

RESPONDING TO UNSHELTERED HOMELESSNESS



Solutions to unsheltered homelessness must be rooted in efforts to ensure the health, wellness, and safety of those experiencing homelessness and focus on investing in proven solutions, such as permanent affordable housing and health care and support services, at the scale needed. Urgent action is needed by local, state, and federal policymakers to respond to this crisis.

In many communities, unsheltered homelessness is increasing, leaving more of our neighbors living on the streets, in abandoned buildings, or in other places not meant for human habitation. Black and indigenous people are most likely to experience homelessness, and people with disabilities and indigenous people are disproportionately represented among those who are unsheltered. For the first time since data collection began, [more individuals](#) experiencing homelessness in 2020 were unsheltered than sheltered. Over 10 years, the number of unique homeless encampments [increased by 1,342%](#).

States and communities have tremendous resources provided by Congress through the American Rescue Plan Act, including State and Local Fiscal Recovery Funds, Emergency Housing Vouchers, and Home Investment Partnerships (HOME-ARPA) grants, among others, that can be used to address unsheltered homelessness.

Why is unsheltered homelessness increasing?

Encampments are increasing in many communities because of the lack of affordable, permanent housing and supports:

- **The affordable housing crisis and the inability to afford housing is the primary cause of homelessness.** Nationally, there's a shortage of 7 million homes affordable and available to people with the lowest incomes. Without affordable options, 8 million extremely low-income renters pay more than half of their limited incomes on rent, leaving them with few resources to make ends meet. Any financial shock can cause these households to fall behind on rent and face eviction and, in worst cases, homelessness. Despite the clear need, only 1 in 4 people eligible for housing assistance receives any help due to chronic underfunding by Congress.
- **Individuals experiencing homelessness often live in encampments because of barriers in accessing quality emergency assistance.** Barriers can include unsafe or poor shelter conditions, restrictive policies, such as sobriety requirements, entrance fees, and separation from partners or pets, and insufficient resources to fund a robust emergency response system. Strict entry and exit times at shelters can make it more difficult for individuals who work different shifts to maintain work or school.

The Wrong Way to Respond to Unsheltered Homelessness

Some misguided state and local policymakers are turning away from proven solutions to homelessness and instead are pushing for harmful measures to [criminalize homelessness](#) or to “sweep” encampments without providing individuals with access to permanent housing, healthcare, and support services. These harmful approaches are counterproductive and dehumanizing, and they fail to address the root causes of homelessness.

- **Sweeping encampments - without first ensuring access to safe housing - harms individuals.** When individuals are not given the option to move into permanent housing, encampment sweeps can put unhoused people at [risk](#) of additional trauma, disrupt relationships and continuity of care between service providers and encampment residents, further the [spread of infectious disease](#), and create additional [barriers](#) to accessing future housing. Personal belongings such as medications, identification papers, etc. can be lost, put into storage, or thrown away, undermining individual and public health and making it more difficult for people to exit homelessness.

- **Making it illegal to camp, panhandle, and sleep in vehicles when an individual has no home makes it harder for individuals to exit homelessness.** Because of discrimination by landlords and employers, having a criminal record – including a record related to crimes of poverty – can make it harder for individuals to [regain housing and maintain employment](#). Criminalization [disproportionately harms](#) individuals who are Black, Indigenous, Latino, Asian, and multiracial, who are overrepresented in both the homeless and incarcerated populations.
- **While encampments can provide individuals with some stability, a sense of community, and can serve as outreach sites for service providers, encampments are not a solution to homelessness.** [Sanctioned encampments](#) do not end homelessness, and they are not an alternative to permanent housing.

Impact on Black and Indigenous People

Because of long-standing historical and systemic racism in housing and other sectors, Black and Indigenous people experience homelessness at far higher rates than white individuals. Centuries of racial discrimination, segregation, and redlining have created [intergenerational racial inequality](#) resulting in greater rates of housing insecurity and homelessness among households of color. Black individuals represent 13 percent of the general population, but they account for 40 percent of people experiencing homelessness and more than 50 percent of homeless families with children. Native Hawaiians, Pacific Islanders, and American Indians/Alaska Natives experience the highest rates of homelessness.

Black and Indigenous people are also most harmed by misguided efforts to criminalize homelessness or shift resources away from real solutions to homelessness. These efforts compound the harmful effects of mass incarceration and over-policing of communities of color and contribute to a cycle of incarceration of homelessness. People of color are not only disproportionately affected by poverty, but they are also disproportionately represented in the criminal legal system. Formerly incarcerated people experience homelessness at [nearly ten times](#) the rate as the general public, and the rates are even higher among people incarcerated more than once.

Impact on People with Disabilities

By prioritizing jails and institutions over community-based solutions, efforts to criminalize homelessness harm people with disabilities. According to the U.S. Interagency Council on Homelessness, criminalizing homelessness may violate federal laws protecting people with disabilities, specifically Title II of the Americans with Disabilities Act (“ADA”), as upheld by the U.S. Supreme Court in *Olmstead v. L.C.* Instead, the agency urges communities to use housing and voluntary services to achieve community integration.

- **Federal law requires reasonable modifications for people with disabilities.** While the Supreme Court’s *Olmstead* decision did not specifically address homelessness, Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act provide a framework requiring states and other public agencies to make reasonable modifications that ensure individuals with disabilities have access to community-based services, programs, and activities in the most integrated setting appropriate to their needs – which for virtually all people with disabilities is in their own home, with the supports they need and want.
- **The Fair Housing Act prohibits discrimination in housing against individuals with disabilities,** including disabilities related to mobility, vision, hearing, learning, developmental, or mental health. This prohibition includes the obligation of states and local jurisdictions to take affirmative steps to provide reasonable accommodations in rules, policies, and practices to ensure that housing is made available in the community to individuals with disabilities.
- **States can work towards true community integration** by committing new resources for housing and services, making changes to Medicaid benefits and services programs, and increasing the availability of community-based housing, including permanent supportive housing.

ONLY HOUSING AND VOLUNTARY SERVICES CAN END HOMELESSNESS

Solutions to Address Unsheltered Homelessness

We know what works to end homelessness: providing individuals with immediate access to permanent housing – without prerequisites – and voluntary support services to help improve housing stability and well-being. This approach is [backed](#) by decades of research, learning, and bipartisan support.

1. Provide housing vouchers or other rental assistance to people living in encampments so they can move directly into stable housing. When permanent housing is not immediately available, use hotels as a temporary resource until permanent housing is available.
2. Increase the development of supportive housing and other permanent affordable housing to reach the scale of need using a Housing First approach.
3. Ensure shelters and other emergency options are low-barrier and safe.
4. Leverage a wide range of community partners, including the housing authority, the public health authority, health care providers, and non-profit/faith-based providers to deliver culturally competent services to people living in encampments to ensure services meet a diverse set of needs.
5. Ensure all partners delivering services in encampments use [harm reduction approaches](#).
6. Conduct street outreach and engagement to proactively connect people to housing and resources that meet basic needs as well as comprehensive health and behavioral health care and support services.

Unsheltered Homelessness as a Public Health Challenge

Health and housing status are [inextricably linked](#). Health issues and medical debt often contribute to a loss of housing, and homelessness itself has a significant negative impact on health and access to care. Homelessness creates new health care conditions and exacerbates existing ones and must be met with public health interventions. People experiencing unsheltered homelessness often have substantial health care needs, with [half reporting](#) a combination of physical, mental, and substance use conditions that can make it even harder to get and maintain housing.

Any efforts to support people living in encampments and connect encampment residents to housing must also address acute and chronic medical needs, provide meaningful and ongoing linkages to care, and ensure continuity of care as people move from encampments into permanent housing.

Comprehensive care: Care should be holistic, person-centered, and outreach-based and include a bridge to ongoing services and support. Comprehensive care should be provided where the person is at and include addressing access to services, insurance coverage, transportation, disability support, and other wraparound care. It is essential to confront stigma, discrimination, lack of trust, and trauma within the healthcare system and build ongoing relationships to support chronic disease management.

Substance use: Strategies to address unsheltered homelessness must use harm reduction principles in design and implementation, such as providing low-barrier access to shelter and housing, developing relationships and engaging individuals in healthcare, and offering lifesaving interventions such as naloxone, access to clean syringes, and medication-assisted treatment.

Outreach: Outreach is designed to engage people who may be disconnected from mainstream services and supports. Successful outreach and engagement strategies build trust among people experiencing homelessness and can be the bridge to housing, healthcare and other much needed services. Outreach efforts and housing interventions must start by including unsheltered individuals in the creation of the housing strategy intended for them.

Mental health: Invest in community-based mental health services, such as [Assertive Community Treatment \(ACT\)](#), peer support, and mobile crisis response.

Best Practices and Local Examples

Any response to homelessness must place the well-being of individuals experiencing homelessness front and center. Instead of displacing people from encampments or criminalizing homelessness, communities should instead provide rental assistance, build homes affordable to people with the lowest incomes, and connect people to healthcare and support services, as needed. Communities should invest in evidence-based solutions to address root causes of homelessness, expand housing and service programs to meet the need, and create healthy neighborhoods for all.

Resources provided in the American Rescue Plan Act, including State and Local Fiscal Recovery Funds, Emergency Housing Vouchers, and Home Investment Partnerships (HOME-ARPA) grants, among others, can be used by state and local governments to address unsheltered homelessness.

Use Hotels As a Bridge to Long-Term Housing

During the pandemic, states and local governments used Federal Emergency Management Agency (FEMA) Public Assistance (PA) funds, along with other federal and state funding streams, to move people experiencing homelessness into hotel rooms and other non-congregate shelters to safely isolate and quarantine. This model can be used to immediately address the increase in unsheltered homelessness in many communities as a bridge to permanent housing. ARPA funds can be a key resource.

Project Roomkey was established by California in March 2020 as part of the state response to the COVID-19 pandemic. The initial goal of Project Roomkey was to secure access to 15,000 hotel rooms that could be used to provide immediate, short-term shelter for those infected with COVID-19 and homeless individuals most at risk of infection. As of August 2021, Project Roomkey helped more than [42,000](#) people experiencing homelessness.

After the early success of Project Roomkey, the state announced Project Homekey, a plan to acquire hotels, motels, and commercial properties for conversion to permanent housing for people experiencing homelessness. While Project Roomkey focused on immediate shelter needs, Homekey focuses on permanent housing. To date, Project Homekey has housed more than 8,200 individuals and created nearly [6,000 homes](#) for people experiencing homelessness in 120 developments statewide.

Ensure Access to Healthcare Services Over Criminalization of Homelessness

State advocates in Georgia recently successfully [opposed legislation](#) which would have diverted money from permanent supportive housing to sanctioned encampments. Georgia Supportive Housing Association [executive director Mariel Risner Sivley said](#) the bill “contradicts proven best practices, disregards local needs, and does nothing to reduce chronic unsheltered homelessness... Georgia is seeking to strengthen its mental health and safety net systems, and these bills would be dangerous reversals.” In the same session, lawmakers passed and [Governor Brian Kemp signed](#) the Mental Health Parity Act. Although advocates did not support every aspect of the Act, among other things it requires insurers to cover behavioral health problems on a level equal to that of physical ailments and provides incentives for training mental health professionals and grants for collaborations between mental health providers, courts, and law enforcement in dealing with people in crisis.

Use a Proactive Public Health Approach, Not One Driven by Law Enforcement

Boston Mayor Michelle Wu publicly [committed](#) to eliminating encampments utilizing a public health approach without criminalization or forced removal. The city was able to eliminate an encampment in a two-month time frame, using an approach that included: (1) Strong Leadership with Coordinated Goals, (2) Health Care Partnerships and Public Health Approach, (3) Coordinated Outreach, (4) Harm Reduction and “Whole Person” Care, (5) Reimagined Shelters, (6) Access to Housing, and (7) Dedication of Funding and Resources.

The city used HUD Emergency Solutions Grants from the CARES Act and State and Local Fiscal Recovery Funds from the American Rescue Plan Act to launch three sites near the encampment that operated as 24-hour “low-threshold” shelters. The city engaged Boston Medical Center to provide outreach, onsite health care, and outpatient addiction treatment at the shelter sites and the engagement center. Using HUD Emergency Housing Vouchers from the American Rescue Plan, Emergency Solutions Grants from the CARES Act, and Housing Choice Vouchers from Boston Housing Authority, the city moved people quickly into permanent housing.

Address Chronic Homelessness By Linking Healthcare and Housing

In March 2022, Washington State Governor Jay Inslee [signed](#) the Apple Health and Homes Act ([HB 1866](#)) with the goal to get more homeless people quickly, safely, and permanently in homes by directly linking health care and housing for those who need both.

Over 70% of people who are chronically homeless have conditions like mental illness, substance use disorder, or physical disabilities. Apple Health and Homes treats chronic homelessness as a medical condition; invests in preventative services, reducing costs to local emergency systems; creates more supportive housing statewide; expands the capacity of supportive housing providers; and ensures oversight and accountability through the Office of Health and Homes.

Washington State is supporting this legislation through significant investments in housing and behavioral health including \$300 million for capital acquisition, including \$60 million for permanent supportive housing, \$113 million for the Housing Trust Fund, \$15 million for homeless youth projects; \$55 million for supportive housing provider workforce capacity, \$35 million in operating dollars, and \$6.5 million for supportive services and capacity grants.

Additional Resources

- National League of Cities: An Overview of Homeless Encampments for City Leaders: <https://www.nlc.org/wp-content/uploads/2022/01/Overview-of-Homeless-Encampments-Brief.pdf>
- [7 Principles for Addressing Encampments | United States Interagency Council on Homelessness \(USICH\)](#)
- National Health Care for the Homeless: [Statement on Homeless Encampments and Roles for the HCH Community](#)
- National Homelessness Law Center Criminalization Resources: <https://homelesslaw.org/criminalization/>
- National Homelessness Law Center Housing Not Handcuffs campaign: <https://homelesslaw.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf>
- NLIHC Coronavirus State and Local Fiscal Recovery Funds Tracker: <https://nlihc.org/coronavirus-and-housing-homelessness/coronavirus-state-and-local-fiscal-recovery-funds>