

# Homelessness, Housing Markets, and Federal Policy

Local Lessons and Policy Implications





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## **ABOUT BPC'S J. RONALD TERWILLIGER CENTER FOR HOUSING POLICY**

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The Bipartisan Policy Center's J. Ronald Terwilliger Center for Housing Policy is dedicated to realizing an America where every family, regardless of wealth or background, can live in a decent, safe, and affordable home. For more information on the center and its work, please visit: <https://bipartisanpolicy.org/policy-area/housing/>.

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## **DISCLAIMER**

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The findings and conclusions expressed herein do not necessarily reflect the views or opinions of BPC, its founders, its funders, or its board of directors.

# Executive Summary

Homelessness is one of the most visible and persistent expressions of the nation's broader housing affordability crisis. In January 2024, the federal Point-in-Time (PIT) count recorded more than 771,000 people experiencing homelessness on a single night—the largest annual increase since the count began in 2007 and an 18% rise from the year prior. Although preliminary reporting suggests the 2025 count may show a modest decline, overall levels of homelessness remain high, and the structural conditions driving homelessness continue to pose a serious challenge. Chief among them is the severe shortage of homes affordable to extremely low-income households.

This report examines homelessness at the local level and what its dynamics mean for federal policy. To ground its analysis, the Bipartisan Policy Center's J. Ronald Terwilliger Center for Housing Policy convened closed-door stakeholder roundtables in **Chattanooga, TN; Seattle, WA; and Salt Lake City, UT**—three cities that reflect distinct political, geographic, and housing contexts. The center supplemented these discussions with interviews with academic researchers, housing and homelessness service providers, affordable housing finance experts, and government officials. The result is a portrait of a homelessness response system under significant strain—one that has demonstrated real capacity for innovation and progress in specific areas, but that faces structural challenges beyond what local communities can resolve on their own.

Addressing homelessness has historically been a bipartisan concern. Policymakers across the political spectrum have long agreed that homelessness is a serious national problem and that the federal government has a meaningful role in addressing it. This report is offered in that spirit. It does not prescribe specific legislative or regulatory actions; instead, it draws on roundtable discussions, expert interviews, and the research literature to offer lessons that policymakers can weigh as they consider a path forward.

Four themes emerged in the roundtable conversations:

1. Housing affordability is a key structural driver of homelessness, particularly for households with extremely low incomes. Across all three cities, participants described rising homelessness as a direct consequence of rising housing costs and a shortage of homes accessible to the lowest-income renters. This finding is consistent with a growing body of national research.
2. Programs expanded during the COVID-19 pandemic demonstrated promising results, but their temporary funding has expired. Across cities, participants described a recurring pattern: Promising initiatives were built up and then weakened or eliminated when emergency resources ran out, destabilizing both services and the people who relied on them.

3. Visible unsheltered homelessness and encampments in public spaces strongly shape public perception and political responses in ways that do not always account for less visible—but more common—forms of housing instability.
4. Homelessness response systems have developed considerable capacity to manage crises but often lack the resources to prevent homelessness before it occurs.

As the Bipartisan Policy Center engaged in the research for this report, federal policy developments introduced significant uncertainty. Although some of the changes now underway may produce intended benefits, the report highlights areas where the evidence counsels caution. In particular, four lessons stand out for federal policymakers:

1. Existing national data capture only part of the homelessness picture and should be supplemented with better tools for tracking inflows and exits from homelessness in closer to real time.
2. Reducing homelessness requires long-term investment and sustained coordination across agencies and levels of government. The more than 55% reduction in veteran homelessness since 2010, achieved through coordinated federal investment in programs like HUD-Veterans Affairs Supportive Housing (HUD-VASH) and Supportive Services for Veteran Families (SSVF), demonstrates what is possible when resources and strategy are aligned.
3. Prevention and upstream interventions can reduce both homelessness and public expenditures and are often more cost-effective than responding after households have already lost stable housing.
4. Sudden funding changes to federal homelessness programs can destabilize the financing architecture that makes deeply affordable housing viable, with consequences that extend well beyond the homelessness system itself.

BPC's Terwilliger Center for Housing Policy seeks to advance durable, bipartisan solutions to the nation's housing challenges. The center's work on homelessness builds on that broader mission by examining how housing markets, federal policy, and local response systems interact to shape the realities of housing instability and homelessness.

# Introduction

Homelessness is not a single, uniform condition. It affects urban, suburban, and rural communities; families with children, veterans, older adults, and youth; and people navigating a wide range of economic, health, and personal challenges.

Despite the scale and urgency of the problem, the national debate over homelessness has too often lacked a shared foundation of fact. Disagreements persist over why people fall into homelessness, which interventions are most effective, and what role the federal government should play. These disagreements are not new, but they have become sharper as homelessness has risen to levels not seen in decades and as federal policy has shifted in significant ways.

This report is grounded in the premise that effective federal policymaking requires a clear understanding of how homelessness plays out at the local level. To gain that perspective, the Terwilliger Center convened a series of closed-door roundtables in three cities—Chattanooga, Seattle, and Salt Lake City—bringing together local officials, nonprofit and faith-based service providers, housing authorities, health systems, outreach workers, educators, advocates, and individuals who had personally experienced homelessness. Taken together, these cities offer a useful cross-section of the challenges local homelessness response systems face: a midsize Southern city that achieved meaningful reductions through stronger coordination (Chattanooga); a high-cost West Coast metro grappling with visible unsheltered homelessness despite significant investment (Seattle); and a city long associated with early adoption of Housing First that is now navigating shifting policy priorities (Salt Lake City).

## WHAT IS HOUSING FIRST?

Housing First, as originally developed by Sam Tsemberis and operationalized through the Pathways to Housing program in New York City in the 1990s, is a model of service provision for homeless individuals with severe psychiatric disabilities and co-occurring substance use disorders. It is premised on the view that housing should precede other services, regardless of treatment compliance or sobriety. The model rests on the belief that people experiencing homelessness are more likely to voluntarily seek treatment once they have stable housing. Services that follow this framework place individuals directly into permanent housing without preconditions and pair housing with voluntary supportive services.

Housing First became the dominant paradigm for federally funded homelessness programs during the George W. Bush administration, and fidelity to the model has been formally incorporated into competition requirements for the Continuum of Care (CoC) program, administered by the Department of Housing and Urban Development (HUD).<sup>1</sup>

Interviews with a diverse group of subject-matter experts, conducted as federal policy was shifting rapidly, supplemented the roundtable conversations. Those interviews are reflected primarily in Section III, which examines the potential consequences of recent and anticipated federal actions for local homelessness response systems.

Homelessness has long garnered bipartisan attention. Federal investments in programs like HUD-VASH and SSVF, which have driven a more than 55% reduction in veteran homelessness since 2010, were built and sustained across administrations from both parties. Several key programs implemented during the COVID-19 pandemic drew on broad political support for preventing a surge in homelessness during a period of severe economic disruption. This report is offered in that same spirit: as an effort to provide empirical clarity and help inform future efforts, across the political spectrum, to make homelessness brief, rare, and nonrecurring.

The report is divided into four sections. Section I reviews the current national landscape of homelessness, including how it is measured, recent trends, demographic patterns, and the research literature on root causes and contributing factors. Section II presents lessons from the three local roundtables. Section III examines the implications of recent and anticipated federal policy changes, drawing on expert interviews. Section IV highlights broader lessons for federal policymakers and local stakeholders.

## Section I: The Current Landscape

### MEASURING HOMELESSNESS

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Understanding how homelessness is measured is essential for interpreting trends and designing effective policies. The primary national data source for people experiencing homelessness, in sheltered and unsheltered locations, is the Point-in-Time (PIT) count, which is conducted annually by local Continuums of Care (CoCs) on behalf of the Department of Housing and Urban Development (HUD).<sup>2</sup> The PIT count estimates the number of people experiencing homelessness on a single night in January, providing a national snapshot or “stock” measure of homelessness—the number of people experiencing homelessness at a particular moment.

Homelessness, however, is better understood as a dynamic “flow.”<sup>3</sup> People enter homelessness as they face worsening financial and housing instability—a process often shaped by risk factors, such as mental health conditions, domestic violence, and transitions out of foster care or incarceration—as others exit homelessness through housing placements or informal arrangements, or from other pathways. A single-night count cannot

capture these flows. As a result, the PIT count provides only a partial picture of the total number of people who experience homelessness over the course of a year.

The PIT count also excludes several groups experiencing housing instability. HUD's definition of homelessness focuses on people living in shelters or places not meant for human habitation.<sup>4</sup> It does not include individuals living with friends or relatives or temporarily staying in motels, populations that are captured under the Department of Education's broader definition used in the McKinney-Vento Homeless Assistance Act of 1987.<sup>5</sup>

Although these limitations do not diminish the value of PIT data, they underscore the need to interpret it as an incomplete snapshot of homelessness in the United States. To gain additional insight into how many people cycle through homelessness, HUD uses other data sources to complement PIT.

For example, the Housing Inventory Count (HIC) tallies the number of beds available on a single night in January that can absorb the inflow of people falling into homelessness. In 2022, the PIT count found that 582,462 people were experiencing homelessness, but the HIC found that only 568,508 year-round short- and medium-term beds were available.<sup>6</sup>

The Homelessness Management Information System (HMIS) uses data routinely collected from each CoC to provide a count of people experiencing homelessness in sheltered settings over an entire year.<sup>7</sup> The gap between the annual PIT and HMIS counts reveals that many more people cycle through the homelessness response system than what a single-night snapshot measures. In 2022, the PIT count found that 348,630 people were experiencing sheltered homelessness on a single night.<sup>8</sup> Throughout the year, the HMIS count estimated that 1,388,000 people experienced homelessness in sheltered settings.<sup>9</sup> However, because HMIS counts are typically released significantly later than PIT counts, the estimate does not constitute a near real-time estimate of flows into or out of homelessness.

## TRENDS

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Despite their limitations, PIT counts show that homelessness meaningfully declined between 2007 and 2016, reaching its lowest recorded level of roughly 550,000 that year.<sup>10,11</sup> However, after 2016, this trajectory reversed. [Homelessness began rising in many communities](#) as rental markets tightened and vacancy rates fell, and as the supply of homes affordable to extremely low-income renters (those making 30% of area median income or less) failed to keep pace with demand.<sup>12,13,14</sup>

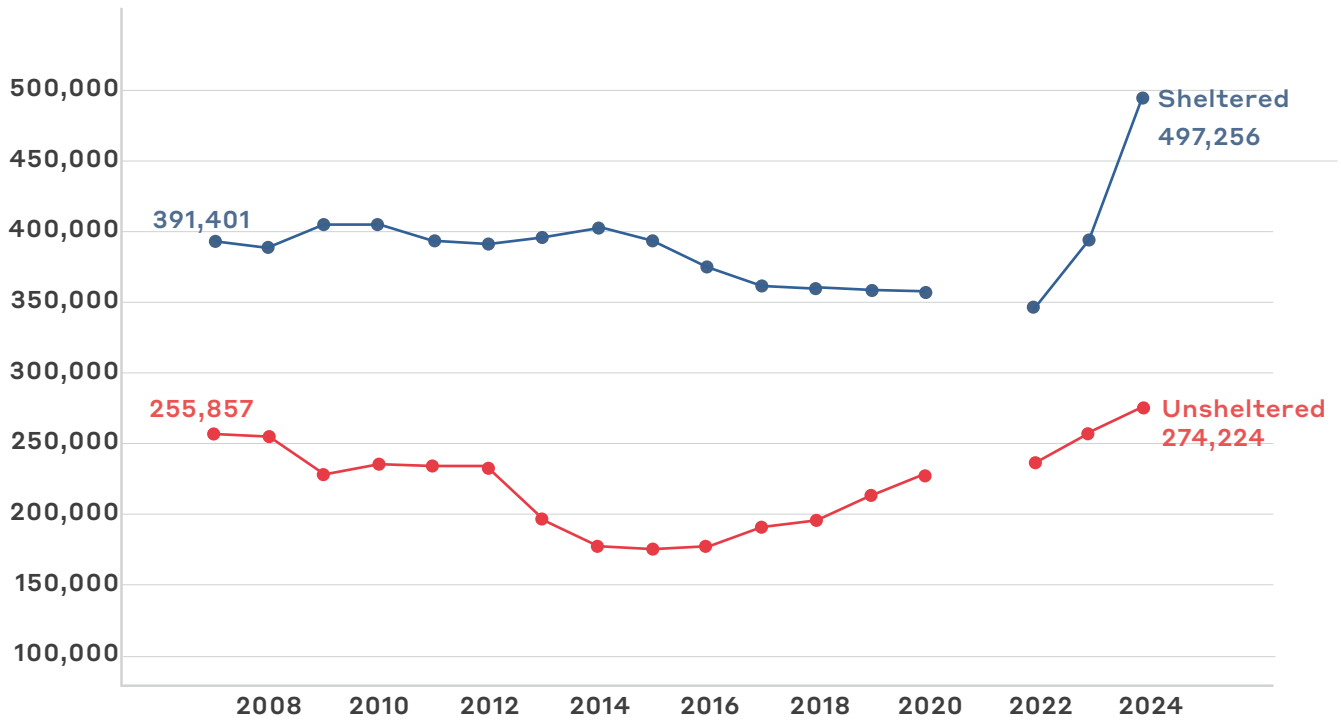
During the COVID-19 pandemic, homelessness remained relatively stable despite severe economic disruptions. Federal emergency interventions—including [eviction moratoriums](#), Emergency Rental Assistance, and Emergency Housing Vouchers—helped prevent large numbers of households from falling into homelessness.<sup>15,16,17</sup>

As those protections expired, inflows increased. The PIT count showed a [12%](#) increase in homelessness between 2022 and 2023, and 18% between 2023 and 2024, reaching 771,480 people nationwide.<sup>18</sup> Several additional [factors](#) contributed to this increase, including higher housing costs and localized pressures on shelter systems in several major cities due to significant population inflow of migrants and refugees.<sup>19</sup> Although the [capacity of the homelessness response system](#) also grew during this period, it failed to keep pace with accelerating inflows.<sup>20</sup>

Preliminary reporting suggests that the 2025 PIT count may show the first decrease in homelessness in years, with a decline of roughly 3%-7%.<sup>21</sup> However, the official count had not been released at the time of this report’s publication.

**PIT Estimates of Overall Homelessness (2007-2024)**

*Note: Data for 2021 is not displayed due to pandemic-related disruptions to PIT counts of unsheltered people experiencing homelessness that year. At the time of publishing, data for 2025 had not yet been released.*



Source: HUD Annual Homelessness Assessment Point-in-Time Count

## WHO EXPERIENCES HOMELESSNESS?

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Homelessness affects different demographic groups in distinct ways.

Families with children account for approximately one-third of the homeless population, with more than 90% residing in shelters.<sup>22</sup> In 2024, homelessness among families with children rose 39%—the largest single-year percentage increase of any major demographic group.<sup>23</sup> HUD’s 2024 Annual Homeless Assessment Report documented nearly 150,000 children in the single-night count—a 33% increase over 2023, driven in significant part by migrant and refugee families entering shelter systems in major cities.<sup>24,25</sup> This [rise](#) in family homelessness has deep and lasting effects, adversely impacting children’s health and educational outcomes.<sup>26</sup>

Older adults are the fastest-growing segment of the homeless population, making up roughly one-fifth of those experiencing homelessness.<sup>27,28</sup> Nearly half (46%) are [unsheltered](#). Rising rents, constrained fixed incomes, and a scarcity of housing suitable for aging adults are causing many in this group to experience homelessness for the first time.<sup>29,30</sup> The implications extend well beyond housing: Homeless adults age prematurely, exhibiting geriatric health conditions at rates comparable to housed individuals who are roughly 20 years older, generating significant downstream consequences for public health systems.<sup>31</sup>

In contrast, overall veteran homelessness has decreased dramatically.<sup>32</sup> Between 2010 and 2024, veteran homelessness declined by more than half, making veterans the only major demographic group to experience sustained reductions.<sup>33</sup> This progress is widely attributed to coordinated federal investment in programs like the SSVF and HUD-VASH programs, which pair housing assistance with robust wraparound support services.<sup>34,35,36</sup> The success in reducing veteran homelessness is examined in greater detail in Section IV.

People experiencing chronic homelessness represent a smaller share of the total population but account for a disproportionate share of system resources.<sup>37,38</sup> This group is most likely to be unsheltered and to cycle through emergency departments, jails, and other high-cost public systems.<sup>39</sup> After declining to a low of approximately 77,500 in 2016, the population of chronically homeless individuals reached 152,585 in 2024—nearly doubling in eight years and reaching a record high.<sup>40</sup> Chronic homelessness now accounts for roughly 1 in 5 homeless individuals and 1 in 3 of those who are unsheltered.

### Percentage Change in Overall Homelessness by Demographic Group (2023-2024)



Source: HUD Annual Homelessness Assessment Point-in-Time Count

## WHAT IS CHRONIC HOMELESSNESS?

HUD uses two criteria to define chronic homelessness, both of which must be met:

- A disabling condition, including a physical disability, a chronic health condition, HIV/AIDS, serious mental health condition, or a substance use disorder.
- A history of extended or repeated homelessness—either 12 or more consecutive months, or at least four separate episodes totaling 12 months within the past three years.<sup>41</sup>

## ROOT CAUSES AND CONTRIBUTING FACTORS

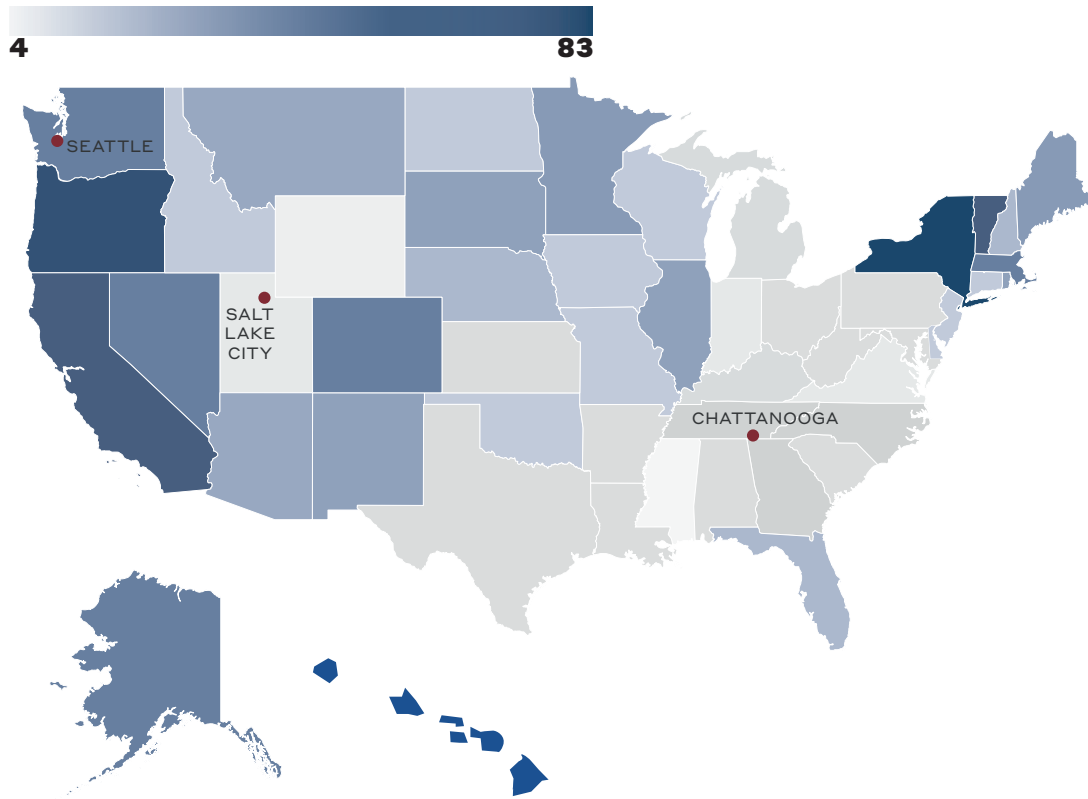
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[Public perception](#) often connects homelessness to certain individual circumstances, particularly drug and alcohol use, poverty, and mental health conditions.<sup>42,43</sup> While these are among a broader range of factors that shape who is most vulnerable to homelessness—including domestic violence, eviction history, transitions out of foster care or incarceration, and physical or developmental disability—research points to housing market conditions as the primary driver of variation in homelessness rates across communities.<sup>44,45,46</sup> This relationship is also often bidirectional: Individual circumstances can make it harder to maintain stable housing, and housing instability can itself worsen them.<sup>47,48,49</sup>

A growing research consensus supports the view that housing market dynamics are the best predictors of homelessness.<sup>50</sup> Research by Zillow found that increases in rent burdens and declining vacancy rates strongly predict rising homelessness across metropolitan areas. A 2020 Government Accountability Office (GAO) analysis concluded that a \$100 increase in median monthly rent was associated with a 9 percent increase in estimated homelessness rates, even after controlling for wages, poverty, and other factors.<sup>51</sup> A 2023 Pew Charitable Trusts analysis reached similar conclusions: Cities where rents grew faster than the national average tended to see homelessness rise, regardless of differences in other social conditions.<sup>52</sup> A peer-reviewed cross-state analysis the same year examined 25 socioeconomic and health variables and found that housing costs showed the strongest correlation with homelessness rates across all 50 states and Washington, DC—more than unemployment, poverty, or substance use rates.<sup>53</sup> An analysis by Enterprise Community Partners determined that nearly three-quarters of the change in a community's homelessness count can be attributed to changes in the number of severely cost-burdened renters in the prior year.<sup>54</sup>

Perhaps the most systematic treatment of this question is Gregg Colburn and Clayton Aldern's 2022 book, *Homelessness Is a Housing Problem*. Analyzing data from dozens of U.S. cities and metropolitan areas, the authors argue that local housing market conditions strongly shape homelessness rates: Communities with high rents and low vacancy rates consistently experience higher levels of homelessness than places with similar social challenges (such as poverty or substance use rates) but less constrained housing markets.<sup>55</sup>

## PIT Estimates of Homelessness Rate by State (2024) People Experiencing Homelessness Per 10,000 Residents



Source: HUD 2024 Annual Homelessness Assessment Report

The consistent finding across this literature is that while individual circumstances help predict who—within a population exposed to housing market stress—is at risk of experiencing homelessness, housing market conditions are a central driver of how many people will experience homelessness in a community.

In 2024, 64% of the total homeless population was located in just seven states—California, Florida, Illinois, Massachusetts, New York, Texas, and Washington—six of which rank among the 15 states with the highest rates of renter cost burden.<sup>56,57</sup> This geographic pattern more closely tracks housing market conditions than other commonly cited drivers of homelessness.<sup>58</sup>

It is important to note that the relative impact of housing market conditions and individual risk factors on homelessness is not uniform. Research by Randall Kuhn and Dennis Culhane at the University of Pennsylvania, drawing on administrative data from public shelter systems in New York City and Philadelphia, identified three distinct patterns among people who use emergency shelters: a transitional group, characterized by a single episode of short duration; an episodic group, cycling in and out of shelter repeatedly; and a chronic group, experiencing long-term or recurrent shelter stays.<sup>59</sup>

According to this research, the transitional group accounts for roughly 80% of shelter users and are those most likely to be responding to housing cost pressures, acute financial shocks, or social disruptions, such as domestic violence or family breakdown. For this group, access to affordable housing or short-term assistance is typically sufficient to restore stability. The chronic group, by contrast, represents approximately 10% of shelter users but accounts for a disproportionate share of all shelter-bed-nights, and they exhibit significantly higher rates of disability, serious mental illness, and substance use disorders.<sup>60</sup> The causes of, and most effective responses to, homelessness differ substantially across these groups.

## RECENT POLICY ACTIONS

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The federal government's homelessness response funding is primarily delivered through two HUD-administered programs. The Continuum of Care program provides grants to local coordinating bodies to fund a range of housing and service interventions, including permanent supportive housing, transitional housing, rapid rehousing, and street outreach. CoC grants form the financial backbone of most local homelessness response systems. The Emergency Solutions Grants (ESG) program provides formula-based funding to states and localities for emergency shelter, street outreach, homelessness prevention, and rapid rehousing assistance. Federal priorities governing both programs have shifted considerably over the past several years, with meaningful consequences for the local systems that depend on them.

Recent federal homelessness policy is best understood as unfolding in four phases: initial signals of a policy reorientation at the end of the first Trump administration; the emergency stabilization efforts of the COVID-19 period; the Biden administration's attempt to establish a coordinated federal homelessness strategy amid rising post-pandemic counts; and the current administration's shift toward a more treatment-focused approach.

In late 2019, the first Trump administration appointed Robert Marbut as executive director of the U.S. Interagency Council on Homelessness (USICH).<sup>61</sup> Marbut advocated for reorienting federal homelessness policy away from Housing First and toward a model that prioritized treatment and self-sufficiency as preconditions for housing assistance.<sup>62</sup> Although the pandemic's onset largely stalled that effort, it foreshadowed the policy direction the current administration would pursue.<sup>63</sup>

The [federal response to the pandemic](#) included the most extensive short-term investment in homelessness prevention in the country's history. Beginning in March 2020, federal agencies implemented eviction and foreclosure moratoriums.<sup>64</sup> The bipartisan CARES Act, signed by President Trump in March 2020, appropriated billions for direct economic payments and supplemental housing assistance, while granting HUD broad regulatory waiver authority.<sup>65</sup> The American Rescue Plan Act, signed by President Biden in March 2021, established the Emergency Rental Assistance program, which ultimately delivered

nearly 10.8 million payments to households struggling to cover rent and utilities.<sup>66,67</sup> PIT counts during the pandemic remained relatively stable despite widespread economic disruption, suggesting that these interventions helped contain what might otherwise have been a significant increase in homelessness.<sup>68,69</sup>

In December 2022, the Biden administration released a strategic plan to prevent and end homelessness, setting a goal of a 25% reduction by 2025 and launching several interagency initiatives.<sup>70</sup> It also launched the ALL INside initiative, which embedded federal staff in select communities to accelerate local efforts to reduce unsheltered homelessness.<sup>71</sup> At the same time, HUD and USICH launched the House America initiative, which leveraged American Rescue Plan resources to help over 100 participating communities permanently house more than 100,000 people and add over 40,000 affordable housing units to the development pipeline.<sup>72</sup>

Despite these coordinated federal efforts, the 2023 and 2024 PIT counts recorded significant increases in homelessness.<sup>73,74</sup> The gap between the administration's stated ambitions and [rising PIT count numbers](#) reinforced a growing perception that the prevailing Housing First framework was not delivering its promised results, although researchers have pointed to housing cost pressures and the expiration of pandemic-era protections as significant contributors to rising counts during this period.<sup>75,76,77</sup> The perception of Housing First as ineffective became a key part of the political context for the policy changes that followed.

In June 2024, the Supreme Court ruled in *City of Grants Pass v. Johnson* that local governments can enforce ordinances prohibiting homeless people from camping on public property.<sup>78</sup> Many local officials welcomed the decision, arguing it gave them needed tools to address public safety and health concerns in public spaces and to move people experiencing homelessness toward available shelter and services.<sup>79</sup> Critics raised concerns that expanded enforcement, without additional investments in housing and services, would not provide people experiencing homelessness with a sustainable path to housing stability.<sup>80</sup> Within six months of the ruling, more than 100 state and local governments had adopted camping bans, across jurisdictions under both Democratic and Republican leadership.<sup>81</sup>

During its first year, the second Trump administration introduced a significant shift in federal homelessness policy. In July 2025, the administration released Executive Order 14321, "Ending Crime and Disorder on America's Streets", which [outlined a reorientation of federal priorities](#) toward behavioral health intervention, treatment requirements, and public safety enforcement, and away from the Housing First model that had guided federal policy for much of the prior two decades.<sup>82,83</sup>

In November 2025, HUD issued the fiscal year 2025 CoC Competition Notice of Funding Opportunity (NOFO), which directed a majority of program funding away from permanent supportive housing and toward shorter-term transitional housing with work and service requirements.<sup>84</sup> Administration officials have framed these changes as necessary to hold service providers accountable for outcomes and to ensure that federal resources support

self-sufficiency.<sup>85</sup> Housing advocates and service providers have raised concerns that abruptly redirecting funding from permanent housing could increase homelessness and disrupt the operations of providers and the people they serve.<sup>86,87</sup> At the time of writing, litigation surrounding the NOFO is ongoing, and the NOFO's ultimate impact is uncertain. The policy implications of this shift are examined in detail in Section III.

## Policy Debate over Service Models

The federal policy shift described above reflects an ongoing debate over the most effective and cost-efficient model for reducing homelessness. Due to the salience of unsheltered homelessness, the debate has largely centered on the chronically homeless subpopulation. Understanding that debate requires a closer look at the evidence base underlying Housing First, the critiques it has attracted, and the competing frameworks that have shaped recent administrative decisions.

Robust evidence shows that, compared to other approaches, Housing First interventions that adhere closely to the model—providing voluntary, flexible, and readily accessible wraparound supports—produce quicker exits from homelessness, better housing stability outcomes, and substantial cost savings.<sup>88,89,90</sup> This body of evidence includes Jack Tsai's analysis of the four most prominent randomized controlled trials of Housing First, Verugheze Jacob's systematic review of over 20 Housing First program evaluation studies, Leyla Gulcur's study of the Pathways to Housing program, and the At Home/Chez Soi project, the world's largest Housing First trial.<sup>91,92,93,94</sup>

The evidence is considerably weaker for outcomes beyond housing stability. The same body of research shows that Housing First interventions produce no consistent improvements over comparison conditions in mental health symptoms, substance use, employment, or broader social integration. A 2018 systematic review by the National Academies of Sciences, Engineering, and Medicine concluded that except among individuals with HIV/AIDS, there is “no substantial published evidence as yet to demonstrate that permanent supportive housing improves health outcomes.”<sup>95</sup> A 2019 systematic review and meta-analysis in the *Journal of Epidemiology and Community Health* found that while Housing First reliably improves housing stability and reduces hospitalizations, it produces no clear advantage in mental health or substance use outcomes.<sup>96</sup> Housing First critics have also argued that the foundational research focused predominantly on individuals with serious mental illness rather than active addiction, and that its findings should not be generalized to populations whose primary challenges involve active substance use disorders, as Stefan Kertesz and colleagues argued in 2009.<sup>97</sup>

These limitations have led some researchers and policymakers to argue that Housing First has not demonstrated the capacity to reduce homelessness at the community or population level. For example, homelessness surged nationally in 2023 and 2024 despite contemporaneous substantial investments in permanent supportive housing, most

markedly in California and New York.<sup>98,99,100</sup> This correlation does not imply causation, given the role of many factors that influence homelessness rates and the well-documented time lag between authorizing spending for permanent supportive housing and units coming into service.<sup>101</sup> Nevertheless, some analysts have pointed to the simultaneous increase in homelessness and permanent supportive housing investment to argue for a reorientation away from Housing First and toward approaches that invest in temporary housing and allow providers to condition housing access on treatment.<sup>102</sup>

Broader concerns have emerged about the consistency of outcome tracking and financial management in homeless programs, both at the federal and program levels. HUD's Office of Inspector General has identified persistent weaknesses in the department's tracking and monitoring of CoC grantee spending at the federal level, and the GAO has called for improvements in data quality oversight.<sup>103,104</sup> At the program level, inadequate financial oversight and tracking of outcomes have been documented across jurisdictions. For example, a [2024 report by the California state auditor](#) found that of the state's five major homelessness programs between 2018 and 2024, the efficacy of three—accounting for \$9.4 billion in spending—could not be evaluated because of inadequate data collection.<sup>105</sup> Accountability concerns of this kind have fueled arguments for more rigorous outcome measurements and a reorientation toward models that prioritize treatment ahead of housing placement.

Proponents of alternative service models argue that immediate placement in unstructured permanent housing may not be the most effective or durable solution for those individuals whose homelessness is driven primarily by behavioral health conditions, including substance use disorders. A treatment-first or recovery housing framework, which conditions or sequences housing with participation in behavioral health treatment, reflects a view that stable housing outcomes require prior stabilization of underlying conditions. The Trump administration's Executive Order 14321 and the reorientation of CoC funding in the FY2025 Notice of Funding Opportunity both draw on this rationale, directing federal investment toward approaches that address the behavioral health conditions that may perpetuate cycling through the homeless response system.<sup>106</sup>

These federal policy shifts are unfolding against the backdrop of conditions that vary considerably across communities. The following section draws on BPC's roundtable conversations in Chattanooga, Seattle, and Salt Lake City to examine how these national dynamics play out at the local level—and what they mean for the practitioners, residents, and systems working to reduce homelessness every day.

## Section II: Roundtables and Place-Based Insights

Between 2023 and 2025, BPC's Terwilliger Center for Housing Policy convened a series of closed-door roundtables in cities across the country. These sessions were designed as listening exercises, bringing together local officials, nonprofit and faith-based housing and service providers, housing authorities, health systems, outreach workers, educators, advocates, and individuals who had experienced homelessness personally.

Each convening took place under the Chatham House Rule, allowing participants to speak candidly about their work.

For these roundtables, the Terwilliger Center team selected three locations that reflected distinct political, geographic, and housing contexts:

- **Chattanooga** is a midsize city in a conservative-leaning state that experienced steep increases in homelessness immediately before and during the COVID pandemic, followed by measurable reductions tied to stronger coordination and prevention efforts.<sup>107</sup>
- **Seattle** is at the center of a high-cost metropolitan region grappling with visible unsheltered homelessness despite significant investment and regional reforms.
- **Salt Lake City**, long associated with early implementation of the Housing First model, is now navigating a shift in policy priorities as leaders reconsider the balance between housing, treatment, and public safety.

Four recurring themes emerged from these conversations, each pointing to a structural challenge or insight that is directly relevant to federal policymakers.

### HOUSING COSTS FOR LOW-INCOME HOUSEHOLDS ARE A KEY DRIVER OF HOMELESSNESS

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Across all three cities, participants described increased homelessness as a direct consequence of rising housing costs and a shortage of homes affordable to low-income households. The specific ways in which that shortage manifested, however, differed depending on the local context.

In Chattanooga, service providers and participants who had previously experienced homelessness repeatedly identified the absence of affordable homes as the primary barrier to exiting homelessness, particularly for single adults. Even when individuals secure rental assistance, many spend months searching without success for suitable housing

at an affordable price. Participants linked local scarcity to several overlapping pressures: population growth outpacing construction, investor activity driving up home prices, and the conversion of long-term rentals into short-term vacation properties in surrounding counties.<sup>108</sup> Chattanooga adopted a new short-term rental ordinance in May 2023, but stakeholders acknowledged that enforcement remains uneven.<sup>109</sup>

In Seattle, participants connected rising homelessness to a chronic housing shortage in a region where rent increases have consistently outpaced wage growth for low- and moderate-income renters.<sup>110</sup> Stakeholders acknowledged progress in exits from homelessness for some, particularly youth and families, but emphasized that people are falling into homelessness faster than the system can house them.<sup>111</sup> King County's 2024 PIT count data captured this tension: The unsheltered population increased even as the region's CoC housed more people than ever, reinforcing the impression that conditions were worsening even as local governments were dedicating more resources to the response.<sup>112,113</sup>

Salt Lake City participants similarly underscored that housing unaffordability is at the heart of many people's experiences with homelessness, while recognizing that serious mental illness and substance use are risk factors that increase the likelihood that any given individual will experience homelessness. They also pointed to screening criteria that can prevent many households from re-entering the private rental market even when they are ready, such as negative credit history, prior evictions, and criminal records.

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**CHATTANOOGA: “PEOPLE CAN FINALLY GET HELP AND STILL HAVE NOWHERE THEY CAN AFFORD TO LIVE.”**

— *ROUNDTABLE PARTICIPANT, SERVICE PROVIDER*

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The three discussions made it clear that from the perspective of service providers, local officials, and people who had experienced homelessness, local homelessness trends are strongly connected to housing market conditions—and particularly to the availability of housing affordable to households at or below 30% of area median income.

## **SCALED-UP PREVENTION AND HOUSING PROGRAMS LACK THE RESOURCES TO BE SUSTAINABLE**

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Roundtable participants in all three cities described a recurring pattern: Promising programs were built up and expanded during the pandemic, only to weaken or disappear when emergency resources were exhausted. These setbacks destabilized services and harmed the people who relied on them.

In Chattanooga, pandemic-era flexibilities illustrated the impact of expanded resources. Temporary extensions to Housing Choice Voucher (HCV) lease-up timelines—the amount of time households have to find a unit after receiving a voucher—allowed households to search for housing without restarting applications, reducing administrative churn and preventing unnecessary returns to shelters.

The national context underscores why these flexibilities mattered. HCV utilization rates remained stable at roughly 65% between 2018 and 2020, then fell sharply to 57% in 2022, with median search times increasing from 59 to 78 days over the same period.<sup>114</sup> Pandemic-era extensions directly addressed declining voucher utilization rates by giving households more time to search in markets where landlord participation and unit availability were increasingly scarce.

All three roundtables also viewed Emergency Housing Vouchers, authorized under the American Rescue Plan Act, as critical to avoiding a larger surge in homelessness during the pandemic era. HUD awarded 70,000 vouchers to local public housing agencies, and the program reached households with exceptional levels of need: The average annual income of an assisted household was \$11,349, roughly 27% below the average for standard HCV households.<sup>115,116</sup>

As those flexibilities expired, Chattanooga stakeholders described growing concern about a return to previous, more rigid rules. HUD's ESG program, for instance, uses Fair Market Rent thresholds to determine eligible assistance levels, but in many local markets those thresholds fail to reflect actual rents. Participants described this as a recurring design flaw: Federal rent standards set at a regional or metropolitan level do not keep pace with conditions at the neighborhood or submarket level, leaving providers with assistance limits that cannot realistically cover what landlords charge. HUD's own research on the HCV program has confirmed this mismatch.<sup>117</sup>

In Seattle, the pattern was more acute. Flexible COVID-era resources enabled the city and county to significantly expand outreach, sheltering, and rapid stabilization efforts. King County used \$18 million in ESG COVID funds to convert hotels into noncongregate shelters, creating nearly 200 temporary spaces. The county also launched its Health Through Housing initiative, acquiring hotels and other facilities to provide up to 1,600 units of emergency and permanent supportive housing for people experiencing or at risk of chronic homelessness.<sup>118</sup> As federal funds were spent down, officials had to scale back or eliminate several of these initiatives.<sup>119</sup> Participants emphasized that while federal grant programs often encourage innovation, few provide the sustained funding needed to maintain successful new initiatives.

In Salt Lake City, providers expressed concern about the instability and administrative burdens created by yearly CoC funding cycles, as well as anticipated shifts toward treatment-centered approaches under the current federal administration. Congress authorized a two-year CoC Notice of Funding Opportunity in the FY2024 appropriations law, and HUD issued a combined FY2024-FY2025 NOFO in July 2024 that was designed

to reduce this administrative burden.<sup>120</sup> However, the current administration did not release FY2025 funds under that framework; it instead issued a separate FY2025 NOFO in November 2025 with substantially different priorities. Stakeholders warned that the NOFO's proposed 30% cap on CoC funding for permanent supportive housing, which would require many communities to abruptly shift most of their federal homelessness funding away from long-term housing placements, would reverse housing gains for current residents and push people back into unsheltered homelessness, given limited alternative placements.

The sustainability concern was not limited to any one city. Across all three roundtables, participants described a common reality: Homelessness programs are routinely expected to solve long-term challenges using short-term funding. Federal CoC program funding, which supports the core infrastructure of local homelessness response systems, has grown only modestly in real terms over the past decade, even as the number of people experiencing homelessness has risen sharply and the cost of providing services has increased.<sup>121,122</sup> Although temporary and limited funding is a deliberate feature of many federal programs, participants across cities agreed that durable housing stability for people exiting homelessness will require long-term investments beyond what current grant programs typically provide.

## **HIGHLY VISIBLE ENCAMPMENTS AND UNSHELTERED HOMELESSNESS DRIVE PUBLIC PERCEPTION, POLICY DECISIONS**

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In Seattle and Chattanooga, participants described how visible unsheltered homelessness in public spaces exerts outsized influence over local policy decisions, often overshadowing less visible but meaningful successes in helping people avoid or exit homelessness. Similarly, Salt Lake City participants emphasized that homelessness response strategies focused on the most visible cases risk overlooking the more common drivers of housing instability.

This dynamic was most pronounced in Seattle. Participants identified a persistent gap between measurable system progress and public perception. The region has achieved meaningful gains in housing placements and improved outcomes for specific populations, yet the continued presence of encampments has made it difficult for those gains to register in the public narrative. Successes, such as the sustained reduction in veteran homelessness, rarely break through into coverage or political debates. The general view among participants was that visible homelessness carries significant political costs.

In Chattanooga, the visibility problem manifested differently. Participants described how public resistance and community opposition frequently delayed efforts to expand shelter capacity and permanent supportive housing. Even when local leaders recognized the need for additional infrastructure, neighborhood-level pushback limited the space for timely action.

Salt Lake City participants cautioned that response strategies driven primarily by highly visible homelessness risk prioritizing public safety enforcement or short-term fixes over approaches that address underlying housing instability for people with extremely low incomes.

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**SEATTLE: “PEOPLE JUDGE THE WHOLE SYSTEM BY WHAT THEY SEE ON THE SIDEWALK, NOT BY WHO’S QUIETLY GETTING HOUSED.”**

— *ROUNDTABLE PARTICIPANT, OUTREACH WORKER*

**SALT LAKE CITY: “WE’RE REACTING TO THE MOST VISIBLE CASES INSTEAD OF SOLVING THE MOST COMMON PROBLEMS.”**

— *ROUNDTABLE PARTICIPANT, LOCAL OFFICIAL*

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## **CONTINUUMS OF CARE PRIORITIZE CRISIS RESPONSE OVER LONG-TERM STABILITY**

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At all three roundtables, participants described systems that have developed considerable expertise in responding to homelessness but are poorly designed to prevent it before it occurs.

In Seattle, participants pointed to siloed programs and institutional fragmentation as a persistent obstacle. Differing federal definitions of homelessness across HUD and the Department of Education, and separate funding streams for housing, education, and health services, complicate coordinated responses and leave gaps that no single program is designed to fill. Most programs are structured to intervene after a household has already fallen into homelessness rather than to prevent the household from falling into homelessness.

Chattanooga stakeholders have worked to counter this dynamic through stronger coordination and data-sharing. The Chattanooga Regional Homeless Coalition developed a Universal Housing Assessment—a mobile-friendly intake tool accessible to providers across multiple systems, including domestic violence services and veterans programs—that serves as the entry point into the region’s coordinated entry system.<sup>123</sup> Expanded case conferencing and regular cross-agency coordination built around this tool have improved housing referrals and helped move the county closer to a functional by-name list: a continuously updated registry of every person experiencing homelessness in the region.<sup>124</sup> Even so, participants emphasized that they continue to operate within systems shaped primarily around crisis response rather than upstream prevention.

Salt Lake City stakeholders discussed the risks of relying too heavily on law enforcement and on emergency medical treatment beds for individuals with behavioral health needs. While acknowledging the necessity of these responses in some circumstances, participants noted that episodic crisis intervention rarely produces durable exits from homelessness. In their experience, lasting housing stability requires consistent case management, access to behavioral health services over time, and housing that is stable enough to allow people to address other challenges in their lives.

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**SEATTLE: “WE ARE VERY GOOD AT RESPONDING TO A CRISIS,  
AND NOT VERY GOOD AT STOPPING IT BEFORE IT STARTS.”**

— *ROUNDTABLE PARTICIPANT, NONPROFIT LEADER*

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## **TAKEAWAYS**

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Roundtable participants saw current homelessness trends as the predictable outcome of housing shortages, unstable federal funding, siloed service systems, and policy decisions shaped more by the visibility of unsheltered homelessness than by program outcomes.

At the same time, the roundtables revealed real examples of local innovation. Chattanooga’s progress in coordination and eviction prevention and Seattle’s success in moving more homeless families and youth into stable housing demonstrate what local CoCs and their partners can accomplish despite the significant constraints they face. What practitioners cannot do on their own is resolve the underlying housing market conditions, sustain programs built on short-term federal funding, or absorb the consequences of federal policy changes beyond their control.

## Section III: Federal Policy Analysis

After the roundtables, and in the context of rapidly shifting federal priorities, the Terwilliger Center conducted interviews with subject-matter experts in academia, homeless services delivery, affordable housing finance, and government. Across those interviews, experts described a policy environment in significant flux, shaped by a shift away from the Housing First framework, uncertainty around federal funding priorities, and broader changes affecting health care, affordable housing finance, and the social safety net.

Experts interviewed for this report did not agree on every aspect of current federal policy, but their concerns converged around three themes: the cost consequences of pivoting away from permanent housing toward alternative service models; the uncertainty that federal funding changes create for affordable housing finance; and the interaction between homelessness policy and broader federal decisions affecting Medicaid and health coverage. Across these themes, a key takeaway was that there is no costless way to prevent and reduce homelessness.

### The Costs of Homelessness Fall Somewhere, Regardless of Policy Approach

A central takeaway from expert interviews is that homelessness among people with complex behavioral health needs generates significant costs regardless of which policy framework is in place. The policy question is not whether to incur costs, but which costs to incur and who will pay them.

Service providers reported insufficient funding for staffing, case management, housing navigation, behavioral health care, outreach, shelter, and long-term housing as a persistent and worsening challenge.<sup>125</sup> The scale of unmet need is substantial. According to the *2025 State of Homelessness* report from the National Alliance to End Homelessness, no community in the United States had enough permanent housing for everyone experiencing homelessness, and in 61% of states, growth in demand outpaced growth in available shelter beds.<sup>126</sup> The difficulty of recruiting and retaining qualified staff compounds the resource problem, particularly in high-cost urban markets where homelessness is most concentrated and wages in competing sectors have outpaced those in homelessness services.<sup>127,128,129</sup>

When service capacity falls short, other public systems fill the gap. Jails, hospital emergency departments, and skilled nursing facilities become de facto homelessness response systems, typically at higher cost. A systematic review of 20 Housing First studies found a median annual program cost of \$16,479 per person, with a median economic benefit through reduced use of emergency departments, hospitals, jails, and shelters of \$18,247 per person.<sup>130</sup> A RAND evaluation of Los Angeles County's Housing for Health program found that county service costs for housed participants fell approximately 60% in the first year, from roughly \$38,000 to \$15,400 per person; after accounting for supportive housing costs, the program produced net savings of 20% for the county.<sup>131</sup>

The cost logic applies equally to any alternative model. Subject-matter experts emphasized that a shift away from permanent supportive housing is unlikely to reduce reliance on other high-cost systems. If the capacity of currently available permanent supportive housing is reduced, the people who otherwise would have been served will not cease to require services. Analysis by the Urban Institute of HIC data suggests the FY2025 NOFO's 30% cap on permanent housing funding could affect housing assistance for more than 170,000 formerly homeless individuals currently in CoC-funded units.<sup>132</sup> The displacement risk is particularly acute for older residents of permanent supportive housing: Approximately 40% of people in permanent supportive housing are age 55 or older, a population with complex care needs that generate high utilization of physician visits, hospital stays, and emergency services.<sup>133</sup> To illustrate the cost differential, consider the difference between spending on permanent supportive housing, including housing and services, versus Medicaid's spending on a skilled nursing facility: The former costs roughly \$16,000 per person per year, whereas the latter exceeds \$100,000 per person annually.<sup>134</sup>

Transitioning to a national treatment-first model, even under favorable assumptions, would require a substantially expanded infrastructure of treatment beds, case management capacity, service workforce, and transitional housing. It is not currently clear how the costs of building that infrastructure would be financed, or who would bear the cost.

## **Federal Policy Changes Create Uncertainty for Affordable Housing Finance**

Experts in affordable housing finance stressed that sudden changes to CoC funding create uncertainty that extends beyond homelessness services to the financing architecture of affordable housing more broadly.

CoC funding covers a wide variety of housing costs, including rental assistance, lease payments to private landlords through grantee agreements, administrative costs, and maintenance for an aging permanent supportive housing stock.<sup>135</sup> For some projects (particularly older buildings with thin profit margins), CoC funding makes operations financially viable, and alternative sources capable of filling a gap are not readily available.<sup>136</sup> According to HUD data, most permanent supportive housing is tenant-based, operating through leases between private landlords and formerly homeless individuals or households.<sup>137</sup> Uncertainty around CoC funding could make landlords more hesitant to enter new agreements or renew existing ones, and for project-based developments, reductions in operating subsidies can undermine the financial assumptions on which properties depend.

The uncertainty also has implications for the Low-Income Housing Tax Credit (LIHTC), the largest source of federal financing for affordable rental housing development. Some permanent supportive housing projects layer CoC operating support with LIHTC equity to make deeply affordable developments financially viable. For properties already in

service, reductions in CoC funding raise compliance concerns: Owners remain bound by affordability and occupancy requirements, enforced by state housing finance agencies and the IRS, but may lack the operating resources to stay compliant with these requirements if CoC funding decreases. For projects in the development pipeline, uncertainty about future CoC availability affects underwriting assumptions and investor appetite for deeply affordable projects. Subject-matter experts stressed that developers, investors, and state housing finance agencies are already adjusting their behavior in response to this uncertainty, independent of what the final policy turns out to be. Because LIHTC and CoC funding commitments operate on long time-horizons, decisions made today will shape the pipeline of affordable housing for years ahead.

## Homelessness Policy and Health Coverage Are Interconnected

Experts emphasized that homelessness policy cannot be evaluated in isolation from federal decisions affecting health coverage and income supports. For many people experiencing or at risk of homelessness, Medicaid is the only available source of coverage for physical and behavioral health care, including substance use treatment and mental health services, which play a critical role in achieving and maintaining stable housing.

Medicaid is financed jointly by states and the federal government, and states administer their programs within broad federal guidelines, meaning policy changes at either level can affect coverage and services. One such action affecting Medicaid is the March 4, 2025, bulletin from the Centers for Medicare and Medicaid Services (CMS) rescinding its Health-Related Social Needs (HRSN) guidance framework—policies that created an established pathway for states to use Medicaid Section 1115 waiver authority to cover housing navigation, tenancy support, short-term rental assistance, and other upstream services for Medicaid-enrolled individuals at risk of homelessness.<sup>138,139</sup> At the time of rescission, 18 states had approved waivers under the framework.<sup>140</sup> Although the rescission does not automatically terminate these existing waivers, states with approved demonstrations will eventually need to renegotiate their terms, as most Section 1115 waivers must be renewed every three to five years.<sup>141</sup> Going forward, CMS has indicated it will consider HRSN and social determinants of health requests on a case-by-case basis, introducing uncertainty around the continuation, expansion, and renewal of these programs.

While other Medicaid pathways, such as 1915(c) waivers, can support certain housing-related services for narrowly defined populations, Section 1115 waivers have been the primary vehicle through which states can address housing instability as a health issue at scale. Unlike other waiver authorities, Section 1115 demonstrations can reach people experiencing homelessness who do not meet disability criteria, can fund upstream and preventive interventions before a crisis occurs, and can support system-level approaches that other authorities are too narrow to accommodate—making them uniquely suited to the breadth and complexity of homelessness as a public health challenge.

The evidence on the impact of HRSN-type interventions, while still developing, is showing promising results. An 2026 evaluation of the CMS Accountable Health Communities model, which screened more than 1 million Medicaid and Medicare beneficiaries for social needs—including housing instability—and connected eligible beneficiaries to navigation services, found reductions in inpatient admissions, emergency department visits, and total health care expenditures across both Medicaid and Medicare populations. These reductions generated net savings of more than \$200 million over the model’s five-year performance period.<sup>142</sup> A separate 2025 evaluation of North Carolina’s Healthy Opportunities Pilots program, a Section 1115 waiver program providing housing and other social needs services to Medicaid enrollees, found an associated reduction in Medicaid spending of approximately \$85 per beneficiary per month.<sup>143</sup> The existing research suggests that addressing housing instability through Medicaid-funded upstream services tends to reduce downstream health system costs, and that narrowing access to those services will likely incur, rather than reduce, costs.

Experts also emphasized that the risk of falling into homelessness does not increase only when a person experiences acute crisis. It increases when rents rise faster than incomes, benefits fail to keep pace with the cost of housing and other necessities, or administrative barriers prevent households from accessing assistance. For that reason, decisions about homelessness policy, Medicaid, and income supports are connected even when they are legislated separately.

## TAKEAWAYS

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The three themes describe distinct but related risks. A potential reduction in federal support for permanent supportive housing; greater uncertainty for affordable housing investors, developers, and operators; and restrictions on Medicaid funds could generate costs that exceed what each change would produce in isolation.

Service providers operating near their resource limits may face pressure to displace permanent supportive housing residents, admit fewer new people, and scale back services that support housing stability. The private landlords and investors whose participation is essential to tenant-based permanent supportive housing and LIHTC-financed affordable housing will make decisions about new and renewal commitments based on their assessment of federal funding reliability. Older adults and people with disabilities will bear a disproportionate share of the consequences.

None of these outcomes is predetermined. However, the research and practitioner perspectives highlighted in this section emphasize that the homelessness response system does not operate in isolation. Decisions about CoC funding, LIHTC investment, Medicaid authorities, and demand-side support programs all interact with each other and with broader housing market conditions in ways that make siloed policymaking costly and inefficient. Policymakers must rigorously assess these interactions when evaluating proposed reforms.

# Section IV: Lessons Learned and Policy Implications

The preceding sections of this report tell a connected story. The roundtable conversations in Chattanooga, Seattle, and Salt Lake City showed local systems doing serious work under serious constraints, making progress in specific areas while remaining unable to resolve the underlying conditions that drive homelessness in the first place. The expert interviews in Section III showed that policy changes currently underway would generate effects beyond the homelessness system itself, in ways not always visible to policymakers focused on any one program. And the research literature reviewed throughout the report points consistently toward a conclusion that cuts across ideological lines: Housing market conditions are a key driver of the variation in homelessness rates across communities. Individual circumstances shape who is at greater risk of falling into it. The costs of homelessness, for individuals and for the public, fall somewhere regardless of which policy framework is in place. Four lessons emerge from this evidence, with particular relevance for federal policymakers.

## **1. THE CURRENT NATIONAL DATA ENVIRONMENT SYSTEMATICALLY DISTORTS THE POLICY DEBATE**

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Communities rely primarily on the annual PIT count to understand homelessness in their area. It is a single-night snapshot that provides no direct information on inflows, outflows, or the movement of people in and out of homelessness over the course of a year. HMIS data, as noted in Section I, provide a fuller annual picture of sheltered homelessness but are typically released significantly later than PIT counts and carry their own limitations.

The practical consequence is that policymakers and the public come to see the chronic homeless population as representative of homelessness overall. This group is the most visible, the most system-intensive, and the most associated with disordered behavior in public spaces. But as Kuhn and Culhane documented, roughly 80% of shelter users experience a single, relatively brief episode driven primarily by housing cost pressures or acute financial shocks. The image of chronic street homelessness does not capture them. A data environment that makes the chronic minority the face of the problem systematically skews resource allocation, political attention, and service model debates away from the conditions affecting the majority.

Communities that have made meaningful progress, including Chattanooga as highlighted in Section II, have invested in by-name lists and real-time coordinated data systems that allow them to track every person experiencing homelessness individually and direct resources accordingly. Community Solutions' Built for Zero initiative has documented that

communities with functioning by-name lists achieve faster housing placements and more efficient resource allocation.<sup>144</sup> Federal support for the adoption of these tools, and for more timely and granular HMIS reporting, would give policymakers a more accurate picture of homelessness trends across the country. As BPC has noted previously, improved data could then be matched across programs to ensure resources are allocated efficiently and tailored to the needs of those experiencing or at risk of homelessness.<sup>145</sup>

## **2. SOLVING HOMELESSNESS REQUIRES SIGNIFICANT RESOURCES, COORDINATION, AND LONG-TERM FUNDING COMMITMENTS**

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The costs of delivering services, temporary shelter, and housing have risen sharply in recent years, along with the need.

Federal homelessness program funding has not kept pace. CoC and ESG funding have grown only modestly relative to need.<sup>146</sup> As Section III documented, many providers describe a widening gap between the cost of supportive services and the resources available to fund ongoing operations. This gap increases service worker caseloads, reduces program fidelity to evidence-based practices, and undermines long-term outcomes.

The experience of HUD-VASH and SSVF offers a counterpoint. When the federal government provides adequate resources for housing subsidies and supportive services and backs those resources up with a strategy for coordinated interagency implementation, significant reductions in homelessness can follow. Since 2010, veteran homelessness has declined by [over 55%](#), even as homelessness has risen across nearly every other demographic group.<sup>147</sup> In FY2024, the Veterans Administration (VA) and its community partners housed [nearly 48,000 veterans](#) experiencing homelessness, surpassing the program's annual goal by nearly 17%.<sup>148</sup> [Ninety-six percent](#) of veterans housed that year remained stably housed, a retention rate reflecting the combined effect of prioritizing stable housing without preconditions, rental assistance and sustained case management.<sup>149</sup>

The success of HUD-VASH and SSVF also reflects the importance of robust reporting requirements and data infrastructure. Both programs require grantees to collect and report detailed standardized outcome data under jointly developed federal data standards, undergo regular performance monitoring, and meet defined benchmarks. The Department of Veterans Affairs offers substantial technical assistance to help grantees meet these requirements.<sup>150,151</sup> Reporting requirements create accountability and generate the national evidence base needed to assess effective practices.

No equivalent data and reporting infrastructure governs the broader federal homelessness funding landscape. CoC and ESG grantees are subject to HMIS participation requirements, but data quality and outcome tracking vary significantly across jurisdictions, limiting the ability to assess program performance or allocate resources based on outcomes.<sup>152</sup> Using

HUD-VASH and SSVF practices as a model, strengthening federal reporting requirements and equipping CoC and ESG grantees to meet them could meaningfully increase accountability and enable more informed, evidence-based investments.

### **3. PREVENTING HOMELESSNESS BEFORE IT OCCURS IS MORE EFFICIENT THAN RESPONDING AFTER THE FACT**

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In all three roundtables, local service providers described feeling trapped in a cycle of crisis management, perpetually downstream of broader housing market dynamics. Even when communities invest in better coordination and more effective services, people fall into homelessness faster than communities can house them. The research reviewed in Section I is unambiguous on this point—even modest rent increases in tight markets produce measurable increases in homelessness. A system that reduces entries will face less pressure on shelters, hospitals, emergency response systems, and streets.

Evidence from the pandemic response illustrates the potential of upstream intervention. Research on Emergency Rental Assistance points to improvements in rent payment and reductions in eviction risk, although evidence on its broader effects on housing stability is more limited and continues to develop.<sup>153,154</sup> Princeton University’s Eviction Lab found that the combined effect of pandemic-era eviction protections resulted in approximately 3 million fewer eviction filings than expected between 2020 and 2021.<sup>155</sup> Those protections were not without [controversy](#), as moratoriums raised concerns about their effects on small landlords and the longer-term functioning of rental markets, but the evidence suggests they played a meaningful role in [preventing](#) a larger surge in homelessness during a period of severe economic disruption.<sup>156</sup>

The ease of using housing assistance is as important as its availability. During the pandemic, temporary extensions to voucher search timelines and more flexible documentation and inspection requirements contributed to measurably higher housing placement rates. Ensuring that eligible households can successfully use the assistance they have received is itself a form of homelessness prevention.

For federal policymakers, the lesson is straightforward: Reducing entries into homelessness is often more efficient and effective than responding after the fact. A system that prevents housing loss for more households will face less pressure downstream on shelters, hospitals, emergency response systems, and streets.

## 4. HOMELESSNESS POLICY DOES NOT OPERATE IN A SILO

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A recurring theme in expert interviews was that federal decisions affecting the homelessness system reverberate well beyond it. Those reverberations are not always visible to policymakers focused on any single program or funding stream.

The clearest example involves the interaction between CoC funding and the Low-Income Housing Tax Credit. As Section III documented, many deeply affordable developments rely on layering CoC operating support with LIHTC equity. When CoC funding becomes uncertain, landlords grow less willing to enter or renew tenant-based agreements. Developers adjust underwriting assumptions. Investors and state housing finance agencies recalibrate their appetite for deeply affordable projects. Because LIHTC and CoC commitments operate on long time horizons, today's uncertainty shapes the pipeline of affordable housing for years to come.

The same principle applies across systems. Medicaid-funded services, income supports, and eviction prevention programs all interact with homelessness policy even when they are legislated and administered separately. A more integrated understanding of those interdependencies is essential to minimizing unintended negative consequences in policymaking.

### CONCLUSION

This report began with a simple premise: Effective federal policymaking on homelessness requires a clear-eyed understanding of how the problem actually manifests at the local level, as well as a strong grounding in the available evidence.

That research points in a consistent direction. Housing market conditions, particularly rents, vacancy rates, and the availability of homes affordable to the lowest-income households, are the primary driver of how many people experience homelessness in any given community. Along with housing market stress, individual circumstances—including domestic violence, poverty, and behavioral health conditions—can shape who falls into homelessness. And the costs of homelessness for individuals, families, and the public systems that absorb them do not disappear when service models change. They shift.

Two implications follow. First, expanding the availability of housing affordable to the lowest-income households is among the most powerful levers available to reduce homelessness, and policies that increase that supply will produce measurable results.

Second, the highly visible minority of people experiencing chronic homelessness, whose needs are real and whose suffering is serious, should not be the sole lens through which homelessness policy is designed. Addressing the needs of the majority

of people who experience transitional homelessness, and the housing market conditions that push them into homelessness in the first place, serves as an opportunity to achieve durable bipartisan progress.

At the same time, this report has highlighted legitimate questions about whether existing homelessness programs are achieving their goals at the scale and cost at which they are being delivered. The evidence base for Housing First is strong on housing stability outcomes and weaker on broader measures of recovery, self-sufficiency, and community-level impact. Concerns about the consistency of outcome tracking and program accountability are well-founded. Rigorous measurement of what works, for whom, and at what cost is not in tension with investment in homelessness—it is what makes that investment defensible over time and across the political spectrum.

The roundtable conversations in Chattanooga, Seattle, and Salt Lake City brought the on-the-ground dimensions of these questions into sharp relief. Local practitioners are resourceful, deeply committed, and capable of genuine innovation within the constraints they face. What they cannot do on their own is resolve the underlying housing market conditions, sustain programs built on short-term funding, or protect the people they have already housed when the financing conditions supporting that housing become uncertain. The gap between what local systems can accomplish and what the problem demands is one that sustained and well-designed federal commitment can close, across housing supply, rental assistance, services, and prevention alike.

The four lessons highlighted in Section IV are not independent of one another. Better national data tools would allow policymakers to design responses around the most common drivers rather than the most visible cases, and would make it easier to hold programs accountable for results. Long-term funding commitments would enable the prevention and upstream interventions that reduce pressure on crisis response systems before it builds. A clearer understanding of how homelessness policy interacts with affordable housing finance, Medicaid, and income supports would allow policymakers to make more integrated and cost-effective decisions across the federal portfolio. Running through all of it is the same core finding: There is no costless way to prevent and reduce homelessness. The question before policymakers is not whether costs will be incurred, but which costs and by whom.

We know there is [broad bipartisan agreement](#) that homelessness is a serious national problem and that the federal government has a meaningful role to play in addressing it.<sup>157</sup> The disagreements lie not in whether to act, but in how. Although the path forward may not be easy, it will be well-served by rigorous evaluation, an honest accounting of policy trade-offs, and a shared recognition that every person experiencing homelessness deserves access to a safe, stable, and affordable home.

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