

F. Y. I.

A Report On Asheville's Progress In Ending Homelessness And The Status Of Homeward Bound Initiatives, Prepared Periodically For Community Leaders
October, 2007 – Vol.1, No.4

1. ARE CITY AND COUNTY LEADERS LOSING SIGHT OF THEIR OWN PLAN?

Study after study from around the country has demonstrated that the most humane, cost-effective and successful model for ending chronic homelessness is supportive permanent housing using the Housing First/Housing Plus model.

Yet city and county officials continue to fund and support programs that require homeless individuals to be clean, sober and "Housing Ready" before allowing them into permanent housing, even, sometimes, before allowing them overnight shelter or a meal.

The 10-Year Plan adopted by both the City Council and the County Commissioners made Housing First its cornerstone for the simple reason that it has been proven to work. For example, one recent study has shown that 90% of individuals with drug or alcohol addiction become and remain clean and sober when placed in supportive housing, compared with 57% of those living independently or in shelters and 56% of those in halfway houses.

Another example: 83% of people with mental illness in New York who were given permanent, supportive housing remained housed a year later and experienced a decrease in symptoms of schizophrenia and depression. And in Miami, the number of homeless people on the streets has been reduced from 8,000 to 1,600 using the Housing First model of providing wrap-around services after the individual has moved into permanent housing.

It works so well, in fact, that last month Quincy, Mass., announced it was closing one emergency overnight shelter after 17 years and reducing the number of beds in another because permanent supportive housing had produced a 45% reduction in the number of homeless people. This is not unusual. 32 cities that have adopted Housing First have reported a reduction in the homeless population for the first time in 20 years.

And proof of reduced costs for taxpayers in cities implementing Housing First continues to mount. **Portland, Maine, for example – a city roughly the same size as Asheville – has reported a 49% decrease in the number of chronically homeless individuals with costs reduced from \$28,000 to \$14,000 per person.**

If these examples still leave you doubtful, read "Tales from the Streets" on page 2.

City and Council leaders made the right decision when they endorsed the Housing First model for the Asheville/Buncombe 10-Year Plan. It is time they also put precious resources behind that decision rather than squandering them on failed program models that tend to perpetuate homelessness.

2. TYPICAL TALES FROM THE STREETS

Tom (not his real name) is a 49 year old African American man, a former prizefighter who has struggled for years with addiction and alcoholism. He came to the Housing Support Team early in our process of interviewing potential clients, and was among the first whom we moved into an apartment. Having lived on the streets for five years, with occasional stays in shelters, during his intake Tom told Homeward Bound staff that he was not sure he could maintain housing, not sure if he could make the transition to living responsibly in a community.

Still and all, he wanted to give independent living a try, and in mid-July we handed Tom the keys to an apartment in Fletcher. For Tom the transition was tough. Before the end of the month he was drinking heavily and using whatever money he could muster up from odd jobs to buy crack. But the underlying philosophy the Housing Support Team follows—housing first—maintains that if you remove the war-zone stress of living in shelters, in the woods, and on the streets, and establish with newly housed individuals relationships based on mutual trust, they will in time begin to recover from that stress and reach out, voluntarily, for help.

Tom proved this theory in short order. On September 17th, he told his Homeward Bound case manager that he felt overwhelmed by his addictions, that he felt if he continued drinking and smoking crack he might lose his apartment and “ruin my life like I have been doing for so long.” He reported that he had been clean and sober for three days, and now wanted to seek treatment for the depression he felt led him to “self-medicate” with crack and malt liquor. After a local detox center turned Tom away, his case manager phoned a mental health service provider and arranged for him to begin receiving treatment for the clinical depression that Tom so accurately--and for the first time--recognized as the underlying case of his substance abuse. The following day, the Homeward Bound case manager took Tom to an intake appointment with the mental health agency, and on the drive home Tom spoke with a new hope and insight, and three weeks later, even as he has continued to struggle with temptations to return to active addiction, Tom has maintained his hope and his determination to live independently.

Jane (not her real name) had been married for twenty years when she learned that for most of the marriage her husband had been sexually abusing young girls, including her daughters. Jane moved out of her house and broke down entirely. She spent the next two years on the streets, sleeping in the woods around Asheville and sometimes in downtown parking lots, drunk for most of her waking hours in a vain attempt to bring on forgetfulness and numb her heartache.

In early August the Homeward Bound Housing Support Team moved Jane into a duplex in Swannanoa. At that time, Jane’s body, mind, and spirit were on the verge of a breakdown, exhausted from years on the streets. Her stomach was constantly upset, she suffered from several varieties of chronic pain, and her emotional life was in tatters— at any sign of stress she might in a matter of moments, careen from tears to shouting to hand-wringing and self-loathing. She was literally a nervous wreck.

After Jane expressed to the Housing Support Team her desire to get well, we went to work assisting her with that. Two months since she moved into her duplex, Jane has, for the first time in five years, a primary care physician who is aggressively treating her stomach, back, and arthritis issues. She has a psychiatrist who is treating her depression and anxiety, and she for the first time she has entered into psychotherapy to work through the grief and self-blame she suffers from her ex-husband’s behavior.

These days, Jane is sober, and she reports no desire to drink. She has re-established relationships with her daughters, and she smiles constantly. She talks freely about her life, has become part of the spiritual community at her local church, and is raising two kittens.

It seems plain that Tom and Jane, who may have had no hope and no help a very short time ago, have been utterly transformed by the Housing First philosophy that has informed Homeward Bound’s actions for the past year.

3. VOLUNTEER RECOGNITION DINNER OCTOBER 25

Homeward Bound's Annual Volunteer Recognition dinner will be held October 25th, beginning at 6:00 PM at the All Souls Church in Biltmore Village. Dinner will be provided by 10 of Asheville's leading independent restaurants. The guest speaker will be Vice-Mayor Holly Jones.

If you are interested in volunteering, please come join us and meet hundreds of others who have enriched our community and their own lives through their service to our most needy and vulnerable neighbors.

4. 'ANYONE WHO IS SICK SHOULD BE ABLE TO SEE A DOCTOR. PERIOD.'

T.W. is dying of cancer. For the past 6 years his "home" has been an abandoned car on the outskirts of downtown Asheville. Four years ago, when he first began to experience severe stomach pains, he tried to get seen by a doctor – first at the County Health Center, later at Asheville's "free" clinic.. With no insurance, not even Medicaid, no access to a phone and without the experience or ability to navigate the often complex procedures necessary to get and keep an appointment, he simply stopped trying.

When found by an Outreach worker from A HOPE he was almost skeletal, in constant pain and in a state of pure despair. Our case workers were able to get him immediately into a doctor, but by now the cancer had spread throughout his body and he has been given at most six months to live. Had he been seen four years ago, when he first tried to get help, it might have been possible to stop the disease in time to save his life. Now all we can do is try to make him comfortable and support him as the end approaches.

Second only to permanent housing, access to health care is the most compelling challenge facing homeless men, women and children in Asheville. That was the finding of a report presented to the City Council this summer, a finding confirmed by Homeward Bound's own survey of more than 80 homeless individuals.

"As individuals and as a community we have an ethical choice", says Howard Stone, Homeward Bound's Executive Director. "We can allow men, women and children to live on our streets with untreated illness and disease; we can allow people to die alone, in pain, without even a roof over their heads, or we can say that anyone who is sick should be able to see a doctor. Period."

The facts are simple and straightforward:

1. Homelessness causes illness and makes existing mental and physical illnesses worse;
2. Homeless individuals are unable to secure private medical care and public health systems, both medical and mental (including substance abuse treatment) are unable to cope with the numbers of uninsured or under-insured who need help;
3. For a variety of reasons, homeless folks have great difficulty accessing and navigating these systems and are often wary of any 'official' agency;
4. As a result, they tend to cycle between the streets, shelters, emergency rooms, jail, hospitals, mental institutions, and back to the streets where they end up using expensive emergency medical services as their primary care physician.

To meet this challenge, the Board of Homeward Bound is now exploring the feasibility of expanding services at the A HOPE Day Center to include access to a nurse practitioner on site, a substance abuse counselor and expedited treatment at local clinics. In partnership with local health care providers, we hope to secure the funding to make this happen by year's end.

5. MYTHS AND FACTS – PART 4

Myth: Homeless people are a fixed population who are usually homeless for long periods of time.

Fact: The homeless population is quite diverse relative to their length of homelessness and the number of times they cycle in and out of homelessness. Research indicates that 40% of homeless people have been homeless less than six months, and that 70% of homeless people have been homeless less than two years. Less than 25% of the homeless population is “chronically” homeless. They are simply the most visible and consume an estimated 50-75% of the funds spent on services – until they are moved into permanent supportive housing.

One out of every four homeless persons is a child and, in fact, the fastest-growing segment of the homeless population is families with children.

6. GROWING LEVEL OF VIOLENCE AGAINST HOMELESS PERSONS CONFIRMED

In last month’s FYI, we reported that at least two homeless persons had been murdered in Asheville so far this year and that the number of violent attacks on this vulnerable segment of our community was on the rise.

Judging by the number of queries we received, this apparently came as a surprise to many decision-makers in the community, some of whom were in fact skeptical. Recently, in an interview on NPR, the head of the National Coalition for the Homeless confirmed that Asheville is not alone in experiencing this phenomenon: **more homeless people are the victims of hate crimes than all other minority groups combined**, he reported.

7. PROJECT CONNECT & VA STAND DOWN JOIN FORCES (excerpts from the newsletter of the U.S. Interagency Council on Homelessness – www.usich.gov)

ASHEVILLE, NORTH CAROLINA. This fall, communities in North Carolina are continuing to sow the seeds for ending homelessness. Having developed and adopted jurisdictionally based 10-Year Plans, Asheville/Buncombe County, Raleigh/Wake County, Chapel Hill/Orange County and Durham/Durham County are utilizing the broad range of partnerships and resources identified through the plan process to engage homeless individuals through Project Homeless

Asheville, which in December 2006 became the first community in North Carolina to hold a Project Homeless Connect, has now become the first community in the state to partner with the U.S. Department of Veterans Affairs and veterans groups to sponsor a joint Connect-VA Stand Down. Of the 250 homeless and at risk consumers who came to the event held September 14 at the First Baptist Church, 160 were veterans, a marked increase over the 100 veterans who had attended last year’s VA Stand Down. Allison Haberfield, homeless veteran’s coordinator for the Asheville VA Medical Center, credits the expanded outreach from the combined Connect-Stand Down effort for creating “more buzz on the street.”

Asheville Mayor Terry Bellamy, who helped lead her community’s 10-Year Plan effort and is a strong supporter of Project Homeless Connect, greeted the volunteers, providers and participants, and assisted participants access services.

Having seen from the December event the impact that Project Homeless Connect can have on the lives of homeless people, the service providers and more than 130 volunteers at this second Connect were “more prepared and more excited” reports Amy Sawyer, coordinator of the Asheville-Buncombe County Homeless Initiative which is leading the implementation of the community’s 10-Year Plan. More than 40 services were offered through 60 providers.