

## ABSTRACT

Title of Dissertation: THE STUBBORN PERSISTENCE OF HOMELESSNESS

George L. Leventhal, Doctor of Philosophy, 2017

Dissertation directed by: Professor Christopher Foreman  
School of Public Policy

**BACKGROUND.** Homelessness is an enduring problem, involving an estimated 550,000 Americans in 2016. Several intervention strategies have been employed since the 1990s to reduce its prevalence. Among the most widely-adopted of these was the 100,000 Homes Campaign, which took place between 2010 and 2014. While success has been claimed for each intervention, empirical tests of effectiveness are difficult to conduct, in part because data are hard to verify.

**QUESTION.** Did the 100,000 Homes Campaign reduce chronic homelessness?

**METHODS.** Structured interviews were conducted with experts in the homelessness field. A difference-in-differences regression was employed to test the effectiveness of the 100,000 Homes Campaign. Case studies were conducted of one state (Utah) and three communities (Orlando, FL; New Orleans, LA; and Santa Ana/Orange County, CA) which achieved large estimated reductions in chronic homelessness between 2009 and 2015.

**RESULTS.** Most interviewees believed the campaign was valuable, and most were optimistic that chronic homelessness could be ended within a few decades. Interviews revealed a striking lack of understanding of continuing inflow into chronic homelessness – that is, incidence rather than prevalence. The average chronically

homeless rate for treatment group communities declined from 8.62 chronically homeless persons per 10,000 population in 2009 to 5.81 per 10,000 population in 2014, a decline of 32.6%. The average chronically homeless rate for control group communities declined from 5.07 per 10,000 in 2009 to 3.55 per 10,000 in 2014, a decline of 29.98 %. The difference between the two groups was not statistically significant ( $\alpha > 0.05$ ,  $-1.96 < t = 1.75 < +1.96$ ). Case studies suggested potentially promising approaches, while demonstrating ongoing measurement challenges.

DISCUSSION. Contrary to expectations, the 100,000 Homes Campaign had no statistically significant effect on reducing chronic homelessness. The availability of Veterans Assisted Supportive Housing (VASH) vouchers had the greatest effect on reduced prevalence. Advocacy for ending chronic homelessness and the analytics necessary to measure whether that outcome is being achieved are not well matched.

THE STUBBORN PERSISTENCE OF HOMELESSNESS

by

George L. Leventhal

Dissertation submitted to the Faculty of the Graduate School of the  
University of Maryland, College Park in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
2017

Advisory Committee:  
Professor Christopher Foreman, Chair  
Professor Dennis Culhane  
Professor Carol Graham  
Professor Robert Sprinkle  
Professor Casey Dawkins, Dean's Representative

© Copyright by  
George L. Leventhal  
2017

## Acknowledgements

My sincere thanks to my family: my patient wife Soraia Leventhal, my sons Daniel Leventhal (who offered extensive comments on, and assistance with, this paper) and Francisco Leventhal, and my father Carl Leventhal (who provided significant emotional and financial support for my graduate studies).

Christopher Foreman, chairman of my dissertation committee, has consistently supported me throughout this long journey. This dissertation benefited significantly from his editing and good advice.

Daria Karetnikov Scala provided extensive assistance with the statistical analysis and was an excellent teacher and friend.

It was an honor to have the chance to talk with leaders in the field of homelessness, each of whom I admire: Steve Berg, Dennis Culhane, Iain DeJong, Matthew Doherty, Philip Mangano, Vincent Kane, Linda Kaufman, Becky Kanis Margiotta, Nan Roman, Norm Suchar, Sam Tsemberis, and Laura Zeilinger.

I am grateful to the members of the dissertation committee: Dennis Culhane, Carol Graham, Robert Sprinkle, and Dean's Representative Casey Dawkins.

Finally, I am inspired by the work of colleagues in Montgomery County, Maryland, who endeavor every day to end homelessness: Sharan London, Susie Sinclair-Smith, Susan Kirk, John Mendez, Uma Ahluwalia, the late Nadim Khan, Amanda Harris, and Kim Ball.

Table of Contents

**Background .....1**  
    **How do we know how many homeless persons there are?.....3**  
    **Who is “chronically homeless?” .....5**  
    **The “Housing First” philosophy.....7**  
    **Evidence behind Housing First approach .....10**  
    **The adoption of Ten-Year Plans to End Homelessness.....13**  
    **The 100,000 Homes Campaign .....17**  
    **Efforts to reduce homelessness among veterans, including Zero: 2016**  
    **.....22**

**Question .....24**

**Methods.....24**  
    **Interviews.....25**  
    **Data analysis.....27**  
    **The regression .....34**  
    **Case studies.....34**

**Results .....36**  
**Interviews.....36**  
    **On the 100,000 Homes Campaign .....36**  
    **On setting goals and failing to meet them.....46**  
    **On how to account for the ‘inflow’ of additional persons experiencing**  
    **chronic homelessness .....50**  
    **On the Point in Time count.....52**  
    **On whether homelessness can be ended.....55**

**Data Analysis.....57**  
    **Difference-in-differences Results.....69**  
    **Communities with the largest reductions in chronic homelessness.....71**

**Case Studies .....73**  
    **Utah .....74**  
    **Orlando/Orange, Osceola, Seminole Counties .....78**  
    **New Orleans/Jefferson Parish .....82**  
    **Santa Ana/Anaheim/Orange County .....85**

**Discussion.....87**

**Appendix A: Continua of Care Dropped From the Model.....96**

**References .....98**

**List of Tables**

**Table 1: Top Ten Continua of Care That Achieved Largest Reductions in Numbers of Chronically Homeless Individuals Between the 2009 and 2014 Point in Time Counts .....35**

**Table 2: Top Ten Largest Chronically Homeless Populations, 2014 .....58**

**Table 3: Top Ten Highest Chronically Homeless Rates, 2014.....58**

**Table 4: Comparing 2009 data with 2014 data for both groups .....67**

**Table 5: Comparing the treatment and control groups against each other ..68**

**Table 6: Difference-in-differences results .....69**

**Table 7: Difference-in-differences results .....70**

**Table 8: Top Ten Continua of Care That Achieved Largest Reductions in Numbers of Chronically Homeless Individuals Between the 2009 and 2014 Point in Time Counts .....73**

## List of Figures

<b>Figure 1: Point-in-Time Estimates of Total Homeless, Chronically Homeless and Homeless Veterans, 2007-2016 .....</b>	<b>2</b>
<b>Figure 2: Point-in-Time Estimates of Chronically Homeless Individuals, 2010-2014 .....</b>	<b>20</b>
<b>Figure 3: Comparing Control and Treatment Groups: 2009 Homeless Rate</b>	<b>32</b>
<b>Figure 4: Comparing Control and Treatment Groups: 2014 Homeless Rate</b>	<b>33</b>
<b>Figure 5: Correlation Between Median Rent and Chronically Homeless Rate, 2014.....</b>	<b>60</b>
<b>Figure 6: Correlation Between Poverty Rate and Chronically Homeless Rate, 2014.....</b>	<b>62</b>
<b>Figure 7: Correlation Between Unemployment Rate and Chronically Homeless Rate, 2014 .....</b>	<b>63</b>
<b>Figure 8: Correlation Between January Temperature and Chronically Homeless Rate, 2014 .....</b>	<b>64</b>
<b>Figure 9: Percentage Reductions or Increases in the Numbers of Chronically Homeless People Between the 2009 and 2014 Point in Time Counts .....</b>	<b>72</b>
<b>Figure 10: Point-in-Time Count for State of Utah: 2007-2015 .....</b>	<b>75</b>
<b>Figure 11: Point-in-Time Count for CoC FL 507: Orlando/Orange, Osceola, Seminole Counties CoC, 2009-2015.....</b>	<b>78</b>
<b>Figure 12: Point-in-Time Count for CoC LA 504: New Orleans/Jefferson Parish, 2009-2015 .....</b>	<b>82</b>
<b>Figure 13: Point-in-Time Count for CoC CA 602: Santa Ana/Anaheim/Orange County, 2009-2015.....</b>	<b>85</b>
<b>Figure 14: Point-in-Time Count for CoC 600: Los Angeles County, 2011-2016.....</b>	<b>92</b>

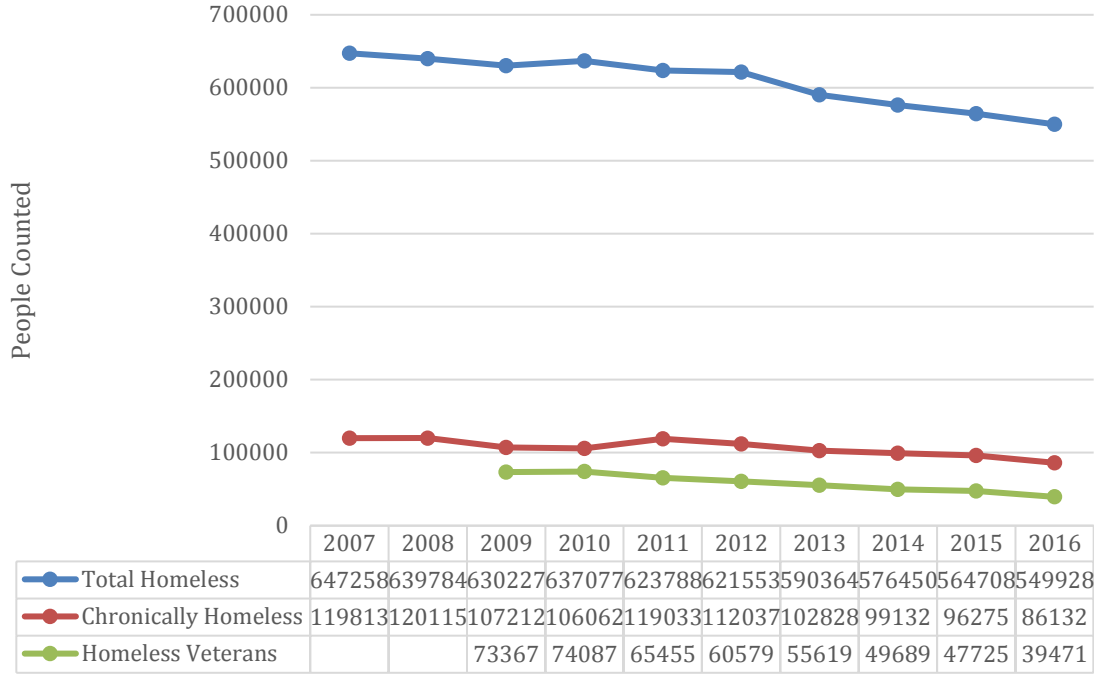


## ***Background***

According to the United States Department of Housing and Urban Development (HUD), the numbers of persons falling into the categories of homeless, chronically homeless and homeless veteran all declined between 2007 and 2016 (see Figure 1). That is the good news in HUD's 2016 report to Congress (AHAR, 2016) on homelessness. During this eight-year period, the Point-in-Time estimate of the total number of homeless persons declined from 647,258 in 2007 to 549,928 in 2016, a reduction of 15%. The estimate of chronically homeless persons declined from 119,813 in 2007 to 86,132 in 2016, a reduction of 28.1%. The estimate of homeless veterans declined from 73,367 in 2009 (the first year for which an estimate of homeless veterans was reported) to 39,471 in 2016, a reduction of 46.2%. In an October, 2014 press release, HUD Secretary Julian Castro said "As a nation, we are successfully reducing homelessness in this country, especially for those who have been living on our streets as a way of life. There is still a tremendous amount of work ahead of us but it's clear our strategy is working and we're going to push forward till we end homelessness as we've come to know it."

The bad news is that, even though more than 1,000 communities adopted 10-year plans to "end homelessness" in the first two decades of the 21<sup>st</sup> century, and hundreds of communities adopted aggressive implementation strategies to that end, no community in the United States achieved that goal. Moreover, as this dissertation argues, convincing demonstration of the efficacy of policy intervention has proved elusive, as has a clear consensus among advocates regarding the best path for future intervention.

**Figure 1: Point-in-Time Estimates of Total Homeless, Chronically Homeless & Homeless Veterans, 2007-2016**  
 Source: U.S. Department of Housing and Urban Development, AHAR 2015 & 2016



Yet, beginning in the 1990s, a sequence of approaches championed by federal agencies and their nongovernmental partners gained broad acceptance in the human services field as best practices for reducing the prevalence of chronic homelessness in communities. These approaches built upon each other, and included the following:

1. The “Housing First” philosophy;
2. the adoption of Ten-Year Plans to End Homelessness by communities;
3. the 100,000 Homes Campaign; and
4. efforts to reduce homelessness among veterans, including Zero: 2016.

This dissertation focuses on two subsets of the homeless population: those described as chronically homeless and homeless veterans (other homeless subpopulations identified by HUD are homeless individuals, homeless families with children, and unaccompanied homeless children and youth). There is substantial overlap between the two populations. The dissertation focuses on these populations not only to provide a finite and feasible area of study, but also because they have been the primary policy focus of the federal government, non-profit social service providers and the various advocacy groups with which the federal government has partnered in this century. As shown in Figure 1, reductions in the numbers of chronically homeless and homeless veterans have been significantly larger in recent years (by percentage) than reductions in the total homeless population.

***How do we know how many homeless persons there are?***

The number of homeless persons is difficult to estimate for some obvious reasons. The population lacks fixed addresses and a significant number of such persons may, for various reasons, not want to be identified or counted. The data in HUD's Annual Homeless Assessment Report to Congress (AHAR) come from the Point-in-Time count, the most widely used national measurement of homelessness, conducted by communities on a single night each year as a condition of federal funding. The Point-in-Time count is "a one-night, unduplicated count of people experiencing homelessness in a Continuum of Care (CoC)" (NAEH, 2014). But, as discussed further in the dissertation, this method is problematic and controversial.

The Continuum of Care is a decision-making entity comprised of local governments and non-profit service providers through which HUD disperses funding to communities. There were 402 CoCs in the 2016 AHAR. Each CoC assembles volunteers to count sheltered and unsheltered homeless people. HUD requires the count to be conducted during the last ten days of January, between January 22<sup>nd</sup> and January 31<sup>st</sup>. The department (2008) explains that this timeframe

... provides consistency to the national data HUD receives from CoCs and, in most regions of the country, is the time of the year when shelter use peaks due to cold weather. Because it is easier to count people in shelters than on the street or in other places not meant for human habitation, conducting the count on a night when the shelters are most full will lead to the most accurate count. Conducting the count during the end of the month will also capture people who cycle on and off the street, using public benefits until they run out to rent a room at the beginning of the month.

The Point-in-Time count is an imperfect instrument and has received extensive criticism. The National Coalition for the Homeless (2007) writes:

Regardless of the time period over which the study was conducted, many people will not be counted because they are not in places researchers can easily find. This group of people, often referred to as “the unsheltered” or “hidden” homeless, frequently stay in automobiles, camp grounds, or other places that researchers cannot effectively search. ... This suggests that homeless counts may miss significant numbers of people who are homeless, including those living in doubled-up situations [in which individuals stay temporarily in the homes of relatives, friends or roommates].

Corinth (2015) suggests that homeless individuals may purposefully

... avoid being counted, and they may become more adept at doing so over time as homeless counts become more regularly established in a community. Count dates are generally published publicly to recruit volunteers, giving the street homeless who are motivated to avoid counts the opportunity to hide themselves or find alternative arrangements on count nights. Motivations for avoiding counts may include not wishing to be woken up in the middle of the night (particularly in CoCs that simultaneously conduct surveys), hoping to avoid police officers and

social workers who might be mistrusted, and fearing the loss of children to Child Protective Services.

Padgett, Henwood and Tsemberis (2016) write:

Even agreement on the definition does not mean that the counting is done well or accurately... During the count, the balance of the ideal (effective outreach) with the real (holding back due to fears of intrusion or safety) often tilts toward the latter. Because funding allocations depend on the results, PIT counts are highly politicized as are the data.

Despite the criticism, HUD, the United States Interagency Council on Homelessness (USICH), and its non-governmental partners like NAEH, defend the usefulness of the Point-in-Time count. While acknowledging that “the PIT counts do miss people, as do most censuses” (NAEH, 2014), they point out that uniformity of collection procedures at least imposes some minimal standardization across communities, despite errors and imperfections, enabling at least basic monitoring of trends over time as well as comparisons between CoCs. “PIT counts are important,” NAEH asserts (2014). “They are the ONLY measure that captures the scope of people experiencing homelessness who are unsheltered – living on the streets, in cars, in abandoned buildings, and other places not meant for human habitation.”

***Who is “chronically homeless”?***

HUD’s definition of a “chronically homeless” person in use until December, 2015 was “an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children)” with a “Disabling Condition” such as “a diagnosable substance abuse disorder; a serious mental illness; a developmental disability; or a chronic physical illness or disability, including the co-

occurrence of two or more of these conditions; and who has been continuously homeless<sup>1</sup> for a year or more or has had four (4) episodes of homelessness<sup>2</sup> in the last three (3) years” (HUD, 2007).

In December, 2015, HUD altered the definition as follows:

- To be considered chronically homeless, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously *or* on at least four occasions in the last three years ***where those occasions cumulatively total at least 12 months;***
- Replaced “disabling condition” with “homeless individual with a disability”;
- There is not a minimum number of nights in which each occasion must total but instead, occasions are defined by a break of at least seven nights not residing in an emergency shelter, safe haven, or residing in a place meant for human habitation;
- Stays in institutions of fewer than 90 days do not constitute a break and count toward total time homeless. (HUD, 2015).

It is possible the new definition will create discontinuity in the Point in Time counts of chronically homeless individuals between the 2015 and 2016 AHAR reports. However, the earlier definition was in effect throughout the time period included in the dataset studied in this dissertation.

A specific focus on reducing the number of chronically homeless individuals, to free up shelter resources for people who experience temporary crises, emerged after Kuhn and Culhane (1998) suggested a “typology” of the homeless, observing that “the vast majority of people experiencing homelessness since the 1980s have had temporary

---

<sup>1</sup> HUD defines “homeless” as “a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.”

<sup>2</sup> HUD defines “homelessness” as “sleeping in a place not meant for human habitation (e.g. living on the streets for example OR living in a homeless emergency shelter.”

episodes of homelessness and have not, therefore, been likely to acculturate to a ‘homeless lifestyle.’” However, the 9.8 percent of homeless individuals identified as chronically homeless (based upon longer shelter stays) consumed two thirds of all shelter days in a New York sample of 73,263 people utilizing homeless shelters from 1996 to 1998. A study of a subset of Philadelphia shelter users between 1991 and 1995 similarly found a small minority of homeless people consuming the majority of shelter days: 9.8% of 6,897 homeless shelter users were identified as chronically homeless (those who “rarely leave the shelter over long periods”); those 677 persons consumed more than half (50.2%) of shelter days. Kuhn and Culhane wrote:

For this group, the shelter system is not acting in its "emergency" capacity, but is serving as a long-term housing arrangement. The appropriateness of this utilization pattern should be evaluated. ... By transferring chronic shelter stayers to other community housing programs, more emergency resources would be available for their intended function.

### ***The “Housing First” philosophy***

The common thread among the most widely-adopted approaches and campaigns to end homelessness is a commitment to the “Housing First” philosophy that gained rapid acceptance after being pioneered by New York psychologist and nonprofit director Sam Tsemberis in the 1990s. This approach seeks to place homeless clients in stable permanent housing as quickly as possible, without regard to whether the clients have completed substance abuse or mental health treatment. It was embraced by both the George W. Bush and Obama administrations as “an overall orientation in communities’ systems responses to homelessness (Opening Doors, 2014).”

Liebow (1993) presaged the philosophy behind Housing First after conducting case studies of women residing in a Rockville, MD, homeless shelter interviewed

between 1984 and 1988: “Homeless people are homeless because they do not have a place to live. I offer this not as a tautology but as a statement of cause.” And further: “the first order of business is to get homeless people out of the crazy-making and destructive world of homelessness. The first order of business is housing.”

Housing First represented a departure from “the traditional continuum of care favoring treatment first” (Padgett, Gulcur & Tsemberis, 2006), through which clients would be housed only after completing a regime of mental health treatment, substance abuse treatment, or both. Sahlin (2007) described the traditional approach as a “staircase” in which:

... homeless people are supposed to ascend step by step from the streets to a regular dwelling of their own via low-standard shelters, category housing (i.e. houses for specific categories, such as homeless male alcoholics), training flats and transitional flats. The higher they climb, the better their conditions in terms of physical standard and space, integrity, freedom, and security of tenure. Meanwhile, social workers monitor their efforts and progress in resolving ‘underlying’ problems (like debts, substance abuse, unemployment, etc.), and provide ‘training in independent living.’

Padgett, et al. (2016) write that the traditional approach

... aligns closely with the step-by-step ethos of personal responsibility and behavioral change deeply rooted in American values. Thus, homeless men and women with serious mental illness and co-occurring substance abuse are the authors of their destinies, arriving at such a debased state of existence through bad luck, poor decisions, and avoidable circumstances. Only with the expert assistance of psychiatrists, social workers, case managers, and addiction counselors can their lives be turned around.

In contrast to the condescension implicit in the “staircase” approach, Housing First emphasizes respect for the client. It is a philosophy based upon a simple principle: If a person does not know where he or she will sleep tonight, he or she cannot concentrate on solving the problems that made him or her homeless in the first place. Preoccupied



with the basic need for shelter and sustenance, homeless people may spend all day shuttling from one location to another for shelter, meals and shelter again. Mentally ill persons requiring medication cannot improve their mental health if they do not even have a place to keep their medications.

The most prominent and influential early advocate of the Housing First philosophy was Tsemberis, whose web site ([www.pathwayshousingfirst.org](http://www.pathwayshousingfirst.org)) refers to him as “the father of Housing First.” Tsemberis founded Pathways to Housing in New York City in 1992. It has since established branches in Philadelphia, Vermont, and Washington, D.C. As a psychologist for the New York City Department of Health and Hospitals, Tsemberis found that when his clients were asked, “What is the first thing you want,” the most common reply was, “A place to live” (Jensen, 2005). The New York State Office of Mental Health awarded Tsemberis a \$500,000 grant to pursue his radical (at the time) notion that the “treatment first” philosophy requiring clients to be alcohol- and drug-free before they were offered housing was a barrier to achieving its putative goal: getting homeless people off the street and into treatment for their mental and/or substance abuse disorders.

With the first grant, Tsemberis housed 50 clients in Hell’s Kitchen and Harlem. By 2005, it had housed 500 New York residents (Jensen, 2005). The Housing First model “has been replicated in more than 40 cities across the U.S. and in major cities in Canada, Europe and Australia” (Society for Community Research and Action, 2016). Tsemberis no longer operates a housing program in New York but runs Pathways Housing First, an advocacy and research organization (Trilling, 2016).

Because Housing First has been so widely adopted under many different approaches, Tsemberis reserves the identifier “Pathways Housing First” (PHF) for programs operated with fidelity to his recommended approach. He describes PHF as:

A complex clinical and housing intervention that comprises three major components: (1) program philosophy and practice values emphasizing *consumer choice*; (2) *community based, mobile support services*; and (3) *permanent scatter-site housing*. Permanent housing is necessary but not sufficient to fulfill what PHF means in practice—housing must be paired with adequate support services. Because PHF does not require psychiatric treatment or sobriety as preconditions for attaining housing, the model includes a fourth component, *harm reduction*, so that support services can help reduce risks associated with psychiatric or addiction-related behavior. (Padgett, et al. 2016)

### ***Evidence behind Housing First approach***

In 1996, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded a “four-year experiment in which homeless mentally ill persons in New York City were randomly assigned to the Pathways Housing First (PHF) model or to ‘treatment as usual’” (Padgett, et al., 2016). Ninety-nine clients were studied in the experimental “Pathways Housing First” (PHF) group and 126 in the control “usual care” or “treatment first” (TF) group.

Two years into the (New York Housing Study), PHF clients were significantly less likely to spend time homeless and hospitalized for psychiatric problems... The primary outcome of interest – housing stability versus homelessness – showed that individuals assigned to the Housing First group spent approximately 80% of their time stably housed compared with only 30% for participants assigned to TF after two years. ... Statistically significant group differences favoring PHF were observed for housing stability, time spent homeless, and perceived choice. Nonsignificant group differences were found in psychiatric symptoms or in use of alcohol and drugs. TF participants were higher users of mental health services and substance abuse treatment. This is not altogether surprising. In these programs, treatment is required, not chosen.

... By any metric, these findings are remarkable. If similar results were found in a pharmaceutical trial, investigators could be ethically obliged to stop the experiment and provide everyone with the experimental medication. (Padgett, et al. 2016)

Multiple subsequent studies indicate that providing permanent, stable housing is more cost effective for the public sector than paying for the shelter, incarceration, emergency room care and other public services homeless people require.

An influential study by Culhane, Metraux and Hadley (2002) combined data from eight government databases on 4,679 people housed in supportive housing for people with severe mental disabilities. They found that before placement, study subjects cost \$40,451 in 1999 dollars per person per year in combined spending on shelter use, hospitalization and incarceration. “Placement was associated with a reduction in services use of \$16,281 per housing unit per year. Annual unit costs are estimated at \$17,277, for a net cost of \$995 per unit per year over the first two years.” So, while it cost slightly more to house the clients than to leave them unhoused, there was a significant reduction in service utilization.

The City of San Francisco (2004) estimated that the care of one chronically homeless person, “using Emergency Room services, and/or incarceration, cost San Francisco an average of \$61,000 each year. On the other hand, permanent supportive housing, including treatment and care, would cost \$16,000 a year. The \$16,000 in permanent supportive housing would *house* the person, as opposed to the \$61,000 in care and services that leaves the person living on the streets.”

Martinez and Burt (2006) performed a longitudinal study of 236 single adults in supportive housing in San Francisco between October 10, 1994 and June 30, 1998, measuring primarily reductions in emergency room use. Eighty-one percent of

participants remained in permanent supportive housing for at least one year. Comparing the two years before housing placement with two years after, clients experienced significantly reduced emergency department visits, suggesting that “public hospital savings can offset part of the costs of providing supportive housing to this population.”

In an influential article for *The New Yorker*, Gladwell (2006) documented the case of chronic homeless alcoholic Murray Barr, who was repeatedly hospitalized in Reno, Nevada. Two Reno police officers, Patrick O’Bryan and Steve Johns, estimated that over ten years, Barr had run up medical bills of \$1 million, vastly more than it would have cost to house him:

O’Bryan and Johns called someone they knew at an ambulance service and then contacted the local hospitals. “We came up with three names that were some of our chronic inebriates in the downtown area, that got arrested the most often,” O’Bryan said. “We tracked those three individuals through just one of our two hospitals. One of the guys had been in jail previously, so he’d only been on the streets for six months. In those six months, he had accumulated a bill of a hundred thousand dollars—and that’s at the smaller of the two hospitals near downtown Reno. It’s pretty reasonable to assume that the other hospital had an even larger bill. Another individual came from Portland and had been in Reno for three months. In those three months, he had accumulated a bill for sixty-five thousand dollars. The third individual actually had some periods of being sober, and had accumulated a bill of fifty thousand.” The first of those people was Murray Barr, and Johns and O’Bryan realized that if you totted up all his hospital bills for the ten years that he had been on the streets—as well as substance-abuse-treatment costs, doctors’ fees, and other expenses—Murray Barr probably ran up a medical bill as large as anyone in the state of Nevada.

“It cost us one million dollars not to do something about Murray,” O’Bryan said.

Larimer, et al. (2009) used a quasi-experimental design comparing 95 housed participants (with drinking permitted) with 39 wait-list control participants enrolled between November 2005 and March 2007 in Seattle, Washington. They found

significantly reduced public costs (from a median cost of \$4066 per person per month before the housing intervention to a median cost of \$2449 per person per month, including housing costs) for a variety of indicators including “jail bookings, days incarcerated, shelter and sobering center use, hospital-based medical services, publicly funded alcohol and drug detoxification and treatment, emergency medical services, and Medicaid-funded services” for those clients who were housed as compared to those who were on the wait list.

University of Pennsylvania Professor Dennis P. Culhane has led and participated in dozens of studies showing that treatment modalities are more effective when mentally ill and/or addicted clients are housed than when they reside in temporary shelter. His work has provided the intellectual underpinning of the Housing First movement. In 2008, Culhane and Metraux recommended reallocating community resources away from temporary shelter into programs that combine housing with services. They argue that limiting the availability of services to the temporary shelter system “cannot reduce the prevalence of homelessness (p. 112)” because it leaves clients dependent upon it for the services they need, thereby prolonging their homelessness.

### ***The adoption of Ten-Year Plans to End Homelessness***

As consensus grew in the field regarding the efficacy of “Housing First” approaches to reducing homelessness, the NAEH promulgated guidance urging communities to adopt Ten-Year Plans to End Homelessness. It wrote (2000):

The Board of Directors of the National Alliance to End Homelessness believes that, in fact, ending homelessness is well within the nation’s grasp. We can reverse the incentives in mainstream systems so that rather than causing homelessness, they are preventing it. And we

can make the homeless assistance system more outcome-driven by tailoring solution-oriented approaches more directly to the needs of the various sub-populations of the homeless population. In this way, homelessness can be ended within ten years.

NAEH's document "A Plan: Not a Dream: How to End Homelessness in Ten Years" became a template imitated by many communities that began adopting their own ten-year plans. It emphasized the "Housing First" philosophy and highlighted the following components:

1. "Plan for Outcomes": Collect better data and gear efforts toward ending rather than managing homelessness (for example, by shifting resources from shelter to permanent supportive housing);
2. "Close the Front Door": Invest in homelessness prevention;
3. "Open the Back Door": Adopt "Housing First" so clients are no longer homeless;
4. "Build the Infrastructure": Increase the availability of affordable housing; increase incomes and improve services. (NAEH, 2000).

Shortly after President George W. Bush took office in 2001, NAEH leaders met with Housing and Urban Development Secretary Mel Martinez and Health and Human Services Secretary Tommy Thompson and found a receptive audience for the message that ending homelessness should become a priority for the new administration (Roman, interview, 2016). That receptiveness was reflected in the hiring of Philip Mangano to revitalize the office of Executive Director of the U.S. Interagency Council on Homelessness. The Interagency Council was created under the Stewart B. McKinney Homeless Assistance of 1987. It "coordinates and catalyzes the federal response to homelessness, working in close partnership with Cabinet Secretaries and other senior leaders across our 19 federal member agencies" (USICH). Both the council and the executive director position had languished under the Clinton administration, but

Mangano, who was founder and executive director of the Massachusetts Housing and Shelter Alliance, had an evangelistic passion for the issue, calling not just for the end of homelessness but its “abolition.”

In a 2016 interview, Mangano explained:

By the time I agreed to go to Washington ... 9-11 had struck. And an administration which had promised to be almost solely dedicated to domestic issues suddenly was an administration that was all about national security. What that meant was that there was less attention paid to domestic issues by virtue of the importance ... of national security issues. On the positive side of that, ... it meant there was a certain *carte blanche* you could write there, especially on the issue of homelessness. There was not a lot of attention being paid to the issue of homelessness ... As a result ... when I was appointed, I could drive policy and initiatives ... I reported directly to the White House – they knew everything I was doing... They never interfered ... I could develop what I wanted to do.

What Mangano wanted to do was to “go out to mayors and county officials and to engage them in the creation of local ten year plans... Our promise nationally is, you’d have more money to implement that strategy and we would let you know what the best practices were.”

The “best practices” were those promulgated by Culhane and Tsemberis, among others. Mangano convened conferences at which communities could describe their successes and learn from each other. At the same time, NAEH was also promoting the adoption of local ten-year plans at its conferences. To maintain support within the Bush administration, Mangano said he followed the principles in the President’s Management Agenda (a strategic document providing overarching guidance to the Bush administration), which called for measuring outcomes from federal investments. He said he also followed business principles promoted by thinkers including the “holy trinity” of Malcolm Gladwell, Jim Collins and Clay Christensen, whose books *The Tipping Point*, *Good to Great*, and *The Innovator’s Dilemma* were “literally on the desks of just about

everybody in the administration.” Mangano said he invited Gladwell, Collins and Christensen to his conferences to discuss with local homeless services providers how business principles could be applied to the task of ending chronic homelessness in ten years.

As recently as May, 2009, the U.S. Interagency Council on Homelessness (USICH) under the Bush administration maintained a directory of 446 communities that had adopted ten year plans<sup>3</sup>, but this directory was removed from the web under the Obama administration. In 2010, USICH reported that “over 1,000 mayors and county executives across the country... developed plans to end homelessness (Opening Doors)” but this de-emphasizes a key fact: most of these plans called for ending homelessness within a 10-year time period and for many of these communities, ten years elapsed, or will elapse soon, and homelessness stubbornly persists.

Housing activist Reverend Chuck Currie of the United Church of Christ played a leading role in developing Portland, OR’s ten-year plan in 2004 (Citizens Commission on Homelessness, 2004) but now questions the wisdom of the effort: “When we make these promises and then don’t succeed, all it’s saying is that government has failed again (Walters, 2012).”

For example, Montgomery County, MD, adopted its ten-year plan (*Homelessness in Montgomery County: Beginning to End*) in 2002, when 1250 people were counted in the Metropolitan Washington Council of Government (MWCOCG)’s one-day count of the homeless population on January 24, 2002 (MWCOCG, 2002). Ten years later, MWCOCG reported 982 homeless people in Montgomery County on January 25, 2012 (MWCOCG,

---

<sup>3</sup> Formerly available at <http://www.usich.gov/slocal/10-year-plan-communities.pdf>.



2012). While this is a commendable reduction in prevalence, it is far from “ending” homelessness. Montgomery County’s Department of Health and Human Services reports that 1,864 formerly homeless clients were placed in permanent housing from the time the county launched its Housing First initiative in 2008 to 2012. Why then did the total number of homeless people decrease by only 212 between the 2009 and 2012 estimates? Like many other communities, Montgomery County significantly underestimated the “inflow” of additional people who would become homeless during the time period, due to the recession, foreclosures, rising rents, and other factors.

### ***The 100,000 Homes Campaign***

The idea for the 100,000 Homes Campaign originated with Community Solutions founder Rosanne Haggerty, founder of New York non-profit Common Ground, which had applied Housing First principles to an initiative called Street to Home, which “nearly eliminated street homelessness in Times Square” between 2004 and 2007, and “helped spur New York City to overhaul its homeless outreach program to focus on permanent housing for people experiencing chronic homelessness.”

The Street to Home Initiative pioneered two innovations that were at the core of the 100,000 Homes Campaign: the homeless registry and the Vulnerability Index (VI). The registry introduced the concept that street outreach workers should know the names, faces, homeless histories, and vulnerability factors of all people experiencing homelessness. (Leopold and Ho, 2015).

Community Solutions launched the 100,000 Homes Campaign at a Washington, D.C. NEAH conference in July, 2010. By its conclusion in spring, 2014, the Campaign enlisted 186 communities across America, and achieved its eponymous goal of placing more than 100,000 formerly homeless clients in permanent housing. The numeric goal

was based on federal government estimates, such as an estimate of 109,812 chronically homeless Americans in January, 2010 (HUD, 2014), and a belief that by securing housing for roughly that many individuals, the problem could be virtually eliminated.

The campaign’s director was Becky Kanis Margiotta (pictured below), a West Point graduate and 13-year Army veteran who explicitly described the campaign as “an historic effort to eliminate chronic homelessness by July, 2014” in a journal article titled “An End to Chronic Homelessness: An Introduction to the 100,000 Homes Campaign” (Kanis, McCannon, Craig & Mergl, 2012).



**On June 11, 2014, Becky Kanis Margiotta announced the campaign had achieved its goal of housing more than 100,000 formerly homeless Americans.**

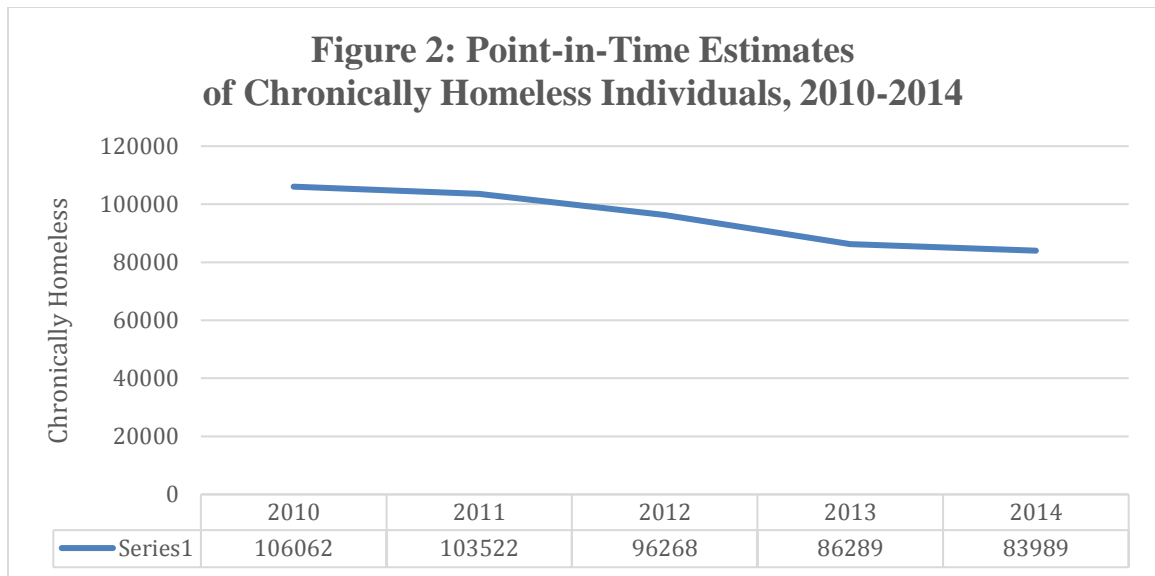
The Campaign utilized “medical vulnerability assessments” compiled through interviews with homeless people during a “registry week” in which each participating

community engaged as a central feature of the 100,000 Homes Campaign protocol. The assessments' goal was:

a by-name listing of everyone on the streets that was sorted and prioritized by mortality risk. Every community that adopted the Vulnerability Index was excited to report back ... that they had used the person-specific data and renewed sense of urgency, because it was framed – accurately – as a life or death issue, to reform their outreach or housing systems (100,000 Homes Playbook).

Clients identified as vulnerable received priority in housing placement, utilizing a combination of local and federal housing vouchers and subsidies and intensive case management services.

While more than 100,000 chronically homeless clients were housed in communities that participated in the campaign, the campaign's ambitious goal – “to all but eliminate chronic homelessness (in the United States of America) by July 2014 (Kanis, et al., 2012)” – was not achieved. HUD's 2014 Annual Homeless Assessment Report to Congress showed steady progress in reducing the number of chronically homeless individuals, but still showed 84,291 of them in the January, 2014 count (see Figure 2, below). Further, while chronic homelessness declined from 108,333 in 2009, before the campaign began, to 84,291 in 2014, when the campaign ended, there is no way to know whether the reported decline of 24,042 is related in any way to the more than 100,000 people housed in the campaign because the Point in Time counts do not correspond in any way to reported numbers of people housed by communities participating in the campaign.



The 100,000 Homes Campaign “depended on sophisticated media outreach, coordinated assistance, and buy-in by local service providers (many of whom were eager to try something new to jump-start flagging programs and morale)” (Padgett, et al., 2016). It generated favorable press coverage in many of the communities that engaged in it, capped off by a flattering report by Anderson Cooper on *60 Minutes* (Cooper, 2014) about Nashville, TN, where a CBS camera team participated in the registry week, filming homeless individuals as they were being surveyed for the vulnerability index. Cooper’s report said the 100,000 Homes Campaign “sounds too good to be true.” Newspaper coverage of the campaign emphasized the promise of ending chronic homelessness, as in an editorial in Syracuse, New York’s *The Post-Standard* (2014, March 30), which began by saying, “Chronic homelessness is a solvable problem.” Tom Barnett, program manager for the Fairfax-Falls Church (Virginia) Program to Prevent and End Homelessness, who previously headed a similar effort in Richmond, VA, said of the Fairfax-Falls Church 100,000 Homes Campaign: “I’ve seen it work and I know it can work in this community (Callahan, 2013).” In a regular *New York Times* feature titled

“Fixes,” an article on the 100,000 Homes Campaign was titled “The Push to End Chronic Homelessness is Working (Bornstein, 2014).”

This laudatory press coverage mirrors the tone of the only published scholarly analysis of the 100,000 Homes Campaign to date (Leopold & Ho, 2015). Despite a “statement of independence” asserting that “Funders do not determine our research findings or the insights and recommendations of our experts,” a concern of potential bias might arise with respect to Leopold & Ho’s study. The Urban Institute received its major funding for that assessment from Community Solutions, the 100,000 Homes Campaign’s organizer and sponsor.

The Urban Institute’s evaluation of the 100,000 Homes Campaign (the Campaign) found that the Campaign had a major impact on national efforts to end homelessness, despite its modest staffing and budget. Community Solutions successfully recruited nearly every major city to join the Campaign and exceeded its goal of placing 100,000 chronically or vulnerable homeless Americans into permanent housing. Participants and national leaders reported that the Campaign brought new energy and urgency to the work of ending homelessness. Communities that participated in the Campaign were more successful than nonparticipant communities in reducing street homelessness, homelessness among veterans, and chronic homelessness. Though the Campaign did not invent the Housing First approach to chronic homelessness, it helped establish its credibility to some skeptical or uninformed audiences by personalizing public health needs of homeless people and emphasizing the positive impact permanent housing can have on their lives. (Leopold & Ho, 2015)

The study evaluated the campaign as a success, basing its findings on HUD Point in Time count data, interviews and surveys of participating communities. Importantly, the study acknowledged that

though Campaign participants reported over 100,000 housing placements, the Campaign did not directly provide permanent housing for anyone. No housing units were directly financed or built by the Campaign and Campaign staff generally did not refer specific individuals to permanent housing programs. In interviews, Campaign staff acknowledged the tension between wanting to associate each permanent

housing placement with the national Campaign, while not claiming undue credit for the work of local communities or federal agencies. (Leopold & Ho, 2015)

The study did not mention the fact that the 100,000 Homes Campaign did not achieve its original goal of ending chronic homelessness.

***Efforts to reduce homelessness among veterans, including Zero: 2016.***

Upon the conclusion of the 100,000 Homes Campaign, Community Solutions promptly launched another national campaign called “Zero: 2016,” which is still underway as this dissertation is being written (in October, 2016, the campaign was renamed “Built for Zero”). Coordinating closely with the Obama administration’s goals, the Zero: 2016 campaign sought to end veteran homelessness in 70 selected states and localities by December 31, 2015 (which was not accomplished) and end chronic homelessness in those localities by December 31, 2016 (Maguire, 2014). As with the 100,000 Homes Campaign, this newer Community Solutions effort works closely with government agencies such as the Department of Veterans Affairs and HUD.

In 2009, President Obama identified ending homelessness among veterans by 2015 as a primary goal of his administration. In June, 2014, First Lady Michelle Obama announced a Mayor’s Challenge to End Veterans Homelessness, saying:

Tens of thousands of veterans who risked their lives for our country are sleeping in their cars, or in a shelter, or next to a subway vent. We should be horrified because that’s not who we are as Americans. And so we can’t just throw up our hands and say that this problem is too big for us. Because the truth is, it’s not. When you break down the numbers, you see that those 58,000 homeless veterans are spread out across all of our cities and states. So even in some of our largest metropolitan areas, we’re often only talking about a few hundred people. For example, as of a year and a half ago, New Orleans had a total of 211 homeless veterans, and they’ve been driving that number down ever since. In Indianapolis, the

most recent count of vets still out on the streets was 11. These numbers are still too high, because any number above zero is too much. And that's why as President, my husband vowed to end this problem once and for all, and ... he has directed record levels of funding toward helping homeless veterans, achieving historic success in getting our men and women in uniform into housing (White House, 2014).

The federal government makes available two primary tools to house veterans that are not available to other homeless clients: HUD VASH (Veterans Assisted Supportive Housing) vouchers and Supportive Services for Veteran Families (SSVF) grants. The HUD VASH program follows the Housing First model by combining Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (HUD, 2016). The program had existed since the early 1990s, but had housed only about 1,800 veterans (White House, 2014) until, in 2008, Congress significantly increased its funding and from 2008 to 2015, "a total of 85,000 vouchers have been awarded" (HUD, 2016). The Department of Veterans' Affairs makes SSVF grants – which also originated in 2008 -- available to community non-profit service providers serving veterans whose medical needs are less acute than HUD VASH recipients.

As of October 12, 2016, HUD reported that two states and 29 localities had achieved the goal of ending homelessness among veterans.<sup>4</sup> Vince Kane, special assistant on homelessness to Secretary Robert A. McDonald at the U.S. Department of Veterans

---

<sup>4</sup> States: Connecticut; Virginia. Cities, towns and/or counties: Albany, NY; Austin, TX; Bergen County, NJ; Cumberland County/Fayetteville, NC; Des Moines, IA; Flagler County, FL; Hattiesburg, MS; Houston, TX; Lancaster City & County, PA; Las Cruces, NM; Las Vegas, NV; Long Island, NY; Lynn, MA; Mississippi Gulf Coast Region; Mobile, AL; Montgomery County, MD; New Orleans, LA; Philadelphia, PA; Reading/Berks County, PA; Rochester, NY; Rockford, IL; San Antonio, TX; Saratoga Springs, NY; Schenectady, NY; Syracuse, NY; Terrebonne Parish, LA; Troy, NY; Volusia County/Daytona Beach, FL; Winston-Salem, NC. Source: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/veteran\\_information/mayors\\_challenge/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/veteran_information/mayors_challenge/)

Affairs and former director of the department's National Homeless Center, analyzed the success of the veteran homelessness effort in a 2016 interview:

... substantial progress has been made. Many communities that thought they could never do this have really ... engaged veterans, gotten them off the streets, they're now housed, they're now using services. Housing First was something not even thought about inside the VA and now it's policy.

Kane said another "big reason for the changes" is that the Department of Veterans Affairs is "no longer ... being insulated, but really partnering... with the other federal partners, particularly HUD, in programs like HUD VASH, which (is) an international model." He also said the partnership between the federal government and local governments had improved substantially. "The medical centers are actually working with the mayors' offices and working with county government, working with nonprofits... using data to measure progress and to identify where are there still gaps and needs." He said he thought "tremendous strides have been made, and I think you can point to the initiative as something that speaks to government success," although "There's still work to be done."

### *Question*

Did the 100,000 Homes Campaign reduce chronic homelessness?

### *Methods*

This dissertation devotes the most attention to the 100,000 Homes Campaign because it offers the best opportunity to compare results between communities that participated and those that did not. Further, because the Campaign involved so many communities and volunteers, it offers a good test of whether efforts to end homelessness



are making real progress and whether the goal will ever be achievable. Did the volunteer-intensive effort that motivated dozens and sometimes hundreds of people in each of 186 communities (an estimated 8,500 volunteers across the country, according to a 2017 interview with the author by Community Solutions' Jake Maguire) with a promise of ending chronic homelessness actually move the needle toward eradicating that phenomenon?

### *Interviews*

Interviews were conducted with twelve of the most consequential leaders in the homelessness field in the U.S. and Canada, each of whom was extensively familiar with the 100,000 Homes Campaign and other recent efforts to end homelessness:

1. Steve Berg, Vice President for Programs and Policy, National Alliance to End Homelessness.
2. Dennis P. Culhane, Professor, University of Pennsylvania.
3. Iain DeJong, President and CEO, OrgCode Consulting, Inc.
4. Matthew Doherty, Executive Director, United States Interagency Council on Homelessness.
5. Philip Mangano, President and CEO, The American Roundtable to Abolish Homelessness, and former Executive Director, United States Interagency Council on Homelessness (2002-2009).
6. Vincent Kane, Special Assistant to the Secretary, United States Department of Veterans' Affairs and former director of the department's National Homeless Center.
7. Linda Kaufman, National Movements Manager, Zero: 2016, a project of Community Solutions.
8. Becky Kanis Margiotta, co-founder and President, The Billions Institute and former Director, 100,000 Homes Campaign, a project of Community Solutions.

9. Nan Roman, President and CEO, National Alliance to End Homelessness.
10. Norm Suchar, Director, Office of Special Needs Assistance Programs, United States Department of Housing and Urban Development.
11. Sam Tsemberis, CEO, Pathways to Housing, Inc.
12. Laura Zeilinger, Director, District of Columbia Department of Human Services and former Deputy Director and Executive Director, United States Interagency Council on Homelessness (2011-2014).

The conversations followed a structured interview model, in which each interview subject was asked the same or very similar questions, including the following:

1. *How would you assess the success or otherwise of the 100,000 Homes Campaign in reducing chronic homelessness?*
2. *Is there a risk of losing public support if advocates for ending homelessness set explicit goals and then fail to meet them?*
3. *Did recent efforts setting targets to end homelessness fail to estimate adequately the “inflow” into homelessness of clients experiencing it for the first time?*
4. *Is the Point in Time count an effective tool, or should it be improved?*
5. *Can chronic homelessness, and overall homelessness, actually be ended in our lifetime?*

In addition to the structured questions, each interview veered into rich original territory, and encompassed many topics.

### *Data Analysis*

For the data analysis, this dissertation employs a quasi-experimental model to determine whether communities that participated in the campaign showed any differences in the prevalence of homelessness as compared to communities that did not participate in the mobilization.

A difference-in-differences regression was employed to compare communities that participated in the campaign with communities that did not, utilizing HUD data to measure the prevalence of chronic and total homelessness in both the control and treatment groups in 2009, before the campaign was launched, and in 2014, when the campaign concluded. To compare communities fairly, the regression controlled for population, poverty rate, and median rent. January temperature data (because annual counts of the homeless population are conducted in January) and total HUD-VASH vouchers were also entered in the database, but could not be used in the difference-in-differences regression. Having entered those variables in the dataset, it was also possible to analyze correlation between homelessness and poverty rate, median rent and January temperature.

To assemble the treatment and control datasets, numbers of chronically homeless people were obtained for 2009 and 2014 in every CoC. These totaled 413 communities for 2009 and 411 for 2012. The 100,000 Homes Campaign provided a list of 186 participating communities. Among these, several CoCs included multiple communities participating in the campaign. For example, the Los Angeles County, CA CoC included

35 communities participating in the campaign<sup>5</sup>. Thirty-five local 100,000 Homes Campaign efforts that could not be matched with a CoC were also dropped (See Appendix A, pps. 98-99). Consolidating multiple participating communities into single CoCs and eliminating those that could not be matched with a CoC led to the treatment group size of 111. To establish the control group, consisting of CoCs that did not contain communities participating in the campaign, those for which boundaries could not be readily determined for the purpose of assessing population size, median rents and poverty rate (e.g.: the “Southeast Arkansas” and “Louisiana Balance of State” CoCs), were eliminated, leaving a total of 216 (See Appendix A).

First, adjustment was made for population size, from which chronic homeless *rates* could be derived as opposed to simple population totals. To derive the rates of chronic homelessness, the number of people in each category and for each year, taken from the HUD Point-in-Time data, were divided by the population of each continuum of care in each year (as best as could be determined), taken from Census Bureau American Community Survey Data. The result was then multiplied by 10,000 to indicate the number of chronically homeless persons per 10,000 population.

Multiple studies have sought to identify the causes of homelessness and factors that contribute to it. Quigley, Raphael and Smolensky (2001) and Lee, Price-Spratlen and

---

<sup>5</sup> Communities participating in the campaign contained within the Los Angeles County CoC were: Artesia, Bell, Bellflower, Carson, Cerritos, City of Los Angeles – Exodus Innovations Program, Compton, Downey, Glendale, Hollywood, Huntington Park, Lake View Terrace, Los Angeles (City & County), Los Angeles County – Homeless Health Care Los Angeles, Monrovia, North Hills, North Hollywood/Sun Valley, CA - Northeast Los Angeles (Highland Park/Eagle Rock), Norwalk, Paramount, Pico Rivera, Pomona, San Gabriel Valley, Santa Fe Springs, Santa Monica, Silver Lake/Los Feliz, Skid Row - Downtown Pathway Home, South El Monte, Sunland & Tujunga, Van Nuys, Venice, Watts/Willowbrook, West Adams, West Hollywood, Whittier.

Kanan (2003) found median rent levels to have the most significant correlation with a community's homelessness rate. The adequacy of social services spending and its relationship to homelessness in communities has been studied by Honig and Filer (1993) and Grimes and Chressanthis (1997). Several researchers, including Applebaum and Dolny (1991), and Lee, et al. (2003) have speculated that more temperate climates may correlate with higher homelessness rates. Other researchers (Lee, et al., 2003) have sought to identify relationships between demographic characteristics and homelessness.

Based upon the topics of prior study, adjustments were made for median rents, poverty rate and unemployment rate, all of which could feasibly be derived from the American Community Survey data for 2009 and 2014<sup>6</sup>. Poverty rate and unemployment rate were chosen as proxies for measurement of the wide range of economic characteristics studied in other papers because it was more feasible to determine based upon the boundaries of each CoC than social spending would have been.

While it would have been desirable also to adjust for weather, the difference-in-differences regression did not permit it because the temperatures did not change over time. However, a correlation was derived between chronic homeless rates and January temperature. Weather data were provided by Professor Thomas H. Byrne of Boston University's School of Social Work. Dr. Byrne was Principal Investigator for a 2014

---

<sup>6</sup> Dennis Culhane suggested adding another covariate for the total number of HUD VASH vouchers issued between 2009 and 2014, on the basis that the number of these vouchers likely had a substantial effect on reducing homelessness, and it would be desirable to control for that factor in determining the effect of participation in the 100,000 Homes Campaign. It was possible to assign the HUD VASH vouchers allocated to public housing authorities to the CoCs for which the public housing authorities made vouchers available. Unfortunately, the addition of this covariate led to errors in the regression, likely because they were not available for all CoCs in the dataset and did not correspond to the two different time periods studied in the difference-in-difference regression, so it was not feasible to include it.

study (Byrne, Fargo, Montgomery, Munley, & Culhane) that measured whether a relationship exists between increased investments in permanent supportive housing and rates of chronic homelessness. Dr. Byrne and his colleagues identified the U.S. Historical Climatology Network weather station located closest to the geographic center of each CoC, and then identified average monthly temperature (in Fahrenheit) and precipitation data. Because the data source did not include Alaska or Hawaii, temperature data were taken from the following sources: For Juneau, Alaska, the midpoint (30.5) of the average January high (35) and low (26) temperature cited at <http://www.currentresults.com/Weather/Alaska/temperature-january.php>. For Hawaii, average January temperature (80) was determined at <https://weatherspark.com/averages/33125/1/Honolulu-Hawaii-United-States>.

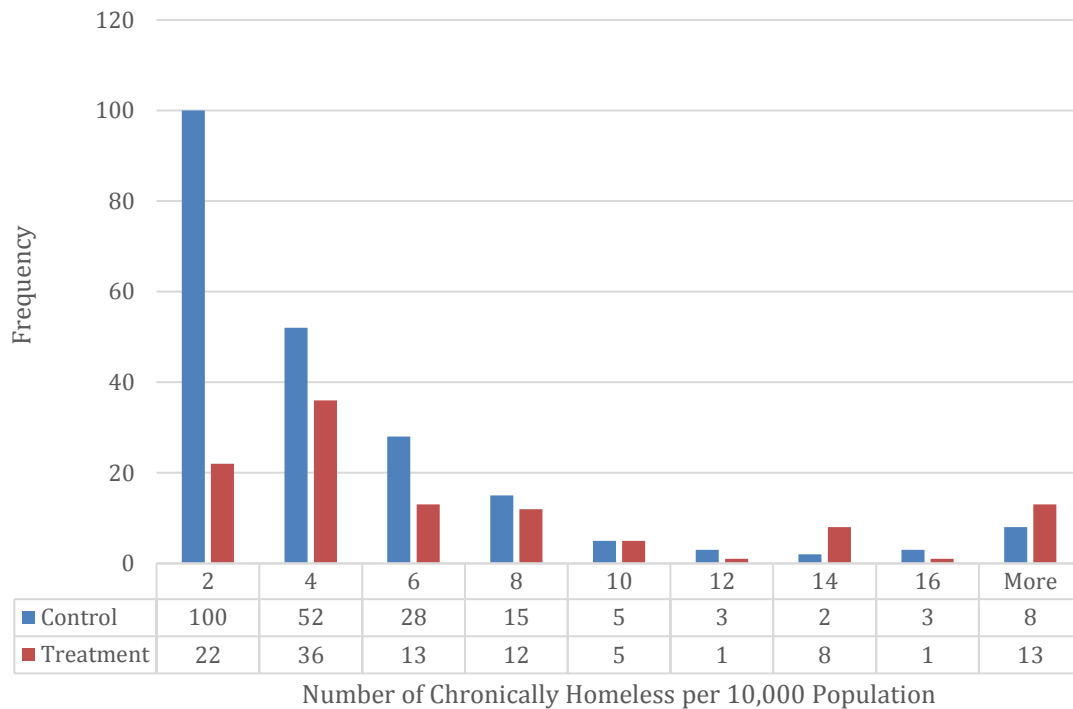
The difference in differences (DiD) approach calculates two measures of change over time – one for the treatment group and one for the control group. The difference for the control group provides an estimate of the change over time that would have happened if the policy had not been introduced – this is the “natural change” due to time-varying factors. The difference for the treatment group is a measure of this “natural change” plus change due to the introduction of the policy. Subtracting the difference for the control group from the difference for the treatment group therefore “differences out” the natural change and leaves us with the change due to the policy which is essentially the *difference between two first differences*.

DiD does not necessarily require that the treatment and control groups be similar on average before the policy is introduced. However, it requires that the difference between the two groups follow an “equal trend” -- in other words, in absence of the

policy the difference between the two groups moves in tandem or is *time-invariant*. So long as the trend of differences between the two groups remains equal, any fluctuation is attributable to the policy. This is linked with the condition that the external factors, besides the policy, to which the two groups are exposed are essentially the same. A frequently-cited example of the difference-in-differences approach is a 1994 paper by Card and Krueger, which compared fast-food restaurants in New Jersey and Pennsylvania before and after the enactment of a minimum wage increase in New Jersey, finding no evidence that the minimum wage increase resulted in reduced employment.

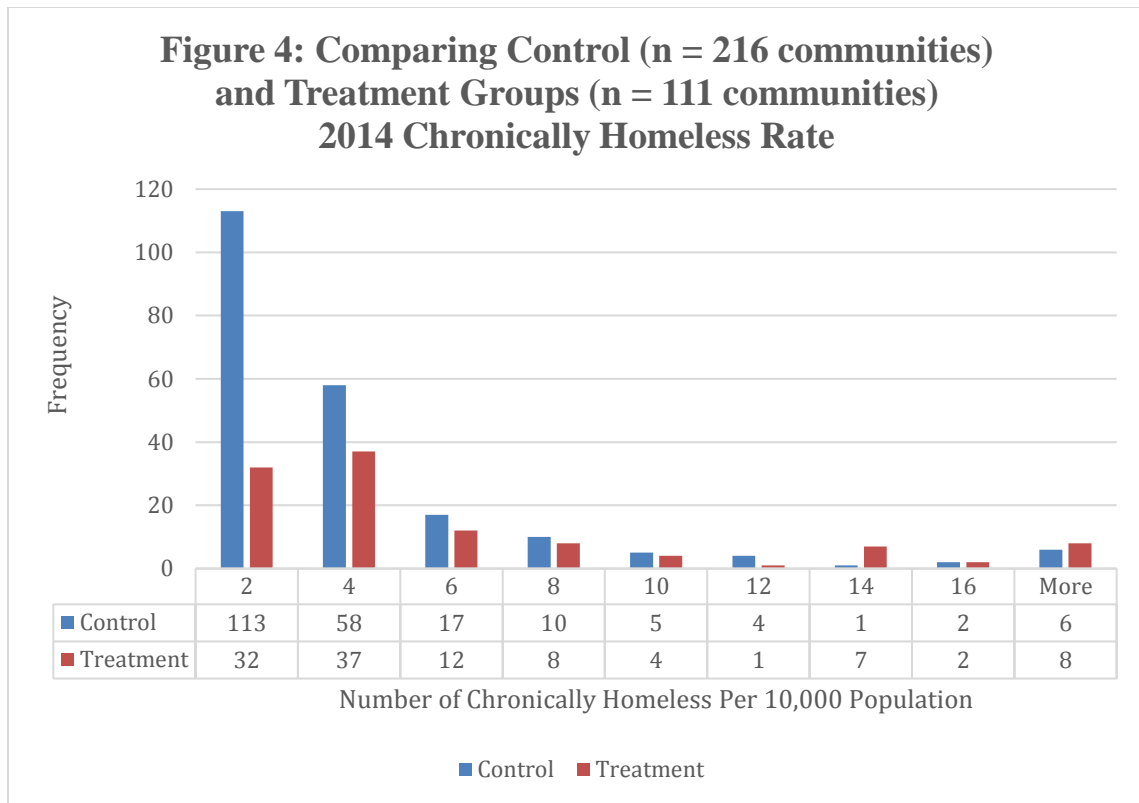
Before running the regression, data from the treatment and control groups were compared to determine whether the two groups were, in fact, comparable. The following two histograms illustrate the distribution of the data for the dependent variable (the chronically homeless rate) before and after the intervention for the control and treatment groups:

**Figure 3: Comparing Control (n = 216 communities) and Treatment (n = 111 communities) Groups 2009 Chronically Homeless Rate**



In this histogram, nearly half -- 100 -- of the 216 control group communities had very low (less than two chronically homeless persons per 10,000 population) chronically homeless rates. A smaller proportion (22 out of 111) of treatment group communities had chronically homeless rates below two persons per 10,000 population, but in both treatment and control group communities, the overwhelming majority had chronically homeless rates below eight persons per 10,000 population.





Comparing the two histograms also shows that chronically homeless rates generally declined between 2009 and 2014 in both control and treatment group communities. While in 2009, eight control group and 13 treatment group communities had chronically homeless rates above 16 chronically homeless persons per 10,000 population, only six control group and eight treatment group communities had chronically homeless rates that high in 2014, and the trend of generally lower chronically homeless rates is replicated throughout the 2014 histogram.

The histograms show that chronically homeless rates generally adhere to a positively (right) skewed distribution, with most communities in both the control and treatment groups reporting chronically homeless rates below six chronically homeless persons per 10,000 population.

### ***The regression***

For this analysis, the regression utilized the following equation:

Let:

$X_i = 1$  if implemented the 100,000 Homes Campaign, = 0 if did not implement

$T_i = 1$  if post-campaign, =0 if pre-campaign

$Y_i$  = outcome variable of interest (homelessness) – the result is the dependent variable, the extent of homelessness -

The regression model would then be:

$$Y_i = \beta_0 + \beta_1 X_i + \beta_2 T_i + \beta_3 X_i * T_i + \varepsilon_i$$

The .diff command in stata was utilized to compare the before and after results for the treatment and control groups. Three covariates were added to control for independent factors: poverty rate, unemployment rate, median rent. The difference-in-differences approach did not allow controlling for average January temperature, because there was not a change in temperature over time.

### ***Case studies***

Case studies were conducted of one state and three Continua of Care that achieved significant reductions in chronic homelessness during the period 2009-2015. The state of Utah is discussed both because it achieved the largest reduction in chronic homelessness of any state during the period, and also because it has received so much attention as an example of a conservative state that made ending homelessness a priority.

Information from interviews was used in the case studies as well as research into published material.

The three Continua of Care were selected solely for having achieved the largest reduction in chronic homelessness of any large community between 2009 and 2015, as shown in Table 1 below.

**Table 1: Top Ten Continua of Care That Achieved Largest Reductions in Numbers of Chronically Homeless Individuals Between the 2009 and 2014 Point in Time Counts**

CoC Number	CoC Name	Chronically Homeless Individuals, 2009	Chronically Homeless Individuals, 2014	Reduction
FL-507	Orlando/Orange, Osceola, Seminole Counties CoC	1537	125	-92%
LA-503	New Orleans/Jefferson Parish CoC	4579	465	-90%
MI-503	St. Clair Shores/Warren/Macomb County CoC	259	54	-79%
CA-602	Santa Ana/Anaheim/Orange County CoC	3783	798	-79%
NY-508	Buffalo/Niagara Falls/Erie, Niagara Counties CoC	296	72	-76%
VA-502	Roanoke City & County/Salem CoC	247	62	-75%
IL-501	Rockford/Winnebago, Boone Counties CoC	196	51	-74%
NC-501	Asheville/Buncombe County CoC	180	47	-74%
CA-510	Turlock/Modesto/Stanislaus County CoC	442	123	-72%
CA-511	Stockton/San Joaquin County CoC	377	107	-72%

The dissertation does not study the CoC with the third highest reduction, MI-503, St.Clair Shores/Warren/McComb County, because the numbers of chronically homeless people were so small and a reduction from 259 to 54 was probably not instructive for other communities.

## ***Results***

### ***Interviews***

The results of the interviews were that a wide range of opinion exists among the experts. While most felt the 100,000 Homes Campaign was beneficial to communities' ability to end chronic homelessness, Culhane, and to a lesser extent Mangano and Tsemberis, were critics. There was general agreement regarding the risk of disappointment when goals are set publicly and not met. There was also general agreement that the "inflow" issue is much better understood now than four years ago. Many suggestions were offered for improvement to the Point in Time count. Finally, all interview subjects except Culhane were optimistic that chronic homelessness can be ended in the next few decades. However, Culhane published a paper in November, 2016 that asserted, "Ending homelessness in the United States is possible and within reach."

### ***On the 100,000 Homes Campaign***

Each of the interview subjects was asked for his or her assessment of the 100,000 Homes Campaign. Culhane, and to a lesser degree Mangano and Tsemberis, were critical of its value and impact; all other interview subjects felt it achieved significantly beneficial outcomes for the effort to end homelessness.

Not surprisingly, Margiotta and Kaufman, who worked in the campaign, gave it the most positive reviews. Kaufman enthused: “I just say, the 100,000 Homes Campaign was the most exciting thing I’ve ever done in my life. It just, it had such energy and power, and Becky is an amazing leader and... it was really, really amazing.”

Culhane was the most critical of the campaign. His comments were unambiguously dismissive. He said, “It was a community organizing effort. But by an organization that ... really, their experience is not in community organizing, but in being a housing provider.”

Culhane was also sharply critical of the Vulnerability Index, which he said, “is not a psychometrically validated tool for any purpose whatsoever.” He was especially concerned that volunteers might be “making life and death decisions with this thing. And you have untrained people administering an unvalidated instrument and then making these decisions.” Culhane asked, “If it were you who were homeless and people were making this decision, would you feel as though ... you were being treated equitably and fairly? By a group of volunteers making a decision with a scarce public resource? That’s actually very expensive and dear?”

Culhane continued, “That is not ethical. Furthermore, it’s not consistent with the law.” He said, “the Congress has designated these vouchers for people who are chronically homeless. Not chronically homeless people who score on the Vulnerability Index at x, y and z.” He cited guidance from HUD (2015) regarding assessment and assessment tools, in which HUD reiterates, Culhane said, “that people can use assessment and assessment tools but there’s no legal authority for selecting people beyond the chronic homelessness designation as to who should get a voucher or not.” He said further,

“people have criticized the initiative because folks can game that voucher process and ... provider organizations who are involved can inflate a person’s score. Because they’re not an independent legal entity like government (that) has to be responsible for doing things in an equitable manner, and making the decision on the basis of the law and on the basis of what is fair.”

Culhane’s third major critique of the 100,000 Homes campaign had to do with its self-promotion. “The campaign promoted itself as though it generated these 100,000 units. Sixty thousand of them came from VASH, ok? And they had nothing to do with generating those vouchers.” He suggested that the campaign was politically unsophisticated: “... it’s great to have people rallying and getting folks excited about homelessness, but that came because of the Congress ... in particular, Senator Patty Murray (D-WA),” who included funding for 70,000 vouchers in the 2008 and subsequent years’ appropriations for the VA. Culhane said Murray “and the advocates who worked with her to get that passed ... on both sides of the aisle, they did the real political work. They got those vouchers out on the street.” Culhane criticized the 100,000 Homes campaign for failing to acknowledge Murray and other advocates’ work. “Now if you were really involved in political mobilization, one of the things you’d do in political mobilization is give credit where credit is due because that’s where the resources come from. ... you would be shouting from the rooftops that ... our patron saint on this effort is Senator Patty Murray... Not, ‘we did this.’”

In response to the criticism that untrained volunteers were making life-and-death decisions on rationing scarce housing vouchers to medically vulnerable clients, Margiotta, the campaign’s director, said:

We had that critique, definitely. I hear that critique. Here's my answer to that ... I don't feel I need to defend it anymore. My answer is, ok, well, you go get all the clinicians, then. Where are they? Because there's still someone sleeping out there, and I'd rather have... a nice lady in tennis shoes giving a best guess than nobody. Right? To me, that's preferable than to nobody. And I think volunteers tend to kind of be a little histrionic about people. ... Like, they tend to be kind of overly protective and worried, you know? Versus dismissive. So it could be that the data would be more likely skewed to over represent vulnerability than underrepresent it, is my guess.

Regarding the lack of a “psychometrically validated” assessment tool, Margiotta said that Bill Hobson, who formerly ran Seattle's Downtown Emergency Service Center “works with a validated tool. ... It took two hours. And a clinician had to complete it inside, you know? These people aren't going to come inside. The most vulnerable people in Seattle are still outside. They're not in the Hobson shelter. And they won't go in the Hobson shelter.” She said it was better to do a more limited survey that “at least gets their name and picture,” otherwise “you're never going to know these people.”

... I am more pragmatic, down and dirty. I'd rather somebody do something, even if it's a little bit wrong, not morally wrong. I tend to feel more that it's immoral to not do something at all. And I don't see that line down the street of clinicians who want to go out and make sure that everybody's known and assessed, you know. And so our position on that was always if someone has something better, we'd be happy to use that.

Or, Dennis, would you like our data? And maybe you can do this, you know, if you'd like to. It's not what we do.

Note that Margiotta was not told in the interview that the critique originated with Culhane, but she independently referred to “Dennis” in her response.

DeJong worked with the 100,000 Homes Campaign to design the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool), the survey instrument developed for the campaign and now used in many CoCs to prioritize clients for housing vouchers. He said: “I think the surveys should be done by people who are

trained on how to do the survey, and I don't think volunteers have any place in prioritizing people. I don't think it's their decision to make." He said volunteers should "get absolutely zero voice in prioritizing."

They don't have the skills, the capacity to know how the system works and they certainly don't know the conditions under which the person is actually living. So I think that all of that surveying and decision making should be done by professionals who are adequately trained.

Overall, DeJong had a positive assessment of the campaign's impact. He said, "We can look at a whole bunch of overwhelming positives that came out of the campaign. We got communities to talk about systems, we saw accelerated change, we saw people embrace change on a scale they'd never allowed before, we had communities talk about chronic homelessness in a way they hadn't before."

However, DeJong also described significant shortcomings with the effort:

I think that there are questions to be asked about who were these 100,000 people that they really wanted to get at? Was this really about just housing 100,000 people? Or was this legitimately, as you quoted Becky, about eliminating chronic homelessness? I would say that ... there's no way that they could have ended chronic homelessness. There's just no way.

DeJong also asked:

How many of those people actually stayed housed? And how many of the same people were rehoused over and over again? Is it possible that someone is double or triple counted across multiple CoCs, in neighboring parts of the state? We don't know. We don't know if ... truly at the end of the day, (that) was 100,000 unique people. It wasn't driven through HMIS<sup>7</sup>. (The) initiative doesn't have the same record keeping that we might have through federally-mandated databases.

Interview subjects in the federal government and at the NAEH unanimously assessed the campaign's impact positively overall, while recognizing that it alone should

---

<sup>7</sup> HMIS is the Homeless Management Information System -- a detailed database of clients receiving assistance required by HUD to be maintained by CoCs.



not get full credit for housing more than 100,000 people. Examples include Doherty, the current executive director of the USICH, who said, “It will be interesting, your analysis. It didn’t feel to me that the 100,000 Homes Campaign, to be honest, did a lot of that data-driven analysis about the outcomes, it was more qualitative and changes in the communities.” He said, “I think that’s where ... the biggest impact was, is that communities actually started to be clear about how many people were they housing every month and year,” whereas, “two, three, four years ago, ... most communities had no idea and they just couldn’t tell you how many people were actually exiting homelessness in their communities.”

Doherty said one of the best legacies of the 100,000 Homes Campaign was “the targeting and really focusing in on how are we linking people who are most vulnerable, whether using the vulnerability index or some other assessment.” He said the targeting and focusing on specific clients “created a big shift in the culture of how do we prioritize people for permanent supportive housing in a way that’s been important for driving progress.” Doherty also commended the campaign for bringing together “broader coalitions of agencies working together in different ways than before, where they’d been more typically siloed across their specific agencies and programs. So that’s where I feel like the 100,000 Homes Campaign made the biggest impact.”

Also... the more public awareness of the issues of chronic homelessness and the clearer focus on driving towards a goal of ending chronic homelessness that I think really rallied communities behind that goal ... I think what ... happened in many communities is they got better at documenting how many people they were housing, and it didn’t necessarily lead to more people getting housed.

While agreeing with Culhane that the availability of VASH vouchers was the most important component of the reductions in homelessness that occurred during the

time period, Doherty praised the 100,000 Homes Campaign for its ability to mobilize local communities to use federal resources effectively: “I think you need both things happening. You need investments of new resources, and then you need communities who are prepared to use those resources well and effectively.” Doherty said, “I don’t think just throwing resources out to communities necessarily means that ... communities are equipped to use those resources effectively.” He said, “it can’t ... just be federal resources, you need federal, state and local resources,” but also crucially, “you need this kind of system change at the community level to ensure that those resources have the biggest impact that they can have,” and the 100,000 Homes Campaign had helped bring about community system change.

Kane, from the Department of Veterans Affairs, had a similarly positive assessment. He said, “I think there was a lot of non-belief before (the 100,000 Homes Campaign) got involved, and I think they helped the larger communities really see this not only as an issue but as a solvable issue.” He said, “I think they were highly impactful.” He commended the campaign for “the strategy of having people come together, of having people look at data, be data-driven, coordinate. ... They were one of many, many groups that, I think, kind of helped actualize the concepts that were listed out in the federal strategic plan.”

As did Suchar, from HUD. He said the 100,000 Homes Campaign was “tallying up how many people were being housed ... they were capturing both people who sort of would have been housed but it wouldn’t have been recognized already, and people who were housed because of the efforts of the campaign,” and that just tallying these numbers was more than had been accomplished previously. As for which clients were housed as a

result of the campaign or through other means, “It’s actually really hard to tell the difference because again, you didn’t have a really great baseline. So... you know, it’s not like it was a hundred thousand more than would have happened in their absence, but it certainly is more than would have happened in their absence, so it’s really hard to tease these things apart.”

Zeilinger, former USICH executive director and current director, District of Columbia Department of Social Services, also reflected positively on the campaign: “What I think has been really impactful from it is, its been mobilizing, it’s changed the conversation in a lot of communities, from a sense of hopelessness and a sense of intractability around the issue to being able to really break down and size the change that is needed to understand how we... can be more effective as communities, as policy makers, as governments in partnership with others at finding real solutions to homelessness.”

Berg, of NAEH, reflected on the campaign from the perspective of an advocate who had worked closely with it:

I felt like they were very effective. I mean, they set the goal and they reached the goal. So in one sense, as the way they defined their own effectiveness, it’s hard to argue with.

... My view (of the 100,000 Homes Campaign) is more positive (than Culhane’s). For one thing, if it’s a cheerleading campaign, it’s a very effective cheerleading campaign. I mean, we see with veterans now, where it’s very difficult to argue that adequate resources are not on the table in veterans homelessness. ... It’s not about the money. It’s about how good a job the community does of getting their act together to use the resources to get the numbers down.

Secondly, Berg echoed many of Suchar, Kane and Doherty’s comments regarding the value of better focusing and targeting of efforts to house chronically homeless clients. He said, “100,000 Homes was focusing very much on targeting ... the people with the

most severe problems. ... those are the ones who if you don't really target them ... they'll never get housed. So you need that kind of focus."

And I would also say that some of what they did was get some mainstream resources more targeted to homeless people. ... they never were very good at documenting or quantifying this. ... But I know from a number of communities they worked with, at least anecdotally. They got Housing Authorities who had never really done this before to say, "OK, we're going to set aside a certain number of turn-over vouchers to deal with chronic homelessness."

Now, HUD-VASH was a big part of that, too. But there are plenty of places that are getting plenty of HUD-VASH and they're not really bringing their veterans numbers down at all. So... partly it was making sure the resources were used in the right way, and partly it was ... getting resources that weren't available for homeless people to make them available for homeless people. And then partly, it's just making sure that the people with the most severe problems were getting housed. So, I feel like it was helpful.

... You know, if Dennis wants to say they took credit for more than they actually did, well ... they're not the only people in the world who do that, and I feel like ... during the time they were in action, they made a very positive contribution to what was going on.

As did Roman, NAEH's CEO, who said, "My views are not based on ... the data, because I haven't looked at it the way you've looked at it. But I would say it certainly made a contribution." She described the campaign as "an organizing tool, to my mind. It's a movement-building tool. And it energized communities, and I've heard this from communities. Some places it ... just didn't work. It didn't have a big impact on getting people going. But other places, I feel like it really did." She said, "that's what I've heard from communities. That it made a real difference when they came in, that doing the ... reaching out to people on the street really energized the community, got new partners involved... and it made them look at their systems to see if they could do things faster and ... I think it definitely had an impact." She added, "this has been a long journey

trying to end homelessness and ... you need changes and you need new things to energize people and keep them going.”

Mangano took issue with the author’s characterization of the 100,000 Homes Campaign as “the largest scale intervention that has ever occurred thus far” to end homelessness. He said he thought the establishment of Continuum of Care under President Bill Clinton’s administration and the adoption of Ten Year Plans under President George W. Bush’s administration were the two largest interventions. Regarding the 100,000 Homes Campaign, he said, “the metric for that campaign was addition.” He said the campaign was simply, “adding what people were doing in the community, and mostly, was already going to be done.” He said the availability of HUD VASH tenancies was the result of “our strategies” from the Bush administration, “when we revived an activity that showed good promise under Jack Kemp, which lay dormant in the Clinton years, we revived it, put out ten thousand HUD VASH vouchers in consecutive years over time, so that’s already going on, so the 100,000 Homes Campaign is simply taking what’s already done and adding them together.”

Now, it has its virtues in terms of creating a campaign, the psychology of creating a campaign. There is virtue there. But in terms of its actual impact, in terms of creating more units and reducing homelessness, it’s hard to ascribe anything to it.

When the author told Mangano that Kaufman and Margiotta had identified the 100,000 Homes Campaign as “a life changing, inspirational, wonderful, terrific experience,” he laughed and said, “It was! I think it was, for them personally.”

Tsemberis identified both positive and negative aspects of the campaign:

I think that what’s favorable about the campaign was that it was a campaign. I mean, I think that one of the things that we have a very difficult time getting any attention on is the issue of homelessness. And I know people ... feel it’s a problem they can’t solve, nobody talks about it,

there's a great invisibility to it. And I think that the campaign as a campaign was very successful in terms of how well known it was, how it got the word out in communities, it got everybody kind of excited, you know, about doing things in a different way. I think it helped communities organize themselves in a way they hadn't before. ... I think the campaign was successful as a message, as a conveyor of a message. You know, let's end chronic homelessness.

Tsemberis, like Culhane, was sharply critical of the VI-SPDAT, which he called "not a good instrument." He said it "confused the field, and still continues to cause some confusion" because "you get a high score on that instrument if you are a frequent user of the system and if you have a lot of acute or chronic medical problems." But homeless persons may not self-report accurately. "So somebody who's ... homeless for a short time, has a lot of medical problems... and uses the system a lot, gets housing as opposed to ... a veteran who's out there for twenty years with schizophrenia and doesn't really admit to it, thinks the government's after him, and has never been to the VA, (he will) get a very low score."

### ***On setting goals and failing to meet them***

Interview subjects were asked whether setting explicit goals – like establishing a Ten Year Plan to End Homelessness, or eliminating chronic homelessness by July, 2014, or getting to "zero" chronic homelessness by 2016 – and then failing to meet them endangered long-term political support for the effort. They were also asked whether proposing a specific goal was necessary to enlist volunteers for the 100,000 Homes Campaign. All participants agreed that mounting campaigns and setting goals had value in motivating communities to act, although there was also agreement that failing to reach publicly stated goals runs the risk of harming popular support for future efforts. Roman said, "you do get campaign fatigue."

Since leaving Community Solutions in 2014, Margiotta co-founded a company called The Billions Institute with Joe McCannon, a health care analyst and former Obama administration official who led the 100,000 Lives Campaign for the Institute for Health Care Improvement (IHCI). The goal of the 100,000 Lives Campaign was “saving 100,000 lives among patients in hospitals through improvements in the safety and effectiveness of health care” (Berwick, Calkins, McCannon & Hackbarth, 2006). The 100,000 Lives Campaign ran from 2004 to 2006 and was among the influences on the 100,000 Homes Campaign.

Margiotta said The Billions Institute “took what I learned about scale in the human services sector and now we share it with other sectors, and our goal is to help leaders solve the world’s biggest problems (climate change, violence, disease and poverty) in the next 20 years.” She said setting ambitious goals is necessary to accomplish big things.

You need to have an ambitious quantifiable time-bound aim to do something big and at scale. You must have that. And it has to be a balance between electrifying, and get people really excited, and ... much bigger than they ever thought was possible, and electrocuting, where people are like, that’s never going to work, and they fight it.

Kaufman, again, had a perspective that echoed Margiotta’s. She quoted IHCI President Donald Berwick, who said, “some is not a goal, and soon is not a date.” Kaufman said, “If you want to do something audacious, you have to say, this is what we’re going to do, and we will do it by this date. I think you have to.” On the other hand, she acknowledged that “why we put a year number in our current campaign (Zero: 2016) is kind of silly looking now,” because chronic homelessness won’t get to zero in 2016

(four months after our interview, the Zero: 2016 campaign was renamed “Built for Zero”).

Regarding the 100,000 Homes Campaign, Kaufman said:

There are times when I just felt like we had completely failed. There were other times when I thought we did a big thing. It didn't accomplish all that we wanted it to... We didn't ... get the drop in numbers that we were hoping for. But I think we did something magical in this country. I think we stirred the hearts of people to say, homelessness is not going to be with us as it currently, it doesn't have to be with us as it currently is configured forever. We really can change the way people think about homelessness, the ways that communities organize around homelessness.

Nan Roman agreed that setting goals and failing to meet them raises a political risk: “Of course, yes ... If you set goals you can't meet, and you have continual campaigns and you still don't make it, of course that affects the energy that people have.”

On the other hand, I think the progress that's been made ... can be pointed to, to energize, to keep people going. It's been going in the right direction. It just hasn't been going as fast as it should be going, and it hasn't gone all the way except in some places on veterans. So I do think that ... the victories, the small victories on veterans, does show... if you go to scale, if you push hard enough and you don't stop, and you have resources, that you can do it. It's not ... that we don't know what to do or how to do it. It's that we don't do enough of it and we don't do it long enough.

Tsemberis expressed skepticism about goal-setting exercises, especially over a period as long as ten years. He said, “You know what I do. I go to the sidewalk and I find a person who's homeless and I bring them into an apartment, ok? And I know it works. Immediate access to housing is a hallmark of Housing First. Immediate access to housing. That's where I live.” He said he never understood ten-year plans, calling them “ridiculous” and “mind-numbing.”

I'm ... like: “Ten year plans?” Like, why do I need ten years? Like, we could do this, we could do this in a year! It's not that many people ... and it's not that complicated.



The the only useful thing about the ten-year plans was not the ten year. It was “Plan to End Homelessness.” That was the second part of the phrase that ... I thought meant something. I could attach myself to that, because I was all about ending homelessness. I would have more like, one-year plan to end homelessness.

But it did create, for the first time I think ... the idea that we could end homelessness. I think people were just growing the homeless industry, the numbers were growing, everything was growing, everything was catastrophic and a crisis. Nobody was talking about ending homelessness before that plan was announced. So the plan to end was the gift. But ten years ... slowed it down, made it less useful, it lost credibility, no one could track it.

While conceding that failing to achieve goals could harm the effort, Culhane felt there was benefit in adopting slogans that excited people. He said, “These are slogans and ... political operations that are trying to ... keep interest on the top of the agenda and keep people motivated. It’s motivational. But I’m not sure that those things make a substantive difference.”

Culhane said people are not going to be as excited about just reducing homelessness as they would be about ending it. He said, “it’s important for people to think, well, look it, we do have a solution. It could be scaled up.” He said he thought reported progress in ending homelessness among veterans “is very important because in that case, you are having achievement that communities are claiming. I’m not saying that I can validate any one of those claims. But I’m just saying that certainly you’re seeing in the news media that people are claiming to have ended homelessness among veterans, and that is shocking a lot of people. And so it might actually let people believe that the larger goal is achievable.”

And I suppose the concept that you could reduce chronic homelessness substantially, and you could get people out of homelessness within a defined period of time, which is what this functional zero concept is, certainly makes sense, right? ... that’s conceivable, theoretically. But obviously in the real world, there’s myriad circumstances and

idiosyncrasies that would probably render that not really achievable. But at least it's a conceptual framework that one can imagine going for, and which the veterans groups claim to have achieved.

***On how to account for the “inflow” of additional persons experiencing chronic homelessness***

Defining the universe of clients targeted for housing is crucial to achieving the goal of housing those clients. Specifically, whether finding housing for 100,000 chronically homeless clients would lead to an end to chronic homelessness would depend upon whether additional people became chronically homeless during the campaign. The author discussed with several interviewees the growing awareness of the “inflow” into chronic homelessness. There was broad agreement that the field lacked a solid understanding of how many people entered chronic homelessness at the start of the 100,000 Homes Campaign and that as the campaign went on, a better understanding of the “inflow” issue emerged.

When Kaufman was asked, “Did you believe at that time that identifying housing for 100,000 clients would eliminate chronic homelessness?” She replied,

I thought it would make a big difference. And it didn't. I mean, I think that's what we all learned, is that ... there are a number of levers that you can manipulate to reduce homelessness. And housing people is one of them. The other lever ... you have to pay attention to is how many people are becoming homeless. And we weren't paying attention to that at all. So what we found was, we were getting people housed, and just as quickly, the shelter beds and the park benches were filling back up again. And if you're going to really reduce homelessness, you have to know how many people are homeless in your community, how many people you can house every month, and how many people become homeless every month. You know, and if you can't control those three, you can't really end homelessness.

Culhane cited a paper he published with Byrne (Byrne & Culhane, 2015) which showed that “the number of persons who became chronically homeless over the course of 2012 ... was less than one-third as large as the number who met the criterion at the start of 2012.” In other words, Culhane said, “that the number of people who grew into, if you will, chronic homelessness over the course of the year was 1.33 times the Point in Time.”

Berg credited the 100,000 Homes Campaign with increasing understanding in communities that the number of chronically homeless people is not a static number. He said, “The prediction at that point that they were going to end chronic homelessness was overly optimistic. Clearly. ... Everybody knew ... there (were) some people that become chronically homeless, but ... before we had any specific data on that, I think a lot of people, including me, thought that it was relatively a steady population and that you didn’t have to deal with a lot of movement into that status. I think we definitely know better than that now, as we’ve gotten more data on it.”

Doherty said a better understanding of the inflow of clients into chronic homelessness began to emerge around 2013. He said greater use of by-name lists allows communities to do much better tracking of specific individuals experiencing homelessness, making it possible “really (to) have a handle on what that inflow is, not just as a projection but as real people that they are connecting with, and identifying, and to serve.”

So I think we’ll get to even better. Better information about what that inflow is by community, and it probably won’t be the same in every community, over the next couple of years as communities do more of that work.

### *On the Point in Time count*

Interview subjects expressed a range of views regarding the Point in Time count, its utility and efficacy. Margiotta said, “I don’t even think it should be done.” She proposed weekly data with a stratified sample determined through statistical sample. She said:

... if I were in charge, we would have weekly data. We would know on a weekly basis whether homelessness was trending up or down. ... and I’d have a command center, war room, big screens where I could see, oh, it’s going down in Milwaukee and up in (some other community)...

Margiotta said researchers are paid hundreds of thousands of dollars to do Point in Time counts. “And then its Kabuki theatre every year, you know?” She said if the PiT count shows declines in homelessness, “they come and beat their chests about how great a job they’re doing. And if it’s bad and it’s getting worse, they blame it on the economy... It’s like, “Yeah, the economy’s bad. What are we going to do?” She called the count “a waste of time and money.... It’s absolutely pointless. The data’s not actually useful. Useful data is data you get every week. And that you then do something different based on the data you get.”

DeJong offered suggestions for improving the count as it is currently conducted: “There’s certainly ways that we could make it more precise that would increase the accuracy of what we’re doing.” As examples, he suggested “standardized times when it was done, as opposed to every community deciding when they want to do it.” Further, he suggested a sampling method whereby city grids would be identified, with areas that were deemed high, medium and low density, yielding counts of five or more people, two to four people, and one or fewer people, respectively. DeJong suggested that would enable communities to sample their low and medium density areas, “and do universal

counting of all their high density areas.” DeJong, like Culhane, also suggested putting decoys in high density areas “to see, did you actually stop everybody to determine their status of their homelessness?” He said this method enables communities to test their census takers, “in which case you can also then, statistically and in a way that’s defensible, adjust your numbers for all the people that should have been counted that weren’t counted. Which just borrows from biological field testing and how we look at populations among different animals.”

DeJong’s critique of how CoCs explain the PIT data was similar to Margiotta’s:

I’ll tell you, if the number’s gone down, it’s because all the service providers are amazing and have housed the shit out of people, and if the number’s gone up or stayed the same, it’s because of factors outside their control. It’s the economy. Or the rental market, or landlords, or subsidies. People start using anecdotes to spin.

If we actually had good data with good methods, we wouldn’t have to spin shit. We could just say, here’s the reason why the numbers went down, here’s the reason why the numbers went up.

Culhane also suggested more sophisticated data gathering than that available through the Point in Time count. He said of the Point in Time count, “By its nature, it produces probably the lowest observable count that we could get,” because it is only conducted on a single day.

By definition, it’s going to yield a very small count, because there are people who were homeless the day before who aren’t going to be observed, homeless the day after. Let alone broader periods of times. But also, it focuses on observable people and ... a lot of people who experience chronic homelessness are in jail. They’re in hospital. They may be riding it out for a period of time with a friend or a family member or whatever. So there are a lot of unobservable people and we don’t really know what that number is on a national basis.

Culhane said there are ways to adjust for these unobserved people, such as “going to a soup kitchen, understanding the total universe of people who are observed in that soup kitchen, let’s say ... the day after the count. And you can then sample them and ask

them, ‘Where did you sleep last night?’” He said such sampling would enable communities to improve the one-day count, “because ... my suspicion is and I think there’s some data to show that soup kitchens are the most commonly used resource among people who experience homelessness ... on a given day.”

Culhane also referenced the counting method discussed by DeJong: “New York uses the confederate, ... they plant homeless people who are not homeless to see if they’re counted, and then they adjust their count based on people who were visible, in an observable location but were not counted.” He said utilizing this method had persuaded New York City to increase its count by 25 to 40 percent in different years.

Kaufman also suggested significant modifications to the PIT count. She said, “I think we (should) count more often. I think it just becomes a routine part of what you pull out of your HMIS.” She said Community Solutions was working to develop HMIS-based reports that were statistically robust enough to substitute for the Point in Time count. “We shouldn’t be running a pencil and paper, you know, way of recording things in the 21<sup>st</sup> century.”

Roman was more positive about the Point in Time count, although she agreed that it is “imperfect”:

I think there are some things that cause problems, but on the whole, I think we have decent data. We have better data ... by far, than I think any other country in the world.... And we have Point in Time count data and we have administrative data (collected through the HMIS), which is also good.... I think we could utilize that much better, but we have both kinds, in other words. The Point in Time count, yes, it’s very flawed, there are all kinds of issues with it. But ... it can look at trends. It can measure trends, so I think it’s helpful that way. It’s the only data we have that definitely looks at unsheltered people.

Asked if there were changes she would propose to the PIT count or different methodologies she would like to see, Roman responded, “I suppose it would be better if it

were more standardized.” Nevertheless, “it’s useful. I wouldn’t fall on my sword that it’s accurate, certainly, I wouldn’t say, yes, there are 654,000 or whatever it is, homeless people at a point in time.”

Doherty called the PiT count “an essential tool... that helps at least indicate to us whether things are moving in the right direction or not, recognizing that they are inherently estimates.” He said, “communities are continuing to get stronger at doing their Point in Time counts effectively. I don’t think it’s the only tool that we should be looking at.” He said the USICH 2015 report looks at other data sources in combination with the Point in Time count. “We need to build the capacity of communities to get to more sophisticated systems like the by-name lists, better HMIS systems, better ways of really tracking better data with better accountability.”

### ***On whether homelessness can be ended***

Culhane was the only interviewee who said it was unlikely that homelessness would be ended in our lifetime: “It’s probably unlikely that we will see an end to homelessness in our lifetime, because ... no matter who’s in power or who’s in charge, the issue is, are there sufficient resources to meet the need?” However, in November, 2016, Culhane published a paper saying, “the United States is poised to make even more compelling and dramatic improvements in the lives of some of the most vulnerable Americans by ending homelessness— among veterans *and* nonveterans—once and for all. Ending homelessness in the United States is possible and within reach.”

In the interview, Culhane pointed out there are many countries in the world that have a legally enforceable right to housing. “They still have homelessness. . . . Even in places like France, where you can go to court to enforce your right, they still have homelessness. So I think that we can take a lesson from that. That, you know, certainly homelessness can be much lower, and substantially lower. But ultimately, whether you declare there’s a right to housing or not, a right doesn’t mean anything if there isn’t the resource to honor that right and to meet that obligation.”

Other interviewees expressed varying degrees of optimism about the length of time it would take, and the methodologies that would be required, but all answered the question affirmatively.

Tsemberis predicted Canada would end chronic homelessness first, “because of the way the Canadians have set it up now, and then it’s going to start happening in Europe. Because the numbers . . . in countries where there’s a greater social safety net are much, much smaller than they are in the States.” But he also expressed optimism about ending chronic homelessness in the United States.

... Look, we’re already seeing the tip of the iceberg. We’re seeing the end of veteran homelessness. You know? Some of these veterans have been out there twenty, thirty, forty years with a 94 percent reduction in chronic homelessness among veterans in New York City. In Los Angeles, you know, 46 percent. Montgomery County, ended. Many cities, ended. So we are beginning to see that, and I think there’s nothing like ... evidence and examples to seed a movement. And I think if we can sustain the focus and the pressure on ending chronic, we can do it.

Zeilinger’s response to the author’s question, “Will we see an end to chronic homeless in our lifetime?” was more tentative. She said, “I haven’t given up. I think we may. I mean, it depends. . . . the answer is in our hands. Right? It matters what we do.”



Roman, CEO of the NAEH, the title of which offers the hope of ending homelessness, said:

Yes. ...honestly ... this is such a solvable problem. Otherwise, I wouldn't still be here. Because, because I have no interest, and I don't think anybody here has an interest, definitely the Board does not have an interest, in ... working on just the status quo or keeping the homeless system going. And even if the need is there, that's not our mission. Our mission is that people aren't homeless.

Even though he expressed skepticism about the efficacy of the 100,000 Homes Campaign, Mangano also answered the question of whether chronic homelessness could be ended in our lifetime affirmatively:

There's no reason not to. If the appropriate policies and business procedures are in place, we should absolutely see an end to it. Because what we can now say, ... which we couldn't say when all of this began ... 20 years ago, we can definitively say on the chronic population: we know what to do and we know how to do it. There's not one element of the chronic population (for which) we don't know how to do the intervention that gets the job done. That's largely a result of Housing First being implemented. ... The only thing that precludes us from getting it done is scaling what we know what to do and we know how to do. And so that needs to be the forefront of public policy. ... And what that means is that the private sector needs to be more involved in getting the job done.

### ***Data Analysis***

Here are the communities with the top ten largest total homeless populations for 2014, according to HUD data. It is noteworthy that six of the ten are in the state of California:

**Table 2: Top Ten Largest Chronically Homeless Populations, 2014**

1. Los Angeles City & County CoC	7,947
2. New York City CoC	3,371
3. San Jose/Santa Clara City & County CoC	2,513
4. San Francisco CoC	2,136
5. District of Columbia CoC	1,609
6. Atlanta Continuum of Care	1,322
7. Santa Rosa/Petaluma/Sonoma County CoC	1,219
8. San Diego City and County CoC	1,156
9. Riverside City & County CoC	1,010
10. Portland-Gresham-Multnomah County (Oregon) CoC	992

It is not surprising that the first and second most populous cities, New York and Los Angeles, have the second and first highest chronically homeless populations. However, dividing the total chronically homeless numbers by the population for each CoC (and then multiplying by 10,000) to derive the chronically homeless rate enables a fairer comparison among jurisdictions. Once the rates are derived, the following communities rise to the top of the scale:

**Table 3: Top ten highest chronically homeless rates, 2014  
(per 10,000 population)**

1. Watsonville/Santa Cruz City & County CoC	35.18
2. Fresno/Madera County CoC	32.60
3. Atlanta Continuum of Care	30.00
4. Columbia, Hamilton, Lafayette, Suwannee Counties CoC	26.05

5. San Francisco CoC	25.76
6. District of Columbia CoC	25.39
7. Santa Rosa/Petaluma/Sonoma County CoC	24.79
8. San Luis Obispo County CoC	23.89
9. Long Beach CoC	21.00
10. Salinas/Monterey, San Benito Counties CoC	19.20

It is also noteworthy that although they are not the same CoCs as those with the highest total chronically homeless population, seven of the ten CoCs with the highest rates of chronically homeless are in the state of California.

Creating this dataset made it possible to test correlations for several factors.

A positive – but not conclusive -- correlation (0.23) was found between the chronically homeless rate and median rent.

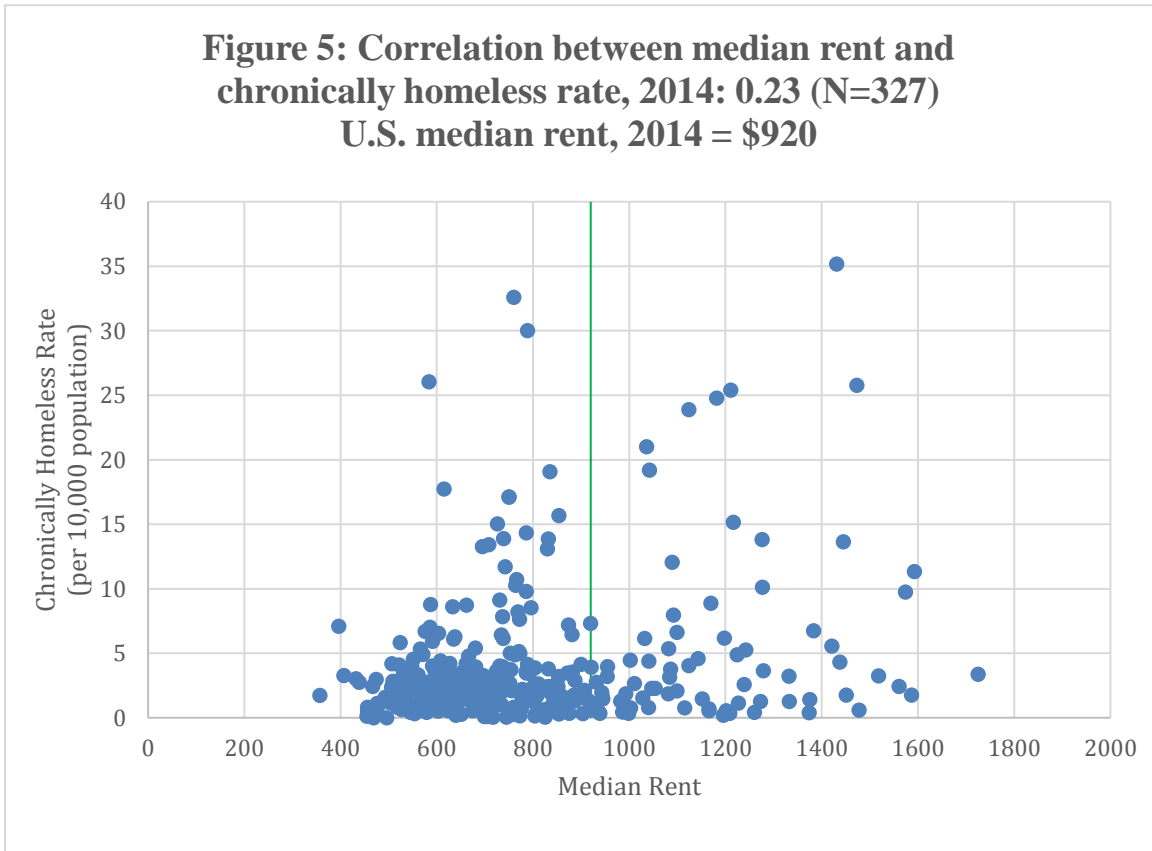
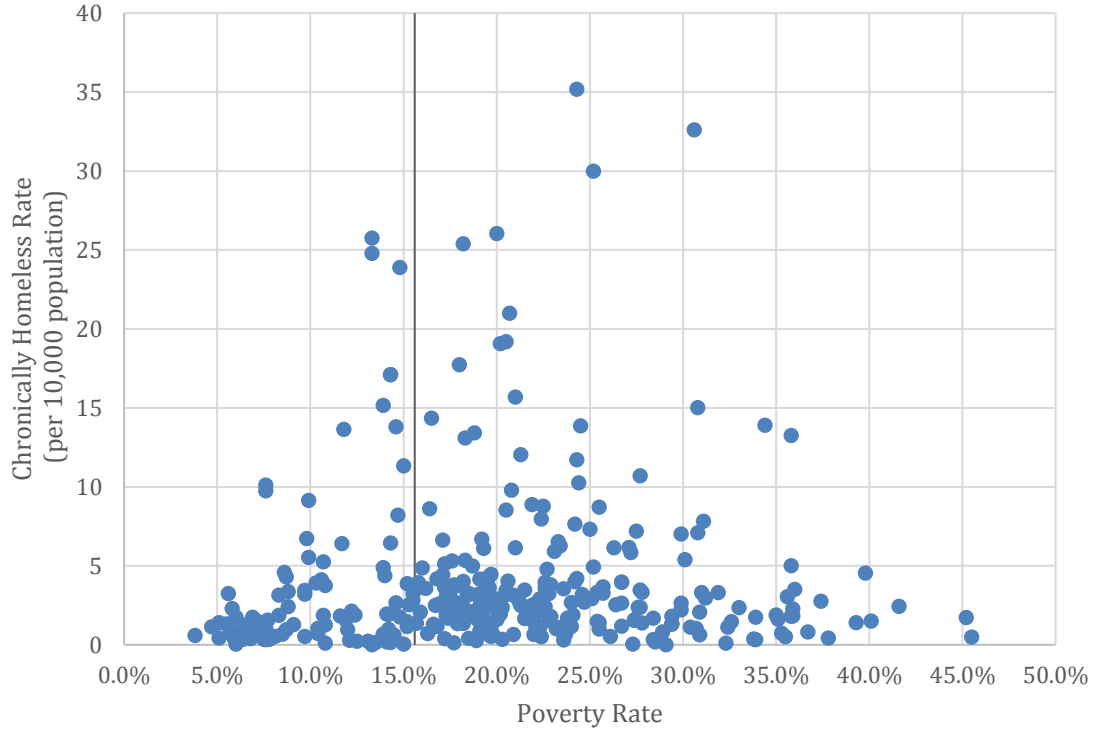


Figure 5 (above) indicates the largest concentration of data points (Continua of Care) between \$400 and \$1000 in median rent, with chronically homeless rates primarily under 5 per 10,000 population. Outliers can be found at both high and medium rent levels, like Watsonville/Santa Cruz, CA, with the highest chronically homeless rate (35.18 per 10,000 population in 2014) and high median rent (\$1,431 in 2014) and Fresno/Madera County, CA, with the second highest chronically homeless rate (32.6 per 10,000 population in 2014) and significantly lower median rent (\$760 in 2014). The highest median rent in 2014 was in Arlington, VA (\$1,725), which had a relatively low chronically homeless rate (3.36 per 10,000 population). A bar denotes the average U.S.

median rent of \$920 in 2014. These results make it very difficult to generalize whether communities with higher rents have higher rates of chronic homelessness.

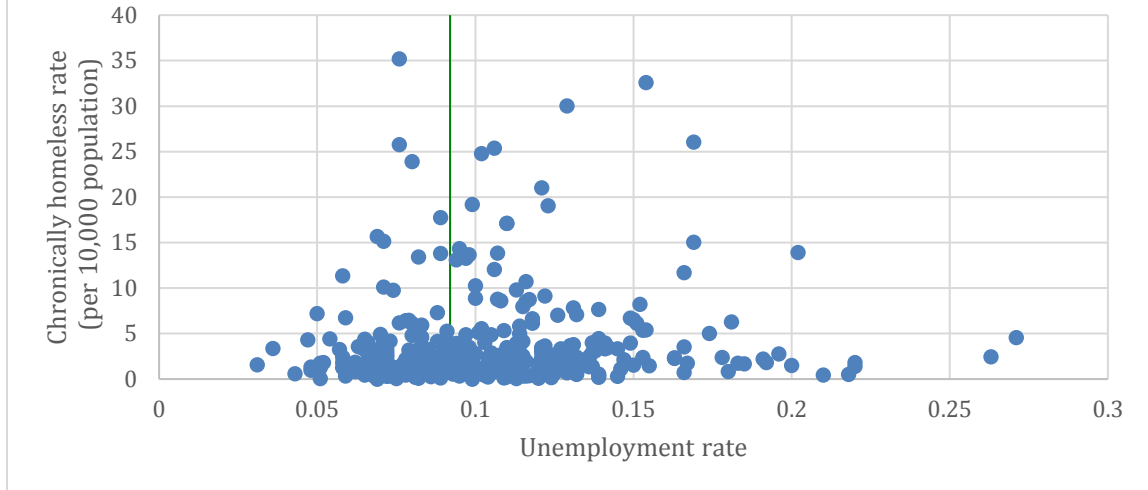
The next exercise (Figure 6) indicated only a very slight positive correlation (0.038) between the chronically homeless rate and the poverty rate. Figure 4 (below) indicates the largest concentration of communities between poverty rates of 3% and 25%. Communities with the highest and second highest chronically homeless rates (Watsonville/Santa Cruz and Fresno) had poverty rates of 24.3% and 30.6%, respectively. The very highest poverty rate (45.5%) occurred in Ithaca/Tompkins County, NY, where the chronically homeless rate was extremely low at 0.48 chronically homeless individuals per 10,000 population. A bar denotes the U.S. poverty rate of 15.6% in 2014. Again, these results make it very difficult to generalize whether communities with higher poverty rates have higher rates of chronic homelessness.

**Figure 6: Correlation between poverty rate and Chronically homeless rate, 2014: 0.038 (N=327)**  
U.S poverty rate, 2014 = 15.6%



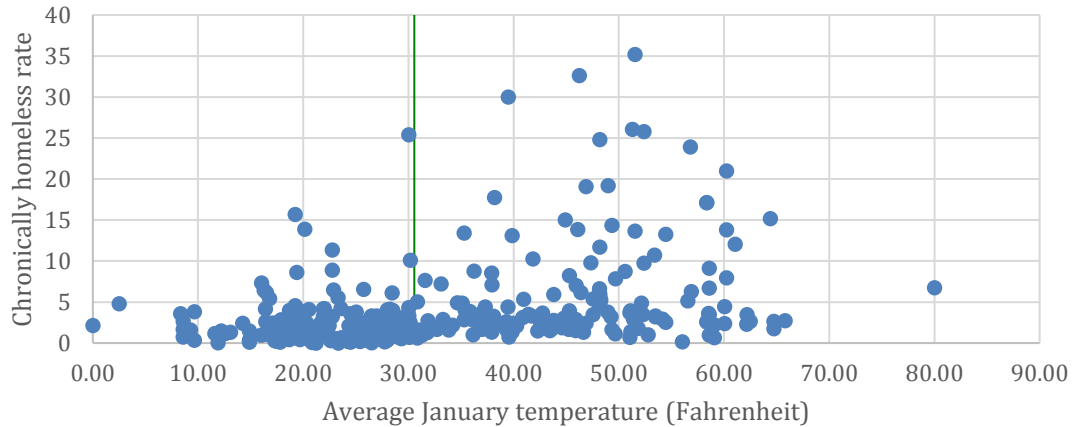
The third exercise (Figure 7) indicated a slight positive correlation (0.052) between the chronically homeless rate and the unemployment rate. Figure 5 (below) indicates the largest concentration of communities between unemployment rates of 5% and 15%. Communities with the highest and second highest chronically homeless rates (Watsonville/Santa Cruz and Fresno) had poverty rates of 7.6% and 15.4%, respectively. The very highest unemployment rate (27.1%) occurred in Detroit, where the chronically homeless rate was relatively low at 4.54 per 10,000 population. A bar denotes the U.S. unemployment rate of 9.2% in 2014. Again, these results make it very difficult to generalize whether communities with higher unemployment rates have higher rates of chronic homelessness

**Figure 7: Correlation between unemployment rate and  
chronically homeless rate, 2014: 0.052 (N=327)  
U.S. unemployment rate, 2014 = 9.2%**



Finally, a correlation compared homelessness and average January temperature (Figure 8). It showed a positive correlation of 0.38. This was the strongest correlation of any of the control factors I examined, and is consistent with the incidence of high chronically homeless rates observed in California communities. A bar denotes the U.S. average January temperature of 30.56 degrees Fahrenheit in 2014.

**Figure 8: Correlation between average January temperature and chronically homeless rate, 2014: 0.38 (N=327)**  
**U.S. average January temperature, 2014 = 30.56 degrees F**



As stated earlier in this dissertation, Leopold & Ho’s 2015 evaluation of the 100,000 Homes Campaign found that “Communities that participated in the Campaign were more successful than nonparticipant communities in reducing street homelessness, homelessness among veterans, and chronic homelessness.” At the simplest level of analysis with unadjusted numbers, this author’s evaluation also showed that participation in the 100,000 Homes Campaign does appear to relate favorably to a reduction in prevalence of total and chronic homelessness during the period 2009 (before the campaign began) to 2014 (when it ended). The average total homeless rate for communities in the control group declined from 32.49 homeless persons per 10,000 population in 2009 to 27.17 homeless persons per 10,000 population in 2014, a decline of 16.37%, while the average total homeless rate for communities in the treatment group declined from 42.42 homeless persons per 10,000 population in 2009 to 33.34 homeless persons per 10,000 population in 2014, a decline of 21.4%. The average chronically



homeless rate for communities in the control group declined from 5.07 chronically homeless persons per 10,000 population in 2009 to 3.55 chronically homeless persons per 10,000 population in 2014, a decline of 29.98 %, while the average chronically homeless rate for communities in the treatment group declined from 8.62 per 10,000 population in 2009 to 5.81 per 10,000 population in 2014, a decline of 32.6%. However, these results do not necessarily demonstrate that the campaign caused the greater declines.

As the Urban Institute study (Leopold & Ho, 2015) notes, “On average, Campaign communities were larger than non-Campaign communities.” Although Leopold and Ho wrote that the campaign recruited “nearly every major US city to join the campaign,” this is not accurate. It is true that far more Continua of Care with populations of more than one million participated in the campaign – a total of 69<sup>8</sup> – than those that did not, a total of eight<sup>9</sup>. However, fewer CoCs with populations between

---

<sup>8</sup> The 69 CoCs with 2014 populations of more than one million that participated in the 100,000 Homes Campaign were: Los Angeles City & County, CA; New York, NY; Houston/Harris County, TX; Phoenix/Mesa/Maricopa County, AZ; Puerto Rico; San Diego City & County, CA; Santa Ana/Anaheim/Orange County, CA; Denver, CO; Chicago, IL; Miami/Dade County, FL; Cook County (minus Chicago), IL; Dallas City & County, TX; Riverside City & County, CA; San Bernardino City & County, CA; Seattle/King County, WA; Las Vegas/Clark County, NV; Orlando/Orange, Osceola, Seminole Counties, FL; Fort Worth/Arlington/Tarrant County, TX; San Jose/Santa Clara City and County, CA; Ft. Lauderdale/Broward County, FL; San Antonio/Bexar County, TX; Oakland/Alameda County, CA; Philadelphia, PA; Sacramento City & County, CA; West Palm Beach/Palm Beach County, FL; Tampa/Hillsborough County, FL; Pittsburgh/McKeesport/Penn Hills/Allegheny County, PA; Buffalo/Niagara Falls/Erie, Niagara Counties, NY; Fairfax County VA; Austin/Travis County, TX; Richmond/Contra Costa County, CA; Jacksonville-Duval, Clay Counties, FL; Salt Lake City & County, UT; Montana Statewide; and Montgomery County, MD.

<sup>9</sup> The eight CoCs with 2014 populations of more than one million that did not participate in the 100,000 Homes Campaign were: Long Island (Nassau, Suffolk Counties/Babylon/Islip/Huntington), NY; Cleveland/Cuyahoga County, OH; Pontiac/Royal Oak/Oakland County, MI; Dakota, Anoka, Washington, Scott, Carver Counties, MN; Columbus/Franklin County, OH; Minneapolis/Hennepin County, MN; and Rhode Island Statewide.

500,000 and one million participated in the campaign – 32 of these CoCs <sup>10</sup> participated, while 43 did not <sup>11</sup>. While it is fair to observe that overall, the control group of CoCs that did not participate in the campaign includes more small and rural communities, there were also cities and urban areas that most would consider “major,” including Atlanta,

---

<sup>10</sup> The 32 CoCs with 2014 populations between 500,000 and one million that participated in the 100,000 Homes Campaign were: Tucson/Pima County, AZ; Honolulu/Oahu, HI; Charlotte/Mecklenberg County, NC; Yonkers/Mount Vernon/New Rochelle/Westchester County, NY; Raleigh/Wake County, NC; Memphis/Shelby County, TN; St. Petersburg/Clearwater/Largo/Pinellas County, FL; Bergen County, NJ; Delaware Statewide; Bakersfield/Kern County, CA; Indianapolis, IN; Oxnard/San Buenaventura/Ventura County, CA; South Dakota Statewide; San Francisco, CA; Newark/Essex County, NJ; Portland-Gresham-Multnomah County, OR; Louisville/Jefferson County, KY; Richmond/Henrico, Chesterfield, Hanover Counties, VA; Waukegan/North Chicago/Lake County, IL; Detroit, MI; Kansas City/Independence/Lee's Summit/Jackson County, MO; Nashville/Davidson County, TN; Ft Myers/Cape Coral/Lee County, FL; Boston, MA; Washington, DC; Baltimore City, MD; Tulsa City & County/Broken Arrow, OK; Oklahoma City, OK; Fort Pierce/St. Lucie, Indian River, Martin Counties, FL; Albuquerque, NM; Annapolis/Anne Arundel County, MD; and Omaha/Council Bluffs, NE.

<sup>11</sup> The 43 CoCs with 2014 populations between 500,000 and one million that did not participate in the 100,000 Homes Campaign were: St. Louis County, MO; Camden City/Camden, Gloucester, Cumberland Counties, NJ; Milwaukee City & County, WI; DuPage County, IL; Birmingham/Jefferson, St. Clair, Shelby Counties, AL; Norwalk/Fairfield County, CT; Cincinnati/Hamilton County, OH; Prince George's County, MD; St. Clair Shores/Warren/Macomb County, MI; Worcester City & County, MA; Baltimore County, MD; New Brunswick/Middlesex County, NJ; Lower Marion/Norristown/Abington/Montgomery County, PA; Tacoma/Lakewood/Pierce County, WA; Gloucester/Haverhill/Salem/Essex County, MA; Rochester/Irondequoit/Greece/Monroe County, NY; El Paso City & County, TX; Daly City/San Mateo County, CA; Sarasota/Bradenton/Manatee, Sarasota Counties, FL; Citrus, Hernando, Lake, Sumter Counties, FL; Everett/Snohomish County, WA; Stockton/San Joaquin County, CA; Joliet/Bolingbrook/Will County, IL; Monmouth County, NJ; North Dakota Statewide; Bristol/Bensalem/Bucks County, PA; Grand Rapids/Wyoming/Kent County, MI; Jersey City/Bayonne/Hudson County, NJ; Mobile City & County/Baldwin County, AL; Colorado Springs/El Paso County, CO; Daytona Beach/Daytona/Volusia, Flagler Counties, FL; Lakewood Township/Ocean County, NJ; Visalia, Kings, Tulare Counties, CA; Upper Darby/Chester/Haverford/Delaware County, PA; Palm Bay/Melbourne/Brevard County, FL; Attleboro/Taunton/Bristol County, MA; Akron/Barberton/Summit County, OH; Dayton/Kettering/Montgomery County, OH; Overland Park/Shawnee/Johnson County, KS; Wyoming Statewide; Elizabeth/Union County, NJ; Atlanta, GA; Turlock/Modesto/Stanislaus County, CA; Saint Paul/Ramsey County, MN.

Birmingham, Cincinnati, Cleveland, Columbus, Milwaukee, Minneapolis, Prince George's County (Maryland), and Saint Paul, that did not participate in the campaign.

To determine statistical validity of the differences among the groups, a t-test with two samples was performed, assuming unequal variance, for each group separately for 2009 (before the intervention) and 2014 (after the intervention) and then for each group against each other, to ascertain whether the differences are statistically significant. The significance was tested at a confidence interval of 95%. With this confidence interval, a t-statistic greater than 1.96 on either side of the bell curve (plus or minus) indicates the differences in the data are statistically significant.

**Table 4: Comparing 2009 data with 2014 data for both groups.**

<b>Group 1 (Treatment)</b>	<b>2009</b>	<b>2014</b>	<b>T-stat</b>	<b>Significance, <math>\alpha=0.05</math></b>
N (# of observations)	111	111		
Chronically Homeless Rate, mean	8.1 per 10k pop	5.7 per 10k pop	1.74661	No
Variance	1.7E-06	4.6E-07		
Poverty Rate, mean	17.99%	20.79%	-2.9518	Yes
Variance	0.00467	0.0053		
Unemployment Rate, mean	8.32%	10.44%	-5.0043	Yes
Variance	0.00077	0.00122		
Median Rent, mean	754	857	-3.0252	Yes
Variance	52851.3	52851.3		
<b>Group 0 (Control)</b>	<b>2009</b>	<b>2014</b>	<b>T-stat</b>	<b>Significance, <math>\alpha=0.05</math></b>
N (# of observations)	216	216		
Chronically Homeless Rate, mean	4 per 10k pop	3.2 per 10k pop	1.63529	No
Variance	3.5E-07	1.7E-07		
Poverty Rate, mean	16.91%	19.63%	-3.4479	Yes
Variance	0.00599	0.00745		
Unemployment Rate, mean	8.36%	10.64%	-7.0143	Yes
Variance	0.00091	0.00137		
Median Rent, mean	678.144	761.593	-3.8127	Yes
Variance	45515.1	57958.6		

In this t-test (Table 4), the indicators poverty rate, unemployment rate and median rent increased at a statistically significant ( $\alpha = 0.05$ ) level between 2009 and 2014. Since these years correspond with a severe global recession, it is not surprising that poverty and unemployment both increased, although rising rents might seem counterintuitive under the circumstances. It is even more noteworthy that the rate of chronic homelessness declined over the period despite bad economic circumstances, suggesting that employing Housing First methodologies had a positive effect, even if they did not actually end chronic homelessness.

**Table 5. Comparing the treatment and control groups against each other.**

	<b>Group 1 (treatment)</b>	<b>Group 0 (control)</b>	<b>T-stat</b>	<b>Significance <math>\alpha=0.05</math></b>
<b>2014 (After)</b>				
N (# of observations)	111	216		
Chronically Homeless Rate, mean	5.72 per 10k pop	3.2 per 10k pop	3.576285	Yes
Variance	4.63E-07	1.73E-07		
Poverty Rate, mean	20.79%	19.63%	1.277294	No
Variance	0.005299	0.007449		
Unemployment Rate, mean	10.44%	10.64%	-0.4698	No
Variance	0.001221	0.001371		
Median Rent, mean	857.40	761.59	3.096661	Yes
Variance	76478.86	57958.64		
January temp, mean	40.86982	28.83287	7.323536	Yes
Variance	219.1776	156.9978		

Table 5 shows that the chronically homeless rate was significantly higher in the treatment group than in the control group in 2014. This might be due to the larger number of larger urban areas included in the treatment group, corresponding to those that had

homeless services networks sophisticated enough to participate in the 100,000 Homes Campaign.

***Difference-in-differences results***

Table 6 shows the stata output for the regression measuring the effect of the intervention on chronic homelessness. The R-square of 0.08 is too low to draw any valid inferences. High P values indicate a high probability of the null hypothesis (that the effect cannot be explained by the data):

**Table 6. Difference-in-differences results**

**DIFFERENCE-IN-DIFFERENCES WITH COVARIATES**

**DIFFERENCE-IN-DIFFERENCES ESTIMATION RESULTS**

Number of observations in the DIFF-IN-DIFF: 305

	Baseline	Follow-up			
Control:	72	72			144
Treated:	110	111			221
	326	327			
Outcome var.	chron~r	S.Err.	t	P> t	
Baseline					
Control	-0.000				
Treated	0.000				
Diff (T-C)	0.000	0.000	4.08	0.000***	
Follow-up					
Baseline					
Control	-0.000				
Treated	-0.000				
Diff (T-C)	0.000	0.000	1.87	0.062*	
Diff-in-Diff	-0.000	0.000	-1.59	0.112	

R-square = 0.08

\* Means and Standard Errors are estimated by linear regression

\*\* Inference: \*\*\*p<0.01; \*\*p<0.05; \*p<0.1

For the exercise shown in Table 7, communities with less than 100 chronically homeless individuals in 2009 were eliminated, leading to a treatment group of 80 and a control group of 71. The regression with these groups was also inconclusive, with an even lower R-square, of 0.02 -- again too low to draw any valid inferences. High P values indicate a high probability of the null hypothesis (that the effect cannot be explained by the data):

**Table 7. Difference-in-differences results**

**DIFFERENCE-IN-DIFFERENCES WITH COVARIATES**

**DIFFERENCE-IN-DIFFERENCES ESTIMATION RESULTS**

Number of observations in the DIFF-IN-DIFF: 305

	Baseline		Follow-up		
Control:	72		72		144
Treated:	80		81		161
	152		153		
Outcome var.		chron~r	S.Err.	t	P> t
Baseline					
Control		-0.000			
Treated		0.000			
	Diff (T-C)	0.000	0.000	0.67	0.502
Follow-up					
Baseline					
Control		-0.000			
Treated		-0.000			
	Diff (T-C)	0.000	0.000	0.01	0.988
Diff-in-Diff		-0.000	0.000	-0.47	0.638

R-square = 0.02

\* Means and Standard Errors are estimated by linear regression

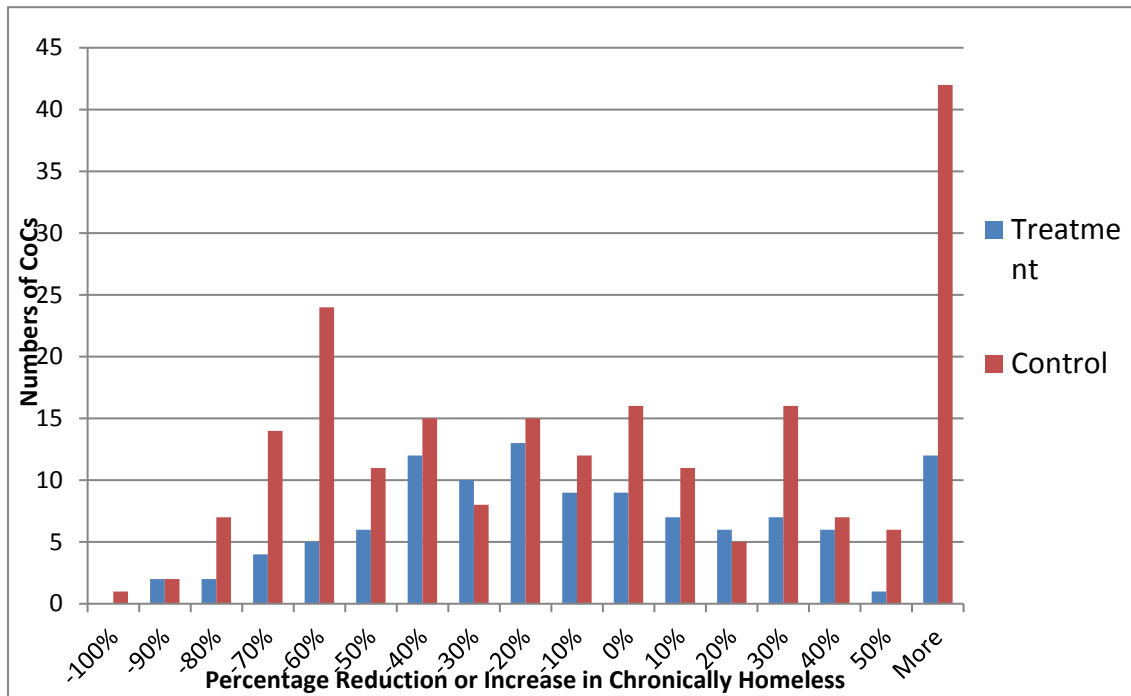
\*\* Inference: \*\*\*p<0.01; \*\*p<0.05; \*p<0.1

In trying to understand why the regression proved so inconclusive, it is relevant that the correlation between unemployment, poverty and median rent and the prevalence of chronic homelessness was also inconclusive. There appears to be such a wide variation in circumstances causing chronic homelessness among communities that no single intervention could affect all communities in a consistent manner. Other unobservables such as differences among industries, and the varying effects of racism, education, immigration and other regional variations, could also contribute to differences among communities that could not be measured as covariates.

***Communities with the largest reductions in chronic homelessness***

As a final data exercise, the larger treatment and control groups were reanalyzed and the reduction in the numbers of chronically homeless people were derived for each one, to see whether participation in the 100,000 Homes Campaign correlated with more significant reductions. The results are shown in Figure 9. More non-campaign (control group) CoCs achieved reductions in chronic homelessness of 50% or greater during the period 2009-2014 than campaign (treatment group) CoCs, but substantially more non-campaign COCs also saw increases in their numbers of chronically homeless people:

**Figure 9: Percentage Reductions or Increases in the Numbers of Chronically Homeless People Between the 2009 and 2014 Point in Time Counts:**  
**Treatment n = 111, Control n = 216**



It is hard to draw definitive conclusions from these findings. However, because chronic homelessness increased more substantially in communities that were not engaged enough in homelessness prevention to participate in the 100,000 Homes Campaign, it would appear that organized efforts to house chronically homeless persons had some effect, although not enough to end the phenomenon altogether.

Of the ten CoCs that achieved the largest reduction in the numbers of chronically homeless individuals between 2009 and 2014, four participated in the campaign and six did not.



**Table 8: Top Ten Continua of Care That Achieved Largest Reductions in Numbers of Chronically Homeless Individuals Between the 2009 and 2014 Point in Time Counts**

CoC Number	CoC Name	Chronically Homeless Individuals, 2009	Chronically Homeless Individuals, 2014	Reduction	100,000 Homes Campaign?
FL-507	Orlando/Orange, Osceola, Seminole Counties CoC	1537	125	-92%	Yes
LA-503	New Orleans/Jefferson Parish CoC	4579	465	-90%	Yes
MI-503	St. Clair Shores/Warren/Macomb County CoC	259	54	-79%	No
CA-602	Santa Ana/Anaheim/Orange County CoC	3783	798	-79%	Yes
NY-508	Buffalo/Niagara Falls/Erie, Niagara Counties CoC	296	72	-76%	Yes
VA-502	Roanoke City & County/Salem CoC	247	62	-75%	No
IL-501	Rockford/Winnebago, Boone Counties CoC	196	51	-74%	No
NC-501	Asheville/Buncombe County CoC	180	47	-74%	No
CA-510	Turlock/Modesto/Stanislaus County CoC	442	123	-72%	No
CA-511	Stockton/San Joaquin County CoC	377	107	-72%	No

***Case Studies***

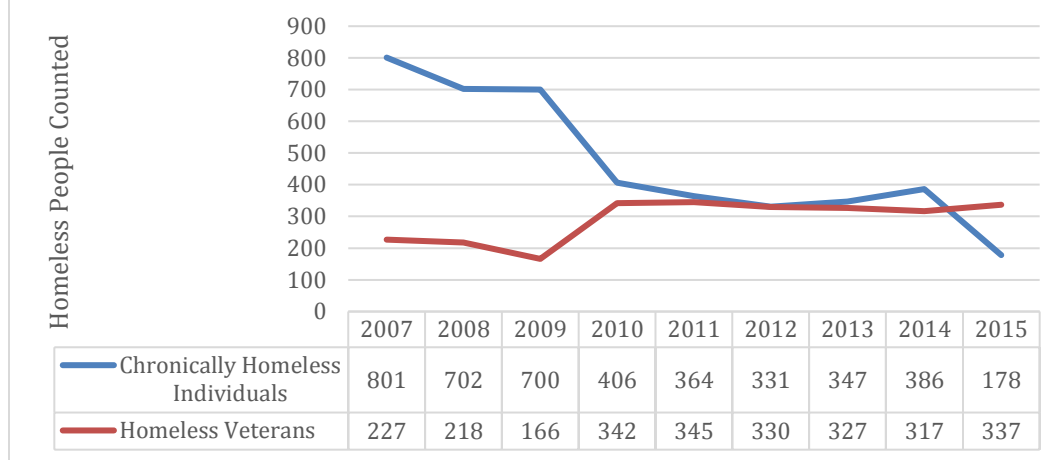
As discussed earlier (pages 34-35), case studies were conducted of one state (Utah) and three communities (Orlando, FL; New Orleans, LA; and Santa Ana/Orange County, CA) which achieved large estimated reductions in the prevalence of chronic homelessness between 2009 and 2015.

Five common elements emerge from the four cases reviewed:

- 1) There is broad adherence to the “Housing First” philosophy.
- 2) At least one significant leader from the non-profit sector (Lloyd Pendleton in Utah, Andrae Bailey in Orlando, Martha Kegel in New Orleans, Larry Haynes in Santa Ana) pulls together multi-sectoral support and motivates community and government response.
- 3) There existed a generally supportive political environment, ranging from heavily involved, as in New Orleans, to basically benign, as in Santa Ana/Orange County. In no case was the political leadership hostile to the “Housing First” philosophy.
- 4) There was some participation in the 100,000 Homes Campaign, with Orlando and Orange County less engaged than Utah and New Orleans.
- 5) There existed significant inconsistency in compiling data, including changes in Point in Time count methodologies during the time period, leading to general ambiguity over effectiveness of interventions and uncertainty over data collection and the ability to measure reductions in prevalence accurately. This ambiguity makes it difficult to identify whether Orlando and Santa Ana were indeed successful in reducing chronic homelessness at all, and even Utah’s results are disputed by some, although it is widely acclaimed within the field as a success.

### ***Utah***

**Figure 10: Point in Time Count for State of Utah: 2007-2015**



Utah’s success in reducing chronic homelessness – a reduction of 78% between 2007 and 2015 – occurred in a state generally recognized as among America’s most conservative. Utah achieved the largest reduction in chronically homeless individuals of all states during the time period.

On April 28, 2015, Utah’s Department of Workforce Services announced “Chronic Homelessness in Utah is now approaching ‘Functional Zero,’” asserting that “Chronic homelessness has decreased by 91 percent, from nearly 2,000 individuals in 2005 to 178 individuals identified in the 2015 statewide Point-In-Time count ... conducted annually on the fourth Thursday in January. Functional zero means there is a system in place to help connect chronically homeless individuals with housing resources.” The press release went on to quote Gordon Walker, director of Utah’s Housing and Community Development Division within the Department of Workforce Services: “We know these 178 individuals by name. We know their situation and we can help them move out of chronic homelessness, if they choose.”

Utah was among 26 states to develop a statewide plan to end homelessness, according to NEAH's Ten Year Plan Database. And unlike some ten-year plans that addressed all homelessness, the Utah State Homeless Coordination Committee (2004) as well as the Salt Lake County (2006) and Mountainland (2006) Continuum of Care Ten Year Plans focused specifically on chronic homelessness.

Utah adhered strictly to the "Housing First" protocol. Walker told the Washington Post in April, 2015, "We used the Housing First model, but we haven't deviated from our focus... When we started it back in '04 and '05, we didn't know this would end, but we committed to it." Two CoCs in the state – Salt Lake City & County and Provo/Mountainland – actively participated in the 100,000 Homes Campaign. The state first established a statewide Homeless Coordinating Committee in 1988. Lloyd Pendleton, a former Ford Motor Company executive and longtime member of the committee, was reportedly inspired by Philip Mangano at a 2003 housing conference in Chicago, and subsequently by Sam Tsemberis at a 2005 conference in Las Vegas. "The meeting in Chicago was Pendleton's first introduction to Housing First and he was impressed by Philip Mangano's ability to speak the language of the business world – a vernacular steeped in problem solving and pragmatism" (Padgett, Henwood and Tsemberis, 2016). Pendleton took over the state's homeless coordination committee as its director and began to implement a Housing First pilot with 17 chronically homeless clients in Salt Lake City. "(A) year later, fourteen were still in their homes. Three were dead. The success rate had topped 80 percent." (McCoy, 2015). According to Padgett, Henwood and Tsemberis:

As word spread of the success of HF in a conservative state like Utah, Pendleton became a sought-after spokesperson. An affable

gentleman in conservative Western attire, Pendleton uses down-to-earth language mixed with occasional religious piety. His status as a former LDS employee has undoubtedly smoothed the way in Utah's rural towns where the Mormon presence is dominant.

In the ensuing decade, Utah has continued steadily reducing the prevalence of chronic homelessness, finally announcing it achieved Functional Zero in 2015. Support was consistent throughout the time period from Republican Governors Jon Huntsman and Gary Herbert as well as Republican majorities in the state legislature and Democratic mayors and councils in Salt Lake County and Salt Lake City. Republican Lieutenant Governors Stephen Sandstrom and Spencer Cox played an instrumental role as well. The State Homeless Coordinating Committee is chaired by the Lieutenant Governor under legislation adopted in 2011.

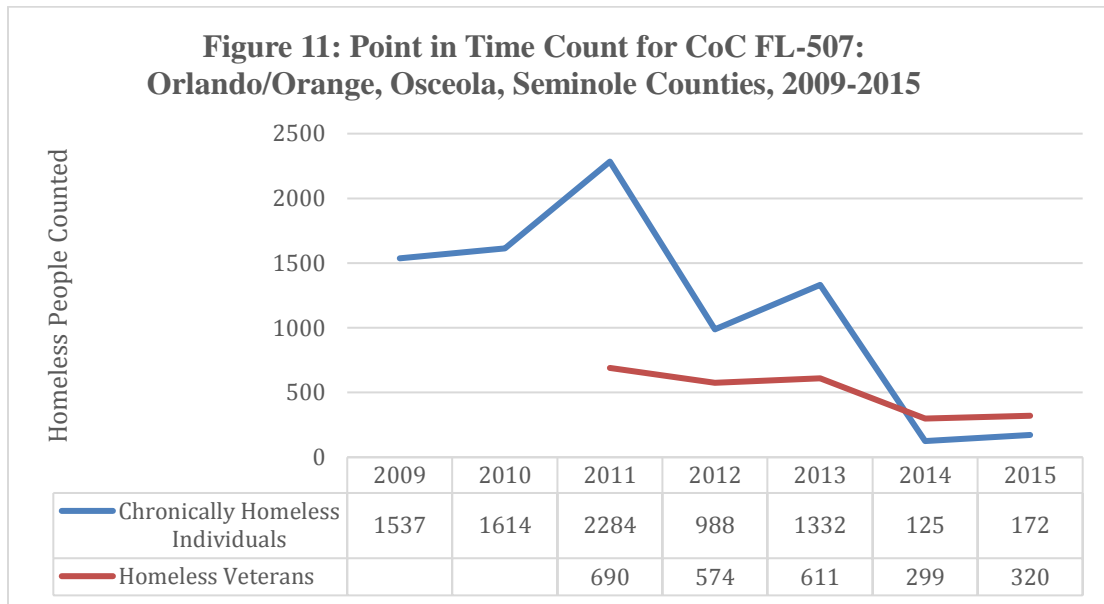
Utah's claim of success in achieving Functional Zero for chronic homelessness has its critics. Corinth (2016) disputes the state's claim of a 91 percent reduction in the numbers of chronically homeless individuals between 2005 and 2015, saying it "appears to be fiction." He wrote that the state's internal reporting was inconsistent and that "If you take the actual point-in-time counts reported by Utah to the federal government ... then chronic homelessness in Utah wouldn't have fallen at all over the past decade." Despite Corinth's dissent, the chart at the beginning of this section indicating a 78% reduction between 2007 and 2015 comes from the 2015 AHAR (which only includes PIT numbers dating back to 2007), not from the state's numbers.

Matt Minkevitch, director of Road Home, a Salt Lake County shelter and case management provider, said "I would differ with that perspective" when asked whether Utah had achieved Functional Zero for chronic homelessness (LaGanga, 2016), citing more than a thousand clients still being served by his agency. Even though the state

claimed in its April, 2015 announcement that only 178 chronically homeless clients remained to be housed, Road Home reported it had 300 clients who met the definition in April, 2016.

According to LaGanga, “Utah is exhibit A for the most difficult reality of homelessness in the US today: It is possible to work hard, be innovative, make headway – all of which Utah has done – and still be nowhere near ‘winning the war on homelessness’, or even the fight to put a permanent roof over the most vulnerable.” When asked which communities should be included in this dissertation as case studies, Doherty recommended Utah. “Utah, at the state level, has attracted a lot of attention,” he said. “They take credit for creating Housing First, even though they didn’t. But they did do it really well.”

***Orlando/Orange, Osceola, Seminole Counties***



Although Orlando showed the largest percentage decrease in the number of chronically homeless individuals of any CoC between 2009 and 2014 (a reduction of

92% in that time period), leaders in the field of homelessness were either surprised at that result or questioned its validity. “Orlando, I was a little surprised about,” said Zeilinger. “I know they need to do some work.” DeJong said, “Orlando is a hot mess of trying to figure out what they’re doing, still. They may have seen huge reductions but they haven’t figured out how to do it as a system so I’d be hard pressed to know what’s sustainable. And given the amount of phone calls I field from Orlando on a regular basis and how many times they’ve had me there just to speak to leaders, I don’t think people have bought into it.” Although Orlando participated in the 100,000 Homes Campaign, Margiotta said, “I think they’re one of the ones that didn’t really that much do anything. We didn’t have a tight relationship with them.”

Suchar said, “Orlando has had, sort of, stops and starts with their homeless efforts. They’ve always been engaged but not always in the most constructive ways.” He said he knew that “at various times they’ve looked at ... developing ... these one-stop centers which are generally not a very effective strategy” and that “they didn’t really get into the Housing First game. So I’m actually quite curious about what the story is there. I will say more recently, Orlando has been doing some amazing work, so – but this would have been after your period (2009-2015) you’re looking at.”

Mangano, who was hired as a consultant in 2016 to assist Seminole County to establish a Homeless Task Force, said of Orlando, “... they’re just coming to the point where they’re wrestling with the chronic initiative. They have a big problem. Their commission and their Continuum of Care are now wrestling with new strategies. They’ve brought everybody to the table. Now the business community is finally at the table. Struggling to get the numbers down on both families and individuals.” Mangano said

although the AHAR representation showed a decrease, “the people there say it was more based upon a very, very rainy night when the count got done as opposed to an actual decrease.”

However, Central Florida announced in June, 2016 it had achieved an end to chronic homelessness among veterans. While not an end to chronic homelessness or to veteran homelessness, this milestone brought Doherty to Orlando to praise its efforts, saying, “You’ve sought to learn broadly and to share freely, learning from the successes and challenges of other communities, contributing to the national conversation, and always wanting to employ the best and strongest practices. And you’ve deployed those practices through shared and collaborative leadership, cutting across all sectors and systems.”

In an interview, Martha Are, executive director of the Homeless Services Network of Central Florida, said that prior to 2014, her CoC used “multipliers” to expand the numbers in their PiT count as an adjustment to estimate annual numbers of homeless people. She said that beginning with the 2014 count, the CoC stopped using the multipliers and simply reported the actual number counted on the night of count. She said that could account in part for the significant reduction in chronically homeless people reported between 2013 and 2014.

Martha Are agreed with Mangano and others who said the Orlando region had at one time not done a very good job with its efforts to reduce homelessness. “That’s very true. Orlando did not have its act together very well and it’s only been within the past couple of years that that dynamic has changed.” She attributed the change to the efforts of Andrae Bailey, CEO of the Central Florida Commission on Homelessness. She said

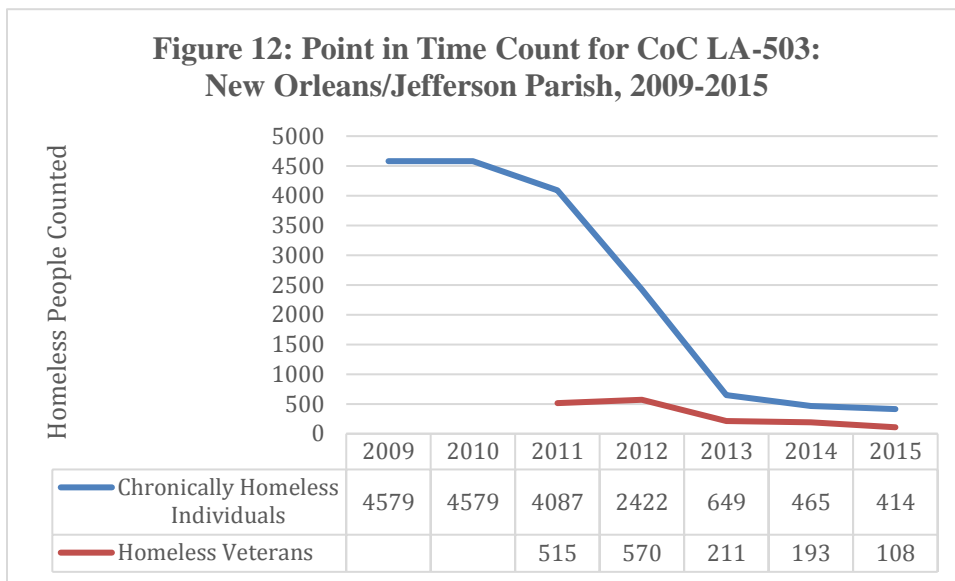


Bailey “had a lot to do with” the changed dynamic, “beginning implementing what he’s called the Collective Impact model, where we’ve had the faith, the business, the jurisdictional and the nonprofit sectors all collaborating together, identifying priorities and then strategizing together about how to meet the needs and address those gaps. The availability of those resources and the changes in that system didn’t really start until in 2015,” when Orange County and the city of Orlando began investing local dollars to provide 160 rental housing subsidies to formerly homeless clients.

Kaufman described Bailey as “very well connected, slick, he’s a little bit of huckster and a little bit of brilliance and he’s gotten lots of people involved in Orlando. Lots of businesses. He’s very smart and very good at building resources.” The Orlando Sentinel named Bailey “Central Floridian of the Year” in January, 2016, writing “Bailey has mad people skills. He can easily capture a room of 20 people, 200 or 2,000. And in a one-on-one conversation, he becomes your BFF, dropping your name in and out of sentences... He connects. He badgers. He tells great stories. Unrelenting pushiness, but rarely to the point of turning people off (Diaz).” In June, 2016, Bailey announced he was resigning as CEO of the Central Florida Homeless Commission to start a new organization called United Against Poverty Orlando. He did not respond to requests for an interview.

In addition to Bailey, Are said elected officials, especially Orange County Mayor Teresa Jacobs (a Republican) and Orlando Mayor Buddy Dyer (a Democrat) were instrumental to the recent efforts. Another important component of the reduction in chronic homelessness in Orlando was the commitment of \$6 million over three years from Florida Hospital to provide supportive services to housed clients.

*New Orleans/Jefferson Parish*



In contrast to Orlando, none of the experts in the field interviewed for this dissertation were surprised when told that New Orleans scored very high in the reduction of chronic and veteran homelessness. DeJong said, “I think they did a fantastic job, had a sustained street outreach effort for a long period of time.” Mangano said, I’d say of those three (Orlando, New Orleans and Santa Ana), I think probably the one that’s likely to be most authentic is the one in New Orleans.” Kaufman said, “New Orleans has been crackerjack... they’ve done amazing stuff considering that they started at such a mess, after Katrina. And they got lots of resources.”

Suchar said, “I’m pretty familiar with New Orleans. (T)hey achieved it because they just did the work.” He said: “Post-Katrina, things were very bad, they had a lot of people sleeping in abandoned buildings and it was grim. And they ... invested in permanent supportive housing. ... the federal government actually put money into permanent supportive housing in New Orleans.”

Suchar said New Orleans also applied for a Medicaid waiver made possible by the Affordable Care Act, whereby supportive services could be billed to Medicaid, enabling the city “to do permanent supportive housing to great scale.” Suchar also credited New Orleans with excellent outreach: “They had people going into buildings ... all hours of the day and find people and really work with them to get them to come into housing.” Berg said: “The number of homeless people vastly increased after the hurricane. But ... it galvanized the community in terms of realizing how this is a big problem and we’ve got to deal with it.” He said as a result of the hurricane, New Orleans received federal housing resources that other communities didn’t get. “Some of those have been very useful to deal with the chronic homelessness population.” He said New Orleans also had highly skilled people working on the problem and a lot of technical assistance. Federal Housing Choice (formerly Section 8) vouchers in New Orleans increased from 8,400 in 2005 to 17,347 in 2010 (Webster, 2015). The New Orleans CoC also made good use of the 1145 VASH vouchers it was awarded between 2009 and 2015. In January, 2015, New Orleans became the first U.S. city to announce it had achieved an end to veteran homelessness.

All interviewees who discussed New Orleans credited Martha Kegel, executive director of UNITY of Greater New Orleans, as the prime catalyst behind the city’s success. The involvement of Mayor Mitch Landrieu (a Democrat) was also highlighted as critical. Roman said, “In New Orleans, ... as awesome as Martha is, and she’s awesome and formidable and everything ... the mayor got involved. And, New Orleans being what it is, that was important. ... In New Orleans, you know, if the mayor opposes you, you’re going to be in trouble.”

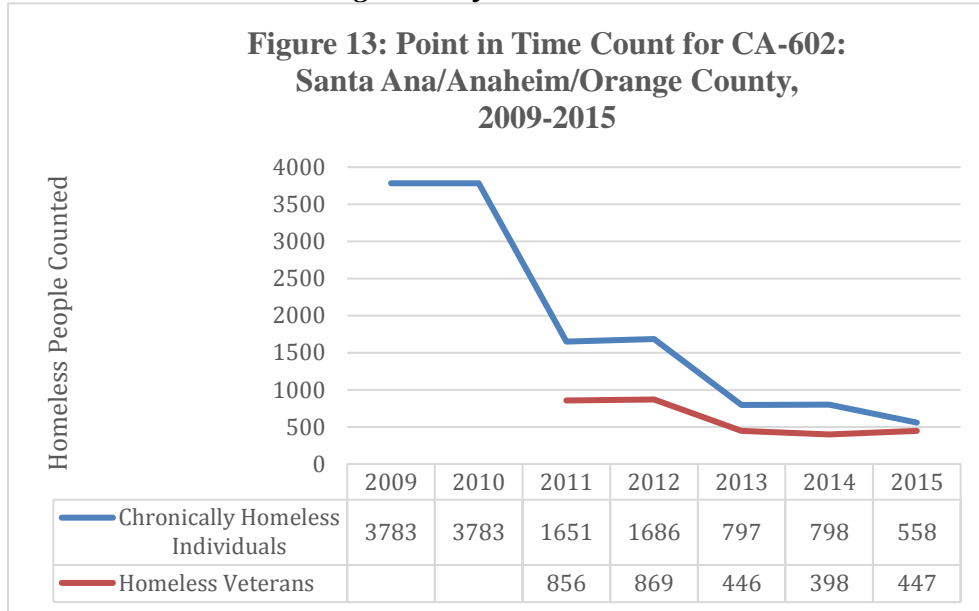
Berg said Kegel and UNITY of Greater New Orleans were “very strong on making sure they know the right stuff to do. They’ve been getting all the help they can. She’s been a great leader in that regard,” as well as assembling “a great team of people to work with. So, a lot of good know-how and commitment to using the best practices... and then really the community working together.” Berg credited Mayor Landrieu with getting “really out front in terms of saying, well, we want to do this ending veterans homelessness thing” through the use of permanent supportive housing. Berg said, “I think it was not the greatest relationship between Martha’s group and the city before then, but I think that they realized that if you actually wanted to do this thing on veterans ... that they needed to get together a lot more.”

Berg also highlighted the fact that Hurricane Katrina made homelessness a more relatable condition for all residents. “The idea that the people who are homeless are just our neighbors and are all part of the community and are all going through this experience where literally a lot of people’s neighbors ended up as homeless. It may be that had something to do with sort of getting away from the idea that homeless people are like some kind of somebody else, I don’t want to think about.”

Mangano said, “there was a flood of resources that went into New Orleans. And here’s what I would say about that, and this is consistent with what we saw around veterans. Whenever there are dramatically increased resources, whether in the federal budget, which was (during the George W. Bush administration) from 2005 to 2009 when we were seeing the decrease that we saw, or when you put a lot more money available for homeless veterans, and ensure that they will have housing and services. ... And those

resources are invested in a best practice that is related to the reduction of homelessness, you're going to get a reduction in homelessness.”

**Santa Ana/Anaheim/Orange County**



Although Orange County, California’s PiT reports show significant decreases in the number of chronically homeless people between 2009 and 2015, recent press coverage of homelessness in the area describes significant increases, especially in encampments near the Santa Ana Civic Center. Mangano said:

Orange County is in a state of siege with chronic homelessness. Chronic homeless people surrounding their convention center. They don’t know quite what to do there. They just hired a brand new homelessness czar that they hope will remedy what’s occurring there. ... along with L.A. County, ... I believe that they’re the only ones who have had increases in chronic homelessness in the last several years. So that’s Orange County. Under siege.

The *Los Angeles Times* reported (Do, 2016) that the population of homeless encampments near the Santa Ana Civic Center “swelled beyond 400” in 2016.

Employees in the area “worried that the Civic Center complex is unsafe for the area’s

more than 15,000 government workers, many whom have complained of feces, urine and trash on the sidewalks, including syringes.”

Despite the reported decrease in chronically homeless people between 2009 and 2015, a report by the ACLU of Southern California (Garrow, 2016) said:

The vast majority of people experiencing homelessness in the county—almost 90%—do not meet the federal definition for chronic homelessness. Some are severely disabled but have not been homeless long enough to meet the definition. Others have been homeless for many years, but are not disabled enough to be considered chronically homeless. These people are not prioritized for permanent supportive housing. Instead, they face four- to eight-year waiting lists for affordable housing—that is, if they can get on the lists, which are usually closed. Without access to such housing, they are likely to remain on the streets and eventually join the ranks of the chronically homeless. This is not the “housing first” model envisioned by the county’s Ten-Year Plan to End Homelessness.

Margiotta identified Larry Haynes, executive director of Mercy House, a homeless services provider in Santa Ana, as the key player in the Orange County CoC. Haynes said in an interview he had “browbeat” local nonprofits, faith leaders and elected officials into working together to reduce chronic homelessness through a “progressive engagement” model, which NAEH (2015) defines as “a strategy of providing a small amount of assistance to everyone entering the homelessness system. For most households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it.” Haynes said Mercy House participated in the 100,000 Homes Campaign although he had not been successful in getting the entire CoC active in the campaign. He said the CoC had successfully utilized rapid rehousing and permanent supportive housing dollars available through the federal HEARTH Act, which was part of the American Recovery and

Reinvestment Act of 2009 (the “stimulus”). He said he had generally enjoyed good relations with the Orange County Board of Supervisors although no one elected official stood out as a champion.

In September, 2015, the Orange County Supervisors established a new position of social care coordinator, referred to informally as the “homeless czar” (Walker and Graham, 2016). “County Supervisor Andrew Do, who in September proposed the new position, wants accountability – measurable goals that show actual results from the millions of dollars intended to reduce homelessness. ‘Part of the frustration that I have is we can tell the public how many millions of meals we served each year, how many beds are available,’ Do said ..., ‘but we don’t have any metrics to determine whether the effort was effective in helping individuals not be homeless.’”

### *Discussion*

Despite well-intentioned efforts, an actual end to veteran and chronic homelessness remains a distant goal. There is no evidence that the 100,000 Homes Campaign made a statistically significant difference in reducing the prevalence of chronic homelessness in communities that participated in it. The most decisive factor in the decline in veteran and chronic homelessness between 2007 and 2016 was the availability of federal housing vouchers, especially VASH vouchers. It is reasonable to speculate that popular mobilizations like the 100,000 Homes Campaign helped generate political support for the federal vouchers.

Twice a year, the National Alliance to End Homelessness holds conferences, one in Washington, D.C. in July on all aspects of homelessness, and a second in another

location in February to discuss youth and family homelessness. The conferences routinely attract more than 1700 participants. At the February, 2017 conference in Houston, NEAH Executive Director Nan Roman said, “this is the biggest, by a good bit, Family and Youth conference we’ve ever had. And to accommodate it, I think we’ve got the biggest hotel I think we’ve ever been in. We got a Texas-sized hotel!”

In our 2016 interview, Tsemberis said he is saddened by the size of what he calls the “homeless industrial complex” – thousands of social workers, shelter administrators, government officials and others devoting their careers to managing the homelessness problem. “Every time I go ... there are more people attending the conference. It’s like, “oh, good, well, the industry, the homeless industrial complex ... is doing well. It saddens me. And yet, there’s like a joy to it. People all love getting together. But I feel sad.” Even Roman said she had “very mixed feelings” at her own organization’s conferences. “I don’t think it’s a success that we’re so big.” She agreed that the goal should be that the growing field of homelessness prevention is no longer needed, but that goal is far in the distance.

As this dissertation is being completed in September, 2017, Matthew Doherty is still serving as Executive Director of the U.S. Interagency Conference on Homelessness. He told the NEAH conference in February that “we really don’t know yet” what approach the Trump administration will take to these issues. “A lot of the key leaders (at the 19 federal agencies comprising the USICH) aren’t in place yet, or don’t have their teams fully put together yet. But we stand ready to turn their attention to these issues.” The USICH was proposed for elimination in the proposed budget sent by President Trump to Congress on March 16 and deep cuts were proposed to HUD that would, if enacted,



dramatically reduce the availability of vouchers used to house homeless people. As of September, 2017, however, Congress had not implemented any of these proposals.

Roman also said, in her February, 2017 remarks, that “we really don’t ... have much of a clue what (the new administration’s) take (on homeless issues) will be.” But she expressed trepidation that the administration might impose work requirements on housing recipients, require participation in religious activities, impose time limits on housing assistance or impose “Housing Last” approaches. “There could be more of a focus on ideology as opposed to evidence and data. I’m a little bit concerned ... about holding on to our focus on ... evidence and to collecting data.”

HUD Secretary Ben Carson has offered some reassurance of continuity in policy, and that Housing First will continue to guide the Trump administration’s approach to homelessness. In a May, 2017 speech, he said, “We should give credit where credit is due: between 2010 and 2016 our nation cut veteran’s homelessness in half. That’s a legacy that my predecessors at HUD and in other agencies should be proud of.” Further, he said, “When you consider the enormous costs of emergency care or other treatments which are so often necessary for those living on the street, it actually saves taxpayers when we provide someone housing, and work with them from there. That’s why ‘Housing First’ initiatives make sense—not just morally, but practically. States like Utah have taken great strides with these policies in driving down chronic homelessness, and they are being used as benchmarks for cities across the country” (Carson, 2017).

The information gathered in this dissertation does not conclusively prove either that existing interventions are working to reduce the prevalence of homelessness, or that an end to homelessness is on the near horizon. A sizable field of practitioners has

emerged, utilizing a widely-accepted set of evidence-based interventions. And the overall numbers, while highly unreliable and subject to dispute, continue to show a downward trend in the numbers of all homeless people, chronically homeless people and homeless veterans.

It is very difficult for homelessness researchers to separate their personal commitment to the issue from a need to analyze objectively efforts to address it. As an elected official in Montgomery County, Maryland (County Councilmember from December, 2002 to the present), the author of this dissertation was an active participant and believer in the recent efforts to address homelessness, including implementation of the Housing First philosophy, development of a 10-year plan to end homelessness, participation in the 100,000 Homes Campaign, Zero: 2016 and a successful effort to house every identified homeless veteran in Montgomery County.



**Montgomery County, Maryland 100,000 Homes Campaign volunteers gather in November, 2013 to survey homeless clients. The author is pictured in the center.**

There is an inherent conflict between advocacy and objectivity. With an ongoing effort underway to house homeless clients using public resources, believers in the effort may be reticent to publicize information suggesting goals are not being met, because disseminating unsatisfactory results could diminish support for the effort. Hence, a

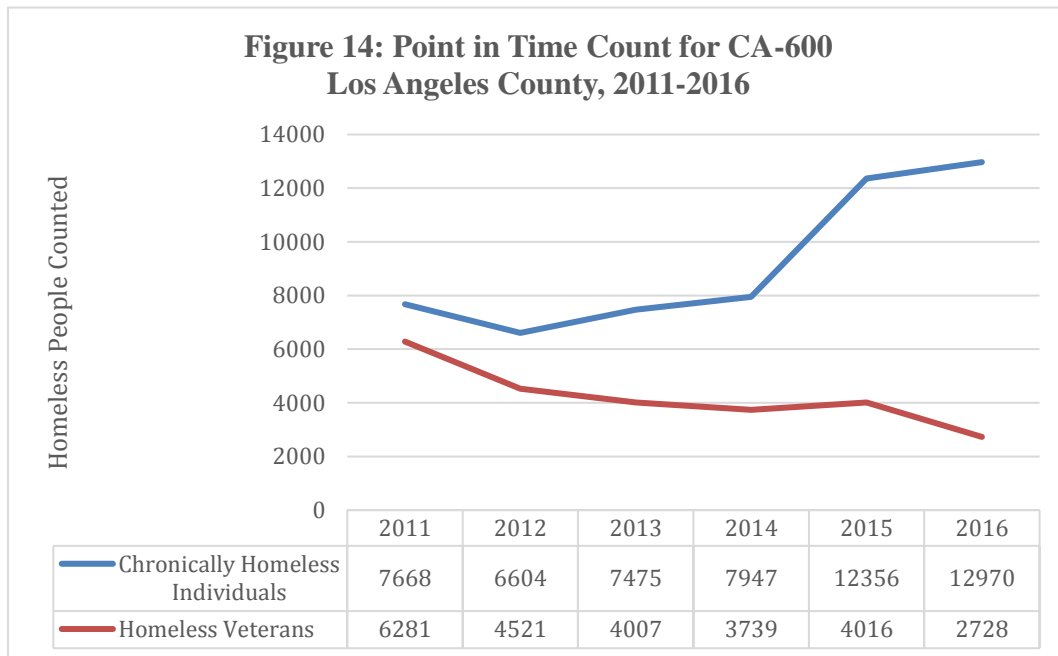
disconnect exists between advocacy for ending homelessness and the analytics necessary to document whether progress toward that goal is being achieved.

Other than an article in *Governing* magazine (Walters, 2012), research for this dissertation did not identify a single article that admitted the obvious fact that of the hundreds of communities that adopted 10-year plans to end overall homelessness or chronic homelessness, only Bergen County, New Jersey, claims it has met its goal. However, Bergen County's reported success may inspire other communities to work harder. Montgomery County, Maryland achieved "functional zero" for veteran homelessness in 2015 and aims to achieve it for chronic homelessness in 2018. Without admitting that previous goals have not been met, the Obama administration's Opening Doors plan (2010) conceded that "We believe it is important to set goals – even if aspirational – for true progress to be made."

Setting "aspirational" goals is the job of advocates. Analyzing whether those goals are met is critical to evaluation. It should be asked whether researchers in the field can overcome their own advocacy biases to analyze why widely-adopted methodologies are not ending homelessness. Even the name of the most respected information clearing house for homelessness research, the National Alliance to End Homelessness (NAEH), suggests the bias that leads researchers into the field: the organization's title offers the presumption that homelessness can be ended. The alliance is an advocacy organization first and a research organization second, as is true for many other organizations in the field. While Culhane and others have suggested that "ending homelessness" is merely a "slogan," actually ending chronic and veteran homelessness has been a significant policy focus and it is important to ask whether explicit promises to achieve that goal have been

kept. It is also important to ask whether any ongoing social problem can actually be solved outright, or only managed.

There is reason to hope that homelessness, particularly among chronically homeless clients and veterans, will continue substantially to diminish. Nevertheless, the problem stubbornly persists, especially in large cities with a major media presence that influences public perception, such as Los Angeles, New York and Washington, D.C.



The case of Los Angeles presents perhaps the most vexing challenge. Although 35 communities within Los Angeles County participated in the 100,000 Homes Campaign, the chronically homeless count shows no reduction and the reported numbers swing wildly, from 7947 chronically homeless individuals in 2014 to 12,356 chronically homeless individuals in 2015. Unsheltered homelessness is starkly visible throughout Los Angeles, with encampments on public sidewalks and underneath highway overpasses. In our 2016 interview, Roman described the condition of street homelessness in Los Angeles as “the worst I’ve ever seen. Horrible!” Voters in the city of Los Angeles passed

a ballot measure in November, 2016 (Proposition HHH) that would authorize property tax proceeds to pay for \$1.2 billion in funding for 10,000 housing units for homeless clients. But the 2016 total homeless count in the county was 43,854, and the full complement housing authorized by Proposition HHH will take years to become available. On March 7, 2017, Los Angeles County voters approved a second ballot measure (Measure H), authorizing a countywide sales tax increase to pay for homeless services. Thus far, the failure to end the problem has not led to a drop-off in voter support for government efforts to address it in Los Angeles.

The most important factor determining whether reductions in the prevalence of chronic homelessness that have occurred in recent years can be sustained is the availability of federal housing vouchers. But three other steps are also warranted:

1. **Implement more robust and sophisticated data gathering.**

Efforts made thus far to reduce chronic and veteran homelessness are commendable and have shown measurable success, to the extent that the measurement is at all reliable. To improve confidence in measurement and the ability to report results, more robust and sophisticated data gathering is called for. The federal government and national advocacy groups should encourage greater consistency in Point in Time counts and reporting of HMIS data. Methods like those recommended in the interviews in Part Three of this dissertation, such as improved sampling and the use of confederates, should be explored and standardized so all communities are operating with the same rules.

2. **Standardize CoC boundaries and counting methodologies**

While communities are given broad leeway to establish their own CoCs, the disparity between them makes it difficult to compare whether efforts are successful and

can be replicated. If large rural areas are not easy to organize into CoCs, perhaps all CoCs should be categorized and compared by size, as recommended by Linda Kaufman: compare urban CoCs to other urban CoCs and compare suburban and rural CoCs to their counterparts.

### **3. Study the inflow into chronic homelessness to help establish more realistic targets**

Among the most striking findings from the interviews was the lack of understanding that the universe of chronically homeless people is not static. Future research into chronic homelessness would benefit from drawing upon the SIR model utilized in epidemiology, which attempts to understand “the factors that determine incidence, spread and persistence” (Keeling & Rohani, 2007). The SIR model classifies some patients as *susceptible* to the disease; others as *infected* by the disease; and still others as *recovered* from the disease. Through this prism, it is easier to understand that some number of people may always fall into homelessness; the challenge is to find housing and provide supportive services for enough homeless people that prevalence continues to decline, even as additional persons become chronically homeless.

As of the completion of this dissertation, three communities (in addition to the state of Utah) have announced they have achieved “functional zero” for chronic homelessness: the city of Medicine Hat, Alberta, Canada, in 2015 and Bergen County, New Jersey and Lancaster County, Pennsylvania in 2017. It will be worthwhile to continue monitoring the inflow in these and other communities to see whether “functional zero” status can be maintained. It is also noteworthy that all three communities that assert they have ended

chronic homelessness experience cold weather in the wintertime, presumably making it more difficult to live unsheltered than in warmer or more temperate climates.

In the long run, it is likely that homelessness reduction will be spotty, with some communities achieving significant reductions while falling short of outright elimination of the problem nationally. This could change with a stronger federal commitment to solving the problem. While the Trump administration has given no signal of its intent to tackle homelessness as a priority, an ongoing national movement of advocates and people of conscience is keeping the issue alive. Participants in this movement will continue to promise an end to the problem, even if literal eradication of homelessness is not achievable. Even as it may not be possible to end homelessness, it may be necessary to continue promising to end it to maintain political support for the effort.

Mangano's long view of history is especially valuable: "All of those people who said that slavery would never be abolished, they were on the wrong side. ... So of course, our children and grandchildren, they'll be able to think, it's crazy that one of our neighbors doesn't have a place to live. That's the craziest thing I ever heard of. Of course, they'll think that. But we have to realize that for them, by taking the common sense of the future and bringing it into our own time. That's what we're doing. That's why we know chronic homelessness will end, and eventually that will be the tipping point for all of homelessness."

### ***Appendix A: Continua of Care Dropped From the Model***

Communities participating in the campaign that were dropped because they could not be matched with a CoC were: El Dorado County, CA; New Image, CA; Fort Collins, Mesa County, Pueblo County, Roaring Fork Valley, Southwest Region, State of Colorado, Weld County, CO; Middlesex County, New Haven, CT; Nassau County, FL; Macon, State of Georgia, GA; Downtown Hilo, HI; Warsaw, IN; State of Louisiana, LA; Salem, OR; Monroe County, PA; Davis County Local Homeless Coordinating Committee; Iron County Local Homeless Coordinating Committee; Moab; Mountain Lands Local Homeless Coordinating Committee; Tooele; Uintah Basin Local Homeless Coordinating Committee; Utah; Washington County Local Homeless Coordinating Committee; Weber Morgan Local Homeless Coordinating Committee, UT; Commonwealth of Virginia, Martinsville, Western Tidewater, VA; Clallam County, Lake County, WA; Fairmont, Harrison County, State of West Virginia, WV.

Other CoCs dropped were: **Florida:** CoC Lakeland because it was too confusing with CoC Winter Haven and Polk County. Should I have subtracted Lakeland's population from the county population? I just deleted them both. **Illinois:** Bloomington, Central IL because no population boundary. Also Rock Island/Moline/Northwestern IL. **Louisiana:** Slidell/Southeast Louisiana. Also Houma-Terrebonne/Thibodaux LA CoC, **Massachusetts:** Cape Cod/Islands, MA. Also Quincy/Weymouth, MA (no population available for Weymouth in 2009). Also Malden/Medford, MA (no population available for Medford). **Michigan:** I dropped Dearborn/Dearborn Heights/Westland/Wayne County CoC (MI) because it was too confusing with CoC Detroit. Should I have subtracted Detroit's population from the county population? I kept Detroit in the



treatment group but deleted the Wayne County communities from the control group.

**Minnesota:** I dropped Rochester/Southeast Minnesota CoC because no population boundary. Also St. Cloud/Central Minnesota CoC and Moorhead/West Central Minnesota CoC. **Pennsylvania:** Altoona/Central PA (which I had earlier highlighted as an outlier for an unusually high homeless rate – this could have been because of the indefinite population boundary). **South Carolina:** Charleston/Low Country CoC, Greenville/Anderson/Spartanburg Upstate CoC, Myrtle Beach/Sumter City & County CoC and Columbia/Midlands CoC , SC. **Tennessee:** Oak Ridge/Upper Cumberland CoC, Jackson/West Tennessee CoC and Morristown/Blount, Sevier, Campbell, Cocke Counties CoC , TN. **Texas:** Bryan/College Station/Brazos Valley CoC, Beaumont/Port Arthur/South East Texas CoC, TX. **Utah:** Provo/Mountainland CoC, UT. **West Virginia:** Wheeling/Weirton Area CoC WV.

## *References*

- Applebaum, R. & Dolny, M. (1991, spring). Scapegoating rent control: Masking the causes of homelessness. *Journal of the American Planning Association*, 57(2), 153-165.
- Berwick, D.M., Calkins, D.R., McCannon, C.J. & Hackbarth, A.D. (2006, January 18). The 100,000 Lives Campaign: Setting a goal and a deadline for improving health care quality. *JAMA*, 295(3), 324-7.
- Blau, J. (1992). *The Visible Poor: Homeless in the United States*. New York: Oxford University Press.
- Bornstein, D. (2014, May 28), The push to end chronic homelessness is working. *New York Times*, available online at [http://opinionator.blogs.nytimes.com/2014/05/28/the-push-to-end-chronic-homelessness-is-working/?\\_php=true&\\_type=blogs&r=0](http://opinionator.blogs.nytimes.com/2014/05/28/the-push-to-end-chronic-homelessness-is-working/?_php=true&_type=blogs&r=0)
- Burt, M.R., Hedderson, J., Zweig, J., Ortiz, M.J., Aron-Turnham, L., Johnson, S. (2004, January). *Strategies for Reducing Chronic Street Homelessness*. Washington, D.C.: Government Printing Office.
- Byrne, T., Fargo, J., Montgomery, A., Munley, E. & Culhane, D. (2014, June). The relationship between community investment in permanent supportive housing and chronic homelessness. *Social Service Review*, 88(2), 234-263.
- Byrne, T. & Culhane, D.P. (2015, April 1). Testing Alternative Definitions of Chronic Homelessness. *Psychiatric Services*, 66(5), 1-4.
- Callahan, W. (2013, January 26). New Campaign Will Help Fairfax Homeless. *Lorton Patch*.
- Card, D. & Krueger, A. (1994, September). Minimum wages and employment: A case study of the fast-food industry in New Jersey and Pennsylvania. *The American Economic Review*, 84(4), 772-793.
- Carson, Ben (2017, May 30), Remarks at the National Coalition for Homeless Veterans annual conference, available online at [https://www.hud.gov/press/speeches\\_remarks\\_statements/2017/remarks\\_053017](https://www.hud.gov/press/speeches_remarks_statements/2017/remarks_053017).
- City of San Francisco, California. (2004, June). *The San Francisco plan to abolish chronic homelessness*. Available at <http://sfgov.org/site/uploadedfiles/planningcouncil/news/TheSFPlanFinal.pdf>.
- Claridge, C. (2016, March 5). Bill Hobson, Champion of Seattle's Homeless, Dies at 76. *The Seattle Times*.

- Connecticut Heroes Project (2015, March), Connecticut Functional Zero Definition: March 2015. Available at <http://ctheroesproject.org/wp-content/uploads/2015/04/Connecticut-Functional-Zero-Definition-March-2015.pdf>.
- Cooper, A. (2014, February 9). 100,000 Homes: Housing the homeless saves money? [Television series episode]. *60 Minutes*. CBS.
- Corinth, K.C. (2015, June). Street Homelessness: A disappearing act? *AEI Economic Perspectives*, American Enterprise Institute, Washington D.C. Downloaded on November 27, 2016 from <https://www.aei.org/wp-content/uploads/2015/06/Street-homelessness.pdf>.
- Corinth, K.C. (2016, March 4). Think Utah Solved Homelessness? Think Again. *Huffington Post*. Available at [http://www.huffingtonpost.com/kevin-corinth/think-utah-solved-homeless\\_b\\_9380860.html](http://www.huffingtonpost.com/kevin-corinth/think-utah-solved-homeless_b_9380860.html).
- Culhane, D.P. (2016) Ending homelessness now. *Social Policy and Social Justice*, 7-19, Philadelphia, University of Pennsylvania Press.
- Culhane, D.P., Metraux, S. & Hadley, T. (2002) Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, 13(1), 107-163.
- Culhane, D., Metraux, S., Park, J., Schretzman M. & Valente, J. (2007). Testing a typology of family homelessness based on patterns of public shelter utilization in four U.S. jurisdictions: Implications for policy and program planning. *Housing Policy Debate*, 18.
- Culhane, D. & Metraux, S. (2008, Winter). Rearranging the deck chairs or reallocating the lifeboats? Homelessness assistance and its alternatives. *Journal of the American Planning Association*, 74(1).
- DeJong, I. (2015, February 9). Defining an end to homelessness. Available from OrgCode Consulting, Inc. at <http://www.orgcode.com/2015/02/09/defining-an-end-to-homelessness/>.
- Diaz, G. (2016, January 30). Andrae Bailey Changes Game on Homeless Crisis. *Orlando Sentinel*.
- Doherty, M. (2014, December 8). In Utah, a History of Progress Inspires Greater Action. U.S. Interagency Council on Homelessness News. Available at <https://www.usich.gov/news/in-utah-a-history-of-progress-inspires-greater-action>.
- Doherty, M. (2016, June 24). Matthew Doherty Stands in Unity With Orlando, Announces Central Florida Has Ended Chronic Homelessness Among Veterans. U.S. Interagency Council on Homelessness News. Available at

<https://www.usich.gov/news/matthew-doherty-announces-central-florida-has-ended-chronic-homelessness-among-veterans>.

Garrow, E. (2016, August). Nowhere to Live: The homeless crisis in Orange County and how to end it. American Civil Liberties Union of Southern California. Available at <https://www.aclusocal.org/wp-content/uploads/2016/10/Nowhere-to-Live-ACLU-SoCal-Report.pdf>.

Gladwell, M. (2006, February 13). Million Dollar Murray. *The New Yorker*, 82(1), 96-107.

Gore, J. (2011, July 20). Fed Up: How Orlando's homeless-service agencies have failed to solve the problem. *Orlando Weekly*. Available at <http://www.orlandoweekly.com/orlando/fed-up/Content?oid=2247610#>

Gowan, T. (2010). *Hobos, Hustlers and Backsliders: Homeless in San Francisco*. Minneapolis: University of Minnesota Press.

Grimes, P. & Chressanthis, G. (1997, January). Assessing the effect of rent control on homelessness. *Journal of Urban Economics*, 41(1), 23-37.

Harig-Blaine, E. (2014, September 11). Homelessness in America: The Way to Zero Goes Through Cities. Available from the California League of Cities at: <http://www.cacities.org/Top/News/News-Articles/2014/September/Homelessness-in-America-The-Way-to-Zero-Goes-Throu>.

Honig, M. & Filer, R. (1993, March). Causes of intercity variation in homelessness. *The American Economic Review*, 83(1), 248-255.

Jencks, C. (1994). *The Homeless*. Cambridge: Harvard University Press.

Jensen, B. (2005, August 15). Program pioneering 'Housing First' is catching on across the country. *The Chronicle of Philanthropy*.

Kanis, R., McAnnon, J., Craig, C., & Mergl, K. (2012), An end to chronic homelessness: An introduction to the 100,000 Homes Campaign. *Journal of Health Care for the Poor and Underserved*, 23: 321-326.

Keeling, M.J. & Rohani, P. (2007). *Modeling Infectious Diseases in Humans and Animals*. Princeton: Princeton University Press.

Kegel, M.J. (2015, March). The New Orleans Model for Ending Veteran Homelessness. U.S. Interagency Council on Homelessness. Available at [https://www.usich.gov/resources/uploads/asset\\_library/Case-Study-New-Orleans.pdf](https://www.usich.gov/resources/uploads/asset_library/Case-Study-New-Orleans.pdf)

Kuhn, R. & Culhane, D.P. (1998, April), Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26(2), 207-232.

LaGanga, M.L., (2016, April 27). Utah says it won 'war on homelessness', but shelters tell a different story. *theguardian*, US Edition, downloaded on November 27, 2016 from <https://www.theguardian.com/us-news/2016/apr/27/utah-homeless-shelters-housing-first>.

LaMarche, Pat, (2006). *Left Out in America: The state of homelessness in the United States*. Carlisle, PA: Charles Bruce Foundation.

Larimer, M., Malone, D., Garner, M., Atkins, D., Burlingham, B., Lonczak, H., Tanzer, K., Ginzler, J., Clifasefi, S., Hobson, W., & Marlatt, G. (2009, April 1). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA: The Journal of the American Medical Association*, 301(13).

Lee, B., Price-Spratlen, T., & Kanan, J. (2003) Determinants of homelessness in metropolitan areas. *Journal of Urban Affairs*, 25(3), 335-355.

Leopold, J. & Ho, H. (2015, February) Evaluation of the 100,000 Homes Campaign: Assessing the Campaign's Effectiveness in Housing the Chronically and Vulnerable Homeless, Urban Institute.

Liebow, E. (1993). *Tell Them Who I Am: The Lives of Homeless Women*. New York: Penguin Books.

Loose, T. (2014, April 22). Interview with Larry Haynes. *Coast*. Orange County. Available at <http://www.coastmagazine.com/articles/larryhaynes-2968--.html>

Los Angeles Times Editorial Board (2016, November 15). Los Angeles passed Measure HHH, but there are still hurdles ahead for housing homeless people. *Los Angeles Times*.

Maguire, J. (2014, November 6). Communities Announced for Zero: 2016. Community Solutions Blog. Available at <https://cmtysolutions.org/blog/communities-announced-zero-2016>

Maguire, J. (2012, July 19). Welcome to the 2.5 Percent Club! 100,000 Homes Blog. Available at <http://100khomes.org/blog/welcome-to-the-25-percent-club>

Mangano, P. (2008, January 23). Interview. *The Kojo Nnamdi Show*, WAMU radio, Washington, D.C.

Martinez, T. & Burt, M., (2006, July). Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services*. 57(7).

McCoy, T. (2015, April 17). The Surprisingly Simple Way Utah Solved Homelessness and Saved Millions. *The Washington Post*.

Medicine Hat becomes the first city in Canada to eliminate homelessness (2015, May 14). "As it Happens." CBC Radio.

Metropolitan Washington Council of Governments, Homeless Services Planning and Coordinating Committee, (2012, May). Homeless in metropolitan Washington: Results and analysis from the 2012 point-in-time count of homeless persons in the metropolitan Washington region. <http://www.mwcog.org/uploads/publications/ol5dXIY20120710133934.pdf>.

Murray, A. (2015, December 31). 4 myths that make L.A. County's homelessness problem worse. Los Angeles Times.

National Alliance to End Homelessness, (2000). A Plan Not a Dream: How to end homelessness in ten years. Available at [http://www.endhomelessness.org/page/-/files/585\\_file\\_TYP\\_pdf.pdf](http://www.endhomelessness.org/page/-/files/585_file_TYP_pdf.pdf).

National Alliance to End Homelessness, (2010, May 4). Ten Year Plan Database. Downloaded on November 27, 2016 from <http://www.endhomelessness.org/library/entry/ten-year-plan-database>.

National Alliance to End Homelessness, (2012, January) *The state of homelessness in America 2012*. Downloaded on October 5, 2012 from [http://b3cdn.net/naeh/9892745b6de8a5ef59\\_q2m6yc53b.pdf](http://b3cdn.net/naeh/9892745b6de8a5ef59_q2m6yc53b.pdf).

National Alliance to End Homelessness, (2015, July 31). Progressive Engagement Stability Conversation Guide. Available at <http://www.endhomelessness.org/library/entry/progressive-engagement-stability-conversation-guide>.

National Coalition for the Homeless, (2007, August). *Why are people homeless?* Fact Sheet, available at <http://www.nationalhomeless.org/publications/facts/Why.pdf>.

National Coalition for the Homeless, (2007, August). *How many people experience homelessness?* Fact Sheet, available at [http://www.nationalhomeless.org/publications/facts/How\\_Many.pdf](http://www.nationalhomeless.org/publications/facts/How_Many.pdf)

National Low Income Housing Coalition, (2013, January 4). Number of Homeless Veterans Falls Due to Increase in Supply of HUD-VASH Vouchers. Available at <http://nlihc.org/article/number-homeless-veterans-falls-due-increase-supply-hud-vash-vouchers>

NOAA National Centers for Environmental information, Climate at a Glance: U.S. Time Series, Average Temperature, published May 2017, retrieved on June 4, 2017 from <http://www.ncdc.noaa.gov/cag/>

Nau, R., Statistical Forecasting: notes on regression and time series analysis, available at <http://people.duke.edu/~rnau/411home.htm>.

Padgett, D.K., Gulcur, L. & Tsemberis, S. (2006) Housing First Services for People Who Are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse. *Research on Social Work Practice* 16(1), 74-83.

Padgett, D.K., Henwood, B.F. & Tsemberis, S.J. (2016) *Housing First: Ending homelessness, transforming systems, and changing lives*. New York: Oxford University Press.

Pinto, F.G. (2017, March 28). Bergen County first in nation to end chronic homelessness. *NJ.com*.

Pulster, R. (2015, January 7). New Orleans Ends Veteran Homelessness One Year Ahead of Goal. News release, U.S. Interagency Council on Homelessness.

Quigley, J.M. (Winter, 1990), Does rent control cause homelessness? Taking the claim seriously. *Journal of Policy Analysis and Management*, 9(1), 89-93.

Quigley, J.M., Raphael, S. & Smolensky, E. (2001, February). Homeless in America, Homeless in California. *The Review of Economics and Statistics*, 83(1), 37-51.

Rossi, P. H. (1989) *Down and Out in America: The Origins of Homelessness*. Chicago: University of Chicago Press.

Sahlin, I. (2007) The Staircase of Transition: Survival through failure. *Innovation: The European Journal of Social Science Research*. 18(2) 115-136.

Santich, K. (2016, June 4). Homeless commission CEO Andrae Bailey resigns. *Orlando Sentinel*.

Smith, C. (2017, February 26). Homeless find a champion in Canada's Medicine Hat. *The New York Times*.

Society for Community Research and Action (2016). Congratulations to Sam Tsemberis: 2016 recipient of the APA Award for distinguished contributions to independent practice. Available at <http://www.scra27.org/members1/member-awards/apa-awards/>.

Sullivan, B. (2014) "HUD Reports Homelessness in U.S. Continues to Decline." HUD Press Release No. 14-135, October 30. [http://portal.hud.gov/hudportal/HUD?src=/press/press\\_releases\\_media\\_advisories/2014/HUDNo\\_14-135](http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo_14-135).

The 100,000 Homes Campaign (2010), *The 100,000 Homes Campaign Playbook: A Toolkit for Finding and Housing Vulnerable People*, downloaded on October 3, 2012 at [http://100khomes.org/sites/default/files/images/100khomes\\_Playbook\\_v1.0.pdf](http://100khomes.org/sites/default/files/images/100khomes_Playbook_v1.0.pdf).

The White House, Office of the First Lady. (2014, June 4). Remarks by the First Lady Announcing Mayors Challenge to End Veteran Homelessness. Available at <https://www.whitehouse.gov/the-press-office/2014/06/04/remarks-first-lady-announcing-mayors-challenge-end-veterans-homelessness>.

Trilling, D. (2016, August 26). Chronic homelessness and the Housing First program: Research review of how programs have worked. *Journalist's Resource*. Cambridge, MA: Harvard Kennedy School Shorenstein Center. Available at <http://journalistsresource.org/housing/chronic-homeless-housing-first-research>.

U.S. Department of Housing and Urban Development, (2015, February 2). Assessment tools for allocating homeless assistance: state of the evidence.

U.S. Department of Housing and Urban Development, (September, 2007) *Defining Chronic Homelessness: A technical guide for HUD programs*. Washington, D.C.: U.S. Government Printing Office.

U.S. Department of Housing and Urban Development. Description of CoC program, available at <http://portal.hud.gov/hudportal/HUD?src=/hudprograms/continuumofcare>.

U.S. Department of Housing and Urban Development. (2008, January 15). *HUD's Homeless Assistance Programs: A Guide to Counting Unsheltered Homeless People, Second Revision*. Office of Community Planning and Development.

U.S. Department of Housing and Urban Development. HUD-VASH Vouchers. Available at [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv/vash](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash).

U.S. Department of Housing and Urban Development. Mayors' challenge. Available at [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/veteran\\_information/mayors\\_challenge/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/veteran_information/mayors_challenge/)

U.S. Department of Housing and Urban Development, (2015, December 3). SNAPS in Focus: Final rule on defining "chronically homeless" Part I: How we got here. Available at <https://www.hudexchange.info/news/snaps-in-focus-final-rule-on-defining-chronically-homeless-part-i-how-we-got-here/>

U.S. Department of Housing and Urban Development, (2014, June). *The 2014 annual homeless assessment report to Congress, Part 1: point-in-time estimates of homelessness*, Available at <https://www.hudexchange.info/resources/documents/AHAR-2014-Part1.pdf>



U.S. Department of Veterans Affairs. VA Is Working to End Homelessness Among Veterans. Available at [http://www.va.gov/homeless/about\\_the\\_initiative.asp](http://www.va.gov/homeless/about_the_initiative.asp)

U.S. Interagency Council on Homelessness. "About USICH" Available at <https://www.usich.gov/about-usich>.

U.S. Interagency Council on Homelessness, (2010). *Opening doors: Federal strategic plan to prevent and end homelessness*. Washington, D.C.

U.S. Interagency Council on Homelessness, (2015, December 4). Sustaining Our Data-Driven Focus: Findings and implications of recent reports and data regarding homelessness in America. Available at [https://www.usich.gov/resources/uploads/asset\\_library/Findings-Implications-PIT-Data-Results.pdf](https://www.usich.gov/resources/uploads/asset_library/Findings-Implications-PIT-Data-Results.pdf)

Utah Department of Community Services and Economic Development, (2004, July 13). Utah State Homeless Coordination Committee's Ten-Year Strategic Action Plan to End Chronic Homelessness. Downloaded on November 27, 2016 from <http://digitallibrary.utah.gov/awweb/main.jsp?flag=browse&smd=1&awdid=1>

Utah Department of Workforce Services, (2015, April 28). Utah's Chronic Homelessness Approaching "Functional Zero," State Achieves Goal Ten Years in the Making. Press release. Downloaded on November 26, 2016 from <http://jobs.utah.gov/edo/press/2015/042815.html>.

Walters, J. (2012, April). Homelessness rising a decade after pledges to end it. *Governing*. Available at <http://www.governing.com/topics/health-human-services/housing/gov-homelessness-rising-decade-after-pledges-to-end-it.html>

Wasserman, J.A. & Clair, J.M., (2010). *At Home on the Street: People, poverty & a hidden culture of homelessness*. Boulder: Lynne Rienner Publishers.

We can, and must, end chronic homelessness in Syracuse [Editorial]. (2014, March 30). *Syracuse.com*.

Webster, R.A. (2015, July 8). Study Authors Feel New Orleans Section 8 Renters Should Be Able to Cross Parish Lines. *The Times-Picayune Greater New Orleans*.