

CENTRAL ARKANSAS

Ten-Year Plan to End Chronic Homelessness

Introduction

Our goal is to eliminate chronic homelessness in central Arkansas by 2016. To realize this ambitious, but reachable state, we must build a proactive collaboration of community leaders, service providers, and resource partners to create a well-connected network of services that moves persons who are chronically homeless into supportive housing as quickly as possible. To achieve this goal, we must strengthen a continuum of support that includes health, mental health, substance abuse, outreach, transportation, and other services. At the same time we must enlarge the stock of affordable housing. One without the other will not accomplish the mission.

As a complement to programs directed toward persons who are chronically homeless, we include prevention strategies that contribute to efforts to keep those at risk of becoming homeless from becoming situationally homeless and, in turn, from becoming chronically homeless.

Although emergency shelters do not represent long-term solutions for persons who are chronically homeless, they serve as a critical entry point for many persons without homes and play an important role in propelling them toward partner agencies that provide supportive services. A major goal of this plan is to end the practice of discharging or releasing people from institutions back onto the street. The mark of a seamless continuum of care is movement of persons who are homeless into permanent housing as quickly as is feasible. Being caught in a “revolving door” of temporary housing and regular episodes of street living is a symptom of a malfunctioning system of care. Maintaining, rather than eradicating homelessness, does not represent an acceptable goal and fails to empower those who are chronically homeless.

This plan is the product of 18 months of planning by work groups addressing supportive housing, a day resource center, discharge planning, workforce preparation, outreach, and resource development. Members of a 25-person Steering Committee oversaw the process, served on the work groups, and reviewed the plan. Their names are listed at the end of the plan.

What is the Profile of a Chronically Homeless Person?

“Chronically homeless” persons are single individuals with disabling conditions, including mental health and substance abuse problems, who have been continuously homeless for at least a year, or four or more times over the past three years. They comprise many of those visible on our streets and constitute one of the most challenging sub-populations of persons who are homeless to engage in services. Some refuse assistance, but many are frequent users of public services, particularly mental health.

Because they often have multiple problems, however, people who are chronically homeless rarely have all of their needs met by any one agency. Tight funding limits public and non-profit

agencies from addressing the causal factors behind an individual's homelessness. Consequently, individuals who are chronically homeless often are shuttled from agency to agency in an attempt to address their problems in workable segments. Too often, they are not progressing toward permanent housing; instead, they remain trapped in an under-funded and often under-coordinated network of service providers.

Chronically homeless persons use a disproportionate amount of public resources. Because of their high rate of disability, they consume over 50 percent of homeless assistance resources. They also are frequent users of expensive public services, such as emergency medical care, psychiatric care, and law and criminal justice programs.

According to the 2005 Arkansas census of persons who are homeless, a total of 430 individuals were estimated to be chronically homeless. This is a relatively small proportion of the total homeless population in central Arkansas; estimates range from 15 to 25 percent. However, the total is a significant part of the state's chronically homeless population. Providers of services to persons who are homeless suggest that central Arkansas, particularly the cities of Little Rock and North Little Rock, attract a disproportionate percentage of the chronically homeless because of its centrality to the transportation network, the availability of services, and the lack of services in most other parts of Arkansas, particularly in small towns. Complicating estimates of number and need is the dislocation resulting from hurricanes Katrina and Rita, which forced the relocation of individuals and families, some of whom may become part of the chronically homeless population.

Individuals who are chronically homeless often exhibit personal and social characteristics that present further challenge for existing service providers who seek to qualify them for their programs and to provide the needed level of support. For example, they often have a distrust or fear of the "system," they lack social and communications skills, lack conventional support groups, have significant medical and nutritional problems, and often have criminal justice records. These characteristics do not make them less worthy, just more of a challenge to reintegrate into society.

What is the Homeless Count in Central Arkansas?

Numbers vary despite rigorous efforts to count persons who are homeless in central Arkansas. The very nature of this population and the challenges of finding persons who are homeless at any given point in time make an exact count impossible to ascertain. We have based this plan on a range of numbers that suggests a serious challenge to those who seek to end chronic homelessness and significantly reduce the number of situationally homeless.

The *2004 Report of the Homeless Count and Survey Results* concluded that an estimate of 3,000 homeless persons was present in central Arkansas on the night of February 26, 2004. While some believe the final count to be inflated, there is considerable justification to use this number as an accurate reflection of the homeless population. Enumerators actually counted 1,429 persons as homeless in the four-county area of the CATCH Continuum of Care, 90 percent of whom were in Pulaski County. Using HUD-certified methodology, directors of the count added 300 children who had gone uncounted according to the local school districts. Local police

departments estimated another 467 uncounted, and an estimated total of 143 were reported by psychiatric hospitals, soup kitchens, and isolated shelters. Adding these numbers provided by reliable sources to the actual count equals 2,339. Enumerators noted that the homeless count in 2004 represented a 15 percent increase over 2001. Service providers have noted a continued increase in clients and estimate that the next count, scheduled for 2007, will show similar increases.

CATCH, the area Continuum of Care, reported in its 2006 application for funding that despite an addition of 30 new emergency shelter beds for people who are homeless during the past year, the area still experiences a shortage of 382 emergency shelter beds. An even larger need exists in transitional housing, where the shortfall is 1,068 beds. The largest gap between demand and supply exists in supportive housing where the report indicates a need for 3,665 beds.

What Causes or Contributes to Chronic Homelessness?

Experience and research confirm that the lack of availability of and access to affordable housing, particularly supportive housing, insufficient income, and unmet need for services such as mental health and substance abuse treatment, cause chronic homelessness. Housing costs, both locally and nationally, have increased significantly over the past decade. Over 50 percent of low-income renters in Pulaski County pay more than half of their income for housing. Because they pay so much for housing, poor people have fewer reserves and are at greater risk of becoming homeless if a crisis occurs.

Inadequate discharge planning also contributes to chronic homelessness. When people are released from public institutions without adequate housing or support, they are more likely to become homeless—immediately or soon after release. Research shows a strong connection between homelessness and prior history with public systems of care. For example, half of homeless adults report having spent five or more days in jail. Twenty percent have spent time in state or federal prison. Many offenders are released without criminal justice parole or supervision. Without supervision, many fall through the proverbial cracks and into homelessness, or return to jail. Overcrowding of the Pulaski County Jail has exacerbated this trend.

In addition, nearly half of all homeless adults have one or more chronic health problems; a quarter of them have at least one acute infectious condition. In a national study, one-third of homeless persons listed hospital emergency rooms as the place they receive medical care. Fifty-three percent of chronically homeless persons reported in a 2001 national study having a mental health problem in the last year. Between one-fifth and one-quarter of all homeless persons have a diagnosable, major mental illness such as schizophrenia, depressions, or bipolar disorder. Thirty-one percent of homeless persons report having problems with their mental health as well as problems with alcohol and/or drugs in the last year.

What does Chronic Homelessness Cost?

By definition, chronically homeless individuals are on the street for long and/or frequent periods of time. They are the most frequent users of emergency shelter, feeding programs and soup

kitchens; they are heavy users of public institutions such as jails and hospitals; and, they represent significant client loads in mental health and substance abuse treatment programs. Although chronically homeless persons represent only 15 to 25 percent of the total homeless population, they consume half of all homeless program resources.

With their limited incomes and high rates of physical health, mental health, and substance abuse problems, individuals who are homeless are heavily dependent on public services. People who are chronically homeless cycle in and out of these services on a regular basis without ever having their underlying needs met. Follow-up treatment and monitoring is difficult, given the transient nature of this population.

Homelessness is not only a personal tragedy, however. It is expensive to the public, as well. Research has documented that homelessness increases people's use of costly emergency interventions. A 2001 study by the University of Pennsylvania of 4,679 homeless mentally ill individuals in New York City found that the average homeless individual with mental illness costs the public \$40,449 a year in emergency interventions. While New York City may spend more on these interventions than most municipalities, homelessness presents consistently high costs to the public in every large city and state in the U.S.

Interestingly, the same study found that when the subjects were placed in supportive housing, their use of emergency interventions decreased, reducing public costs by 40 percent. For every unit of supportive housing developed, the public saved \$16,282 per year in reduced emergency service costs. These savings paid for all but \$995 of the annual cost of building, operating, and providing services in the housing. The study also found that the costs of incarcerating homeless people with mental illness were greatly reduced by their placement in supportive housing.

What does this mean for central Arkansas? It suggests that by positively intervening in the lives of the persons who are chronically homeless, we as a community should be able to reduce the costs of serving this population. Shifting to an emphasis on stabilization and permanent, supportive housing likely will involve new costs, but the transition to ending, rather than maintaining, chronic homelessness should create significant savings, perhaps as much as 40 percent.

What Challenges Do We Face?

Those who are chronically homeless constitute a multi-faceted challenge for local governments, service providers, and the general population. They are a visible reminder that some citizens lack the most basic of needs, housing. Homelessness arises from multiple causes and its complexity can easily confound even the most sincere, sustained efforts by government, law enforcement, health care, and social service agencies.

Temporary and permanent solutions

The challenge of chronic homelessness indeed has been addressed with seriousness of purpose, but also with inadequate resources, certainly with well-intended strategies, yet lacking sustained, long-term application. Many of the services are so-called "front-end services," dedicated to

reaching out to people on the streets and addressing their immediate needs of hunger and shelter. No matter how well intended and needed, these services maintain the status quo, thereby failing to lead to an ultimate goal of connecting individuals who are chronically homeless with permanent housing and needed services. Supportive services, such as case management, physical and mental health services, substance abuse treatment and recovery, transportation, and legal services, are designed primarily to help an individual maintain housing and live a productive, healthy life. We can best go about helping people who are chronically homeless by providing humane assistance to help them assume or resume productive lives. In the plan that follows, we propose specific strategies intended to achieve that goal.

Working collaboratively

In central Arkansas, there are many well-run agencies that provide services for this population. There are other agencies that operate on a shoestring and depend on soft money and donations to stay afloat. Others are staffed largely with well-intended, hard-working volunteers who lack adequate administrative permanency and direction. Caring for a dependent population such as individuals who are chronically homeless is a function of the heart that must be reinforced with hard-nosed, administrative strategies.

Generally, we as a region lack enough services, enough beds, and enough slots in treatment programs, for example, to serve adequately the chronic homeless population. During the development of this plan, we have observed a limited number of partnerships and frequent competition for too-few dollars. We do not find fault, necessarily, with provider agencies; rather, we detect a lack of vision oriented toward what these agencies, local and state government, as well as the business sector could achieve in a collaborative approach. In other words, the chronic homeless problem will not be solved by individual agencies, working individually. Instead, we believe that these agencies, government, and business must join together synergistically to design and execute a comprehensive approach, which is client-centered, rather than service-centered. Comprehensive case management, for example, is a critical element of this focus.

To sustain this effort, however, larger social issues must be addressed. Research indicates that one out of every ten poor families is at risk of homelessness. To improve this outlook, we must address the underlying factors that place people at-risk of homelessness in the first place. While beyond the scope of this plan, we believe that our society must address issues that permanently will end chronic homelessness, such as adequate, affordable housing, employment opportunities that pay an adequate wage, affordable health care, and access to mental health and substance abuse treatment on demand. Unless movement is made toward these admittedly ambitious and somewhat controversial goals, the system of homeless service providers will increasingly carry a larger proportion of care for this sub-population as a surrogate for a broader-based, social welfare system.

Overview of the Plan

We have designed this plan around the ambitious goal of ending chronic homelessness in central Arkansas by 2016. Specific action steps are phased over two-year periods, roughly in