Homelessness in Birmingham: An update from The Edge of Chaos

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2. Introduction

2.1. About the Edge of Chaos

The Edge of Chaos is a Public Health Innovation think tank operating under the University of Alabama at Birmingham School of Public Health. Its mission is to explore public health issues facing the city of Birmingham and facilitate collaboration between experts in academia, the business sector, and the community (including the not-for-profit sector) to discover innovative solutions to complex, or as we term them, "Wicked" Problems.

2.2. Report Introduction

Homelessness is a public health issue affecting mostly urban centers in the United States. Those with no consistent shelter are disparagingly at risk for cardiovascular disease and psychological disorders – either the development or exacerbation thereof [1,2]. Furthermore, these individuals often lack access to sufficient care, meaning an increased use of the emergency room – an often costly bill for which they cannot pay and for which the hospital is seldom reimbursed [3,4]. Thus, it is not only the individual, but also the entire community, who suffers.

2016 was an important year for those fighting to end homelessness in the United States. It is after President Obama's Administration's goal to end Veteran Homelessness by 2015; just before the Administration's goal to end Chronic Homelessness in 2017; and just at Community Solutions' (an organization sponsored by the US Departments of Veterans' Affairs (VA) and Housing and Urban Development (HUD)) goal to end both by 2016 [5,6].

Therefore, we at The Edge of Chaos thought it wise to examine the state of Homelessness in Birmingham this year, and report our findings and potential solutions to all stakeholders (the aforementioned sectors). We conducted this examination through research, one-on-one interviews with individuals, and a focus group on 12 April 2016 involving all contributors. Our report consists of three sections – a presentation of the latest data on Homelessness in

Birmingham, a discussion of the positive attributes of the city's current efforts to end homelessness, and a presentation of several specific recommendations that the contributors believe could help make our efforts even more fruitful than they already are.

3. Current Interventions

This report does not aim to exhaustively detail Birmingham's extensive network of services, seeing as they are well detailed in two previous city-wide reports - *Birmingham's Plan to Prevent and end Chronic Homelessness 2007-2017*, and its supplementary *2014 Progress Report*. [11,12] Though focused on chronic homelessness, both documents provide a solid overview of the city's various services.

What we will report in this section, however, is the various types of services provided in our city and the number of organizations providing each service. A high or low number is neither necessarily good nor bad, for in some cases consolidation has succeeded or is needed; while in other cases numerous diverse service providers are either existing or needed.

3.1 Preventive Interventions

Mortgage Assistance - 10 providers
Rental Assistance - 14 providers
Utilities Assistance - 14 providers
Counseling/Advocacy - 20 providers
Legal Assistance - 7 providers

3.2 Outreach Interventions

Street Outreach - 7 providers
Mobile Clinic (distinctive from stationary healthcare clinics) - 0 providers
Law Enforcement - 1 provider

3.3 Supportive Services

Case Management - 29 providers
Life Skills Training - 24 providers
Alcohol and Drug Abuse Interventions - 14 providers
Mental Health Counseling - 10 providers
Healthcare - 4 providers
HIV/AIDS-related services - 8 providers
Education - 12 providers
Employment - 16 providers
Childcare - 8 providers
Transportation - 21 providers

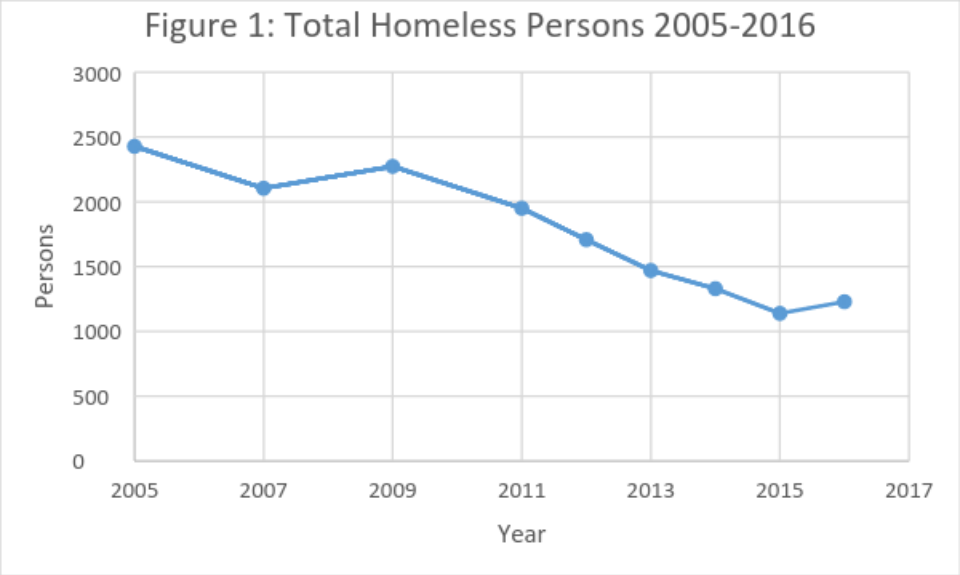
4. Data

This report relied exclusively on the Point in Time report, compiled annually by Oneroof [7]. For those who are familiar with research data, the Point in Time project collects aggregate data on homeless individuals for urban centers using a cross-sectional collection design. This means that the data is one snapshot (in this studies' case, one night per year) of a phenomenon that is easier than some data types to collect, but which cannot detect the cause of change as easily as other types. Notwithstanding, for a population who is to this point hard to trace through traditional means, it is the highest-quality data available.

In the following sections, the overall counts of homeless individuals will be presented and interpreted.

4.1 Total Number of Homeless individuals:

The Total number of Homeless individuals over the last ten years is presented in **Figure 1**.



The first thing one would do well to realize is that the number of homeless individuals on a given night has decreased 50% from what it was 10 years ago. This does indeed suggest the efficacy of the interventions mentioned in the previous section, as well as improvements in available housing in the city in general.

The second thing to note is that 2016 was an anomaly in the previously established trend of consistent annual decrease. Several factors may contribute to this. One may be that the city's efforts to date have proven sufficient to house and prevent homelessness for most save the most vulnerable and in need individuals (the "toughest cases", as it were). Certain pieces of evidence presented in later sections will support, while others will oppose this hypothesis. A second is that the most recent measure of the poverty rate in the state of Alabama is rising slightly, which would have the capacity to slow or halt a decline in homelessness rates. [10] A final possibility is that the steep decrease from 2014-2015 was a mathematical anomaly, and a regression to the mean occurred, as can be the case with cross-sectional data. Whatever the reason, two important messages should be derived from the evidence – (a) that 2016 data will not make the fullest sense without the context of 2017 data, thus we should not necessarily assume that the homelessness rate of Birmingham has flattened out and the city's efforts have ceased to be successful; and (b) that, notwithstanding, we have as a city an opportunity throughout the fall and early winter to strengthen efforts or change strategy such that the decline we have so enjoyed in past years can continue.

4.2 Living arrangements for Homeless individuals

The statistics for homeless individuals by living arrangement are presented in **Figure 2**. An unsheltered homeless individual is defined by HUD as residing "in a place not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings (on the street)." [9] An emergency shelter is defined as "any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless." [9] Transitional Shelter, or Transitional Housing, is defined as "A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children." [9]

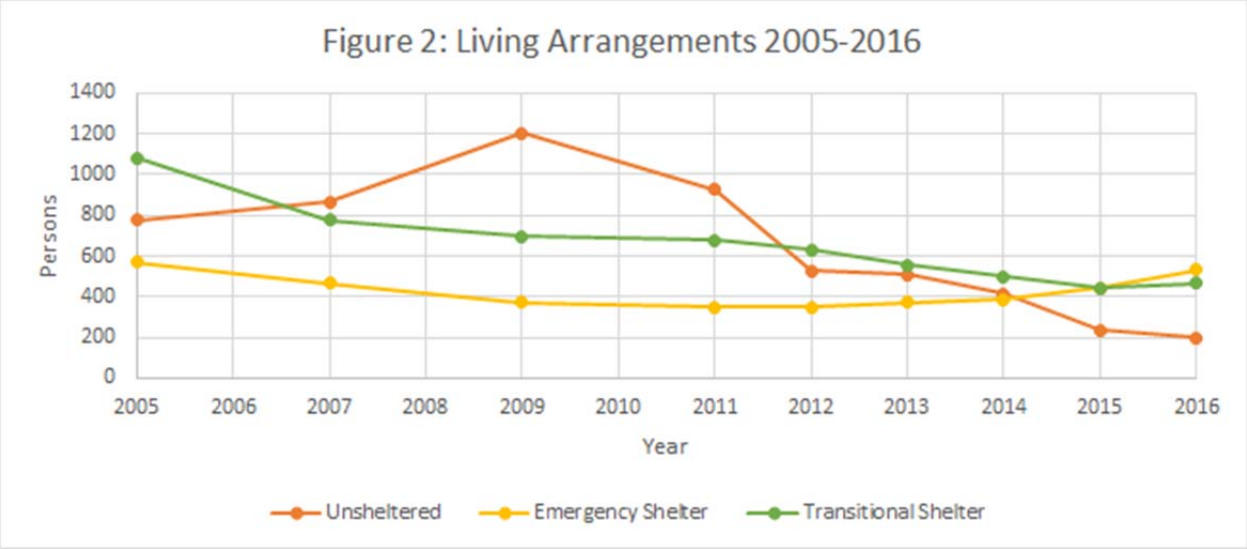
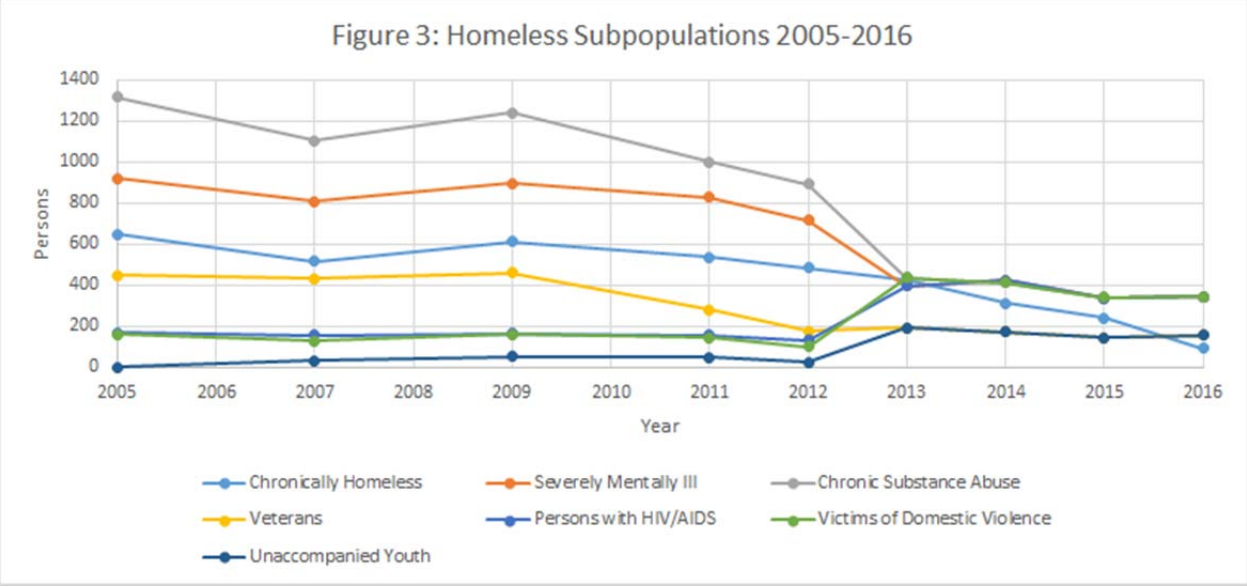


Figure 2 provides some positive news – that as the country continues to recover from the 2007-2009 housing crisis (as observed by the drastic spike and decline from 2007-2011), the number of unsheltered individuals on any given night continues to decrease drastically. This means that, regardless of the state of the total number of homeless individuals, less people are outdoors, exposed to elements and receiving less sleep on average, all of which means that the average quality of life of homeless individuals in Birmingham may be rising somewhat. Critics of this optimism may point out that the number of sheltered (Emergency + Transitional) homeless individuals seems to be plateauing or rising, especially for emergency shelters, and we acknowledge that in the most ideal situation, all three measures would be dropping simultaneously; however, we believe the rise in individuals in Emergency Shelters is at least in part a product of the fall on unsheltered individuals. Perhaps, in the coming years, as the unsheltered count continues to approach zero, the Emergency Shelter count will start to fall as well.

4.3 Housing for Subpopulations of Homeless Individuals.

All homelessness rates for at-risk subpopulations are presented in **Figure 3.**



As in the previous sections, we begin by presenting a cause for optimism: that the number of chronically homeless individuals dropped below 100 for the first time in the record period. A chronically homeless person is defined as an individual who is a) unaccompanied, i.e. not part of a homeless family unit and b) who has a disabling condition (physical or mental) who meets one of the following two criteria: 1) has been continuously homeless for a year or

more or 2) has had 4 episodes of homelessness within the past 3 years. We warn, as before, that regressions to the mean can occur after drastic decreases, such as that from 2015-2016, but nonetheless we choose to celebrate this.

The next topic to which we turn our attention is the plateauing of several at-risk subpopulations: the homelessness numbers for severely mentally ill individuals, individuals who chronically abuse substances, and Military Veterans have all stagnated over the past 4-5 years following impressive decreases. Furthermore, the homelessness numbers for persons with HIV/AIDS, victims of domestic violence, and unaccompanied youths have all risen and plateaued in the past 4 years. The first comment we make on this note is on points of convergence. Though it is mathematically impossible (due to age requirements of those categories) that the convergence point of unaccompanied youths and veterans is anything but coincidental, it is in fact very possible that that the convergence point of the other subpopulations could suggest correlation (here, meaning some (not all) individuals holding dual, triple, or quadruple placement in multiple populations). This would support the argument in **Section 4.1** that the stagnant year of 2015-2016 had, at least as a factor, the effective service of all but the most at-risk individuals to blame.

A second point we make is that the decreasing number of chronically homeless individuals, coupled with the stagnation of subpopulation homeless rates, suggests that equal number of at-risk individuals are becoming homeless and finding housing each year - in other words, that the majority of these at-risk individuals are temporarily homeless, and the incoming and outgoing rates of at-risk individuals have been roughly the same for the past few years, or even increasing, which would explain the stagnation despite falling numbers of chronically homeless individuals, many of whom fall into an at-risk subgroup. The implications of this are twofold: 1) that, given that the definition of chronic homeless includes "having had 4+ episodes of homelessness in the past three years", our record-low chronic homelessness numbers may be at risk of rising if at risk individuals who get out of homelessness fall back in due to the stagnant or rising temporary homelessness rate; and 2) that, for its own sake and in light of point (1), the city may do well to evaluate its current preventive and service measures to see if it can better prevent and end homelessness for at-risk individuals (though we echo that the data supports the conclusion that these measures have been quite effective for homeless individuals not falling into an at-risk subgroup).

5. Other Discussion topics of note

In addition to Point in Time data and the implications thereof, the contributors discussed other opportunities for the various institutions of the city to better collaborate in the prevention and ending of homelessness in Birmingham. These opportunities are as follows:

5.1 The role of the Emergency Department (ED) in the coordination of service for homeless individuals

One prominent issue that arose in our discussion was the potential for urban emergency departments in the city to better coordinate service for homeless individuals. Lest the authors seem accusatory and uninformed, as the only healthcare provider on the team is a primary care provider, let us first discuss and strive to understand the complex challenges facing emergency departments in their care for the homeless.

A 2013 study by Yale University and the Robert Wood Johnson Foundation interviewed 23 residents working in 2 urban emergency departments in the Northeastern US. [13] The study found that the sample of providers was quite compassionate and desiring to provide care to homeless individuals, but struggled with whether the ED was philosophically or logistically an appropriate environment to funnel valuable resources (time, money, etc.) toward screening for and coordinating the filling of social needs, postulating that every minute (and therefore dollar) invested in screening for homelessness and subsequent care coordination is not invested in acute care.

The contributors understand and empathize with these concerns. Nonetheless, they feel a potential compromise could be reached. Even in notifying dedicated care coordination organizations and making referrals, the ED can serve to be an important source of information, data, and referrals, giving care coordination organizations valuable data to which they don't currently have access. The contributors also postulate that, in doing something as low intensity as the above stated intervention, EDs could see high cost benefits and reduced ED visits by homeless individuals over time by simply partnering with care coordination organizations in this way.

5.2 Gentrification with Justice: The Role of the Housing Sector (public and private) in Preventing and Ending Homelessness

Also discussed was the opportunity for the Private Housing Sector to have a more active role in preventing and

ending homelessness. The first practical example of this that comes to mind is the planned redevelopment of the Southtown Housing Authority. This, according to the contributors, is in many ways an example of a good role the private housing sector can play in the community. The reader is surely aware of the word gentrification, a term whose definition can simply include "the renovation of a historically lower-class neighborhood characterized by the influx of middle-to-upper-class individuals", or which in many cases also includes "and by the displacement of the historically lower-class residents." A major cause of urban homelessness in cities around the US within the past two decades is increasing property value and rent related to gentrification. And if the contributors are honest, we understand why gentrification is a thing. Developers want to build a housing complex. They want to be able to feed their families and satisfy their investors by making as much money as possible on this project. Do they build various options for various income levels, or do they build the most luxurious and expensive option possible in an attempt to woo the highest-paying clients? We cannot deny that the temptation is real. And by some views of capitalism and economics, it is not a nefarious option at all. However, the contributors see the institution of the free market as more than serving to whichever organization makes the most money. We see the free market as able to make individuals lives better through competition to do the most good, not just to make as much money as possible. And we do think that there is such a thing as a profit-margin past which a company is no longer serving both its clients and itself, but rather only itself. Southtown is, in some ways, resisting pure gentrification by its proposed use of mixed-income housing. Mixed-income housing is defined as "a deliberate effort to construct and/or own a multifamily development that has the mixing of income groups as a fundamental part of its financial and operating plans"[14], and is one way to ensure that the inclusion of middle-to-upper class residents in a community does not force lower-class residents out. By charging each person closer to what they're able to pay for housing, rather than charging everyone as much as possible, the rate of individuals becoming homeless will decline, preventing rises in the homeless count, as we saw in 2016.

However, there is a consideration that must be made with Southtown, or with any new mixed-income development - will the individuals who currently reside in Southtown have housing in the new development, or will they too be displaced? It has been reportedly been assured that this will not happen, but the contributors wish to encourage the city, the housing authority, and the developers to nonetheless keep this a focus of their efforts.

We now move to the broader picture of the housing market in Birmingham. The contributors encourage real estate owners, especially those charging rent, to consider their potential role in preventing future homelessness through a resistance to pure gentrification, substituted with a commitment to more mixed-income complexes in the future - not just the redevelopment of housing authority complexes into mixed-income complexes, but also the creation of new mixed-income complexes instead of high-rent complexes, and even in the future a redevelopment of high-rent complexes into mixed-income complexes. Will these developments create as much profit as the more common developments that these days are exclusively high-rent? In all likelihood, the answer is no. But the contributors invite the private housing sector to see their trade not as just another business, but as a noble service of one of humanity's deepest needs - shelter and a place to belong. Just as the farmer take pride in his/her provision of food, and as the doctor takes pride in his/her contribution to health, those who serve in the housing market, we feel, have a much higher calling and reward than simply making money. Thus, if our city's housing sector can commit to ideas such as mixed-income housing, we can profit from the increasing desire of middle and upper class individuals to move to the city, but can also ensure that those profits are used to improve the quality of life of the city's historically lower-class residents, and that those profits don't come at the expense of the current residents. Thus, gentrification occurs, but as the saying goes, it is gentrification with justice.

6. Conclusion

In conclusion, the contributors hope they have presented an accurate, data-driven depiction of the state of homelessness and homelessness interventions in Birmingham. We feel that there is great cause for celebration at the improvements made in the last decade. We also feel that it is a pivotal time for our city, in that new directions, ideas, and collaborations may be needed to serve the remainder of our homeless neighbors. Though we've listed some ideas along these lines, we encourage the reader to think about how their institution may be able to form new projects or connections to better help the city prevent and end homelessness.

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