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THE FUTURE OF AMERICAN HOMELESS POLICY: FEDERAL RETRENCHMENT, DEVOLUTION, AND LOCAL CAPACITY

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I. SUMMARY

- The United States reported the highest levels of homelessness on record in 2024.
- Existing federal homelessness policy provides funding and resources to mostly non-governmental, community-based actors to mitigate and end homelessness.
- Severe reductions in federal homelessness programming, staffing, and funding under the Trump administration risks further reducing communities' ability to mitigate and end homelessness. Communities may be more likely to rely on public safety actors in the future if they are unable to make up the difference in lost homeless services capacity.

II. AMERICA'S HOMELESSNESS CRISIS

The United States has long been an outlier in levels of homelessness compared to peer nations. Yet in 2024, levels of homelessness in the United States hit an all-time-high, with the highest count of homelessness ever recorded in January 2024.¹ Levels of homelessness skyrocketed as a result of the national housing crisis, inflation, and residual shelter challenges from the COVID-19 pandemic when many shelters were closed and shifted to managed encampments as a way to reduce disease spread.²

The U.S. has seen levels of homelessness shift over the past nearly two decades, since national data on counts of homelessness officially started being recorded in 2007 (see Figure 1). Not surprisingly, the U.S. saw a spike in counts of homelessness at the end of the first decade due to the Great Recession.³ However, Obama-era policies that included a federal push for Housing First policy,⁴ reduced criminalization,⁵ and health insurance and supportive medical services through the Affordable Care Act⁶ helped contribute to reductions in homelessness nationally.⁷ However, rates of homelessness began to increase

¹ de Sousa and Henry, *2024 AHAR to Congress*.

² Colburn and Aldern, *Homelessness Is a Housing Problem*; de Sousa and Henry, *2024 AHAR to Congress*.

³ Khadduri et al., *2010 AHAR to Congress*.

⁴ United States Interagency Council on Homelessness, *Opening Doors*.

⁵ Tars, *The Cost of Criminalizing Homelessness*.

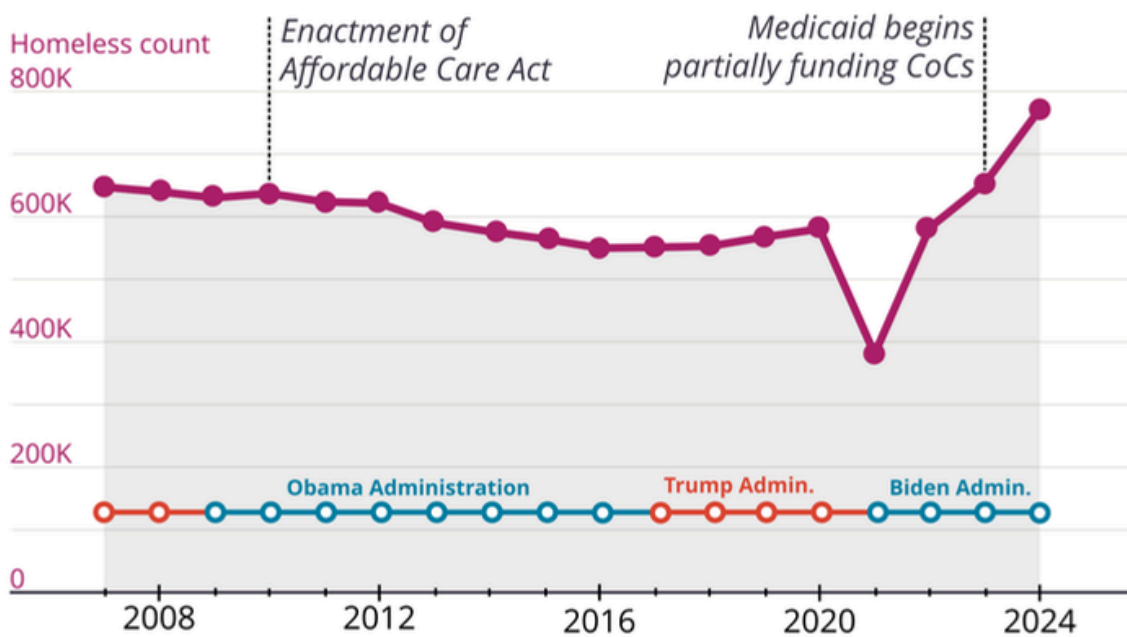
⁶ Lanese et al., "Healthcare for the Homeless"; Willison and Dewald, "Medicaid Waivers to Address Homelessness."

⁷ Colburn, "The Federal Commitment to Homelessness Prevention"; Colburn and Aldern, *Homelessness Is a Housing Problem*; Lee and Mcguire, "Intergovernmental Alignment and U.S. Homelessness Policy."

again in 2017, with a marked 12% increase in 2019, during the first Trump administration.⁸ These increases marked the first time that counts of homelessness had increased in nearly a decade (see Figure 1). Increases were related to federal reductions in housing and homelessness program spending and social service benefits, alongside increasing rental costs.⁹

Figure 1

The US reported the highest levels of homelessness on record in 2024



*In 2021, due to COVID-19, many CoCs could not fully conduct counts, so that year mainly reflects sheltered homelessness
Data Sources: PD&R Annual Homeless Assessment Report (2024)

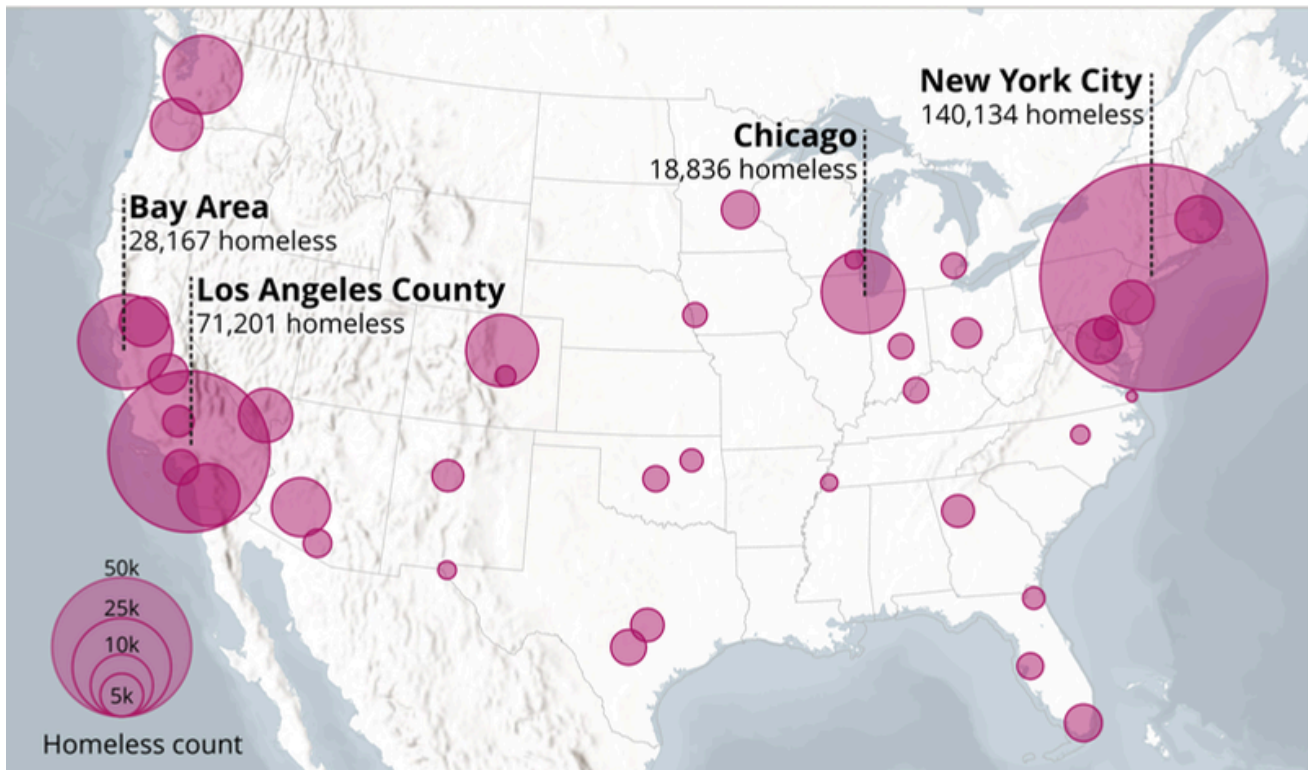
⁸ Henry et al., 2019 AHAR to Congress.

⁹ Government Accountability Office, *Better HUD Oversight of Data Collection*; Rice, “Trump Budget Would Increase Homelessness”; Woolhandler et al., “Public Policy and Health in the Trump Era.”

III. EXISTING HOMELESS RESPONSE SYSTEM

Figure 2

Homeless counts across major cities in the U.S.



Data Sources: PD&R Annual Homeless Assessment Report (2024), American Community Survey (2023)

Cities, or local governments, are the main sites of homelessness across most high-income countries (see Figure 2).¹⁰ By extension, most OECD countries also rely heavily on local governments to carry out solutions to homelessness.¹¹ Where the U.S. system diverges from most OECD nations is the use of a *fully decentralized*, or delegated-state arrangement,¹² where non-governmental actors receive federal funding to design and implement policies and programs to reduce homelessness.¹³ This system is known as the ‘Continuum of Care’ structure. About 70% of Continuums of Care are non-governmental organizations.¹⁴

¹⁰ Smith, *Multiple Barriers*; Willison and Mauri, “Urban Homelessness Policy in OECD Nations.”

¹¹ Willison and Mauri, “Urban Homelessness Policy in OECD Nations.”

¹² Mettler, *The Submerged State*; Morgan and Campbell, *The Delegated Welfare State*.

¹³ HUD, “Part 578 — Continuum of Care Program.”

¹⁴ Jarpe, Mosely, and Smith, “Understanding the Collaborative Planning Process”; Klasa et al., “Continuums of Care Survey 2020.”

While many other types of social policy incorporate delegated state models, it is unusual to have a policy space that is almost entirely governed by non-governmental actors.¹⁵ Furthermore, as an important distinction, it is also unusual to have a policy space that is almost entirely governed by non-governmental actors when the policy implementation necessitates or often requires coordination with governmental entities.¹⁶ This includes many basic tasks of local government, such as taxation for revenue generation; permitting (for building shelters or housing); zoning (to determine where various types of housing or shelter can be located); and coordination with different local bureaucracies that interact frequently with persons experiencing homelessness such as police, sanitation, and social service benefits offices such as Medicaid (health insurance), housing vouchers, or food assistance.¹⁷

Continuums of Care are also low-resourced, non-governmental actors. Many other social policy spaces in the U.S. that include non-governmental actors, such as healthcare, have very-well-resourced non-governmental actors. For example, health insurers and health systems are powerful lobbying forces that have large political coalitions and a wide variety of financing that helps them engage in, and often sway, policy debates across levels of government.¹⁸ Continuums of Care, by contrast, do not have many resources at their disposal. They are broadly under-resourced, many relying on limited federal funding with little to no investment from local or state governments.¹⁹ Many of the Continuums of Care report significant financial and resource constraints.²⁰

Ultimately, this arrangement creates challenges for homeless policy design and delivery in a few different ways. First, Continuums of Care, due to their limited political power and non-governmental position, are often left out of local government policy debates and decisions about homelessness.²¹ Second, without tools of governing and with limited political power, Continuums of Care often lack the authority to design and implement solutions to homelessness in their jurisdiction, whether that is building a new shelter, coordinating lists of housing availability, or training police departments on non-criminalization approaches to engaging with people who are unhoused.²² Third, these arrangements often create a separation or policy conflict between Continuums of Care policy and programming and local government responses to homelessness.

¹⁵ Willison, *Ungoverned and Out of Sight*.

¹⁶ Willison, Unwala, and Klasa, "Entrenched Opportunity."

¹⁷ Einstein and Willison, "Planning for Homelessness"; Willison, *Ungoverned and Out of Sight*.

¹⁸ Grogan, *Grow and Hide*; Kelly, "Private Power in Public Programs."

¹⁹ National Academies of Sciences, Permanent Supportive Housing.

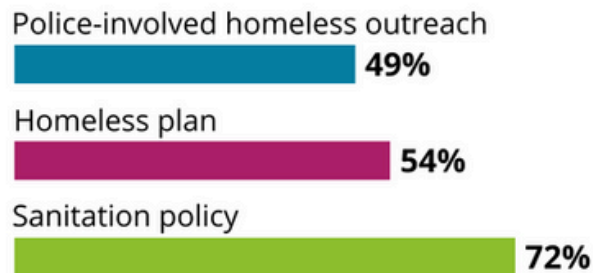
²⁰ Jarpe, Mosely, and Smith, "Understanding the Collaborative Planning Process"; Klasa et al., "Continuums of Care Survey 2020"; Mosley, "Cross-Sector Collaboration to Improve Homeless Services."

²¹ Einstein and Willison, "Planning for Homelessness"; Willison, *Ungoverned and Out of Sight*.

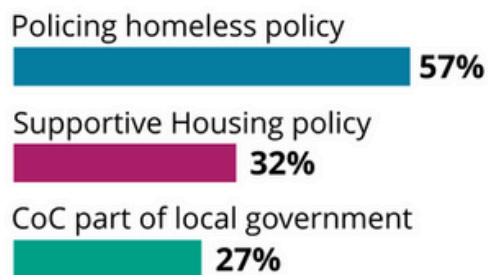
²² Thompson et al., "Medicaid Waivers and Tenancy Supports"; Willison, *Ungoverned and Out of Sight*.

Figure 3²⁷

Homeless policies in the 100 largest U.S. cities



Local homeless policies across the U.S.



Data available from: Einstein, Katherine Levine; Dewald, Ali; Unwala, Naquia; Charley Willison, 2024, "City Homeless Policy", <https://doi.org/10.7910/DVN/TRTYWY>, Harvard Dataverse, V3

As shown in Figure 3, local governments are more likely to have homeless policies centred around policing or sanitation bureaucracies than around housing and homelessness, which is the policy focus of the Continuums of Care. Although homelessness tends to be more prevalent in larger cities (see Figure 4), this dichotomy of conflict between public safety vs. housing and homeless policy goals persists in cities of different sizes across the country, as shown in Figure 3. This dichotomy is likely related to the reliance on Continuums of Care or non-governmental actors to address homelessness as opposed to local government,²³ as well as a long history of police responses to homelessness.²⁴ This dichotomy also has important implications for addressing homelessness. Housing, specifically barrier-free access to housing paired with access to any necessary sociomedical services, is the most effective solution to end homelessness.²⁵ By contrast, punitive policies involving police and sanitation exacerbate homelessness.²⁶

²³ Willison, *Ungoverned and Out of Sight*.

²⁴ Vitale, *The End of Policing*; Wilson, *Varieties of Police Behavior*.

²⁵ National Academies of Sciences, *Permanent Supportive Housing*.

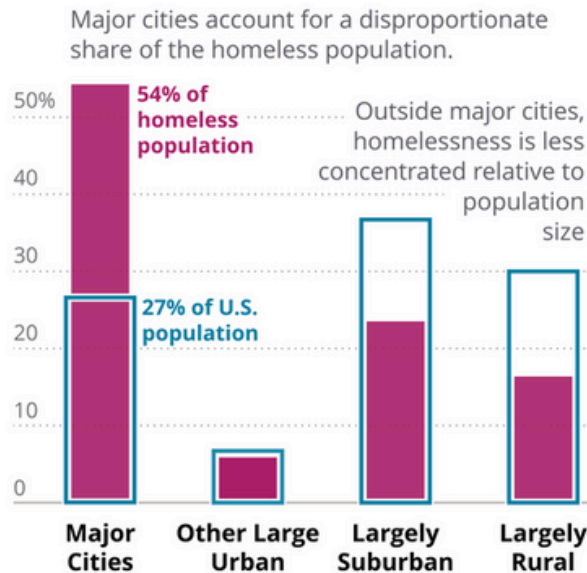
²⁶ Bailey, Oesterblad, and Harding, "Brief of 57 Social Scientists"; Batko et al., *Alternatives to Arrests and Police Responses to Homelessness*.

²⁷ Figure 3 reflects data from nationally representative samples of local governments selected by Continuums of Care. Policing Homeless Policy refers to whether or not a local police department has "written policy or procedural directives on homeless persons" from the Law Enforcement Management and Administrative Statistics Survey (2020). N=329 local governments (principal cities or micropolitan areas aligned with Continuums of Care). Supportive Housing policy refers to whether or not local governments have "a municipal policy coded as "supportive housing" if a locality (city or county government) had one or more of the following: municipal plan(s), guidelines, regulations and/or statutes establishing supportive housing, permanent supportive housing, and or Housing First as the local government's approach to chronic homelessness," (Willison 2020). N=232 local governments, selected by largest local government in Continuum of Care jurisdiction. CoC Part of Local Government refers to whether or not the CoC's lead agency is "...a part of government (local or state depending on your CoC type)? Or is your CoC Lead Agency presently a separate entity (e.g. non-profit, nongovernmental organization)?" (Klasa et al. 2021). N=213. Please see Supplemental appendix for complete data, methodological, and sample selection details.

Figure 4

Homelessness is clustered in major cities in the U.S.

Share of U.S. **homeless population** living in each region type vs. the same type's share of U.S. total population



Data Sources: PD&R Annual Homeless Assessment Report (2024), American Community Survey (2023)

The federal government has been increasingly aware of these challenges.²⁸ As a result, the past three presidential administrations built in incremental mechanisms to improve capacity for homeless policy systems.²⁹ In 2023, the Biden administration took steps to explicitly use Medicaid – the primary insurance provider for low-income Americans – to provide alternative funding models through state waivers to build up the capacity of Continuums of Care while also improving coordination between Continuum of Care providers and different local social service bureaucracies.³⁰ Pilot research and case studies have demonstrated that improved coordination, and Continuum of Care capacity building, improves the ability to design and deliver homeless programming.³¹ Greater Continuum of Care shelter bed capacity is also associated with a local government being less likely to have a police homeless policy (see Supplemental appendix).

²⁸ National Academies of Sciences, *Permanent Supportive Housing*.

²⁹ Willison and Dewald, “Medicaid Waivers to Address Homelessness.”

³⁰ Klasa et al., “Continuums of Care Survey 2020”; Willison and Dewald, “Medicaid Waivers to Address Homelessness.”

³¹ Pourat et al., *Final Evaluation of California’s Whole Person Care (WPC) Program*; Thompson et al., “Medicaid Waivers and Tenancy Supports.”

IV. CUTS TO EXISTING SYSTEMS

Following the start of the second Trump administration in January 2025, the United States experienced significant changes to the national governing order. This included sweeping changes to norms around duties, responsibilities, and authority of the three branches of government, with significant expansions of presidential power and reductions in congressional power not codified in the Constitution.³² Changes in the way these core institutions function were used to direct significant reductions in the federal bureaucracy, including staffing and spending reductions, and dismantling of federal agencies themselves without congressional approval.³³

What does this mean for homelessness? At least twenty-five percent of the Department of Housing and Urban Development staff resigned as part of incentivized layoffs in February 2025.³⁴ In March, the executive branch aimed to cut 84% of staff in the Office of Community Planning and Development, which oversees and administers funding for the Continuum of Care program.³⁵ Also in March, President Trump issued an executive order dismantling the U.S. Interagency Council on Homelessness,³⁶ which provided direct recommendations and guidance to Continuums of Care and local governments across the country in their homelessness planning and implementation.³⁷ The Council had also partnered with the Department of Health and Human Services under the Biden administration, designing the Medicaid waiver programs aimed at improved Continuum of Care funding, staffing, and coordination with local governments and other social service agencies.³⁸ In the spring of 2025, the Department of Health and Human Services also removed the new Medicaid Waiver guidance from their website.³⁹

³² Enos and Levitsky, “This Isn’t Negotiation.”

³³ Moynihan, “Rescuing State Capacity.”

³⁴ National Housing Conference, *Housing and the Next 100 Days*.

³⁵ Ludden, “Trump Administration Plans Mass Firing.”

³⁶ The White House, “Ending Crime and Disorder.”

³⁷ As an independent, cabinet-level agency established in federal statute, the McKinney Vento Act, only Congress has the authority to dismantle a federal agency.

³⁸ Willison and Dewald, “Medicaid Waivers to Address Homelessness.”

³⁹ Kaiser Family Foundation, “Medicaid Waiver Tracker.”

In the summer of 2025, the Trump administration issued an executive order focusing on how local governments' respond to homelessness. It specifically encourages local governments to increase the criminalization of behaviours associated with homelessness, or using civil and criminal penalties for things like sleeping and eating in public.⁴⁰ The executive order follows the 2024 Supreme Court ruling in *Johnson vs. Grants Pass*, allowing local governments with insufficient shelter bed capacity, or not enough beds for all people experiencing homelessness to sleep inside at night, to arrest people experiencing homelessness for sleeping outdoors in public spaces when beds are not available.⁴¹ As discussed, a wealth of scholarship finds that criminalization or punitive policing policies exacerbate homelessness.⁴² In addition to an emphasis on criminalization, the executive order also directs the Department of Housing and Urban Development to stop funding Housing First⁴³ homeless programs currently required by Continuums of Care.⁴⁴ Housing First is an approach that first emphasizes access to housing not conditional on behaviour change like sobriety, paired with comprehensive access to sociomedical services that promote long-term stability.⁴⁵ While not all individuals experiencing homelessness will need comprehensive wrap-around services to maintain housing stability, low-barrier access to housing or Housing First, paired with access to any necessary social or medical services, is the most effective approach to reduce homelessness.⁴⁶ Housing First is associated with higher retention rates of stable housing when compared to treatment-first housing contingent on sobriety.⁴⁷

⁴⁰ The White House, "Ending Crime and Disorder."

⁴¹ Supreme Court, *Johnson v. Grants Pass*.

⁴² Bailey, Oesterblad, and Harding, "Brief of 57 Social Scientists."

⁴³ The executive order text specifically states that the Secretary for the Department of Housing and Urban Development should take steps towards, "...ending support for "housing first" policies that deprioritize accountability and fail to promote treatment, recovery, and self-sufficiency" and follows with, "require recipients of Federal housing and homelessness assistance to increase requirements that persons participating in the recipients' programs who suffer from substance use disorder or serious mental illness use substance abuse treatment or mental health services as a condition of participation." The latter explicitly conditions receipt of homeless service programs on substance use or mental health treatment, or a treatment first approach, rather than an integrated housing first approach.

⁴⁴ United States Interagency Council on Homelessness, *Opening Doors*.

⁴⁵ National Academies of Sciences, *Permanent Supportive Housing*; Tsai, "Is the Housing First Model Effective?"

⁴⁶ National Academies, *Permanent Supportive Housing*.

⁴⁷ Padgett, Henwood, and Tsemberis, *Housing First*; Tsemberis, Gulcur, and Nakae, "Housing First, Consumer Choice, and Harm Reduction."

V. LOCAL GOVERNMENTS AND THE FUTURE RESPONSE TO HOMELESSNESS

These federal funding and programming cuts will have a devastating effect on poverty and inequality in the United States.⁴⁸ The Trump administration has already made substantial changes to the federal homelessness, housing, health, and social services bureaucracy. These workforce cuts are heavily constraining policymaking, including administration of grant programming to state and local governments and non-governmental, delegated state actors.⁴⁹

In the face of a persistent and escalating homelessness crisis, this broad sweeping federal retrenchment of evidence-based homeless policies will likely severely inhibit the ability to reduce and mitigate homelessness across the country. As most local governments rely on the Continuum of Care structure to address homelessness, and even major cities where local governments have previously incorporated Continuums of Care into local government agencies, local governments will now have to evaluate whether they can take on Continuum of Care programming in the face of federal program cuts or elimination. At the same time, local governments will also face the choice of whether to increase designation of police and sanitation roles in responses to homelessness, following new federal emphasis on criminalization.

Low-income and rural communities that rely most heavily on the Continuum of Care system due to limited local government resources will be hit the hardest. These low-capacity jurisdictions will likely be unable to take over the design and delivery of evidence-based Continuum of Care programming to successfully mitigate and end homelessness. Rural communities are already experiencing hospital closures and will likely experience escalating social and health service closures due to ongoing retrenchment.⁵⁰ If Continuum of Care evidence-based programming cannot be sustained without federal funding, and low-income and rural communities face a growing dearth of other safety net services, communities may increasingly rely on police and other public safety solutions to respond to homelessness.

⁴⁸ Center on Budget and Policy Priorities, *By the Numbers*; Michener and Gollust, *Medicaid Cuts Are Undemocratic*.

⁴⁹ Greer et al., "The Second Trump Administration"; Moynihan, "Rescuing State Capacity."

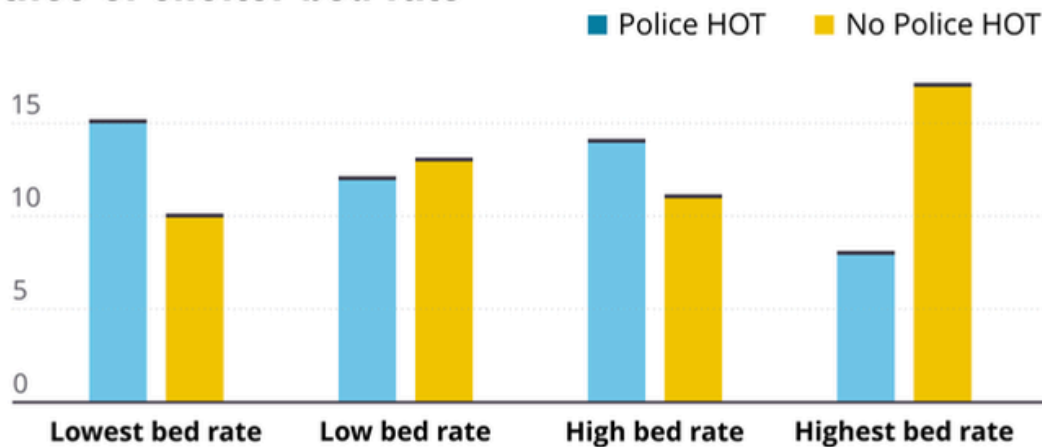
⁵⁰ Shepperd and Yaver, "Medicaid Cuts Will Harm Rural Republican Communities."

VI. SUPPLEMENTAL APPENDIX

Figure 5 shows the relationship between Homeless Outreach Teams (HOT) located in police departments or that have police on staff, and quartiles of shelter bed rate among the 100 largest cities, demonstrating a negative relationship between the presence of police-involved Homeless Outreach Teams and shelter bed rate. Shelter bed rate is the number of people experiencing homelessness to the total number of shelter beds available, calculated using the publicly available Point in Time Count and Housing Inventory Count data from the Department of Housing and Urban Development (<https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>). HOTs governance type (located in police departments, have police on staff, or not) is available from: Einstein, Katherine Levine, Ali Dewald, Naquia Unwala, and Charley Willison. 2024. “City Homeless Policy.” Harvard Dataverse. <https://doi.org/doi:10.7910/DVN/TRTYWY>.

Figure 5

Police involved Homeless Outreach Teams (HOT) and quartiles of shelter bed rate



*Shelter bed rate is the number of people experiencing homelessness to the total number of shelter beds available

Data Sources: Policing and the punitive politics of local homelessness policy (2023)
PD&R Annual Homeless Assessment Report (2024)

Table 1 shows the relationship between the presence of “written policy or procedural directives on homeless persons” and indicators of local policy capacity, demonstrating a negative relationship between city police homeless policy and high-shelter capacity. Put another way, when local governments have higher capacity to provide shelter for their population of people experiencing homelessness, they are less likely to have a police-level homeless policy. Local governments that are more conservative have higher odds of

having a local police homeless policy. Local police policy measure comes from the 2020 Law Enforcement Management and Administrative Statistics (LEMAS) Survey <https://www.icpsr.umich.edu/web/ICPSR/studies/38651#>. Shelter bed rate is the number of people experiencing homelessness to the total number of shelter beds available, calculated using the publicly available Point in Time Count and Housing Inventory Count data from the Department of Housing and Urban Development (<https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>). While local ideology is highly predictive, the LEMAS survey sample includes more rural areas, which are more conservative. None of the control variables were statistically significant.

Table 1

Independent Variable	Odds Ratio
Shelter Rate***	.175 (.06, .49)
CoC part of Local Government	.96 (.47, 1.9)
Full Time Sworn Officers*	1.002 (.99, 1.002)
Police Budget	.87 (.5, 1.4)
Local Ideology***	3.57 (2.07, .61)
GDP***	1.34 (1.09, 1.63)
Population	.94 (.5, 1.77)
Percent Black	1.001 (.95, 1.06)
Percent White	1.02 (.96, 1.07)
Percent Latino	1.02 (.96, 1.05)
State	.99 (.97, 1.00)

Sample Selection: Sample includes 329 cities selected by matching principal cities and micropolitan areas with Continuums of Care from the full LEMAS sample. All cities without a Continuum of Care match were dropped; Regional and Balance of State Continuums of Care were dropped; Sheriffs and State Police were dropped. Whether or not a Continuum of Care is part of local government was drawn from the 2020 Continuum of Care Survey <https://poverty.umich.edu/publications/continuum-of-care-survey-2020-results-and-recommendations/>, validated with local government and Continuum of Care websites to complete the sample. Police capacity variables were taken from the LEMAS survey. Control variables were taken from the 2020 U.S. Census matched to LEMAS principal cities and micropolitan areas. Population, GDP, and Police Budget logged to account for heteroskedasticity.

(a) 95% confidence intervals in parentheses, statistically significant results at * $p < 0.5$. ** $p < 0.1$. *** $p < .001$.

(b) R2: .14

(c) Controls for GDP, Population, % White, % Black, % Latino, state dummy variable

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