

Causes of Contemporary Homelessness And Meaningful Solutions To Its End

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Introduction

So often our public policy debates, media reporting and community conversation about homelessness has been limited to those most visible, namely chronically homeless individuals suffering from mental illness and living on our streets. In doing so, we are ignoring the largest segment of homeless individuals in our community – our children! This year, there were over 3,936 homeless children identified by the Miami Dade County Public School System and the number is growing. What is it like for a child or youth who is homeless to be sleeping on the floor, in the back seat of a car, on the porch of an abandoned building, in the park, at the bus stop? How can this child possibly concentrate on schoolwork, shoulder the emotional stresses of being homeless, wondering where they will sleep, if there will be food at dinnertime, and still thrive? The answer is simple, they cannot. We are losing a generation of children to homelessness because we lack a truly affordable stock of housing, a safety net of care, and shelter capacity with appropriate supportive services that are adequately resourced to bridge the gap.

We have a moral imperative to bring an end to homelessness in our community. To do so, we need to begin with an understanding of its root causes, namely decades of governmental policies that have defunded:

- 1) the preservation and development of truly affordable housing for individuals and families living at the edge of or in poverty,
- 2) the preservation and development of public psychiatric beds and longer term residential care for the small percentage of individuals suffering from severe mental illness who cannot care for themselves, and
- 3) more recently, even emergency shelter and its services, in favor of programs which bear the label of “housing first” but in many cases actually necessitate shelter first or force individuals and families to remain on the street while solutions are secured.

The failure of public policies at all levels have made poor and working class individuals and families the fastest growing segment of homeless in our community and elsewhere across the country. At the same time, we have suffered the emergence of a visible class of chronically homeless individuals with severe mental illness and other disabilities cycling in and out of hospitals, jails, shelters and streets. Responding to ever changing federal policy dictates, our solutions have tended to focus on more visible chronically homeless individuals to the detriment of the largest segment of homeless in our community and country – namely families with children. These policy failures have created enormous

pressure on shelters nationwide that are under-resourced and tasked, impossibly, with stemming a rising tide of homelessness in the face of eroded public systems and drastic cuts in our social services safety nets.

Miami-Dade is not alone amongst major metropolitan communities across the country in its growing frustration with the outcomes of its efforts to end homelessness. This is a nationwide epidemic. One look at the headlines in New York,¹ Los Angeles,² San Francisco,³ Portland,⁴ and Dallas,⁵ to name a few, confirms as much. According to the 2014 report to Congress by the U.S. Department of Housing and Urban Development, there were over a half a million homeless individuals captured in the January 2013 point in time count. Half of all homeless individuals identified in their count were in five states: CA (25%), NY (9%), FL (8% or 28,730 people), TX (5%), and GA (3%).⁶ In eight states, Florida included, more than half of the homeless population was living in unsheltered locations.⁷ Twenty-one states plus D.C. had increases in homelessness among individuals between 2007 and 2014.⁸ Perhaps most disturbing is the U.S. Department of Education's data showing that "U.S. public schools are now enrolling a record number of homeless children and youth – over 1.1 million – with the largest populations in California, New York, Texas and Florida."⁹ This is because families are often doubled up, in hotels/motels, and other temporary accommodations, in search of affordable housing proximate to employment. Homelessness is a nationwide epidemic of mass proportions,

¹ "Homelessness has reached its highest level since the Great Depression," with a shelter population in New York City of over 59,000, including 23,000 children. "The number of homeless people sleeping in municipal shelters has increased almost 70% in the last decade." *Mayor de Blasio's Budget Commits \$100 Million to Combat Homeless in New York*, *New York Times*, May 6, 2015.

² "Los Angeles spends more than \$100 million a year coping with homelessness," and "homeless people, now 23,000, grew 9% between 2011 and 2013." *Los Angeles Times*, April 16, 2015.

³ San Francisco spends \$165.7 million on homelessness annually, yet the number of homeless people has 'remained largely unchanged.'" *S.F. Homelessness A Picture of Futility in 2015*, *SF Gate*, by Matier and Ross, March 10, 2015.

⁴ "Ten years ago, Portland said it would end homelessness. Today thousands [est. nearly 4000 men, women and children] still sleep outside every night in the metro area. Surveys show we have as many homeless now as in 2007." *Oregon Live, Our Homeless Crisis*, by A. Griffin, January 17, 2015

⁵ "In Dallas, counts over the last 10 years indicate that the general population is going up," with greater numbers of women, children and families. *Dallas Homeless Population Sees a Jump in Kids and Families, But Fewer Chronic Homeless*, *Dallas Observer*, by E. Mathis, September 2, 2014.

⁶ *The 2014 Annual Homeless Assessment Report (AHAR) to Congress*, U.S. Department of Housing and Urban Development, October 2014, p.16. (note, 2015 report not yet issued), based on the January 2013 Point In Time Count.

⁷ *2014 Annual Homeless Assessment Report.*, p. 16.

⁸ *Id.*

⁹ *Record number of Homeless Children Enrolled in Public Schools, New Data Shows*, *Washington Post*, By V. Strauss, October 24, 2013.

despite decades of earnest efforts on the part of local communities and homeless advocates to stem the tide, including a wide range of plans to end homelessness and the establishment of continua of care in many cities.

To its credit, Miami Dade County was at the forefront over twenty years ago nationally in establishing the Homeless Trust, with a dedicated stream of revenues devoted to ending homelessness. It is clear that ending homelessness has always been a priority in this community. It is also clear that enormous progress toward ending homelessness has been made in the past two decades, thanks to the efforts of the Homeless Trust, including for example the construction and opening of the Chapman shelter facilities now twenty years ago, the development of a broader continuum of care providers providing shelter and support services, together with a stock of supportive permanent housing units. Despite our efforts and like every other major city in this country, we are still faced with unacceptable and growing levels of individuals and families experiencing homelessness. And just like those of other major cities, our shelters are at capacity and overflowing, and new and existing affordable housing units have been unable to keep pace with demand for many years now. In the meantime, the needs of individuals and families experiencing homelessness have become more complex, layered with the trauma of extended periods of homelessness, and a sense of hopelessness.

The Homeless Trust and continuum of care in our community is designed to serve as a bridge for individuals and families experiencing homelessness. It can and should be working in concert with, but is not a replacement for, other public systems such as affordable housing, health care, mental health care, education, employment, and the protection of children. To be truly effective, it must be supported by a broad safety net of community services. The homeless continuum of care provides individuals and families with shelter, an opportunity to secure income, and linkages to the safety net of community support services needed to transition and successfully remain in permanent housing. In the absence of a ready supply of truly affordable housing or long term residential care options where needed, timely and successful exit from the shelter system becomes substantially delayed or impossible. For some, the lack of psychiatric residential treatment and long-term care sentences its victims to a life time of homelessness and suffering on our streets. Unable to solve broad systemic deficiencies in housing and mental health care, as well as cuts in the safety net of social services, the shelter system is overflowing, desperately in need of additional capacity, and resource starved.

Our public policy conversation needs to move beyond blame, stereotypes and finger pointing to examining the systemic causes of homelessness and how various “systems,” both private and public, relate to each other and contribute to homelessness. With our informed, collective effort, we can reduce and potentially eliminate homelessness. It is an issue that is not going away and will only increase in magnitude as our community grows. Given that the largest segment of homeless individuals in our community are children, homelessness is not only at the epicenter of enormous suffering but the moral imperative of our time. We can no longer afford “band aids.” Concerted action and system change is needed to bring an end to homelessness. Our community can and must dedicate the resources needed to secure the future of our children and their children, creating the foundation for our collective future and a thriving community for everyone.

Root Causes of Homelessness – Shifts in Federal and State Policies

If we understand why we and other cities across the country have been unable, despite the best of intentions, progress made and resources dedicated thus far, to bring an end to homelessness, we have the opportunity for informed and reasoned policymaking that will truly make a difference. We must begin with an understanding of the systemic causes of contemporary homelessness affecting a broad swath of our country, which began in the 1980's with a precipitous reduction in federal funding for affordable housing and the safety net for those living in and at the edge of poverty.

Decreased Federal Commitment to Affordable Housing

Over the course of three decades beginning in the late 1970's and early 1980's, federal funding for developing and preserving affordable housing nationwide via the U. S. Housing and Urban Development Agency declined precipitously from \$83 billion in 1978 to only \$18 billion in 1983.¹⁰ In 1983, general public emergency shelters began opening in cities nationwide,¹¹ as communities struggled to respond to the human crisis of homelessness that ensued. The 2006 report of the Western Regional Advocacy Project, a non-profit alliance of homeless organizations that researches and studies the impact of federal housing policies on homelessness, documents persuasively the correlation between the decline in federal funding for affordable housing and the rise in homelessness across our country, citing a plethora of evidence supporting their conclusion that:

one of the most important – if not the most important – factors in explaining why so many people are homeless in the United States today: the cutbacks to and eventual near elimination of the federal government's commitment to building, maintaining, and subsidizing affordable housing....

While decades of homeless policy responses have focused upon individual – rather than systemic – factors to explain and address homelessness, the fact that millions of families, single adults, and youth with different biographical backgrounds came to simultaneously experience homelessness in 1983 – and that millions continue to suffer on our streets today – requires a reexamination of historical and social structural forces.

- From 1976-1982, HUD built over 755,000 new public housing units, but since 1983 [to 2006], HUD built only 256,000 new public housing units.

¹⁰ *Without Housing: Decades of Federal Housing Cutbacks, Massive Homelessness and Policy Failures, By Western Region Advocacy Project, 2006, pp. i-ii, i-iv, l-4*

¹¹ *Id.*

- From 1976-1985, a yearly average of almost 31,000 new Section 515 rural affordable housing units were built, but from 1986-1995, average yearly production was less than half that of the previous decade.
- From 1996-2005, Section 515 built an average of only 1700 new units per year.
- In recent years, over 200,000 private-sector rental units have been lost annually, and 1.2 million unsubsidized affordable housing units disappeared from 1993-2003.
- HUD budget authority in 1978 was 65% more than its 2006 budget of \$29 billion....

The de-funding of federal affordable housing programs, coupled with the loss of public housing units as well as private-sector affordable housing, should be central to any discussion of the causes of homelessness, yet they have been all but ignored in the debates about and policy responses to the current ongoing crisis. *No matter what other factors may come into play in any individual's experience of homelessness – without housing, that person will remain homeless.*¹²

Of course there are other structural causes for increased homelessness such as outsourcing of jobs overseas, urban gentrification, the slow growth in minimum wages, and in some cases drastic cuts in the social safety net, but in their 2010 Update to the Without Housing report with additional data in hand, the Western Regional Advocacy Projects cogently concluded:

even with all these contributing factors, if the federal government had continued to build appropriate quantities of affordable housing and ensured that the supply of affordable housing was sufficient to meet the demand, then we would not have seen massive increases in homelessness over the past 30 years.¹³

For the care providers to individuals and families who are homeless in our community, like Lotus House, it comes as no surprise that we have been unable to end homelessness in our community because we lack an adequate supply of truly affordable housing. Every day, we assist those we shelter in their struggle to secure the income in place needed to exit to housing that is truly affordable. For our disabled individuals receiving SSI or our elders receiving Social Security, monthly incomes normally range from \$300 to \$720, and for working individuals we serve income typically ranges from \$500 to \$1200. With this sum, individuals and families are challenged to pay rent, utilities, transportation, cover health care and medications, daycare and food, in addition to other regular living expenses. Virtually everyone served by the shelter system is well below the poverty line. Truly affordable rents cannot exceed 1/3rd of the monthly income of an individual or family to assure their long-term stability. Finding such housing is a daunting task and can take many months, if it is even available, resulting in long wait times for individuals and families

¹² [Footnotes omitted, emphasis added.]/d.

¹³ *2010 Update, Without Housing: Decades of Federal Housing Cutbacks, Massive Homelessness and Policy Failures, by Western Regional Advocacy Project, p.13.*

within shelters and overcrowding and bottlenecks within the system. Likewise, the wait times to enter our shelter system force individuals and families to survive in temporary places unfit for occupancy, doubled up, and the streets, with resultant trauma, violence, family disintegration and failure to thrive.

Shifting Federal and State Policies Close Public Psychiatric Facilities

The devastating impact of diminished federal funding for affordable housing was compounded by reductions in and jockeying between federal and state sources for funding of public psychiatric hospitals, resulting in many closures and the “decimation of public psychiatric beds available for the treatment of acutely or chronically ill psychiatric patients in the United States.”¹⁴ According to Research From The Treatment Advocacy Center:

Although they constitute a small subset of all persons diagnosed with mental illness, the most severely ill patients are in dire need of the specialized, intensive treatment that has been delivered since the early 1830s through state hospital systems. The elimination of these systems is producing significant public and personal consequences in communities nationwide.¹⁵

According to Research From The Treatment Advocacy Center, a national non-profit dedicated to eliminating barriers to timely and effective treatment of mental illness, there were 558,922 state hospital beds across the country in 1955; as of 2010, the number of psychiatric beds had dropped precipitously to only 43,318 beds.¹⁶ The continuous emptying of public psychiatric hospitals for decades have left hundreds of thousands of individuals who suffer from acute and severe mental illness without homes and adequate access to mental health services, treatment, medications and supportive services. Here are just a few of the resultant trends identified by Research From The Treatment Advocacy Center based on data from the National Association of State Mental Health Program Directors from 2005 to 2010 alone:

Nationwide, closures reduced the number of beds available in the combined 50 states to 28% of the number considered necessary for minimally adequate inpatient psychiatric services. **A minimum of 50 beds per 100,000 population, nearly three times the current bed population, is a consensus target for providing minimally adequate treatment.**

In the absence of needed treatment and care, individuals in acute or chronic disabling psychiatric crisis increasingly gravitate to hospital emergency departments, jails and prisons. These systems experience significant negative impacts as a result.

¹⁴ *No Room At The Inn, Trends and Consequences of Closing Public Psychiatric Hospitals*, by Research From The Treatment Advocacy Center, July 19, 2012, p.5.

¹⁵ *Id.*, p. 5.

¹⁶ *Id.*, pp. 7, 9.

* Hospital emergency departments are so overcrowded that some acutely ill patients wait days or even weeks for a psychiatric bed to open so they can be admitted; some eventually are released to the streets without treatment.

* Law enforcement agencies find service calls, transportation and hospital security for people in acute psychiatric crisis creating significant, growing demands on their officers and straining public safety resources.

* Jails and prisons are increasingly populated by individuals with untreated mental illness with some facilities reporting that one-third or more of their inmates are severely mentally ill.

The number of persons with mental illness who are homeless increased. In some communities, officials have reported as many as two-thirds of their homeless population is mentally ill.

[emphasis added]¹⁷

According to their research, as of 2010, Florida had 3,321 public psychiatric beds, representing 17.7 beds per 100,000 population (only 1/3rd of the recommended amount), compared to the minimum 50 beds recommended by The Treatment Advocacy Center.¹⁸ With community mental health centers ill equipped to support this “de-institutionalization,” mentally ill individuals formerly housed and cared were forced to fend for themselves. As local communities struggled to find the resources to bridge the gap in needed psychiatric beds and support services, the impact was felt across all public systems, but no where more acutely than on the streets. Local communities often lacked both expertise and resources to replace the swiftly evaporating federal and state psychiatric beds with safety nets of their own, including psychiatric beds, long-term supportive permanent housing and program services for the care and treatment of individuals suffering from severe mental illness. Some communities turned to misguided attempts to criminalize life sustaining activities and other perceived extraordinary behavior of those suffering from mental illness, only to face a burgeoning, costly and ineffective substitute in jails and prisons, exacerbating the long road to care and stabilization. Hospital crisis rooms overflowed. Homeless shelters across the country were asked to fill the enormous gap created by the loss of this safety net, that could only be plugged temporarily – not solved – pending the establishment of long term solutions created by new public psychiatric beds and long term residential care.

In short, the disappearance of a safety net for those suffering from mental illness in shifting federal and state policies have generated a class of “chronically homeless” individuals forced to cycle between hospitals, jails, shelters and the streets, unable to access appropriate treatment or navigate the barriers to supportive care and housing on their own. Some of those suffering from mental illness turned to drugs or alcohol as a form of “self medication” for mental illness, resulting in addiction and substance abuse that only compounds the challenges to treatment and establishing safe, secure homes.

¹⁷ *Id.*, p. 6.

¹⁸ *Id.*, pp. 6, 8, and Table 1.

The cost to communities in public services and systems, like homeless shelters, law enforcement, hospitals and jails/prisons, has been exceeded only by the concomitant human suffering of those living and dying on the streets, cycling endlessly through these systems, a heart wrenching product of our country's failure to recognize the severity of mental health issues and the need for a continuum of care in treatment.

In Miami Dade County, the class of chronically homeless individuals with severe mental illness is visible and growing because of lack of appropriate treatment options in our community. Further, consider the fact that we have no public psychiatric treatment beds situated in Miami Dade County for children and youth suffering from severe illness, the long-term consequences of which are immeasurable. Beds for adults have long wait times and are rarely accessed outside the criminal justice system. Shelters serving the high special needs individuals, like Lotus House, have been forced into the role of de facto mental health facilities because of the lack of public psychiatric beds and residential care for these individuals. The cost to us as a community, both in human suffering and systems expenditures, in our failure to provide appropriate psychiatric treatment options is beyond measure.

Inadequate Federal and State Responses to Homelessness

At least four things followed the reduction in spending on affordable housing for the poor and the closure of public psychiatric facilities, namely 1) a failure to understand or acknowledge the direct correlation between mass homelessness and reduced spending for affordable housing and public psychiatric facilities; 2) a delayed realization that individuals suffering from untreated mental illness have complex, multifaceted issues, layered with trauma from prolonged stays on the street, that will necessitate more than housing to address their homelessness – or they will become and remain chronically homeless; 3) ***a shift to local governments for “solutions” to homelessness and the resources to implement them***; and 4) a focus driven by the federal government primarily on the most visible homeless individuals first, chronically homeless individuals perceived to be a threat due to substance abuse, mental illness, or other disabilities, with little thought to the droves of working class and poor families becoming homeless because they were unable to find adequate affordable housing in their communities.

As the federal government focused its efforts on the “chronically homeless,” policy makers ignored the fact that ***the fastest growing numbers of homeless were children and families***. According to the 2014 Annual Homeless Assessment Report to Congress, October 2014 (2015 report not yet issued), over a half a million people nationwide are homeless, of which 37% were in families.¹⁹ The U.S. Department of Education estimated the number of homeless children nationwide rose from 680,000 in 2006 to 1.25 million in

¹⁹ *The 2014 Annual Homeless Assessment Report (AHAR) to Congress, by U.S. Department of Housing and Urban Development, October 2014, p.1, counting 578,424 individuals, 31 percent of which were in unsheltered locations, 23 percent or 135,701 where children under the age of 18, 58,601 or 10% were between the ages of 18-24 and 216,261 were homeless people in families. Homelessness in major cities increased from 2013 to 2014 by 1%, p.12.*

2013.²⁰ In its 2010 Update Without Housing, the Western Region Advocacy Project observed:

The devastation that comes from our collective failure to address the systemic causes of mass homelessness is perhaps nowhere more stark than in the reality of children experiencing homelessness. Families with children are the fastest growing group of homeless people in the country. Children and youth who lack a fixed and adequate nighttime residence have difficulties with school enrollment, attendance and success. The most recent federal data shows that at least 930,000 homeless children were enrolled in public schools during the 2008-2009 school year — a 38 percent increase over 2 years.²¹

The federal response to the explosion in numbers of individuals and families experiencing homelessness across the country was slow and anemic. In 1987, Congress adopted the McKinney Act to provide beleaguered local communities with a paltry \$880 million in homeless assistance funding (2004 constant dollars), compared to the \$83 billion authorized in 1978 for affordable housing. From 1987 [through 2004], annual McKinney homeless assistance was never more than \$1.4 billion.²²

Communities, like Miami, were forced to shoulder the full brunt of the epidemic of homelessness of individuals and families and to compete with other communities across the country for meager federal dollars. Responding to federal policies and mandates and the magnitude of the human suffering in our community, Miami Dade was on the forefront of establishing a broad continuum of care to provide shelter and services to homeless individuals and families, recognizing solutions on an individual level needed to take into account the special needs of those being served. The Trust was established just over twenty years ago with a dedicated stream of revenues from the one-penny food and beverage tax, to which Miami and other cities (but not all) contribute. Those funds allowed for the new construction and operation of the Chapman facilities and the Trust is able to fund 65% of the annual operating budgets for the Chapman facilities. Over ten million dollars, plus reserves for capital improvements, are required by the Chapman facilities on an annual basis.

The food and beverage funding is also utilized to support other emergency shelters and services though on a much more limited basis, forcing those non-profit providers to raise substantial additional funds privately or from other government sources in order to shelter, feed and adequately provide for individuals and families who are homeless. By way of example, Lotus House was established ten years ago to address a gap in the continuum of care for high special needs homeless women, youth and children – purely from private donations. All of the operating funding to acquire and open the shelter had to be raised privately as well in the beginning; over time, Lotus House has received more operating

²⁰ *Oregon Live, Our Homeless Crisis, January 17, 2015.*

²¹ *2010 Update Without Housing: Decades of Federal Housing Cutbacks, Massive Homelessness and Policy Failures, by Western Regional Advocacy Project, p. 9.*

²² *Without Housing, 2006, p. i.*

funding from the Homeless Trust, but it must still raise nearly 50% of its annual operating funding from other sources at this point (and as much as 70% to 95% in prior years).

The amount of funding the Trust receives from the federal government to support emergency shelter and support services has been dwindling because the U.S. Department of Housing and Urban Development is now shifting away from providing support for emergency and transitional shelter to a “Housing First” model geared, once again, toward those who are deemed “chronically homeless.” This often leaves the fastest growing number of homeless in our country – children and families, our working poor, – out in the cold, and threatens to further strain an already resource starved continuum of care providers.²³ Needless to say, adequate resources to fund this Housing First program shift demanded by the federal government have not been forthcoming. Once again, local communities are expected to make up the gap.

This excerpt from the 2010 Update to Without Housing report focuses on the recent federal policy shifts:

The current policy priority of the federal government in addressing homelessness continues the model of supportive housing with a focus on “chronically” homeless individuals: Housing First....

The federal government decision to fund Housing First out of a limited pool of HUD homeless assistance dollars rather than with a sustained increase in HUD housing dollars means that the program only meets a small fraction of the need. This decision has also led many local communities to change their homeless programs and reduce vital emergency services to families and unaccompanied youth in order to comply with HUD priorities. Furthermore, communities that cannot afford to build new housing at any reasonable scale with the limited dollars available are leasing hotel or apartment units from for-profit landlords, a short-term use of scant resources that does nothing to address the overall lack of permanent affordable housing.

When “supportive housing” is the only type of housing being discussed as a solution to mass homelessness, it reinforces the stereotype that “regular” affordable housing is not what the majority of people experiencing homelessness are lacking, but that they need “supportive” housing because they are dysfunctional....The approximately 95,000 supportive housing units created since the late-1980s pale in comparison to the hundreds of thousands of Section 8 and public housing units lost over the same period. **Almost three decades after the widespread emergence of homelessness in the 1980s, the number of people without housing in the United States continues to grow. Homeless people have become a common feature of everyday life. Until federal production and subsidization of affordable housing is adequately funded, the latest policy fads for addressing mass homelessness will continue to fall far short and**

²³ *Without Housing, 2006, p.14.*

the human suffering and loss of life that result from these failures will persist.²⁴

Even as the federal government promotes Housing First as its current solution to ending chronic homelessness, questions are emerging in urban centers, like New York where Housing First initiatives has been in place for a number of years, as to its efficacy in actually reducing homelessness.²⁵ Some studies show it is more effective when combined with shelter or other facilities first, allowing for stabilization of individuals and families, procurement of benefits and linkages under an appropriate safety plan, and more suitable housing placement.²⁶ Others argue that Housing First is diverting our attention and resources from the primary contributing factor to homelessness, namely the lack of an adequate stock of affordable housing.²⁷ As a practical matter, despite the label of “Housing First,” experience tells us that *the implementation of this program on the ground actually necessitates shelter first* or individuals and families awaiting satisfaction of prerequisites and processing of paperwork are forced to remain on the streets. Like other solutions, it is not a one size fits all and many do not qualify for this temporary support or will be unable to sustain their housing after the temporary subsidy ends. Equally important, this latest shift in policy is accompanied by federal pressure to divert resources from emergency shelter, transitional housing and support services.

In *Without Housing*, the Western Region Advocacy Project points out that federal government agencies and dictates have generated an:

endless merry-go-round of policy responses and targeted homeless sub-populations, focusing small amounts of homeless assistance funding on ever-changing priorities, based on ever-changing assumptions. The basic premise of all these priorities and policy flavors – that homelessness is caused by the deficiencies of broken individuals – has distracted us from addressing its root cause: the drastic reduction and near elimination of federal funding for affordable housing.”²⁸

As long as our analysis of the root causes of homelessness and policy responses focus solely upon the “broken” individual – rather than systemic – factors to explain and address

²⁴ *Emphasis Added, 2010 Update Without Housing, pp.17-20.*

²⁵ *Rapidly Rehousing Homeless Families: New York – A Case Study, by Institute for Children, Poverty & Homelessness, pp 1-2, positing that rapid rehousing may have unintended consequences.*

²⁶ *Applicability of Housing First Models to Homeless Persons with Serious Mental Illness, by U.S. Department of Housing and Urban Development, Office of Policy Development and Research, July 2007, p. 13, 53.61-71. “Clients who entered Housing First Program from the streets were most likely to leave the program within 12 months (n=9, 69 percent) and were also more likely to experience temporary program departures (n=12, 36%). The clients with the highest level of housing stability were those who entered the program from shelters, jail or psychiatric hospital....”, p. 71*

²⁷ *Without Housing, 2006, pp. 9-10.*

²⁸ *Without Housing, p. ii.*

homelessness nationally as well as locally, the number of individuals and families experiencing homelessness in our community will continue to rise.

Public policy debates and media representations rarely address the systemic causes of mass homelessness; instead, they often continue to portray the problems of homeless individuals and families as caused by their dysfunction, mental illness, substance abuse or general deficiency. Most ignore the reality of families that are doubled-up or living in motels or hotels, unaccompanied youth, working poor people who cannot afford a place for the whole month and seniors who lost their housing due to gentrification. Just like everyone else, many homeless people do experience significant personal challenges. It is, of course, the interaction of these challenges with insufficient health care, education, employment and, particularly, housing that triggers – and perpetuates – homelessness. **Rather than recognizing these realities, the negative stereotyping of homeless individuals with labels such as “chronic” have fed the tendency to respond to mass homelessness with inadequate policies that fail to address systemic causes — most significantly, the obligation of the federal and our local governments to invest in public and other truly affordable housing.**

*Emphasis added.*²⁹

In the absence of adequate funding and construction of affordable housing and a mental health system of care, it is not surprising that we have failed to resolve homelessness in Miami Dade County. The consequence is that homelessness has risen to epidemic proportions in our local community, making Miami a national spotlight for all the wrong reasons. In the absence of federal solutions, we must identify and provide local solutions for individuals and families living on the street, in hotels/motels, doubled up, and in unsafe conditions. The consequences for all of us in failing to do so are untold human suffering, at the expense of our children and future generations.

Homelessness in Our Community Today

The Homeless Trust coordinates a point in time count of individuals and families who are homeless twice each year, in January and July. The limitations of street counts are obvious – they only capture a segment of our homeless population, namely those most readily identifiable on the streets or already in the system of shelters and transitional and supportive housing. At the January 2015 point in time count conducted by the Trust, Miami Dade County had over 1,737 shelter and safe haven beds (w/ additional 156 shelter placements in hotel/motel beds) and the capacity for another 1,408 individuals in transitional housing, totaling 3,145 homeless individuals sheltered.³⁰ At the same time, 24% of our total count or over 1,007 homeless individuals were unsheltered, markedly less than the 2013 HUD estimate of 55% unsheltered homeless across the state of Florida.

²⁹ *Id.* p.7

³⁰ *Homeless Census, by Miami Dade County Homeless Trust, January 22, 2015.*

From years of experience serving women and youth at Lotus House, we know that those who are most vulnerable to street violence survive by being invisible – because to be in the open is to be a potential target – and so street counts are of limited value in capturing their true numbers. With 36% of individuals in the latest street count identified as women and 6-7% unknown, it is likely that as many as 40% or more of those living on the street are women at this point, and the official count, by necessity, will always underrepresent the true numbers of homeless in our community.³¹

The January count for *unsheltered* individuals was *up from the prior year by almost 30%*. This could be a weather related blip or an indicator of more effective counting or a signal of a growing trend in numbers of unsheltered homeless individuals consistent with the overall growth in Miami Dade County. Likely, it is all of the above, but regardless it is only part of the story. The monthly calls to the homeless help line totaled 4,354 for the month of March 2015 and offer some additional clues, with 1,359 callers indicating that they were facing court evictions or imminent risk of homelessness and 227 seeking affordable public housing/rental assistance.³²

And still this is only part of the story because according to the latest information provided by Student Services, Division of Academic Support of Miami Dade County Public Schools, the following is the breakdown for homeless children³³ at last count:

860	Shelter (these children also by and large being captured in the Trust point in time count)
2710	Doubled-up
148	Cars and parks, etc.

³¹ In prior years, this fact was recognized by the application of a multiplier which recognized that street counts inherently undercount our homeless; this multiplier was eliminated in January 2005. *Homeless Census Results, Summary Life To Date Census, by Miami Dade County, January 2015*

³² *Memorandum by V. Mallette to Miami Dade County Homeless Trust Board Members, May 22, 2015*

³³ The homeless “definition contained in the education subtitle of the McKinney-Vento Homeless Assistance Act includes children in motels and those who share housing temporarily because of loss of housing, economic hardship, or similar reasons. Many families living in doubled-up situations often move repeatedly, sometimes on a daily or weekly basis. These living situations are often overcrowded, unstable, and sometimes unsafe for children. The Violence Against Women Act (January 2006); Head Start Act (December 2007); Child Nutrition Act (2004); Higher Education Act (August 2008); and Individuals with Disabilities Education Act (December 2004) also use the “McKinney-Vento” definition of homelessness and are therefore more responsive to the special needs of homeless children.” *American’s Youngest Outcasts, Appendix 1, by the National Center on Family Homelessness, pp. 165-166.*

208	Hotels
10	Awaiting foster care
3,936	Total Children

With over 3,936 school children experiencing homelessness in Miami Dade County schools right now, this makes our children the largest segment of homeless in our community. Not to mention the parents who accompany them and are struggling to keep their families in tact as they seek employment and affordable housing.

In this count were 146 identified unaccompanied homeless youth (100 girls and 46 boys) – and growing. Like other vulnerable populations such as homeless women, youth survive by being invisible and are fearful of gender neutral or traditional shelters, making their count difficult in typical street surveys. Their futures are at grave risk.

Our shelters are inadequately resourced, at capacity and overflowing. New and existing truly affordable housing units have been unable to keep pace with demand for many years now. The needs of individuals and families experiencing homelessness have become more complex, layered with the trauma of extended periods of homelessness, and a sense of hopelessness. Children entering the shelter system are often in need of therapy and intensive support services, yet so often they are invisible victims as parents struggle to feed and care for them, find affordable housing, day care, transportation assistance, and more to preserve their fragile, beleaguered families in tact in times of crisis.

We must find solutions because children who are homeless, sleeping on the floor, in the back seat of a car, on the porch of an abandoned building, in the park, at the bus stop, cannot thrive. They cannot possibly concentrate on schoolwork, shoulder the emotional stress and worry of being homeless, and build the foundation for a safe, secure future. We must dedicate the resources needed for meaningful solutions, or we will lose a generation of children to homelessness.

If the question in the past was how can we afford a tax increase (of one or two cents or more) to address the issues of homelessness in our community, perhaps it is time to ask instead, how can we not afford to do so? When we look at the issues of homelessness in our community our lens cannot and should not be narrowed solely on the chronically homeless individuals who are captured in our street count, or visible to our downtown businesses, we must see the children and families who feel the cold edge of homelessness at their backs. We have a moral imperative to answer this question with a clear and affirmative yes, we care and will find the resources needed to bring an end to homelessness in our community, for the sake of our children and their future.

The Homeless Trust Is Designed to Bridge Public Systems, Not Replace Them

The Trust should be applauded for its accomplishments; there are many over the past twenty plus years of dedicated work. But we cannot ask the Trust to bring an end to homelessness with the limited resources of a one-cent food and beverage tax in the context of broad, systemic root causes beyond its control. After decades of attempts to stem the growing tide of individuals and families unable to find affordable housing, needed public psychiatric beds, and an adequate safety net of support services, the Trust and our shelters are beyond their capacity, overflowing and inadequately resourced. New and existing affordable housing units with support services have been unable to keep pace with demand for many years now. The needs of individuals and families experiencing homelessness have become more complex, layered with the trauma of extended periods of homelessness, and a sense of hopelessness. A generation of children is at risk of continued cycling in and out of the homeless system. Our community, like many others, is faced with the consequences of a prolonged lapse in federal and state policies - one which must be shouldered to ensure those with the least are not left to suffer and die on our streets and that our children and families living in poverty are not facing the prospect of a homeless future.

We know from experience that ending homelessness it is not a one size fits all on an individual level. The special needs and exigencies of each individual and family must be considered for solutions to be meaningful and effective, in accordance with evidence-informed, best practices. Our continuum of care led by the Trust is designed to do just that, needs assessment, emergency and transitional shelter, appropriate supportive services and community linkages, permanent supportive housing placements and exit safety plans.

However, the Trust was not designed to be a substitute for our local community's development of a stock of adequate affordable housing for the large and growing numbers of working poor, many of whom do not qualify for "supportive housing." The vast majority of individuals and families who are homeless simply need truly affordable housing and access to other public services like affordable transportation, day care, preventive health care and the like. Equally important, the Trust is not designed to provide a comprehensive system of mental health care or public psychiatric beds (for both adults and children) desperately needed by those with severe and persistent mental illness.

The Trust resources are geared toward ending homelessness, as a systems bridge, but it cannot and does not function in a vacuum, where the systems it is designed to link are non-existent or inadequate to meet our growing community demands. The absence of an adequate supply of affordable housing and psychiatric beds, funded or spurred by federal, state or local government initiatives, has left the Trust and the continuum of care with an impossible challenge – to shelter an ever growing number of individuals and families experiencing homelessness because they cannot find truly affordable housing options in our community in places that are proximate to their work and appropriate mental health treatment beds for those with severe mental illness. The consequence is a continuum of care that is overflowing and resource-starved. The addition of shelter beds with appropriate support services to meet the growing numbers of homeless and bottlenecked

outplacement to permanent affordable housing requires a substantial influx of additional capital beyond the one penny tax currently in place. It requires an investment of both private and public dollars to try and bridge the gap. And it requires the amplification of systems for truly affordable housing and mental health treatment and residential care for those with severe mental illness.

Solutions to End Homelessness

The good news is, when we understand the root causes of the epidemic of homelessness in our country and build on the knowledge and tools already at our disposal, we have an opportunity to engage in constructive dialogue and carefully craft meaningful solutions to its end. The numbers of individuals and families experiencing homelessness in our community will only increase with time, just as Miami Dade overall population is growing. This issue is not going away and needs our collective, immediate attention on several fronts. To that end, we must:

Increase the Stock of Truly Affordable Housing and Dedicate Additional Resources to the End

- We can and must encourage the development of an adequate stock of “truly affordable” housing, via a range of government-sponsored projects, public-private partnerships, NGOs and private developers with new bond financing, dedication of county and municipally owned land and buildings, tax incentives, expedited approvals and permitting, supportive services funding, operating funding and more.
- Truly affordable must be defined to cap rentals at 1/3 of the income of an individual or family, with priority in placement given to those with special needs (e.g., disabilities, elders, youth) or who are homeless.
- Our initial target of additional truly affordable housing units should be no less than **10,000 in five years and another 20,000 units in ten years, with further guidance from industry experts on the number of units per population needed as our community continues to grow.**
- We can and must advocate for more federal and state funding, in addition to raising local sources of funding, to support the preservation and development of truly affordable housing as well as supportive housing. Our local government officials should be assisting the local public housing authorities, the Trust and our NGOs in identifying, competing for and securing national, state and local funding opportunities for the construction and maintenance of truly affordable permanent housing.
- We can and must commit the federal funding we do receive for community redevelopment, urban renewal, public housing and housing assistance and otherwise to the preservation and development of truly affordable permanent

housing. Policy makers with expertise in these areas can undoubtedly help lead the way in identifying more and creative ways to utilize our existing and create new federal, state and local resources toward the development of an adequate stock of affordable housing in our community. Consider, for example, reallocating public housing units to individuals and families who have special needs or are homeless as a priority to lessen the pressure on the shelter system and reduce shelter stays.

Increase the availability of public psychiatric treatment beds and supportive options, via state hospitals or community facilities and other programs, for acutely and/or chronically ill individuals

- We can and must encourage the development of public psychiatric beds for adults and children alike, to provide residential treatment for stabilization and treatment and long term care if needed for individuals suffering from severe mental illness, with well thought out safety plans for exit to affordable permanent housing with supportive services, medical care, mental health care, food, medicine, and where possible education, tools and resources to contribute in a meaningful way to their health and wellbeing and that of their communities. Per industry experts, this means **50 beds per 100,000 population**, but such beds and residential settings must be trauma informed, holistic, respectful and uplifting to provide for healing on every level and build the foundation of safe, secure lives of those suffering from mental illness in our community.
- We must also establish a comprehensive mental health system that ensures access to mental health care and treatment, including medications, as well as treatment for addictions and substance abuse, for those individuals of all ages suffering from mental illness.
- Our laws will need to recognize the provision of psychiatric treatment, in residential settings and otherwise, for those individuals suffering severe mental illness as a matter of basic human care and decency, particularly for those who lack the capacity or competence to make informed decisions in their best interests and are at risk of great harm on the streets.

Increase Our Shelter Capacity with Support Services To Bridge the Gap and Dedicate Resources Needed

- In order to preserve the shelter capacity we do have in the system now, the work of the Trust and homeless providers must be supported and adequately resourced to fund meaningful evidence-based solutions and best practices, recognizing our goal is not to warehouse but actually assist individuals and families stabilize, access needed resources, and transition to permanent homes off the streets.
- With shelter capacity overflowing, we can and must encourage the preservation and development of **at least 1000 more shelter beds in five years, recognizing children and families are the fastest growing homeless population**, with

appropriate, evidence based and informed supportive services, in a continuum of care carefully designed to support and bridge the gap to affordable housing and comprehensive psychiatric care in our community. We must recognize there will always be a need for shelters to bridge homelessness experienced by individuals and families in our community, but we can reduce the times needed by enriching resources available during shelter stays and amplifying other public systems for exit, like affordable housing, mental health care, and social safety nets.

- In addition to more beds overall within the system, we need to **add a downtown resource center and clearing house** for individuals and families who are experiencing homelessness. A new downtown center would serve as a critical point of access and engagement, service provision, and hub for connections to the entire continuum of care, public psychiatric beds and affordable housing, ensuring increased access to shelter, transitional and permanent housing based on the level of needs of those served.
- All of these goals require both community and government support on many levels, including possible government-sponsored projects and public-private partnerships, with dedication of county and municipally owned land and buildings, additional funding via bond financing or an increase in and expansion to all communities in the County of the food and beverage tax, possible other tax incentives, expedited approvals and permitting, supportive services, operating funding and more.
- If we **raise the food and beverage tax by one penny, the Trust will have the resources to increase the capacity of and adequately fund a multi-faceted continuum of care that is designed to humanely shelter individuals and families with appropriate evidence-based support services as we bridge the gap in affordable housing in our community and prepare for its continued growth.**

Conclusion

When we understand why the solutions to end homelessness established twenty years ago have not been able to keep pace with the growing numbers of individuals and families in need in our community, we have the opportunity to find and implement meaningful solutions. We are facing the consequences locally, and across the country, of years of policies that ignored the need for preservation and development of an adequate stock of truly affordable housing, in addition to the preservation and development of a multi-faceted mental health system that includes an adequate number of psychiatric beds and long term care for those suffering from severe mental illness.

The Trust was not designed to be the primary housing provider for our community, nor can we reasonably expect the homeless continuum to constitute our de facto mental health system. It is appropriate to look to the Trust and continuum of care providers as an essential and life saving bridge between public systems. To do so, the Trust and the

continuum must be adequately resourced to properly preserve and fund the shelter beds currently within the system, participate in public/private partnerships to increase the capacity of our shelter system, and serve as a reservoir of expertise for exploring, understanding and implementing evidence based and informed best practices to assist those experiencing homelessness build the foundation for a better way of life.

When we make the commitment as a community to informed public policy, and increase and adequately resource the Trust as well other interrelated public systems, like affordable housing, mental health treatment, and supportive safety nets, we bring an end to the enormous suffering of the thousands of individuals and families now homeless – and generations to come. At the same time, Miami becomes a shining example of a world-class city that attracts and keeps residents and visitors from all over the world for its forward thinking, care and quality of lifestyle for everyone.

Respectfully Submitted,

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Attached List.

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