

Homelessness

Homelessness impacts all of us, whether or not we experience it ourselves.

It's a public health problem. Without their own housing and the social status to use restrooms in businesses or other public places, people who are homeless often have to relieve themselves outside. They lack access to health care and often have chronic illnesses, made worse by tough living conditions: sleeping outside in all weather, eating cheap starchy foods, and being in close quarters at social service agencies with other unhealthy people.

Homelessness is an economic problem. People without housing are high consumers of public resources and generate expense, rather than income, for the community. In WNC's tourism-driven economy, homelessness is bad for business and can be a deterrent to downtown visitors. Based on a study conducted a few years ago, it can cost our community as much as \$23,000 for one person to be chronically homeless for one year (shelter stays, jail time, emergency room visits, etc.).

Most importantly, homelessness is a human tragedy. Our own community members live in tents and under bridges, vulnerable to inclement weather and violence, stripped of dignity and our collective respect.

When we think about what causes homelessness, we often think about addiction, mental illness, domestic violence, job loss, and disabilities. And those are all accurate demographic characteristics of the homeless population.

Many people who are homeless struggle with both mental illness and addiction, often using alcohol and/or drugs to self-medicate an undiagnosed or untreated mental illness. Domestic violence rates are high, and most people who are homeless have been victims of physical or sexual abuse at some point in their lives. While some people work through day labor companies or have service industry jobs, unemployment is more common. And an estimated 40% of the homeless population is disabled.

But those factors describe not only the homeless population in the United States, and here in Western North Carolina, but also the housed population. They describe all of us. They are all normal life crises. In our own communities and in our own families, we all know people who are alcoholics. Who are on medication for mental health problems, like depression or bipolar disorder. We may know people who've experienced domestic violence or other traumas. In the tough economy of the past few years, we've all known people who've lost their jobs.

The difference between people who experience those challenges and become homeless and people who experience them and don't lose their housing is simple: it's support. If we have a strong support system around us when something happens, then people who care about us intervene when they notice us drinking too much. They help us cover our rent or mortgage payment while we're between jobs. They show up at the hospital when we get sick or hurt and they pick our kids up from school when we can't get there ourselves.

People who are homeless are just as varied as people who are not; the only commonality among them is a profound lack of support. Sometimes they've come from a background of family

support and have lost it because mental illness and substance abuse damaged their relationships. More often, they never had that support to begin with.

Myths & Facts About Homelessness

Homelessness is an often misunderstood issue, in our region and across the country. Below are common misconceptions about people who experience homelessness, along with data-driven facts that refute those myths. By educating ourselves about homelessness, we empower ourselves as a community to solve the problem together.

Myth: People need to earn their way back into housing, and we need to hold them accountable.

In America, we believe in pulling ourselves up by our bootstraps. But what if you don't have boots? When we talk about holding people accountable, we assume that they've had the same chances we've had, but done less with them. We assume their parents packed them lunch for school and helped them do their homework. That someone helped them apply for college, paid for it, and moved them into their first apartment when they graduated. But we're mistaken. Most people who become homeless come from backgrounds of abuse and neglect. In fact, the odds of someone in the general population becoming homeless are 1 in 194, whereas those same odds for kids coming out of foster care are 1 in 11. Homeward Bound, a local nonprofit, serves more than 3,000 clients annually; of them, 65% have spent time in foster care.

Homeless people are dangerous.

Homeless people are more likely to be victims of violent crimes than to commit those crimes themselves. People without housing are vulnerable and lack the safety that a home provides. While it is true that homeless people often have lengthy arrest records, they're most often arrested for non-violent crimes associated with not having a home, like public urination, or trespassing charges for camping on someone else's land.

Homeless people come to WNC because they heard about our social services.

Most people stay in the community where they first became homeless. According to national data, only 25% of the homeless population is transient, which is also true here. The majority of people accessing homeless services in Western North Carolina are from this area originally.

People choose to be homeless.

They don't. Walk into a second grade classroom anywhere in the United States & see how many hands get raised when you say, "Who wants to be homeless when you grow up?" No one wants to end up there. Sometimes people would rather camp than stay in shelters, where they have to follow rules that are tough for them to reconcile with their mental illnesses or substance abuse. And sometimes people get entrenched in homelessness when they've been there long enough, and the prospect of moving out of it is scary (think of Brooks in *The Shawshank Redemption*), so it seems

easier to stay homeless. None of this means that people are choosing it; instead, it means they need relationships and help navigating their way out of homelessness & back into housing.

Above all, our greatest misconception about homelessness is that the people who experience it somehow deserve it, should be defined by it, and are less valuable because of it. In reality, homeless people are more often victims of trauma, are defined by who they are rather than by their housing status, and are equally as human and equally as valuable as those of us who have homes of our own. It is possible for us to end homelessness in Western North Carolina, but the first step must be a fundamental recognition of the humanity we all share, regardless of where we sleep each night.

A History of Homelessness in the U.S.

Homelessness hasn't always existed in the United States as a social problem. During the Great Depression, people traveled looking for work and food, but from that time through the late 1970s, very few people experienced homelessness. Families were stronger and took care of each other, faith communities collected money when one of their members had a need, and people knew and nurtured their neighbors and invested in their communities.

In late 1970s and early 80s, our landscape began to change, and homelessness emerged. The first wave came with the Community Mental Health Act, a piece of federal legislation that moved to deinstitutionalize mental health care. People who lived and received care in institutions were moved out and promised mental health care from local centers that were never developed. Without the same level of support they'd received in the institutions where they lived, people began to destabilize and weren't able to maintain their housing.

People with mental illness were the first wave, but not the only wave, and the homeless population grew significantly in the 1980s. As a nation, we responded with charity. Churches and other groups opened soup kitchens and shelters and clothing closets, hoping to keep people alive by meeting their basic needs while they worked to get themselves out of homelessness. In 1987, the government got involved and passed the McKinney-Vento Act, providing the first federal funding for a continuum of services to the growing homeless population.

The charitable activities became collectively referred to as the Housing Readiness model, working under the assumption that people who were homeless weren't yet ready for housing. The goal was to provide food and shelter to them while they worked to overcome addictions, stabilize their mental health, and obtain income. Once they had achieved those things, they would be ready to move into their own housing and to move forward in their lives.

Unfortunately, the Housing Readiness model didn't solve the problem. Emergency shelters had limited capacity, and people who needed them didn't know whether or not they'd get a bed from one night to the next. They also had strong regulations that deterred people from accessing their services, like mandatory attendance at chapel services or strict entry and exit hours that made employment difficult.

In the mid-1990s in New York City, Dr. Sam Tsemberis realized that people who were homeless had no stability; they spent their days trying to find food and shelter and had little time for

anything but survival. The constant state of crisis they lived in made it difficult to find work, to get sober, or to address physical or mental health needs.

So he pioneered a new response to homelessness, based on the simple notion that what homeless people need most is a home. His agency started providing housing *first*, instead of last. Rather than making sobriety or employment conditions for getting housing, he worked with people on those things only after they had the stability that housing affords. And he began to see results. Not only were people moving out of homelessness, 84% of them were staying in their new apartments and not becoming homeless again.

The Housing First model revolutionized the way our nation handles homelessness by giving us an opportunity to solve the problem. As government policy and funding have embraced this model and more and more agencies have implemented it, we've begun to see reductions in the overall homeless population size. And we've had increasing reason to hope that a policy shift towards using this model can solve the problem that a policy shift originally created and that ending homelessness in our country, and in Western North Carolina, is a real possibility.

Ending Homelessness Strategically

Homelessness is a problem with a solution. In 2000, the National Alliance to End Homelessness (an advocacy organization) and the U.S. Interagency Council on Homelessness (a government agency) started encouraging communities to develop strategic plans to end homelessness within 10 years and to base those plans on the highly successful Housing First model. Both organizations believed that there was no one-size-fits-all plan, but that instead every community was different, had different population needs, and needed to come together as a community to make its own decisions and create its own plan.

As the largest urban area in Western North Carolina with the largest homeless population, Asheville created the region's first and only 10-year plan to end homelessness. The City of Asheville and Buncombe County jointly adopted *Looking Homeward: the 10-Year Plan to End Homelessness in Asheville & Buncombe County* in 2005, based on the recommendations of a task force charged with researching successful interventions to homelessness and tailoring them to meet local needs.

The plan is constructed on two simple beliefs. One is that housing ends homelessness. The other is that homelessness is a community-wide problem and therefore requires a community-wide solution. No single entity is responsible for or capable of solving the problem alone, but instead, the entire community must work together to get the job done.

Looking Homeward's primary goal is to end chronic homelessness within 10 years, with a secondary goal of reducing all other occurrences of homelessness. Chronic homelessness is federally defined as being homeless for at least one year, or experiencing homelessness at least 4 times within 3 years, and having a disabling condition. The plan targets chronically homeless people both because they have suffered the most and because they live in crisis systems so are the costliest to our community. The strategy is to focus on ending chronic homelessness first, so that those resources can be redistributed to house more people who need less support.

Five components comprise the 10-year plan. The first is creation of the Asheville-Buncombe Homeless Initiative, which is a jointly-funded partnership between the City of Asheville

and Buncombe County, and is responsible for working with stakeholders to coordinate implementation of the plan. The second is using a community-wide database (the Homeless Management Information System) to track social services and provide accurate data on who's homeless in our community and what the population's needs are.

The third component is to prevent homelessness from occurring, by using emergency assistance funds to keep people in housing when they're struggling to make ends meet, and by making sure that when people are discharged from hospitals, jails, or treatment programs, they have somewhere to go other than the streets. Much like with vehicle maintenance or health care, prevention is the most effective use of resources.

And the final components are based on the Housing First model. The fourth is to move the community away from focusing on shelter towards investing resources into permanent housing programs. And the fifth is to keep people in housing once they're there, by providing supportive services like substance abuse treatment, mental health care, and employment coaching that will help them stabilize and maintain their housing long-term.

Is the plan working? Since its 2005 adoption, Asheville has reduced chronic homelessness by 75%, and its overall homeless population by 24%. It has created new partnerships among service providers, mobilized the faith community, and reallocated local funding to focus on solving the problem rather than managing it. Most importantly, it has directly impacted the most vulnerable members of our community, hundreds of whom now live in their own apartments instead of on the streets or in shelters. To read *Looking Homeward: the 10-Year Plan to End Homelessness in Asheville & Buncombe County*, visit www.ashevilenc.gov/homeless.