



Bring Austin Home

Community First!
A Program of Mobile Loaves & Fishes

Introduction

"Bring Austin Home" is a Mobile Loaves & Fishes, Inc. resource document with evidentiary support for the need for Community First! (CF!) in our community. Community First! is an ongoing endeavor by Mobile Loaves & Fishes to effectively confront chronic homelessness in Austin. CF! lifts people off the street by providing them permanent, sustainable and affordable housing and the support system they need to heal from the ravages of living on the streets and rediscover a purpose in their lives. This powerful initiative also provides residents with a supportive community dedicated to helping them effect positive change in their lives.

When addressing the issue of homelessness we encounter fear and doubt regarding the people who are homeless and with regard to providing permanent, sustainable and affordable housing to the homeless. We believe that most of the doubt comes from a lack of information, misunderstanding and unfounded fear.

We invite you to "go upstream" to better understand how a person can become homeless and why it is so difficult to break the cycle of homelessness. Take a look at these questions, facts, documents and testimonials, prepare to let go of your fear and embrace compassion.

1. Who are the homeless?
2. What do you mean by the "chronically homeless"?
3. Why are these people homeless?
4. Why is it important to give them permanent sustainable housing?
5. Why should the City of Austin be involved in housing the homeless?
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The City of Austin estimates that approximately 600-800 chronically homeless individuals live on the streets of our city. Ours brothers and sisters need permanent, sustainable, affordable housing. **Help us bring them home!**

Who are the homeless?

Homelessness is not fundamentally a consequence of the moral and spiritual deficiencies of the poor; rather, it is “simply the endpoint, the ‘logical’ outcome for part of the population – the extremely poor – under conditions of industrial and urban decay.”¹ Indeed, anyone who has lived among the homeless would acknowledge that they “are not deficient and defective; they are resilient and resourceful.”² We at Mobile Loaves & Fishes believe that the single greatest cause of homelessness in the United States is the profound loss of family; the first tier of our cultural safety net.

At the same time, we recognize that factors such as the youth culture, dysfunctional families, inadequate education and learning disabilities, adolescent rebellion, drugs, alcohol, gambling abuse, mental illness, racism, the inherent problems with limited and substandard homeless shelters, and a lack of affordable housing all exacerbate the condition of homelessness.

But where do the factors that exacerbate homelessness originate? Many argue it is the lack of familial support due to death, alienation, institutional childhood, or indifferent parents. We need to recognize the correlation between the breakdown of American families and various social problems – that children born into single-parent families are much more likely than children of intact families to fall into poverty and welfare dependence themselves in later years.³

Who are the Homeless?⁴ According to the National Coalition for the Homeless:

- **Definition:** A person is considered homeless who "lacks a fixed, regular, and adequate night-time residence; and... has a primary night time residency that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." The term “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law." *42 U.S.C. § 11302(c)*
- **Age:** In 2003, children under the age of 18 accounted for 39% of the homeless population; 42% of these children were under the age of five (National Law Center on Homelessness and Poverty, 2004). This same study found that unaccompanied minors comprised 5% of the urban homeless population. However, in many cities and especially in rural areas, the numbers of children experiencing homelessness are much higher. According to the National Law Center on Homelessness and Poverty, in 2004, 25% of homeless were ages 25 to 34; the same study found percentages of homeless persons aged 55 to 64 at 6%.
- **Gender:** Most studies show that single homeless adults are more likely to be male than female. In 2007, a survey by the U.S. Conference of Mayors found that of the population surveyed, 35% of the homeless people who are members of households with children are male while 65% of these people are females. However, 67.5% of the single homeless populations are males, and it is this single population that makes up 76% of the homeless populations surveyed.

¹ Steven Bouma-Prediger and Brian J. Walsh, *Beyond Homelessness – Christian Faith in a Culture of Displacement*, (William B. Eerdmans Publishing Company, 2008), p. 93

² Doug A Timmer, D. Stanley Eitzen, Kathryn D. Talley, *Paths to Homelessness: Extreme Poverty and the Urban Housing Crisis* (Boulder, CO: Westview Press, 1994), p. 6.

³ Patrick F. Fagan, “*Rising Illegitimacy: America’s Social Catastrophe*,” Heritage Foundation F.Y.I. No. 19, June 29, 1994

⁴ <http://www.nationalhomeless.org/factsheets/who.html>

- **Families:** The number of homeless families with children has increased significantly over the past decade. Families with children are among the fastest growing segments of the homeless population. In its 2007 survey of 23 American cities, the U.S. Conference of Mayors found that families with children comprised 23% of the homeless population. These proportions are likely to be higher in rural areas. Research indicates that families, single mothers, and children make up the largest group of people who are homeless in rural areas (Vissing, 1996). For more information, see the fact sheet on [Homeless Families with Children](#).
- **Ethnicity:** In its 2006 survey of 25 cities, the U.S. Conference of Mayors found that the sheltered homeless population is estimated to be 42% African-American, 39% white, 13% Hispanic, 4% Native American and 2% Asian. Like the total U.S. population, the ethnic makeup of homeless populations varies according to geographic location. For example, people experiencing homelessness in rural areas are much more likely to be white; homelessness among Native Americans and migrant workers is also largely a rural phenomenon (U.S. Department of Agriculture, 1996).
- **Victims of Domestic Violence:** Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998). A 2003 survey of 100 homeless mothers in 10 locations around the country found that 25% of the women had been physically abused in the last year (American Civil Liberties Union, 2004). In addition, 50% of the 24 cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2005). Studying the entire country reveals that the problem is even more serious. Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence (Zorza, 1991; National Coalition Against Domestic Violence, 2001). For more information, see the fact sheet on [Domestic Violence and Homelessness](#).
- **Veterans:** Research indicates that 40% of homeless men have served in the armed forces, as compared to 34% of the general adult male population (Rosenheck et al., 1996). In 2008, the U.S. Conference of Mayors' survey of 24 American cities found that 13% of the homeless populations were veterans – however, this does not take gender into account. The National Coalition for Homeless Veterans estimates that on any given night, 271,000 veterans are homeless (National Coalition for Homeless Veterans, 1994). For more information, see the fact sheet on [Homeless Veterans](#).
- **Persons with Mental Illness:** Approximately 16% of the single adult homeless population suffers from some form of severe and persistent mental illness (U.S. Conference of Mayors, 2005). According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5-7% of homeless persons with mental illness require institutionalization; most can live in the community with the appropriate supportive housing options (Federal Task Force on Homelessness and Severe Mental Illness, 1992). For more information, see the fact sheet on [Mental Illness and Homelessness](#).
- **Persons suffering from addiction disorders:** Surveys of homeless populations conducted during the 1980s found consistently high rates of addiction, particularly among single men; however, recent research has called the results of those studies into question (Koegel et al., 1996). Briefly put the studies that produced high prevalence rates greatly over represented long-term shelter users and single men, and used lifetime rather than current measures of addiction. While there is no generally accepted "magic number" with respect to the prevalence of addiction disorders among homeless adults, the U.S. Conference of Mayors' number in 2005 was 30%, and the frequently cited figure of about 65% is probably at least double the real rate for current addiction disorders among all single adults who are homeless in a year. Among surveyed homeless people 38% have an alcohol problem, and 26% report problems with other drugs (National Health Care for the Homeless Council). For more information, see the fact sheet on [Substance Abuse and Homelessness](#).

- **Employment:** Declining wages have put housing out of reach for many workers: in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent (National Low Income Housing Coalition, 2001). In fact, in the median state, a minimum-wage worker would have to work 89 hours each week to afford a two-bedroom apartment at 30% of his or her income, which is the federal definition of affordable housing (National Low Income Housing Coalition 2001). Thus, inadequate income leaves many people homeless. Recent surveys by the U.S. Conference of Mayors have reported as high as 25% are employed. In a number of cities not surveyed by the U.S. Conference of Mayors - as well as in many states - the percentage is even higher (National Coalition for the Homeless, 1997). For more information, see the fact sheets on [Employment and Homelessness](#) and [Why Are People Homeless?](#)

IMPLICATIONS

People who become homeless do not fit one general description. However, individuals experiencing homelessness do have certain shared basic needs, including permanent, affordable housing, adequate income, and health care. Some homeless individuals may need additional services such as mental health or drug treatment in order to remain securely housed. All of these needs must be met to prevent and to end homelessness.

What do you mean by the “chronically homeless”?

The U.S. Department of Housing and Urban Development (HUD) defines a *chronically homeless* person as: "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' In defining the chronically homeless, the term "homeless" means 'a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter.' "

Why are people homeless?

Recent increases in homelessness are attributable to global economic changes, a severe shortage of affordable shelter for low-income households, and cutbacks in social programs⁵ and the catastrophic loss of family and community.

- Low-paying jobs, no health care benefits, no security of employment, no possibility of real advancement – these are the jobs the working poor get, and those workers are just one missed paycheck away from the street.⁶
- As the number of people in need increases, the inventory of affordable housing decreases.
- Federal, State and Local Government can no longer afford the social safety net for the poor and homeless. Why are the most vulnerable people of our society being sacrificed for the sake of a balanced budget?
- The absence of the father in a family is the single most important cause of poverty.⁷

⁵ Gerald Daly, *Homeless: Policies, Strategies and Lives on the Street* (London and New York; Routledge, 1996), p. 1.

⁶ Timmer et al., *Paths to Homelessness*, pp. 25-26.

City of Austin – Comprehensive Housing Market Study

In 2008, the City of Austin – Neighborhood Housing & Community Development⁸ -- contracted with BBC Research & Consulting of Denver to conduct a comprehensive housing market study. The study's purpose was to identify the existing and future housing needs of residents in Austin and to support the development of a targeted plan for meeting these needs. One of the areas BBC looked at is homelessness in Austin. The survey asked if the respondents currently had anyone living with them because they could not afford to live on their own.

- 10% of telephone respondents had someone (non-student) living with them who could not afford to live on their own, 66% of the cases the person was a family member, most planned on the person living with them for 6 months to 5 years.
- 18% of the online survey respondents had a non-student living with them who could not afford to live on their own, 50% of the cases the person was a family member

An important message from the data is, although these homeless individuals may not have a home of their own, they do have a stable family relationship that gives them a place to go, with people they know and hopefully, they are loved.

Mobile Loaves & Fishes is concentrating its Community First! housing initiative on the chronically homeless rather than the so called couch-surfers. The chronically homeless often do not have a stable relationship with a family member and are forced to live on the streets. Once again, family and/or the lack of family is critical in the life of someone who cannot live on their own.

However, regardless of where they sleep and keep their toothbrush, people become homeless for the same reasons.

Why were you/they without housing?

Source:
Austin Resident Surveys, 2008.

Comprehensive Housing Market Study, City of Austin –
Neighborhood Housing & Community Development, BBC
Research & Consulting, March 3, 2009

	Telephone Survey	Online Survey
Bad credit		2%
Became sick and couldn't work or afford health care		10%
Couldn't afford the place I/they was/were living	39%	15%
Couldn't find a place to afford	10%	26%
Got divorced or separated	2%	10%
Got fired	4%	2%
Laid off/lost job	10%	5%
Left spouse or parents because of abuse	3%	3%
Lost government assistance for housing		5%
Moved to seek work	3%	15%
Other	26%	10%
Quit job	3%	1%

Figure 1: Reasons for becoming homeless

⁷ M. Anne Hill and June O'Neill, *Underclass Behaviors in the United States: Measurement and Analysis of Determinants* (New York: City University of New York, Baruch College, 1990)

⁸ Comprehensive Housing Market Study, City of Austin – Neighborhood Housing & Community Development, BBC Research & Consulting, March 3, 2009

To find affordable housing in Austin, you need an income of at least \$25,000 a year.

Rental Gaps Analysis 2008 (Figure 2) compares the supply of rental units to the number of renter households in each category. The Rental Gap column identifies the shortages and excesses in the market -- this is the rental unit mismatch. The rental gaps analysis illustrates the following:

- 21,700 renter households - 13 percent of all renter households in Austin - earned less than \$10,000. These households could only afford to pay a maximum \$175 per month in rent without being cost burdened. Austin has approximately 2,400 units and rental assistance vouchers for these households, leaving a gap of 19,300 underserved households.
- 24,500 renter households - 14 percent of all renters - need apartments with rents between \$175 and \$425 to avoid being cost burdened. These households earn between \$10,000 and \$20,000 per year. In 2008, these renters had approximately 4,750 affordable units and vouchers available to them, leaving a gap of 19,800 underserved households.
- For renters to have a range of affordable choices in Austin, they must earn at least \$25,000 per year. For renters with incomes of \$25,000 and more, affordable rental units abound: Austin's rental market is narrowly priced, with most rents between \$550 and \$1,150 per month. Seventy-nine percent of rental units fall within this price range.

Rental Gaps Analysis, 2008

2005 Income Ranges	Maximum Affordable Rent	Renters		Rental Units 3Q08		Rental Gap
		Number	Percent	Number	Percent	
Less than \$10,000	\$175	21,719	13%	2,397	1%	(19,322)
\$10,000 to \$14,999	\$300	12,390	7%	1,932	1%	(10,458)
\$15,000 to \$19,999	\$425	12,160	7%	2,822	2%	(9,339)
\$20,000 to \$24,999	\$550	13,819	8%	15,446	9%	1,627
\$25,000 to \$34,999	\$775	26,530	16%	79,034	44%	52,504
\$35,000 to \$49,999	\$1,150	28,103	17%	63,186	35%	35,083
\$50,000 to \$74,999	\$1,725	29,583	18%	13,366	7%	(16,217)
\$75,000 to \$99,999	\$2,300	10,898	7%	1,476	1%	(9,422)
\$100,000 to \$149,999	\$3,550	6,335	4%	292	0%	(6,043)
\$150,000 or more	\$3,550 +	4,113	2%	55	0%	(4,057)
Total		165,650	100%	180,006	100%	

Comprehensive Housing Market Study, City of Austin – Neighborhood Housing & Community Development, BBC Research & Consulting, March 3, 2009

Figure 2: Rental Gaps Analysis, 2008

Why is it important to provide permanent sustainable housing?

Why is Housing so important?

Housing comes first; until those who are homeless have a place to live, efforts to improve their lives-- materially or spiritually --offer little chance of long-term success.⁹

Housing precedes employment. In the United States, you cannot live in a house until you've earned the rent money, job training, literacy initiatives, self-esteem programs; all assume that housing will follow employment. You cannot hold a job or build a life until you have housing.

The cheap labor and temporary employment that drive the U.S. economy demand a steady supply of new workers. So policy-makers and corporate bigwigs are unwilling to interrupt the flow by first providing housing for the people who fill those jobs. But putting employment before housing fits the needs of employers, not workers. The same revolving door that fills the slots in the factories is chewing up the people who pass through it.

Housing precedes sobriety. Many varied and loving programs help individuals fight addictions. But success in getting and remaining sober or clean is almost impossible without housing. The despair and physical suffering of homelessness blunt the desire to enter such programs and weary the muscles of self-discipline required to persevere. Instead, drink and drugs are ever available to fend off the degradation and pain of homelessness.

Those who manage to get through a detox program have a chance at a new start. But that fades quickly when they are thrown back into a labor pool where liquor seems the only way to get through eight hours of mindless work at minimum wage, and into shelters filled with booze. It's like spitting into the wind.

Housing precedes education. Children who come to shelters in the evening find little space and no quiet, making study and concentration impossible. The same is true for adults in literacy programs, job training, or remedial education. Without a house there is no place to think and dream, to read about a better life, to listen to the beauty and wisdom of our ancestors.

Denied an environment where they can anchor the day's learning and keep up with their classmates, homeless children struggle against staggering odds. Their adult counterparts must tote books and papers as they shuffle between soup-kitchen lines and crowded shelters. It's easier just to drop out.

Housing precedes health. All the clinics in the world cannot protect against sleeping outdoors in rain, sleet, and snow, or indoors where the still air holds the germs that latched onto people who, during the day, had no access to toilet facilities or shelter from the weather. Mentally ill people on the streets lack the structure that would ensure control of their illness through medication, or prevent them from being a danger to themselves and others. The religious Right's famous "family values" evaporate when parents and children never have a space to call their own or the stability that lets them pay attention to more than simple survival.

Housing precedes evangelization. Even the ancient wanderers in the desert and hermits living in caves had a community to welcome and refresh them. Today's wanderers are on the streets of our cities; today's hermits live on heating grates and in cardboard boxes. The church can and should offer them the nurturing of the Beloved Community. But no church ought to call someone to accept Jesus Christ until it is ready to bring that person into a house and assist in the arduous task of making that house a home.

⁹ Ed Loring, "Housing Comes First," The Other Side (May 2002)

Housing precedes the justice struggle. As a social activist, I am troubled when I hear grass-roots organizers proclaiming that only the homeless can help themselves, or criticizing them for their lack of political initiative. I want to ask: How do people harness economic and social forces for justice and equality if they lack a place where they can gather, an address where they can be found, and a room where they can install telephones and store supplies?

When housing does not precede life itself, fear develops. The brother or sister without a home becomes a criminal and an enemy. People who might help build and maintain affordable housing instead become vociferous advocates for prisons.

We must turn our lives and hearts around. We must build a social policy and culture that are rooted in housing for everyone. If we don't, our hearts will continue to harden, our political analysis will fail to have meaning, and our lives will be eaten by fear and devoured by hate. For the sake of love, for the sake of life, we cannot let that happen.¹⁰

ED LORING ("Housing Comes First") is a partner at The Open Door, a residential Christian community in Atlanta that works in solidarity with people who are homeless or in prison.

Why should the City of Austin be involved in housing the homeless?

Living on the streets is not only undesirable, it is expensive for the citizens of Austin and it is dangerous. Mortality rates are three times higher among homeless populations than among the housed, and the average life expectancy for this population ranges from 42 to 52¹¹, significantly lower than the average American lifespan of 78.¹² The high cost of homelessness doesn't just affect individuals; it also impacts the local economy. Cities with comparable demographics spend close to \$40,000 a year per individual for chronically homeless users of public resources including hospitals, courts, jails, shelters, and the police.¹³ And while these services are important, there is little evidence that they stop the harmful patterns associated with homelessness. Best practices demonstrate, however, that it is possible to save lives, reduce costs, and free needed public services from the burden of constantly cycling the same individuals through the system. Housing First and Harm Reduction are innovative and proven strategies that are being utilized elsewhere to great success to address homelessness, and it is time to bring these strategies to Travis County.¹⁴

Short-Term Solutions with Long-Term Benefits

Organizations (government, church, social) across the US and Canada (and other countries) are trying to understand why people become homeless and why we – those of us blessed with resources like good health, family, and income – should do something about our brothers and sisters in need. The following are excerpts from a few of these studies:

1. **Frequent Users of Health Services Initiative Study**

According to the Frequent Users of Health Services Initiative study conducted by the Lewin Group:

¹⁰ Ed Loring, "Housing Comes First," *The Other Side* (May 2002)

¹¹ O'Connell, Jim, MD. *Premature Mortality in Homeless Populations: A Review of the Literature* Nashville: National Health Care for the Homeless Council, December 2005.

¹² National Center for Health Statistics. "Deaths: Preliminary Data for 2006". 56(16) National Vital Statistics Report. June 11, 2008.

¹³ National Alliance to End Homelessness, Fact Checker: Chronic Homelessness, March 2007. Available for download at www.endhomelessness.org.

¹⁴ Solutions for Homeless Chronic Alcoholics in Austin, Produced by the Ending Community Homelessness Coalition (ECHO) with financial support from Front Steps (managers of the Austin Resource Center for the Homeless), September, 2009

- 45% of program clients were homeless, but more than one-third moved into permanent housing as a result of the programs (emergency departments (ED) with multidisciplinary services including housing).¹⁵
- Clients connected to permanent housing reduced ED use by 34%; whereas clients who remained homeless or lived in shelters or transitional housing reduced ED visits by 12%.
- Clients who obtained permanent housing decreased their number of days in the hospital by 27%, but those not connected to permanent housing *increased* the number of days they spent in the hospital by 26%, resulting in a 49% *increase* in charges.
- Lewin surmised the longer hospital stays were the result of hospitals' reluctance to release recovering homeless patients to the streets.¹⁶
- Moreover, people who are homeless are more likely to experience complex medical conditions than stably housed people, and homeless people die at twice the rate of people who are housed.¹⁷

2. Texas Should Spend on Homeless Services

Texas ranks 48th nationwide in spending on mental health care for the poor. And while there's a price to pay for the help that the homeless need, a proactive approach ultimately should prove more cost-effective. Cities and the State foot the bill when the homeless frequently access hospitals, spend time in jail or tap into other public services on an ad hoc or emergency basis. Providing housing and other services will reduce the need for these expensive safety nets.¹⁸

3. The Cost of Homelessness

The cost of homelessness can be quite high, particularly for those with chronic illnesses. Because they have no regular place to stay, people who are homeless use a variety of public systems in an inefficient and costly way. Preventing a homeless episode or ensuring a speedy transition into stable permanent housing can result in a significant cost savings.¹⁹

- Nine people in Central Texas made 2,678 ED visits in six years according to the Integrated Care Collaboration (ICC), the *Austin American-Statesman* reported in April (2009). The visits' total cost was \$3 million. Among these frequent users, three were homeless; seven had a mental health diagnosis; and eight had a drug abuse diagnosis. The ICC also found that 900 frequent users (defined as people visiting the ED six or more times in three months) made 2,123 preventable visits in 2007, representing 18% of total visits to Central Texas EDs.²⁰
- According to a report in the *New England Journal of Medicine*, homeless people spent an average of four days longer per hospital visit than comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.²¹

¹⁵ Linkins KW, Brya JJ, Chandler DW. Frequent Users of Health Services Initiative: Final Evaluation Report. The Lewin Group; 2008. <http://documents.csh.org/documents/fui/FUHSIEvaluationReportFINAL.pdf>.

¹⁶ Kushel M. Homelessness and Health Care in California: the chicken and the egg. California Progress Report. July 19, 2007. http://www.californiaprogressreport.com/2007/07/homeless_an.html

¹⁷ Santora M. Health of the homeless is worse than imagined, new study finds. *New York Times*. January 31, 2006.

¹⁸ http://www.dallasnews.com/sharedcontent/dws/dn/opinion/editorials/stories/DN-mental_05edi.State.Edition1.2746f3a.html

¹⁹ <http://www.endhomelessness.org/section/tools/tenyearplan/cost>

²⁰ Roser MA. Austin's ER got 2,678 visits from 9 people over 6 years. *Austin American-Statesman*. April 1, 2009. www.statesman.com/news/content/news/stories/local/04/01/0401er.html.

²¹ Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine* 1998; 338: 1734-1740.

- People who are homeless spend more time in jail or prison—sometimes for crimes such as loitering—which is tremendously costly.
- According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.²²
- A typical cost of a prison bed in a state or federal prison is \$20,000 per year²³
- Emergency shelter is a costly alternative to permanent housing. While it is sometimes necessary for short-term crises, it too often serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067²⁴ more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate).
- Perhaps the most difficult cost to quantify is the loss of future productivity. Decreased health and more time spent in jails or prisons, means that homeless people have more obstacles to contributing to society through their work and creativity.
- According to a study conducted in Portland, Maine²⁵, housing people who are homeless cuts the average costs of services they consume in half.
 - After being housed, the 99 formerly homeless people in this study received 35% more mental health services at 41% LESS cost illustrating a shift away from expensive emergency and psychiatric inpatient care to less expensive outpatient community-based mental health services.
 - Permanent supportive housing cut by more than half emergency room costs (62% reduction), health care costs (59% reduction), ambulance transportation costs (66% reduction), police contact costs (66% reduction), incarceration (62% reduction), and shelter visits (98% reduction). The average annual cost of care savings produced by the first year of living in permanent supportive housing was \$944 per person. The total annual cost savings was \$93,436 for all 99 tenants.

Additional Studies...

- Homelessness both causes and results from serious health care issues, including addictive disorders.²⁶ Treating homeless people for drug and alcohol related illnesses in less than optimal conditions are expensive. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.
- Physician and health care expert Michael Siegel found that the average cost to cure an alcohol related illness is approximately \$10,660. Another study found that the average cost to California Hospitals of treating a substance abuser is about \$8,360 for those in treatment, and \$14,740 for those who are not.²⁷
- Permanent supportive housing appears to allow individuals significantly more efficient and appropriate service delivery with tangible cost savings. Perhaps not surprisingly, permanent supportive housing appears to improve quality of life for all involved.

²² Diamond, Pamela and Steven B. Schneed, *Lives in the Shadows: Some of the Costs and Consequences of a "Non-System" of Care*. Hogg Foundation for Mental Health, University of Texas, Austin, TX, 1991

²³ Slevin, Peter, *Life After Prison: Lack of Services Has High Price*. *The Washington Post*, April 24, 2000.

²⁴ Office of Policy Development and Research, U.S. Department of Housing and Urban Development, *Evaluation of the Emergency Shelter Grants Program, Volume 1: Findings September 1994*. p 91.

²⁵ <http://www.mainehousing.org/Documents/HousingReports/CostOfHomelessness.pdf>

²⁶ Rosenheck, R., Bassuk, E., Salomon, A., *Special Populations of Homeless Americans, Practical Lessons: The 1998 National Symposium on Homelessness Research*, US Department of Housing and Urban Development, US Department of Health and Human Services, August, 1999.

²⁷ From the website of the National Law Center on Homelessness and Poverty, May 8, 2000.

- Other studies have shown even more dramatic results from permanent supportive housing. The Denver Housing First Collaborative reduced the public cost of services (health, mental health, substance abuse, shelter, and incarceration) by \$15,773 per person per year, more than offsetting the \$13,400 annual cost of the supportive housing. Similarly, Portland, Oregon’s Community Engagement Program (CEP) reduced the cost of health care and incarcerations from \$42,075 to \$17,199. After accounting for the \$9,870 per person in program costs, there was a \$15,006 per person annual cost savings for the first year following enrollment in CEP.²⁸

Housing is a Human Right

Housing is a human right²⁹. International human rights law recognizes housing as a basic human right. Article 25 of the United Nations Universal Declaration of Human Rights, adopted with U.S. leadership in 1948, states that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

The Habitat Agenda - In 1996, the Habitat II conference, an UN-sponsored conference in which the U.S. and 170 other nations participated, reaffirmed these basic principles. Part of a series of UN-sponsored conferences on global social issues, Habitat II included significant discussion of housing and homelessness, including recognizing adequate housing as essential to the development of individuals and communities and the prevalence of problems associated with its lack.

The Habitat Agenda states “adequate shelter means more than a roof over one’s head.” Consistent with well-established definitions, it notes that adequacy includes housing that is:

- Healthy, safe, secure, accessible and affordable and that includes basic services, facilities and amenities, and has proximity to work, social services and transportation.
- It also requires that persons be free from discrimination in housing and possess legal security of tenure.

The Habitat Agenda states that government should:

Provide direct assistance to disadvantaged and vulnerable groups (including homeless persons), and promote supportive services for homeless people and members of other vulnerable groups.

- Address "the specific needs and circumstances of children, particularly street children."
- The document also includes a provision that “homeless people should not be penalized for their status,” specifically added by the U.S. delegation to address the trend towards the "criminalization" of homelessness in many U.S. cities.

The right takes into account the resources available to a country. The obligation is to make fulfillment of the right a priority, and to fulfill it to the maximum extent of available resources. While the precise parameters of the human right to housing as applied to the U.S. context may not yet be fully

²⁸ <http://www.endhomelessness.org/section/policy/focusareas/chronic>

²⁹ National Law Center of Homelessness & Poverty, *Homelessness in the United States and the Human Right to Housing*, January 14, 2004 (<http://www.nlchp.org/content/pubs/HomelessnessintheUSandRightstoHousing.pdf>)

determined, at a minimum, realization of the right in a resource-rich country such as the U.S. should at a minimum mean that:

- no one is homeless
- no one is penalized for being homeless
- no one is freezing to death on the streets.

This should not be an issue in the U.S., as many countries with far fewer resources not only abide by the right to adequate housing but have enshrined that right in their constitutions.

Recent developments suggest that the U.S. is currently in violation of the human right to housing, and related human rights:

- Many men, women and children are now literally homeless, and the numbers are growing
- Millions of men, women and children are inadequately or precariously housed, and at imminent risk of homelessness
- Full time work at the minimum wage is not sufficient to pay for housing
- On U.S. streets and public places, homeless people are literally freezing to death in cold climates and suffering from heat-related illnesses and death during the summer.
- Homelessness is threatening the human right to maintain one's family.
- In cities across the U.S., homeless people are criminally punished for their status.
- Too often, homeless people are being brutalized just because they are homeless.

To better understand the international human rights law and practice see the study conducted by the National Law Center on Homelessness and Poverty

"Homelessness in the United States and the Human Right to Housing"

(<http://www.nlchp.org/content/pubs/HomelessnessintheUSandRightstoHousing.pdf>)

Weather-Related Illnesses

And finally, as we are realizing the effects of climate changes, heat and cold related illnesses and dehydration are even harder on the homeless. Without a home and the ability to get safe drinking water, the homeless suffer from dehydration.

There are many reasons why we need to ensure that the homeless (and all of us) of Austin are getting enough water and are protecting ourselves from the heat and the cold:

1. Dehydration is a major illness, possibly catastrophic resulting in death. A 10% loss of body water through dehydration is life-threatening.
2. Treatment for dehydration and heat-related illnesses may require professional medical attention including a stay in the hospital
3. We should expect that cases of heat exhaustion and dehydration will be on the rise in the summer months and will add more strain to our EMS, ERs, and hospitals.
4. Without clean, potable water the plight of the homeless will be exacerbated when they have to turn to unsafe water sources resulting in intestinal illnesses. These illnesses will increase the need for professional medical help and lead to possible long-term effects or, even, death.

5. By ensuring that the homeless of Austin have an adequate, regularly available supply of clean drinking water and shelter from the heat and cold, we will be following the “Golden Rule” and lessen the impact on our emergency services and the output of our tax dollars.
6. It’s the right thing to do.

What makes the Community First! Model different from traditional shelters and soup kitchens?

Emergency Homeless Shelters and soup kitchens are essential to address the problems associated with homelessness in the Austin community. Temporary Shelters and emergency support are appropriate for individuals who are only without a home for a short period of time due to unforeseen events or financial situations. However, for the chronically homeless individual emergency shelters and soup kitchens are inappropriate. The Community First! initiative recognizes that chronically homeless individuals will need supportive, permanent solutions to their housing needs if they are to truly be able to make lasting changes in their lives breaking their cycle of homelessness. In developing the Community First! Village Mobile Loaves & Fishes will be providing permanent sustainable homes and the supportive community necessary for the chronically homeless in Austin to be lifted off the streets successfully.

Who will live in the Village?

Residents of a Community First! Village will be chronically homeless individuals as defined in the City of Austin’s Ten Year Plan to End Chronic Homelessness.

“A person who is ‘chronically homeless’ is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter. A disabling condition is defined as: diagnosable substance use disorder, serious mental illness, developmental disability, chronic physical illness, or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.”

To ensure that Community First! is addressing the problem of chronic homelessness in Austin we will require potential residents to show proof of homelessness for at least one year within the Austin metropolitan area.

What will the village look like?

The objective of Community First! is to develop its first village community with site-built Park Homes, single occupancy Recreational Vehicle Homes and single occupancy permanent Camping Cottages. The Village will be a place of love, acceptance and abundance that will include spiritual centers, community centers, and gardens, as well as amenities such as Laundromats, internet access, an incubator flexible jobs program, and a tool bank.

Who will develop and manage the Village?

Mobile Loaves & Fishes will develop the Community First! Village on land leased from the City of Austin. Mobile Loaves & Fishes will raise all necessary funds to build, manage, and maintain the Village through a capital campaign and private donations. The inhabitants will be required to pay rent for their homes based on the type of dwelling: Recreational Vehicle home, Park Home or Camping Cottage.

The Community First! Village will be professionally managed by Mobile Loaves & Fishes. There will be on-site management, maintenance and grounds personnel. To find out more about the Community First! Village please visit our website <http://www.mlf.org/CF>

What impact will this village have on my property value?

It is a common belief that affordable housing, including residential care facilities and supportive housing will lower neighboring property values. However, numerous studies conducted over a period of many years and in various locations find that this widely held preconception is incorrect. Why? Because property values are primarily determined by the condition of the particular property for sale and other broader, more complex forces such as overall area development and prosperity. The location of affordable housing has no significant impact on these other conditions which determine property values.³⁰

On November 6, 2008, NYU's Furman Center for Real Estate and Urban Policy released the first large-scale study of the property value impacts of supportive housing, evaluating the impacts that 123 developments across the city's five boroughs have had over an 18 year period. These new findings refute frequently asserted fears that supportive housing developments will depress the value of neighboring properties over time. The findings show that the value of properties within 500 feet of supportive housing do not drop when a new development opens and show steady growth relative to other properties in the neighborhood in the years after the supportive housing opens. Properties somewhat further away from the supportive housing (between 500 and 1,000 feet away) show a decline in value when the supportive housing first opens, but their prices then increase steadily relative to other properties in the neighborhood.³¹

³⁰ <http://www.habitat.org/how/propertyvalues.aspx>

³¹ <http://www.homecomingcoalition.com/index.php> and <http://www.new.homecomingcoalition.com/wp-content/uploads/2009/06/FurmanCenterReleaseofSupportiveHousingResearch110608.pdf>

Will the Village cause an increase in crime in my neighborhood?

Research studies have indicated that even controversial facilities such as homeless shelters do not have a significant impact on the incidence of violent crimes. According to the Columbus, Ohio based Community Shelter Board, research indicates that “homeless males are arrested more frequently than non-homeless males, but their offenses are relatively minor and victimless.” The group also noted that “homeless [persons] commit crimes that are often a result of not having a home,” such as breaking into abandoned buildings for shelter and shoplifting for food; and, therefore, “[the] presence of a shelter may actually curb some of the everyday arrests of homeless [persons].”³²

A study of 146 supportive housing sites in Denver concluded that “there was no statistically significant evidence that supportive housing led to increased rates of reported violent, property, criminal mischief, disorderly conduct or total crimes.” Moreover, affordable housing often has a stabilizing effect on a neighborhood by enabling people to stay in their communities.³³

Dr. Pamela Fischer, of Johns Hopkins University compared 634 arrests of homeless persons with 50,524 arrests in the general population that were made in Baltimore in 1983. Significant differences were found in the demographic characteristics of the two groups of arrested persons and in the types of offenses prompting the arrests. Among the homeless, those arrested were more likely to be male, white, and over age 45 and to have committed trivial, victimless crimes. Evidence suggests that ostensibly serious offenses such as assault, larceny, and burglary charged to homeless persons tended to involve petty thievery, entry into vacant buildings, and other acts aimed at maintaining subsistence in the absence of housing.³⁴

How do you know this will work?

- Philadelphia -- Project H.O.M.E.’s founding philosophy to be all-inclusive, to create a family environment, and to form a community has been proven to work.³⁵
- Denver -- Detox admissions for homeless substance abusers fall 84 percent when they are targeted for housing and services, said Jamie Van Leeuwen, a Denver Department of Human Services official who is manager of Denver's Road Home. Those homeless were each averaging 70 detox admissions a year, which means the savings are substantial. Jail intakes of Denver homeless, meanwhile, are down 22 percent over the past two years.³⁶
- Seattle -- Downtown Emergency Service Center has greatly improved the lives of chronically homeless individuals through its ability to provide appropriate supportive services and permanent housing for its tenants. They are a wonderful example of an organization committed to ending homelessness in their communities.” - Bob Hohler, executive director of the Melville

³² SAMHSA Resource Center to Promote Acceptance, Dignity and Social Inclusion (ADS Center) <http://www.promoteacceptance.samhsa.gov/default.aspx> , a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

³³ George Galser, Kathryn Pettit, Anna Santiago and Peter Tatian, “The Impact of Supportive Housing on Neighbourhood Crime Rates,” Wayne State University and HUD, 2002.

³⁴ Criminal Activity Among the Homeless: A Study of Arrests in Baltimore, Pamela J. Fischer, Ph.D. , Johns Hopkins University, 624 North Broadway, Baltimore, MD, 21205

³⁵ Project H.O.M.E, Philadelphia, PA, <http://www.projecthome.org/> , <http://www.projecthome.org/pdf/strategic-plan.pdf>

³⁶ http://www.denverpost.com/commented/ci_12382761?source=commented-news

Charitable Trust and executive committee chairman of the Partnership to End Long Term Homelessness³⁷

- Oakland: Now I have a place to sleep every night and a place to keep my medicine, so I don't get sick as much. And, I have a place to keep food and prepare meals. Because of help from Project RESPECT, I don't need to go to the hospital anymore. I am also able to keep proper hygiene now so I don't have a recurrence of cellulitis. I have been clean from drugs for 18 months. I am now volunteering at the Oakland Museum and the veterans' hospital and I've reestablished relationships with my kids. It's good to be out of jails and hospitals.³⁸
- Two recent studies suggest that housing services for the homeless have the possibility to save tax payers money on social services. A local study by the [Heartland Alliance Mid-America Institute on Poverty](#) focused on supportive housing for the homeless and especially the mentally ill while a new study in the [Journal of the American Medical Association](#) focuses on the benefit of housing homeless people who are alcoholics. Both studies found that providing housing to these groups reduced the amount they used other social services and reduced the amount of public money they used. The Illinois study found that over two years \$854,477 was saved in services to the 117 people put in supportive housing. The average saving was a little below \$5,000 per person, or about \$2,500 per person, per year.³⁹
- Reconnection to Family -- The opportunity for families to be a source of support has increased markedly due to the stability of the tenants' housing. Eleven tenants have received visits from family, and all visitors have seen improvement in the lives of their family members. Some family members join tenants for community meals and activities and have expressed appreciation for the ability to connect and share a greater part of the tenants' lives.⁴⁰

³⁷ Seattle, Downtown Emergency Relief Center, <http://www.desc.org/1811.html>

³⁸ <http://www.nhchc.org/LMCprofile.pdf>

³⁹ Studies show helping the homeless helps taxpayers, April, 2009, <http://chicagohomelessblog.com/?p=347>

⁴⁰ Measuring Success of Housing First in Maine: Logan Place, April, 2006, <http://funderstogether.org/content/view/housing-first-works-logan>

What permanent housing resources are currently available to the homeless of Austin?

Housing First programs in Travis County⁴¹

The Central Texas Recuperative Care Program (RCP) is the only Housing First option for chronically homeless single adults in Austin. This is a small, but successful program. Additionally, the Mobile Loaves & Fishes Community First! (CF!) program is a unique concept that is currently housing 45 individuals in a variety of sites.

Central Texas Recuperative Care

The Central Texas Recuperative Care program, operated by Front Steps, began in April of 2008. This program is designed for homeless individuals who require home health care after being released from the hospital. The purpose of the program is to improve patient health outcomes, decrease the cost of hospital recidivism, increase the use of community clinics rather than hospital emergency rooms, and end the clients' homelessness. Substance abuse intervention is also included. The program places clients in a nursing home during their illness, and then moves them directly into housing thus ending their homelessness. Sobriety is not a requirement of continued housing; however, more permanent housing needs to be identified because the program's capacity for housing is nearing exhaustion. Most of the participants face significant substance abuse problems along with their illnesses, and the program has seen many become sober as a result of the housing, support, and counseling provided.

Although 182 patients were initially recommended for the program, there was only space for 30, and of these 22 exited successfully. Those who did not exit the nursing home successfully either died, left against medical advice, or were asked to leave due to behavior issues. Seventeen of the 22 are now housed. Six clients had a history of frequent use of the ER; 1 of these had 30 visits in one year, another had 16 in 1 year, another 14 in 1 year. For these heavy users, admission to the RCP resulted in a clearly demonstrated reduction in ER visits. Two success stories illustrate the power of this program:

- One patient who averaged 15 ER visits per year for over 5 years had only 2 ER visits in the year following his discharge from the RCP. It is worth noting that neither of these visits was related to alcohol abuse, when very nearly each of the 90 ER visits in the previous 5 years had been. This patient now maintains housing, a steady income, and health insurance, in addition to his sobriety.
- Another of these frequent users has reduced his ER use from 14 visits in the 6 months prior to his RCP admission to only 3 in the year following his discharge from the RCP. Mental health issues and drug use contributed to this client's poor health and poor self-care over the years; however, he is no longer using illegal drugs, is receiving mental health services, and is continuing to meet regularly with the RCP case manager who has assisted him to obtain SSI income and placed him on the waiting list for public housing.

The Nursing Home Component of the RCP costs \$284 per day. Once clients are housed, the cost is approximately \$11,000 per year for housing and support services. As more clients exit the program a study will be conducted to determine the cost savings to the community.

⁴¹ Solutions for Homeless Chronic Alcoholics in Austin, Produced by the Ending Community Homelessness Coalition (ECHO) with financial support from Front Steps (managers of the Austin Resource Center for the Homeless), September, 2009

Community First! (CF!)

Community First! (CF!) is a housing option provided by Mobile Loaves & Fishes. Currently CF! has 40 recreational vehicles homes that house 45 individuals in very well maintained RV communities. Case management and services are available as needed on an individual basis.

Myths and Facts about Poverty and Homelessness in the Austin Area

MYTH: Those in homeless situations are mostly single adult males.

FACT: Families are the fastest growing population of the homeless. 40% of all those in homeless situations are families. (And, in the U.S. at large, the average homeless person is a 10 year old girl.) Unlike homeless single adult men, homeless families are often invisible to the public eye. Homeless families often live doubled up with friends or family members or in shelters, including domestic violence shelters.

MYTH: Those in homeless situations are "street people."

FACT: Only 18% of those in homeless situations live on the streets. The majority (64%) of those in homeless situations live in emergency shelters, transitional housing, or doubled up with family or friends. 19% live in motels or rooming houses.

MYTH: Those in homeless situations are lazy and won't work.

FACT: 44% of homeless persons did paid work during the last month. Of these, 20% worked in a job lasting or expected to last at least 3 months, 25% worked at a temporary or day-labor job. Most work in minimum-wage, service, or seasonal jobs that do not pay enough to afford housing at the fair-market rate in our community.

MYTH: All those in homeless situations are poorly educated.

FACT: While lack of education and significant job training do contribute to homelessness, a health crisis, or natural disaster (or other disaster dwelling fires) does not discriminate based on education. Many of those in homeless situations have a high school, college and even graduate degrees.

MYTH: All those in homeless situations get government assistance.

FACT: Over 40% of homeless persons are eligible for disability, but only 11% actually receive them. Most are eligible for food stamps, but only 37% receive them. Most families are eligible for welfare benefits, but only 52% receive them. Some 12% of children are denied access to school, despite federal laws.

<http://www.nationalhomeless.org/factsheets/employment.html>

MYTH: There are plenty of shelters to assist the homeless.

FACT: 52% of shelter requests by homeless families are estimated to have been unmet (last updated in 2001).

MYTH: Most people in homeless situations are chronically homeless.

FACT: The transitionally/situational homeless account for 40-50% and are homeless for 6 months or less; 70% of all those in homeless situations are homeless for less than 2 years. Others who are considered episodically homeless as they move in and out of homelessness account for 20-30% of those in homeless situations. This leaves less than 20% of all those in homeless situations who are actually chronically homeless.

MYTH: People are homeless because they want to be; they're happy that way.

FACT: The circumstances of homelessness are anything but happy. Families and children lose their homes, rooms, possessions, neighborhoods, friends, schools, pets, security, identity, self-esteem, and on and on.

- 38% of those in homeless situations report being robbed
- 41% of those in homeless situations report theft of their property
- 22% of those in homeless situations report being assaulted
- 7% of those in homeless situations report sexual assault
- 1 of 8 women in homeless situations report being raped
- 26% of those in homeless situations report infectious conditions
- 46% of those in homeless situations report chronic health conditions related to their living situation and inability to access adequate healthcare
- 69% of those in homeless situations report being arrested or harassed merely because of being homeless (i.e. they broke no law)
- Nearly 100% of those in homeless situations report going hungry a portion of the time they are homeless.

Resources:

- Mobile Loaves & Fishes, Inc., Community First! (www.mlf.org/cf)
- The Texas Homeless Network (<http://www.thn.org>)
- Beyond Homelessness – Christian Faith in a Culture of Displacement by Steven Bouma-Prediger and Brian J. Walsh, , William B. Eerdmans Publishing Company, 2008
- To Help the Homeless, Begin with Housing. The Atlanta Journal-Constitution: 6/9/03, By ED LORING (<http://opendoorcommunity.org/resources/publications/to-help-the-homeless-begin-with-housing>)
- Why are People Homeless: (<http://www.nationalhomeless.org/factsheets/why.html>)
- National Alliance to End Homelessness (<http://www.endhomelessness.org/>)
- National Coalition for the Homeless (<http://www.nationalhomeless.org>)
- Program Helps Homeless Cut Use of Emergency Services (<http://www.healthfinder.gov/news/newsstory.aspx?docID=626720>)