2020, and in that report we do have demographics on people who are experiencing chronic homelessness, including their age—

Senator MENENDEZ. OK. And that is made public?

Mr. CHO. Yes, it is, Senator.

Senator MENENDEZ. All right. So I will have to look at that.

Finally, I worry that Congress met the challenge of the pandemic with a historic response from the eviction moratorium to emergency housing rental assistance to housing counseling, and the list goes on. That response was overwhelmingly successful in keeping people in their homes throughout the pandemic. However, these programs are expiring, and I worry that if we see a weakening of our core Federal housing programs what we are going to see is an increase in the homelessness situation that people will face.

How can we ensure that the expiration of COVID-era housing programs do not contribute to rising homelessness?

Mr. CHO. Senator, I think the answer is that we need continued investments through our regular appropriations for the permanent supportive housing, rapid re-housing, and more housing vouchers. In the President's budget will be released soon, and that will provide at least what the Administration is seeking with regard to housing resources.

We have learned a lot through the pandemic era programs, in particular the Emergency Housing Voucher program, which is the first-ever voucher program dedicated to homelessness specifically. And we have seen that be incredibly successful and popular. Housing authorities across the country have partnered with homeless continuums of care, and that partnership has proven to be wildly successful in ensuring that these vouchers are reaching the households that need this the most. And we expect to see the impact of those resources when we release the results of the 2023 Point-in-Time Count later this year.

Senator MENENDEZ. We look forward to seeing the President's budget.

Thank you, Madam Chair.

Chair SMITH. Thank you very much.

Senator Vance, welcome to the Subcommittee, and it is now your time.

Senator VANCE. Great. Thank you. Thanks to the Chair and the Ranking Member, and thanks to both of you for being here.

Mr. Olivet, I wanted to just use my time to investigate and talk a little bit about the "Housing First" approach to this particular problem. And I want to read something from the "All In" plan, in the prefatory letter, and I just want to unpack this a little bit.

So you write in that letter, "The United States of America can end homelessness by fixing public services and systems, not by blaming the individuals and families who have been left behind by failed policies and economic exclusion."

Now I certainly agree that we all have to recognize that we are all a product of our circumstances in different ways, and you do not want to blame people for being down on their luck. But I also worry that the approach of seeing people, even people who are very significantly suffering, as pure victims sort of robs them of agency, and if you rob people of agency, the compassion that you have for them is not the compassion for a human being. It is compassion for an animal, instead of a human being who makes decisions, who is influenced by their environment, certainly.

And I think that a lot of the "Housing First" approach does precisely that. It sees people as pure victims instead of actors who, yeah, sometimes have very tragic things happen to them, but also can do things in the face of that tragedy to rise above it.

I am curious sort of how you think about this. And you are dealing with people who had very, very tough lives, often cases, childhood trauma, drug addiction, the whole gamut of it. How do you not slip into treating them as pure agency-less victims? How do you treat them as human beings? Because when I read this letter I worry that you are not taking that approach.

Mr. OLIVET. Thank you, Senator, for asking a tough question. I start with a fundamental belief that we are all equal as human beings. We are all deeply flawed and beautiful and wonderful and powerful and broken, all at the same time. That is true regardless of housing status.

I have known many people who have experienced mental illness and addiction who never become homeless, and I have known a lot of people who are homeless who have never experienced mental illness or addiction—

Senator VANCE. Sure.

Mr. OLIVET. —and it overlaps a lot. And you rightly mentioned the prevalence of childhood trauma, physical and sexual abuse, that scars people for decades to come for their entire lives.

But I also believe that recovery is possible, and I believe that very, very deeply. And what I have seen around "Housing First"—and I said this earlier—I was in this field in the mid '90s when we were not doing "Housing First", and we set up a lot of requirements for people before they could move into housing. What I saw in those approaches was dehumanizing and disempowering.

What I see when we can get people the stable foundation of housing is that they can live into their best selves, and without such a foundation, it is nearly impossible to do that. It is impossible for people to rebuild their lives without the safety of a door they can lock, without the safety of their own bathroom, without their own kitchen that they can prepare their meals in.

And so I actually see “Housing First” as fundamentally humane and empowering and very much treating the person as an agent of their own future.

Senator VANCE. I appreciate that. I think that is very important. It is one of the things that I think often right and left talk past each other on these issues because obviously, again, we are subjects of our circumstances. We are also individual human beings with free will. And I do worry that sometimes the antipoverty lingo on the left very often glosses over that fact, even though certainly we have, on my side, our own problems.

I want to just talk about the evidence basis of the “Housing First” policy. I recognize I am short on time, but let me try to get this out quickly.

The first time I ever visited San Francisco, California, I thought it was one of the most beautiful cities that I had ever seen. And when you go to San Francisco now, when you go to the Tenderloin, or you go further south and you go to Los Angeles, you go to Skid Row, what you see is a community that feels like, and, in fact, if you look at the violent crime rates, are approaching something like a Third World country. I mean, just unbelievably catastrophic. Chronic homelessness. All the addiction, the abuse, the violence that comes along with that. And yet California, since 2016, has supported the “Housing First” approach to ending homelessness, even as chronic homelessness has gotten way worse in the State of California.

One worry that I have is that the evidence clearly shows, over the past 6 or 7 years, that that approach has not worked. We should be looking for alternative approaches, and yet I worry that what we are talking about in this proposal is to take the California approach and take it nationwide.

Mr. OLIVET. I think there is a great evidence base that “Housing First” works for people. It works 75 to 90 percent of the time, and there are randomized controlled trials over 20 years that show that to be the case. In fact, there are very few other interventions in the homelessness arena that have this degree of evidence.

Senator VANCE. But why is California gotten so much worse if this works so well?

Mr. OLIVET. We see people still falling into homelessness. If you look at the housing market—and you talked about San Francisco, you talked about Skid Row in Los Angeles—cities where the cost of housing is significantly higher than the rest of the Nation. I was in San Diego recently, and their vacancy rate is 1.4 percent. There are no units. And so even if you have a voucher, you cannot go get an apartment.

We see elderly people falling into homelessness for the first time because they simply cannot afford the rent. The rent goes up, and their income, or Social Security, stays fixed.

If we look at “Housing First”, the intervention that is actually working to help people move out of homelessness, and say, “But we still have homelessness, so ‘Housing First’ must be a failure,” it is a misinterpretation of what is actually going on. “Housing First” is working at an individual level. It is not working at a population level, for two reasons: One, we have not scaled it up to meet the need, and two, we have not turned off the faucets that are flowing into and creating homelessness.

Senator VANCE. I am out of time. Thank you.

Chair SMITH. Thank you, Senator Vance. And I want to just note that I appreciate—I am not making a left or right comment. I am just noting that sometimes the language that we use to describe people who are experiencing homelessness can be dehumanizing. And we always talked about people as being victims or being vulnerable, but sometimes that seems to suggest that they do not, as you say, have agency and that they are not human beings with lots of assets. And so I wanted to just acknowledge that I heard what you were saying there.

Senator VANCE. Thank you.

Chair SMITH. Colleagues, I believe I understand that Senator Sinema is on her way, but while we are waiting for Senator Sinema I defer to Senator Britt.

Senator BRITT. Thank you so much, Madam Chair. To both of you, thank you for bringing this important issue before this Subcommittee. I appreciate getting to be a part of the conversation and therefore, hopefully getting to be a part of the solution. So thank you.

Gentlemen, thank you for being here today. Mr. Olivet, Roll Tide.

Mr. OLIVET. Roll Tide.

Senator BRITT. I wanted to tell you both I appreciate your testimony, reading them and looking through it. Obviously, homelessness is something experienced by a wide variety of people and a range of circumstances across our great Nation.

Would you agree obviously individuals that experience homelessness—I think I have heard you say it but just to make sure we are on the same page—it is adults, children, veterans, families. People from all walks of life can find themselves in this position.

Mr. OLIVET. Absolutely, and I think no two stories are the same. People have their own pathways into and out of homelessness. And if you just start breaking down the data, there are huge numbers of families who are experiencing homelessness, and even though we are making progress in that area, we can do more. The same is true for single adults.

I talked about elderly Americans. Older Americans are one of the fastest-growing groups of people experiencing homelessness.

So we have to look subpopulation by subpopulation at what really works.

Senator BRITT. Right. And so on that note—and Dr. Cho, I would love for you to jump in here as well—you know, obviously these vast circumstances that are different and people’s stories, how are we tailoring the services needed for each of these different families or people or individuals or children that come in front of you all?

Mr. CHO. Senator, that is actually a great question and something that HUD and actually Congress, through the HEARTH Act,

began requiring communities to do. You know, prior to 2009, most communities' homeless services looked like a loose collection of uncoordinated programs, each maintaining their own waiting list. Following the HEARTH Act in 2010, communities just started developing coordinated systems so that we could actually do a better job of assessing their needs and matching them to the right level of assistance.

Some people just need short-term rental assistance and housing navigation. Others need permanent supportive housing, intensive case management coupled with long-term, indefinite rental assistance. Others just need a little bit of financial assistance and a point in the right direction. And I think our ability to reduce homelessness is, can we use the resources that we have smartly to match people to the right level of assistance, relative to their needs and strengths.

Senator BRITT. So as we are doing that you kind of talked about sometimes the hang-up in local communities. I believe you kind of referenced that. What are we doing to partner with State and local communities, one? What are we doing to partner with nonprofits and charities and religious organizations that want to be a part of the solution?

Mr. OLIVET. Senator, our team has senior regional advisors around the country who work with Governors and their teams, with mayors and their teams, as well as with the local nonprofit sector, faith community, and business community, because we believe that you need all levels of Government and the private sector working together. So we are actively fostering those partnerships and trying to support best practices.

Senator BRITT. Is there any impediment in current practice that keeps those faith-based communities from getting to be a part of helping in this?

Mr. CHO. I do not see any impediment, Senator. We see lots of faith-based organizations who participate in efforts to end homelessness. I have learned a lot over the years working with faith-based organizations who provide supportive housing and other housing and services.

I think another thing that Mr. Olivet and I have in common, in addition to working on homelessness for a long time, is that we are both—I believe we were both children of clergy.

Mr. OLIVET. I am not a child of the clergy but I have known a lot in my life.

[Laughter.]

Mr. CHO. OK. So, you know, our work in homelessness is rooted in the faith community and they have always been a critical part of the homelessness services.

Senator BRITT. So from both of your perspectives we have a good working relationship across the board there.

Mr. OLIVET. It is community-by-community. In some areas, there is very good alignment between how public funding is working and how faith-based service providers or faith community members themselves are working, and in other places there is a lot of dissention and disagreement. And I think it is critical that those things are aligned. Otherwise, you just get a lot of finger-pointing.

Senator BRITT. Yeah, I appreciated your comments earlier about needing to align so that we can work together to make it happen.

And I know I am almost out of time, so I will just jump ahead a little bit. But the National Alliance to End Homelessness calculated that in 2021, the U.S. Federal Government enacted over \$51 billion in funding for selected homelessness and housing programs. And as we kind of look at that I wanted to just talk specifically about something that my colleagues have already brought up, and that is mental health and substance abuse. Seventy-five percent of chronically homeless suffer from mental illness, and 75 percent have substance abuse problems. And we know, obviously, that overlaps the majority of that chronic homelessness.

So would you agree that in addition to putting a roof over their head, as we have discussed, that it is imperative that these people are given the resources and begin the process of being able to deal with the issues that have created the homelessness in the first place?

Mr. OLIVET. Absolutely.

Senator BRITT. Thank you.

Mr. CHO. Senator, I 100 percent agree, and we recently have developed additional tools, working the Substance Abuse and Mental Health Services Administration, on how to tailor recovery supports while people are moving into stable housing.

Senator BRITT. And one question—I have 19 seconds—

Chair SMITH. Take another 30.

Senator BRITT. Thank you so much, Madam Chair. How long, on average, would someone who is homeless find themselves in this one-roof program or “Housing First” program, being there?

Mr. CHO. I think it varies by person. Again, “Housing First” is not one single program model. It is different types of assistance. So again, some people only need 6 months, 3 months, sometimes 9 months of rental assistance. Other people who have been homeless for many, many years may need longer-term housing supports, and “Housing First” can last indefinitely until they no longer need that level of rental assistance.

Senator BRITT. So there are some people that are there indefinitely. Do those people ever have a moment where they shift into, well, now it is time for you to start utilizing the resources in front of you so that you can get back on your feet?

Mr. CHO. Absolutely, Senator. We see lots of people graduating from permanent supportive housing either moving into housing without services or, you know, rental assistance without services, or even just moving into independent. There have been examples of people experiencing homelessness who have gone from homelessness to permanent supportive housing all the way to home ownership. It can really vary, just as the pathways into homelessness varies.

Senator BRITT. Well, thank you so much. I believe we have to not only help people but then give them the tools to help themselves. So thank you so much. I appreciate it.

Thank you, Madam Chair.

Chair SMITH. Thank you, Senator Britt.

We now have, joining us virtually, Senator Sinema.

Senator SINEMA. Thank you, Madam Chair, and thank you to our witnesses for being here today.

You know, housing is one of the biggest issues I hear about in Arizona. Whether you are trying to rent or trying to own, the cost of housing in Arizona is outpacing wages, not just in Phoenix but also in Tucson, Flagstaff, and throughout the Verde Valley. The cost of housing in Arizona has a direct nexus with the rise in homelessness in our State.

That is why, in February, I convened two events with leading housing stakeholders in Phoenix, one around homelessness and services and another around housing supply and affordability. First we toured Yuma, the largest shelter services provider in Maricopa County, and saw how their innovative model provides childcare and workforce development alongside shelter services, ensuring that the tools to get back on your feet are accessible to the people that need them.

Then we brought together industry stakeholders and affordability advocates to assess the market in Arizona, identify supply chain and regulatory challenges that are holding capital investment back, and craft solutions to these challenges.

At each of these events I was honored to be joined by Joan Serviss, a deeply respected Arizona leader on housing in Arizona, who was recently appointed by Governor Hobbs to lead the Arizona Department of Housing.

What I learned at these events reaffirms my understanding of the problem. We have a supply shortage in Arizona, and in order to make housing more affordable and accessible for Arizonans we need to build more of it. Specifically, we need to build the types of homes and apartments that everyday Arizonan families can afford. And that is why I have cosponsored legislation to expand the low-income housing tax credit and why I support additional investment in the Housing Trust Fund and Home Investment Partnerships Program.

According to the Arizona Department of Housing, the State needs about 250,000 more affordable units to meet demand, to improve housing affordability in a generally sustainable manner. We need solutions outside of merely increasing demand-side subsidies without increasing the overall supply of available housing.

In October of 2022, members of my staff toured Prescott's Fort Whipple, alongside veterans groups, affordable housing developers, VA officials, and saw the need for affordable permanent housing in Arizona for veterans experiencing homelessness. Following that tour and discussion with local leaders, I raised the issue directly with HUD, and then HUD encouraged the Department to 84 HUD-VASH vouchers needed to move forward with Fort Whipple's veterans housing project.

I have heard from Arizonans with rental assistance vouchers that they have been unable to use them, partially because of the lack of available rental units. However, project-based vouchers are a tool on the other side of the ledger that can help spur the development of affordable housing units like Fort Whipple.

Can both of you speak to ways that Congress can strengthen project-based subsidy programs in order to increase the creation of affordable housing units, and specifically, what are some rec-

ommendations outside of just increasing funding or the overall number of project-based vouchers?

Mr. CHO. Senator, this is Richard Cho. I can respond to that question. Thank you for raising that.

I agree 100 percent that project-based vouchers is an incredible tool to be able to add not only housing access but also housing units. We have talked about how it is difficult to be able to find housing, even when people do have vouchers. That said, communities are finding housing but it is a lot of work to try to find landlords and vacant units. Project-based vouchers is an incredible tool.

One of the things that could be done is to review the statutory cap that exists on our voucher programs, where public housing agencies that administer those vouchers can only project base up to 30 percent of their housing vouchers. Many communities have already reached their cap on project-based vouchers, and some of those communities are the very ones that are seeing the lowest vacancy rates and so actually need more project-based voucher assistance.

So a simple thing that can be done, again, without new resources is just providing waivers and flexibility to allow communities to go above that 30 percent project-based cap.

Mr. OLIVET. And Senator, I will just add that I was in Arizona recently, and I would agree with you that your State is lucky to have Joan Serviss running the Housing Department. I met recently with Governor Hobbs and much of her new Cabinet, as well as with the mayors of Phoenix, Tucson, and Nogales, as we toured around rural areas as well as the cities. And I know the affordable housing crisis that you are facing in your State, and we have seen homelessness in Phoenix and Maricopa County increase by almost 30 percent in the last couple of years. So the situation is certainly dire.

I was also very heartened to hear Mayor Romero in Phoenix talk about using large shipping containers to create housing. That is a creative approach that we have seen used with great success in Los Angeles and other places. It is also important to note that the Balance of State in Arizona is one of the recipients of HUD's recent first-of-its-kind rural and unsheltered funding, and so it will be really interesting to see how that funding plays out in rural areas as well.

Senator SINEMA. Thank you. Chair, I have additional questions but I see my time has expired so I will submit them.

Chair SMITH. Thank you very much, Senator Sinema. Thank you for joining us.

Colleagues, it is possible that I might have another colleague or two come, though I am not sure. I am going to ask another couple of questions, but Senator Lummis, I would like to defer to you and have you go next, if you have another question or two next.

Senator LUMMIS. Madam Chair, this is your Subcommittee. You go right ahead.

[Laughter.]

Chair SMITH. Well, I like to go back and forth.

Senator LUMMIS. Thank you. Thank you.

Chair SMITH. All right. Well, I will ask my questions and then see if either Senator Lummis or Senator Britt would like to ask any others.

Last year when we heard from stakeholders who were working in the field kind of on what we could do, we heard a variety of ideas for how we can cut red tape and improve the functioning of our policy response. And these ideas included, for example, switching to a 2-year application cycle from a 1-year application cycle. Senator Britt, you were talking about local, on-the-ground non-profits or faith-based organizations that are trying to run a program, and every year they are having to reapply. That was one idea that we heard.

We also just heard about the importance of having resources for staffing so that frontline workers that are often barely staying out of a condition of homelessness themselves because they are paid so little, you know, increasing resources for staff would make a really huge difference, especially for those frontline staff. Incorporating some of the flexibilities that we did use during the pandemic incorporating those flexibilities into programming going forward.

I am wondering if either of you would like to comment on those ideas for how we can make these programs work better.

Mr. CHO. Yes, Chairwoman, I can answer both of those questions. I think the idea of making the Continuum of Care a 2-year renewal cycle would be, I think, pivotal to helping free up the capacity at the local level to focus on what works, which is to actually figure out how to help more people exit homelessness.

The Continuum of Care right now is an annual cycle. The process of applying for annual grants is—let me just put it in context. There are 386 continuums of care. They all collectively administer about 7,000 separate grant agreements, and they have to apply for those 7,000 grant programs every year, on an annual cycle. And so that is just a huge administrative burden that communities face. So the very people that are trying to do the work of actually addressing homelessness are often tied up in an application process that takes many, many months. So shifting to a 2-year cycle would be game-changing for those communities.

I think, second—I am sorry. I forgot your other question, Senator.

Chair SMITH. It had to do with boosting pay for frontline staff that are struggling to make ends meet themselves.

Mr. CHO. That is right. Thank you so much for that. That is critical, and we have encouraged communities to increase pay of frontline workers through our Homeless Continuum of Care funding. The challenge is because it is funded at a fixed level, on an annual basis, communities have to make the choice about whether they are going to actually reduce the amount of rental assistance they are providing. Are they going to serve fewer people in order to raise wages of the frontline workers?

And so it is a difficult kind of tradeoff, and I think the only way that can be really done is to increase funding for the Continuum of Care program so that we can both add more housing capacity to serve people while also increasing the pay of the frontline workers who are trying to help those vulnerable individuals and families obtain housing.

Chair SMITH. Thank you.

Mr. OLIVET. On the workforce front, it is a crisis. Even before the pandemic we saw 50 percent turnover rates in the homeless services workforce, and this is a workforce that is doing very hard work for very low pay. Something like 25 percent of those working in the programs—outreach workers, case managers—have been homeless themselves. So we have a lot of lived experience in that workforce, which is beneficial for improving the system, but we are not supporting them very well, and that is despite wonderful nonprofits out there trying to do this work.

The other thing that we are seeing is philanthropy sometimes stepping in to help close that gap, which is a wonderful thing, but when philanthropic dollars are going to supporting the workforce, then that money is not being used for housing, for treatment, or for other things. It is a really delicate balance.

The challenge has only gotten worse because the pandemic required people to do even more. These were emergency workers. They were showing up every day for the last 3 years, when everybody else was at home on Zoom. When many of us were in the comfort of our own homes, these folks were out there doing the work. And we lost a lot of people during the Great Resignation and people just burning out, and I think whatever we can do together to support and incentivize that workforce to stay engaged is going to pay off.

Chair SMITH. Thank you very much.

Let me just get one more question in, one more point in. We are seeing innovative solutions for addressing homelessness and emergency shelter. I really am quite intrigued by a project we have in Minneapolis called Avivo Village, which is basically providing tiny homes, completely indoors, also with services for folks.

It was created, as we have been talking about, with people who have experienced homelessness, who have talked about how difficult it is to move indoors when you do not have privacy, when you cannot have your pet with you. And it is really, really working, the Avivo Village model. People have privacy, they have autonomy, and they are able then to be able to focus on getting the services they need to be able to move forward.

I am sure you see examples of this kind of innovation in our work around addressing homelessness in other parts of the country. Maybe, Mr. Olivet, you would like to comment on this.

Mr. OLIVET. Senator, your State is doing some of the most remarkable things. Minnesota is leading the way in so many ways on innovative program models and reducing racial disparities in homelessness and really integrating tribal leaders into responding to homelessness and so many things. I have heard wonderful things about Avivo Village. I have not been able to come to the Twin Cities since that got up and running.

But what we are seeing around the country is a lot of innovation. People know that this is a crisis. They know that we need to address the crisis of encampments and unsheltered homelessness and rural homelessness. And what we are trying to do is spur that innovation. We need all good ideas right now because the crisis is still with us. And I think we need a range of short-term bridge housing options. I wish we had enough permanent housing supply

to solve the problem right now and enough wraparound support, but the reality is that as we are expanding housing and support, we also need really creative ideas to get people safe and sheltered right now.

Chair SMITH. Thank you very much. Senator Lummis.

Senator LUMMIS. Thank you, Madam Chair.

It was alluded to earlier that during the pandemic, the American Rescue Plan Act, the COVID Relief Bill, and the CARES Act combined, nearly \$85 billion toward emergency housing and homelessness assistance. But during those years the levels of homelessness essentially remained unchanged, partly due to this, you know, some people exiting homelessness and others entering. Yet at some point that money is going to expire because it was one-time money.

What are some concrete ideas for improving the programs we already have without spending more money? It is just unsustainable to fund at the levels we did during COVID, and not just fund housing but fund a lot of things.

Mr. CHO. Yes, thank you for that question, Senator. I think much of that—and I have never seen that tallying up of all the funding in that way—and a lot of that was actually for emergency rental assistance that was intended to prevent evictions and people from losing their homes.

I would agree that we need to think through some creative solutions to figure out how to do that. That was, in some ways, the first significant Federal program intended to prevent evictions and housing loss for people, and that did have, I believe, an effect on reducing inflow into homelessness in the last 2 years. But there are questions about how we are going to sustain that, so that is an important thing.

We are also just looking at how to take some of the innovations, regulatory flexibilities that had through the CARES Act and American Rescue Plan and figure out how to make those part. So that is one thing that can be done without necessarily new resources, is just look at the regulatory flexibilities and what worked for our voucher programs for homelessness programs that cut the red tape and helped people move into housing more quickly.

Senator LUMMIS. I think you have really identified something important with the flexibility because every State's needs are different. You know, in Arizona they do not need nearly the insulation that we need in our northern States, and, you know, insulation and snow load. We actually have to build our roofs at a much stouter load-bearing level because of the snow load. It is just so heavy. And yet there are issues in States that are subject to tornadoes, that are very different than what I have to deal with in my State. That might be something that Senator Britt has to deal with.

How can we make sure that these programs incorporate those kinds of local, unique challenges?

Mr. CHO. Well, Senator, many of those regulatory issues may be at the State and local level, and so I think what HUD has been doing and the Administration has been doing is encouraging communities to address some of those regulatory issues that prevent the creation of more housing. And so that is something we have been looking at.

But also just within the Federal programs that we administer we had additional waiver authorities that were provided through Congress for those special programs through the American Rescue Plan and CARES Act programs. CARES Act waivers have largely expired or will expire soon. I think it may be a good conversation to think about how to provide HUD with the regulatory flexibilities through the regular programs that we administer, the things that we have learned, how to cut through red tape so that communities do not have to let documentation be a barrier to obtaining housing assistance, or people can house people and then obtain documents to have additional time.

Some communities were actually able to increase their payment standards for vouchers because we gave them flexibility. We were able to do that through emergency housing vouchers through the American Rescue Plan. But housing authorities do not always have that flexibility with the regular voucher programs.

Senator LUMMIS. Well, I think this is a really important conversation. With interest rates as high as they, it has not only dried up the creation of new housing stock but it has dried up the creation of new build-ready lots, because the cost of even PVC pipe, sewer pipe infrastructure has gone so high that you cannot put a build-ready lot on the market that a buyer can afford to build a product on, that is affordable to home buyers. And I think it hurts attainable housing and affordable housing more than any other market.

So I hope that some of the monies that were available under the American Rescue Plan and CARES is still available during time of high interest, because it is only going to get worse for a while, until we can get over this inflation and approaching recession.

We just heard from Fed Chairman Powell yesterday that they expect higher interest rates perhaps in increments coming sooner. It is not good news. And so this dialogue is really important and it needs to continue.

Thank you. Thank you so much for being here.

Chair SMITH. Thank you, Senator Lummis, and I want to just mention that follow up on the hearing that we had last summer, we have done some preliminary work on legislation to address some of these issues around streamlining and overcoming some of the red tape burdens. So I would welcome the opportunity to work with any of my colleagues on that legislation going forward.

Senator BRITT, do you have any additional questions?

Senator BRITT. Yes. Thank you so much, Madam Chair. I just wanted to ask a couple of process questions, specifically first about definitions. I am an attorney by trade so I have learned that definitions matter. And I just want to know, from your perspective, the definition of homelessness for HUD programs includes "people living on the street or other places not meant for human habitation, in emergency shelters or transitional housing."

Additionally that differs from some other Federal programs such as the Department of Education's Education for Homeless Children and Youth Program, which considers a student that is experiencing homelessness if they are, quote, "doubled up" on family or friends' couches or staying there for economic reasons. I have also heard, when we are talking about rural communities, you know, we are

talking about the underhoused. So we have used several different definitions.

My question to you is, in your experience have these different definitions created an impediment to success, or would conforming them or creating a more comprehensive definition help you be able to better coordinate across multiple agencies and resources? Yeah, both of you.

Mr. CHO. I will take that first just because it is HUD's definition that you referred to, Senator. Thank you for that question.

You know, we have different definitions of homelessness between HUD and the Department of Education because they largely serve different purposes. Our definition informs who we count on the Point-in-Time Counts, but it also informs who is eligible for the roughly \$3 billion in homeless assistance grants. That is out of a much larger HUD budget and set of programs that we administer.

Education's definition largely governs the rights of children and students and their access to educational supports, if they are experiencing homelessness or housing instability. So schools have an obligation to provide continuing education for students regardless of their housing instability.

I do not think that necessarily changing the definitions will solve the problem because essentially many of the doubled-up families and families who are experiencing homelessness already are eligible for many of HUD's other larger homeless assistance programs—our affordable housing, our multifamily programs, housing vouchers, and public housing. The challenge is that there is not enough vouchers in public housing and affordable housing to meet their need.

Simply just redefining them to make them eligible for HUD's much smaller set of programs is not going to necessarily meet their needs, particularly because that program is not necessarily growing. I think the answer is ensuring that homeless families who are doubled up or experiencing housing instability have access to affordable housing, and that is going to take investments across all of HUD's programs.

Senator BRITT. Thank you so much, Dr. Cho. And from your perspective, obviously, being the Executive Director for the United States Interagency Council on Homelessness, you probably have a different perspective with regards to dealing with different resources and agencies and others. What are your thoughts on that?

Mr. OLIVET. Our council is comprised of 19 Federal agencies, and it is our job to help point them in the same direction around homelessness strategy. And so this is a question we deal with all the time.

At the community level, I have worked in programs that have been funded by Health and Human Services, Veterans Affairs, HUD, Department of Education, and probably many others. Community-level agencies are pretty sophisticated at blending and braiding funding streams to serve the populations that they are serving.

But the reality is that human beings are bigger than these definitions, and they are more than their housing status. So if we are looking in rural Alabama or Wyoming versus Trenton, New Jersey, or San Francisco, California, it looks very different, but it also

looks different from month to month or year to year for people. There might be somebody who is “doubled up” now who is in a shelter 6 months from now, or somebody who is living in their car now who then is staying with friends and family next week.

So I think of these definitions as really program eligibility lines. So it helps Department of Ed cast a broader net for reaching all of the children they are trying to serve in the education setting, or for community health centers that are serving people through Health Care for the Homeless grants to be able to reach as many people as possible, including a broader swath of folks who might be doubled up. As Dr. Cho said, the HUD programmatic lines are very targeted, and so the tighter kind of conception of who is eligible for those programs—I am not going to speak for HUD—allows more narrow targeting of where those dollars go.

Senator BRITT. Thank you so much. And last, I just want to thank you. When we look at what is happening with our veteran population—and you have both referenced getting more and more veterans out of homelessness and back having the pride and dignity of moving forward on their own—I believe that our veterans are the best among us, and put it all on the line, and gave us their very best. It is certainly our turn to give them ours.

As you have dealt particularly with that population and with those different challenges, what have you seen to be the most effective within that community in helping them come back out of homelessness?

Mr. CHO. I think our work collectively between Congress, the Executive branch, and communities across the country, especially VA, to solve veteran homelessness is a case study in what effective Government and partnerships with communities looks like—a commitment to evidence-based practices, a commitment to working with urgency, and I think the importance of Federal leadership as well. When we have seen VA Secretaries make a public commitment to ending veteran homelessness, that matters, and that pushes that urgency down at the local VA medical center level and with their community partners.

We have seen Secretary McDonough and Secretary Fudge make that public commitment when they first came into their offices, to end veteran homelessness, and that sent a message widely across the Nation to once again use the Federal resources that Congress provided to make sure that no veteran is left on the streets, and to prevent veteran homelessness. And we are seeing, again, that curve on veteran homelessness start to decline once again.

Senator BRITT. Thank you.

Mr. OLIVET. And if I could just briefly add to that. I think the work on veteran homelessness is one of the bright spots. It is bipartisan in nature. It has sustained over multiple Presidential administrations over a decade. We have seen a 55 percent reduction in homelessness in this population since 2010 and 11 percent in the last 2 years. This effort takes the best of what HUD does and lets them do it. It takes the best of what the VA does and lets them do it.

As you all probably know, VA Secretary McDonough is chairing our Council right now, HUD Secretary Fudge was our Chair last year, and HHS Secretary Becerra is our Vice Chair. That con-

tinuity across HUD, VA, HHS, and all of our other agencies is what is working. And I think we could take the veteran successes as a case study of how to do this with other populations.

Senator BRITT. Absolutely. Thank you, and thank you, Madam Chair.

Chair SMITH. Thank you very much. Unless we have any other questions from the Subcommittee I want to thank our witnesses for being here today and for providing your testimony.

For Senators who wish to submit questions for the record those questions are due 1 week from today, which will be Wednesday, March 15th. For our witnesses, you will have 45 days to respond to any questions for the record.

Thank you again for being with us, and thanks to my colleagues. And with that this hearing is adjourned.

[Whereupon, at 3:49 p.m., the hearing was adjourned.]

[Prepared statements and responses to written questions supplied for the record follow:]

PREPARED STATEMENT OF CHAIR TINA SMITH

Good afternoon. The Subcommittee on Housing, Transportation, and Community Development will come to order.

I'm glad to have Sen. Lummis as my new partner and Ranking Member on this Subcommittee. I look forward to working with you over the next 2 years.

Both Senator Lummis and I are concerned about the shortage of housing in rural communities, and the unique challenges we see on tribal lands. And we both are focused on getting things done. So I'm confident we can find common ground, and I look forward to the work ahead.

I'm also glad to welcome Sen. Fetterman, Sen. Kennedy, Sen. Vance, and Sen. Britt to the Subcommittee this year.

Without safe, decent housing, nothing in your life works. It's nearly impossible to maintain a job, go to school, or stay healthy.

Almost 600,000 Americans experience homelessness on any typical night. Of this number, 60 percent of those experiencing homelessness are sheltered, while the other 40 percent are unsheltered.

Homelessness is a significant challenge in our country, and getting worse. While our Nation made significant strides in reducing homelessness in the first half of the last decade, we know that the number of people experiencing homelessness, began rising again around 2016. The pandemic only exacerbated the challenges individuals and families have faced.

The backdrop to the issue of homelessness is that our Nation is facing an affordable housing crisis. According to data published by the National Low Income Housing Coalition, not one State in our country has an adequate supply of affordable rental housing for the lowest income renters. In fact, for the 10.8 million families with extremely low incomes in the U.S., there is a shortage of more than 7 million affordable homes. This is an incredibly alarming problem that we are facing.

The challenge of funding and keeping a safe, affordable place to live is real in every part of our country—urban, suburban, and rural. It affects everyone.

However, homelessness also disproportionately affects some communities more than others, including Black, Latino, and Native communities. In my home State of Minnesota, while Native Americans make up only 1 percent of the adult population, the 2018 Statewide Homeless study found that Native Americans made up 12 percent of adults experiencing homelessness.

In December, the U.S. Interagency Council on Homelessness published "All In": the Federal Strategic Plan to Reduce and End Homelessness. The plan calls for a 25 percent reduction in homelessness by 2025. That's an aggressive goal, but I'm glad they're aiming high.

We've learned a lot in the last few years about what it takes to effectively address homelessness. The American Rescue Plan provided 70,000 emergency housing vouchers to rapidly re-house individuals at risk of homelessness, especially veterans and victims of domestic violence and sexual assault.

And just last month, Secretary Fudge announced \$315 million in awards to address unsheltered homelessness and homelessness in rural communities along with thousands of vouchers. This is the first time HUD has coordinated grants and vouchers. This type of coordination is critical, and I look forward to hearing more about it from our witnesses.

I'm also looking forward to hearing more about how we can cut red tape, improve staffing, and make it easier for service providers and housing providers to do their jobs, instead of worrying about administrative tasks. We heard a number of suggestions at the hearing Sen. Rounds and I held in this Subcommittee last year and I hope we can find some bipartisan ways to make existing programs work more effectively.

I often hear from people who work on homelessness that we know what to do to solve this problem, we just need the will to fix it. We have data-driven strategies that have proven effective in addressing homelessness in recent years. Those approaches can be effective, most of the time, in helping people who fall into homelessness. But we must also address the housing affordability challenges at all levels that are driving people into homelessness in the first place.

Addressing homelessness and the challenges of housing affordability has long been an issue that Republicans and Democrats are both concerned about. I hope that in this hearing we can continue this bipartisan work, and look for concrete steps we can take together to address this deep challenge—with a comprehensive approach, effective strategies and the resources we need.

PREPARED STATEMENT OF SENATOR CYNTHIA LUMMIS

Thank you, Madam Chair. And thank you to our witnesses for being here today. Right now, many American families are struggling to find safe, affordable housing. For some of these families, housing insecurity is a growing concern.

There are many challenges that can drive an individual or family to homelessness and make it harder to regain housing. The availability of affordable housing is part of the problem, but mental health challenges, physical disabilities, and struggles with substance use can lead to homelessness and make it harder to escape when it occurs.

These problems cut across demographics. As a result, communities in every State right now, including my home State of Wyoming, are challenged to help those who are homeless or who lack stable housing.

Today's hearing on the Biden administration's strategic plan to prevent and end homelessness provides a good opportunity to talk about what's worked and where we can do better.

Housing First, a centerpiece of the Administration's plan, is a policy that places individuals into supportive housing without any conditions. Individuals are offered supportive services but are not required to use them.

The term "housing first" raises an important question: "If housing comes first, what comes second?"

Individuals are placed into housing and then may choose whether to undertake the mental health treatment or substance abuse counseling they need to live healthy lives. But how many people caught in the cycle of addiction or the grips of a severe mental health crisis can recognize the help they need in the moment?

At some point, when Housing First fails—and it does fail for some people—there need to be other paths to help.

Shuttling vulnerable people between programs without needed treatment is not the path to housing independence. It perpetuates the problem.

I'm disheartened at the Administration's continued focus on a version of housing first without the integrated wraparound services some individuals and families require to overcome homelessness.

As a result, we've drifted too far to "housing only." Funding does not allow local organizations the flexibility to act on what they've seen work in their local community.

I'd also like to see HUD and USICH spend more time on the unique needs of rural communities and tribes. These are important issues in Wyoming.

Homelessness and housing instability looks different in rural areas and reservations. Shelters are rare, and so many people turn to family and friends to get through a period of homelessness.

As a result, homelessness shows up as overcrowding rather than tents on the street. But given how HUD conducts its counts of the homeless, these individuals and families living with family and friends would not be counted.

We cannot fix problems when we are unsure of how big they are or where they are.

Homelessness is a challenging issue, one that requires our best ideas.

I look forward to hearing more from the witnesses about specific ideas to reduce red tape and help programs better serve vulnerable Americans.

PREPARED STATEMENT OF JEFF OLIVET

EXECUTIVE DIRECTOR, INTERAGENCY COUNCIL ON HOMELESSNESS

MARCH 8, 2023

Good afternoon, Chair Smith, Ranking Member Lummis, and distinguished Members of the Subcommittee. I am Jeff Olivet, executive director of the U.S. Interagency Council on Homelessness (USICH). It is an honor to appear before you today. I am here to discuss the tragedy of homelessness and the Administration's current and planned work to prevent and end it.

About USICH

USICH is the only Federal agency solely focused on ending homelessness. USICH brings together the collective power of 19 other Federal agencies to coordinate the Federal response to homelessness, which includes programs administered by our member agencies specifically to address homelessness, as well as numerous mainstream programs that provide support for people experiencing poverty and housing

instability.¹ USICH has a team of Senior Regional Advisors across the country who work directly with mayors and governors across the political spectrum, and with service providers in urban, rural, and Tribal areas to help them use their resources effectively.

USICH began in 1987 when large bipartisan majorities in Congress passed the Stewart B. McKinney Homeless Assistance Act, later renamed the McKinney-Vento Homeless Assistance Act, which was signed into law by President Reagan. The law, amended and reauthorized by the HEARTH Act in 2009, recognized the complexity of coordinating Federal efforts to address homelessness. Then, as now, Congress understood that homelessness is a cross-system problem that requires cross-system solutions and that no single agency, system, sector, or jurisdiction can end homelessness on its own. That is why the McKinney-Vento Act requires USICH to develop and annually update a national strategic plan. Such a plan provides a shared vision of the work required to end homelessness and the strategies necessary to accomplish that vision.

Today, I would like to provide a picture of homelessness in America, explain recent efforts that have flattened the curve on rising homelessness, discuss the challenges we still face, and provide an overview of “All In”, the bold new Federal strategic plan for a future in which everyone has a safe, affordable, and stable place to call home.²

Homelessness in America

Homelessness is a life-and-death public health crisis. Tens of thousands of people die every year due to the dangerous conditions of living without a home,³ and the life expectancy of people who are experiencing homelessness is about 20 years shorter than people who are housed.⁴ According to the latest annual Point-in-Time Count, 582,462 individuals experienced homelessness in the United States on a single night in January 2022.⁵ But this is only a snapshot in time. Over the course of a year, at least twice that number, more than 1.2 million people, experience homelessness.⁶ When we consider households that are precariously housed people, people in substandard housing, and people who are severely rent burdened or “doubled up”—where multiple families or generations are living together out of necessity—the numbers surge adding millions to those who live each year without safe, adequate, and stable housing.⁷

People of color are disproportionately affected by homelessness. While Black Americans comprise 12 percent of the overall population, they represent 37 percent of the homeless population. American Indians, Alaska Natives, and Asian Americans are even more disproportionately represented. Latinos, who are undercounted, are also overrepresented compared to their general population numbers.⁸ Other populations are also disproportionately affected by homelessness, including based on sex, sexual orientation, gender identity, and disability.

Homelessness impacts both the young and old. According to the National Center for Homeless Education more than 1 million youth were identified as homeless during the 2020–2021 school year using the Department of Education’s definition of homelessness which includes those who are doubled up.⁹ Children—who make up 17 percent of the homeless population in the United States—are more likely to experience serious health conditions, abuse, and violence if they have experienced home-

¹ <https://www.usich.gov/fsp/appendix-b-inventory-of-targeted-and-non-targeted-federal-programs-to-prevent-and-end-homelessness>

² “All In: The Federal Strategic Plan To Prevent and End Homelessness”, 2022, <https://www.usich.gov/all-in>.

³ “Homeless Mortality Toolkit”, National Health Care for the Homeless Council, 2021, <https://nhchc.org/wp-content/uploads/2020/12/Homeless-Mortality-Toolkit-FULL-FINAL.pdf>.

⁴ “Remembering Those Lost to Homelessness”, National Coalition for the Homeless. (2018). <https://nationalhomeless.org/remembering-those-lost-to-homelessness/>

⁵ Office of Community Planning and Development. “The Annual Homeless Assessment Report (AHAR) to Congress”. U.S. Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/ahar/>

⁶ Office of Community Planning and Development. “The Annual Homeless Assessment Report (AHAR) to Congress”. U.S. Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/ahar/>

⁷ “Quantifying Doubled-Up Homelessness: Presenting a New Measure Using U.S. Census Microdata” (nlihc.org).

⁸ “HUD 2020 Annual Homelessness Assessment Report Part 1”: <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>.

⁹ <https://profiles.nche.seiservices.com/ConsolidatedStateProfile.aspx>

¹⁰ “The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1”: Point-In-Time Estimates of Homelessness, December 2022 (huduser.gov)

¹¹ Smith-Grant, J., Kilmer, G., Brener, N., Robin, L., and Underwood, J.M. (2022). “Risk Behaviors and Experiences Among Youth Experiencing Homelessness—Youth Risk Behavior Sur-

lessness.^{10 11} Additionally, between 31 percent and 46 percent of young people who exit foster care experience homelessness by age 26.¹²

Older Americans—who face the same rising housing costs as everyone else, but often with fixed incomes and rising health needs—are one of the fastest-growing groups of people experiencing homelessness. Single adults over 50 now make up half of the homeless population, and if nothing changes in the next 15 years, Harvard University estimates that an additional 2.4 million seniors in the U.S. will have no access to affordable housing.^{13 14} Further, adults who experience homelessness age faster than their housed peers, with elevated rates of serious, chronic, and often avoidable medical conditions.

During the first 2 years of the pandemic, from 2020 to 2022, family, youth, and veteran homelessness all dropped.¹⁵ Meanwhile, unsheltered¹⁶ and chronic homelessness rose 3 percent and 16 percent, respectively.¹⁷ The rise in unsheltered homelessness means people are seeing more tents in their neighborhoods and more people living in vehicles. As homelessness has become more visible, public pressure to solve it has intensified, and some State and local policymakers are resorting to criminalization and forced institutionalization.¹⁸ These “out of sight, out of mind” policies are ineffective, expensive, and have harmful, even deadly, consequences. The solution to public concern about unsheltered homelessness is to make sure everyone has a home.

Health and homelessness are inextricably linked. Illness, injury, and medical expenses can put people at risk of homelessness, and the experience of homelessness creates and exacerbates health problems. Many people who are homeless—though fewer than half—have mental health conditions and substance use disorders. While we must do everything we can to treat these conditions while people are homeless, we know that stable housing is the real solution. Permanent housing with robust wraparound supports not only helps people exit homelessness, but also provides the stable foundation upon which they can get healthy, address mental health and substance use disorders, deal with past trauma, and reconnect with jobs and school, family and community.

Causes of Homelessness

Among the root causes of homelessness are the lack of affordable housing and incomes that do not keep pace with the cost of housing. A job has never guaranteed a home—and that is even more true today. By some measures, half of the people living in shelters or on the streets are employed.¹⁹ But full-time minimum-wage workers cannot afford even a modest apartment in any county in America.²⁰ Meanwhile, rents have risen far faster than wages. Often evictions come too fast, while Government assistance is often too slow. Decades of growing economic inequality have left far too many Americans living paycheck to paycheck and one unexpected car repair or medical bill away from homelessness.²¹

Even when people can afford a home, one is not always available. In 1970, the United States had a surplus of 300,000 affordable homes. Moody’s Analytics estimates a shortfall in the housing supply of more than 1.5 million homes nation-

vey”, 23 U.S. States and 11 local school districts, 2019. *Journal of Community Health*, 47(2). <https://doi.org/10.1007/s10900-021-01056-2>

¹²Dworsky, A., Napolitano, L., and Courtney, M. (2013). “Homelessness During the Transition From Foster Care to Adulthood”. *American Journal of Public Health*. <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301455>

¹³<https://generations.asaging.org/homelessness-older-adults-poverty-health>

¹⁴www.jchs.harvard.edu/sites/default/files/Harvard-JCHS-Housing-Americas-Older-Adults-2019.pdf

¹⁵Office of Community Planning and Development. “The Annual Homeless Assessment Report (AHAR) to Congress”. U.S. Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/ahar/>

¹⁶Unsheltered refers to people sleeping in places not designed for regular sleeping accommodation such as tents, cars, or on the street.

¹⁷Office of Community Planning and Development. “The Annual Homeless Assessment Report (AHAR) to Congress”. U.S. Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/ahar/>

¹⁸<https://homelesslaw.org/criminalization/>

¹⁹<https://bfi.uchicago.edu/insight/finding/learning-about-homelessness-using-linked-survey-and-administrative-data/>

²⁰“Out of Reach: The High Cost of Housing”. National Low Income Housing Coalition. (2021). <https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach-2021.pdf>

²¹<https://www.cnn.com/2022/10/24/more-americans-live-paycheck-to-paycheck-as-inflation-outpaces-income.html>

wide.²² Today only 37 affordable units are available for every 100 extremely low-income renters.²³ Where do we expect the others to go? Furthermore, people using housing vouchers struggle to find landlords who will rent to them, widening the gap.

Preventing homelessness is critical: every day, roughly 2,500 people, or around 900,000 people each year, exit homelessness—yet roughly the same number fall into homelessness. To end homelessness, it is critical that we not just house people experiencing homelessness now, but that we also find ways to ensure people do not become homeless in the first place.

The current state of homelessness is heartbreaking. This is not the way it should be, and this is not the way it has to be.

What Is Working: The Impact of Unprecedented Federal Investment

We are beginning to see some progress. In 2016, after years of steady drops, homelessness began trending upward. Then in 2020, the Nation was hit by a global pandemic and its resulting economic crisis. Against all odds, homelessness did not continue to rapidly rise. In fact, between 2020 and 2022, we were able to flatten the curve. Since the pandemic began, the number of people experiencing homelessness in the U.S. has remained relatively flat, increasing less than 1 percent. Meanwhile—thanks in large part to Congressional investments in programs like the Department of Labor’s Homeless Veterans’ Reintegration Program and the Jobs for Veterans State Grants, the Department of Veterans Affairs’ (VA) Supportive Services for Veteran Families, the Department of Education’s Education for Homeless Children and Youths, HHS’s Runaway and Homeless Youth Program, and HUD’s Youth Homelessness Demonstration Program—veteran, family, and youth homelessness dropped 11 percent, 5 percent, and 13 percent, respectively.²⁴

Such progress occurred during a time of massive layoffs, skyrocketing rents, shuttering shelters, and lagging housing supply, that were exacerbated by the COVID-19 pandemic. But this also happened at a time of unprecedented Federal investment and collaboration—and we have Congress to thank for that. When shelters had to shrink their capacity or close their doors due to COVID protocols, we did not shrug our shoulders and let people languish. We put our differences aside and our heads together to develop creative solutions, like converting unused buildings into noncongregate shelters where people could socially distance and protect themselves from a deadly disease.

When the pandemic put millions of people out of work, Congress did not sit on the sidelines and watch evictions pile up and hunger grow. Congress came together to expand unemployment assistance, to launch bold new programs like emergency rental assistance and provide stimulus checks that saved families from starving and losing their homes. In the process, you helped reduce overall poverty by 45 percent. These efforts prevented what could have been a massive new wave of homelessness.

Congress came together to pass the CARES Act, and then the American Rescue Plan, amounting to the largest investments in ending homelessness at any point in our history.²⁵ These investments have saved lives. The CARES Act and the American Rescue Plan included tens of billions of dollars for emergency rental assistance that has prevented millions of evictions and kept evictions below prepandemic levels—even after the Federal moratorium had ended. The legislation sent 70,000 emergency housing vouchers to communities, which served as an important tool to keep people housed.²⁶ More than \$5 billion in the American Rescue Plan is being used to expand access to housing and shelter. In 2022 alone, the Department of Housing and Urban Development (HUD) approved plans to build 10,000 affordable or supportive homes. Some of the new homes and shelters are in hotels and motels that were sitting vacant for years. With the help of these Federal funds, communities are renovating them and putting them to use. In just the last year, the VA and the 105 communities that joined USICH and HUD’s House America Initiative used the American Rescue Plan to move more than 100,000 people out of shelters,

²² <https://www.moodyanalytics.com/-/media/article/2021/Overcoming-the-Nations-Housing-Supply-Shortage.pdf>

²³ “The GAP: A Shortage of Affordable Homes”. National Low Income Housing Coalition. (2022). <https://nlihc.org/gap>

²⁴ Office of Community Planning and Development. “The Annual Homeless Assessment Report (AHAR) to Congress”. U.S. Department of Housing and Urban Development. <https://www.hudexchange.info/homelessness-assistance/ahar/>

²⁵ “Guide to American Rescue Plan Funding That Impacts People Experiencing Homelessness”. U.S. Interagency Council on Homelessness. (2021). <https://www.usich.gov/tools-for-action/a-guide-to-american-rescue-plan-funding-that-impacts-people-experiencing-homelessness/>

²⁶ <https://www.hud.gov/press/press-releases-media-advisories/HUD-No-22-213>

off the streets, and into permanent homes.²⁷ During the same period, the initiative added more than 40,000 affordable homes into the pipeline.

Additionally, Congress provided \$800M in ARP dedicated funding that was dispersed within 60 days to help deliver services to ensure that students experiencing homelessness get the services they need to ensure they are able to stay in school and thrive.

Last year, the White House released its Housing Supply Action Plan, which includes legislative and administrative actions that represent the most comprehensive in history to help end America's housing shortage—and in just 5 years.²⁸ The White House also released national strategies to transform mental health and social services and to combat the overdose epidemic.^{29,30} This year, USICH and the White House are launching a new Federal initiative to help key cities and States address unsheltered homelessness through dedicated Federal staff, maximum flexibility and regulatory relief, and technical support.

While we are only beginning to see the impact of these commitments, the results show that we can make progress even during the most difficult times.

Challenges

Lack of Housing Supply

Housing is the fundamental solution to homelessness, but the United States suffers from a severe shortage of safe, affordable, and accessible rental housing.³¹ The shortage is caused by many factors, including a shortage of available land and labor, increased costs of raw materials, local zoning restrictions, land-use regulations, opposition to inclusive development, and the destruction of homes in the path of natural disasters.³² Compounding this, people with housing vouchers or other rental assistance compete for limited housing in a highly competitive rental market, and they often face stigma, barriers, and discrimination by landlords. In addition, many landlords deny housing to people based on their criminal records or credit history. And many renters of color, LGBTQI+ renters, and renters with disabilities continue to face discrimination when they apply for housing. The lack of accessible housing for people with disabilities further complicates the situation.

Rise of Rent Amid Slow Wage and Income Growth

Wage growth has been slow for the lowest-paid workers for decades, and for many Americans, rental housing is unaffordable because wages have not kept up with rising rents. According to a 2021 report, in no U.S. State can a person working full-time at the Federal minimum wage afford a two-bedroom apartment at the fair market rent.³³ As a result, 70 percent of the lowest-wage households routinely spend more than half of their income on rent, placing them at risk of homelessness if any unexpected expenses or emergencies arise. Housing unaffordability disproportionately impacts people with disabilities, LGBTQI+ people, and people of color. Discriminatory employment practices toward these groups further contribute to these disparities. Similarly, there is no housing market within the U.S. in which a person living solely on Supplemental Security Income (SSI) can afford housing without rental assistance.³⁴

Inadequate Access to Quality Health Care, Education, and Supportive Services

Culturally appropriate, readily available, and accessible supportive services—including treatment for mental health conditions and substance use disorders—often

²⁷ <https://www.usich.gov/news/biden-administration-helps-105-communities-end-homelessness-for-more-than-140000-americans>

²⁸ “President Biden Announces New Actions To Ease the Burden of Housing Costs”. The White House. (2022). Retrieved from <https://www.whitehouse.gov/briefing-room/statements-releases/2022/05/16/president-biden-announces-new-actions-to-ease-the-burden-of-housing-costs/>.

²⁹ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/>

³⁰ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/21/fact-sheet-white-house-releases-2022-national-drug-control-strategy-that-outlines-comprehensive-path-forward-to-address-addiction-and-the-overdose-epidemic/>

³¹ “The GAP: A Shortage of Affordable Homes”. National Low Income Housing Coalition. (2022). <https://nlihc.org/gap>

³² Zhang, J., Cummings, R., Maury, M., and Bernstein, J. (2021). “Alleviating Supply Constraints in the Housing Market”. The White House. <https://www.whitehouse.gov/cea/written-materials/2021/09/01/alleviating-supply-constraints-in-the-housing-market/>

³³ <https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach-2021.pdf>

³⁴ “Priced Out: The Housing Crisis for People With Disabilities”, Technical Assistance Collaborative, <https://www.tacinc.org/resources/priced-out/>. Please note that this website lists a prior maximum monthly SSI benefit amount. The current one is \$914 for an unmarried individual.

are not available at a level to meet the need. This is particularly true in rural areas where transportation barriers, lack of community-based supports, and large geographical distances can inhibit access to services. As a result, people seeking these services may face long waits or may not receive them at all, and service providers may only be reimbursed for a fraction of the cost of care. Furthermore, collaboration and coordination between homelessness response and other systems—including health, victim services, workforce development, aging- and disability-related services, early care, and education—is often not as strong as it could be.³⁵ People of color and other marginalized populations face greater barriers³⁶ to receiving the supports they need, which leads to severe health inequities and disparities in health outcomes.

Limited Alternatives to Unsheltered Homelessness

The number of people living in unsheltered locations is rising, and has for the first time exceeded the number of people staying in shelters, yet there are often not enough safe, low-barrier shelter or interim housing options for people waiting for permanent housing and support. Many shelters are full or deny entry to people who have a mental health and/or substance use disorder, have a criminal record, live with a disability or chronic condition, or identify as LGBTQI+ despite regulations that prohibit this discrimination. People with disabilities, pets, partners, or older children (especially male teenagers) have fewer options for sheltering together. Additionally, shelters may not be equipped to meet the specific needs of a diverse population or have the capacity to provide adequate support and accommodations for people with significant physical disabilities and those with mental health or substance use disorders. As unsheltered homelessness increases in some communities, the impact on surrounding neighborhoods has eroded support for further investments in homeless services.

Criminalization of Homelessness

In some communities, a rise in encampments has resulted in harmful public narratives and opposition to development of affordable housing and programs that serve people experiencing homelessness. As elected leaders respond—and not always in the most effective ways—some have resorted to clearing encampments without providing sufficient notice or alternative housing options for the people living in them. Many communities have made it illegal for people to sit or sleep in public outdoor spaces or have instituted public space designs that make it impossible for people to lie down or even sit in those spaces.³⁷ Unless encampment closures are conducted in a coordinated, humane, and solutions-oriented way that makes housing and supports adequately available, these “out of sight, out of mind” policies can lead to lost belongings and identification; breakdowns in connection with outreach teams, health care facilities, and housing providers; increased interactions with the criminal justice system; and significant trauma—all of which can create challenges in the pathway to housing.

Despite these formidable challenges, I believe that it is possible to end homelessness in this country. Programs in communities across the country have gotten better and better at getting people housed, providing wraparound supports, and making sure people don’t fall back into homelessness. Lessons learned through the pandemic offer hope around increased collaboration, creativity, and urgency in our work to end homelessness. The way has become clear: we need to prevent homelessness before it happens, respond to the crisis of unsheltered homelessness, and connect people as quickly as possible with the housing and services that help people exit homelessness. I believe that we can come together as a Nation to do just that.

“All In”: The Federal Strategic Plan To Prevent and End Homelessness

Our new Federal strategic plan, “All In”, sets the bold goal of reducing homelessness 25 percent by 2025 and lays out a path to ultimately ending homelessness in America. With the help of Congress and communities, we believe we can achieve this ambitious goal.

“All In” is built around six pillars: three foundations—equity, data and evidence, and collaboration—and three solutions—housing and supports, crisis response, and prevention. The plan includes dozens of strategies and actions the Federal Government will pursue to prevent homelessness, to urgently address the basic need for

³⁵ “Early Care and Education Supports for Young Children Experiencing Homelessness”. The Administration for Children and Families, 2020, <https://www.acf.hhs.gov/opre/report/early-care-and-education-supports-young-children-experiencing-homelessness>.

³⁶ Cogburn, C.D. (2019). “Culture, Race, and Health: Implications for Racial Inequities and Population Health”. *The Milbank Quarterly*, 97(3). <https://doi.org/10.1111/1468-0009.12411>

³⁷ <https://nlihc.org/sites/default/files/AG-2020/6-08-Criminalization-of-Homelessness.pdf>

shelter, and to expand housing and supports that help people exit homelessness. At the foundation of our plan is the need to do this work with an evidence-based, all-hands-on-deck approach based on what people who have experienced homelessness say they need and want.

“All In” recommits the Federal Government to a Housing First approach to homelessness. This approach is simple but often misunderstood. It is built on a strong evidence base that a home provides the best foundation for rebuilding one’s life. Without a home, every other aspect of a person’s life suffers. How can you improve mental and physical health without a safe and stable place to live? How can you get and keep a job without a place to store belongings and maintain adequate hygiene?

Housing First works—and it’s cheaper than the alternatives. According to multiple scientific studies that span three decades, 75 percent to 91 percent of people are still in their homes a year after Housing First assistance.³⁸ Housing First shows increases in individual income,³⁹ costs three times less than criminalization,⁴⁰ and saves up to \$23,000⁴¹ per year per person compared to providing emergency shelter.

Of course, Housing First does not work for every person. There is limited research to understand the factors that predict whether a person will stay housed after receiving support.⁴² That work needs to continue, coupled with the development and testing of new interventions that could be effective in helping people maintain stable housing. Having a humane response to homelessness means treating every person with individualized care based on what works best for them. There are other evidence-based approaches—such as Trauma-Informed Care, Motivational Interviewing, and Critical Time Intervention—that communities and providers should include in their response. Our plan includes strategies to build a stronger evidence base for what works and to address research questions that need further study.

While housing is the immediate solution to homelessness, it is of course not the only solution. Housing must be matched with the availability of wraparound services to help people rebuild their lives. We must help people address the range of challenges they face around health, education, and employment.

Implementing “All In”

Work to implement “All In” is already underway. This is a multiyear roadmap to create the systemic changes needed to end homelessness in our country. To drive progress toward the ambitious goal of reducing overall homelessness 25 percent by 2025, USICH is developing implementation work plans and putting the strategies in the plan into action during FY 2023. These implementation work plans will include specific action steps, expected outcomes, and timelines for when action steps will be completed.

As we continue our work on implementing “All In”, we are committed to partnering with and incorporating regular input from people with lived expertise and stakeholders representing a broad range of groups and perspectives. We will work across the Federal Government and identify opportunities to make programs more efficient and effective. And we will work with governors, mayors, providers, and people on the front lines of this tragedy to implement effective strategies.

“All In” represents a long-term commitment, and our implementation will be dynamic, results-driven, and transparent. Progress will be assessed regularly, and the implementation work plans will be adapted in real-time to reflect new actions and commitments as well as new data and information that can inform future work. USICH will publish an annual update to the plan that will include progress toward the 25 percent reduction goal, adjustments to the plan, and updates on implementing strategies at the Federal level and across the country. USICH will share information as it is available on its website, usich.gov, and report to the USICH

³⁸ Peng, Y., Hahn, R.A., Finnie, R.K.C., Cobb, J., Williams, S.P., Fielding, J.E., Johnson, R.L., Montgomery, A.E., Schwartz, A.F., Muntaner, C., Garrison, V.H., Jean-Francois, B., Truman, B.I., Fullilove, M.T.; Community Preventive Services Task Force. “Permanent Supportive Housing With Housing First To Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review”. *J. Public Health Manag. Pract.* 2020 Sep/Oct;26(5):404–411. doi: 10.1097/PHH.0000000000001219. PMID: 32732712; PMCID: PMC8513528.

³⁹ www.kansascityfed.org/Research%20Working%20Papers/documents/8716/rwp22-03cohen.pdf
⁴⁰ <https://homelessvoice.org/the-cost-to-criminalize-homelessness/>

⁴¹ Stefancic, A., Tsemberis, S. “Housing First for Long-Term Shelter Dwellers With Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention”. *J. Prim. Prev.* 2007 Jul;28(3-4):265–79. doi: 10.1007/s10935-007-0093-9. Epub 2007 Jun 26. PMID: 17592778.

⁴² Byrne T., Tsai J. “Actuarial Prediction Versus Clinical Prediction of Exits From a National Supported Housing Program”. *Am. J. Orthopsychiatry.* 2022;92(2):217–223. doi: 10.1037/ort0000603. Epub 2022 Jan 13. PMID: 35025573.

Council, Congress, and the public on progress and actions taken to implement this plan.

Conclusion

Any successes the Federal Government and State and local leaders have achieved in reducing homelessness are rooted in decisions made when we were united. We all have a role to play—the Administration and Congress, State and local leaders, faith and business communities, local service organizations, and leaders from across the political spectrum. Homelessness did not happen overnight, and it will not be solved overnight. But with resources, resolve, and cooperation, I believe we can end homelessness. I believe we can come together to build a country where no one experiences the trauma and indignity of homelessness, and everyone has a safe and affordable place to call home. “All In” provides a roadmap to help achieve this vision.

PREPARED STATEMENT OF RICHARD CHO

SENIOR ADVISOR FOR HOUSING AND SERVICES, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

MARCH 8, 2023

Good afternoon, Chair Smith, Ranking Member Lummis, and other distinguished Members of the Subcommittee. Thank you for this opportunity to testify on behalf of the Department of Housing and Urban Development on our efforts to help communities address the Nation’s homelessness crisis.

I’d like to start by reiterating the point made by Director Olivet that homelessness in America is a national crisis, but it is a crisis that we can solve.

I know that homelessness is solvable because communities are solving and reducing homelessness every day. There was also a time, not long ago, when homelessness was decreasing overall. Specifically, from 2010 to 2016, overall homelessness decreased by 14 percent—from over 637,000 people on any given night to under 550,000 people. Homelessness decreased both among people in sheltered and unsheltered settings. In fact, from 2010 to 2016, unsheltered homelessness decreased by over 24 percent.

During this same period, from 2010 to 2016, homelessness among military veterans declined by 47 percent (from 74,087 veterans on a single night to 39,471 in 2016); homelessness among families with children declined by nearly 23 percent (from 79,442 families to 61,265 families); and chronic homelessness declined by 27 percent (from 106,062 individuals to 77,486 individuals).

Those reductions did not happen by accident. They were the result of policies enacted by Congress. In 2009, Congress passed the Homeless Emergency Assistance and Rapid Transitions to Housing (HEARTH) Act of 2009, which required communities receiving Federal homelessness assistance funds to track measurable outcomes and incentivize a focus on producing those outcomes. Specifically, are more people exiting homelessness into permanent housing? Are lengths of homelessness episodes decreasing? Are fewer people returning to homelessness once assisted?

Over the next few years, HUD implemented the directives in the HEARTH Act to focus on system performance and outcomes. As a result, communities shifted their approaches and reallocated resources towards programs that produced those measurable outcomes, namely permanent supportive housing and rapid re-housing. From 2010 to 2016, communities added over 104,000 units of permanent supportive housing nationally. They also expanded the number of rapid re-housing beds from 0 in 2010 to nearly 73,000 by 2016.

At the same time, Congress provided significant new investments in the HUD-Veterans Affairs (VA) Supportive Housing (VASH) program that provides permanent supportive housing and rapid re-housing interventions through the Supportive Services for Veteran Families program for veterans experiencing homelessness. Those investments, coupled with the implementation support from HUD, VA, Department of Labor (DOL), and the United States Interagency Council on Homelessness (USICH), are directly responsible for the steep reduction in veteran homelessness.

During this time, both the VA and local Continuums of Care implemented coordinated systems for identifying and assessing needs, delivering housing and supportive services, and matching people to the right level of assistance based on assessed needs.

This overall shift is what we refer to as the Housing First approach, which provides people experiencing homelessness assistance in obtaining permanent housing as quickly as possible, without preconditions of treatment or sobriety, through a range of housing and supportive services interventions. Housing First is not a one-

size-fits-all approach, nor is it a “housing only” model. It is about implementing an array of programs that provide tailored levels of housing and services to help as many people as possible with the stability of a home as the foundation for achieving other goals and meeting other needs.

Those decreases were driven by the combination of Federal leadership on homelessness, the commitment to Housing First, a focus on evidence-based programs and overall system performance, and Federal investments in housing interventions that connect people experiencing homelessness directly to permanent housing.

However, when the Biden-Harris administration began, the trajectory of homelessness in America had changed. It had gone from decreasing to increasing. From 2016 to 2020, homelessness rose by 6 percent overall. In that 5-year period, the number of homeless adult individuals rose by 15 percent, the number of people in unsheltered settings rose by 28 percent, and the number of chronically homeless individuals—individuals with disabilities who are homeless long-term—rose by 43 percent. In 2020, among adult individuals, there were more individuals sleeping in unsheltered settings than in shelters for the first time ever.

Homelessness Trends, 2010 – 2022

Homeless Population	2010 – 2016 (6 years)	2016 – 2020 (4 years)	2020 – 2022 (2 years)
Overall	↓ 14%	↑ 6%	↑ 0.3%
Veterans	↓ 47%	↓ 6%	↓ 11%
Families	↓ 23%	↓ 12%	↓ 6%
Adult Individuals	↓ 10%	↑ 15%	↑ 3%
Chronic	↓ 27%	↑ 43%	↑ 16%
Unsheltered	↓ 24%	↑ 28%	↑ 3%

Source: HUD Annual Homelessness Assessment Reports (Point-in-Time Count) – Part 1, 2010-2020

In January 2020, when the COVID-19 pandemic began, more than 580,000 people were experiencing homelessness on any given night, including people with disabilities, unaccompanied youth, families with children, and older adults. They tend to have poor health status, often co-occurring chronic health conditions, and premature mortality rates, and they are disproportionately Black or African American, Native American or American Indian, and other people of color.

The COVID-19 pandemic added to the challenges faced by people experiencing homelessness and the organizations and people who assist them. Communities put in place new measures to protect people experiencing homelessness from the pandemic, including decreasing congregate shelter capacity and limiting shelter entries. Efforts to connect people to housing faced new challenges as landlords and housing providers switched to virtual operations, and illnesses and health risks decreased workforce capacity and hampered the delivery of in-person and home-based case management.

This was the state of homelessness in America when the Biden-Harris administration began: Four years of homelessness growing nationally, a growing number of people sleeping outdoors, and the added challenges of the pandemic. Homelessness among veterans and families decreased, but did so at a slower rate than previously.

To be clear, increases in homelessness after 2016 did not happen everywhere. Out of the 386 Continuum of Care (CoC) communities, 255 CoCs (66 percent of total) achieved reductions in homelessness between 2010–2022. And while the Nation and some CoCs saw an overall rise in homelessness from 2016–2020, 199 CoCs saw further decreases from 2016 to 2022.

This shift in the trajectory of homelessness starting in 2016 was driven by a combination of factors, which can be summarized as follows: after 2016, in many communities, particularly those with the highest homeless populations, the number of people who became newly homeless began to exceed the number of people whose homelessness was resolved.

Data from HUD’s AHAR Part 2 reports shows that from 2017 to 2019, approximately 901,000 people exited homelessness annually and approximately 909,000 people became newly homeless in each of those 3 years. In other words, in each of those years, approximately 8,000 more people entered the ranks of homelessness than exited it, and hence homelessness at a point-in-time increased by approximately 25,000 people.

The increase in homelessness from 2016–2020 is not because the Housing First approach is ineffective—in fact, more people were exiting homelessness into permanent housing during this period than ever before. Rather, it is because housing market conditions and other factors were leading more people to become newly homeless than were being exited from homelessness into housing than in the prior years. In other words, Housing First works, but it must be scaled proportional to the level of need and supported by Federal policy. For example, from 2016 to 2020, only 32,000 new units of permanent supportive housing were created, compared with over 104,000 new units during the prior 6 years. In addition, greater efforts are needed to prevent people from becoming homeless in the first place.

The contrast in homelessness trends in these two periods illustrates what is possible when the Federal Government provides leadership, resources, and support to help communities solve a problem. It shows what happens when targeted investments are made in evidence-based interventions. It shows how a focus on outcomes and performance measurement can produce results. It also shows why ongoing Federal leadership and attention is needed to continually adapt in its response to changing dynamics.

HUD, alongside USICH and other Federal agencies in the Biden-Harris administration, is providing that Federal leadership and attention. HUD’s specific contributions to the implementation of “‘All In’: The Federal Strategic Plan to Prevent and End Homelessness” focus on scaling Housing First interventions, directing resources to underserved communities and unmet areas of need, mobilizing and strengthening collaboration among all of HUD’s grantees and recipients to address homelessness, and providing ongoing support and technical assistance to help communities implement the Housing First approach effectively.

Scaling Housing First Interventions

After Congress passed President Biden’s American Rescue Plan Act, HUD provided communities with historic resources to scale Housing First interventions for all populations.

At the top of this list is the Emergency Housing Voucher (EHV) program. EHV’s are HUD’s first housing vouchers specifically targeted to people experiencing or at risk of homelessness, including people fleeing or attempting to flee domestic violence, sexual assault, or human trafficking, and who are not veterans. The American Rescue Plan provided \$5 billion for EHV’s, and HUD awarded communities nearly 70,000 vouchers.

To implement the EHV program, HUD drew upon lessons learned from the HUD–VASH program regarding the importance of public housing authority (PHA) and service provider partnerships. HUD required that the 609 public housing authorities administering these vouchers partner with Continuums of Care and victim services provider organizations to receive referrals and to provide housing navigation and other supportive services to voucher holders, as evidenced by execution of a Memorandum of Understanding. All 609 PHAs executed these MOUs. Approximately 1½ years after the issuance of vouchers and program requirements, all vouchers have been issued to households and nearly two-thirds of the vouchers have been leased. Through the EHV program, nearly 47,000 households have found stable, affordable housing to date. This is the fastest take-up rate of any voucher program HUD has ever administered and demonstrates both the demand for these resources and the effectiveness of housing vouchers as a tool for addressing homelessness. We will continue to assist the 609 PHAs and their partners to lease up and utilize EHV’s to reduce homelessness.

Through the American Rescue Plan, HUD also awarded communities \$5 billion in funds through a special homelessness-focused allocation, the HOME Investment Partnerships Program, which HUD calls “HOME-ARP”. HOME-ARP provides communities with grants to build permanent supportive housing or other deeply affordable housing, as well as to fund supportive services, short-term tenant-based rental assistance, or the acquisition of noncongregate shelter. HUD required that the participating jurisdictions (cities, counties, and States) that receive HOME-ARP allocations review data on needs, consult with Continuums of Care and victim services providers, as well as obtain public input, to determine the allocation of these funds. Participating jurisdictions have been submitting their allocation plans for HUD approval, and HUD expects to review all plans by June 2023. HOME-ARP will further increase communities’ resources for housing assistance and supportive services to sustain their momentum on addressing homelessness over the next few years.

In FY 2023, Congress also provided HUD with \$75 million in additional funds to help Continuums of Care create more permanent supportive housing. As I mentioned earlier, the slowdown in permanent supportive housing production over the last few years coincides with the increase in chronic homelessness. Our Nation needs to get back to increasing permanent supportive housing for people experiencing chronic homelessness and other people with more severe service needs. We are currently working on developing the program requirements for this new \$75 million program.

HUD will also continue to administer our annual Continuum of Care Program competitive grant program, including funding for programs that serve survivors of domestic and dating violence, sexual assault, and human trafficking, as well as to expand the Youth Homeless Demonstration Program (YHDP).

Directing Resources to Unmet Areas of Need

HUD is working to bring more Housing First interventions to the populations and geographic areas where homelessness has been rising, specifically, people in unsheltered settings and rural communities.

In FY 2020, Congress gave HUD the authority to re-issue Homeless Assistance Grant funds returned by or recaptured from communities, allowing HUD to repurpose the recaptures through the Continuum of Care or Emergency Solutions Grants programs and set-aside funding for rural communities and for disaster response. Last June, HUD used this authority to issue a special Notice of Funding Opportunity (NOFO) that made over \$300 million in grants available to help Continuums of Care implement coordinated approaches to address unsheltered homelessness by scaling housing and supportive services, including in rural areas. Communities were incentivized to leverage health care and supportive services partnerships, as well as mainstream housing resources. In addition, HUD issued a notice to public housing authorities that it would allocate over \$43 million for special purpose housing vouchers that it received in FY 2021 to PHAs that formally partnered with Continuums of Care that will receive grant awards to address unsheltered or rural homelessness through our special NOFO. HUD received an overwhelming response to both the special NOFO and the voucher notice. Over 200 Continuum of Care communities out of 386 applied to the special NOFO. Over 400 PHAs applied for the special purpose vouchers.

On February 2 of this year, HUD announced that it would award over \$300 million to 46 Continuum of Care communities to address unsheltered or rural homelessness. These communities represent large urban areas like Los Angeles, Chicago, and Dallas, as well as rural communities in Tennessee, Minnesota, and Missouri, and large Balance of State Continuums of Care that cover urban, suburban, and rural areas in States like Connecticut, Kentucky, and Kansas. Meanwhile, HUD has recaptured additional Homeless Assistance Grant funding and is currently seeking congressional approval to award these recaptured funds to additional qualified communities who applied to the special NOFO. Pending congressional approval, HUD expects to make these awards in the coming weeks. Also in the coming weeks, HUD will issue the \$43 million in special purpose vouchers to the PHAs that partnered with CoCs awarded under our special NOFO for addressing unsheltered and rural homelessness. HUD will accompany these resources with technical assistance to help communities implement the coordinated approaches and will scale Housing First interventions to address unsheltered and rural homelessness. HUD anticipates that these resources will help these communities reduce unsheltered homelessness as well as homelessness in rural areas.

HUD will also continue to expand access to our Continuum of Care Program for tribal Nations and tribally designated housing entities. Through technical assistance, information resources, and direct engagement, HUD is reaching out to tribes to help them either join an existing Continuum of Care or to establish a new Con-

tinuum of Care, and thereby, apply for funds to address homelessness in tribal communities.

Providing Federal Leadership and Fostering Collaboration at All Levels

HUD, alongside USICH and other Federal agencies, have been providing renewed Federal leadership to mobilize a national all-hands-on-deck effort to solve homelessness. Solving homelessness cannot be the work of homeless services providers alone, but must be a shared responsibility with local and State governments, housing developers and providers, public housing authorities, philanthropy, the faith community, and the private sector.

In September 2021, HUD Secretary Marcia Fudge launched the House America Initiative, a national initiative to address homelessness. She called upon mayors, county leaders, and governors to partner with HUD and USICH to set and achieve specific numeric goals for re-housing people experiencing homelessness and adding new units of housing to address homelessness to the development process by the end of 2022. State and local elected leaders from 105 communities across 31 States and the District of Columbia, representing over 50 percent of the Nation's homeless population, joined the initiative, convened local partners, and set local re-housing and unit creation goals. Over a 15-month period, HUD, USICH, and other agencies provided technical assistance to help these communities to achieve their goals. By the end of 2022, these 105 communities collectively re-housed over 100,000 households experiencing homelessness and placed 40,000 units of deeply affordable housing into the development process.

To reinvigorate efforts to end veteran homelessness, the Secretaries of HUD and VA issued a joint statement and announced strategies to achieve an end to veteran homelessness. These joint strategies re-elevated the interagency effort to end veteran homelessness as a Secretarial priority. These strategies helped inspire greater focus across local VA Medical Centers, their public housing authority, and community partners and helped to set the trajectory on veteran homelessness back on a downward trend.

Secretary Fudge and Secretary McDonough also served as the first Chair and Vice Chair, respectively, of the United States Interagency Council on Homelessness under this Administration. Under Secretary Fudge's leadership, the Council was re-established as a Cabinet- and principal-level body, a new USICH Executive Director was hired, and a new Federal strategic plan to prevent and end homelessness was developed. HUD is proud to have played a significant role in developing and informing the Biden-Harris administration's strategic plan "All In". The plan is centered on the Housing First approach but also adds a greater focus on addressing the racial inequities in homelessness, engaging people with lived experience of homelessness, and preventing people from becoming homeless in the first place.

Providing Ongoing Support and Technical Assistance to Communities

In addition to deploying resources and providing leadership, HUD is also continuing to provide ongoing support and technical assistance to help communities improve their local systems and processes for connecting people experiencing homelessness to housing and supportive services.

Areas of technical assistance include assisting communities with improving the leasing of Emergency Housing Vouchers and other vouchers for people experiencing homelessness, including addressing challenges related to collecting documentation, as well as with housing search and landlord engagement. HUD is also assisting communities to resolve homeless encampments through connections to housing and supportive services using an emergency management-style approach that has been honed in Houston and other communities. We refer to this as "Housing First with a disaster response mindset." We are also helping Continuums of Care improve their coordinated entry systems, which serve as the locus of intake and triage for people experiencing homelessness, to ensure that they are efficient and equitable. We are particularly focused on ensuring that communities are addressing the racial disparities in homelessness by analyzing data on racial disparities in outcomes and conducting analyses to identify and address the drivers of these disparities.

Most of HUD's programs fund housing and rental assistance, but we recognize that many people experiencing homelessness also need supportive services either to help them find and secure housing or to help support ongoing tenancy. To that end, HUD has been working closely with agencies at the Department of Health and Human Services (HHS) to help communities coordinate housing assistance with the various HHS programs that fund and cover supportive, health, and behavioral health services, including Medicaid home and community based services which include certain housing-related support, mental health and substance use services grant programs, and services provided by community health centers (including

Health Care for the Homeless programs), certified community behavioral health centers (CCBHCs), and more. In December 2021, HUD and HHS launched a joint technical assistance center, the Housing and Services Resource Center, to create a “one stop shop” for providing information to communities on the health and supportive services programs at HHS that can be coordinated with the housing assistance programs at HUD to assist people experiencing homelessness, older adults, and people with disabilities.

Conclusion

HUD’s latest data shows that Federal actions, including the safety net investments made through the American Rescue Plan, likely helped to prevent a spike in homelessness between 2020 and 2022. Homelessness grew by only 0.3 percent amidst a global pandemic. Family homelessness decreased by nearly 6 percent. Homelessness among unaccompanied youth decreased by 12 percent. And homelessness among veterans decreased by 11 percent—the largest drop in 5 years. Veteran homelessness has now been reduced by 55 percent since 2010. We are once again bending the curve on homelessness, and we will continue to work to set the trajectory in the right direction—downward.

I thank this Subcommittee for its deep concern for the national crisis of homelessness. And while the Nation’s homelessness crisis is dire, I hope that my testimony has shown that homelessness is solvable, and that it can be solved when we fully invest in Housing First interventions for all populations, continue to focus on outcomes and performance, and mobilize partnerships across all levels and sectors. With Congress’ support, HUD has made progress in reducing homelessness before, and, together, we can do so again. As President Biden likes to say, “There is no problem that America cannot solve if we work together.” Thank you for the opportunity to provide this testimony.

**RESPONSES TO WRITTEN QUESTIONS OF CHAIR SMITH
FROM JEFF OLIVET**

Q.1. Under the Biden administration there are important efforts to better connect and leverage the health programs under HHS—including Medicaid, SAMHSA grants, and community health centers—in order to help provide housing-related supportive services.

Housing is clearly a social determinant of health. One thing I have heard from advocates and experts is that no medicine is as powerful as housing and many times doctors wish they could write a prescription for housing.

With that in mind, what specifically can Federal policymakers do to help forge a better connection between our health care system, including the Medicaid program, and our homelessness response system?

A.1. Preventing homelessness, housing people, and promoting well-being requires close alignment between the homelessness response and health care systems. The success of the U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program, which pairs Federal housing vouchers with Veterans Affairs (VA) supportive services, models these effective and collaborative partnerships in VA medical centers and community-based outpatient clinics.

“All In” includes several strategies to improve coordination between the homelessness response system and health care systems and Medicaid, ranging from integrating treatment for mental health conditions and/or substance use disorders into primary health care settings to encouraging States to consider Medicaid financed service approaches and models.

Collaboration: USICH encourages creating and sustaining local partnerships, particularly among housing and health care providers. These partnerships can promote holistic treatment for mental health conditions and/or substance use disorders with the goal of co-locating, coordinating, and integrating health, mental health, substance use disorder, safety, and wellness services with housing. Such collaborations can improve outcomes for groups that have historically been marginalized, including people of color, LGBTQ+ people, and people with disabilities. “All In” further calls on Federal agencies to deploy targeted funding and technical assistance that fosters collaboration among diverse entities, such as outreach, housing navigation, and aging and disability network organizations, as well as health centers, hospitals, and public health, and mental health crisis interventions teams. As part of this approach, Federal agencies will promote harm reduction and low-barrier¹ and accessible models to provide primary health care services and treatment for mental health conditions and/or substance use disorders and integrate treatment for mental health conditions and/or substance use disorders into primary health care settings and other nontraditional settings that lower barriers to services.

To increase access to resources, “All In” calls on agencies to review requirements for Federal programs that fund or support ac-

¹ Shelter or service provision that are designed to screen-in rather than screen-out applicants with the greatest needs and to provide assistance without service participation requirements and restrictive rules related to pets, partners, possessions, etc. All-In.pdf (usich.gov).

cess to basic sanitation supplies and resources, health care services (including services for mental health conditions and/or substance use disorders), and other supports and resources that specifically impact areas where unsheltered people reside to identify barriers to program implementation. Furthermore, “All In” recognizes the need to increase the availability of, and access to, medical respite care to meet the needs of people who need recuperative care after hospital discharge, as well as to incentivize, strengthen, and expand opportunities for people with lived experience of homelessness to serve as outreach workers and service providers through programs like Peer Recovery Support, 50 Community Health Workers, and Medicaid HCBS.

Data-Sharing: Preventing and ending homelessness will require programs to facilitate greater datasharing. “All In” calls on Federal agencies to expand communities’ capacity to integrate Homeless Management Information System data and other Federal data sources with State and local administrative data, such as Medicaid data, to inform planning and decision making, while also protecting individuals’ confidentiality and not excluding victim service providers from strategic decision making. For example, these health and administrative data sources can inform community assessment and prioritization approaches to service delivery and help determine who is most at risk of becoming homeless.

Medicaid: More effectively leveraging Medicaid funds and partnerships can improve the health of people experiencing homelessness and help them stay stably housed once they exit homelessness. “All In” calls on Federal agencies to highlight and promote successful Medicaid-financed service approaches and models where State Medicaid, aging, disability, and health care agencies have coordinated housing assistance with Medicaid-financed health care and supportive services for people with high medical vulnerability. USICH also encourages States to consider Medicaid-finance services approaches and models.

Disaster Response: As highlighted by the COVID-19 pandemic, natural disasters and public health emergencies can disparately impact people experiencing homelessness. Thus, “All In” calls on greater collaboration among Federal partners that play a key role in disaster and public health response—including HUD, HHS, and DHS—and national emergency management associations and trade groups—including the Association of Healthcare Emergency Preparedness Professionals. Through increased collaboration, these entities can provide guidance, technical assistance, and training for emergency shelter operators on providing housing-focused services and integrating health care and supportive services into the provision of noncongregate shelter. For families with children, these efforts should also include resources to address the health and developmental needs of children and to improve environmental conditions while children are living at a shelter. Furthermore, these collaborations can illustrate to cities and counties how to create multi-system coalitions that partner with local public health agencies to drive down homelessness and reduce barriers to permanent supportive housing.

Prevention: Finally, greater collaboration between the homelessness response and health care systems can help prevent new expe-

riences of homelessness. Through the implementation of “All In”, USICH and member agencies will provide guidance and technical assistance to local systems of care for better integration of housing stability screening to determine who is most at risk of homelessness and to allow for earlier intervention and support. We will encourage community partners, including hospitals and health systems, to adopt housing problem solving that is inclusive in its approach. We will also provide accompanying guidance, training, and technical assistance on housing problem solving, providing accommodations, and associated practices, such as motivational interviewing and mediation.

**RESPONSES TO WRITTEN QUESTIONS OF SENATOR SINEMA
FROM JEFF OLIVET**

Q.1. I am concerned about chronic homelessness and supporting those with serious mental illness. My office recently heard that Arizona used to have a Safe Haven project, but it no longer does. I heard about the value of this form of supportive housing to help those with severe mental illness who come primarily from the streets or have been unable or unwilling to participate in housing or supportive services. I noticed that this intervention was largely left out of the national strategy. Mr. Olivet, what is the Council doing to ensure that this intervention also plays a role in ending and preventing homelessness?

A.1. Safe Havens were an eligible component under the former Supportive Housing Program as a form of supportive housing that served hard-to-reach persons experiencing homelessness with severe mental illness conditions and who have been unable or unwilling to participate in housing or supportive services. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act and repealed the “Safe Havens for Homeless Individuals Demonstration Program”, meaning that the Department of Housing and Urban Development would not fund any new Safe Haven projects under the Continuum of Care Program but would continue to renew funding for an existing safe haven project as long as the community prioritized it. Today, very few safe havens remain operational, as many communities have redirected funds that were used for Safe Havens towards the creation of permanent supportive housing projects for persons with disabilities.

Q.2. My office has been in contact with GAO, and they mentioned that the Council was developing an interactive decision-making tool to help clarify which Federal definitions apply to different types of living arrangements and to help providers navigate the various homeless programs and match their clients to the programs that they are eligible for. Mr. Olivet, can you explain why this tool has not been created and what is being done in the interim to ensure that service providers can quickly and easily help connect their clients to Federal homelessness assistance programs?

A.2. Following internal discussions and those with key Federal partners, we have determined that the utility of such a tool at the community level would be limited and that developing and main-

taining such a tool would require significant resources. Further, we believe that other mechanisms could provide clarification and guidance more effectively. Therefore, we determined that the development of this tool is not a priority, and USICH does not plan to develop an interactive mobile app or web-based tool. The agency has communicated this clearly to GAO.

However, as part of USICH's work with its interagency Council, the agency has initiated an interagency discussion on the different definitions of homelessness to determine if there is an opportunity to create greater clarity and alignment. Furthermore, the recently released Federal Strategic Plan to Prevent and End Homelessness, "All In", includes several strategies that recognize barriers faced by communities and commits to Federal action focused on providing additional clarity and support. For example, "All In" calls on USICH and member agencies to: "[p]ursue Executive actions, legislative amendments, and policy changes around eligibility and other definitions that limit access to programs for youth, individuals, and families who have prior involvement with a publicly funded institutional system."

Q.3. We know that many of those experiencing homelessness have prior involvement with or are exiting from publicly funded institutional systems, including foster care and mental health and substance use treatment facilities. Mr. Olivet, the report noted that legislative action is needed to amend eligibility criteria and definitions that limit access to programs for these populations. Can you elaborate and provide specific examples?

A.3. Many people experiencing homelessness have prior involvement with, or are exiting directly from, publicly funded institutional systems, including child welfare and foster care, juvenile and adult corrections, health, and mental health and substance use treatment facilities. People, including youth, who are exiting an institutional system can face barriers to receiving assistance from the homelessness services system. Ending homelessness will require a whole-of-Government approach to close gaps and provide greater support to increase the likelihood of housing stability and decrease the likelihood of a subsequent occurrence of homelessness.

Closing these gaps will necessitate a wide array of tools, as well as both statutory and nonstatutory changes. Through the implementation of "All In", we will work with interagency partners to identify legislative changes that may be needed, as part of our strategy to: "[p]ursue Executive actions, legislative amendments, and policy changes around eligibility and other definitions that limit access to programs for youth, individuals and families who have prior involvement with a publicly funded institutional system."

Q.4. The general formula for getting someone back into stable housing is to connect them to school, employment, or job training. However, we know that this formula does not work for seniors on a fixed income. Senior homelessness is on the rise in Arizona. What are some ways to amend eligibility criteria or increase flexibility in terms of allowable expenses for programs that seniors are already participating in order to help seniors at risk of becoming homeless or ways to rapidly re-house them?

A.4. Poor housing conditions are shown to worsen health conditions—especially for older adults and people with disabilities—which, in turn, can lead to homelessness. Older adults and people with disabilities face dual health and housing crises and need more access to community-based health care and support services, such as mental health care, outpatient treatment for substance use disorders, transportation, assistive technology, and personal care assistance. This is particularly true for people of color, especially Black people and American Indian/Alaska Natives, and other marginalized populations.

“All In” commits to reducing housing instability among older adults and people with disabilities—including people with mental health conditions and/or substance use disorders—by increasing access to home- and community-based services and housing that is affordable, accessible, and integrated. Innovative strategies identified in “All In” to increase supports for older adults include:

- Exploring the feasibility of expanding the scope of programs that provide housing-related supports to allow for greater flexibility in terms of allowable costs and eligibility to ensure that people at risk of homelessness are covered. This could include expanding the permissible use of funds to cover home repairs, modifications, renovations, and costs to address disability-related needs, such as innovative accessibility features, to reduce the likelihood of housing insecurity and potential health impacts.
- Expanding housing options for people with disabilities and older adults by providing guidance and technical assistance and expanding and enforcing requirements related to accessibility of housing.
- Promoting the use of flexible funding to cover first or last deposit for renters with reliable sources of income, such as Supplemental Security Income, which provides for little to no discretionary spending.

Q.5. We know that many individuals experiencing homelessness tend to be eligible for multiple programs and services to help them get back on their feet to live better lives. Can you speak to some of the strategies that the council is considering to streamline eligibility to allow people to qualify for multiple programs at once without duplicative processes?

A.5. Complicated eligibility and documentation requirements can significantly delay the process of getting someone off the streets and into housing. The Federal Government should ensure that programs “fit” people experiencing homelessness and do not require people experiencing homelessness to “fit” into programs. Recognizing such, “All In” calls on USICH and member agencies to:

- Consider strategies to streamline eligibility and access processes such as “categorical eligibility”, which would allow people to qualify for multiple programs at once without duplicative processes and “conditional eligibility,” which would allow immediate entry into housing with a grace period for required documentation.

- Identify ways to align eligibility criteria across programs (i.e., categorical eligibility) so that people do not have to apply and qualify for each program separately (for example, children in households that receive SNAP are considered categorically eligible for free school meals). Similar categorical eligibility could be applied for other programs.
- Conduct a comprehensive review of available policy mechanisms that can increase access to Federal housing programs among people experiencing or at risk of homelessness, including eligibility, admissions preferences, referral partnerships, funding incentives, and administrative fees.
- Examine ways to ease eligibility and documentation requirements for specific subpopulations, such as people who are chronically homeless.
- Pursue Executive actions, legislation, and policy changes around eligibility and other definitions that limit access to programs for youth, individuals, and families who have prior involvement with a publicly funded institutional system.

To implement the above strategies, USICH received a directive from its Council leadership in March 2023 to work with partner agencies to explore opportunities for administrative rulemaking related to presumptive and/or categorical eligibility for housing and other supports.

Q.6. One thing I've started to hear about from Arizonans is that each agency defines homelessness differently and has its own set of eligibility criteria. As a result, some providers may lack an understanding of the different definitions and criteria. What are your thoughts on having a single definition for homelessness? And how can the definition of homelessness be updated so we can come to a universal understand of what is consider homelessness?

A.6. Most programs targeted to people experiencing homelessness rely on one of three definitions used by three different Federal agencies: the Department of Housing and Urban Development, the Department of Education, and the Department of Health and Human Services. Each definition requires the collection of data elements that play a role in establishing eligibility for program benefits. These elements have varying degrees of overlap but are not the same.

USICH and our Federal partners recognize that different Federal definitions of homelessness, and different eligibility criteria for Federal programs, can create implementation challenges in communities. Numerous Federal agencies administer programs either targeted exclusively to people experiencing homelessness (targeted programs) or available more generally to low-income populations (mainstream programs). These programs often have different eligibility requirements and use different definitions of homelessness. These differences can be confusing for both people in need of services and service providers, and can make collaboration and data collection difficult.

As part of USICH's work with its Federal partners, the agency has initiated interagency discussions on the different definitions of

homelessness to determine if there is opportunity to create greater clarity and alignment.

**RESPONSES TO WRITTEN QUESTIONS OF CHAIR SMITH
FROM RICHARD CHO**

Q.1. Under the Biden administration there are important efforts to better connect and leverage the health programs under the U.S. Department of Health and Human Services (HHS)—including Medicaid, Substance Abuse and Mental Health Services Administration (SAMHSA) grants, and community health centers—in order to help provide housing-related supportive services.

Housing is clearly a social determinant of health. One thing I have heard from advocates and experts is that no medicine is as powerful as housing and many times doctors wish they could write a prescription for housing.

With that in mind, what specifically can Federal policymakers do to help forge a better connection between our health care system, including the Medicaid program, and our homelessness response system?

A.1. HUD recognizes housing-related supportive services are critical to addressing homelessness, especially for people with chronic health and behavioral health conditions. While HUD funds supportive services through our Homeless Assistance Grants, these resources are limited and are also needed to fund rental assistance. At the same time, there are significant opportunities to cover and finance housing-related supportive services through HHS programs, including Medicaid, SAMHSA formula and competitive grants, and community health centers that receive grants from the Health Resources Services Administration. Whether to use these HHS programs to cover housing-related supportive services, however, is at the discretion of States and HHS grantees and the degree to which States and grantees use HHS programs to cover housing-related supportive services varies:

- SAMHSA has five programs and services for those experiencing homelessness. SAMSHA’s homelessness programs include discretionary and formula grants which include PATH, CABHI, GBHI, TIEH, and SOAR. SAMHSA’s programs support efforts for ending and preventing homelessness among people with mental and/or substance use disorders, works to end homelessness by improving access to treatment and services that support health and wellness, and provides connection to stable housing and linkages to HUD’s coordinated entry system. A small, but growing number of States are recognizing the opportunity to cover certain housing-related supportive services under their Medicaid programs. States can cover these health-related social needs by obtaining Federal approval of waivers, demonstration projects, or State plan amendments. However, in most of the States that have obtained approval, implementation is still in its early stages.
- Many federally qualified community health centers, especially those that receive Health Care for the Homeless grants, are

also covering housing-related case management in addition to primary and behavioral health care.

Through our Notices of Funding Opportunities, HUD incentivizes Continuums of Care and homeless services organizations to leverage health care partnerships and programs to provide housing-related supportive services and coordinate these services with HUD's housing and homeless assistance programs. HUD and HHS also launched the Housing and Services Resource Center (HSRC) to provide States and communities with a one-stop shop for information, guidance, and technical assistance on how to coordinate HUD and HHS programs to coordinate housing with housing-related supportive services, including to address homelessness.

Federal policymakers can support the leveraging of HHS programs to cover housing-related supportive services in two ways. First, additional technical assistance resources for both HUD and HHS would enable the agencies to provide enhanced coordinated messaging, guidance, and technical assistance that would encourage States and HHS grantees to use HHS programs to cover and provide housing-related supportive services. Enhanced technical assistance is particularly needed to provide implementation support to States with recent Federal approval of section 1115 Medicaid demonstration programs and State plan amendments to cover housing-related supportive services. Second, Congress could consider providing authorizing language and waiver authorities that enable HUD to better coordinate its programs with HHS programs. For example, waiver authorities for HUD's Mainstream Voucher program would enable public housing agencies to establish waiting list preferences specific to Mainstream vouchers for referrals from services partnerships with Medicaid and other health and disability services agencies.