



Chronic Homelessness

THE PROBLEM

In 2009, on a single night, there were 110,917 adults experiencing chronic homelessness in America; three-quarters are men with the average age approaching 50. Almost one-third are Veterans and most, despite disabling conditions, are not enrolled in Medicaid or other insurance program.

The cost to individuals and society is high. The mortality rate for these men and women is four to nine times higher than for the general population. In a wide range of communities, the extraordinarily high costs associated with the use of public services by those experiencing chronic homelessness have been documented. Health care is the major expense due to frequent and avoidable emergency room visits, inpatient hospitalizations, sobering centers, and nursing homes.

THE PLAN

Significant progress has been accomplished in reducing the number of individuals experiencing chronic homelessness over the past five years. *Opening Doors* sets the goal to finish the job of ending chronic homelessness in the next five years. The Plan focuses on strategic action in three key areas:

1. Provide Permanent Supportive Housing

We know what works. The research is clear that permanent supportive housing using a Housing First approach is the primary solution. This intervention moves people off the street or out of temporary shelter into stable, affordable housing with supportive services to address mental health, substance abuse, health, and employment needs. The Housing First model assists participants to move quickly into permanent housing and provides intensive supportive services needed to achieve and maintain housing stability and improvements in overall condition.

Evaluations of permanent supportive housing have demonstrated significant improvements in housing stability, reductions in days of homelessness, and reductions in the utilization and costs of public services such as emergency shelter, hospital emergency room and inpatient care, sobering centers, and jails. For example, Medicaid costs declined by 41 percent and average total costs decreased more than 75 percent after one year in supportive housing in Seattle.

The Plan seeks to expand the supply of permanent supportive housing as well as encourage priority to the most vulnerable of those experiencing homelessness. Better coordinated sources of funding are also critical.

2. Reduce Financial Vulnerability

Better access to health care, income supports, and work supports are also necessary if we are to finish the job of ending chronic homelessness.

3. Improve Health and Housing Stability

For those with frequent contact with hospitals and the criminal justice system, improved programs that support re-entry back into the community, greater targeted outreach, an increase in the number of jail diversion courts, and a reduction in the criminalization of homelessness are vital components to reaching our goal.

SIGNATURE INITIATIVE

This Initiative, included in the President's FY2011 Budget, will help 4,000 people move into permanent supportive housing. HUD and HHS will connect vouchers with health and social services provided through Medicaid and wraparound services funded through SAMHSA. The Initiative will test and evaluate replicable models for using Medicaid to finance health care and related services for those in permanent supportive housing, and align federal service funding with federal housing vouchers. This will help inform future policy development at federal, state, and local levels.

As defined by current federal policy, a person experiencing **chronic homelessness** is:

- Unaccompanied (single adult) *and*
- Disabled *and*
- Homeless continuously one year or more *or* four or more episodes in the past three years.

With implementation of the HEARTH Act, in the future this definition will include families with children.