

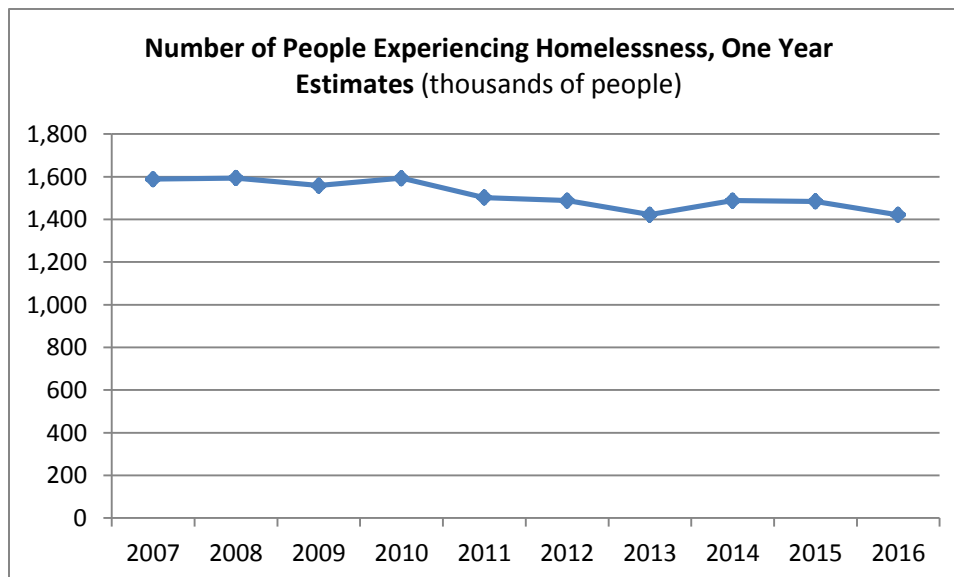
TRENDS AND PATTERNS OF HOMELESSNESS

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The number of people experiencing homelessness in the U.S. has declined modestly over the ten years since HUD began to report the results of systematic annual data collection on people experiencing homelessness. The downward trend is evident whether you look at longitudinal administrative data on shelter use or one-night “Point-in-Time” (PIT) counts of people in shelters or staying in unsheltered locations.¹

- About 1.42 million people were homeless in shelter at some point between October 2015 and September 2016, the most recent period for which one-year administrative data are available. This figure fell by more than 167,000 people, or 10.5 percent, between 2007 and 2016 (*Exhibit 1*).
- The PIT estimate for people experiencing both sheltered and unsheltered homelessness was 553,742 in 2017. That number declined by nearly 15 percent since 2007 (*Exhibit 2*), and most of the decline was a reduction in the number of people in unsheltered locations (*Exhibit 3*).

Exhibit 1



¹ Unless otherwise noted, all one-year estimates are from the [2016 Annual Homeless Assessment Report \(AHAR\) to Congress](#) (December 2017, U.S. Department of Housing and Urban Development) and all Point-in-Time estimates are from the [2017 Annual Homeless Assessment Report to Congress: Part 1—Point-in-Time Estimates of Homelessness](#) (December 2017, U.S. Department of Housing and Urban Development).

Exhibit 2

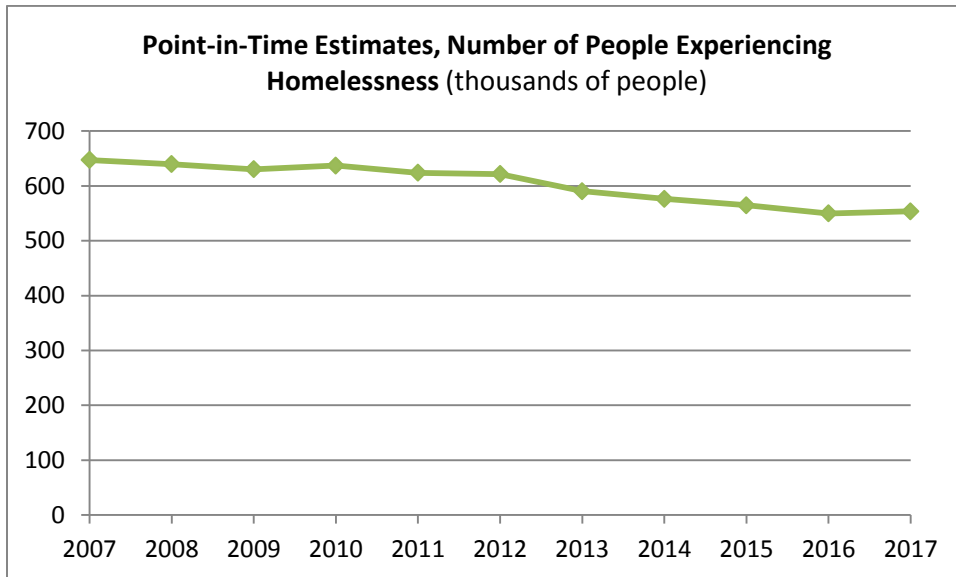
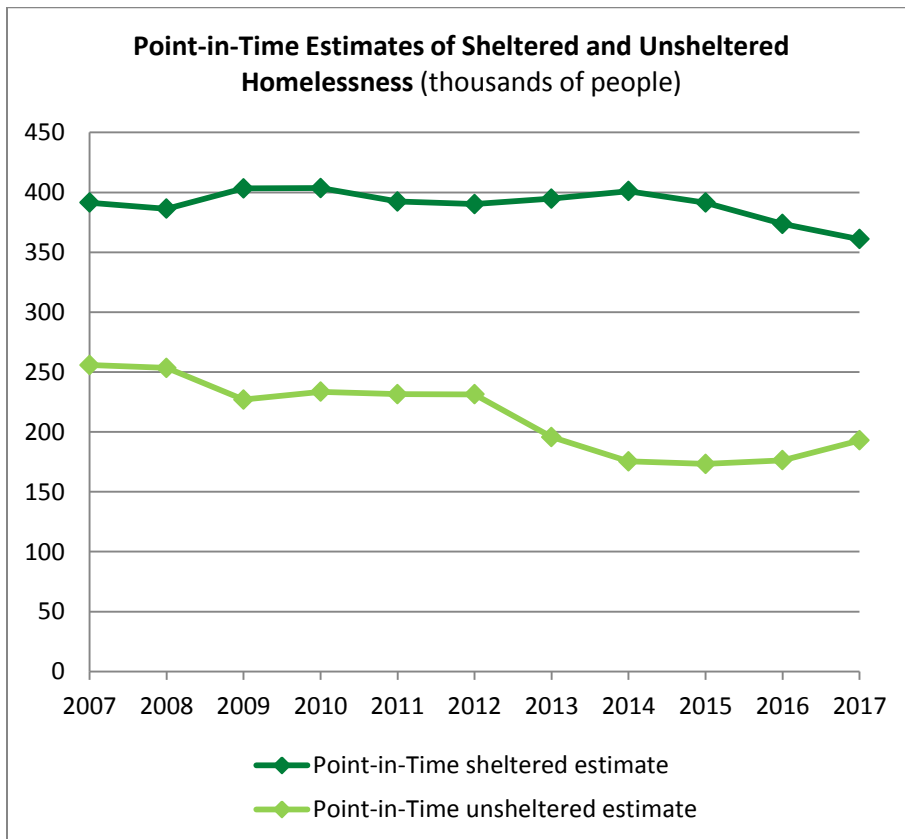


Exhibit 3



In percentage terms, the largest reductions in homelessness during this time period were for two groups of people experiencing homelessness that have received special policy attention and are identified separately in the data: veterans and individuals with chronic patterns of homelessness.

- In 2009, when PIT counts began identifying which people experiencing homelessness were veterans, an estimated 74,087 veterans were homeless on a single night.² By 2017, this number was down to 40,056—a reduction of 46 percent or more than 34,000 people. Veterans who experience homelessness are strikingly different from their non-homeless counterparts. While most US veterans are members of families and more than half of all veterans are seniors, most veterans who experience homelessness do so as individuals, and only 1 percent is 62 or older.
- A chronically homeless individual is defined as a person with a disability who is homeless for more than a year or has separate episodes of homelessness totaling more than a year over a three year period. More than two thirds of individuals with chronic patterns of homelessness are found in unsheltered locations. Between 2007 and 2017, the number of individuals experiencing chronic homelessness on a single night declined from 119,813 to 86,962, a reduction of 27.4 percent or more than 32,800 people.

More modest declines were seen in the percentages of all people experiencing homelessness as individuals³ and of people experiencing homelessness as part of a family with children.

- Between 2007 and 2017, the number of people experiencing homelessness as individuals on a single night declined by 10.5 percent, from 412,700 to 369,081. These declines include the declines in veteran and chronic homelessness. Declines for individuals who are not in one of these two groups have been more modest, and indeed the number of non-chronic individuals showed a slight increase between 2016 and 2017.
- Based on the PIT estimates, homelessness among families with children fell by more than 21 percent between 2007 and 2017, from 234,558 people to 184,661. While not as large a percentage drop as the declines in veteran homelessness, it affected a larger number of people, a reduction of nearly 50,000 in the number of family members homeless on a single night. Virtually all of this decline was for families reported by CoCs to be staying in a place not suitable for human habitation. The one-year estimates of people in families with children experiencing sheltered homelessness, in contrast, show an increase and then a decline in family homelessness during the past 10 years, with the 2016 number (175,563) only slightly below the 2007 estimate (178,328) after increasing to 191,903 in 2014. A typical family experiencing homelessness has a parent and one or two children.

² Veterans are people who served on active duty in the U.S. armed forces.

³ People in families with children are in a household consisting of at least one adult and at least one child younger than 18. People homeless as individuals may be in households with two adults or two people under the age of 18, but almost all people counted as individuals are homeless alone. Individuals and people in families total 100 percent of all people experiencing homelessness.

How good are the data on people experiencing homelessness?

The one-year and Point-in-Time estimates tracked in Annual Homeless Assessment Reports (AHAR) are based on the definition of “literal” homelessness: a person is homeless if he or she is staying in shelter (an emergency shelter or a transitional housing program) or in a place not intended for human habitation (unsheltered). Eligibility for HUD’s homeless assistance programs is somewhat broader, but a person must be at immediate risk of homelessness to be eligible for HUD-funded emergency shelters and transitional housing programs. This section describes these data sources in further detail and also describes data collected by the U.S. Department of Education (DoED) that uses a different definition of homelessness.

One-year estimates from Homeless Management Information Systems (HMIS)

The one-year counts of people who are homeless in shelters are based on HMIS data collected by each Continuum of Care (CoC) and reported in pre-defined tables to Abt Associates for the AHAR.⁴ Prior to submitting the data, CoCs “de-duplicate” the data such that people using more than one program or with multiple episodes of homelessness are counted only once in the reported estimates. Data now reported for inclusion in the AHAR cover essentially all areas of the United States.⁵

The submitted data are adjusted statistically in two important ways to produce a nationally representative estimate:

1. Within each CoC, the data are adjusted to account for programs that do not participate in a CoC’s HMIS. Participation rates vary across CoCs. Currently, the median participation rate is 100 percent and the mean rate is 86 percent—meaning, 86 percent of beds for homeless people are reported into the HMIS. This adjustment produces a full CoC-wide estimate of homelessness.
2. Using bed inventory information on the total number of beds in emergency shelters and transitional housing programs nationwide, the full CoC-level estimates are “weighted up” to cover all people experiencing sheltered homelessness in the United States. This weighting procedure accounts for CoCs that did not submit data to the AHAR.

Overall, HMIS data and the derived estimates are reliable. Since 2004, HUD has offered intensive technical assistance and ongoing guidance to help communities maintain high-quality HMIS data. HUD also requires CoCs to report on their HMIS data quality in the annual competitive funding cycle, and many systems have pre-programmed (or “canned”) data quality reports that identify shortcomings or

⁴ HUD publishes data specifications and requires CoCs to implement HMIS as a condition of funding for the Department’s homeless assistance programs, but data collected in the HMIS are intended to cover all emergency shelters and transitional housing programs in the CoC area, regardless of funding source.

⁵ The sample used in the AHAR analysis does not include individuals who are homeless but live in an area that is not within a Continuum of Care. CoCs cover 97 percent of the U.S. population, including areas with high rates of homelessness, and so few homeless people are likely to live outside CoC communities. If U.S. Territories are able to provide usable HMIS data they are included in the estimates, however if these territories cannot provide usable data, the research team does not use data from other communities to weight up for them.

inconsistencies in the data. And while the confidence intervals⁶ associated with the HMIS-based estimates are somewhat wide, the estimates have been stable over time and are in sync with both anecdotal trends at the local levels and with national economic conditions.

The main weakness of the HMIS data is that these data only capture information from people who use homeless assistance programs and do not include people experiencing unsheltered homelessness who never access the shelter system. This is an important shortcoming and the data may miss people for a variety of reasons. For example, some people experiencing homelessness may want to use the shelter system but are unable to do so because of insufficient shelter and transitional housing capacity. Others may resist going to shelters even if space is potentially available for them, for a wide variety of personal circumstances and concerns, ranging from distrust of service providers to a lack of accommodation for pets, rules that prevent partners or family members from sheltering together, sobriety prerequisites for entry, and concerns about personal safety inside shelters.

Point-in-Time estimates

Point-in-Time (PIT) estimates are the other main source of information on people experiencing homelessness and are collected when communities canvas for all people experiencing homelessness on a single night in January. PIT data cover both people in shelter and people found in unsheltered locations, such as streets, vehicles, or parks. The PIT includes estimates of people with chronic patterns of homelessness and, in recent years, has also included some detail on age categories for youth that is not in the HMIS-based estimates. For example, PIT data include a category for unaccompanied youth age 18 to 24—a vulnerable age group that may include young people who have aged out of foster care and face unique challenges. PIT estimates also include “parenting youth”—young people under age 25 with children of their own. The PIT estimates are available on-line by CoC and state.⁷

There are two primary weaknesses with the PIT data. First, these estimates may “over-represent” people who experience homelessness for long periods of time and, therefore, are more likely to be homeless on the night of the count. For example, a person who is chronically homeless is more likely to be homeless on the night of the count than a person who experiences a short-term crisis and accesses the homeless system. Thus the demographic profile of homelessness in the United States based on a single night may be misleading and over-represent the characteristics of long-term homelessness. This weakness is the reason why the one-year estimates based on HMIS data are an important supplemental data source.

Second, and perhaps more importantly, it is difficult to find and count people staying in unsheltered locations. Indeed, producing a full enumeration is challenging because some people prefer to remain “hidden” or may move around during the night of the count, and thus some people may be missed or potentially counted twice. In addition, different types of jurisdictions present unique challenges in counting unsheltered populations. In large urban areas counts may miss people sleeping under freeways or deep inside public parks, and in sprawling suburbs it may be difficult to spot people sleeping in cars under many layers of blankets. Remote rural areas may present challenging terrain.

⁶ A confidence interval is the range within which the actual number of people experiencing sheltered homelessness over the course of a year is likely to fall.

⁷ See <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>.

For many years, HUD has provided guidance on methodologies for conducting the PIT “street count,” and some communities get help from social scientists and statisticians at universities and other organizations. The guidance focuses on different enumeration strategies, getting an accurate de-duplicated count, and survey techniques (including sample PIT surveys). Also, the analysts who produce the AHAR conduct a very thorough review of each CoC’s PIT data. Analysts look for unusual year-to-year changes in the counts, inconsistencies in the data, and unreasonable relationships between data points (e.g., very large household sizes among homeless families). Overall, the reliability of the PIT estimates has increased substantially since the mid-2000s.

Department of Education (DoED) data

DoED uses a definition of homelessness that is broader than that used by HUD and by communities in the PIT counts and in administrative data on sheltered homelessness. In addition to “literal” homelessness, DoED’s definition includes housing conditions that might limit a child’s access to school and stable school attendance, such as doubling up for economic reasons. These data show that, in the 2013-2014 school year some 1.3 million school-aged children met the DoED definition for homelessness.⁸ An annual report summarizes the data on a state by state basis and for children of different ages.⁹

There are a few weaknesses with the DoED data. The data on children who are homeless or in extremely unstable housing situations are based on parent reports to school homelessness coordinators, and there is no attempt to de-duplicate the data for children who change schools during the course of a year. In addition, parents may have varying interpretations of what constitutes homelessness or doubling up for economic reasons when they answer questions on a form sent to them by the school. Furthermore, school districts (called local education agencies or LEAs) have varying resources for identifying children experiencing homelessness. The DoED data may also miss some children who are homeless by either HUD’s or DoED’s definition: for example, children who experience homelessness during the summer only, those who have dropped out of school, and young children who are not enrolled in preschool programs administered by LEAs.¹⁰

Variations in state and local patterns and trends

Not surprisingly, the nation’s largest states have the largest numbers of people experiencing homelessness—California, New York, Florida, and Texas account for about half the national estimate. However, these states have very different rates of homelessness—that is, shares of the state’s population found homeless by PIT counts. For example, while none of the 10 most populous U.S. states has a rate of homelessness that exceeds half a percent (0.5%) of its population, New York, California, and Massachusetts have rates well above the national average of 0.17 percent in 2016. Florida’s rate is similar to the national average, and the rate for Texas is substantially lower than the national average (*Exhibit 4*).

⁸ [2015 Annual Homeless Assessment Report: Part 2 – Estimates of Homelessness in the U.S.](#) October 2016. U.S. Department of Housing and Urban Development.

⁹ [Federal Data Summary—School Years 2012-13 to 2014-15: Education for Homeless Children and Youth.](#) December 2016. National Center for Homeless Education at the University of North Carolina at Greensboro.

¹⁰ For additional information on DoED efforts to improve data quality, see Endres, Christina. [Guide to Collecting & Reporting Federal Data: Education for Homeless Children & Youth Program.](#) May 2017. National Center for Homeless Education.

Other states with rates above the national average are Hawaii, Oregon, Washington, Alaska, Nevada, Colorado, and Vermont.

States also differ dramatically in the share of their population that is found in sheltered locations (emergency shelter or transitional housing) rather than on the “street” (in a place not suitable for human habitation). More than two thirds of people experiencing homelessness in California on a single night in January 2017 were found in unsheltered locations, compared to 5 percent or less in Iowa and Nebraska.

Exhibit 4

Rates of Homelessness in the 10 Most Populous U.S. States			
	Total population 2016	2016 PIT Count	Rate of homelessness
California	39,250,017	118,142	0.30%
Texas	27,862,596	23,122	0.08%
Florida	20,612,439	33,559	0.16%
New York	19,745,289	86,352	0.44%
Illinois	12,801,539	11,590	0.09%
Pennsylvania	12,784,227	15,339	0.12%
Ohio	11,614,373	10,404	0.09%
Georgia	10,310,371	12,909	0.13%
North Carolina	10,146,788	9,559	0.09%
Michigan	9,928,300	9,316	0.09%

Changes over time in numbers of people experiencing homelessness also vary a great deal from state to state. On a nationwide basis, homelessness increased by 0.7 percent between 2016 and 2017, with most of the increase attributable to changes in California, where homelessness increased by 13.7 percent. During the same period, 31 states and two U.S. territories saw decreases in homelessness, by as much as 22.5 percent in South Carolina. Over a longer time period, California experienced a 3.4 percent decline in homelessness, with 4,700 fewer people homeless in California in 2017 than in 2007. Exhibit 5 shows the pattern of declines and increases in California during this period, including the increase that began between 2014 and 2015.

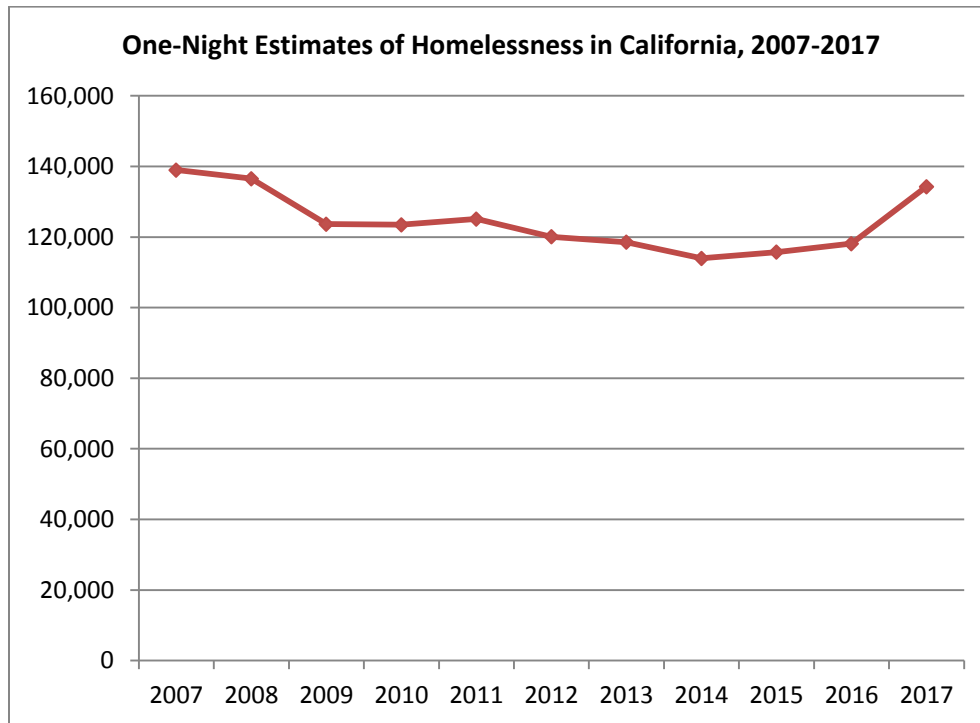
The recent declines in Texas and Florida brought the total drop in homelessness between 2007 and 2016 to 40.8 percent for Texas and 33 percent for Florida. New York and Massachusetts, in contrast, saw increases in homelessness of 43 percent and 16.1 percent over the same time period.

Homelessness is a heavily urban phenomenon. More than 70 percent of people using shelter over the course of a year are in urban rather than rural or suburban areas. Point-in-Time data show that the largest communities (Continuums of Care, or CoCs) covering the 50 largest cities in the U.S. have about half of the total population of people homeless on a single night in January. However, the picture can also vary among communities within a state. Looking just at Texas, the point in time estimates show reductions

between 2016 and 2017 in Houston, where homelessness fell by 10.6 percent, an increase of 8.5 percent in El Paso, and virtually no change in Dallas and Fort Worth.¹¹

The next section addresses some of the reasons for this variation, and the factors underlying these trends.

Exhibit 5



What is the evidence base that explains trends in homelessness?

Between the mid-1980s and the early 2000s, there was much debate about the extent of homelessness and about the fundamental nature of the problem. Studies that began to count homeless people were fraught with controversy, largely resolved when a National Study of Homeless Providers and Clients (NSHPC) created a consensus estimate and confirmed some basic facts—for example, that homelessness is associated with deep poverty and that experiencing homelessness as a child is a good predictor of adult homelessness.¹²

Regular, systematic collection of data starting in the early 2000s has added greatly to our ability to understand homelessness. We know with some confidence that the overall numbers of people experiencing homelessness are decreasing, and we can make some inferences from the trends. Some of the patterns may reflect national or local economic or housing market conditions, while others may result from the policy attention and resources.

¹¹ The estimates are for the Continuums of Care (CoCs), which may cover just the city or may cover a metropolitan area.

¹² Burt, Martha. 2016. Decades of Homelessness. In Donald W. Burnes & David L. DiLeo (eds.) *Ending Homelessness: Why We Haven't, How We Can*. Boulder, CO: Lynne Rienner Publishers, Inc.

Analyses conducted in the 1990s on the basis of earlier, one-time surveys of homelessness concluded that housing market conditions help explain local differences in rates of homelessness, with areas with relatively high housing costs having higher levels of homelessness. These analyses also showed that housing policies can make a difference, with relatively high amounts of housing assistance for poor renters associated with lower rates of homelessness.¹³

Since annual collection and analysis of data began in the early 2000s, patterns in different areas of the country and for different population groups appear to be associated with both policies and economic conditions, but there has been no systematic analysis of the type conducted during the 1990s. For example, the substantial increases in numbers of people experiencing homelessness in New York and Massachusetts are almost entirely among those found in sheltered locations and probably reflect “right to shelter” policies in New York City and Boston. The District of Columbia, the other US city that is required by law to provide shelter for people in crisis, also has experienced sharp increases in homelessness between 2007 and 2017. Recent increases in homelessness in California, in contrast, largely reflect sharp increases in the unsheltered homeless populations in Los Angeles and other California cities. These increases do not necessarily appear to be associated with policies of the homeless services system, but instead probably reflect growing shortages of affordable housing in urban California.¹⁴

During the Great Recession, there was an expectation that homelessness would increase substantially. It did, but the increases were almost entirely for families with children rather than for people experiencing homelessness as individuals. Family homelessness grew in suburban and rural areas relative to increases in cities and seems to have been associated with job loss rather than with the foreclosure crisis that was part of the Great Recession.¹⁵ Then as earlier, almost no families entered homelessness from housing they had owned.¹⁶

The substantial reductions in homelessness among veterans and among individuals with chronic patterns of homelessness may reflect the policy attention given to ending homelessness for those populations by the federal government and local communities starting in the early 2000s. For example, the substantial resources available from the U.S. Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA) have greatly increased capacity to support short-term crisis interventions, prevention, and rapid re-housing for veterans experiencing homelessness. Between 2007 and 2017 our capacity to serve people experiencing chronic homelessness also grew substantially, with

¹³ Early, Dirk and Edgar Olsen. [Subsidized Housing, Emergency Shelters, and Homelessness: An Empirical Investigation Using Data from the 1990 Census](#). *Journal of Economic Analysis and Policy*. 2002; 2(1): 1–34; Quigley, John, Steven Raphael, and Eugene Smolensky. [Homeless in America, Homeless in California](#). *The Review of Economics and Statistics*. 2001; 83(1): 37–51.

¹⁴ 2017 Greater Los Angeles Homeless Count results: Los Angeles County and Continuum of Care. June 2017. Los Angeles Homeless Services Authority.

¹⁵ The 2010 Annual Homeless Assessment Report to Congress. 2010. U.S. Department of Housing and Urban Development.

¹⁶ In 2011, just 1 percent of people who entered shelter came from owned housing. That figure was marginally higher for families with children (1.6%). The 2011 Annual Homeless Assessment Report to Congress. November 2012. U.S. Department of Housing and Urban Development.

more than 165,000 additional permanent supportive housing (PSH) beds coming available,¹⁷ along with efforts to target PSH to the most vulnerable people.

Where are the gaps in knowledge?

As much as we now know about patterns and trends in homelessness, we still do not know enough about the drivers of homelessness at either the national level or for individual communities. Now that we have fairly good PIT data for both sheltered and unsheltered homelessness at the community level, new efforts to model the determinants of differences in levels of homelessness would be welcome. Since the data are collected and reported at the CoC level, that analysis would have to adjust for differences in the levels of geography covered by CoCs, which can cover a single city or an entire metropolitan area. An additional challenge for understanding patterns of homelessness is that both HMIS administrative data and PIT data are limited to specific geographies and do not capture migration patterns that bring people into the homeless services system of a particular community.¹⁸

We also need to know more about what drives homelessness for different subpopulations. While there have been efforts to study the extent to which the child welfare system, the criminal justice system, and mental health institutions “feed” people into homelessness, particularly through data matching in individual communities, much more needs to be done.¹⁹

While the growth in street homelessness that occurred during the 1980s has been linked to the closing of state mental hospitals and other efforts to “de-institutionalize” people with severe mental illness,²⁰ recent increases in unsheltered homelessness in some communities are more difficult to explain. Additional research is needed to understand the relationship of such increases to housing markets and other economic factors, as well as to local and state policies.

Implications for policy and practice

What we already know about trends in homelessness and the data that can be used to understand them has implications both for national policy and for policy-makers and practitioners at the community level. For

¹⁷ [2016 Annual Homeless Assessment Report to Congress](#): Part 1—Point-in-Time Estimates of Homelessness, November 2016. U.S. Department of Housing and Urban Development.

¹⁸ The HMIS at one time included a required data item for the zip code of the shelter enterer’s last permanent address. The requirement for that data element was dropped. For an analysis of migration patterns in Michigan and Iowa based on that data element, see Leopold, Josh, Dennis Culhane, and Jill Khadduri. *Where Do Homeless People Come From? Movement of Households from Their Prior Residences into Homeless Residential Facilities in Michigan and Iowa*. April 2017. Abt Associates.

¹⁹ See, for example, Dworsky, Amy. [Families at the Nexus of Housing and Child Welfare](#). November 2014, First Focus State Policy Advocacy & Reform Center; Metraux, Stephen, Caterina G. Roman, and Richard S. Cho. *Incarceration and Homelessness*. In [Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research](#). Eds. Deborah Dennis, Gretchen Locke, and Jill Khadduri. September 2007. U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development; Greenberg, Greg A. and Robert A. Rosenheck. [Jail Incarceration, Homelessness, and Mental Health: A National Study](#). *Psychiatric Services*. 2008; 59(2): 170-177.

²⁰ Burt, Martha R. *Three Decades of Homelessness*. In *Ending Homelessness: Why We Haven’t, How We Can*. Eds. Donald W. Burnes and David L. DiLeo. 2016. Boulder, CO: Lynne Rienner Publishers, Inc.

example, we can conclude that additional resource and their effective use make a difference. The number of people who experience homelessness is not so large as to be insurmountable.

- Adding substantial resources for ending homelessness for families with children and for individuals without chronic patterns of homelessness could reduce the numbers for these populations, as it has for chronic individuals and for veterans.
- National and local policymakers should continue to focus resources on interventions that have been shown to be effective in addressing homelessness. Research has shown correlations between homelessness and housing vacancy rates, rent levels, and other housing market variables. Investment in mainstream rent assistance programs should be prioritized.
- Trends indicate that investment in permanent housing solutions to homelessness may decrease homelessness. National and local policy-makers should continue to invest and encourage the adoption of these models.

With continuous improvements in the quality of PIT counts and the expansion of the percentage of providers covered by the HMIS in many communities, information is available to help communities better understand the local nature of homelessness. The information allows them to focus their resources on particular population groups and to design their homeless services systems and modify them as needed.

Communities should:

- Make full use of the variety of local data sources, including HMIS and PIT data and also the program performance data required by HUD and data matches to health care and other systems.
- Fully implement the HMIS, expanding it to cover all providers of shelter if it does not already, and work with service providers to address and resolve data quality issues—for example, by making sure program entry and exit dates are accurate, since this is important for understanding how the local homeless services system works.
- Work on continuous improvements to the PIT counts, based on HUD guidance about best practices and by enlisting the help of social scientists and statisticians from universities and other appropriate organizations.
- Consider special analyses of client-level HMIS data (available only at the community level) for system planning and performance measurement. HMIS provide valuable information on where people were before they became homeless and can support analysis of how people move through programs in the homeless services system and patterns associated with their returns to homelessness. Virtually all communities now have fairly well-developed HMIS, but many do not maximize the value of the data collected.