

Restoring compassion, reason, and a continuum of options to the Continuum of Care

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[Homeless has increased dramatically over the past 20 years](#). While there were zero visible tent cities a decade ago, they are now commonplace. Federal policy forced upon HUD by organizations outside of the government, and, ironically using an extraordinary amount of federal technical assistance funding directly from HUD, have forced into place policies that have not only normalized but have downright, required chronic homelessness for the purpose of receiving help.

Prevalent street homelessness, once a bi-coastal phenomenon, has been injected throughout America via ham-handed “housing first” policies. As a result, there has been a 3000% increase in a decade of tent cities or “encampments” as they are sometimes called ([National Law Center on Homelessness and Poverty, 2017](#)).

If you have attempted to discuss the human catastrophe playing out across America, you have likely been told you are wrong - things are getting better. The data says so. Family homelessness, for example, has [“declined sharply”](#); even though the share of [permanent affordable housing available to families within HUD’s portfolio](#) has declined by nearly 20 percent.

You are routinely asked to suspend your critical thinking skills, ignore what you see before you, and suppress your sense of urgency while you meet with cosmopolitan, spritely consultants to “plan.”

If you have been placed in a holding pattern, and trapped in a mobius strip of consulting firms, for more than ten years and you have used endless office supplies to display your goals and objectives and theories of change on color-coded Post-It notes - do not feel ashamed. You are not alone. However, the time has come to separate yourself and your community AND certainly every man, woman, and child from this dilatory tactic of “planning.”

These advocacy groups and their consultants are simply running out the clock on their own careers so that they don’t have to admit that “housing first” was not a program but a farce and a failed ideology.

All the while mayors, police chiefs, and public and private shelter providers (who have been starved of Continuum of Care funding by design) struggle to keep people from dying of a national public health crisis brewing within the encampments and beyond.

NCHCW offers three policy recommendations to restore compassion and reason to homeless services.

First: President Trump must ignore the ideologues and act on his observation that homelessness in the US is a growing human catastrophe. He must rescue cities and counties from the “Housing First” farce and declare that homelessness is national emergency and advocate for an emergency supplemental to appropriate \$1.7 billion to transfer the annual renewal demand for rental assistance for permanent supportive housing en masse to the Section 8 Housing Certificate Fund.

President Trump must declare a national emergency and free up \$1.7 billion through an emergency supplemental to transfer all permanent supportive housing renewals en masse to the HUD Housing Choice Voucher account. Private providers of PSH will resist this because they have gotten into the habit of receiving both the subsidy and the administrative fee from HUD through the Continuum of Care funding. They will simply have to adjust.

Few people are aware that when advocates first requested that appropriators insert a permanent supportive housing set aside into the Continuum of Care report language (and eventually into the authorizing legislation) that they predicted that overtime, due to the cumulative nature of permanent housing funding, PSH would consume the entire Continuum of Care annual budget. Thus, at that time they had a companion request – that each year, the PSH renewals would be transferred to the Section 8 Certificate Fund, freeing up that portion of the Continuum of Care funding for new units (and to serve additional people).

To quote the National Alliance to End Homelessness Year 2000 Legislative Agenda: “Now that there are approximately 28,000 Shelter Plus Care units and a number of Supportive Housing units, renewals are taking up a large portion of homeless funding. The solution is to renew these projects from the Housing Certificate Fund, which renews Section 8 and a few other housing programs.” We agree with NAEH, the renewals must be transferred immediately. It is important to point out that there are now over 275,000 units of PSH within the Continuum of Care.

According to NAEH, this will allow us to serve “more chronically homeless, chronically ill people – instead of using a large share of the funds to keep renewing old projects.” Currently, the answer is to leave people on the street. And this, of course, is no answer at all – it is a catastrophe.

Second: Eliminate federal targeting and restore HUD to its award-winning role of judging the extent to which a local Continuum of Care application fills the gaps identified in local homeless service array.

Provide the same amount of funding (just under \$3 billion) through the Continuum of Care process. However, this process must be restored to its original, organic, and [award-winning process](#). It must be driven by communities and how homelessness presents in these communities. Highly paid HUD contractors will no longer be able to direct federal funding for TA contracts to their organizations or members because targeting will no longer be legal.

It is important to point out here that in 1999, prior to federal targeting to PSH for the chronically homeless, Continuum of Care funding averaged approximately 30 percent for emergency shelter, 30 percent for transitional housing, and 30 percent for a few different and effective forms of permanent housing. The programs were fluid and included roughly seven components: “prevention, outreach and assessment, emergency shelter, transitional housing, permanent supportive housing, and permanent affordable housing, and supportive services” according to Burt (2002) in the HUD-funded *Evaluation of Continuum of Care for Homeless People*. Transitional housing, particularly faith-based interventions that helped people improve their quality of life and gain the stability necessary to return to and maintain permanent housing is almost completely absent from HUD’s portfolio.

When communities had local control up until 1999, street homelessness was at 7%. After 20 years of targeting, PSH renewals compose 87% of HUD’s Continuum of Care funding. Street homelessness is now at a record 36%. This is a policy failure of epic proportions. No further evidence is needed to make the case that federal targeting must cease and local governments and their private, non-profit partners must be put back in control of their community response to homelessness.

Third: Transfer \$20 million from HUD’s Community Compass Technical Assistance and Capacity Building initiative directed to national consulting firms to the Housing Certificate Fund.

HUD’s technical assistance line item was around \$11 million in the late nineties. Most of this funding went to local communities to assist them in completing their gaps analysis and submitting their application to HUD for Continuum of Care funding. That line item has swelled to unbelievable obscene and unforgivable \$55 million with just over \$20 million directed by the Office of Special Needs Assistance Programs to enormous national consulting firms on the East Coast to provide planning services to Continuum of Care professionals across the U.S. And yet, homelessness has never been worse. HUD must give these firms one year’s notice and either eliminate this portion of

the technical assistance line item, or preferably, and transfer it to the Section 8 Housing Choice Voucher Account for the purpose of funding the transfer of the PSH units.

The \$2 million line item for the USICH is more than enough to provide information and public employees on an as-needed basis to communities across to assist with applications. Communities who remain confused about how to end homelessness despite the abundance of existing research and material available to the public are welcome to apply for the remaining Capacity Fund directly or to use their own money to purchase consultant time to build their understanding.

It is also the case that by restoring local control HUD will produce a less cumbersome Continuum of Care funding application and as a result, sites will not need to hire a highly paid consultant to decipher it and conjure up ways to fit programs within narrow federal targeting schemes. Thus, less consulting will be necessary.