

RETHINKING HOMELESSNESS

NATIONAL RECOMMENDATIONS · 2026

Strategies to Reduce and Prevent Homelessness in Local Communities

Recommendations for Business Leaders, Faith Leaders, and Philanthropists



/ EXECUTIVE SUMMARY

A national strategy for our time.

This national set of recommendations is built on a simple premise: homelessness is not one problem, and the response cannot be one program. The current landscape includes people with short-term economic shocks, people with disabling conditions who need long-term support, and a growing number of older adults who are becoming homeless because they are older, sicker, and poorer in a housing market they can no longer afford.

/ FOUR GUIDING PRINCIPLES

A modern national strategy must center on four guiding principles.

<p>01 Housing NOW The immediate response to homelessness.</p>	<p>02 Navigation To the right intervention based on need.</p>	<p>03 Opportunity To achieve the greatest level of self-sufficiency.</p>	<p>04 Whole Person Care Health, behavioral health, and social stability alongside housing.</p>
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The National Goal

Reduce first-time homelessness, shorten the length of homelessness, and prevent returns to homelessness by building a **housing-response system with four coordinated lanes**:

<p>LANE 01 Long-Term Housing With intensive supports for disabled and older adults.</p>	<p>LANE 02 Short-and Mid-Term Housing with whole person care.</p>	<p>LANE 03 Transitional Stabilization, substance abuse, and mental health services.</p>	<p>LANE 04 Prevention Through comprehensive evaluation and navigation.</p>
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This structure ensures **Housing NOW** while recognizing that different populations require different pathways and levels of support.

80/20

THE 80/20 REALITY

Approximately 20% or fewer of people experiencing homelessness consume 80% or more of system resources due to the intensity of their needs.

A national plan must intentionally allocate resources to this population through long-term, service-rich interventions, while preserving scalable solutions for others.

PART ONE

The Core Recommendations

Eight strategic priorities for a national homelessness response.

01 | Prioritize long-term housing with intensive supports for disabled and older adults.

The highest-need individuals, those with disabling conditions, chronic health issues, or advanced age, require permanent housing paired with robust, ongoing supports.

This lane should include:

- Permanent supportive housing
- Aging-responsive housing models
- Integrated medical and behavioral health care
- Assistance with activities of daily living, mobility, and cognitive challenges

The rise in older, sicker, poorer individuals entering homelessness demands a system redesign. These households are not well served by traditional shelter or rapid re-housing models. Without long-term supports, they remain homeless longer and cycle through high-cost crisis systems.

WHY IT MATTERS

The 80/20 rule must drive federal investment.

Targeting resources to those with the highest needs produces the greatest system-level impact.

02 | **Expand short- and mid-term housing with whole person care.**

For households whose primary barriers are economic, behavioral health, or life instability but not permanent disability, the system should provide:

- Rapid re-housing and medium-term rental assistance
- Strong case management focused on **whole person care**
- Integration with employment, benefits, and healthcare

This lane must go beyond light-touch services. Success requires:

- Coordinated access to mental health and addiction services
- Workforce and income-building strategies
- Ongoing reassessment using a self-sufficiency framework

A critical component of this approach is a **step-down model** designed to maximize independence. Households should receive the level of assistance they need initially, with a structured and intentional reduction in financial and service supports over time as stability increases. This ensures that individuals are not over-subsidized longer than necessary while still maintaining housing stability.

In addition, programs should incorporate **regular recertification**, similar to the requirements used in the Supportive Services for Veteran Families (SSVF) program. This ensures that assistance remains appropriately targeted, resources are used efficiently, and households are continuously evaluated for progress toward self-sufficiency.

THE GOAL

Not just housing placement, but navigation to the right intervention.

And measurable progress toward long-term stability and independence.

03 | Rebuild transitional housing as a stabilization intervention.

Transitional housing should be modernized and deployed intentionally as a **stabilization tool**, not a default placement.

Appropriate uses include:

- Individuals exiting unsheltered homelessness who need structure
- People leaving treatment, hospitals, or justice systems
- Youth and survivors of violence
- Rural households with limited housing access
- Older adults who cannot safely move directly into independent housing

Key design elements:

- Time-limited (generally 3 to 24 months) with flexibility based on need
- Immediate housing placement planning at entry
- Strong connection to income, benefits, and health care
- Clear performance expectations tied to exits to permanent housing

The **primary objective of transitional housing must be successful exit to stable, permanent housing**. To support this, every participant should work with a case manager to develop a **housing stability plan**, with continued case management support for at least **120 days following exit**. This ensures continuity of care, reduces returns to homelessness, and reinforces the transition from structured support to independent living.

CRITICAL ROLE

Transitional housing ensures Housing NOW does not become housing failure later.

04 | Make prevention a targeted, high-impact intervention.

Prevention must be focused, data-driven, and disciplined, not broadly distributed.

The **Supportive Services for Veteran Families (SSVF)** program provides a strong model, where prevention resources are intentionally capped so that **no more than approximately 40% of households served are prevention cases**. This ensures that resources remain focused on those at highest and most imminent risk while maintaining system balance.

A national prevention strategy should:

- Target households at imminent risk
- Prioritize extremely low-income households, especially older adults
- Focus on eviction prevention, discharge planning, and crisis stabilization

Key tools include:

- Short-term financial assistance
- Rental arrears and utility support
- Legal assistance and landlord mediation
- Flexible funding
- Benefits access

Prevention should function as an extension of **navigation to the right intervention**, ensuring households receive the minimum effective assistance needed to remain housed.

05 | Establish a National Self-Sufficiency Index.

To achieve meaningful outcomes, the system must measure more than housing placement.

A **National Self-Sufficiency Index** should be embedded into HMIS and federal reporting to track progress across:

- Income and employment
- Benefits access
- Physical and behavioral health
- Substance use recovery
- Functional ability
- Social supports and stability

This creates accountability for delivering on the promise of opportunity to achieve the greatest level of self-sufficiency.

Not just temporary housing success.

06 | Incentivize outcomes in work, health, and recovery.

Federal funding should reward progress in:

- Employment and earned income
- Benefits acquisition
- Mental health engagement
- Addiction treatment and recovery
- Housing retention

However, incentives must:

- Be risk-adjusted for high-need populations
- Avoid penalizing programs serving the most complex individuals
- Reward incremental progress, not just final outcomes

This approach aligns funding with **whole person care** and long-term stability.

07 | Learn from and adapt elements of the VA model.

The success of VA-funded homeless programs offers important lessons. The VA system demonstrates strong outcomes not only because of housing interventions, but because it operates within the **largest integrated medical system in the country**.

Veterans experiencing homelessness have access to:

- Comprehensive healthcare
- Behavioral health services
- Case management integrated with medical care

This level of integration is a key driver of success. A national strategy should replicate this alignment between housing and healthcare systems, particularly through Medicaid, Medicare, and community-based providers, for the broader population.

08 | Build distinct rural and urban implementation strategies.

A national plan must recognize that rural and urban homelessness operate differently.

URBAN SYSTEMS REQUIRE

Scale and density.

- Scaled coordinated entry
- Unsheltered response
- Landlord engagement at scale

RURAL SYSTEMS REQUIRE

Flexibility and creativity.

- Geographic flexibility
- Transportation solutions
- Smaller, multi-functional programs
- Creative housing approaches

Both must operate under the same principles of **Housing NOW**, **navigation**, and **whole person care**, but with different tools.

PART ONE SUMMARY

Homelessness cannot be solved with a single intervention or ideology.

A successful national plan must deliver **Housing NOW**, match people to the **right intervention**, provide **whole person care**, and create real **opportunity for self-sufficiency**. By recognizing that a small percentage of individuals require intensive, long-term support while the majority need targeted, time-limited assistance, the nation can allocate resources more effectively, improve outcomes, and build a system that is both humane and sustainable.

PART TWO

What Must Be Different: Rethinking our Strategies One Community at a Time

Scaling what works to reach the most vulnerable.

The United States does not lack ideas to address homelessness, it lacks the consistent ability to take what works and bring it to scale, particularly for those with the highest needs.

Across communities, there are promising models, strong local leadership, and evidence-based practices. However, what is missing in most communities is not commitment, it is **resources, coordination, training, and operational knowledge** to effectively serve the most vulnerable individuals.

These individuals, older adults, people with physical disabilities, those with severe mental health conditions, and individuals experiencing substance use disorders, represent a small share of the total population experiencing homelessness but account for a disproportionate share of system utilization, cost, and human suffering.

This is the population reflected in the **80/20 reality**: a small percentage of individuals, often 20% or less, and in some communities even smaller, consume the majority of resources because their needs are so complex. Yet most systems are not designed to respond to this level of acuity.

To address this gap, a national strategy must focus on scaling a set of **cutting-edge, high-impact practices** that are currently underdeveloped or inconsistently implemented.

Four strategies to scale impact.

01 | High-acuity case conferencing for the most vulnerable.

The starting point for reaching the hardest-to-serve individuals is **high-acuity case conferencing**.

This approach should be targeted to **up to 2% of the unsheltered population on a community's By-Name List**, those identified as the most medically, behaviorally, and socially vulnerable.

Key elements:

- Multidisciplinary teams (housing, healthcare, behavioral health, outreach, and system leaders)
- Person-specific problem solving, not program placement
- Real-time coordination across agencies
- Accountability for housing outcomes

This is not traditional case management. It is **intensive, coordinated intervention at the system level**, designed to break through barriers that no single provider can solve alone.

Without this level of focus, the most vulnerable individuals remain unsheltered, cycle through crisis systems, and drive disproportionate costs across healthcare, emergency services, and public systems.

02 | Use technology to streamline and integrate services.

Most communities are still operating with fragmented systems, duplicative processes, and delayed information sharing.

To scale impact, the system must modernize through **intentional use of technology**, including:

- Real-time By-Name Lists integrated with healthcare and outreach systems
- Shared care plans accessible across providers
- Data dashboards to track movement and outcomes for high-acuity individuals
- Predictive analytics to identify those at highest risk
- Mobile tools for outreach and field coordination

Technology should not replace human services, it should **remove friction**, accelerate decision-making, and support **navigation to the right intervention**.

Without these tools, even the best-designed systems struggle to move people efficiently into housing.

03 | Create a federal matching fund to build appropriate housing.

A major barrier to serving high-acuity individuals is the lack of **housing that matches their needs**.

Many communities lack:

- Units that are physically accessible
- Housing that can accommodate on-site or visiting services
- Small-scale, service-enriched housing options
- Housing designed for older adults with declining health

A national solution should include a **federal matching fund** to incentivize the development of housing specifically designed for:

- Older adults
- People with disabilities
- Individuals requiring integrated care

This fund should:

- Leverage state, local, and private investment
- Prioritize projects aligned with high-acuity system needs
- Support both urban and rural development models

Housing supply must match the population being served

Without the right housing, even the best service models cannot succeed.

04 | Incentivize leadership, accountability, and medical system engagement.

Communities that achieve strong outcomes consistently share one trait: **aligned leadership across housing, healthcare, and public systems**.

A national strategy should include **targeted grants and performance-based rewards** for communities that demonstrate:

- Strong executive leadership and cross-system coordination
- Clear accountability for outcomes, particularly for high-acuity populations
- Active engagement of the local medical community

The role of the healthcare system is especially critical. The success of VA homeless programs underscores this point: outcomes are stronger because housing interventions are paired with access to the **largest integrated healthcare system in the country**.

To replicate this success nationally:

- Local healthcare systems must be engaged as core partners, not peripheral stakeholders
- Medicaid and hospital systems should be aligned with housing outcomes
- Incentives should reward communities that integrate medical and housing responses

This is essential to delivering **whole person care** at scale.

/ THE OPPORTUNITY

The tools to reduce homelessness already exist.

What is missing is the intentional focus on:

- The highest-need individuals
- The systems required to serve them
- The accountability to achieve outcomes

By investing in high-acuity coordination, modernizing system infrastructure, building the right housing, and aligning leadership across sectors, the nation can significantly reduce unsheltered homelessness and improve outcomes for its most vulnerable residents.

/ CLOSING STATEMENT

A path forward.

A national homelessness strategy will only succeed if it is designed for those who are hardest to serve. Scaling what works, particularly for the most vulnerable, requires more than funding. It requires **precision, coordination, and accountability**.

The path forward is clear: focus resources where they have the greatest impact, build systems that can respond to complexity, and ensure every community has the tools to move its most vulnerable residents from homelessness to stability.

RETHINKING HOMELESSNESS

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