

CHRONIC HOMELESSNESS: EMERGENCE OF A PUBLIC POLICY

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INTRODUCTION

The past two years have witnessed a major shift in public commitment to end chronic homelessness within the next decade. This Article examines the phenomenon of chronic homelessness and its emergence as the focus of a significant policy transformation. It first sets the scene with a brief review of why homelessness remains a significant social problem after twenty years of public and private investment in homeless assistance networks. It then looks at definitions of homelessness in general, and chronic homelessness in particular. With respect to policy, it traces a story that starts with research. Initial research showed that even the most chronic, disabled, street-dwelling homeless people will accept and remain in housing, given the right configuration and the right supportive services. Research on program effectiveness was followed by analyses showing near break-even public costs for providing the housing. The story continues with evidence that the numbers of chronically homeless people who would need housing are within a manageable range. The Article concludes by examining what advocates have done and are still doing with the research evidence, and an overview of public commitments and the effort it will take to assure that they are fulfilled.

I. CAUSES OF HOMELESSNESS

Two types of factors are generally acknowledged as causing homelessness in the sense that they create the conditions under which people are more or less likely to find themselves homeless.¹ Factors of the first type are structural—they are larger societal trends and changes that affect broad segments of a population.² These include changes in housing markets and land use, employment opportunities, the quality and relevance of public education,

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1. MARTHA BURT ET AL., HELPING AMERICA'S HOMELESS: EMERGENCY SHELTER OR AFFORDABLE HOUSING? 7 (2001); Paul Koegel et al., *The Causes of Homelessness*, in HOMELESSNESS IN AMERICA 25 (Jim Baumohl ed., 1996).

2. BURT ET AL., *supra* note 1, at 7; Koegel et al., *supra* note 1, at 26-27.

institutional supports for people with disabilities, and discriminatory policies of several varieties.³ If housing prices go up, all other things being equal, fewer people can afford housing.⁴ If unemployment rises, or if pay levels of the most available jobs remain too low relative to the price of housing, fewer people can afford housing.⁵ If public education and other institutions do not prepare most people to obtain jobs that pay a living wage, more people will be at risk of homelessness.⁶ And so on. Structural factors determine why levels of homelessness rise or fall in *this* place, at *this* time, rather than in some other place or at some other time.⁷

Factors of the second type are individual—they are the conditions and circumstances that make particular people particularly vulnerable to homelessness.⁸ These include various disabilities (for example, mental illness, developmental disabilities, and physical disabilities), illnesses, illiteracy, and addictions.⁹ They may also include personal circumstances such as domestic violence, too many to support on one income, having no family to rely on (for example, because one has been in foster care, or because of familial abuse), apartment condemnation, or fire, flood, hurricane, or war.¹⁰

A third factor, public policies, may mitigate structural and individual factors that determine the ultimate level of “literal” homelessness in a particular time and place.¹¹ Emergency relief often can provide this for victims of natural disasters or war. A guarantee of housing may afford this for citizens of several European countries. Income and other support for people with disabilities severe enough to prevent their working might prevent their becoming homeless.¹² There will always be some people without roofs, communities, or families. The sheer number of people experiencing literal homelessness in the United States during the past two decades, however, indicates a very unfortunate convergence of

3. BURT ET AL., *supra* note 1, at 7; Koegel et al., *supra* note 1, at 26-29.

4. Koegel et al., *supra* note 1, at 26-29.

5. *Id.*

6. *Id.*

7. BURT ET AL., *supra* note 1, at 8-10.

8. BURT ET AL., *supra* note 1, at 8; Koegel et al., *supra* note 1, at 25, 29-33.

9. BURT ET AL., *supra* note 1, at 8; Koegel et al., *supra* note 1, at 25, 29-33.

10. BURT ET AL., *supra* note 1, at 8; Koegel et al., *supra* note 1, at 25, 29-33.

11. BURT ET AL., *supra* note 1, at 6 (“‘Literal’ homelessness is defined on a day-by-day basis, and involves sleeping either in a facility serving homeless people, in accommodations paid for by a voucher from a program serving homeless people, or in places not meant for human habitation.”).

12. *Id.* at 327-28.

structural and individual factors that, to date, have not been countered with public policies adequate to reduce their ability to generate homelessness. The campaign to end chronic homelessness during the coming decades will arise from recognizing that public policy changes could make a substantial difference.

II. DEFINING HOMELESSNESS AND CHRONIC HOMELESSNESS

Homelessness has been defined in various ways in different eras, countries, and circumstances. Historically, ideas of homelessness have usually incorporated one or more of the concepts of being without place (not being “from here”), without family, or without housing.¹³ In the United States during the last two decades, federal policy has been governed by the definition articulated in the principal federal legislation related to homelessness—the McKinney-Vento Homeless Assistance Act, subsequently renamed the Stewart B. McKinney Homeless Assistance Act (“McKinney Act”)¹⁴ and subsequent reauthorizations and expansions.¹⁵ The Act defines a person as homeless if the “individual lacks a fixed, regular, and adequate nighttime residence.”¹⁶ People sleeping in “a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings,” as well as those staying in shelters for homeless people, are part of the definition.¹⁷

To operationalize the *public policy* of the Act’s definition, at a practical level it is often translated into the narrowest of working definitions—having been without housing *last night*, or expecting to be without housing *tonight*. Thus, people in precarious circumstances who still manage to stay in conventional dwellings by moving every few days or weeks from one relative’s house to another

13. See BURT ET AL., *supra* note 1, at 2-5; KIM HOPPER, RECKONING WITH HOMELESSNESS (THE ANTHROPOLOGY OF CONTEMPORARY ISSUES) 16-17 (2003); Kim Hopper & Jim Baumohl, *Held in Abeyance: Rethinking Homelessness and Advocacy*, 37 AM. BEHAVIORAL SCIENTIST 522, 522-25 (1994); Kim Hopper, *Homelessness Old and New: The Matter of Definition*, 2 HOUSING POL’Y DEBATE 757, 757-814 (1991); Kim Hopper & Jim Baumohl, *Redefining the Cursed Word: A Historical Interpretation of American Homelessness*, in HOMELESSNESS IN AMERICA, *supra* note 1, at 3-6.

14. The McKinney-Vento Homeless Assistance Act, *renamed*, Stewart B. McKinney Homeless Assistance Act, Pub. L. No. 100-77, 101 Stat. 482 (1987) (codified as amended at 42 U.S.C. § 11301 *et seq.* (1995)).

15. For a description of subsequent reauthorizations and expansions of the McKinney Act, see the U.S. Department of Housing and Urban Development website, at <http://www.huduser.org/publications/homeless/mckin/intro.html> (last visited Mar. 15, 2003).

16. 42 U.S.C. § 11302(a)(1).

17. *Id.* § 11302(a)(2)(C).

would not be considered homeless until they reached the situation of having nowhere to go but the streets or a shelter.

Similarly, someone whose pension or disability check provides enough money to afford a cheap hotel room for three weeks out of every month, but who resorts to the streets until the next check arrives would only be considered homeless at the end of the month, even if this pattern has lasted for years. The consequence of this policy-driven working definition has been the development of an extensive network of homeless assistance programs that help to ameliorate the realities of homelessness for those already without housing.¹⁸ But most existing homeless-specific programs can do little to prevent homelessness or change the forces that continue to generate homelessness.

III. CHARACTERISTICS OF CHRONICALLY HOMELESS PEOPLE

Regardless of how “chronic” is defined, the population is largely male (seventy-seven to eighty-six percent), about sixty percent are middle-aged (between thirty-five and fifty-four years old), and most are very disabled.¹⁹ Between eighty-three and eighty-seven percent, again depending on definitions of chronic, have mental health, alcohol, and/or drug problems.²⁰ Thus, ending chronic homelessness means assisting people who have one or more severe disabilities, and often have a history of resisting efforts to help them address those disabilities.

IV. PROGRAM SUCCESS: EVIDENCE THAT SOMETHING WORKS

To make a new policy, one must know what will work and how much will be needed, after which advocacy focuses on the appropriateness of acting on this knowledge. In the 1980s, there was no evidence of what would work to bring chronically homeless people into housing and induce them to stay there. An early contribution of public policy to the knowledge base of what works were the re-

18. BURT ET AL., *supra* note 1, at 12.

19. U.S. DEP'T OF HOUS. & URBAN DEV., HOMELESSNESS: PROGRAMS AND THE PEOPLE THEY SERVE—HIGHLIGHTS REPORT: FINDINGS OF THE NATIONAL SURVEY OF HOMELESS ASSISTANCE PROVIDERS AND CLIENTS (Dec. 1999) [hereinafter 1999 HIGHLIGHTS REPORT], available at www.huduser.org/publications/homeless/homelessness/highrpt.html (last visited Mar. 15, 2003); Martha R. Burt, *Homeless Families, Singles, and Others: Findings from the 1996 National Survey of Homeless Assistance Providers and Clients*, 12 HOUSING POL'Y DEBATE 737, 741-47, 763-68 (2001), available at http://www.fanniemaefoundation.org/programs/hpd/pdf/HPD_1204_burt.pdf (last visited Mar. 15, 2003).

20. 1999 HIGHLIGHTS REPORT, *supra* note 19; Burt, *supra* note 19, at 763-68.

search-demonstration programs authorized by the McKinney Act to see what would work to end homelessness among chronically homeless persons with severe mental illness and/or chronic substance abuse.²¹ Starting in the early 1990s, with results appearing during the middle and end of that decade, these studies consistently found that *if housing was supplied*, people would come in from the streets and remain stably housed. Without the housing component, however, no amount of other services affected levels of homelessness.²² The approach that worked was permanent supportive housing.²³ The housing could take any one of many configurations—apartments, houses, group houses, single room occupancy hotel rooms (“SROs”); the supports could be offered through many mechanisms—on site staff, drop-in, community-based teams.²⁴ But the housing component was essential; services alone were not enough. Practitioners and advocates quickly got the message—this *can* be done, but it takes housing!

V. NUMERIC ESTIMATES: EVIDENCE OF REASONABLE SCOPE

The next question for policy makers and advocates was: how much is needed? Some local communities have estimates or counts of homeless populations, and even of chronically homeless or street-dwelling homeless people.²⁵ Some of these communities have already used their estimates as the basis for local campaigns to end chronic homelessness.²⁶ In order to stimulate national pol-

21. 42 U.S.C. § 11302.

22. Deirde Oakley & Deborah L. Dennis, *Responding to the Needs of Homeless People with Alcohol, Drug, and/or Mental Health Disorders*, in HOMELESSNESS IN AMERICA, *supra* note 1, at 179-80; David L. Shern et al., *Housing Outcomes for Homeless Adults with Mental Illness: Results from the Second-Round McKinney Program*, 48 PSYCHIATRIC SERVICES 239, 239-41 (1997); Marybeth Shinn & Jim Baumohl, *Rethinking the Prevention of Homelessness*, in U.S. DEP'T OF HOUS. & URBAN DEV. & U.S. DEP'T OF HEALTH & HUMAN SERVS., PRACTICAL LESSONS: THE 1998 NATIONAL SYMPOSIUM ON HOMELESSNESS RESEARCH 13-1 (Linda B. Fosburg & Deborah L. Dennis eds., 1999).

23. NAT'L ALLIANCE TO END HOMELESSNESS, A PLAN: NOT A DREAM—HOW TO END HOMELESSNESS IN TEN YEARS 10 (2000), available at <http://www.naeh.org/pub/tenyear/10yearplan.pdf> (last visited Mar. 15, 2003).

24. *See id.* at 11.

25. *Id.* at 3.

26. Nat'l Alliance to End Homelessness, State and Local Plans to End Homelessness, at <http://www.naeh.org/localplans> (last visited Mar. 15, 2003). In Ohio, Columbus and Franklin Counties have relied upon gathered estimates, as has the city of Philadelphia. CONTINUUM OF CARE STEERING COMM., COLUMBUS & FRANKLIN COUNTY, 10-YEAR PLAN TO END CHRONIC HOMELESSNESS: COLUMBUS AND FRANKLIN COUNTY IMPLEMENTATION PLAN JULY 2002-DECEMBER 2003 (2002), available at http://www.csb.org/What_s_New/Ending%20Chronic%20Homelessness%20Cover.htm

icy, however, national data is needed. The only source for national estimates on the homeless population is the National Survey of Homeless Assistance Providers and Clients (“NSHAPC”), conducted in 1996, with point-in-time and annual estimates of the homeless population published in early 2000.²⁷

As illustrated in Table 1, subsequent analyses of the same data, published here for the first time, have utilized combinations of “spell length” and “number of times homeless” to create different definitions of “chronic” homelessness. These analyses then estimated how many single adults might fit each category. Using only information about the length of a person’s current homeless spell, a definition requiring two years of homelessness to qualify as chronic includes 28.8 percent of all single homeless adults. Reducing the required time to one year increases the proportion considered chronic to 42.7 percent. The pattern examined for multiple episodes (four or more within the past five years) captures the smallest proportion of single homeless adults (16.4 percent). Combining the two criteria (length of current spell and multiple episodes) increases the proportion of single homeless adults who would be defined as chronic, and also illustrates that some people qualify under both criteria—they have had several homeless spells *and* their current spell has lasted at least one or two years.

Table 1 Estimates of the Number of Chronically Homeless Single Adults ¹					
Numbers and Characteristics	Alternative Definitions of “Chronic” Homelessness				
	1 year +	2 years +	4+ episodes in 5 years	1 year + OR 4+ episodes in 5 years	2 years + OR 4+ episodes in 5 years
Percent of All Single Homeless Adults	42.7	28.8	16.4	50.7	40.2
Estimates of Numbers ¹					
Based on October 1996 Estimate	126,000	85,000	48,000	149,000	118,000

(last visited Mar. 15, 2003); GREATER PHIL. URBAN AFFAIRS COALITION, *OUR WAY HOME: A BLUEPRINT TO END HOMELESSNESS IN PHILADELPHIA 8-9* (1998), available at <http://www.homelessphila.org/gpuac.pdf> (last visited Mar. 15, 2003). The National Alliance to End Homelessness provides links to the plans for thirteen states and localities on its website. Nat’l Alliance to End Homelessness, *supra*.

27. MARTHA R. BURT & LAUDON Y. ARON, URBAN INST., *AMERICA’S HOMELESS II—POPULATIONS AND SERVICES* (Feb. 1, 2000), available at <http://www.urban.org/url.cfm?ID=900344> (last visited Mar. 15, 2003). This work was later published in detail in BURT ET AL., *supra* note 1.

Based on February 1996 Estimate	228,000	154,000	87,000	270,000	214,000
Characteristics—Percentages:					
Male	82	79	87	82	81
Aged 35 to 54	64	63	67	63	63
Past Year Substance Abuse Problem	68	63	80	69	67
Past Year Mental Health Problem	54	58	45	54	55
Past Year either Substance Abuse or Mental Health Problem or Both	84	82	87	84	83
Characteristics—Estimates of Numbers: ^{1,2}					
Past Year Substance Abuse Problem	86/166	53/96	38/70	104/188	79/144
Past Year Mental Health Problem	68/124	49/89	22/39	80/145	84/117
Past Year either Substance Abuse or Mental Health Problem or Both	106/192	70/126	42/76	125/227	98/178
<p><i>Source:</i> Urban Institute analysis of weighted 1996 NSHAPC data for currently homeless single adults; $n = 2473$.</p> <p>¹ Numerical estimates are for a single point in time, either October or February 1996.</p> <p>² Estimates are in 1,000s; first and second numbers are based on October and February estimates, respectively.</p>					

In terms of numbers, estimates for a single point in time range from a low of 48,000 (based on October estimates and a definition using multiple episodes—column 3) to a high of 270,000 (using February estimates and a definition of “at least one year *or* four or more episodes within the last five years”—column 4). Numbers for longer lengths of time such as a year might be as much as twice as large, as people with past homeless episodes come back into homelessness or already homeless people’s spells lengthen. But because the estimates are for a *chronic* population, far less in-and-out movement is expected during a year than would be true for the homeless population as a whole, which may, in the course of a year, see as many as six times as many people experience homelessness as would be true at a single point in time. Roughly speaking, therefore, we could assume that over the course of a year between 150,000 and 250,000 single adults experience chronic homelessness. In the eyes of many people, providing housing and supportive services for a population of this size is manageable.

Most chronically homeless people have significant personal vulnerabilities, such as severe mental illness, substance abuse, or

both.²⁸ These problems often lead the public and policy makers to believe that chronically homeless people will resist housing and services.²⁹ But, as the evidence cited earlier shows, most will accept housing and services if they are structured appropriately, and most will stay in that housing rather than return to the streets.³⁰

VI. MONEY: EVIDENCE OF REASONABLE COSTS

Providing housing and supportive services to chronically homeless people costs a lot of money, which is one reason why communities do not do more of it.³¹ Chronically homeless people, however, also cost communities a lot of money when they are *not* housed, as well as reducing the quality of life for homeless and non-homeless alike.³² Databases showing shelter use by individuals allow us to see that relatively few (about ten to fifteen percent) of the people homeless at any given time are continuously homeless, or return to homelessness regularly and never establish stable residence.³³ Further, these few take up at least half of the resources available in the system of emergency response to homelessness—using fifty percent or more of the available shelter bed nights, in quite a number of cities capable of providing this information.³⁴ So they are being housed (in shelters), just badly housed, and expensively housed. Moreover, in shelters they do not get much help to leave homelessness.³⁵

In addition to shelter and other resources of the homeless assistance system, chronically homeless people drain the resources of hospital emergency rooms and inpatient services, psychiatric outpatient and inpatient services, substance abuse services, jails and prisons, veterans' services, and other public agencies.³⁶ Dennis Culhane and his colleagues at the University of Pennsylvania have recently completed works on supported housing programs in New

28. See *supra* notes 8-10 and accompanying text.

29. Koegel et al., *supra* note 1, at 146.

30. See *supra* Part IV.

31. NAT'L ALLIANCE TO END HOMELESSNESS, *supra* note 23, at 10-11.

32. *Id.*

33. *Id.*

34. Dennis P. Culhane et al., *Public Shelter Admission Rates In Philadelphia and New York City: Implications for Sheltered Population Counts*, 5 HOUSING POL'Y DEBATE 107, 109-10, 121 (1994).

35. *Id.* at 132-37.

36. Dennis P. Culhane et al., *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*, 13 HOUSING POL'Y DEBATE 107, 111, 116, 120-35 (2002), available at www.fanniemaefoundation.org/programs/hpd/pdf/hpd_1301_culhane.pdf (last visited Mar. 15, 2003).

York City and Connecticut, documenting the extensive public costs incurred by these systems in caring for chronically homeless adults.³⁷ Results reveal that the cost of *not* offering housing and supportive services is nearly equal to the cost of providing them. This cost analysis was the final piece of the puzzle that has stimulated recent commitments to ending chronic homelessness.

VII. DEVELOPING A PUBLIC POLICY

Research provided the first step toward developing today's emphasis on ending chronic homelessness. Early federally funded demonstrations showed that very long-term homeless people with many disabilities and problems come directly into housing and stay there, with appropriate services and supports. Subsequent studies and evaluations have demonstrated the same thing. National survey data provided evidence that the chronically homeless population was of reasonable size. Finally, financial analyses showed that the public costs of *not* providing housing and supportive services for this population came very close to equaling the costs of making housing available.

Advocacy followed the research. Armed with the evidence that it was possible to get chronically homeless people off the streets, that the numbers were not that large, that the people affected have many vulnerabilities, and that it does not even cost very much, advocates prepared the case. Some organizations and communities had already been working to develop permanent supportive housing, including the Massachusetts Housing and Shelter Alliance in partnership with the Massachusetts Department of Mental Health, Columbus/Franklin County, Ohio's Community Shelter Board in its Rebuilding Lives initiative, and the Corporation for Supportive Housing in projects in eight states. What advocates began to promote was *national* commitment.

Advocacy was an early step, undertaken to convince Congress to make permanent supportive housing a priority within federal homeless funding streams. Such housing is an essential element in any plan to end homelessness among chronically homeless individuals. For the first time, for federal fiscal year 1999, the United States Department of Housing and Urban Development ("HUD")

37. *Id.* at 108-09 (discussing supported housing programs in New York City); see ARTHUR ANDERSON LLP ET AL., THE CORP. FOR SUPPORTIVE HOUS., CONNECTICUT SUPPORTIVE HOUSING DEMONSTRATION PROGRAM EVALUATION: REPORT HIGHLIGHTS 1-2 (2002) (discussing supported housing programs in Connecticut), available at <http://documents.csh.org/pdfs/EvalHighlights.pdf> (last visited Mar. 15, 2003).

appropriation bill carried the stipulation that thirty percent of HUD's funding for the supported housing program be set aside for permanent supportive housing. Advocacy and bipartisan Congressional support has seen to it that the thirty percent set-aside has been maintained; additional funds have also been made available to assure renewals of permanent supportive housing programs whose initial grants were expiring.

The National Alliance to End Homelessness kicked off a campaign during its 2000 annual conference, unveiling its "Ten Year Plan to End Homelessness."³⁸ The part of the plan pertaining to ending chronic homelessness marshaled the evidence reviewed above, then laid out steps that will be necessary to achieve the goal, including the now oft-repeated phrases of:

- "Opening the Back Door"—providing housing to help people leave homelessness.³⁹
- "Closing the Front Door"—assuring that people leaving institutions such as mental hospitals, substance abuse treatment facilities, and the foster care system do not leave into homelessness.⁴⁰
- "Building Infrastructure"—creating more housing, more earning capacity, and better preventive services.⁴¹

The National Alliance worked to build partnerships and get commitments from federal agencies, and eventually also from the White House.⁴² Early in his tenure, National Alliance members visited HUD Secretary Mel Martinez and convinced him that ending chronic homelessness was something that could be done, and should be done.⁴³ The fact that there was strong Congressional backing for providing federal funds to the effort also helped move HUD toward a commitment to work on ending chronic homelessness.⁴⁴ By the National Alliance's 2001 annual conference the

38. NAT'L ALLIANCE TO END HOMELESSNESS, *supra* note 23, at 1.

39. *Id.* at 10.

40. *Id.* at 9.

41. *Id.* at 13.

42. See L.A. Homeless Servs. Auth., Strategic Plan to End Homelessness, at <http://www.lahsa.org/strategicplan.htm> (last visited Mar. 15, 2003).

43. NAT'L ALLIANCE TO END HOMELESSNESS, ANNUAL REPORT 2001, at 15 (2001), available at <http://www.naeh.org/pub/anreport2001.pdf> (last visited Mar. 15, 2003).

44. See *Congress Nearing Adjournment, Crucial Issues Still Unresolved*, ALLIANCE, Sept.-Oct. 2000, at 1, 3, at <http://www.naeh.org/pub/newslet/165issue.pdf> (last visited Mar. 15, 2003).

HUD Secretary was a featured speaker, discussing the need to end chronic homelessness in the United States.⁴⁵

By July 2002, the Federal Interagency Council on Homelessness was revived (it had been moribund for six years), and a staunch advocate from Massachusetts, Philip F. Mangano, was appointed as its executive director.⁴⁶ His portfolio includes working to end chronic homelessness and increasing cooperation and coordination among the major federal agencies to bring this about.⁴⁷ In July 2002, the Council was able to announce a new federal strategy to end chronic homelessness, including a substantial commitment to work on prevention (closing the front door) as well as helping people once they become homeless.⁴⁸ That commitment involved directives to three federal agencies (the Department of Health and Human Services, the Department of Housing and Urban Development, and the Department of Veteran Affairs) to develop working relationships around ending homelessness.

As part of this rapid increase in emphasis on ending chronic homelessness (two years from announcement to federal commitment is very fast in the world of politics), national commitment appears to be growing. Editorials have appeared in major newspapers calling for the end of chronic homelessness and declaring it possible to accomplish.⁴⁹ A national conference in May 2002 sponsored by the Corporation for Supportive Housing began a national campaign to get local and state jurisdictions to agree to a “compact” to end chronic homelessness by developing 150,000 units of permanent supportive housing in the next ten years. The momentum can be seen in the number of communities that are starting to think of developing their own plans to end chronic homelessness (or all homelessness) in ten years, and a number that have already developed such plans and are acting on them.

45. See Secretary Mel Martinez, Taking on the Problem that “Cannot Be Solved,” Remarks at the National Alliance to End Homelessness National Conference (July 20, 2001), at www.hud.gov/news/speeches/homelessness.cfm (last visited Mar. 15, 2003).

46. Interagency Council on Homelessness, Biography—Philip F. Mangano, at www.ich.gov/library/pr02-078.html (last updated Apr. 1, 2003).

47. *Id.*

48. Press Release, Interagency Council on Homelessness, White House Interagency Council Announces New Strategy to Combat Chronic Homelessness (July 18, 2002), at www.ich.gov/library/pr02-078.html (last visited Mar. 15, 2003).

49. See, e.g., Editorial, *Ending Chronic Homelessness*, N.Y. TIMES, Mar. 13, 2002, at A24.

CONCLUSION

The question is, will the momentum of new policies and commitments carry through to actual changes in levels of chronic homelessness? Ending chronic homelessness will not be cheap, and although costs are near to break-even with current practices that leave vulnerable people on the streets, the costs come out of different agencies' pockets. It will take political will in local communities and at the federal level to capture the savings from various departments and invest them in the activities and programs that will end chronic homelessness. Further, the effort must be sustained over a decade and beyond. Columbus, Ohio, for instance, began its Rebuilding Lives campaign and its commitment to create 800 units of permanent supportive housing for street homeless people almost five years ago, and it is now less than halfway to its goal.⁵⁰ In this effort, political will is everything, but political will is usually very hard to sustain as years go by and administrations change.

The larger question also, of course, remains—what will it take to end homelessness altogether. In a recent brief, the Author discussed several steps that are widely regarded as essential if we are to see the end of all types of homelessness in this country.⁵¹ These steps are quite similar to the “building infrastructure” component of the National Alliance’s plan to end homelessness. First, housing has to become more affordable. The simplest way to do this is to subsidize housing; research indicates that the public policy that would do the most to reduce the risk of homelessness is subsidizing housing.⁵² This involves no need to build new units, no struggles with project siting or zoning or “not in my back yard” behavior. All it takes is providing those people with the most disparate housing costs in relation to their income the financial resources to remain in place. In addition, new housing needs to be created that is affordable by people earning relatively little despite working regularly—renewed incentives for producing affordable rental housing

50. MARTHA R. BURT ET AL., URBAN INST., U.S. DEP'T OF HOUS. & URBAN DEV., EVALUATION OF CONTINUUMS OF CARE FOR HOMELESS PEOPLE: FINAL REPORT 23 (2002), available at http://www.huduser.org/Publications/pdf/continuum_of_care.pdf (last visited Mar. 15, 2003)

51. MARTHA R. BURT, URBAN INST., WHAT WILL IT TAKE TO END HOMELESSNESS? 5 (2001), available at http://www.urban.org/uploadedPDF/end_homelessness.pdf (last visited Mar. 15, 2003)

52. JOHN M. QUIGLEY ET AL., PUB. POLICY INST. OF CA., HOMELESSNESS IN CALIFORNIA iii-xi (2001), available at http://www.ppic.org/content/pubs/R_1001JQR.pdf (last visited Mar. 15, 2003).

would greatly help the current situation of inadequate housing supply.

It is also essential that people who are poor today, and their children, have the educational and training opportunities to assure that they are not poor tomorrow. That is, we have to increase the ability of the poorest people in this country to be able to afford housing without requiring subsidies in the future. The problem is, these steps are not in political favor at this time, being seen as the old anti-poverty agenda. Instead, present federal budget proposals actually offer significant cuts in public and subsidized housing—actions that in the long run will work against the federal commitment to end chronic homelessness. Ultimately, the solution to chronic homelessness will rest on the solution to homelessness in general; the latter begets the former. Only a few communities so far have committed themselves to this larger goal.

