

December 8, 2025

The Honorable Mike Johnson
Speaker of the House
H-232 Capitol Building
Washington, DC 20515

The Honorable John Thune
Senate Majority Leader
S-230 Capitol Building
Washington, DC 20510

The Honorable Hakeem Jeffries
House Democratic Leader
H-204 Capitol Building
Washington, DC 20515

The Honorable Charles Schumer
Senate Democratic Leader
S-221 Capitol Building
Washington, DC 20510

Dear Speaker Johnson, Leader Jeffries, Majority Leader Thune, and Leader Schumer:

As a community of researchers from across the country who have dedicated our professional lives to studying the causes of and solutions to homelessness in the United States, we are writing in support of permanent housing as an evidence-based (and common sense) solution to homelessness. We urge you to preserve the currently stable housing placements of tens of thousands formerly unhoused people throughout the country by using an upcoming appropriations bill to direct the Department of Housing and Urban Development (HUD) to renew all existing Continuum of Care (CoC) grants expiring during calendar year 2026 for a 12-month period. Not doing so is contrary to prior Congressional guidance that there not be a CoC Notice of Funding Opportunity (NOFO) in 2025.

The stakes are clear and alarmingly high. Failing to renew these grants destabilizes a vast network of service providers who have historically relied on the stability of HUD funding to maintain commitments to provide permanent housing, largely in the form of Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH), to people in need. Disrupting their funding would (1) push individuals and families with children (many of whom live with chronic disease, disability, and mental illness) into homelessness without a viable pathway to stable housing and (2) unnecessarily waste funds by straining our public healthcare system and safety net services, which are a lifeline for people experiencing homelessness and housing insecurity.

Evidence from cost-benefit analyses demonstrate that PSH and RRH have economic benefits that far exceed the costs of these programs. PSH, in particular, has been consistently demonstrated to have a positive return on investment by reducing emergency department use, inpatient admissions, and long-term care utilization, as well as improving health outcomes and reducing overall healthcare costs.¹ The stunning success of dramatically increased investments in PSH helping to reduce veteran homelessness by 50% within 10 years demonstrates its efficacy at scale.² Further evidence

¹ Peng, Y., Hahn, R. F., Cobb, J., Williams, S., Fielding, J., Johnson, R., Fullilove, M., et al. (2020, September/October). Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health Among Homeless Populations with Disability: A community Guide Systematic Review. *Journal of Public Health Management and Practice*, 26(5). doi:10.1097/PHH.0000000000001219

² O'Toole TP, Pape LM, Kane V, et al. Changes in Homelessness Among US Veterans After Implementation of the Ending Veteran Homelessness Initiative. *JAMA Network Open*. 2024;7(1):e2353778. doi:10.1001/jamanetworkopen.2023.53778

demonstrates that CoCs that invest in PSH observe reductions in chronic, long-term, or repeated homelessness among individuals with disabilities.³

This body of evidence stands in stark contrast to research on transitional housing, a form of temporary housing that would receive increased investments as a result of the policy shifts reflected in HUD's recently updated NOFO. Transitional housing is *more* costly compared to no interventions for families⁴ and *less* likely to result in families' long-term economic stability.⁵ Individuals with physical disabilities, chronic illnesses, or mental health conditions who are prioritized for PSH programs would lose housing and re-enter homelessness, straining hospitals, shelters, safety net programs, and police departments. Switching from permanent to transitional housing would be morally and fiscally irresponsible.

We study the complex pathways into and out of homelessness and acknowledge that we should not wed ourselves to a single approach. But new policies should be guided by the rigorous evidence that demonstrates program effectiveness, as with proven programs such as PSH as opposed to transitional housing. If there is to be a change in homelessness policy, it should be done in a manner that is principled, represents thoughtful stewardship of public funds, and carefully considers the people for whom PSH is a lifeline. This includes developing plans for individuals who may lose their subsidies as a result of this policy change. Notifying tens of thousands of people in supportive housing that they will soon be ejected to the streets is nothing short of disastrous and a cruel start to the holiday season.

Furthermore, putting out a new NOFO this late in the year is logistically unworkable and wasteful. Thousands of organizations have already made plans in accordance with existing Congressional guidance. Re-issuing the NOFO generates a staggering amount of chaos and creates lasting gaps for the communities across the country that rely on HUD funding to provide case management, housing navigation, and other services that work to reduce homelessness. This will ultimately harm vulnerable Americans and strain local resources. Good governance requires caution, care, and deliberation: last-minute whiplash changes in bipartisan federal policy contradict each of these things.

For these reasons, we call on you to support the inclusion of a provision in an upcoming appropriations bill that would renew all CoC grants expiring in 2026 and direct HUD to adhere to the two-year NOFO for 2024 and 2025 in keeping with prior Congressional guidance.

This action would safeguard the stability of current programs while giving Congress time to deliberate carefully about the future of federal homelessness policy. Homelessness is a profound moral imperative and policy challenge. We know permanent housing is not only more humane, but more cost-effective and efficient than transitional housing. As homelessness researchers and policy experts, we stand ready to serve as colleagues and thought partners to you in this effort. Thank you

³ Byrne, Thomas & Fargo, Jamison & Montgomery, Ann & Munley, Ellen & Culhane, Dennis. (2014). The Relationship between Community Investment in Permanent Supportive Housing and Chronic Homelessness. *Social Service Review*. 88. 234-263. 10.1086/676142.

⁴ Gubits, D., Shinn, M., Wood, M., Bell, S., Dastrup, S., Solari, C., . . . Klerman, J. (October 2026). Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families. Washington, DC: U.S. Department of Housing and Urban Development. Retrieved November 2025, from <https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf>

⁵ Burt, M. R. (May 3, 2010). Life After Transitional Housing for Homeless Families. Washington, DC: The Urban Institute and U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Retrieved November 2025, from <https://www.urban.org/sites/default/files/publication/28046/1001375-Life-After-Transitional-Housing-for-Homeless-Families.pdf>

for considering our views on this matter. The time to act to protect the health and wellbeing of Americans facing homelessness and housing insecurity is now, and we cannot do so without strong, bipartisan support. Our veterans, people with disabilities, families with children, elderly people, healthcare system, social services organizations, and safety net services cannot afford the catastrophic costs of an unprecedented increase in homelessness.

Sincerely,

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CC: House and Senate Appropriations Committees
House Financial Services and Senate Banking, Housing, and Urban Affairs Committees