

HOMELESSNESS IN AMERICA: Focus on Chronic Homelessness Among People With Disabilities



UNITED STATES INTERAGENCY
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Introduction

To prevent and end homelessness in America, we need to have a clear understanding of who is at risk of homelessness and who experiences homelessness. We also need to be attentive to differences within and between subpopulations of people who are at risk for or are experiencing homelessness. In our *Homelessness in America* series, we are summarizing the most relevant data and research regarding different subpopulations to help inform the work we must do, together, across the federal government, states, and local communities to end homelessness once and for all.

In this *Focus on Chronic Homelessness Among People with Disabilities* brief, we review data and information that help us answer the following questions:

- What is the scale of chronic homelessness?
- What do we know about the people who experience chronic homelessness?
- What do we know about the risks of chronic homelessness?
- What are the most significant gaps in available data and our current understanding of people who experience chronic patterns of homelessness?

This brief focuses on individuals who experience chronic homelessness. In addition, some families with children also experience chronic homelessness.¹ The characteristics of these families differ in some important ways from those of individuals who experience chronic homelessness. As described later in this brief, more research is needed to address our gaps in understanding about these families. Other briefs in this series focus on Veterans, unaccompanied youth, families with children, and individual adults.

What is the scale of chronic homelessness?

Under federal law,² people who experience chronic homelessness are defined as people with disabilities who also experience extended or repeated episodes of homelessness.³ People with disabilities are disproportionately represented among all people experiencing homelessness and, according to point-in-time (PIT) counts conducted in January 2017 by communities across the country, it is estimated that on any given day nearly one-quarter (24%) of individuals experiencing homelessness (86,962 of 369,081 individuals) are people with disabilities who met the federal definition of experiencing chronic homelessness.⁴ It is further estimated that about 10 to 15% of all individuals who enter homelessness will experience chronic homelessness.⁵ Most individuals experiencing chronic homelessness are living in major cities (57%) or smaller cities or counties (33%) rather than in rural areas.⁶

¹ Based on data from the 2017 Point-In-Time count, approximately 5% of families with children experiencing homelessness (2,767 of 57,971 family households) are experiencing chronic homelessness.

² Section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11360

³ Individuals with disabilities who experience homelessness sleeping in shelters or in unsheltered locations for at least a year, or those who experience at least four episodes of homelessness that add up to at least 12 months during the last three years, are defined as having chronic patterns of homelessness.

⁴ U.S. Department of Housing and Urban Development. (December 2017). The 2017 Annual Homeless Assessment Report (AHAR) to Congress Part 1: Point-In-Time Estimates of Homelessness

⁵ Culhane, D. (April 2018) Center for Evidence-Based Solutions to Homelessness. *Chronic Homelessness*. Accessed at: <http://www.evidenceonhomelessness.com/wp-content/uploads/2018/04/evidence-page-chronic-homelessness-April-2018.pdf>

⁶ 2017 AHAR Part 1.

More than two-thirds (69%) of the individuals with disabilities who experience chronic homelessness were staying in unsheltered locations—such as on sidewalks or in doorways, parks or encampments, under bridges, in cars, buses, or abandoned buildings—rather than in emergency shelters at the time of the January 2017 PIT count.⁷

The number of individuals experiencing chronic homelessness declined by 27% from 2010 to 2016. In 2017, however, this number increased for the first time since 2010. Between 2016 and 2017, the number of people experiencing chronic homelessness increased by 12% (or by 9,476 people), and over half of all states experienced an increase in the number of individuals experiencing chronic homelessness. The largest increase in chronic homelessness between

2016 and 2017 was in California, where 35,798 individuals were experiencing chronic homelessness at the time of the 2017 PIT count (an increase of 5,996 people or 20% since 2016).⁸



What do we know about the people who experience chronic homelessness?

Currently the Annual Homeless Assessment Report (AHAR) does not provide nationwide data regarding the demographics, health conditions, or other information about individuals who are experiencing chronic homelessness. However, information is available from data collected from programs that provide permanent supportive housing (PSH) for individuals who have experienced chronic homelessness.

Health and behavioral health care needs: Data consistently show very high rates of chronic illness, physical disability, mental health and substance use disorders, as well as significant numbers of developmental disabilities, among people who have been enrolled in programs that are designed to provide housing and services for people who experience chronic homelessness.⁹

However, we don't know if the characteristics of people who enter these programs are representative of all people who experience chronic homelessness, including those who have become homeless within the past few years and those who have not engaged in services. It is possible that people who are experiencing chronic homelessness who have not been served in these programs may differ in important ways. For example, funding sources for some programs limit eligibility to people with specific needs or characteristics, such as funding that is designated to serve persons with serious mental illness or persons with HIV/AIDS, or funding to assist persons with behavioral health disorders who are diverted from the criminal justice system or returning to the community after incarceration. Many communities prioritize persons with the greatest vulnerability or longest periods of

⁷ *ibid*

⁸ *ibid*

⁹ See, for example, Tsai, J., Rosenheck, R., Culhane, D. and Artiga, S. (September 2013) "Medicaid Expansion: Chronically Homeless Adults Will Need Targeted Enrollment and Access to a Broad Range of Services". *Health Affairs* 32(9) and Perl, L and Bagalman, E. (December 2015) Congressional Research Service: *Chronic Homelessness: Background, Research, and Outcomes*. Accessed at: <https://fas.org/sgp/crs/misc/R44302.pdf>

homelessness for PSH. These priorities or eligibility criteria may result in some differences between the characteristics of people who are receiving assistance in these programs and those who continue to experience chronic homelessness.

Characteristics of individuals in permanent supportive housing: In 2017, the nationwide inventory of PSH for people who formerly experienced homelessness included about 353,800 beds, including more than 149,000 PSH beds in housing units dedicated for people who had experienced chronic homelessness. More than 227,500 beds are in PSH units for adult-only households (individuals). More than half (52%) of PSH units for individual adults are dedicated to serving people experiencing chronic homelessness.



In addition to persons served in units that are dedicated to people experiencing chronic homelessness, a growing number of communities are prioritizing people experiencing chronic homelessness and other people with the greatest vulnerability for all available opportunities to live in PSH. As a result, when PSH opportunities become available because of vacancies in programs that had not previously been dedicated to serving people experiencing chronic homelessness, new PSH residents are likely to be people who are experiencing chronic homelessness. Information about the characteristics of people who are living in PSH is collected in local Homeless Management Information Systems and reported to HUD each year for analysis as part of the AHAR. Data shows¹⁰:

- Nationwide, nearly two-thirds of all adults living in PSH for individuals are men (63%).
- People living in PSH in 2016 were older. In PSH for individuals without children, more than half (54%) are over age 50, including nearly 31,000 people who are age 62 or older.
- Nearly half (44%) of individuals living in PSH in 2016 were African American.
- In 2016, nearly three in four adults living in PSH for individuals (73%) had a mental health disorder, substance use disorder, or co-occurring mental health and substance use disorder, and more than one in four (27%) had a physical disability. More than 6% of adults living in PSH in 2016 had a developmental disability.¹¹

Given the lack of national demographic data regarding age, ethnicity, and race and other nationally representative data regarding the characteristics of people experiencing chronic homelessness, we have also summarized data from Los Angeles and San Francisco, CA. California accounted for 42% of all individuals who experience chronic homelessness in the country, and more than half (53%) of the nation's unsheltered chronically homeless individuals in January 2017.¹²

¹⁰ The source for this demographic information is 2016 AHAR HMIS Estimates of People in PSH, accessed at <https://www.hudexchange.info/resources/documents/2016-AHAR-HMIS-Estimates-of-People-in-PSH.xlsx>

¹¹ 2016 AHAR Part 2 Section 7 and additional details from 2016 AHAR HMIS Estimates of People in PSH

¹² 2017 AHAR Part 1

A Closer Look at Los Angeles and San Francisco

In **Los Angeles**, the 2017 PIT count results show that more than 16,000 individual adults were experiencing chronic homelessness. Nearly 97% of those individuals were unsheltered, and they made up about 24% of all of the unsheltered single adults experiencing chronic homelessness nationwide at the time of the 2017 PIT.

Age representation: Compared to all persons in Los Angeles experiencing unsheltered homelessness, persons who were identified as chronically homeless were older.

- Nearly one-third (32%) of unsheltered individuals experiencing chronic homelessness in Los Angeles were age 55 or older.
- Nearly half (49%) of all persons age 55 or older who were experiencing unsheltered homelessness in Los Angeles were chronically homeless.

Racial demographics: Compared to other persons who were experiencing unsheltered homelessness in Los Angeles—and also compared to the population of Los Angeles County—persons experiencing chronic homelessness were more likely to be Black and less likely to be Latino.

	% of individuals experiencing unsheltered homelessness	% of people experiencing chronic homelessness	% of people living in Los Angeles County
Black / African American	37%	42%	9%
Latino	36%	27%	49%

Disabilities and health conditions: By definition, people experiencing chronic homelessness have a disability, and rates of disability related to mental illness, physical disabilities, or substance use disorders among people identified as chronically homeless are much higher than among all individuals who experience unsheltered homelessness.

Disabling conditions	% of individuals experiencing unsheltered homelessness	% of people experiencing chronic homelessness
Mental illness	33%	70%
Physical disability	19%	43%
Substance use disorders	19%	40%

Domestic violence: Half of all unsheltered chronically homeless adults in Los Angeles and one-quarter of all sheltered chronically homeless adults report that they have been victims of domestic/intimate partner violence.

San Francisco also reports that people experiencing chronic homelessness have significantly higher rates of disabling health conditions, compared to other people experiencing non-chronic homelessness. The most frequently reported health condition among people experiencing chronic homelessness, as reported in the results of San Francisco's 2017 Homeless Count and Survey, was drug or alcohol abuse (41%), followed by a psychiatric or emotional condition (39%), and then a chronic health problem (31%). Twenty-nine percent (29%) reported Post-Traumatic Stress Disorder (PTSD), 23% a physical disability, 12% a traumatic brain injury, and 11% reported having an AIDS or HIV-related illness.

Sources: Los Angeles Homeless Services Authority (LAHSA) *2017 LA CoC Chronically Homeless Data Summary* and additional unpublished data provided by LAHSA. And San Francisco 2017 Homeless Count & Survey: Comprehensive Report.

Engagement with other services and systems: Because many people who experience chronic homelessness have multiple chronic and disabling health and behavioral health conditions, and because living on the streets or in emergency shelters often increases health-related risks for vulnerable people, these individuals often have frequent hospitalizations and emergency room visits, and they may use crisis and institutional care in ways that are very costly. In addition, people who experience chronic homelessness, and particularly those who are unsheltered and those who have mental illness or substance use disorders may be arrested and incarcerated.

Costs for repeated use of public services, particularly emergency health or shelter services, used by some—but not all—people who experience chronic homelessness are extraordinarily high. Communities and researchers often find that individuals who are experiencing chronic homelessness—who are among the most frequent users of hospital inpatient and emergency room care and other crisis services—are often receiving costly services for avoidable crises and extended stays in institutional settings. Without access to stable housing where they can receive more appropriate care, health outcomes are very poor for people experiencing chronic homelessness in spite of these extraordinary costs for care.¹³

Research also shows that not all individuals who experience chronic homelessness are frequent users of costly services, and some of these individuals are receiving very little health care or behavioral health services in spite of their complex needs and vulnerability.¹⁴

- When researchers examined service utilization and costs for all individuals experiencing chronic homelessness over a three-year period (2000-2002) in Philadelphia, they found that the highest-cost quintile (20% of people) accounted for 60% of the total costs of services used by all persons included in the study. For this highest-cost group, the average per person annual costs for services that included shelter, street outreach, behavioral health services, and jail, totaled \$22,372. For those in the bottom two quintiles (40%), average annual costs were significantly lower—less than \$2,222. These costs did not include police, courts, emergency medical services, or health care for conditions not associated with mental health or substance use.
- In Los Angeles, a study of public service utilization among single adults experiencing homelessness found that for the top decile (10% of people), the annual costs for jail, medical and behavioral health, and publicly funded homelessness services averaged \$78,348. Of this amount, hospital costs averaged \$41,424. But for about 70% of persons included in this study (which was not limited to persons experiencing chronic homelessness), average annual costs of public services were less than \$1,000.¹⁵

What do we know about the risks of chronic homelessness?

While many people with disabilities do not experience chronic homelessness, we do not have sufficient data to understand the risks that contribute to chronic homelessness. However, we know that symptoms and functional impairments that result from disabling health and behavioral health conditions make it difficult or impossible for some people to earn income from employment, and stigma related to disability creates barriers to employment

¹³ For example, see Ku, B.S., Fields, J.m., et. al. (December 2014) “The Urban Homeless: Super-Users of the Emergency Department” *Population Health Management* 17(6):366-71

¹⁴ For example, see Kertesz, S.G., Baggett, M.D., O’Connell, J.J., Buck, D.S., and Kushel, M.B (December 2016) “Permanent Supportive Housing for Homeless People — Reframing the Debate”. *New England Journal of Medicine* 2016 (375) 2115-2117.

¹⁵ Flaming, D., Burns, P., Matsunaga, M. (2009) *Where We Sleep: Costs When Homeless and Housed in Los Angeles*. Economic Roundtable Accessed at https://economicrt.org/wp-content/uploads/2009/11/Where_We_Sleep_2009.pdf

for some people who want to work. Income from disability benefits, such as Supplemental Security Income (SSI), is not sufficient to pay for rent without additional assistance in most parts of the country.¹⁶

People with mental illness and substance use disorders are over-represented among people who are in jails or prisons, and they face significant barriers to both employment and housing upon reentry.¹⁷ Some people who experience chronic homelessness seem to be caught in a revolving door of incarceration, crisis services, and life on the streets or in emergency shelters. For example, Denver identified the top 300 utilizers of the county court system who were also experiencing chronic homelessness. These individuals had frequent contacts with police and the criminal justice system, primarily due to citations involving public nuisance, public consumption of alcohol, trespassing, and low-level drug offenses. They were responsible for over 17,000 days in jail (an average of about 56 days per person) a year.¹⁸

Researchers who interviewed women experiencing homelessness identified several factors that contributed to chronic homelessness, including childhood abuse and recent physical abuse. Childhood abuse directly predicted other problems in adulthood, including further victimization, depression, and drug and alcohol problems, which also increased the risks that women would experience chronic homelessness.¹⁹

What are the most significant gaps in available data and our current understanding of people who experience chronic patterns of homelessness?

After many years of increasing focus on chronic homelessness among policymakers, researchers, community leaders, and providers of housing, health care and other services for people who experience chronic homelessness, we have a good understanding of the impact of PSH on outcomes like housing stability and reductions in costs associated with hospitalizations, emergency services, and institutional care.

We don't, however, have an up-to-date nationwide picture of the characteristics, demographics, service and shelter utilization, and needs of people who are experiencing chronic homelessness now. In particular, there are significant gaps related to:

- Information about the race and ethnicity of people who are experiencing chronic homelessness in comparison to the general population, as well as the characteristics of people who live in poverty or those who experience homelessness for shorter periods of time.
- Deeper understanding of families with children who experience chronic homelessness, including their needs and barriers to housing stability, and how these families may be similar to or different from individual adults who experience chronic homelessness.

¹⁶ Schaak, G., Sloan, L., Arienti, F. and Zovistoski, A. (December 2017) Priced Out: The Housing Crisis for People with Disabilities. Technical Assistance Collaborative, Inc. Accessed at <http://www.tacinc.org/media/59493/priced-out-in-2016.pdf>

¹⁷ Bronson, J. and Berzofsky, M. (June 2017) U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics. *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*

¹⁸ Harvard Kennedy School Government Performance Lab: *Denver Permanent Supportive Housing Pay for Success Project*. Accessed at https://govlab.hks.harvard.edu/files/siblab/files/denver_pfs_project_feature.pdf

¹⁹ Stein, J.A., Leslie, M.B., Nyamathi, A. (April 2002) Relative Contributions of Parent Substance Use and Childhood Maltreatment to Chronic Homelessness, Depression, and Substance Problems Among Homeless Women: Mediating Roles of Self-Esteem and Abuse in Adulthood. *Child Abuse and Neglect* 26 (2002) 1011-1027

- Deeper understanding of the risk and protective factors that might help better forecast which people with disabilities and which families with disabled heads of households are more likely to experience chronic homelessness.
- Greater understanding of the risk factors that contribute to some people with disabilities remaining homeless for long periods of time, and the interventions that might help more people with disabilities return to housing more quickly after they experience an episode of homelessness, instead of aging into chronic homelessness.
- Understanding the impact of the nation's opioid epidemic among people who have become homeless in recent years and those who are at risk of or are experiencing chronic homelessness.
- Information about how many people experiencing chronic homelessness use shelter at some time during the year, or how long they stay in shelter.
- Research regarding people with disabilities who are experiencing unsheltered homelessness, and how often they stay in shelters, hospitals, treatment facilities, jails, or other settings.
- Deeper understanding of the ways people with disabilities experience both chronic homelessness and contact with institutions in order to identify opportunities to offer interventions that engage individuals and heads of household with complex needs in the services and supports that will facilitate their recovery and long-term stability.
- Research regarding the characteristics of people experiencing chronic homelessness in unsheltered and encampment settings versus those who sleep in shelters.
- Information and better data to help understand if the characteristics and needs of people with disabilities who have begun to experience chronic homelessness more recently are different from those who have been experiencing homelessness for a decade or longer.
- Analysis of data from coordinated entry systems to gain more insights into the characteristics and needs of people who are experiencing chronic homelessness and to evaluate the effectiveness of such systems, including prioritization practices, in connecting people experiencing chronic homelessness to PSH and other effective interventions.
- Research regarding the characteristics and needs families with children who experience chronic homelessness and the risk factors that contribute to prolonged or repeated episodes of homelessness among families in which the head of household has a disability.
- Research focusing on parents who experience chronic homelessness, including a better understanding about family separations that may result in a parent experiencing chronic homelessness as an individual, without their children.
- Research focusing on the impact of PSH for families experiencing chronic homelessness, including outcomes related to health and service utilization for parents with disabilities, to complement the body of evidence from research about the impact of PSH for individuals experiencing chronic homelessness, and a deeper understanding of other outcomes related to the wellbeing, resilience, and educational success of children in these families.

- Assessment of the effectiveness of a range of interventions, including rapid re-housing, being provided to people with disabilities and other significant barriers to housing stability in preventing or reducing the length of time that people experience chronic homelessness.
- More detailed understanding of the evolving service needs of supportive housing tenants to inform service planning, improve modeling efforts, make decisions regarding the most effective use of available resources, and better support the needs and goals of tenants, including: tenants who have achieved stability and recovery in supportive housing and may have less need for supportive services to address living skills or symptoms of mental health and substance use disorders, and may be more focused on pursuing employment opportunities; and seniors and persons who have disabling health conditions who are “aging in place” in supportive housing and are experiencing increased needs for health care and assistance with activities of daily living.