



**Testimony of Ann Marie Oliva  
Senior Policy Advisor, CSH  
To the House Committee on Financial Services**

**“Homeless in America: Examining the Crisis and Solutions to End Homelessness”  
February 13, 2019**

Good Morning. My name is Ann Oliva and I am Senior Policy Advisor at the Corporation for Supportive Housing (CSH). CSH is a national non-profit organization that works with communities to ensure that people experiencing homelessness can access affordable housing and services like healthcare that will keep them housed and healthy, and end their homelessness once and for all. CSH does this work through training and education, policy reform efforts, consulting and lending.

CSH is honored to participate in today’s hearing. Thank you to the Committee for inviting me to testify today on a topic that is not only incredibly important, but one that is close to my heart both professionally and personally. I have worked in the homeless assistance field for more than 20 years, and I am proud to say we have consistently striven to learn more, improve our approaches and hold ourselves accountable to the people we serve.

The solutions we implement have evolved to be responsive to emerging research, to incorporate more strategic investments, to become human-centered, and to work with the systems that often feed into or interact with people experiencing homelessness, including affordable housing, child welfare, medical and behavioral health, and the justice system.

Solving homelessness is not easy. Communities across the country are struggling to make decisions about how to best use scarce resources, and to build the right mix of interventions to address the specific needs of their communities. Knowing which types and how much to invest in each intervention from outreach to supportive housing, when most communities don’t have enough of any single resource, can be challenging.

What we know about people experiencing homelessness today is alarming. In 2016, for the first time since 2010, HUD reported an increase in the number of unsheltered persons nationwide. The 2017 and 2018 Annual Homeless Assessment Reports show a continuation of that increase. We also are seeing an increase in chronic homelessness. And maybe most troubling, based on a recent study released by the University of Pennsylvania, we know that the homeless population is aging, and with an older population come higher costs.

Hints of an increase in chronic homelessness could be seen as far back as 2015, when we began to feel the effects of a decreased federal investment in supportive housing – a consequence of forced budget reduction measures like sequestration.

Today, people experiencing chronic homelessness make up about 16% of the homeless population on a given night. This is the only subpopulation of people experiencing homelessness nationally where the number of unsheltered persons is greater than the

number of sheltered persons. This population is particularly vulnerable due to the length of time they have lived on the streets and the disabling conditions they face.

Extensive research and work in the field show supportive housing – permanent housing with services designed to meet the specific needs of tenants – cost-effectively ends chronic homelessness and has positive impacts in communities where it is located. Costs on average are reduced by 49.5% when we help people get out of homelessness and into supportive housing.

Although as a nation we have invested in over 300,000 units of supportive housing since 2009, we are not nearly where we need to be to address the growing homeless population that is getting older and struggles with multiple challenges.

We must invest more into supportive housing and other interventions so we can get back to making the progress we know how to make. And we need to continue to both improve the quality of our programs and innovate to create avenues for individuals who are ready to move on from these programs. But implementing these strategies is difficult when affordable housing is scarce.

Tight housing markets are impacting both the number of people experiencing homelessness and the ability for homeless systems to exit people successfully. The real estate firm Zillow Group recently reported that communities where people spend more than 32 percent of their income on rent can expect a more rapid increase in homelessness. Further, the areas that are most vulnerable to circumstances that would lead to an increase in the percentage of income going towards rent hold 15 percent of the U.S. population – and 47 percent of people experiencing homelessness.

Homelessness is also seriously impacting families across our country. In 2018 there were more than 180,000 persons in families experiencing homelessness on a given night. And for these families, we also know how to end their homelessness.

The Family Options Study concluded that housing subsidies for families experiencing homelessness resulted in increased housing stability, and had other significant benefits in family and child well-being. For child welfare involved families and other families with high levels of need, resources like Family Unification Vouchers can provide the right level of subsidy and support to help families become stable, and to thrive in their communities.

For young people experiencing homelessness, we must continue to support efforts like the Youth Homelessness Demonstration Program so that we can build systems responsive to youth needs, and that provide equal access for young people who are disproportionately comprised of youth of color and LGBTQ youth.

It is clear that homelessness cannot be solved by the homeless system alone. CSH works in communities and across systems like child welfare, mental health and substance use treatment, affordable housing and the justice system because life doesn't happen in silos. People don't interact with just one system. People

experiencing homelessness and housing instability are complex, and the challenge public agencies face require coordinated, smart approaches.

One community tackling this challenge is Palm Beach County Florida, where the behavioral health system conducted a data match with jail and homeless services data, and used the results to attract resources from HUD and the philanthropic sector to develop a supportive housing initiative for the intersecting population of homeless frequent users of the jail and behavioral health services. The effort was led by the county's criminal justice coordinating council, rather than the homeless system, and illustrates the kind of impact these types of cross-system and sector efforts can make.

Cross system collaboration is also important on the federal side. During my tenure at HUD, the best progress we made was when we worked with our partners in other agencies to align resources, policy and data collection. The 47% decrease in homelessness among veterans between 2010 and 2016 was not a coincidence – it was the result of hard work across government agencies and in communities to make sure we were aiming at the same goal, that we were using the same data, implementing aligned and complementary policies, and that we had a process to review progress and make adjustments regularly. The U.S. Interagency Council on Homelessness (USICH) was a critical partner in this work, and CSH supports the Working Together to End Homelessness Act of 2019, which permanently authorizes USICH. Without USICH guiding collaboration and alignment across federal agencies, we run the risk of going back to fragmented and inefficient approaches at every level.

As a country, we cannot afford reverting to bad policy or embracing a business-as-usual attitude. I worry that with increases in unsheltered homelessness a sort of “compassion fatigue” is prompting some leaders to go back to approaches that failed in the past. In particular, we must remain vigilant and not encourage communities to simply implement short-term fixes or require people experiencing homelessness to be “housing ready” to qualify for housing.

No one should have to deserve housing. This is why it is so important that we continue to support programs that use a housing first approach – which means that housing is the first intervention provided, without preconditions.

We know that once the basic need of housing is addressed, services can then work with program participants to help them achieve their health, sobriety, employment and personal goals. Housing first is not housing only. It does not mean that the health and safety of tenants is ignored. What it does mean is that people who are experiencing homelessness are treated with dignity and respect, and are offered services that they need and want, to help them become stable.

We know that we must both stem the inflow into homelessness and increase the outflow out of homelessness and into permanent housing. That means making strategic choices so that youth aging out of foster care are not entering the system, that justice-involved persons have work and housing options so they can become stable, and that

we are using the resources available in the health system to address health, mental health and addiction needs of individuals and families. It also means recognizing that people of color are disproportionately impacted by homelessness, and that we must work to dismantle the structures that lead to these inequities.

Because the Ending Homelessness Act of 2019 recognizes all of this, empowers the solutions to homelessness, and commits the federal government to many of the smart investments I've discussed, CSH supports it.

We urge this committee to approve strategic action that makes it easier for communities to address housing instability and homelessness at the local level, that promotes cross-system collaboration, and that provides the resources needed to continue the type of progress we know can be made towards ending homelessness.

Thank you for your time today.