

Homeless Services in the U.S.: Looking Back, Looking Forward: An Open Letter to Policymakers, Advocates, and Providers

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Abstract: Homeless services as we know them today—including housing, health care, and social service systems—emerged at the end of the 20th century. These services developed separately from mainstream systems of care, further marginalizing people who were displaced by homelessness and poverty. In this editorial, the author proposes strategies for developing comprehensive, inclusive, and targeted responses to end homelessness.

Keywords: Homelessness, Federal housing policy, poverty, and social services.

INTRODUCTION

Sidewalks, neighborhood parks, alleys, and playground have become a de facto housing “system” for many of our citizens who are homeless in America. We stand at the crossroads of a new era. After decades of responding to the crisis of homelessness, we now have the opportunity to synthesize what we have learned from our hard-fought battles to serve and care for the most vulnerable members of our society. Using this knowledge base, we must work together to create a new paradigm for homeless services that truly meets the needs of people experiencing homelessness.

Homeless services as we know them today—including housing, health care, and social service systems—emerged at the end of the 20th century. In the late 1970’s to early 1980’s we served blue collar workers who lost their jobs, day laborers whose rooming houses had vanished, people left behind when mental health campuses closed, and war veterans in need. Their complex needs were already met by complicated systems of mental health and substance use services in addition to the various but limited housing options. Homeless services were provided in “emergency” settings: emergency medical facilities, emergency shelters, “stand down” outdoor service fairs, outreach on the streets, byways, and riverbanks. These activities reached people in need, but they were marginalized from mainstream systems of health and social service assistance in communities.

One major shift in homeless services occurred in the early 1990s when the Clinton Administration adopted the “continuum of care” approach to homeless service delivery and a “mainstream” response to homelessness. An Executive Order adopted the recommendations of “Priority: Home! The Federal Plan to Break the Cycle of Homelessness,” creating the HUD continuum of care model. A second initiative reinforced this shift by creating the Policy Academy model for state-level integration of federal funds. This was designed to break-down the “silo-ed” systems of care that were fostering a segregated system of assistance for homeless people.

As a result, every state and territory created long-term strategic plans for ending homelessness built upon existing continuum of care efforts to provide comprehensive homelessness assistance. The Policy Academies created a space for innovation and the joining of forces at state, local, and federal levels that were working toward bringing home thousands of people living on the margins of our communities. The Policy Academies organized administrative and coordinating bodies to foster the integration of mainstream and homeless-only services. The new bodies were charged with staying abreast of emerging trends and best practices, collecting data, monitoring outcomes, aligning funding streams, and setting policy to prevent and end homelessness.

However, both the initial response to homelessness as an emergency crisis, and the shift toward marshalling longer-term, effective interventions were hindered by the lack of resources. There were shortages of treatment programs, housing affordable to those living on government income subsidies or minimum wage, access to basic healthcare, and entry-level jobs. The creation of new units of affordable housing by non-profit developers, including permanent supportive housing, was hampered by the need to cobble together capital funding and operating and supportive services support from multiple sources: low-income housing tax credits, McKinney-Vento funding, any State funding available, and any other funding available and appropriate, often taking years and endless negotiations. Health Care for the Homeless programs were created to fill a gap in the health care system by providing services specifically for homeless people, but few steps were taken to require mainstream health care providers to serve homeless people. It was a pragmatic response, but one that kept people who are homeless on the margins of mainstream systems.

We now stand at the threshold of another paradigm shift. At this time of change, we must consider the future of homeless services in the world we want to create, not just the one we inherited. What might this world look like, and what is the role of homeless services? How do we transform the systems we have created to better meet the needs of people experiencing homelessness?

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STRATEGY ONE: INCLUDE THE BOTTOM 5% IN EVERY POLICY INITIATIVE

As a society, we have a pressing responsibility to provide for the needs of the poorest 5%. Homelessness strikes at this segment of the population, and could be universally resolved if all new policy initiatives were evaluated according to whether or not they help improve the lives of the bottom 5% of our society. Can we finally, truly end homelessness?

Affordable Housing Finance Reform

How will we provide housing for the poorest 5% of our society? Whether it is rental housing, self-help housing constructed through a “sweat equity” model, dorms, barracks, SRO’s, straw-bale, mobile homes, the challenge is the same: funding for the development of new units of affordable housing. The shortage is unmistakable: As reported by the U.S. Department of Housing and Urban Development in 2005, nearly 6 million very low income renters were either severely burdened by their housing costs or living in substandard housing [1].

Currently, developers of affordable housing struggle to secure the resources necessary to develop viable and sustainable new units of housing. We need a housing finance system that can work with developers to make financing available to build new affordable housing units. Regardless of the financing vehicle, the true test of housing finance reform lies in its ability to deliver timely resources to develop and provide suitable housing for those who cannot afford to buy or rent at current market rates.

Health Care Reform

Will health care reform provide basic health care and behavioral health treatment regardless of the ability to pay? Can we reform healthcare to meet the needs of all people, including those with behavioral health issues? The provision of housing has a major impact on improving health and minimizing the chronic conditions that result from a life lived in public outdoor spaces. Whether we decide upon universal access, universal coverage, HMOs, expanded Medicare system, telemedicine, or other models, we must test their viability by how they improve access to healthcare for the bottom 5%.

Environmental Improvements

We have a tremendous opportunity to create a new sustainable and affordable model of housing that is accessible to the bottom 5%. Solar panels, insulated windows, green energy systems, and environmental architecture are all worthy approaches that improve human and environmental health and should be integrated into new affordable housing developments. Can we re-think housing to create a new model that is both sustainable and affordable on the human and environmental levels?

STRATEGY TWO: ANTICIPATE CRISIS WITH EFFECTIVE INTERVENTIONS

We have learned important lessons over the past three decades about responding to the crisis of homelessness. Systems of care have sprung up to address the emergency needs of people experiencing homelessness. Churches and community-based organizations, both independent and

nationally affiliated, have risen to the challenge of providing for their neighbors in need. Interfaith rotating shelters, buildings that function as emergency shelters, mobile health clinics, and soup kitchens are the entry point for a wide range of homeless services. The experience of responding to this crisis has given us a community knowledge base for responding to the social, economic, and personal crises that destabilize housing.

However, we must continue to move away from a paradigm of crisis and response and toward a system that anticipates crises, develops longer term solutions, and builds local and state government capacity to respond. For example, we know that children cannot succeed in school without a stable home environment. Through the McKinney-Vento Homeless Education Act, schools have designated liaisons to coordinate special services to homeless children. If a child is homeless, so is her family. As an intervention point, schools can provide entry into an integrated system of care that includes access to permanent housing. Another example is building capacity to respond to the re-entry needs of ex-offenders. We know prison discharge dates in advance, and can use time while incarcerated to identify and develop suitable housing placement upon exit to ensure smooth transitions back to community and prevent homelessness. Likewise, when a landlord seeks to obtain a notice of eviction, courts and law enforcement have advance knowledge that a tenant is at risk of losing housing. Linking mediation and legal assistance and providing next step housing at the time of eviction is another way to avoid homelessness. These are just a few of the ways to anticipate emergency housing needs before they become full-blown crises that have the potential of destabilizing our communities.

STRATEGY THREE: TARGET RESOURCES TO ADDRESS COMPLEX NEEDS

Our system of homeless services arose to respond to people in need, not “eligible categories” that fit into funding silos and systems frameworks. Real people engage with multiple systems in an attempt to meet their basic needs. The homeless assistance network has been called upon to address insufficient access to critical medical care, the limited availability of substance abuse treatment programs, and a critical shortage of inpatient and outpatient mental health services as well as specialized interventions for traumatic stress. Despite the best efforts of homeless service providers and high-quality programs providing comprehensive services to people experiencing homelessness, the needs are overwhelming. The homeless assistance network cannot do it all alone. People with multiple, complex needs must have access to mainstream medical, mental health, and substance use services.

We must move away from the fragmented, homeless-specific system to a system of integrated, mainstream services. For instance, a Supportive Housing Block Grant program for use by non-profit housing developers and public housing authorities could support the development of supportive housing, providing apartments linked to treatment and social services for people with complex needs. This single source funding would streamline the efforts to create opportunities for people whose needs are draining resources

from multiple systems, such as emergency rooms, jails, hospitals, shelters. This has been well demonstrated by recent studies such as “The Frequent Users of Health Services Initiative,” jointly funded by the California Endowment and the California HealthCare Foundation [2].

CONCLUSION

We must work toward linking multiple systems of care to get people experiencing homelessness the help they need. To do this, we must be able to turn to the federal government to provide leadership in funding and developing housing and supportive services. We must sustain the focus at all levels, especially local and federal. We must work together with flexibility and creativity, while also adapting and incorporating new research findings and program models. New efforts must be seeded with funding and monitored for promising signs of progress. Can we take the successful “demonstration” efforts of the last 30 years and invest in

programs at a scale that meets the needs of people experiencing homelessness?

Future generations deserve a world where all are housed with dignity and where playgrounds, sidewalks, and neighborhood parks are spaces of recreation, not human habitation. Sustaining and increasing our ability to help people in need is a daunting effort that will take tremendous work. We are responding to the new administration’s call for change. Will you join us?

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