

THE CRIMINALIZATION OF HOMELESSNESS

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Homelessness

No housing problem is as profound as homelessness. Being homeless puts one at the mercy of the elements, charity, the kindness of family and friends, and the machinations of myriad social welfare agencies. Without a home, it is extremely difficult to find a job or to keep one. For children, it makes it difficult to attend school regularly and perhaps even more difficult to study and learn. Homelessness puts people at high risk of illness, mental health problems, substance abuse, and crime (Bratt 2000; Hoch 1998; Hopper 1997).

Although a portion of the U.S. population has perhaps always been homeless, the character and size of the homeless population began to change by the early 1980s. Until then, homelessness was chiefly associated with older, often alcoholic, single male denizens of a city's proverbial "skid row." Afterwards, the homeless population became much larger and more diverse, including an increasing number of women and families (Hopper 1997). Although many homeless, as before, struggle with alcoholism, drug addiction, or mental illness, many more homeless do not have these problems.

The Magnitude and Causes of Homelessness

Unlike other housing problems, homelessness is by its nature extremely difficult to quantify. Until recently, the homeless were not counted in the decennial census, the American Community Survey, the Current Population Survey, the American Housing Survey, or other studies of housing and households. National estimates of the homeless population only became regularly available in 2007 when HUD released its first annual homeless assessment report to Congress (HUD 2008). The data are based on counts and estimates of the sheltered and unsheltered homeless population provided by local and state agencies as part of their applications for federal funding for homeless services. To improve the quality of local estimates of homeless populations, HUD, in 2005, required these agencies to count the number

of sheltered and unsheltered homeless people on a single night in January at least every other year (HUD 2008). Since the 1980s, many localities had been tracking the number of beds available in homeless shelters and transitional housing facilities and estimating the number of unsheltered homeless living on the streets, in abandoned buildings, and other places not intended for human habitation, but now this information is collected more systematically across the nation. For example, the New York City government has mounted an annual “Homeless Outreach Population Estimate” since 2002. Staffed by hundreds of volunteers who spend an entire night searching randomly selected areas (groups of blocks and park areas as well as subway stations) for homeless individuals, the initiative attempts to estimate the total number of “street” (unsheltered) homeless (New York City Department of Homeless Services 2013). The results of this survey complement the city’s homeless shelter intake statistics to gauge the city’s overall homeless population.

Homelessness can be quantified in two ways. One is to count the number of people who are homeless at a single point in time. The other is to estimate the number of people who have been homeless one or more times during a specified time period, such as the preceding year. Both methods are difficult to carry out and are subject to different types of error and biases.

Point-in-time homeless counts have frequently been criticized for failing to provide a complete picture of the homeless. Using improved sampling techniques, methods of counting the homeless at a single point in time have undoubtedly become more sophisticated; however, the approach has inherent limitations. Most fundamentally, it fails to account for the fact that people differ in the length of time they are homeless. Homelessness is a long-term if not chronic condition for some people, but it is much more transitory for many more.

This difference has two consequences. First, point-in-time estimates will indicate that the extent of homelessness is much smaller than the size suggested by studies that look at the number of people who have experienced homelessness within a specified period of time. Second, point-in-time studies may not provide an accurate picture of the characteristics of the homeless. In other words, the longer someone is homeless, the more likely he or she will be covered in a point-in-time survey of the homeless. If people who are homeless for varying durations differ in other respects, such as mental health, substance abuse, education, or household status, point-in-time studies will overemphasize the characteristics of the more chronically homeless.

The limitations of this approach are illustrated by Phelan and Link (1998: 1334):

Imagine a survey conducted in a shelter on a given night in December. If residents come and go during the month, the number on the night of the survey will be smaller than the number of residents over the month. If, in addition, length of stay varies, longer term residents will be oversampled (e.g., a person who stays all month is certain to be sampled while a person who stays one night has a 1 in 31 chance of being sampled). Finally,

if persons with certain characteristics (e.g., mental illness) stay longer than others, the prevalence of those characteristics will be overestimated.

The second approach for quantifying the homeless is to estimate the number of people who have been homeless over a specified period of time. Link and his colleagues (1994), for example, conducted a national telephone survey of 1,507 randomly selected adults in the 20 largest metropolitan areas to estimate the percentage who had ever experienced homelessness and who had been homeless at some point during the previous five years (1985 to 1990). The study concluded that 7.4% of the population had been homeless at some point in their lives and that 3.1% had been homeless at least once during the previous five years.

A still larger segment of the population had experienced homelessness when the definition was extended to include periods in which people had been doubled up with other households. Not surprisingly, low-income people reported the highest incidence of homelessness. Nearly one in five households that have ever received public assistance reported having been homeless at least once during their lifetimes.

Culhane and colleagues arrived at similar findings in their analysis of homeless shelter admission data in New York City and Philadelphia. They found that more than 1% of New York's population and nearly 1% of Philadelphia's had stayed in a public homeless shelter at least once in a single year (1992). Moreover, more than 2% of New York's and nearly 3% of Philadelphia's population had received shelter at least once during the previous three years (1990 to 1992). The incidence of homelessness was especially high among African Americans. For example, African Americans in New York City were more than 20 times more likely than Whites to spend one or more nights in a homeless shelter during a three-year period (Culhane, Dejowski, Ibanes, Needham, & Macchia 1999).

The most recent national estimates of the homeless population include figures for a single point in time and for people who had spent one or more nights within a homeless shelter during the previous 12 months. According to the 2012 Annual Homeless Assessment Report to Congress (HUD 2012a), a total of 633,782 people were homeless on a single night in January 2012 (see Table 2.16). In 2011, the latest year for which longitudinal data are available, more than twice as many people, 1.5 million, were in a homeless shelter or transitional housing facility for one or more nights during the year than were homeless on a single night in January. This figure does not include people who were homeless but did not enter the shelter system or people who stayed in shelters for victims of domestic violence (HUD 2012b). About one in every 201 persons in the United States stayed in a homeless shelter or transitional housing facility at some point between October 1, 2010 and September 30, 2011; however, a much larger proportion of the minority population experienced homelessness during the year—one in every 128 persons. The odds of a member of a minority group becoming homeless during the year are nearly double the risk of being diagnosed with cancer (HUD 2012b: 22).

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Table 2.16 summarizes key trends in the homeless population. Most importantly, from 2005 to 2012 there was a decline of nearly 15% in the number of homeless persons. The decrease was largest among the chronically homeless (−42%), the unsheltered homeless (−24%), and individuals in families (−21%). From a longitudinal perspective, the magnitude of homelessness has also declined, but to a lesser degree. Table 2.16 shows that the number of people who stayed one or more nights in the shelter systems from October 1, 2010 to September 30, 2011 decreased by more than 5% compared to the number who utilized the shelter system for one or more nights from October 1, 2006 to September 30, 2007. However, this statistic masks a 13% increase in the number of people in families who were sheltered during the course of a year. (Fortunately, the figures for 2011 show a decrease in the number of homeless people in families from the previous year).

Some of the decrease in homelessness counts may stem from methodological improvements in how the homeless are counted, especially the unsheltered homeless (HUD 2008), but it probably also reflects increased resources allocated to permanent supportive housing and to a concerted effort by several hundred communities to reduce if not eliminate homelessness (see Chapter 10). It is remarkable

Table 2.16 Homelessness in the United States: Point-in-Time and Longitudinal Estimates of the Homeless Population

THE HOMELESS POPULATION ON A SINGLE NIGHT IN JANUARY						
	2005	2008	2011	2012	% DISTRIBUTION, 2012	CHANGE 2005–12
					TOTAL	%
Total Homeless	744,313	664,414	636,017	633,782		−110,531
Individuals	437,710	415,202	399,836	394,379	62	−43,331
Persons in Families	303,524	249,212	236,181	239,403	38	−64,121
Chronically Homeless	171,192	124,135	107,148	99,894	16	−71,298
Unsheltered	322,082	278,053	243,701	243,627	38	−78,455
Sheltered	407,813	386,361	392,316	390,155	62	−17,658
ESTIMATE OF SHELTERED HOMELESSNESS DURING A ONE-YEAR PERIOD						
	2007	2008	2009	2010	2011	CHANGE 2007–11
						TOTAL
Total Homeless	1,588,595	1,593,794	1,558,917	1,593,150	1,502,196	−86,399
Individuals	1,115,054	1,092,612	1,034,659	1,043,242	984,469	130,585
Persons in Families	473,541	516,724	535,447	567,334	537,414	63,873

Source: Sermons & Henry 2009: Table 1; HUD 2012a & 2012b.

that the incidence of homelessness continued to decrease after 2008 in the face of the Great Recession and the extremely slow recovery. While the number of households with severe housing affordability problems has increased sharply during this period, homelessness has declined.⁵

The causes of and remedies for homelessness have been subject to intense debate ever since homelessness emerged as a national issue in the 1980s (Burt 1991). Virtually all experts agree that homelessness is associated with extreme poverty, but there is much less consensus regarding the influence of mental illness, substance abuse, and social isolation as additional determinants of homelessness. Similarly, although some experts argue that stable, affordable housing is the best cure for homelessness, others claim that housing by itself is not sufficient and must be combined with case management and other supportive services (Cunningham 2009, Hoch 1998; Hopper 1997; Shinn, Baumohl, & Hopper 2001; Shinn, Weitzman et al. 1998; Wright & Rubin 1991). However, as discussed in Chapter 11, the dominant emphasis in homeless policy is shifting from policies and programs that emphasize transitional housing and supportive services as an intermediate step before placing them in permanent housing, to one that seeks to place the homeless in permanent housing as quickly as possible, and provide services afterwards if necessary. In part, disagreements over the causes and solutions for homelessness reflect the previously noted differences between point-in-time and longitudinal perspectives. Because individuals with mental illness, substance abuse histories, and other problems tend to be homeless for longer durations than other populations are, they are overrepresented in point-in-time surveys and have come to define the public face of homelessness. Disagreements over the causes and treatment of homelessness may also reflect the differences in the disciplinary backgrounds among researchers, advocates, and service providers. As Charles Hoch observes in his essay on homelessness for *The Encyclopedia of Housing* (1998: 234), “inquiry into the causes, conditions and prospects of the homeless follow different disciplinary pathways and so end up with different conclusions.”

The Old Homeless and the New Homelessness in Historical Perspective

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ABSTRACT: In the 1950s and 1960s homelessness declined to the point that researchers were predicting its virtual disappearance in the 1970s. Instead, in the 1980s, homelessness increased rapidly and drastically changed in composition. The "old homeless" of the 1950s were mainly old men living in cheap hotels on skid rows. The new homeless were much younger, more likely to be minority group members, suffering from greater poverty, and with access to poorer sleeping quarters. In addition, homeless women and families appeared in significant numbers. However, there were also points of similarity, especially high levels of mental illness and substance abuse.

Over the past decade, homelessness has received a great deal of popular attention and sympathy. The reasons for both appear to be obvious: Homelessness is clearly increasing, and its victims easily garner sympathetic concern. Our ideas about what constitutes a minimally decent existence are bound up inextricably with the concept of home. The Oxford Unabridged Dictionary devotes three pages to definitions of the word *home* and its derivatives; almost all of them stress one or more of the themes of safety, family, love, shelter, comfort, rest, sleep, warmth, affection, food, and sociability.

Homelessness has always existed in the United States, increasing in times of economic stress and declining in periods of prosperity (Monkkonen, 1984). Yet the problem has not received as much attention and sympathy in the past. Our current high level of concern reflects at least in part the fact that today's homeless are different and intrude more pointedly into everyday existence.

Before the 1980s the last great surge of homelessness occurred during the Great Depression in the 1930s. As in the present day, there were no definitive counts of the numbers of Depression-era homeless; estimates ranged from 200,000 to 1.5 million homeless persons in the worst years of the Depression.

As described in the social research of the time (Schubert, 1935), the Depression transient homeless consisted mainly of young men (and a small proportion of

women) moving from place to place in search of employment. Many left their parental homes because they no longer wanted to be burdens on impoverished households and because they saw no employment opportunities in their depressed hometowns. Others were urged to leave by parents struggling to feed and house their younger siblings.

Homelessness After World War II

The entry of the United States into World War II drastically reduced the homeless population in this country, absorbing them into the armed forces and the burgeoning war industries (Hopper & Hamburg, 1984). The permanently unemployed that so worried social commentators who wrote in the early 1930s virtually disappeared within months. When the war ended, employment rates remained relatively high. Accordingly, homelessness and skid row areas shrank to a fraction of the 1930s experience. But neither phenomenon disappeared entirely.

In the first two postwar decades, the skid rows remained as collections of cheap hotels, inexpensive restaurants and bars, casual employment agencies, and religious missions dedicated to the moral redemption of skid row residents, who were increasingly an older population. Typically, skid row was located close to the railroad freight yards and the trucking terminals that provided casual employment for its inhabitants.

In the 1950s, as urban elites turned to the renovation of the central cities, what to do about the collection of unsightly buildings, low-quality land use, and unkempt people in the skid rows sparked a revival of social science research on skid row and its denizens. Especially influential were studies of New York's Bowery by Bahr and Caplow (1974), of Philadelphia by Blumberg and associates (Blumberg, Shipley, & Shandler, 1973), and of Chicago's skid row by Donald Bogue (1963).

All the studies of the era reported similar findings, with only slight local variations. The title of Bahr and Caplow's (1974) monograph, *Old Men: Drunk and Sober*, succinctly summarizes much of what was learned—that skid row was populated largely by alcoholic old men.

By actual count, Bogue (1963) enumerated 12,000

homeless persons in Chicago in 1958, almost all of them men. In 1964, Bahr and Caplow (1974) estimated that there were about 8,000 homeless men living in New York's Bowery. In 1960, Blumberg et al. (1973) found about 2,000 homeless persons living in the skid row of Philadelphia. Clearly, despite the postwar economic expansion, homelessness persisted.

The meaning of homelessness as used by Bahr (1970), Blumberg et al. (1973), Bogue (1963), and other analysts of the era was somewhat different from current usage. In those studies, homelessness mostly meant living outside family units, whereas today's meaning of the term is more directly tied to the absolute lack of housing or to living in shelters and related temporary quarters. In fact, almost all of the homeless men studied by Bogue (1963) in 1958 had stable shelter of some sort. Four out of five rented cubicles in flophouse hotels. Renting for from \$0.50 to \$0.90 a night, a cubicle room would hardly qualify as a home, at least not by contemporary standards. Most of those not living in the cubicles lived in private rooms in inexpensive single-room occupancy (SRO) hotels or in the mission dormitories. Bogue reported that only a few homeless men, about 100, lived out on the streets, sleeping in doorways, under bridges, and in other "sheltered" places. Searching the streets, hotels and boarding houses of Philadelphia's skid row area in 1960, Blumberg et al. found only 64 persons sleeping in the streets.

As described by Bogue (1963), the median age of Chicago's homeless in the late 1950s was about 50 years old, and more than 90% were White. One fourth were Social Security pensioners, making their monthly \$30-\$50 minimum social security payments last through the month by renting the cheapest accommodations possible. Another fourth were chronic alcoholics. The remaining one half was composed of persons suffering from physical disability (20%), chronic mental illness (20%), and what Bogue called *social maladjustment* (10%).

Aside from those who lived on their pension checks, most skid row inhabitants earned their living through menial, low-paid employment, much of which was of an intermittent variety. The mission dormitories and municipal shelters provided food and beds for those who were out of work or who could not work.

All of the social scientists who studied the skid rows in the postwar period remarked on the social isolation of the homeless (Bahr, 1970). Bogue (1963) found that virtually all homeless men were unmarried, and a majority

Editor's Note. This article is an early version of Chapter 2 of Peter H. Rossi's book *Down and Out in America: The Origins of Homelessness*, published by the University of Chicago Press and copyrighted by Dr. Rossi in 1989.

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had never married. Although many had family, kinship ties were of the most tenuous quality, with few of the homeless maintaining ongoing contacts with their kin. Most had no one they considered to be good friends.

Much the same portrait emerged from other skid row studies throughout the country. All of the studies painted a similar picture in the same three pigments: (a) extreme poverty arising from unemployment or sporadic employment, chronically low earnings, and low benefit levels (such as were characteristic of Social Security pensions at the time); (b) disability arising from advanced age, alcoholism, and physical or mental illness; and (c) social disaffiliation, tenuous or absent ties to family and kin, with few or no friends.

Most of the social scientists studying skid rows expressed the opinion that they were declining in size and would soon disappear. Bahr and Caplow (1974) claimed that the population of the Bowery had dropped from 14,000 in 1949 to 8,000 in 1964, a trend that would end with the disappearance of skid row by the middle 1970s. Bogue (1963) cited high vacancy rates in the cubicle hotels as evidence that Chicago's skid row was also on the decline. In addition, Bogue claimed that the economic function of skid row was fast disappearing. With the mechanization of many low-skilled tasks, the casual labor market was shrinking, and with no economic function to perform, the skid row social system would also disappear.

Evidence through the early 1970s indeed suggested that the forecasted decline was correct; skid row was on the way out. Lee (1980) studied skid row areas of 41 cities and found that the skid row populations had declined by 50% between 1950 and 1970. Furthermore, in cities in which the market for unskilled labor had declined most precipitously, the loss of the skid row population was correspondingly larger.

By the end of the 1970s, striking changes had taken place in city after city. The flophouse and cubicle hotels had, for the most part, been demolished, and were replaced eventually by office buildings, luxury condominiums, and apartments. The stock of cheap SRO hotels, in which the more prosperous of the old homeless had lived, had also been seriously diminished (U.S. Senate, 1978). Skid row did not disappear altogether; in most cities, the missions still remained and smaller skid rows sprouted up in several places throughout the cities, where the remaining SRO hotels and rooming houses still stood.

The New Homelessness of the 1980s

The "old" homeless of the 1950s, 1960s, and 1970s—so ably described by many social scientists—may have blighted some sections of the central cities but, from the perspective of most urbanites, they had the virtue of being concentrated in skid row, a neighborhood one could avoid and hence ignore. Most of the old homeless on skid row had some shelter, although it was inadequate by any standards; very few were literally sleeping on the streets. Indeed, in those early years, if any had tried to bed down on the steam vents or in doorways and vestibules of any

downtown business area, the police would have quickly trundled them off to jail.

The demise or displacement of skid row, however, and the many other trends and developments of the 1960s and 1970s, did *not* put an end to homelessness in American cities. Quite to the contrary: By the end of the 1970s, and certainly by the early 1980s, a new type of homelessness had begun to appear.

The "new" homeless could be seen sleeping in doorways, in cardboard boxes, in abandoned cars, or resting in railroad or bus stations or in other public places, indications of a resurgent homelessness of which hardly anyone could remain oblivious. The immediate evidence of the senses was that there were persons in our society who had no shelter and who therefore lived, literally, in the streets. This change reflected partially corresponding changes in local police practices following the decriminalization of public inebriation and other court-ordered changes in the treatment of "loitering" and vagrancy. The police no longer herded the homeless into their ghettos.

Even more striking was the appearance of homeless women in significant numbers. The skid rows of the 1950s and 1960s were male enclaves; very few women appeared in any of the pertinent studies. And thus, homelessness had come to be defined (or perhaps, stereotyped) as largely a male problem. Indifference to the plight of derelicts and bums is one thing; indifference to the existence and problems of homeless women is quite another.

Soon, entire families began showing up among the homeless, and public attention grew even stronger and sharper. Women and their children began to arrive at the doors of public welfare departments asking for aid in finding shelter, arousing immediate sympathy. Stories began to appear in the newspapers about families migrating from the Rustbelt cities to cities in the Sunbelt in old cars loaded with their meager belongings, seeking employment, starkly and distressingly reminiscent of the Okies of the 1930s.

There is useful contrast between Bogue's, 1958, Chicago study (Bogue, 1963) and the situation in Chicago today. Data on the contemporary Chicago homeless was obtained in a study conducted by my colleagues and myself in 1985 and 1986 (Rossi, 1989; Rossi, Fisher, & Willis, 1986; Rossi & Wright, 1987). In 1958, there were four or five mission shelters in the city, providing 975 beds. In our studies in 1985 and 1986, there were 45 shelters providing a total of 2,000 beds, primarily for adult homeless persons.

New types of sheltering arrangements have come into being to accommodate the rising number of homeless families. Some shelters now specialize in providing quasi-private quarters for family groups, usually in one or two rooms per family, with shared bathrooms and cooking facilities. In many cities, welfare departments have provided temporary housing for family groups by renting rooms in hotels and motels.

In some cities, the use of hotel and motel rooms rented by public welfare agencies to shelter homeless

families is very widespread. For example, in 1986, New York City's welfare department put up an average of 3,500 families in so-called *welfare hotels* each month (Bach & Steinhagen, 1987; Struening, 1987).

Funds for the new homeless are now being allocated out of local, state, and federal coffers on a scale that would have been inconceivable two decades ago. Private charity has also been generous, with most of the emergency shelters and food outlets for the homeless being organized and run by private groups. Foundations have given generous grants. For example, the Robert Wood Johnson Foundation, in association with the Pew Charitable Trust, supports health care clinics for the homeless in 19 large cities, a \$25 million venture. The states have provided funds through existing programs and special appropriations. And in spring 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77), appropriating \$442 million for the homeless in fiscal 1987 and \$616 million in 1988, to be channeled through a group of agencies.

There can be little doubt that homelessness has increased over the past decade and that the composition of the homeless has changed dramatically. There are ample signs of that increase. For example, in New York City, shelter capacity has increased from 3,000 to 6,000 over the last five years, and the number of families in the welfare hotels has increased from a few hundred to more than 3,000 in any given month (Bach & Steinhagen, 1987; Struening, 1987). Studies reviewed by the U.S. General Accounting Office ([GAO]; 1985, 1988) suggest an annual growth rate of the homeless population somewhere between 10% and 38%.

The GAO figures and other estimates, to be sure, are not much more than reasoned guesses. No one knows for sure how many homeless people there are in the United States today or even how many there are in any specific city, let alone the rate of growth in those numbers over the past decade.

The many difficulties notwithstanding, several estimates have been made of the size of the nation's homeless population. The National Coalition for the Homeless, an advocacy group, puts the figure somewhere between 1.5 and 3 million (GAO, 1988). A much maligned report by the U.S. Department of Housing and Urban Development (1984), partially based on cumulating the estimates of presumably knowledgeable local experts, and partially on a survey of emergency shelters, put the national figure at somewhere between 250,000 and 300,000. A more recent national estimate by The Urban Institute (Burt & Cohen, 1988), based on direct counts in shelters and food kitchens leads to a current estimate of about 500,000 homeless persons.

No available study suggests a national total number of homeless on any given night of less than several hundred thousand, and perhaps it is enough to know that the nation's homeless are at least numerous enough to populate a medium-sized city. Although the "numbers" issue has been quite contentious, in a very real sense, it does not matter much which estimate is closest to the

truth. By any standard, all estimates point to a national disgrace.

Who Are the New Homeless?

Since 1983, 40 empirical studies of the homeless have been undertaken that were conducted by competent social researchers; the results provide a detailed and remarkably consistent portrait of today's homeless population. As in the 1950s and 1960s, the driving purpose behind the funding and conduct of these studies is to provide the information necessary to design policies and programs that show promise to alleviate the pitiful condition of the homeless. The cities covered in these studies range across all regions of the country and include all the major metropolitan areas as well as more than a score of smaller cities.

The cumulative knowledge about the new homeless provided through these studies is quite impressive, and the principal findings are largely undisputed. Despite wide differences in definitions of homelessness, research methods and approaches, cities studied, professional and ideological interests of the investigators, and technical sophistication, the findings from all studies tend to converge on a common portrait. It would not be fair to say that all of the important questions have been answered, but a reasonably clear understanding is now emerging of who the new homeless are, how they contrast with the general population, and how they differ from the old homeless of the 1950s.

Some of the important differences between the new homeless and the old have already been mentioned. Few of the old homeless slept in the streets. In stark contrast, the Chicago Homeless Study (Rossi, 1989; Rossi, Fisher, & Willis, 1986; Rossi & Wright, 1987) found close to 1,400 homeless persons out on the streets in the fall of 1985 and more than 500 in that condition in the dead of winter (early 1986). Comparably large numbers of street homeless, proportionate to community size, have been found over the last five years in studies of Los Angeles (Farr, Koegel, & Burnam, 1986); New York (New York State Department of Social Services, 1984); Nashville, Tennessee (Wiegand, 1985); Austin, Texas (Baumann, Grigsby, Beauvais, & Schultz, not dated); Phoenix, Arizona (Brown, McFarlane, Parades, & Stark, 1983); Detroit, Michigan (Mowbray, Solarz, Johnson, Phillips-Smith, & Combs, 1986); Baltimore (Maryland Department of Human Resources, 1986); and Washington, DC (Robinson, 1985), among others.

One major difference between the old homeless and the new is thus that nearly all of the old homeless managed, somehow, to find nightly shelter indoors, whereas large fractions of the new homeless sleep in the streets or in public places, such as building lobbies and bus stations. In regard to shelter, the new homeless are clearly worse off. *Homelessness today is a more severe condition of housing deprivation than in decades past.* Furthermore, the new homeless, whether sheltered or living on the streets, are no longer concentrated in a single skid row

area. They are, rather, scattered more widely throughout downtown areas.

A second major difference is the presence of sizable numbers of women among the new homeless. In the 1950s and 1960s women constituted less than 3% of the homeless. In contrast, we found that women constituted 25% of the 1985-1986 Chicago homeless (Rossi et al., 1986), a proportion similar to that reported in virtually all recent studies (Hope & Young, 1986; Lam, 1987; Sullivan & Damrosch, 1987). Thus, all 1980s-era studies found that women compose a much larger proportion of the homeless than did studies of the old homeless undertaken before 1970.

A third contrast between the old homeless and the new is in age composition. There are very few elderly persons among today's homeless and virtually no Social Security pensioners. In the Chicago Homeless Study (Rossi et al., 1986), the median age was 37, sharply contrasting the median age of 50 found in Bogue's (1963) earlier study of that city. Indeed, today's homeless are surprisingly young; virtually all recent studies of the homeless report median ages in the low to middle 30s. Trend data over a 15-year period (1969-1984) from the Men's Shelter in New York's Bowery suggest that the median age of the homeless has dropped by about one half-year per year for the last decade (Rossi & Wright, 1987; Wright & Weber, 1987).

A fourth contrast is provided by employment patterns and income levels. In Bogue's (1963) 1958 study, excepting the aged pensioners, over one half of the homeless were employed in any given week, either full time (28%) or on an intermittent, part-time basis (25%), and almost all were employed at least for some period during a year. In contrast, among today's Chicago homeless, only 3% reported having a steady job and only 39% worked for some period during the previous month. Correspondingly, the new homeless have less income. Bogue estimated that the median annual income of the 1958 homeless was \$1,058. Our Chicago finding (Rossi et al., 1986) was a median annual income of \$1,198. Correcting for the intervening inflation, the current average annual income of the Chicago homeless (Rossi et al., 1986) is equivalent to only \$383 in 1958 dollars, less than one third of the actual 1958 median. Thus, *the new homeless suffer a much more profound degree of economic destitution*, often surviving on 40% or less of a poverty-level income.

A final contrast is presented by the ethnic composition of the new and old homeless. The old homeless were predominantly White—70% on the Bowery (Bahr & Caplow, 1974) and 82% on Chicago's skid row (Rossi et al., 1986). Among the new homeless, racial and ethnic minorities are heavily overrepresented. In the Chicago study, 54% were Black, and in the New York men's shelter, more than 75% were Black, a proportion that has been increasing since the early 1980s (Wright & Weber, 1987). In most cities, other ethnic minorities, principally Hispanics and American Indians, are also found disproportionately among the homeless, although the precise ethnic mix is apparently determined by the ethnic composition

of the local poverty population. In short, minorities are consistently over-represented among the new homeless, compared with times past.

There are also some obvious continuities from the old homeless to the new. First, both groups share the condition of extreme poverty. Although the new homeless are poorer (in constant dollars), neither they nor the old homeless have (or had) incomes that would support a reasonable standard of living, whatever one takes *reasonable* to mean. The median income of today's Chicago homeless works out to less than \$100 a month, or about \$3 a day, with a large proportion (18%) with essential zero income (Rossi et al., 1986). Comparably low incomes have been reported in other studies.

At these income levels, even trivial expenditures loom as major expenses. For example, a single round trip on Chicago's bus system costs \$1.80, or more than one half a day's median income. A night's lodging at even the cheapest flophouse hotel costs more than \$5, which exceeds the average daily income (Hoch, 1985). And, of course, the median simply marks the income received by persons right at the midpoint of the income distribution; by definition, one half of the homeless live on less than the median and, in fact, nearly one fifth (18%) reported *no income at all*.

Given these income levels, it is certainly no mystery why the homeless are without shelter. Their incomes simply do not allow them to compete effectively in the housing market, even on the lowest end. Indeed, the only way most homeless people can survive at all is to use the shelters for a free place to sleep, the food kitchens and soup lines for free meals, the free community health clinics and emergency rooms for medical care, and the clothing distribution depots for something to put on their backs. That the homeless survive at all is a tribute to the many charitable organizations that provide these and other essential commodities and services.

The new homeless and the old also apparently share similar levels of disability. The one unmistakable change from the 1950s to the 1980s is the declining proportion of elderly, and thus a decline in the disabilities associated with advanced age. But today's homeless appear to suffer from much the same levels of mental illness, alcoholism, and physical disability as the old homeless did.

More has been written about the homeless mentally ill than about any other aspect of the problem. Estimates of the rate of mental illness among the homeless vary widely, from about 10% to more than 85%, but most studies report a figure on the order of 33½% (Bassuk, 1984; Snow, Baker, & Anderson, 1986). This is somewhat larger than the estimates, clustering between 15% and 25%, appearing in the literature of the 1950s and 1960s.

Physical disabilities also are widespread among the new homeless and the old. Some of the best current evidence on this score comes from the medical records of clients seen in the Johnson Foundation Health Care for the Homeless (HCH) clinics. Chronic physical disorders, such as hypertension, diabetes, heart and circulatory disease, peripheral vascular disease, and the like, are ob-

served in 40% (compared with a rate of only 25% among urban ambulatory patients in general).

In all, poor physical health plays some direct role in the homelessness of 21% of the HCH clients, and is a major (or single most important) factor in the homelessness of about 13%. Thus, approximately one homeless adult in eight is homeless at least in major part as a result of chronically poor physical health. (Wright & Weber, 1987, p. 113; see also Brickner, Scharar, Conanan, Elvy, & Savarese, 1985; Robertson & Cousineau, 1986)

Analysis of the deaths occurring among these clients showed that the average age at death (or in other words, the average life expectancy) of the homeless is only a bit more than 50 years.

All studies of the old homeless stress the widespread prevalence of chronic alcoholism, and here too, the new homeless are little different. Bogue (1963) found that 30% of his sample were heavy drinkers, defined as persons spending 25% or more of their income on alcohol and drinking the equivalent of six or more pints of whiskey a week.

A final point of comparability is that both the old homeless and the new are socially isolated. The new homeless report few friends and intimates, and depressed levels of contact with relatives and family. There are also signs of friction between the homeless and their relatives. Similar patterns of isolation were found among the old homeless.

Summary and Conclusions

The major changes in homelessness since the 1950s and 1960s involve an increase in the numbers of homeless persons, striking changes in the composition of the homeless, and a marked deterioration in their condition. The old homeless were older men living on incomes either from intermittent casual employment or from inadequate retirement pensions. However inadequate their incomes may have been, the old homeless had three times the income (in constant dollars) of the current homeless. The new homeless include an increasing proportion of women, often accompanied by their children, persons who are, on average, several decades younger. The old homeless were housed inadequately, but high proportions of the new homeless are shelterless.

Like the old homeless, the new have high levels of disabilities, including chronic mental illness (33%), acute alcoholism (33%), serious criminal records (20%), and serious physical disabilities (25%). Seventy-five percent have one or more of the disabilities mentioned.

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**National Alliance to End Homelessness, State of Homelessness: 2025
Edition (9/4/2025)**
By Daniel Soucy, Andrew Hall, Joy Moses

Low Incomes, a Lack of Affordable Housing, and Weak Safety Nets Drive Record High Homelessness

When people cannot afford to pay rent, homelessness increases. America's housing affordability crisis is caused by deeply rooted challenges:

- not enough deeply affordable housing development and preservation;
- inadequate rental assistance programs, persistently low incomes, and weak safety nets like social security that help people pay for housing;
- the end of federal COVID-19 relief funds, which temporarily expanded assistance programs and household incomes; and
- discriminatory policies and practices that make it even harder for certain groups to find housing.

The lack of deeply affordable housing is the primary cause of homelessness. For many, rising costs create an impossible choice between paying for housing and other necessities like healthcare, groceries, or clothing.

Only 35 affordable and available rental homes exist for every 100 extremely low-income renter households. Year after year, this number stays the same or shifts incrementally as the development and preservation of affordable housing does not keep up with demand. Meanwhile, elected officials have failed to fix the problem, especially by allocating **too few resources** to programs that help people pay for increasingly expensive rents.

Failing Systems Push Affordable Housing Further Out of Reach

In this context, people across the country, from every demographic group and geography, are unable to find housing. But discriminatory policies, stigma, and a lack of coordinated support services make it **even harder** for specific groups. People of color; gender-expansive people; and people who are in the immigration system, the child welfare system, the criminal-legal system, and the healthcare system face different but significant barriers to finding stable housing. For example, people who have a criminal record often experience discrimination when applying for a lease or a job. In a scarce affordable housing markets with minimal social safety nets, any policies and practices that create additional obstacles can push people into homelessness.

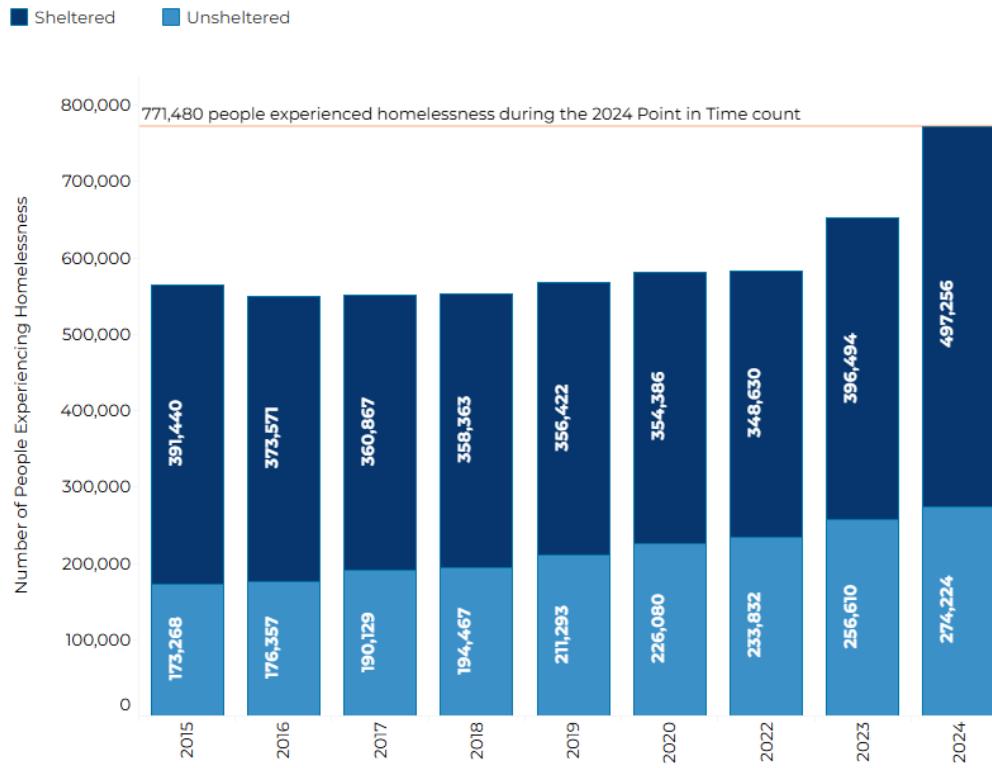
In 2023 and 2024, the already-stretched homeless response system was also responding to a new development. Large numbers of new arrivals, including many children, entered the United States, seeking economic opportunity and

often fleeing persecution and unsafe conditions in their home countries. Underfunded housing and resettlement programs — together with policies that prevent asylum seekers from being able to work for nearly a year — forced many to turn to local homeless service providers for assistance. As a result, homeless services systems became a part of a **political storm** that too often pits vulnerable groups against one another. However, experts on homelessness have long known that America has the resources and know-how to end homelessness for all people, including recent arrivals.

These barriers to housing are reflected in the data. According to the 2024 PIT Count, the following was true about homelessness in America:

- More people in the United States were experiencing homelessness compared with **any year** since 2007 (when data collection began) — a total of 771,480 people.
- Overall homelessness increased by **18 percent** since the previous year (2023).
- More people (**118,376**) did not have a home in 2024 than in 2023.
- The overwhelming majority (**82 percent**) of Continuums of Care (CoCs) experienced increases in homelessness.
- First-time homelessness has also been on the rise (increasing **23 percent** since 2019)¹. Federal and state resources for people experiencing homelessness are not keeping up with demand in most communities.
- Rising housing costs and low incomes are causing more people to experience homelessness *for the first time*². While the PIT Count captures data from a point in time, the most recent data collected over *the course of a year* — in 2022 — indicated that approximately **682,612 people** experiencing homelessness and seeking shelter did so for the first time. Without solutions to address the housing affordability crisis, it is likely that more people will continue to experience housing insecurity and flow into homelessness systems.

HOMELESSNESS IS ON THE RISE



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

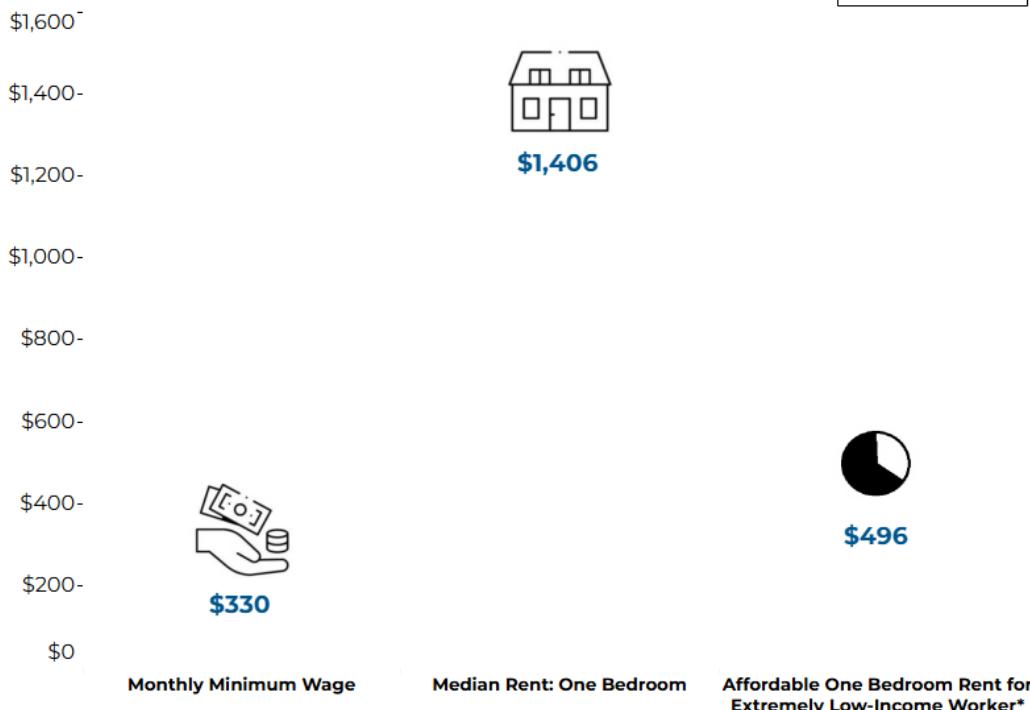
Note: 2021 is not included due to interruptions in data collection caused by the COVID-19 pandemic.

MEDIAN RENTS ARE INCREASINGLY UNAFFORDABLE

Select a state to compare its median rent with the rent that's affordable for people who earn minimum wage or are extremely low income.

Select State

United States ▾



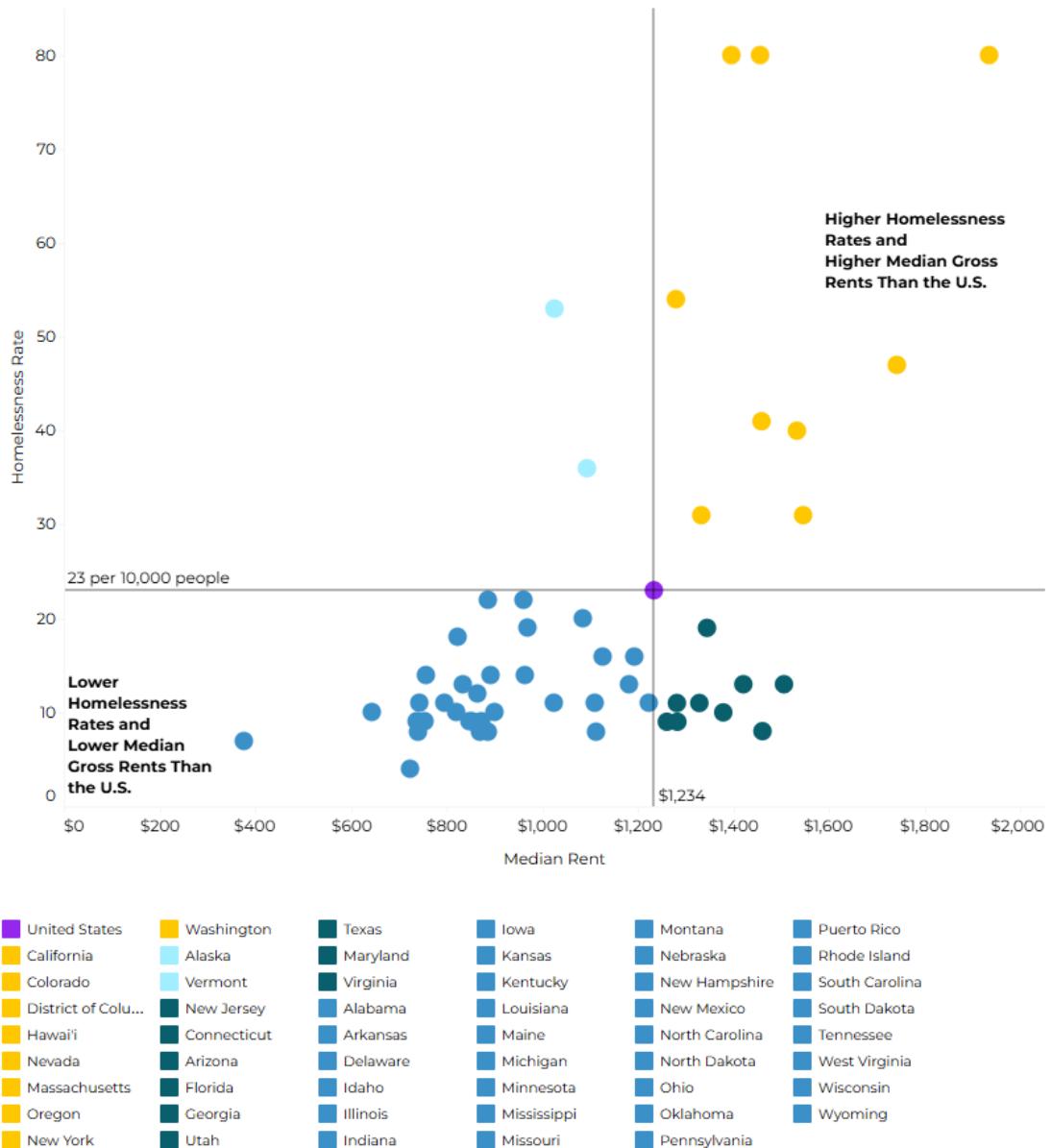
Source: U.S. Census Bureau. "Selected Housing Characteristics." American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP04, 2023; Department of Housing and Urban Development "State Income Limits Report" 2023 and National Conference of State Legislatures, "State Minimum Wage Legislation" 2024.

Note: An extremely low-income worker is defined as making 30 percent or less of the state's median income.

*The federal government considers households that pay more than 30% of their income on rent to be housing cost-burdened.

STATES WITH HIGH RENTS TEND TO HAVE HIGHER HOMELESSNESS RATES*

Hover over a dot for more information or select a state name to highlight it.

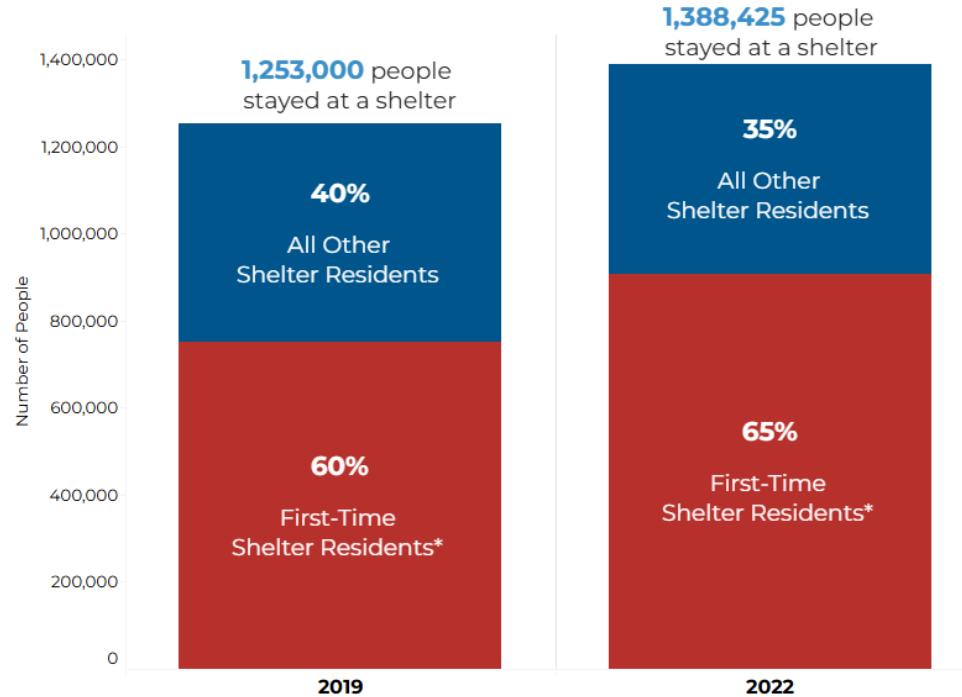


Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>; U.S. Census Bureau, Population and Housing Unit Estimates (Accessed February 2025), <https://www.census.gov/programs-surveys/popest/data/tables.html>; and 2023 1-Year American Community Survey (ACS), DP04: Selected Housing Characteristics (Accessed February 2025), <https://data.census.gov/advanced>.

Note: *To determine homelessness rates, NAEH calculates the number of people experiencing homelessness per 10,000 total residents.

FIRST TIME SHELTERED HOMELESSNESS OVER THE COURSE OF THE YEAR IS INCREASING

Existing resources can't meet new demand.



Source: U.S. Department of Housing and Urban Development "2022 Annual Homeless Assessment Report Part 2: Annual Estimates of Homelessness in the U.S." (Accessed December 2024) <https://www.huduser.gov/portal/datasets/ahar/2022-ahar-part-2-pit-estimates-of-homelessness-in-the-us.html>.

Note: *People experiencing homelessness for the first time have either never been homeless or have not experienced homelessness for 2 or more years. Unlike the Point in Time count, this only includes people who are entering shelter, not people who are living unsheltered.

Millions of People Are on the Brink of Homelessness

- If a household cannot find housing or afford to pay for it, they would be described as housing insecure and at risk of experiencing homelessness. Rising housing insecurity is reflected in the number of households spending 50 percent or more of their income on housing costs (referred to as *severely housing cost-burdened* households) and the number of people who live in overcrowded homes with friends, family, or acquaintances due to financial reasons (referred to as *doubled up* individuals). These indicators point to an underlying problem: people face systemic barriers to finding a stable home.

Severe housing cost burden is common.

- Two out of three extremely low-income renter households live in poverty and are *severely housing cost-burdened* (**over 7.2 million households**).

- Severe housing cost burden is increasing.
- From 2022 to 2023, the number of severely housing cost-burdened households increased in more than **half of states**.

ACROSS THE U.S., MILLIONS OF PEOPLE ARE AT RISK OF HOMELESSNESS

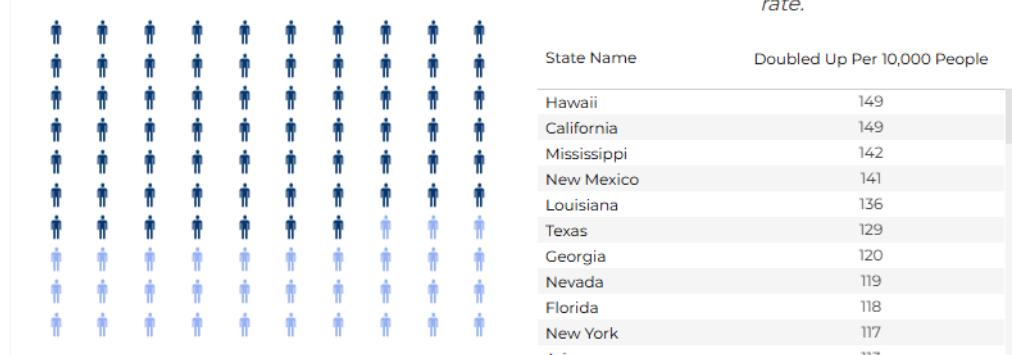
More than **7.2 million households** are severely housing cost burdened in the U.S.

Nearly **3.2 million people** live doubled up across the U.S.



66% of extremely low income households are severely housing cost burdened.

94 out of every 10,000 people across the U.S. live doubled up. Some states have a higher rate.



Source: U.S. Census Bureau, 1-Year 2023 American Community Survey; National Low Income Housing Coalition's 2024 *The Gap* report (<https://nlihc.org/gap>). (Accessed April 2025); <https://www.census.gov/programs-surveys/acs/microdata/access.html>; U.S. Census Bureau, 2023 Poverty Thresholds <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>; Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025. <https://doi.org/10.18128/D010.V16.0>. Molly K. Richard, Julie Dworkin, Katherine Grace Rule, Suniya Farooqui, Zachary Glendening & Sam Carlson (2022) Quantifying Doubled-Up Homelessness: Presenting a New Measure Using U.S. Census Microdata, *Housing Policy Debate*, DOI: 10.1080/10511482.2021.1981976.

Cost burdens do not impact all groups equally.

Black and Native American communities consistently face the most significant challenges.

Current and historic discrimination in federal housing programs, employment, education, and the economy have made it more difficult for all groups of color to rent or own housing. Large increases in rental costs impact these groups more.

Many people live doubled up out of financial necessity.

In addition to those who are cost-burdened, nearly **3.2 million people** live doubled up. This is another indicator that a person may be at risk of *literal homelessness* (i.e., living in shelters or in unsheltered locations).

[Nearly half](#) of survey participants in the recent California Statewide Study of People Experiencing Homelessness reported living in doubled up situations before experiencing homelessness. Some contributed to the rent, while others did not; but all doubled up arrangements were temporary and lacked the legal protections that being a leaseholder could provide.

The number of people living doubled up is increasing in some places.

In 21 states (including Texas, Florida, Illinois, Hawaii, and the District of Columbia), the number of people living doubled up increased from 2022 to 2023. It is not always ideal to move in with friends or family: multiple people may be crammed into small spaces, live with an abusive host, or be put at risk of eviction if additional residents violate a host's lease. While some households may prefer to live together, the Alliance's [methodology](#) to calculate doubled up homelessness only counts those people who are likely doubling up due to financial necessity.

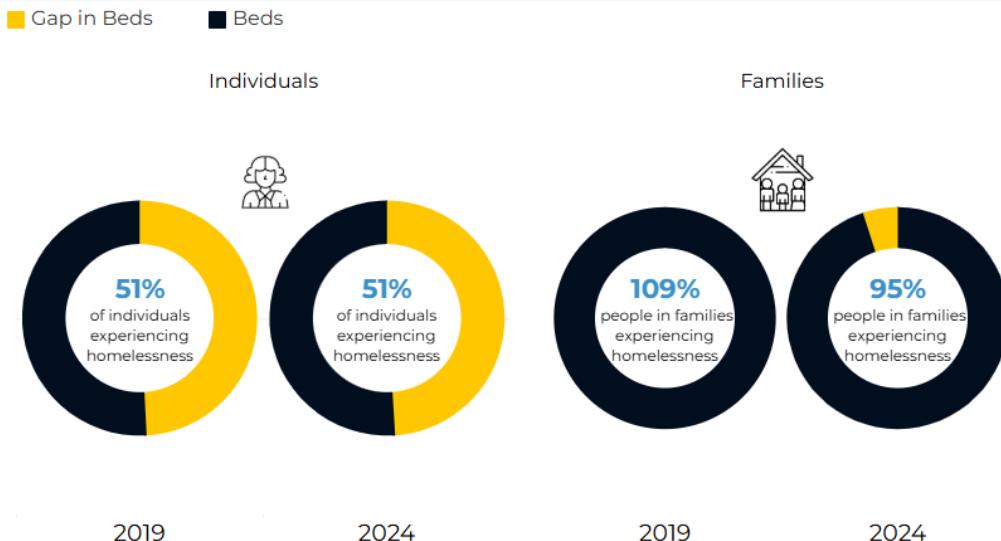
How do Systems and Communities Respond to Homelessness?

Nationally, systems and communities are responding to increases in homelessness by expanding their numbers of shelter beds, permanent housing units, and services. However, it is not nearly enough to keep up with demand. *In 2024, no state had enough permanent housing for everyone experiencing homelessness.*

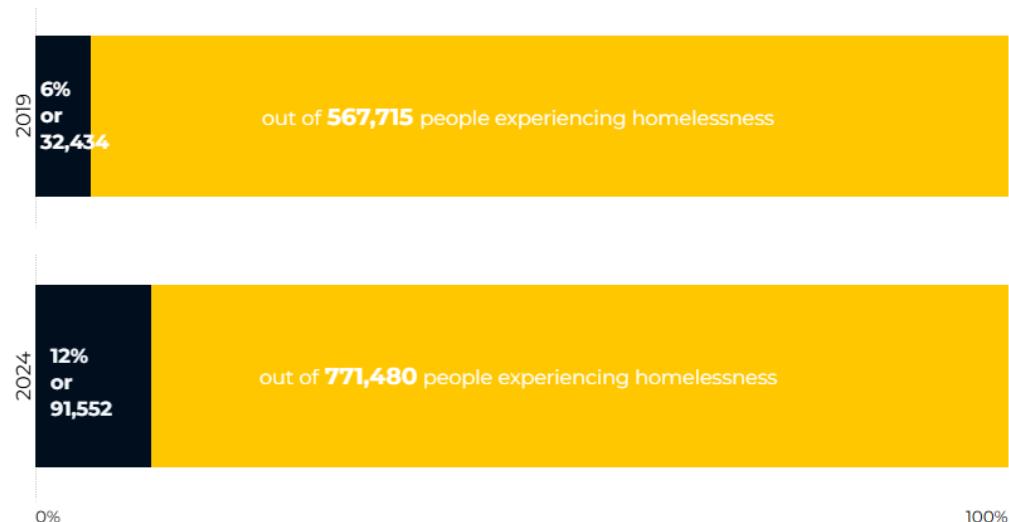
THE RESPONSE SYSTEM IS NOT FUNDED TO END HOMELESSNESS

There are enough permanent units to house less than 12 percent of people experiencing homelessness.

Temporary shelter available at a point in time from January 2019 to 2024



Permanent units available at a point in time from January 2019 to 2024



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates and Housing Inventory Count (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

Note: Even when they are available, beds and units are not always accessible. For example, a bed may be in a region that is far away from a person in need. An available unit may not allow pets. Without adequate shelter and housing options, it is more likely that someone will face challenges finding a shelter that meets their needs. Because occupied permanent housing units tend to remain occupied for extended periods of time, the Alliance compares the number of available, permanent units with the number of people experiencing homelessness during the PIT and HIC counts. Therefore, this number only accounts for the units that are available and in theory, could be filled if a person qualifies and lives near them. These figures were calculated assuming that every shelter bed was accessible during the night of the Point-in-Time Count in January 2024.

Rather than addressing those needs, some elected officials are fining, jailing, and punishing people experiencing homelessness. This wastes taxpayer dollars, and it makes it harder for providers to help people exit homelessness.

The U.S. Department of Housing & Urban Development (HUD) data for 2024 indicate:

Increases in shelter have not kept pace with demand.

The homelessness response system added **60,143 shelter beds** in 2024, but with over 600,000 people entering homelessness for the first time each year, this is deeply inadequate.

In **61 percent** of states and territories, growth in demand outpaced growth in available beds, meaning that they had *less* capacity to shelter people in 2024 than in 2023.

Increases in permanent housing have not kept pace with demand.

In 2024, the homelessness response system added **17,877 permanent housing units**. Nearly **1.5 million people** stayed in shelter over the course of the year; increases at this continued scale will never end homelessness.

For **46 percent** of states and territories, growth in demand outpaced increases in available housing placements: they had less permanent housing capacity in 2024 than in 2023.

Shelter and housing are not accessible.

Not only are there too few permanent units and shelter beds, but the beds that do exist may be far away from people's jobs or social networks. Some may also have rules that keep people from entering shelter, like not allowing pets. New policies from the current administration could make these barriers even more insurmountable and increase

unsheltered homelessness

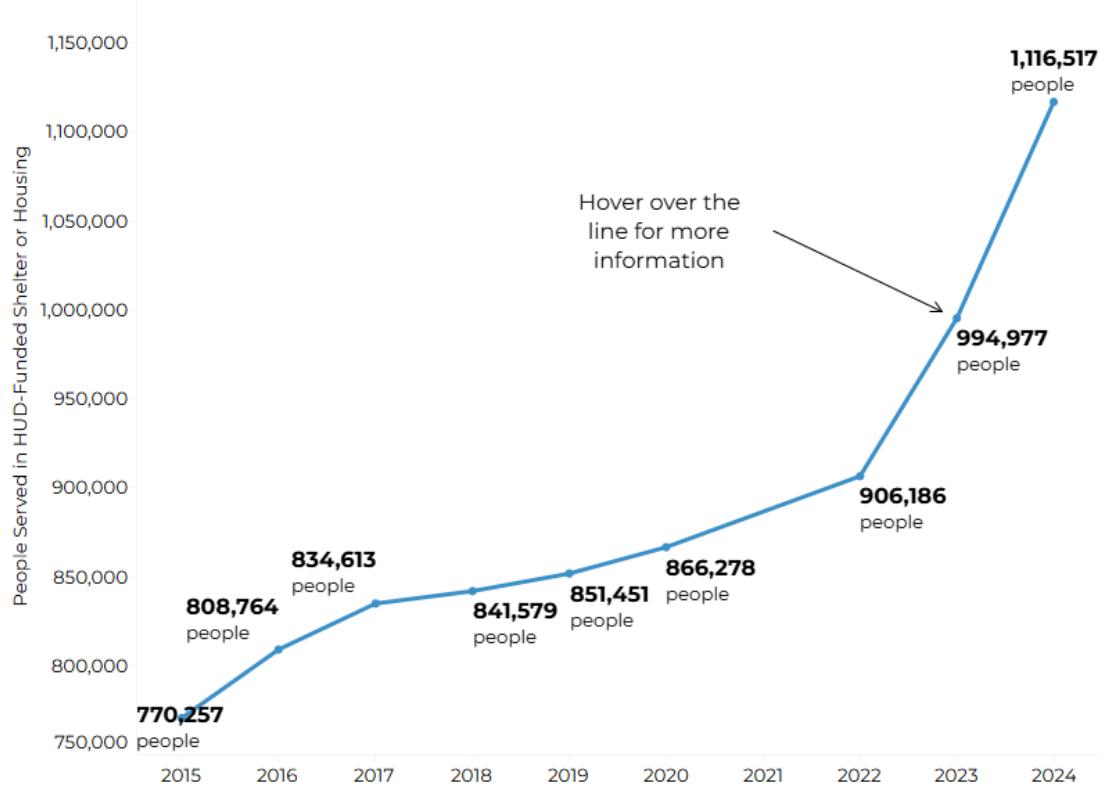
Additional resources are targeted toward families.

Most new shelter beds (**78 percent**) and permanent housing units (**53 percent**) were for families with children. The housing needs of the much larger population of individuals experiencing homelessness, many of whom have a disabling condition, were significantly unmet.

While there have been reductions in their capacity to shelter and house people, workers and leaders in the homelessness response system are serving more people than ever before. On the night of the annual PIT Count, more than **1.1 million people** relied on the response system for shelter or permanent housing.³

HOMELESS RESPONSE WORKERS HAVE BEEN SERVING INCREASING NUMBERS OF PEOPLE IN SHELTER AND HOUSING

Hover for more information.



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Housing Inventory Count Raw File (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

Note: This chart counts anyone in shelter or a permanent housing unit provided by the homeless response system on the night of Point in Time Count. Other charts reflect the number of people experiencing homelessness (not those in permanent housing) or who experienced homelessness over the course of the entire year. 2021 is not included due to interruptions in data collection caused by the COVID-19 pandemic.

While the total number of people experiencing unsheltered homelessness increased, a greater *share* of people experiencing homelessness are sheltered. This indicates that when response workers are given more resources, they use them to serve more people in need.

Still, given shortages in affordable housing, many of these workers are overcoming tremendous challenges when they try to move people from sheltered or unsheltered homelessness into permanent housing.

Current Policy Shifts May Exacerbate Challenges, Especially for Vulnerable Groups

As described above, an ongoing affordable housing crisis and other factors are causing millions of Americans to be homeless or on the brink of homelessness, and homeless services systems are under-resourced to serve everyone in need. It is within this context that the federal policy world has begun a noticeable shift. In 2025, the Executive and Legislative branches took steps to dramatically reduce the size of the federal government, including reducing investments in housing and other anti-poverty programs.

Furthermore, the President has urged other shifts in homelessness policy, including ending the federal CoC program and upending proven solutions to homelessness in favor of approaches that do not work. The dangers are apparent:

- An estimated 218,000 people (often older adults, people with disabilities, and people with health challenges) relied on the federal CoC program for housing and services through Permanent Supportive Housing (PSH) in 2024.
- More than **9 million people** who struggle to afford market-rate housing rely on federal rental assistance.
- Rural and suburban communities, including in many southern and midwestern states, disproportionately rely on federal government resources to provide housing.

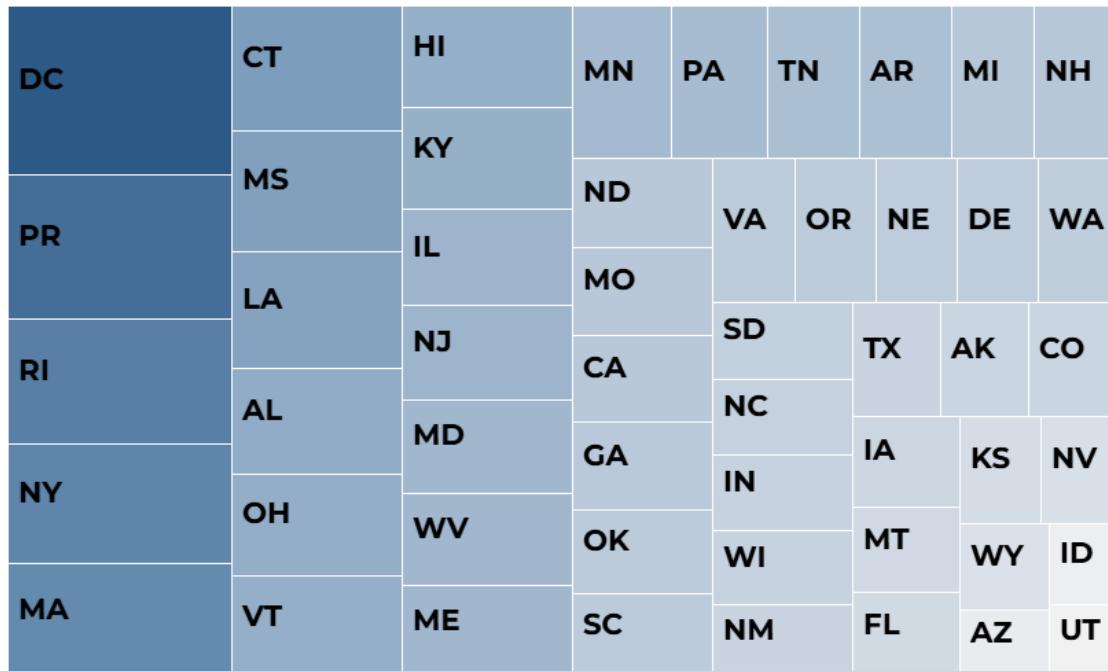
The current policy environment could cause untold numbers of housed low-income people to lose their housing. Cutting resources for proven solutions while increasing resources toward punitive approaches (like jailing people experiencing homelessness) will make it especially difficult for people who use substances and people with severe mental illness to stay housed and connect with the care they need. Not all areas of the country would be impacted equally, but states on both sides of the political aisle could be devastated. The goal of ending homelessness may become further out of reach.

MORE THAN 9 MILLION PEOPLE RELY ON RENTAL ASSISTANCE TO STAY HOUSED

Some states are home to more residents in need compared to their population size. Hover for more information.

Per 10,000

92  714



Source: Department of Housing and Urban Development's Office of Policy Development and Research (PD&R) Assisted Housing: National and Local (Accessed March 2025), <https://www.huduser.gov/portal/datasets/assthsg.html>

Who Does Homelessness Impact?

Without enough affordable housing units, income support, and emergency response resources to reach everyone in need, one medical bill, job loss, or natural disaster can cause someone to experience homelessness.

However, **certain groups are more likely to face challenges** accessing the resources they need to stay housed. Once homeless, many of these same groups also face challenges accessing emergency resources. This section describes these important demographic trends among people experiencing homelessness.

Many of the demographic trends outlined in this section were also impacted by changes in immigration. The United States is a nation of immigrants, with immigration rates fluctuating over time. At the time 2024 data were published, these numbers temporarily increased as more new residents were

fleeing violence, persecution, economic displacement, and climate disaster to seek refuge in the United States.

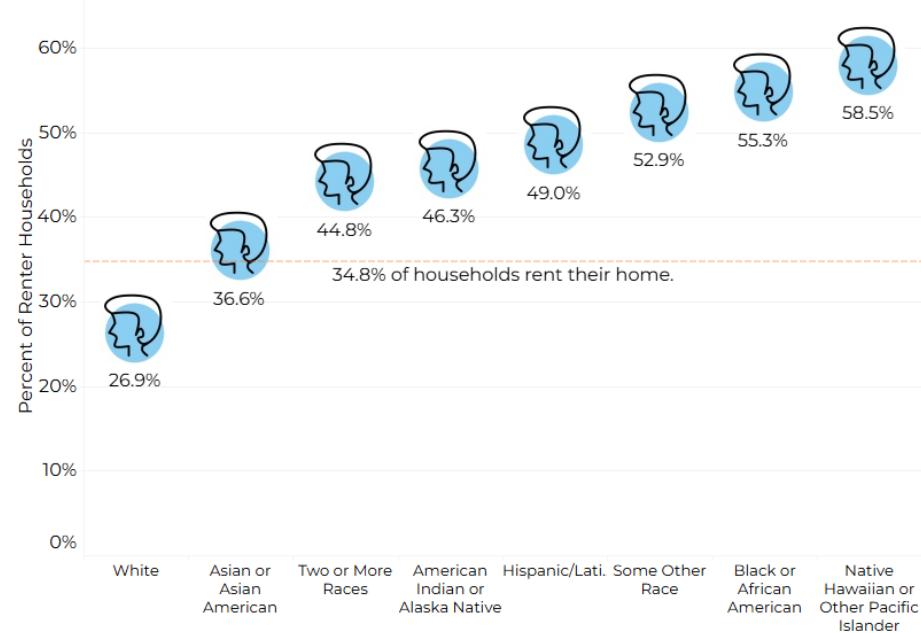
However, [research](#) indicates that the United States' approach to engaging with new arrivals is inadequate. Policies and regulations in the United States cause asylum seekers to face unique challenges accessing housing. These may include [policies that exclude them](#) from the workforce; [obstacles acquiring](#) the documentation that is necessary to access housing, nutrition or health support; and language barriers. They may also face [discrimination from landlords](#) and not fully understand their rights. In some instances, asylum seekers were also [intentionally sent](#) to communities where they did not know people, making it impossible for them to rely on family or friends for support. Without robust social networks to fall back on, [the homeless response system](#) may be their only option. To meet the growing need for affordable housing and homeless services across all communities, the response system needs more resources.

Stark racial and ethnic disparities in homelessness: people of color are overrepresented.

Homelessness disproportionately impacts people of color. It is a racial justice issue. Historical and contemporary discrimination and exclusion from [housing](#), [education](#), [employment](#), and [wealth-building](#), and [discriminatory practices](#) in the criminal-legal system make it harder for Black, Indigenous, and people of color (BIPOC) to access financial resources and safe, stable housing. Twentieth-century policies like redlining and legally sanctioned segregation systematically excluded people from buying homes that could be passed down to their children, as well as other housing opportunities. This continues to have negative impacts today. For example, as noted below, people of color are still less likely to be homeowners than White people.

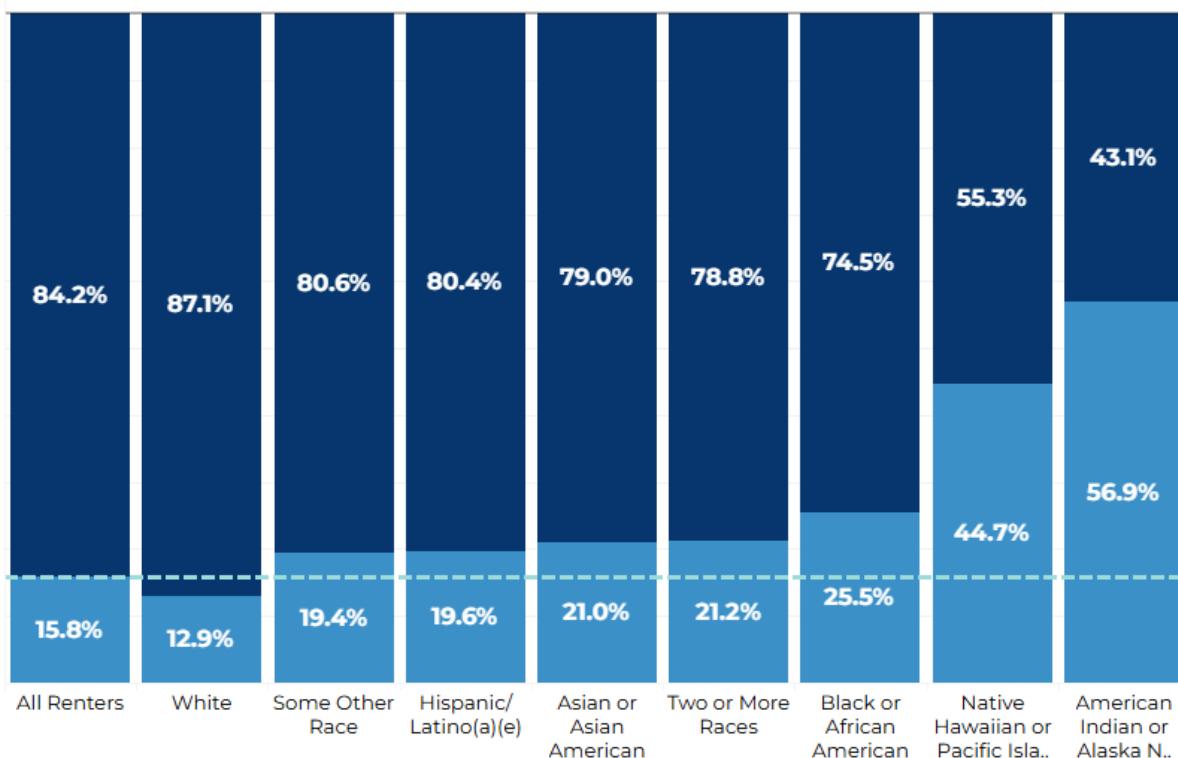
PEOPLE OF COLOR ARE AT GREATER RISK OF HOMELESSNESS

People of color are more likely to be renters.



Renters of color are more likely to be severely housing cost-burdened.

■ Not Severely Housing Cost Burdened Households ■ Severely Housing Cost Burdened Households



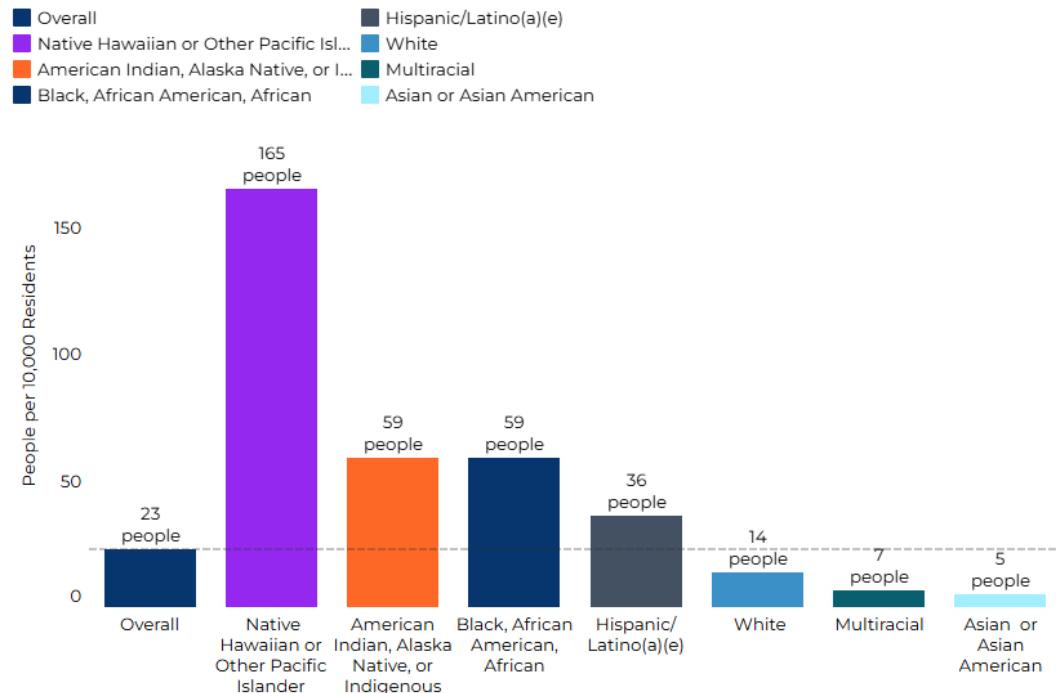
Source: U.S. Census Bureau, American Community Survey 2023 1-Year Estimates (Accessed November 2024), <https://www.census.gov/programs-surveys/acs/>; U.S. Census Bureau, 2007-2023 PUMS 1-Year, Accessed November 2024. <https://www.census.gov/programs-surveys/acs/microdata/access.html>.

Note: Severely Cost Burdened Households pay 50% or more of their incomes on housing. NAEH calculates these rates for renters living in poverty. Households that own their home can also face severe housing cost burdens, with low-income homeowners of color at disproportionate risk of being severely cost burdened: <https://www.jchs.harvard.edu/blog/more-42-million-us-households-were-cost-burdened-2022>.

BLACK, LATINO AND INDIGENOUS COMMUNITIES ARE OVERREPRESENTED WITHIN HOMELESSNESS

Centuries of discrimination and inequality hurt housing stability.

People experiencing homelessness per 10,000 residents.



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>; U.S. Census Bureau, Population and Housing Unit Estimates (Accessed February 2025), <https://www.census.gov/programs-surveys/popest/data/tables.html>.

Most subgroups experienced large increases in homelessness in the years since the COVID-19 pandemic, but because of the reasons outlined above, Hispanic/Latino, Asian American, Black and Native communities experienced the largest increases. Groups already more likely to be severely housing cost-burdened¹ were impacted by [rising rents](#) and a slower [jobs recovery rate](#). It is also likely that more Latino, Black, and Asian new arrivals are experiencing homelessness as a result of antiquated and failing immigration systems.

¹ Cost-burdened households spend 30 percent or more of income on housing; severely cost-burdened spend 50 percent or more. were impacted by rising rents and a slower jobs recovery rate. It is also likely that more Latino, Black, and Asian new arrivals are experiencing homelessness as a result of antiquated and failing immigration systems. These factors exacerbate existing inequities among these racial groups. Increasing resources for the homeless response system to better address these disparities would help build local economies and create more abundant communities for everyone.

These factors exacerbate existing inequities among these racial groups. Increasing resources for the homeless response system to better address these disparities would help build local economies and create more abundant communities for everyone.

From 2023 to 2024, families with children experienced the largest year-over-year increase in homelessness of any group.

During the decade leading up to 2023, many communities were driving large decreases in homelessness among families because policymakers and practitioners often prioritize them for resources. These reductions quickened during the COVID-19 pandemic as [investments](#) in child care, healthcare, nutrition, and income programs for families with children grew. This created more economic stability for low-income families and [lowered childhood poverty rates](#) significantly. However, the end of increased investments tied to COVID-19 relief, coupled with a demand for affordable housing that greatly exceeds existing supply, is contributing to reversals of this progress.

Individuals remain the single largest group of people experiencing homelessness.

Individuals represent the largest subgroup of people experiencing homelessness. Since 2017, as [housing costs rose](#) and people faced greater challenges paying for rent, more individuals entered into homelessness. They simply had fewer housing options. Over the last couple of decades, the disappearance of [Single Room Occupancy \(SRO\) units](#) has coincided with rapid growths in single-person households. The lack of SROs impacts housing for people in various types of transitions, including young adults leaving their homes or foster care, those exiting relationships that involved co-habiting, people exiting institutions (prisons, jails, rehabilitation programs), or recent immigrants starting their lives in America. In 2024, **66 percent (512,007)** of people experiencing homelessness were individuals. Among those living unsheltered, **93 percent** were individuals.

Recurring homelessness among disabled people, most of whom are individuals, continues to rise in response to a shortage of accessible, affordable housing units.

People who have experienced homelessness for at least a year — or four separate times in the past three years, totaling one year — while having a disabling condition (such as a physical disability, chronic illness, or a challenge with their behavioral health or substance use) are considered chronically homeless.

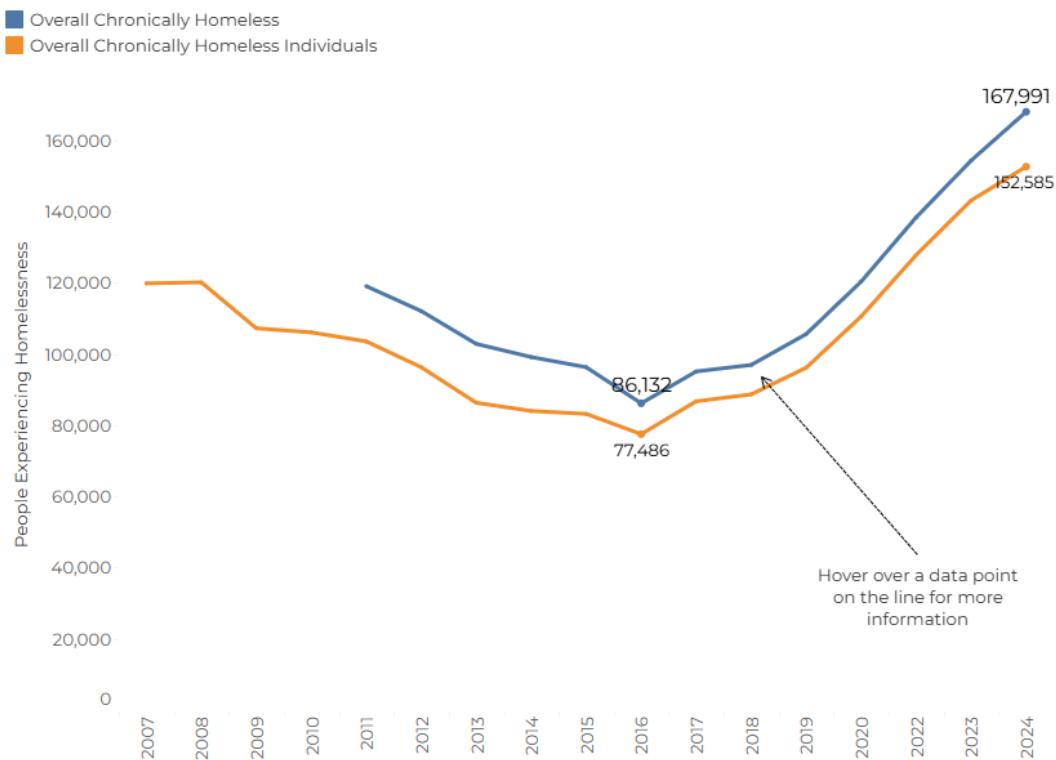
- According to the 2024 PIT Count, **61 percent** of people experiencing chronic homelessness were unsheltered.
- **A large share (37 percent)** of individuals experiencing chronic homelessness lived in a suburban or a rural area. These areas also

experienced the largest increases in chronic homelessness from 2023 to 2024 (12.7 percent and 21.6 percent respectively).

Funding for deeply subsidized housing and services has not kept up with this population's needs. Disabled people are often at a disadvantage when trying to access stable housing — they are paid subminimum wages and benefits, excluded from economic and housing opportunities, and face a high risk of eviction. Often, available housing does not meet their needs. As more people needed assistance and elected officials failed to invest enough resources to keep pace with this demand, people experiencing chronic homelessness increased rapidly.

LONG-TERM HOMELESSNESS IS RISING AMONG PEOPLE WITH DISABILITIES

Most are unsheltered individuals.



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

Note: HUD reported data about the overall population of people experiencing chronic homelessness beginning in 2011.

2021 is not included due to interruptions in data collection caused by the COVID-19 pandemic. Overall chronically homeless is the total number of individuals and people in families experiencing chronic homelessness.

As this population increased, some lawmakers endorsed ineffective approaches to chronic and unsheltered homelessness — like stigmatizing and punishing people who use substances or have mental health conditions but failed to enact real solutions. Abundant evidence demonstrates that homelessness is caused by a shortage of affordable housing and services for

people in need. Punishing people experiencing homelessness only makes it more difficult to house them and does not improve public health or public safety. In fact, these policies waste money that could be used to address deep shortages in healthcare and affordable housing, as they further traumatize individuals who are simply trying to survive.

On the other hand, the solutions to chronic homelessness are clear. Permanent housing, paired with wraparound voluntary services like healthcare, is most successful at keeping this population stably housed. Data suggest Permanent Supportive Housing (PSH) consistently keeps over 90 percent of its residents housed. It is likely that this also saves the public money. Because of how difficult it is to live outside, people experiencing chronic homelessness come into contact with costlier systems, including emergency rooms and jails, more frequently than the overall population. **These costs go down** when lawmakers invest in approaches grounded in the Housing First model, like PSH.

Despite PSH being well-supported by evidence, proposals from the current administration seek to limit funding to programs using the Housing First model. This will be worsened by the funding expiration for Emergency Housing Vouchers, an extraordinarily successful investment introduced in 2021 to more rapidly connect vulnerable populations with housing. **The United States could end chronic homelessness with a greater investment in PSH and other evidence-based strategies.**

The majority of people experiencing homelessness are men, but the number of women experiencing homelessness is growing quickly.

- According to the 2024 PIT Count, **60 percent** of people experiencing homelessness were men.
- **28 out of every 10,000** men experienced homelessness, a **15 percent** increase from 2023.
- **18 out of every 10,000** women experienced homelessness, a **19 percent** increase from 2023.

Where People Experiencing Homelessness Live and Why It Matters

People experience homelessness in every part of the United States. Large cities, small towns, wealthy communities, and under-resourced communities all have residents who are struggling and need support. Still, we could greatly accelerate progress toward ending homelessness in America by mobilizing effective interventions targeting a few geographic categories. This includes:

States with the Largest Homeless Populations

In January 2024, **64 percent** of people experiencing homelessness lived in 7 states with significantly large urban areas: California, Illinois, Texas, Massachusetts, Florida, Washington, and New York.

States with the Fastest Growing Homeless Populations

The fastest increases in the number of people experiencing homelessness from 2023 to 2024 occurred in Colorado, West Virginia, Alabama, Hawaii, Illinois, and New York.

Non-Urban Areas Struggling to Serve Everyone Living Outside

In January of 2024, **37 percent** of people experiencing homelessness in suburban areas and **45 percent** of people experiencing homelessness in (often geographically large) rural areas live unsheltered. When compared to urban areas, rural, and suburban communities tend to rely on federal resources the most.

Thus, Congress holds a significant role in bringing everyone in non-urban areas inside.

The United States Can End Homelessness — Communities Need Sustained Investments from Lawmakers

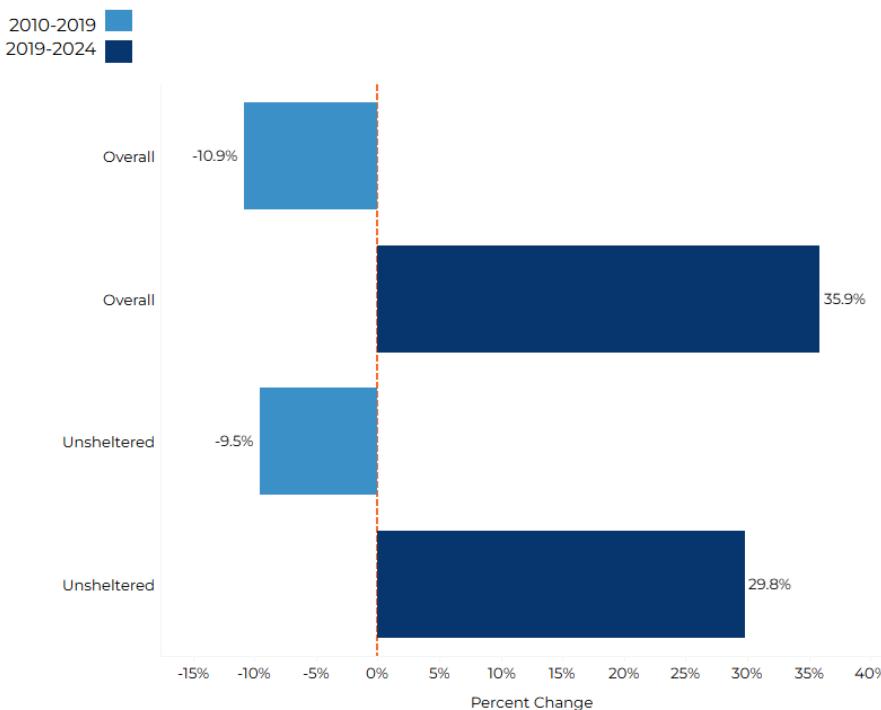
The homeless services sector provides shelter, housing and services to people experiencing homelessness with incredible success. Despite having too few resources and being consistently underpaid, they continue to serve more than a million people each year. Undoubtedly, without their work, far more people would remain homeless for much longer periods of time.

Dramatic cuts to programs will make it harder for people to access the support they need to stay housed. Efforts to fine, cite, arrest, and jail people experiencing unsheltered homelessness will waste resources and temporarily hide, rather than permanently solve, the problem. By allocating more state and federal investments to expand the crisis response system, building and preserving affordable housing, and ensuring that people have access to voluntary supportive services like healthcare, the United States can end homelessness.

How do we know that ending homelessness is possible? At least two pieces of evidence help answer that question.

First, the homelessness response system has a track record of success. It reduced overall homelessness and unsheltered homelessness from 2010 to 2019. It also ensured that homelessness did not spike *during* the pandemic, despite large increases in financial hardship. This is because Congress made large investments in Emergency Rental Assistance and income support. Although there have been large increases in the number of people experiencing homelessness in the past two years due to rising housing costs and inadequate incomes, past results suggest that investments can reduce homelessness. Investment levels have simply never been enough to completely end the need for a homelessness response.

IN PREVIOUS YEARS, THE UNITED STATES REDUCED HOMELESSNESS



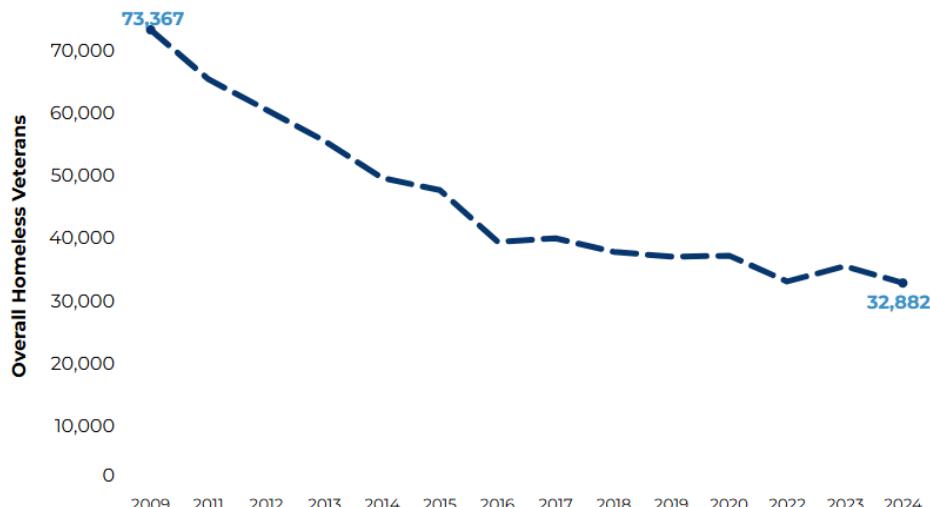
Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

A second source of evidence for the United States' ability to end homelessness is the [“Ending Veteran Homelessness Initiative.”](#) In 2009, the U.S. Department of Veterans Affairs (VA) collaborated with HUD to implement specific services for veterans experiencing homelessness.

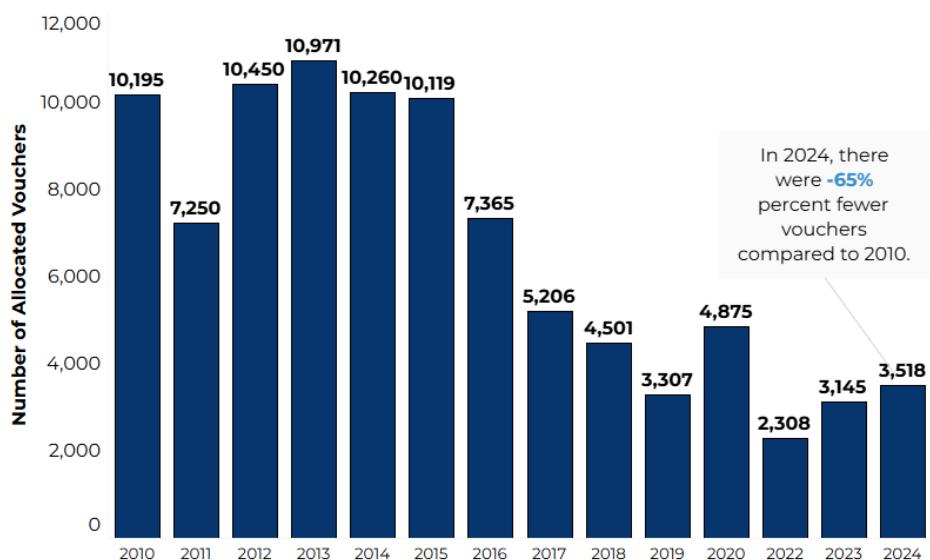
During this initiative, a [federal evaluation](#) found that veteran homelessness decreased **55 percent** (compared to the **8 percent** decrease among the overall population) from 2009 to 2022.

DECLINES IN VETERAN HOMELESSNESS PROVE THAT ENDING HOMELESSNESS IS POSSIBLE

Hover for more information.



BUT WHEN FUNDING DOES NOT KEEP PACE WITH HOUSING COSTS, PROGRESS STALLS



Source: U.S. Department of Housing and Urban Development, 2024 AHAR: Part 1 Point-in-Time Estimates (Accessed December 2024), <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>, and Office of Policy Development and Research (2024) "Assisted Housing: National and Local."

Note: In 2010, veteran homelessness reached its highest point since the start of HUD data collection. The Alliance therefore chose to begin its analysis in 2010.

From 2022 to 2023, the resources to support this approach did not keep up with increases in veteran homelessness. Lawmakers noticed and responded with a small increase in the number of housing vouchers available to veterans in 2024. Lawmakers can sustain and expand these increases to fully meet the

needs of veterans. They should also offer similar housing and services to the rest of the population experiencing homelessness. People need affordable housing and services to stay housed and contribute to their communities.

The U.S. Department of Veterans Affairs approach demonstrates that when it is sustainably funded to meet communities' needs, the homelessness response system can rehouse people experiencing homelessness and help to keep them housed. Lawmakers need to learn from this success and ensure that the response system has the resources required to serve everyone currently experiencing homelessness. Like the VA, they also need to reduce the number of people becoming homeless and make it easier for the response system to rehouse people more quickly. They can do this by expanding deeply affordable housing development, preserving the affordability of existing housing, and expanding rental assistance and other safety net programs, like income support and affordable healthcare programs.

The VA was successful because it provided deeply affordable permanent housing, accessible temporary shelter, rental assistance, and programs that provide wraparound services with the funds they require to make these life-saving resources universally available to people in need. Keeping people housed, quickly rehousing people when homelessness does occur, and targeting programs to those communities and populations who are most at risk of homelessness can help to promote more prosperous communities for everyone.

HOUSING NOT HANDCUFFS

2019

Ending the Criminalization of
Homelessness in U.S. Cities

December 2019

NATIONAL LAW CENTER
ON HOMELESSNESS & POVERTY

EXECUTIVE SUMMARY



Housing is a human right. While three-quarters of Americans agree that housing is a human right, and an increasing number of elected officials are addressing it as such, our country has not put in place the policies to ensure that right, and as a consequence, millions of Americans experience homelessness in a national crisis that gets worse each year. Many people experiencing homelessness have no choice but to live outside, yet cities routinely punish or harass unhoused people for their presence in public places. Nationwide, people without housing are ticketed, arrested, and jailed under laws that treat their life-sustaining conduct—such as sleeping or sitting down—as civil or criminal offenses. In addition, cities routinely displace homeless people from public spaces without providing any permanent housing alternatives.

This report—the only national report of its kind—provides an overview of laws in effect across the country that punish homelessness. With the assistance of the law firms Dechert LLP, Sullivan & Cromwell, and Kirkland & Ellis, the Law Center examined the city codes of 187 urban and rural cities across the country. Through online research, we identified laws that restrict or prohibit different categories of conduct performed by homeless people, including sleeping, sitting or lying down, and living in vehicles within public space. We refer to these policies and their enforcement collectively as the “criminalization of homelessness,” even though these laws are punishable as both criminal and civil offenses.

The ordinances from our research group of 187 cities are listed in our Prohibited Conduct Chart in Appendix A. While the chart catalogues the existence of these laws in different cities, actual enforcement of them may vary widely. Punishments also

vary: some laws subject homeless people to as much as six months in jail, while some result in expensive fines, fees, and/or displacement from public space. Threats of enforcement are also used to harass homeless people and to displace them from location to location. It is important to note that these 187 cities are only a sampling; criminalization ordinances exist in many more municipalities than just the ones covered here.

In addition to our survey of policies in force across the country, this report describes trends in criminalization laws and tracks the significant growth of these laws since we began tracking them thirteen years ago, and since the release of *Housing Not Handcuffs*, our last report on the criminalization of homelessness in 2016.¹ This report also describes why criminalization policies are ineffective, harmful, expensive to taxpayers, and often even illegal.

Because our end goal is not to protect the right to live on the streets, but rather to ensure that people need not live without housing in the first place, we also offer constructive alternative approaches to preventing and ending homelessness. Included in our recommendations are model policies for federal, state, and local governments to address homelessness in a cost-effective, humane, and legal way.



¹ NAT'L CTR. ON HOMELESSNESS & POVERTY, *HOUSING NOT HANDCUFFS: ENDING THE CRIMINALIZATION OF HOMELESSNESS IN U.S. CITIES* (2016), <https://nlchp.org/wp-content/uploads/2018/10/Housing-Not-Handcuffs.pdf>.

Rising rents, stagnant wages, historically low rental vacancy rates, and the severe decline of federally subsidized housing have led to a critical shortage of affordable housing units. There is simply not enough affordable and available housing for America's millions of low-income renters, leaving them at risk of homelessness. Nationwide, there are only 35 units that are affordable and available for every 100 extremely poor renter households in need. The affordable housing gap is even more severe in many of the nation's large metropolitan areas. The result is that low-income renter households are housing cost burdened, meaning they are forced to pay more than they can sustainably afford toward rent.

Housing cost burdens and eviction cause homelessness.

Recent studies have demonstrated the strong connection between rental costs, housing cost burdens, and homelessness. For example, one study predicted that homelessness in New York City would increase by over 6,000 people if rents increase by 10%. Unaffordable rents result in evictions for non-payment of rent, even after a single late or missed payment. Eviction is not only a direct cause of homelessness, a record of eviction can also bar someone from becoming rehoused.

Housing cost burdens and eviction have contributed to grossly disproportionate rates of homelessness among people of color.

People of color make up the majority of housing cost burdened renters at risk of eviction, and once housing is lost, racist housing practices prevent people from becoming rehoused. It is thus unsurprising that there is a heavy overrepresentation of people of color in the homeless population. According to HUD's most recent point-in-time count, Black people make up 40% of the homeless population yet only 13% of the general population. Latinx, Native American, and Pacific Islander rates of homelessness are also disproportionately high. In total, people of color constitute over 60% of the nation's homeless population even though they make up only a third of the general U.S. population.

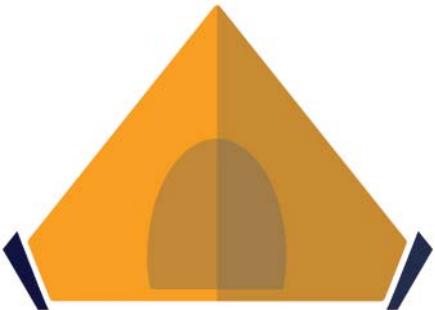
People without housing lack options for meeting their basic human needs for rest and shelter. Many communities treat emergency shelters as the answer to systemic shortages of permanent housing, and they often justify enforcement of criminalization laws based on alleged availability of emergency shelter beds. But emergency shelters are not available in every community with unhoused people, and even where shelters exist, they are generally full and routinely turn people away at the front door. Moreover, emergency shelters offer only temporary shelter—sometimes only for a single night at a time—and frequently require that people separate from their families, beloved pets, and/or their property upon entry, or subject themselves to religious proselytizing. Shelters may also discriminate on the basis of sexual orientation or gender identity, and/or fail to accommodate disability needs.

KEY FINDING: The criminalization of homelessness is on the rise. The results of our research show that the criminalization of homelessness is prevalent across the country and has increased in every measured category since 2006, when the Law Center began tracking these policies nationwide. We also found a growth in laws criminalizing homelessness since the release of our last Housing Not Handcuffs report, released in 2016.



Punishing homelessness has increased over the last 13 years.

Of the 187 cities measured by the Law Center, we found:



72% of cities have at least one law prohibiting camping in public.

LAWS PROHIBITING CAMPING IN PUBLIC

“Camping” bans are often written to cover a broad range of activities, including merely sleeping outside. They also often prohibit the use of any “camping paraphernalia” which can make it illegal for unhoused people to use even a blanket. **In 2019, 72% of our 187 surveyed cities have at least one law restricting camping in public.** Among our surveyed cities:

- 37% of cities have one or more laws prohibiting camping citywide.
- 57% of cities have one or more laws prohibiting camping in particular public places.
- *Both categories have significantly increased over the past 13 years:*
 - Since 2006, 33 new laws prohibiting camping citywide were enacted, representing a 92% increase. Since we released our last national report on the criminalization of homelessness in 2016, nine such laws were enacted, representing an increase of 15%.
 - Since 2006, 44 new laws prohibiting camping in particular places were enacted, representing a 70% increase. Since 2016, 14 such laws were enacted, representing a 15% increase.

LAWS PROHIBITING SLEEPING IN PUBLIC

Sleeping bans outlaw sleep, which cannot be foregone by any human being. **In 2019, 51% of our 187 surveyed cities have at least one law restricting sleeping in public.** Among our surveyed cities:

- 21% of cities have one or more laws prohibiting sleeping in public citywide.
- 39% of cities have one or more laws prohibiting sleeping in particular public places.
- *Both categories have significantly increased over the past 13 years:*
 - Since 2006, 13 new laws prohibiting sleeping citywide were enacted, representing a 50% increase. Since we released our last national report on the criminalization of homelessness in 2016, six such laws were enacted, representing an increase of 18%.
 - Since 2006, 16 new laws prohibiting sleeping in particular places were enacted, representing a 29% increase. Since 2016, 22 such laws were enacted, representing a 44% increase.



City laws prohibiting sleeping in public have increased 50% since 2006.

LAWS RESTRICTING SITTING AND LYING DOWN IN PUBLIC

Although every human being must occasionally rest, laws restricting sitting and lying down in public punish people experiencing homelessness for doing so. Of the 187 cities surveyed for this report, our 2019 research reveals that:

- 55% of cities have one or more laws prohibiting sitting and/or lying down in public.
- Such laws have significantly increased over the past 13 years:
 - Since 2006, 45 new laws prohibiting sitting and/or lying down in public were enacted, representing a 78% increase. Since we released our last national report on the criminalization of homelessness in 2016, 15 such laws were enacted, representing a 17% increase.

LAWS PROHIBITING LOITERING, LOAFING, AND VAGRANCY

Similar to historical Jim Crow, Anti-Okie, and Ugly laws, these modern-day versions of those discriminatory ordinances grant police a broad tool for excluding visibly poor and homeless people from public places.

- 35% of cities have one or more laws prohibiting loitering, loafing, and/or vagrancy citywide.
- 60% of cities have one or more laws prohibiting loitering, loafing, and/or vagrancy in particular public places.
- Such laws have significantly increased over the past 13 years:
 - Since 2006, 33 new laws prohibiting loitering, loafing, and/or vagrancy citywide were enacted, representing a 103% increase. Since we released our last national report on the criminalization of homelessness in 2016, six such laws were enacted, representing an increase of 10%.

There has been a 103% increase in city laws prohibiting loitering, loafing, and/or vagrancy since 2006.



- Since 2006, 25 new laws prohibiting loitering, loafing, and/or vagrancy in particular places were enacted, representing a 28% increase. Since 2016, 13 such laws were enacted, representing a 13% increase.

LAWS PROHIBITING BEGGING

In the absence of employment opportunities or other sources of income, begging may be a homeless person's best option for obtaining the money that they need to purchase food, public transportation fare, medication, or other necessities. In 2019, 83% of our 187 surveyed cities have at least one law restricting begging in public. Among our surveyed cities:

- 38% of cities have one or more laws prohibiting begging citywide.
- 65% of cities have one or more laws prohibiting begging in particular public places, making it the most common type of criminalization law.
- Such laws have significantly increased over the past 13 years:
 - Since 2006, 36 new laws prohibiting begging citywide were enacted, representing a 103% increase. Since we released our last national report on the criminalization of homelessness in 2016, 21 such laws were enacted, representing an increase of 42%.
 - Since 2006, 14 new laws prohibiting begging

in particular places were enacted, representing a 13% increase. Since 2016, eight such laws were enacted, representing a 7% increase.

LAWS RESTRICTING LIVING IN VEHICLES

Sleeping in one's own vehicle is often a last resort for people who would otherwise be forced to sleep on the streets. Laws restricting living in vehicles often outlaw that activity outright, but it is also common for these laws to take the form of parking regulations that leave no lawful place for people who live in their vehicles to park.

- 50% of cities have one or more laws restricting living in vehicles.
- Such laws have significantly increased over the past 13 years:
 - Since 2006, 64 new laws restricting living in vehicles were enacted, representing a 213% increase. Since we released our last national report on the criminalization of homelessness in 2016, 22 such laws were enacted, representing an increase of 31%.

In addition to categories of prohibited conduct studied by the Law Center since 2006, **we have more recently tracked additional categories of prohibited conduct**. Our research shows that the following categories of laws are also prevalent in our 187 surveyed cities:

60.4%

of surveyed cities have one or more laws restricting living in vehicles.

LAWS RESTRICTING FOOD SHARING

9% of cities prohibit or restrict sharing free food in public. People experiencing homelessness often lack reliable access to food, in part due to a lack of any place to refrigerate or store food supplies. Despite the fact that food access is extremely limited for homeless people, a growing number of cities have restricted free food sharing. Since 2016, five new laws restricting food sharing were enacted, representing an 42% increase.

LAWS PROHIBITING PROPERTY STORAGE

55% of cities prohibit storing property in public places. People experiencing homelessness often have no private place to secure their personal possessions. Laws that prohibit storing property in public space leave homeless people at constant risk of losing their property, including property needed for shelter, treatment of medical conditions, and proof of identity.

LAWS PROHIBITING PUBLIC URINATION AND DEFECATION

83% of cities prohibit public urination and defecation. People experiencing homelessness often lack access to toilets, yet all human beings must expel bodily waste when nature calls—often multiple times each day. Despite this, the vast majority of cities prohibit public urination and defecation even in the absence of public toilets. While cities have a legitimate interest in preventing the accumulation of urine and feces in public space, such interests cannot be met by criminalizing unavoidable bodily functions. If people do not have regular access to toilets, they will expel their human waste in areas other than toilets—they have no choice.

LAWS PROHIBITING SCAVENGING

76% of cities prohibit rummaging, scavenging, or “dumpster diving.” People experiencing homelessness are under resourced, and they may turn to scavenging in trash bins or other refuse for items of value, such as usable clothing or edible food. Yet, three in four cities prohibit scavenging.

KEY FINDING: Laws criminalizing homelessness are rooted in prejudice, fear, and misunderstanding, and serve businesses and housed neighbors over the needs of unhoused neighbors. It is critical for lawmakers, policy advocates, and other key stakeholders to understand the fundamental roots of laws criminalizing homelessness: ignorance of the causes of homelessness and deep-seated prejudice against and fear of people experiencing it. The inaccurate belief that homelessness is a result of poor life choices, mental illness, and/or drug addiction motivates public calls for punitive approaches to homelessness. Businesses and commercial entities also drive criminalization policies by lobbying for such laws and even by enforcing them with private security personnel.



BEING HOMELESS IS NOT A CRIME – HOW WE TREAT PEOPLE EXPERIENCING HOMELESSNESS IS

KEY FINDING: The effects of criminalization are devastating to people and communities. Criminalization of homelessness contributes to mass incarceration and racial inequality, as homelessness is a risk factor for incarceration, and incarceration makes it more likely that a person will experience homelessness. Over-policing of homeless people, who are disproportionately people of color, also exacerbates racial inequality in our criminal justice system. Indeed, unhoused people of color are more likely to be cited, searched, and have property taken than white people experiencing homelessness. Those with multiple marginalized identities, like LGBTQ+ people of color, are even more vulnerable to homelessness and laws criminalizing homelessness.

Criminalization of homelessness results in fines and fees that perpetuate the cycle of poverty. Financial obligations, such as from fines for using a tent or vehicle to shelter oneself, can prolong the amount of time that a person will experience homelessness, and can also leave homeless people less able to pay for food, transportation, medication, or other necessities. Civil and court-imposed fines and fees can also prevent a person from being accepted into housing, or even result in their incarceration for failure to pay them.

Criminalization of homelessness harms public safety. Criminalization policies divert law enforcement resources from true street crime, clog our criminal justice system with unnecessary arrests, and fill already overcrowded jails. They also erode trust between homeless people and police, heightening the risk of violent confrontations between police and unhoused people, and leaving homeless people more vulnerable to private acts of violence without police protection. This is why the federal Department of Justice has filed statement of interest briefs and issued guidance arguing against the enforcement of criminalization ordinances in the absence of adequate alternatives.

Criminalization of homelessness and encampment evictions harm public health. City officials frequently cite concerns for public health as reason to enforce criminalization laws and/or to evict homeless encampments, a practice often referred to as a “sweep.” But such practices threaten public health by dispersing people who have nowhere to discard food waste and trash, to expel bodily waste, or to clean themselves and their belongings to more areas of the city, but with no new services to meet their basic sanitation and waste disposal needs. Moreover, sweeps often result in the destruction of homeless people’s tents and other belongings used to provide some shelter from the elements, cause stress, and cause loss of sleep, contributing to worsened physical and mental health among an already vulnerable population. Due to these harms, the American Medical Association and American Public Health Association have both condemned criminalization and sweeps in policy resolutions.



Implementing Housing First in Permanent Supportive Housing

A Fact Sheet from USICH with assistance from the Substance Abuse and Mental Health Services Administration

Permanent Supportive Housing is an intervention for people who need housing assistance and supportive services to live with stability and independence in their communities. Many supportive housing programs use a Housing First approach (rapid access to housing with minimal preconditions) to serve people experiencing homelessness.

- **Permanent Supportive Housing** is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities. These services can include case management, substance abuse or mental health counseling, advocacy, and assistance in locating and maintaining employment. Permanent Supportive Housing is a proven solution for people who have experienced chronic homelessness as well as other people with disabilities, including people leaving institutional and restrictive settings.
- **Housing First** is an approach and framework for ending homelessness that is centered on the belief that everyone can achieve stability in permanent housing directly from homelessness and that stable housing is the foundation for pursuing other health and social services goals. Implementing Housing First involves both project-level and community-level dimensions. Implementing Housing First at project level, including in permanent supportive housing models, means having screening practices that promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services. At the community-level, Housing First means that the homelessness crisis response system is oriented to help people obtain permanent housing as quickly and with as few intermediate steps as possible.

Permanent supportive housing and Housing First should be thought of as two complementary tools for ending chronic homelessness and helping people with disabilities live independently in the community. Permanent supportive housing is a successful and proven programmatic and housing intervention, while Housing First is a framework that can and should be used within permanent supportive housing, as well as in other program models, and as a community-wide framework for ending homelessness.

Implementing Housing First in Permanent Supportive Housing

Two useful tools for implementing Housing First in supportive housing models are SAMHSA's Permanent Supportive Housing KIT and USICH's Housing First Checklist. An analysis by SAMHSA has determined that these tools can be used together by providers to offer a highly effective response to chronic homelessness:

SAMHSA's [KIT on Permanent Supportive Housing](#) suggests that this Evidence-Based Practice works best when the supports provided honor the individual's preferences and choices. Fidelity to SAMHSA's KIT also means that permanent supportive housing does not impose special obligations to retain tenancy rights outside of the typical landlord-tenant relationship.

In permanent supportive housing, housing is viewed as a basic human need, distinct from the need for mental health and/or substance abuse treatment. A permanent supportive housing program may be run either by the behavioral health system or by providers of homelessness services. Whether people live in apartments, other shared housing or instead receive services in their own homes, the intention of all permanent supportive housing is to offer them flexible, voluntary supports without regard to their willingness to engage in clinical treatment services. However, the approach also calls for assertive, nonjudgmental efforts to engage people in needed services. Programs typically

employ service models such as Assertive Community Treatment (ACT) and clinical models such as Motivational Interviewing. SAMHSA's PSH KIT identifies seven key elements that are essential to tenants' success. These include:

Choice of Housing: To the extent possible, people should also be able to choose the type of housing they prefer. Some research (Tabol et al., 2010) shows that people have better outcomes when living in housing that meets their expressed preferences.

Separation of Housing and Services: Property management and case management functions are separate and distinct. Ideally, housing units and services are provided by separate entities.

Decent, Safe, and Affordable Housing: Housing is considered affordable when tenants pay no more than 30 percent of their income toward rent plus basic utilities. Housing is considered safe and decent if the unit meets U.S. Department of Housing and Urban Development (HUD) Housing Quality Standards.

Integration: Federal law and the Olmstead Supreme Court decision support the need for PSH to be provided in integrated settings. Such settings may be scattered-site housing or housing in which units are available to people who do not have disabilities or histories of homelessness.

Rights of Tenancy: Tenants must have a lease that is in compliance with local landlord/tenant law.

Access to Housing: Access to housing should not be denied based on requirements that prospective tenants be "ready" for housing. PSH programs that use a Housing First approach score higher on this dimension of the PSH Fidelity Scale.

Flexible, Voluntary Services: High-fidelity PSH requires that consumers/tenants are the primary authors of their treatment plans, and that the services that they chose under these plans are consumer-driven and chosen from a flexible "menu." The [PSH KIT's Fidelity Scale](#) allows programs to conduct a self-assessment of fidelity based on these elements. USICH developed the [Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation](#). The checklist contains the core elements of a community-wide set of practices that support Housing First.

USICH recommends that, at the program or project level:

- Admission/screening criteria should be structured to promote the acceptance of applicants regardless of sobriety or use of substances, completion of treatment, or participation in services.
- Applicants are seldom rejected on the basis of poor credit/financial history, rental history, minor criminal convictions, or behaviors indicating a lack of "housing readiness."
- Programs accept referrals from shelters, outreach, drop-in centers, and other parts of the crisis response system.
- Plans are tenant-driven and focused on problem solving, and services are voluntary.

The Checklist further identifies specific program practices "found in advanced models" such as the use of evidence-based practices and a tenant selection plan that prioritizes eligible tenants on criteria such as duration/chronicity of homelessness, vulnerability, or high use of crisis services. Other useful components of the Checklist are operational guidance for effective system-level planning and system operations.



Joe Lonsdale and Judge Glock, *'Housing First' Foments Homelessness in California* (opinion),
Wall St. J., Nov. 18, 2022

Five days before winning re-election as California's governor, Gavin Newsom surprised local leaders by rejecting every single plan put forward by a city, county or organization to fight homelessness—and withholding \$1 billion in state money until those plans improve. He said he'd convene a meeting this month to discuss what really works. He should start with what doesn't work: everything California has done for years.

Residents have known for years what Mr. Newsom has only belatedly recognized: that the government is failing to address the problem. Homelessness is a nationwide problem, but nowhere is it as bad as in the Golden State. More than 150,000 Californians are homeless on any given night. Most of those—about 70%—are unsheltered. They live outside in streets and parks. Despite billions in state and local spending every year, more than half of the country's unsheltered homeless are in California.

California's failed approach to homelessness is built around the "housing first" model. The goal is to get every long-term homeless person into a permanent, government-subsidized home—with no prequalifications like sobriety, drug treatment or psychiatric care. Until that goal is reached, the state will allow people to camp and sleep almost anywhere and to do almost anything.

Research shows these policies don't work. A 2017 *Journal of Housing Economics* study found that cities must build about 10 new permanent subsidized homes to get even one person off the street. That's because many such homes end up occupied by people who would have found a place to live anyway. Free homes are attractive, even to those who could conceivably afford to pay. California can't build a million free homes for the homeless, especially when recent "affordable" housing in the state costs upward of \$700,000 a unit to build.

Studies have also shown that open street camping creates death and distress. University of Pennsylvania criminologists Richard Berk and John MacDonald found that an anticamping enforcement on Los Angeles's Skid Row after 2006 reduced violence and death among the homeless. But as L.A. has allowed camps to proliferate again, the number of annual deaths on the streets has quadrupled to almost 2,000. About 15% of all violent crime in the city today involves the 1% of the population that is homeless, either as perpetrator or victim.

This policy failure is a choice. A new Missouri law prevents state money from being spent on utopian housing solutions and requires new programs to show how they will help the homeless get back into the workforce while staying off the streets and out of the hospital. It also requires cities to enforce laws against street camping and sleeping. California radicals want the public to believe that there is no middle ground between imprisoning troubled homeless people and allowing them to wreak havoc. That's not true. Mandating treatment for people who need it can make a real difference.

Unless Mr. Newsom is willing to get serious about confronting the underlying ideological problems with his state's homeless policy, all his recent promises are just talk. Instead of spending billions on dubious housing programs, he should make sure immediate shelters are available for those who need them. He should tie new long-term housing to mandatory drug, alcohol and mental-health treatment. And he should take action against dangerous, unsanctioned public camping.

These solutions are popular across the board. Voters in liberal Austin, Texas, voted in 2021 to reinstate a longtime camping ban in defiance of the City Council, which had repealed it for ideological reasons. Even San Francisco voters approved a camping ban in 2016, though city leaders have allowed the camps to spread.

It remains to be seen if Mr. Newsom is simply distancing himself from California's homeless catastrophe in advance of a possible run for president, or if he's actually willing to stand up to the state's activists and housing nonprofits that former San Francisco Mayor Willie Brown called "the sacred cartel."

We hope it's the latter. California desperately needs some courageous leadership. Hundreds of thousands suffer unnecessarily because of the current lack of courage.

Mr. Lonsdale is managing partner at 8VC and chairman of the Cicero Institute, where Mr. Glock is director of policy and research.

PRESIDENTIAL ACTIONS

ENDING CRIME AND DISORDER ON AMERICA'S STREETS

Executive Orders

July 24, 2025

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose and Policy. Endemic vagrancy, disorderly behavior, sudden confrontations, and violent attacks have made our cities unsafe. The number of individuals living on the streets in the United States on a single night during the last year of the previous administration — 274,224 — was the highest ever recorded. The overwhelming majority of these individuals are addicted to drugs, have a mental health condition, or both. Nearly two-thirds of homeless individuals report having regularly used hard drugs like methamphetamines, cocaine, or opioids in their lifetimes. An equally large share of homeless individuals reported suffering from mental health conditions. The Federal Government and the States have spent tens of billions of dollars on failed programs that address homelessness but not its root causes, leaving other citizens vulnerable to public safety threats.

Shifting homeless individuals into long-term institutional settings for humane treatment through the appropriate use of civil commitment will restore public order. Surrendering our cities and citizens to disorder and fear is neither compassionate to the homeless nor other citizens. My Administration will take a new approach focused on protecting public safety.

Sec. 2. Restoring Civil Commitment. (a) The Attorney General, in consultation with the Secretary of Health and Human Services, shall take appropriate action to:

- (i) seek, in appropriate cases, the reversal of Federal or State judicial precedents and the termination of consent decrees that impede the United States' policy of encouraging civil commitment of individuals with mental illness who pose risks to themselves or the public or are living on the streets and cannot care for themselves in appropriate facilities for appropriate periods of time; and
- (ii) provide assistance to State and local governments, through technical guidance, grants, or other legally available means, for the identification, adoption, and implementation of maximally flexible civil commitment, institutional treatment, and "step-down" treatment standards that allow for the appropriate commitment and treatment of individuals with mental illness who pose a danger to others or are living on the streets and cannot care for themselves.

Sec. 3. Fighting Vagrancy on America's Streets. (a) The Attorney General, the Secretary of Health and Human Services, the Secretary of Housing and Urban Development, and the Secretary of Transportation shall take immediate steps to assess their discretionary grant programs and determine whether priority for those grants may be given to grantees in States and municipalities that actively meet the below criteria, to the maximum extent permitted by law:

- (i) enforce prohibitions on open illicit drug use;
- (ii) enforce prohibitions on urban camping and loitering;
- (iii) enforce prohibitions on urban squatting;
- (iv) enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves, through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities via civil commitment or other available means, to the maximum extent permitted by law; or
- (v) substantially implement and comply with, to the extent required, the registration and notification obligations of the Sex Offender Registry and Notification Act, particularly in the case of registered sex offenders with no fixed address, including by adequately mapping and checking the location of homeless sex offenders.

(b) The Attorney General shall:

- (i) ensure that homeless individuals arrested for Federal crimes are evaluated, consistent with 18 U.S.C. 4248, to determine whether they are sexually dangerous persons and certified accordingly for civil commitment;

- (ii) take all necessary steps to ensure the availability of funds under the Emergency Federal Law Enforcement Assistance program to support, as consistent with 34 U.S.C. 50101 et seq., encampment removal efforts in areas for which public safety is at risk and State and local resources are inadequate;
- (iii) assess Federal resources to determine whether they may be directed toward ensuring, to the extent permitted by law, that detainees with serious mental illness are not released into the public because of a lack of forensic bed capacity at appropriate local, State, and Federal jails or hospitals; and
- (iv) enhance requirements that prisons and residential reentry centers that are under the authority of the Attorney General or receive funding from the Attorney General require in-custody housing release plans and, to the maximum extent practicable, require individuals to comply.

Sec. 4. Redirecting Federal Resources Toward Effective Methods of Addressing Homelessness. (a) The Secretary of Health and Human Services shall take appropriate action to:

- (i) ensure that discretionary grants issued by the Substance Abuse and Mental Health Services Administration for substance use disorder prevention, treatment, and recovery fund evidence-based programs and do not fund programs that fail to achieve adequate outcomes, including so-called “harm reduction” or “safe consumption” efforts that only facilitate illegal drug use and its attendant harm;
 - (ii) provide technical assistance to assisted outpatient treatment programs for individuals with serious mental illness or addiction during and after the civil commitment process focused on shifting such individuals off of the streets and public programs and into private housing and support networks; and
 - (iii) ensure that Federal funds for Federally Qualified Health Centers and Certified Community Behavioral Health Clinics reduce rather than promote homelessness by supporting, to the maximum extent permitted by law, comprehensive services for individuals with serious mental illness and substance use disorder, including crisis intervention services.
- (b) The Attorney General shall prioritize available funding to support the expansion of drug courts and mental health courts for individuals for which such diversion serves public safety.

Sec. 5. Increasing Accountability and Safety in America’s Homelessness Programs. (a) The Secretary of Health and Human Services and the Secretary of Housing and Urban

Development shall take appropriate actions to increase accountability in their provision of, and grants awarded for, homelessness assistance and transitional living programs. These actions shall include, to the extent permitted by law, ending support for “housing first” policies that deprioritize accountability and fail to promote treatment, recovery, and self-sufficiency; increasing competition among grantees through broadening the applicant pool; and holding grantees to higher standards of effectiveness in reducing homelessness and increasing public safety.

(b) The Secretary of Housing and Urban Development shall, as appropriate, take steps to 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.

(c) With respect to recipients of Federal housing and homelessness assistance that operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia, or permit the use or distribution of illicit drugs on property under their control:

(i) the Attorney General shall review whether such recipients are in violation of Federal law, including 21 U.S.C. 856, and bring civil or criminal actions in appropriate cases; and

(ii) the Secretary of Housing and Urban Development, in coordination with the Attorney General, shall review whether such recipients are in violation of the terms of the programs pursuant to which they receive Federal housing and homelessness assistance and freeze their assistance as appropriate.

(d) The Secretary of Housing and Urban Development shall take appropriate measures and revise regulations as necessary to allow, where permissible under applicable law, federally funded programs to exclusively house women and children and to stop sex offenders who receive homelessness assistance through such programs from being housed with unrelated children.

(e) The Secretary of Housing and Urban Development, in consultation with the Attorney General and the Secretary of Health and Human Services, shall, as appropriate and to the extent permitted by law:

(i) allow or require the recipients of Federal funding for homelessness assistance to collect health-related information that the Secretary of Housing and Urban Development identifies as necessary to the effective and efficient operation of the funding program from all persons to whom such assistance is provided; and

(ii) require those funding recipients to share such data with law enforcement authorities in circumstances permitted by law and to use the collected health data to provide appropriate medical care to individuals with mental health diagnoses or to connect individuals to public health resources.

Sec. 6. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

- (i) the authority granted by law to an executive department or agency, or the head thereof; or
 - (ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.
- (b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.
- (c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.
- (d) The costs for publication of this order shall be borne by the Department of Housing and Urban Development.

DONALD J. TRUMP

THE WHITE HOUSE,

July 24, 2025.



WHWIRE

GET THE FACTS →

ENROLLED

CS/CS/HB 1365, Engrossed 1

2024 Legislature

1
2 An act relating to unauthorized public camping and
3 public sleeping; creating s. 125.0231, F.S.; providing
4 definitions; prohibiting counties and municipalities
5 from authorizing or otherwise allowing public camping
6 or sleeping on public property without certification
7 of designated public property by the Department of
8 Children and Families; authorizing counties to
9 designate certain public property for such uses for a
10 specified time period; requiring the department to
11 certify such designation; requiring counties to
12 establish specified standards and procedures relating
13 to such property; authorizing the department to
14 inspect such property; authorizing the Secretary of
15 Children and Families to provide certain notice to
16 counties; providing applicability; providing an
17 exception to applicability during specified
18 emergencies; providing a declaration of important
19 state interest; providing applicability; providing
20 effective dates.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. Section 125.0231, Florida Statutes, is created
25 to read:

Page 1 of 7

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

hb1365-04-er

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CS/CS/HB 1365, Engrossed 1

2024 Legislature

26 125.0231 Public camping and public sleeping.—

27 (1) As used in this section, the term:

28 (a) "Department" means the Department of Children and
Families.

30 (b)1. "Public camping or sleeping" means:

31 a. Lodging or residing overnight in a temporary outdoor
habitation used as a dwelling or living space and evidenced by
the erection of a tent or other temporary shelter, the presence
of bedding or pillows, or the storage of personal belongings; or
35 b. Lodging or residing overnight in an outdoor space
without a tent or other temporary shelter.

37 2. The term does not include:

38 a. Lodging or residing overnight in a motor vehicle that
is registered, insured, and located in a place where it may
lawfully be.

41 b. Camping for recreational purposes on property
designated for such purposes.

43 (2) Except as provided in subsection (3), a county or
municipality may not authorize or otherwise allow any person to
regularly engage in public camping or sleeping on any public
property, including, but not limited to, any public building or
its grounds and any public right-of-way under the jurisdiction
of the county or municipality, as applicable.

49 (3) A county may, by majority vote of the county's
governing body, designate property owned by the county or a

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2024 Legislature

51 municipality within the boundaries of the county to be used for
52 a continuous period of no longer than 1 year for the purposes of
53 public camping or sleeping. If the designated property is within
54 the boundaries of a municipality, the designation is contingent
55 upon the concurrence of the municipality by majority vote of the
56 municipality's governing body.

57 (a) A county designation is not effective until the
58 department certifies the designation. To obtain department
59 certification, the county shall submit a request to the
60 Secretary of Children and Families which shall include
61 certification of, and documentation proving, the following:

62 1. There are not sufficient open beds in homeless shelters
63 in the county for the homeless population of the county.

64 2. The designated property is not contiguous to property
65 designated for residential use by the county or municipality in
66 the local government comprehensive plan and future land use map.

67 3. The designated property would not adversely and
68 materially affect the property value or safety and security of
69 other existing residential or commercial property in the county
70 or municipality and would not negatively affect the safety of
71 children.

72 4. The county has developed a plan to satisfy the
73 requirements of paragraph (b).

75 Upon receipt of a county request to certify a designation, the

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76 department shall notify the county of the date of receiving the
77 request, and of any omission or error, within 10 days after
78 receipt by the department. The department shall certify the
79 designation within 45 days after receipt of a complete
80 submission from the county, and the designation shall be deemed
81 certified on the 45th day if the department takes no action.

82 (b) Except as provided in paragraph (e), if a county
83 designates county or municipal property to be used for public
84 camping or sleeping, it must establish and maintain minimum
85 standards and procedures related to the designated property for
86 the purposes of:

87 1. Ensuring the safety and security of the designated
88 property and the persons lodging or residing on such property.

89 2. Maintaining sanitation, which must include, at a
90 minimum, providing access to clean and operable restrooms and
91 running water.

92 3. Coordinating with the regional managing entity to
93 provide access to behavioral health services, which must include
94 substance abuse and mental health treatment resources.

95 4. Prohibiting illegal substance use and alcohol use on
96 the designated property and enforcing such prohibition.

97 (c) Within 30 days after certification of a designation by
98 the department, the county must publish the minimum standards
99 and procedures required under paragraph (b) on the county's and,
100 if applicable, the municipality's publicly accessible websites.

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2024 Legislature

101 The county and municipality must continue to make such policies
102 and procedures publicly available for as long as any county or
103 municipal property remains designated under paragraph (a).

104 (d) The department may inspect any designated property at
105 any time, and the secretary may provide notice to the county
106 recommending closure of the designated property if the
107 requirements of this section are no longer satisfied. A county
108 and, if applicable, a municipality must publish any such notice
109 issued by the department on the county's and, if applicable, the
110 municipality's publicly accessible websites within 5 business
111 days after receipt of the notice.

112 (e) A fiscally constrained county is exempt from the
113 requirement to establish and maintain minimum standards and
114 procedures under subparagraphs (b)1.-3. if the governing board
115 of the county makes a finding that compliance with such
116 requirements would result in a financial hardship.

117 (4) (a) A resident of the county, an owner of a business
118 located in the county, or the Attorney General may bring a civil
119 action in any court of competent jurisdiction against the county
120 or applicable municipality to enjoin a violation of subsection
121 (2). If the resident or business owner prevails in a civil
122 action, the court may award reasonable expenses incurred in
123 bringing the civil action, including court costs, reasonable
124 attorney fees, investigative costs, witness fees, and deposition
125 costs.

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2024 Legislature

126 (b) An application for injunction filed pursuant to this
127 subsection must be accompanied by an affidavit attesting that:

128 1. The applicant has provided written notice of the
129 alleged violation of subsection (2) to the governing board of
130 the county or applicable municipality.

131 2. The applicant has provided the county or applicable
132 municipality with 5 business days to cure the alleged violation.

133 3. The county or applicable municipality has failed to
134 take all reasonable actions within the limits of its
135 governmental authority to cure the alleged violation within 5
136 business days after receiving written notice of the alleged
137 violation.

138 (5) This section does not apply to a county during any
139 time period in which:

140 (a) The Governor has declared a state of emergency in the
141 county or another county immediately adjacent to the county and
142 has suspended the provisions of this section pursuant to s.
143 252.36.

144 (b) A state of emergency has been declared in the county
145 under chapter 870.

146 Section 2. The Legislature hereby determines and declares
147 that this act fulfills an important state interest of ensuring
148 the health, safety, welfare, quality of life, and aesthetics of
149 Florida communities while simultaneously making adequate
150 provision for the homeless population of the state.

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2024 Legislature

151 Section 3. Section 125.0231(4), Florida Statutes, as
152 created by this act, shall take effect January 1, 2025, and
153 applies to causes of action accruing on or after that date.

154 Section 4. Except as otherwise expressly provided in this
155 act, this act shall take effect October 1, 2024.