

HUD Secretary Jackson Announces Reduction in Chronic Homelessness

On Wednesday, November 7, 2007, HUD Secretary Alphonso Jackson held a press conference announcing an 11.5% reduction in the number of persons reported as chronically homeless by Continuums of Care (CoCs) during a one-day count. Over 1,500 cities and counties reported a combined decrease of over 20,000 fewer chronically homeless persons between 2005 and 2006.

CoC Reported Count of Chronic Homeless Persons	
2005	175,914
2006	155,623
Percent change	-11.5%

Chronic homelessness is defined as an unaccompanied adult with a disability from substance abuse, severe mental illness, HIV/AIDS, or who has a physical disability, who has been on the street or in an emergency shelter for at least 365 consecutive days or at least 4 different times in the past 3 years.

What factors may have contributed to the decrease in the number of chronically homeless persons reported?

The reported decrease in chronic homelessness is hopefully an indication of a trend that will be evident in years to come. This indication could be due to the following factors:

- ◆ CoCs have improved how they count homeless persons in their communities through regular one-day (e.g. Point-in-Time) counts of sheltered and unsheltered persons and through increasing use of Homeless Management Information Systems (HMIS).
- ◆ HUD has provided guidance and technical assistance on best practice strategies for reducing chronic homelessness and effective numeration techniques for both Point-in-Time (PIT) and HMIS.
- ◆ Communities have committed to outcomes-driven planning efforts around this population in both CoC Strategic Plans and local/State 10-Year Plans.
- ◆ Increases in HUD funding coupled with the prioritization for more permanent housing in communities has resulted in funding 60,000 new units of permanent supportive housing since 2001.

Evolution of HUD's Focus on Chronic Homelessness

Research beginning in the late 1990s by Dr. Dennis Culhane at the University of Pennsylvania identified a small group of the homeless that used a significant percentage of the homeless assistance resources in their local community through long term shelter stays, hospital visits, cycling in and out of jail, detox programs, or other community based services. This small cohort of persons (est. 10%) was found to use over 50% of a community's emergency shelter resources.

These groundbreaking findings were also demonstrated in other communities including San Diego and New York, and informed the current administration's effort to end chronic homelessness announced by the HUD Secretary in 2001.

- By 2002, the Administration had embraced this goal and defined chronic homelessness.
- In 2003, it developed strategies and launched demonstration programs jointly supported by HUD and three other members of the Interagency Council on Homelessness: the Department of Veterans Affairs, the Department of Health and Human Services, and the Department of Labor.
- HUD then began to award points in its annual CoC competition to communities taking specific actions to assist this group, and focused resources through the Samaritan Housing Bonus Initiative to develop new permanent supportive housing resources for chronically homeless persons.

Measuring Progress on HUD's Goals

HUD adopted an official goal to end chronic homelessness and move families and individuals into permanent housing in 2002. Recognizing that sound data were necessary to benchmark and measure progress on both of these goals, HUD provided extensive guidance, technical assistance, and incentives to communities through the competitive CoC application process to conduct strategic planning at the local level, implement HMIS and improve local counting techniques. Without sound valid measurement and strategic planning, communities and HUD could not demonstrate progress from one year to the next.

In 2006, over 1,500 cities and counties representing large, medium and small jurisdictions reported collective results in reducing chronic homelessness. HUD acknowledges that this reduction is due not only to better counting, but more effective resource utilization, better local planning and more overall resources to support local efforts. HUD's homeless budget has increased 41% over the past seven years resulting in increased resources for communities to put in place effective permanent - not band-aid - solutions for homelessness.

Continued Emphasis on Measuring Effectiveness

While HUD recognizes the current limitations in measuring progress on these efforts, it continues to emphasize the importance of strategic planning and leadership necessary in each CoC to support and continue local efforts to end chronic homelessness and move individuals and families to permanent housing. HUD appreciates the hard work of every CoC and is pleased to share the news that collectively, we are making progress. HUD continues to encourage communities to implement effective programs, conduct sound, valid, and reliable PIT counts, and capture the necessary information on every client served in HMIS. The combined information obtained from these efforts, including the positive progress made throughout the nation, will be reported in the Annual Homeless Assessment Report and inform our collective efforts for the future.

For more information:

2006 Continuum of Care Maps and Reports

<http://www.hud.gov/offices/cpd/homeless/local/index.cfm>

Defining Chronic Homelessness

<http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=308>

AND

<http://www.hud.gov/offices/cpd/homeless/library/tgchronichomeless.pdf>

Strategies for Reducing Chronic Street Homelessness:

<http://www.huduser.org/Publications/PDF/ChronicStrtHomeless.pdf>

Guide to Counting Sheltered and Unsheltered Homeless Persons

<http://www.hudhre.info/index.cfm?do=viewResourcesByTopic&topicId=11>

Standards and Methods for Point in Time Counts

http://www.hud.gov/offices/cpd/homeless/library/webcast101006/point_in_time_slides.pdf