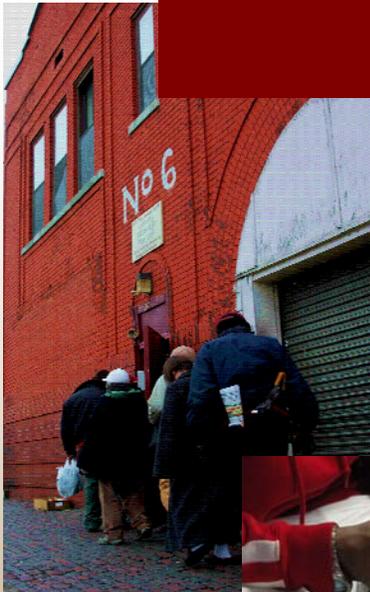


Birmingham's Plan to Prevent
and End Chronic Homelessness
2007-2017





THE MAYOR'S COMMISSION
TO PREVENT AND END CHRONIC HOMELESSNESS

710 North 20th Street
Birmingham, AL 35203

May 23, 2007

Norm Davis, Co-chair

Dear Mayor Kincaid:

Mona Fouad, Co-chair

On behalf of the members of the Mayor's Commission on Chronic Homelessness, we are pleased to submit the attached report entitled "Birmingham's Plan to Prevent and End Chronic Homelessness 2007-2017." This report was adopted by unanimous vote of the Commission at our May 4, 2007, meeting.

Harry Brown

Michael Calvert

Greg J. Carlson

Paul Carruthers

Susan Clayton

Tony Cooper

Ruth Crosby

The last ten months have been an incredible education for all of us as we have worked to develop this plan. The plan represents an expression of the commission's collective commitment to actively seek long-term and sustainable solutions to end chronic homelessness rather than simply managing it. The exercise itself has already proven valuable by encouraging increased coordination, cooperation and communications and has already lead to some measurable successes. Our collective goal is to ensure that all people living in our community have appropriate affordable housing and access to services that will help them do so.

Brenda Durham

Rene Elliott

Michelle Farley

Steve Freeman

The primary focus of the plan is to provide permanent supportive housing for approximately 648 chronically homeless, out of the approximate 2,428 general homeless population in Birmingham. The plan, we feel, outlines a road map to achieve this goal through the implementation of short term and long term actions steps. However, the plan also represents a significant and necessary redirection of our resources, our attitudes, and our strengths necessary to address this complex and difficult problem as well as a significant level of additional resources.

Allison Grayson

Lawton Higgs, Sr.

Connie Hill

LaTania F. Holbdy

Gloria Howard

Vickii Howell

John Hudson, III

Stefan G. Kertesz

Mike Murrell

Jim Parker

As you know, the completion of the Plan is merely the beginning of the important work that needs to be done. We recognize that the success of this plan does not rest solely on the shoulders and/or the coffers of city government but rather draws heavily on partnerships, collaborative efforts and the collective resources of many. The ultimate success of this effort will depend upon our collective ability to build these partnerships and help people realize this is a problem that not only requires local commitment, but metropolitan, regional, state and federal ownership as well. The Commission has prioritized five areas of emphasis as a recommendation to begin this process:

- Develop or redevelop additional housing/apartment units that are appropriate for supportive housing.
- Create programs that implement alternative approaches to housing entry based on best practices (e.g., Housing First, Abstinence Contingent Housing with Treatment, etc.).
- Enhance supportive services for persons residing in supportive housing.
- Improve care provided to homeless individuals diagnosed with a mental illness.
- Develop and implement a resource development plan that includes a combination of public and private funds.

Doris Powell

Teresa K. Thorne

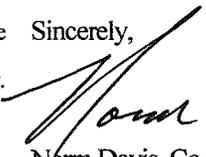
Arch Trulock

Deborah Vance

Thomas L. Wilder, Jr.

On behalf of the Commission we would like to thank you for the opportunity to have participated in this process. We would also like to thank you for making the prevention and elimination of chronic homelessness in our City a priority in your administration.

Sincerely,


Norm Davis, Co-Chair


Mona Fouad, Co-Chair

Attachment



Birmingham's Plan to Prevent and End Chronic Homelessness 2007-2017

City of Birmingham
Department of Community Development
710 North 20th Street
Birmingham, AL 35203
205-254-2721 (Phone)
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May 4, 2007

Prepared by:
City of Birmingham, Department of Community Development and
The Mayor's Commission to Prevent and End Chronic Homelessness

With the assistance of:
TDA, Inc.

Executive Summary

The City of Birmingham, under the leadership of Mayor Bernard Kincaid, hired a consulting firm to assist a diverse group of 28 civic leaders representing many organizations, coalitions, and citizens with a wide array of expertise. They compose **The Mayor's Commission to Prevent and End Chronic Homelessness**, appointed to develop a ten-year strategic plan to prevent, decrease, and ultimately end chronic homelessness in the Birmingham area.

This proposed Ten-Year Plan to End Chronic Homelessness in Birmingham is an expression of the commission's collective commitment to actively seek long-term and sustainable solutions to end chronic homelessness rather than simply managing it. Our goal is to ensure that all people living in our community have appropriate, affordable roofs over their heads, and access to services that will help them do so.

The Problem

Homelessness surged alarmingly during the 1980s due to severe budget cuts in federal housing and supportive programs that removed safety nets for individuals and families on the edge of poverty, plus a host of other factors. In the Birmingham and Jefferson County area, homelessness grew 145% from 1987 to 2005.

A chronically homeless person is an individual who (1) has been continuously homeless for one year or more, or has had at least four episodes of homelessness in the past three years, and (2) also has a disabling condition, that is, a serious mental illness, a diagnosable substance use disorder, a developmental disability, or a chronic physical illness or disability.

Nationally, chronically homeless individuals comprise 10% of the homeless population, yet they typically consume more than 50% of a community's health, public safety, and social services resources, often at taxpayer expense. They place costly strains on institutions that are not equipped to effectively and efficiently help them.

In Metropolitan Birmingham, chronically homeless individuals (648) account for 27% (nearly 3 times the national average) of the 2,428 people who meet the federal definition of homelessness. Clearly, the financial and social cost of leaving the chronically homeless out in the cold is steep. For example, one chronically homeless Birmingham man with heart failure and mental illness suffered 44 preventable hospital stays and 36 emergency room visits from 2001 to 2005. He accrued \$334,275 in hospital charges, a cost absorbed entirely by Jefferson County taxpayers.

Therefore, solving the complex conditions that lead to chronic homelessness requires a community commitment to meet the needs of homeless individuals, particularly the chronically homeless, for the good of the community as a whole.

Our Vision for the Future

The ultimate solution is to extend permanent housing and appropriate services to chronically homeless individuals. The proposed Ten-Year Plan to End Chronic Homelessness is about implementing a range of prevention and service-delivery strategies that have been demonstrated to be effective and cost-saving. It focuses on investing in our precious local resources and using them in more effective ways to better serve homeless people in our community. It focuses on expanding those resources through fund raising efforts, and rallying the community to proactively address the issues that contribute to homelessness.

Together we can and will:

- End chronic homelessness, not manage it;
- Implement practices that research has shown to be particularly effective and promising;
- Increase significantly housing options that are affordable, available, and appropriate to meet the needs of chronically homeless individuals in the Birmingham Community;
- Ensure a fully coordinated network of quality, accessible services to help chronically homeless remain in permanent housing – including an increase in outreach, case management, and mental health services;
- Establish clear measures to identify needs and assure accountability for outcomes.

The Commission has developed five key goals to achieve this vision:

- 1.) Provide, develop and expand housing options for chronically homeless individuals in the Birmingham Community;
- 2.) Provide better access to support services that help them remain in permanent housing;
- 3.) Reform policies that contribute to homelessness;
- 4.) Institute policies that assist persons leaving homelessness; and
- 5.) Build awareness and mobilize the community to help end chronic homelessness in Birmingham.

With input from community focus groups and comments from our public hearings, the Commission will process the following “12-Point List of Priorities.”

1. Adopt “Housing First” solutions, which have achieved visible change on the streets and financial savings in cities across the country by creating residential facilities where chronically homeless individuals can receive supportive services that address their substance abuse and mental health problems; and establish a “Housing First” pilot program in Birmingham;
2. Support fund-raising efforts to expand housing options through existing homeless service providers (e.g., Cooperative Downtown Ministries’ planned facility that will create 206 beds for emergency shelter permanent housing, respite care and addiction treatment beds for homeless men);
3. Support the creation of more Assertive Community Treatment (ACT) Teams – social work case managers, medical and mental health professionals, homeless service providers who support chronically homeless individuals – and a comprehensive system that tracks and monitors these individuals’ progress.
4. Develop long-term housing options immediately by engaging public housing authorities as active partners to make some of their 1,600+ vacant apartments available to chronically homeless individuals, who will be actively served by ACT Teams or receive other forms of supportive services;
5. Develop a practical street outreach program that combines the successful “Drug Court” model of intervention with the criminal justice system and homeless supportive services (ACT Teams, Housing First Providers, etc.);
6. Develop a one-stop mental health crisis and intervention center where chronically homeless individuals suffering from serious mental illnesses can receive appropriate and cost-effective assistance;
7. Weave a tighter community safety net by creating a one-stop comprehensive center that offers supportive services to newly homeless people, and provides information and resources to individuals at risk of becoming homeless;

8. Work with the health care, criminal justice and social services institutions to reform current discharge policies that contribute to homelessness, and to streamline bureaucratic barriers the homeless face when seeking identification cards they need to receive assistance;
9. Call for community endorsement of the Plan and a commitment to actively participate in its implementation by the City of Birmingham, Jefferson County and other local governments; neighborhoods and communities; organizations such as the Birmingham Regional Chamber of Commerce and other businesses groups; Greater Birmingham Ministries, JCCEO and other social service and religious organizations; the Regional Planning Commission, Region 2020, and other economic development organizations;
10. Pursue funding sources such as: (a) general appropriations from the City of Birmingham and other local municipalities, county and state governments; (b) grants from foundations and other philanthropic institutions; (c) public-private partnerships to leverage philanthropic and governmental investments that support new homeless housing programs; (d) creating an Alabama Housing Trust Fund, an innovation used in many other states to help appropriate housing options for exiting homelessness persons;
11. Create public awareness campaigns through the media to tell the story of the policies and plans to end chronic homelessness, and report regularly to the public on progress toward achieving goals and benchmarks in the Plan;
12. Create and adhere to a common set of “Good Neighbor” standards that demonstrate a commitment to the well-being of communities where new supportive housing facilities or other services for the chronically homeless will be located, and to establish processes to ensure continued communication and trust with these communities.

Next Steps to Ending Chronic Homelessness

The Mayor’s Commission to Prevent and End Chronic Homelessness will seek support and endorsement of the plan from key stakeholders throughout the Birmingham area, including civic and faith-based groups, businesses, small business owners, housing and service providers, government agencies, elected officials, homeless persons and their advocates.

Upon the adoption and endorsement of the plan, a Regional Governing Board to End Homelessness, charged with overseeing the Plan’s implementation and building political will in the Birmingham area, will be formed and convened by appropriate representatives from the public, private, and nonprofit sector.

A Professional Committee, comprised of partners working to end homelessness in the Birmingham area, will be established by the Regional Governing Board to set priorities, develop detailed service-delivery plans, and coordinate activities.

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Homeless Birmingham resident creates a “home” under an interstate overpass.

A 2005 study determined that, on any given day, 2,929 people in Jefferson County, Alabama are homeless. This daily average has varied little during the last five years. Of these 2,929 homeless individuals, 501 of them are living in units that HUD considers permanent housing, including safe havens and shelter plus care units. To that extent, the community at large has met this portion of the need. The remaining 2,428 homeless persons, however, are living on the streets and in various shelter situations.

Of these 2,428 persons, 648 of them (27%) are **chronically homeless**, meaning that they are unaccompanied *and* have been homeless for long periods of time *and* also live with a disabling medical or mental condition. While the faces of those experiencing homelessness in Birmingham may change from day to day, the total number of homeless people in Birmingham remains the same. The high percentage of chronic homelessness and the stubborn status quo of Birmingham's homeless problem distress our city, its citizens, and many segments of the community. They also weaken Birmingham's economic base: Money that could be working to build our economy is instead diverted to the systems (hospital, mental health, and legal/judicial systems) that inevitably receive and care for persons whose problems are exacerbated because they are not housed.

Did You Know?

Homelessness has a huge economic impact. One chronically homeless man residing in Birmingham recently accrued \$334,275 in hospital charges, which were ultimately paid by taxpayers. Research now shows that it would have been less costly to house this person and provide him with needed services, than it was to allow him to remain homeless.

The total number of homeless persons in Birmingham has not decreased, for two reasons:

1. For each of the many individuals who leave homelessness and obtain permanent housing on a daily basis, new Jefferson County residents unfortunately fall into homelessness and take their place. Continuous reductions in the number of affordable housing/apartment units, restricted income opportunities for individuals at the bottom of the occupational ladder, and inadequate supports to protect the most vulnerable residents of Birmingham-Jefferson County are among the issues that keep homeless numbers constant.
2. A very large subset of Birmingham's homeless, 648 persons (27%) are **chronically homeless**, which means that they meet the federal government's criteria of being unaccompanied and having a serious disabling medical or mental condition *and* having been homeless for a full year or having experienced homelessness at least four times during the last three years.

The citizens of Birmingham and Jefferson County pay a steep financial and social cost for leaving the chronically homeless out in the cold. Because of their medical and mental

vulnerabilities, the chronically homeless inevitably end up in our hospitals, jails, prisons, and various treatment facilities – all paid for by the public. In data collected in New York City, each mentally ill chronically homeless person incurred approximately \$42,000 a year in costs across these systems, none of which amounted to housing or permanent solutions.

In Birmingham, one chronically homeless man with heart failure and mental illness experienced 44 *preventable* medical hospitalizations from 2001 to 2005, with 36 additional emergency room visits. His inability to pay for and take his required cardiovascular medications caused his heart to deteriorate, leading to most of his hospital admissions. He accrued **\$334,275 in hospital charges**, a cost absorbed entirely by the taxpayers of Jefferson County.

The Surprising Reality

The surprising reality is this: **we can house a mentally or physically disabled person for \$10,000-12,000 a year (about \$30 per night), or we can allow that same person to rotate between hospitals (\$1,000-2,000 a night) and other less costly, but similarly inappropriate, environments like our city and county jails, at costs that are ultimately much higher.** The latter course is what cities across the country have done by default for the last 20 years, and like many communities across the country, we judge this method to be a failure among the most difficult-to-serve homeless individuals.

Birmingham's *Ten-Year Plan to Prevent and End Chronic Homelessness* is designed to offer a realistic series of steps that will enable the Birmingham community to start moving its most seriously impaired homeless, the chronically homeless, off the streets, out of our shelters, and into a home.



Like most homeless individuals, this Birmingham resident must constantly carry everything he owns from location to location.

Fundamental Goals Established to Prevent and End Chronic Homelessness



Goal A - To develop and/or expand housing options for homeless individuals.



Goal B - To strengthen and provide better access to support services for persons to obtain and maintain permanent housing.



Goal C - To reform current policies that contribute to homelessness and institute policies that assist persons leaving homelessness.



Goal D - To proactively prevent homelessness.



Goal E - To build awareness and mobilize the community for the objective of ending chronic homelessness in Birmingham.

Chronically homeless persons identified in 2007 = 648

This plan aims to decrease chronic homelessness by 648 individuals by 2017.

Goal A: To develop or expand housing options for homeless individuals.

To the extent possible, every effort will be made to use abandoned or vacant housing/apartment units in a way that reduces slum or blight and improves the appearance of the community. The total number of new units combined with the use of existing units is expected to approximately equal the total number of chronically homeless persons (n=648) without concentrating homeless individuals in any one particular community.

Strategy A1: Establish agreements to assure maximum use of available public and private housing units for chronically homeless individuals, including dialogue and negotiation with local housing authorities, developers, owners, and property managers in light of nationally-established best practices.		
Action Steps	Lead Partner(s)	Timeframe
i. Develop a plan to engage and encourage the private sector to salvage and use vacant housing units.	MBSH/City/County (Dept. of Health)	June 2010
ii. Work with the local Public Housing Authorities to develop a plan, to identify housing options, and to establish policies/procedures and linkages needed to make housing units available and more accessible to homeless individuals.	Metropolitan Birmingham Services for the Homeless (MBSH)/City/County	June 2010

Strategy A2: Develop or redevelop additional housing/apartment units that are appropriate for supportive housing.		
Action Steps	Lead Partner(s)	Timeframe
i. Acquire, renovate, or construct residential facilities that will be used to implement at least one pilot project that uses the “Housing First” approach.	Firehouse/UAB/ ONB /City Community Development Dept.	Dec. 2009
ii. Support a program to establish a facility that will provide a variety of supportive services and create 128 emergency shelter beds, 8 “third shift” beds, 36 substance abuse recovery beds, 24 safe haven beds, and 10 respite care beds, such as that for which the Firehouse Shelter has a properly zoned site.	City/ Operation New Birmingham	Dec. 2009

Strategy A3: Create programs that implement alternative approaches to housing entry based on best practices (e.g., Housing First, Abstinent Contingent Housing with Treatment, etc.).		
Action Steps	Lead Entity	Timeframe
i. Establish “Abstinent Contingent Housing with Treatment.”	Aletheia House/Cornerstone Housing/UAB	Dec. 2009
ii. Create additional Safe Haven for 24 women	Pathways	Dec. 2012
iii. Create additional Safe Haven for 48 men (24 of these beds are referred to in Strategy A2-ii).	Firehouse	Dec. 2015

Goal B: To strengthen and provide better access to supportive services for persons to obtain and remain in permanent housing.

Strategy B1: Enhance supportive services for persons residing in supportive housing.		
Options offered to homeless individuals should include service models (such as the “Housing First” option) that immediately move individuals (including those with an ongoing addiction and mental illness) into permanent housing units that are equipped with supportive services. The type of supportive services offered could be as intensive as daily or weekly visits by a caseworker or from a multidisciplinary or Assertive Community Treatment team. (The Assertive Community Treatment approach, implemented by a team of professionals, is designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.)		
Action Steps	Lead Entity	Timeframe
i. Implement an intensive case management approach for those with substance abuse with or without an accompanying mental illness (excluding the severely mentally ill)	Aletheia House	Dec. 2009
ii. Establish three additional Assertive Community Treatment teams that will each serve 120 chronically homeless (severely mentally ill) individuals. Ensure that geographic areas are expanded.	UAB	Dec. 2013
iii. Phase in up to 100 treatment beds and 60 outpatient treatment slots to assist homeless substance abusers.	Firehouse, Aletheia House & UAB	June 2017

Goal B: To strengthen and provide better access to supportive services for persons to obtain and remain in permanent housing (cont.).

Strategy B2: Enhance supportive services to improve the health and care of persons experiencing homelessness.		
Action Steps	Lead Partner(s)	Timeframe
i. Establish a continuing education training program for case managers who provide front line services to homeless persons.	Metropolitan Birmingham Services for the Homeless (MBSH)/ Aletheia House	June 2008
ii. Provide additional outreach services to assist persons who are on the street.	Firehouse	Dec. 2008
iii. Provide dedicated personnel to assist with applying for SSI/SSDI as appropriate	MBSH/One-Stop Center	Dec. 2008
iv. Improve access to health care and medical care services. Facilitate an open dialogue to support the following: (a) Re-appropriation of revenue sharing; (b) Expedited access to the Veterans Administration, Cooper Green Hospital, M-Power (a community-based medical care program) and Birmingham Health Care.	Regional Oversight Committee	June 2009
v. Develop a comprehensive center for homeless men, women, and children seeking supportive services and benefits	Firehouse/First Light	Dec. 2011
vi. Develop identification card through HMIS and a system whereby it can be utilized by homeless at other service points	MBSH, State Dept of Public Safety, State ICH	December 2013

Strategy B3: Improve care provided to homeless individuals diagnosed with a mental illness.		
Publicly-supported treatment for mental illness among homeless individuals is required, and obtaining such care would be best promoted by a one-stop integrated psychiatric crisis program and by support of an Assertive Community Treatment Team. For overtly psychotic homeless persons encountered by the police, emergency room procedures involving long waits discourage police officers from attempting to help. Therefore the following two distinct interventions are recommended:		
Action Steps	Lead Partner(s)	Timeframe
i. Develop a one-stop mental health crisis and brief intervention center, modeled after Houston's publicly-funded <i>Neuropsychiatric Center</i> . Rapid access and short wait times, coupled with a "least restrictive" approach to offering treatment will provide police and others with an appropriate and efficient way to assure crisis evaluation takes place.	Jefferson-Blount-St. Clair Mental Health Authority (JBS) / UAB	Dec. 2009
ii. Target funding to hire additional psychiatrist time for homeless diagnosis and treatment, as well as funding to support medications at currently operating health organizations.	State, JBS, & UAB	Dec. 2009

Strategy B4: Improve transportation options that allow homeless persons to access supportive services and employment opportunities.		
Action Steps	Lead Partner(s)	Timeframe
i. Develop a homeless transportation network (e.g., vans, etc.) that supplements and fills in the gaps for existing transportation options.	MBSH; Chamber; RPC	June 2010
ii. Improve access to transportation. We strongly endorse plans to improve the regional transportation system through comprehensive planning, and caution that accessibility to homeless persons should remain a high priority.	Regional Planning Commission/United Way/Chamber	Dec. 2012

Goal B: To strengthen and provide better access to supportive services for persons to obtain, and remain in, permanent housing (cont.).

<p>Strategy B5: Create a homeless medical respite unit.</p> <p>Medical respite units are designed for individuals who are not sick enough to remain in the hospital, but who do not have a home or place to recover. Many individuals facing this situation are unfortunately discharged onto the streets. Such units have been shown to prevent hospital readmission, and they currently operate in more than 30 communities across the United States. By definition, a respite unit must include daily nursing attention either on-site or through direct in-person visits, and it must have on-site supervision to address discipline and safety issues associated with medically vulnerable patients. Additionally, there must be a clear financing mechanism for continuing medications and provision of medical supplies (e.g., bandages).</p>		
Action Steps	Lead Partner(s)	Timeframe
i. Collect and disseminate information on the homeless medical respite model.	UAB	June 2008
ii. Determine the number of homeless medical respite beds needed in Birmingham area.	UAB/Cooper Green	Dec. 2008
iii. Establish an appropriate number of beds.	Firehouse/First Light / County (Dept of Health) / Birmingham Health Care	Dec. 2012

Goal C: To reform current policies that contribute to homelessness and to institute policies that assist persons in leaving homelessness.

<p>Strategy C1: Strengthen discharge policies and practices affecting the discharge policies of the foster care system, prisons/jails, and hospitals.</p> <p><i>Note: The capacity of hospitals and other institutions to comply with this recommendation is based on the expansion of housing options and post-hospital medical respite services.</i></p>		
Action Steps	Lead Partner(s)	Timeframe
i. Develop procedures for providing individuals with identification documents upon release from prisons and jails.	MBSH/Church of the Reconciler/ Alabama Department of Corrections/ State Interagency Council	June 2008
ii. Establish Memorandums of Understanding with discharging entities, which will focus on provisions that prevent the practice of discharging individuals into homelessness.	AL Interagency Council on Homelessness/MBSH	Dec. 2013
iii. Develop appropriate programs to assist persons aging out of foster care, either in collaboration with other agencies or independently, to promote continued and gradual support with movement toward independence	MBSH/Alabama Department of Human Resources/ AL Interagency Council on Homelessness	Dec. 2016

<p>Strategy C2: Address key, unwarranted barriers that currently prevent homeless persons from obtaining state identification cards, which are often required in order to participate in most programs and access available resources. *This strategy will have to involve the Alabama Interagency Council on Homelessness, Alabama Department of Public Safety and the Governor.</p>		
Action Steps	Lead Partner(s)	Timeframe
i. Eliminate rules that currently prohibit service agencies, such as faith-based organizations, from paying fees to assist homeless persons seeking identification cards.	Metropolitan Birmingham Services for the Homeless (MBSH)	Dec. 2008
ii. Work to expand acceptable forms of identification required to receive an Alabama ID to include legitimately issued IDs from other states, HMIS-issued identification cards, and/or other possible options.	MBSH/Alabama Department of Public Safety/Church of the Reconciler	Dec. 2013
iii. Eliminate current <i>de facto</i> practices that require additional documents from homeless persons that <i>are not required</i> from housed persons.	MBSH/Alabama Department of Public Safety/ Church of the Reconciler	Dec. 2013

Goal C: To reform current policies that contribute to homelessness and to institute policies that assist persons in leaving homelessness (cont.).

Strategy C3: Enforce housing code and develop resources in City of Birmingham in a manner that minimizes the incidences of homelessness.		
Action Steps	Lead Partner(s)	Timeframe
i. Employ referral mechanism and process that assists individuals and families at-risk of becoming homeless due to imminent demolition.	MBSH/Birmingham Health Care/City	June 2010
ii. Develop funding to facilitate the transition of individuals and families at-risk of becoming homeless due to imminent demolition.	MBSH/Birmingham Health Care/City	Dec. 2015

Strategy C4: Mandate participation and continued funding for the Homeless Management Information System (HMIS), which plays an essential role for characterizing the baseline status and tracking outcomes.		
Action Steps	Lead Partner(s)	Timeframe
i. Educate foundations and potential funders on the HMIS program.	MBSH	June 2009
ii. Encourage foundations and potential funders to link the funding of homeless programs and services to the applicant's level of HMIS participation.	MBSH	June 2009

Strategy C5: Revisit and tailor practices of the criminal justice system to avoid contributing to and perpetuating homelessness, especially in relation to common quality of life violations and misdemeanors.		
Action Steps	Lead Partner(s)	Timeframe
i. Follow the county model for "Drug Court," "Mental Health Court," and other successful programs across the country to establish a similar option for homeless persons.	UAB/Church of the Reconciler	Dec. 2009
ii. Establish a program that offers community service alternatives to payment of fees.	UAB/Church of the Reconciler	June 2010
iii. Specialize court hours or settings in a manner that will allow homeless individuals to meet their obligations under the law.	UAB/Church of the Reconciler	Dec. 2010
iv. Evaluate laws, ordinances and enforcement policies that regulate panhandling, loitering, public feeding and urban camping. Any implementation of such regulations should be based on best practices contingent upon availability of beds and services. Advocate for revisions or additions as needed and as necessary to encourage participation in available support services and discourage street living.	CAP, Birmingham Police, MBSH, ONB, Church of the Reconciler	December 2010

Strategy C6: Examine policies, procedures and practices of businesses whose commerce depends on homeless and at-risk persons to ascertain that the health and welfare of these citizens are being protected.		
Action Steps	Lead Partner(s)	Timeframe
i. Review "blood shops" and plasma centers, recommending changes if needed and as necessary	UAB/Church of the Reconciler	Dec. 2009
ii. Review day labor agencies, recommending changes if needed and as necessary	UAB/Church of the Reconciler	June 2010
iii. Review predatory lending practices of "cash advance" businesses, "title loan companies" and others of this nature, recommending changes if needed and as necessary.	Regional Oversight Committee, State ICH, GBM, MBSH	Dec. 2010

Goal D: To proactively prevent homelessness.

According to the National Alliance to End Homelessness, the vast majority of people who become chronically homeless interact with multiple service systems; each of these interactions provides an opportunity for communities to prevent their homelessness. Birmingham statistics indicate that most area chronically homeless persons come from poor families that are local and, for many, the opportunities to escape homelessness are governed by whether their similarly-poor family members are able to assist or accommodate them. Additionally, the cost of emergency shelter, re-housing, and long-term consequences of being homeless are far greater than

the cost of preventing homelessness in the first place. Therefore, it is important that homeless prevention activities are a part of community planning.

Strategy D1: Implement programs and policies that increase knowledge of and consumer access to available community resources.		
Action Steps	Lead Partner(s)	Timeframe
i. Promote the United Way's existing 2-1-1 information referral system.	United Way/ Alabama Interagency Council on Homelessness	June 2008
ii. Implement and promote the community resources aspect of HMIS	MBSH	June 2008
iii. Advocate for a statewide 2-1-1 system.	United Way/Alabama Interagency Council on Homelessness	Dec. 2012

Strategy D2: Develop methods of identifying families and individuals at risk for becoming homeless.		
Action Steps	Lead Partner(s)	Timeframe
i. Use systems currently available to identify groups of families and individuals who are at-risk of becoming homeless.	United Way/MBSH	June 2009
ii. Encourage all mainstream benefit agencies to employ a concise, on-line, single application form to access resources.	AL Interagency Council on Homelessness/MBSH	Dec. 2012
iii. Utilize systems currently available to track access to mainstream and other resources including United Way.	United Way/MBSH/AL Interagency Council on Homelessness	Dec. 2012

Strategy D3: Access all available sources, including the faith-based community, to strengthen and expand resources for emergency homelessness prevention and facilitate movement out of homelessness.		
Action Steps	Lead Partner(s)	Timeframe
i. Create a medication assistance fund.	Cooper Green/Greater Birmingham Ministries/MBSH	Dec. 2009
ii. Promote the coordination of emergency assistance networks.	Greater Birmingham Ministries/MBSH/JCCEO (Jefferson County Committee for Economic Opportunity)	June 2010
iii. Expand programs that provide emergency assistance (e.g., rental assistance, food, clothing, etc.).	Greater Birmingham Ministries/MBSH/JCCEO	June 2011

Strategy D4: Strengthen and expand financial policies and programs that promote self-sufficiency among the working poor, homeless, and formerly homeless persons in managing and/or improving their assets and earnings.		
Action Steps	Lead Partner(s)	Timeframe
i. Offer budgeting education, education in financial priorities, paths to homeownership.	Family Guidance Center/City/Greater Birmingham Ministries (GBM)	June 2010
ii. Support regional and statewide educational programs related to Alabama's Landlord-Tenant Law.	Alabama Arise/GBM/State Interagency Council	June 2008
iii. Strengthen job training opportunities and encourage the development of policies to better evaluate and manage day labor practices.	MBSH/Workforce Investment/County	June 2009
iv. Develop a plan to recruit employers who are willing to hire formerly homeless persons.	MBSH/Workforce Investment/County	June 2009
v. Advocate for an impact study on the feasibility of implementing an area living wage, particularly in the same manner as many other communities, by tying wages to housing costs	Regional Oversight Committee, GBM, The Appleseed Foundation,	Dec 2009

Goal D: To proactively prevent homelessness (cont.).

Strategy D5: Encourage state, federal, and local cooperation to examine policies that relate to alleviating nationwide levels of abject poverty.		
Action Steps	Lead Partners	Timeframe
i. Develop policies that improve educational systems.	Alabama Industrial Assessment Center (IAC); Department of Education; Alabama Education Association	Dec. 2014
ii. Develop policies that improve job opportunities.	ADECA-Workforce Dev. Office; IAC	Dec. 2014
iii. Develop policies that improve job skills.	ADECA-Workforce Dev. Office; IAC	Dec. 2014

Goal E: To build awareness and mobilize the community for the objective of ending chronic homelessness in Birmingham.

Strategy E1: Convene a “Regional Oversight Committee” to monitor progress, encourage action, and actively advocate implementation and evaluation of this plan including these entities: (a) The business community of Birmingham and Jefferson County; (b) Municipal government; (c) Representatives of county government; (d) Major funders such as the United Way and Community Foundation of Greater Birmingham.		
Action Steps	Lead Partner(s)	Timeframe
i. Create the “Regional Oversight Committee” and enable it to propose further actions deemed necessary in accomplishing the steps outlined in “Birmingham’s Plan to Prevent and End Chronic Homelessness.”	United Way, Chamber, Community Foundation w/Mayor; Region 2020	August 2007
ii. Create a technical advisory committee and a committee of presently and formerly homeless individuals to advise the oversight committee	MBSH, Church of Reconciler, COB	August 2007
iii. Monitor progress and encourage action.	Regional Oversight Committee/MBSH	Annually

Strategy E2: Develop and implement a resource development plan that includes a combination of public and private funds.		
Action Steps	Lead Partner(s)	Timeframe
i. Advocate for the realignment of existing funding to support plan.	Regional Oversight Committee	Dec. 2009
ii. Research and develop alternative funding and mechanisms to increase available state and local funding for the maintenance and development of additional affordable housing units.	Alabama Affordable Housing Coalition	Dec. 2010
iii. Study, advocate, and develop a revenue-sharing model among stakeholders.	AL Interagency Council on Homelessness.	Dec. 2012
iv. Develop an affordable housing trust fund for State of Alabama.	Alabama Affordable Housing Coalition	June. 2017
v. Research and develop alternative funding models to fund/support mental health programs and services	State Interagency Council; JBS; UAB; National Alliance on Mental Illness	June 2016

Goal E: To build awareness and mobilize the community for the objective of ending chronic homelessness in Birmingham (cont.).

Strategy E3: Develop and implement an education/public awareness campaign.		
Action Steps	Lead Partner(s)	Timeframe
i. Link Birmingham's <i>Plan to Prevent and End Chronic Homelessness</i> with strategic master plans and planning processes established by the Chamber of Commerce, United Way, Community Foundation of Greater Birmingham, Region 2020, and other pertinent entities.	Regional Oversight Committee	June 2008
ii. Form partnerships with advertising/PR agencies and the media to develop, fund, and implement a marketing plan.	Regional Oversight Committee/ Chamber of Commerce	June 2008
iii. Assure Birmingham's commitment to neighborhood quality of life by developing measurable quality assurance standards and adopting good neighbor policies for social service agencies and all Communal Living Facilities".	MBSH, Department of Public Health, City, Citizens Advisory Board	June 2011
iv. Reach out to communicate homeless realities and to engage neighborhoods, downtown communities, and faith-based organizations in the effort to end homelessness.	City/American Institute of Architects/Firehouse/ Greater Birmingham Ministries / ONB - CAC Homeless Task Force	June 2008
v. Develop and launch a media campaign surrounding the topic of homelessness that educates, creates awareness, and markets Birmingham's <i>Plan to Prevent and End Chronic Homelessness</i> .	MBSH/ Consultant / Regional Oversight Committee	June 2009

Strategy E4: Establish current baseline data and utilize current data management systems to measure performance in relation to measurable goals of reducing chronic homelessness.		
Action Steps	Lead Partner(s)	Timeframe
i. Evaluate the overall effectiveness of programs targeting the chronically homeless.	Regional Oversight Committee	Annually
ii. Determine whether the established plan reduces chronic homelessness.	Regional Oversight Committee	Annually
iii. Report progress to appropriate elected officials, community stakeholders, Mayor, City Council Members, and citizens.	Regional Oversight Committee	Annually

Homelessness...National, State, and Local Perspectives

A “homeless individual or homeless person” is defined by the federal government as follows:

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence;
- (2) an individual who has a primary nighttime residence that is—
 - (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (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.

*U. S. Code – Title 42, Chapter 119, Subchapter I,
§ 11302. General Definition of a Homeless Individual*

Homelessness, as we know it, started to surge across America at alarming rates during the 1980s. This explosion of homelessness is most often attributed to a variety of factors that include severe budget cuts (from \$32.2 billion in 1981 to \$7.5 billion by 1988) imposed upon the U. S. Department of Housing and Urban Development (the government’s primary source of subsidized housing), a tremendous decrease in the nation’s affordable housing stock, increasing costs of living combined with stagnant minimum wages, dramatic public policy changes that removed safety nets for families and individuals living on the edge of poverty, and a host of other factors.

In the Birmingham and Jefferson County area, homelessness grew 145% from 1987 to 2005 (LaGory, 2006). However, during the last several years, the numbers have remained relatively stable. In other words, the current state of homelessness is being maintained. This finding is similar to those found nationwide. As a result, there has been a paradigm shift in the way homelessness is being viewed at national, state, and local levels. For the first time, unprecedented collaborative efforts are being made to end homelessness rather than simply maintain it.

Did You Know?

“Five years ago, the notion of cities having 10-year plans to end homelessness was naïve and risky. No one thought it possible. But the new research and new technologies have created such movement and innovation on this issue that it may now be naïve and risky not to have such a plan.”

Philip Mangano, Executive Director
U. S. Interagency Council on Homelessness

The First Federal Response to Homelessness

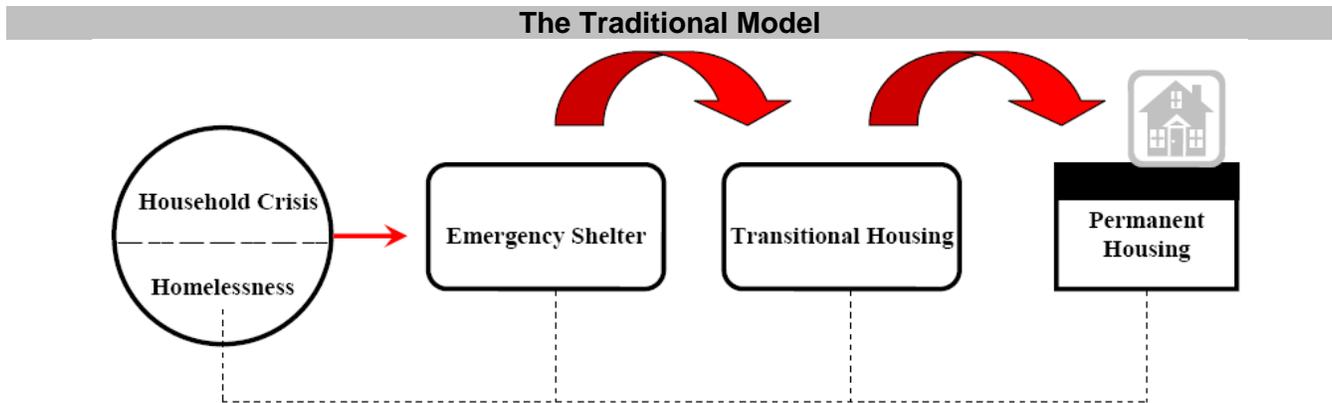
In 1987, Congress enacted the Stewart B. McKinney Homeless Assistance Act in response to this national crisis. The intent of this Act (later named the McKinney-Vento Homeless Assistance Act) was to provide housing options and services for homeless individuals and families.

From this point forward, America’s homeless system grew by leaps and bounds. During the 1990s, the nation’s emergency shelter capacity expanded by more than 20% (Burt, 2001). Housing options for the homeless, virtually nonexistent during the 1980s, were being developed at a fast pace. In 1988, there were approximately 275,000 available transitional housing¹ and permanent-supportive housing beds.² By 1996, this number reached 607,000 – a 55% increase (Burt, 2001).

¹ **Transitional Housing** is defined as a facility where a homeless family or individual may live for several weeks or up to two years in some cases.

² **Permanent-Supportive Housing** consists of a permanent housing unit that is combined with social/“supportive” services (e.g., counseling, case management, etc.), and is designed for individuals who will not ever have the capacity to live alone.

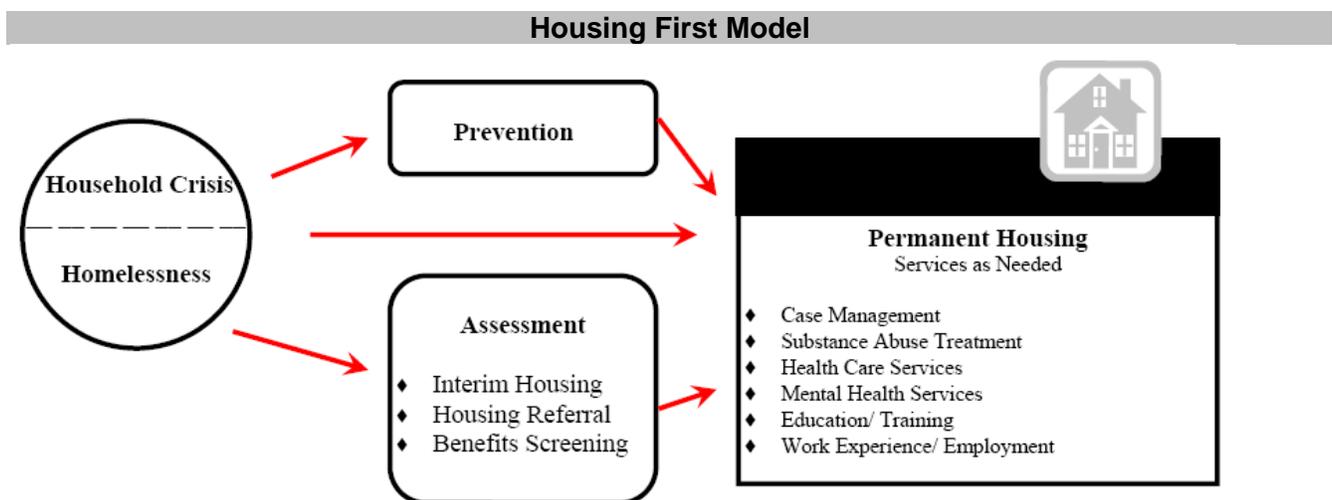
As shelter capacity grew, the homeless service network started to expand in an attempt to meet the demand (Burt, 2001). Most homeless service providers adopted the model endorsed by the U. S. Department of Housing and Urban Development (HUD), which encouraged homeless individuals and families to complete two or more phases of a multi-step process as they worked toward the goal of one day obtaining permanent or permanent-supportive housing.



Source: *Blueprint Towards a Ten-Year Plan to End Homelessness in Alabama, 2006*

In more recent years, the “Housing First Model” has been added to the current combination of options. “**Housing First**” is an approach that quickly places some of the most difficult-to-serve homeless individuals in permanent housing before attempting to offer supportive services (e.g., case management, mental health treatment, etc.). After the person is stabilized and living in his or her own housing unit, professional staff and case managers are better positioned to engage the individual and provide a more comprehensive set of services.

The “Housing First” approach is not appropriate for a majority of the homeless population who require relatively temporary, short-term assistance in order to exit out of homelessness. However, this method has proven itself to be effective among those who refuse conventional treatment and service options.



Source: *Blueprint Towards a Ten-Year Plan to End Homelessness in Alabama, 2006*

The Cost of Homelessness

Homelessness affects the entire community. According to the National Alliance to End Homelessness (2007), “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 [chronically] homeless [often] 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.”

The following excerpt was published by the National Alliance to End Homelessness in a report entitled, The Cost of Homelessness, and is available on their website at www.endhomelessness.org.

Hospitalization and Medical Treatment

People who are homeless are more likely to access costly health care services.

- 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.¹
- Hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission costs. Their rate of psychiatric hospitalization was over 100 times their non-homeless cohort. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person.²

Homelessness both causes and results from serious health care issues, including addictive disorders.³ Treating homeless people for drug and alcohol related illnesses in less than optimal conditions is 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.⁴

Prisons and Jails

People who are homeless spend more time in jail or prison—sometimes for crimes such as loitering—which is extremely expensive.

- 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.⁵
- A typical cost of a prison bed in a state or federal prison is \$20,000 per year⁶

Emergency Shelter

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 \$8,067⁷ more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate).

¹Salit 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.

²Martell J.V., Seitz R.S., Harada J.K., Kobayashi J., Sasaki V.K., Wong C. Hospitalization in an urban homeless population: the Honolulu Urban Homeless Project. *Annals of Internal Medicine* 1992; 116:299-303.

³Rosenheck, 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.

⁴From the website of the National Law Center on Homelessness and Poverty, May 8, 2000.

⁵Diamond, Pamela and Steven B. Schneid, *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.

⁶Slevin, Peter, *Life After Prison: Lack of Services Has High Price*. *The Washington Post*, April 24, 2000.

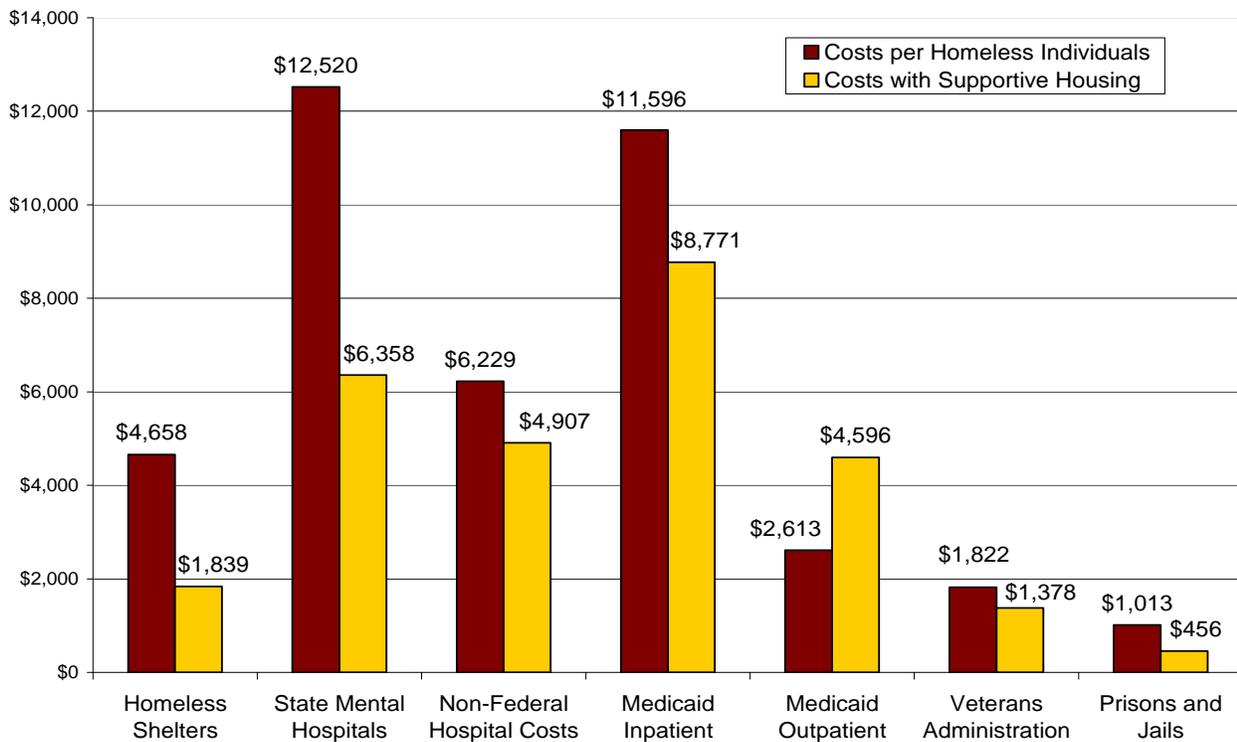
⁷Office of Policy Development and Research, U.S. Department of Housing and Urban Development, *Evaluation of the Emergency Shelter Grants Program*, Volume 1: Findings September 1994. p 91.

In January 2007, the National Alliance to End Homelessness released the report *Supportive Housing is Cost Effective*, which featured three studies that documented the net public cost of providing permanent supportive housing for homeless people with mental illness and/or addictions. The findings of all three studies revealed that permanent supportive housing, while not the best option for all homeless people, costs communities the same or less than allowing the same individuals (who were often the most difficult-to-serve) to remain homeless. Two examples follow:

New York, New York

In New York City, each unit of permanent supportive housing saved \$16,282 per year in public costs for shelter, health care, mental health, and criminal justice. The savings alone offset nearly all of the \$17,277 cost of the supportive housing.

Exhibit 1: Annual Cost of Supportive Housing vs. Homelessness

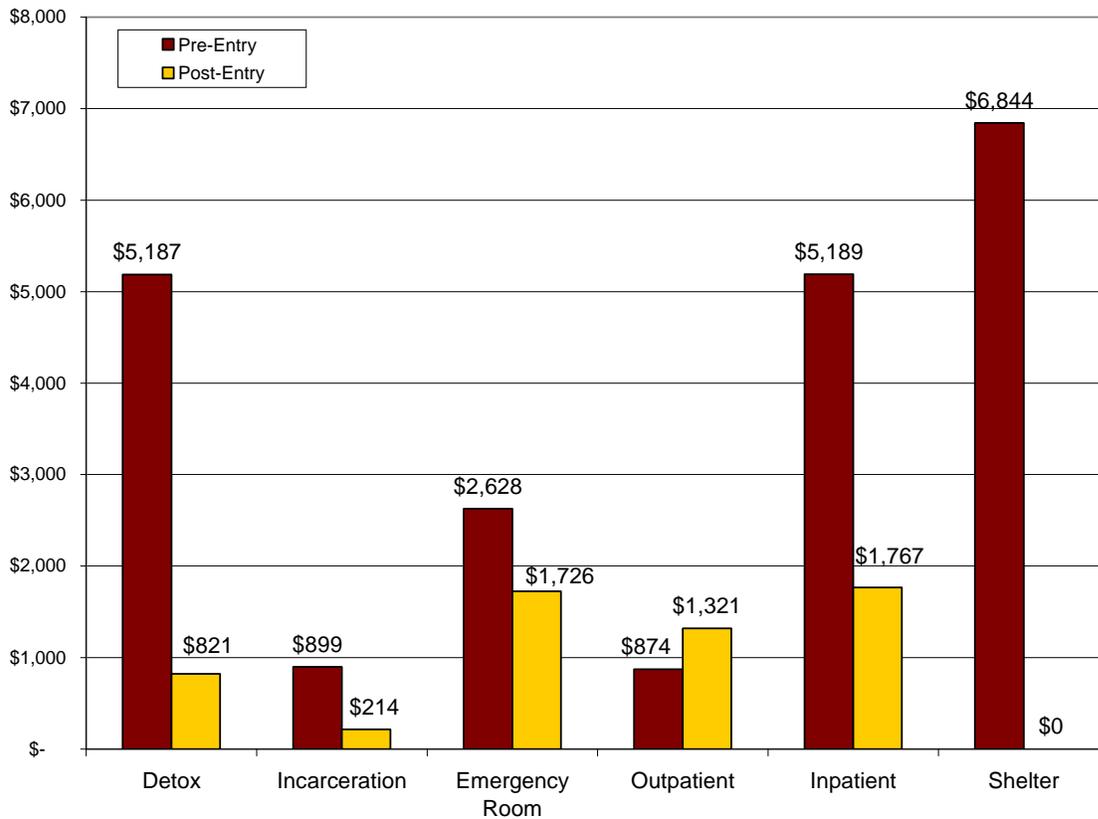


Source: *The Impact of Supportive Housing on Services Use for Homeless Persons with Mental Illness in New York City*. Dennis Culhane, Ph.D., Stephen Metraux, M. A., Trevor Hadley, Ph.D., Center for Mental Health Policy & Services Research, University of Pennsylvania. Data from 4,679 NY/NY placement records between 1989-97.

Denver, Colorado

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, offsetting the \$13,400 annual cost of the supportive housing.

Exhibit 2: Annual Costs Before and After Entering Supportive Housing



Source: Denver Housing first Collaborative: Cost Benefit Analysis and Program Outcomes Report. Jennifer Perlman, PsyD, and John Parvensky. Colorado Coalition for the Homeless. December 2006.

Although these two examples represent communities outside of Alabama, both locations were able to document measurable cost savings experienced by their communities as a result of offering permanent supportive housing options to the most difficult-to-serve segment of the homeless population (e.g., chronically homeless individuals with a mental illness or severe substance abuse addiction, etc.).

What does it mean to be chronically homeless?

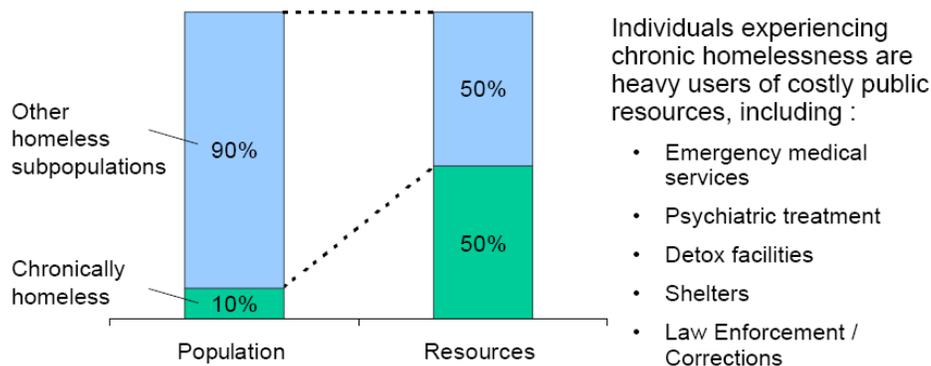
By definition, a chronically homeless person is an unaccompanied individual who (1) has either been continuously homeless for one year or more, or has had at least four episodes of homelessness in the past three years, and (2) who also has a disabling condition. A disabling condition is a serious mental illness, diagnosable substance use disorder, developmental disability, or chronic physical illness or disability. The chronically homeless person tends to cost taxpayers the most money, is often the most visible, and is typically known for constantly rotating in and out of various public and private systems (e.g., hospital emergency rooms, homeless shelters, correctional facilities, etc.).

National and State Efforts to End Chronic Homelessness

Although many communities throughout the United States are very effective when it comes to impacting the general homeless population, many have difficulty addressing the chronic homeless population because this group presents the toughest and most time-consuming situations. However, research published by the U. S. Interagency Council on Homelessness shows that it is more cost-effective for communities to focus on decreasing the chronic homeless population than it is to ignore this group of citizens. Although the chronically homeless only make up approximately 10% of the total homeless population, they consume over 50% of the public's resources. More recent research released by the National Alliance to End Homelessness, in a January 2007 report titled *Homelessness Counts*, estimates that the number of chronically homeless persons in America might be closer to 23% of the total homeless population. For this reason, the federal government has charged states, counties, and cities with the challenging task of developing and implementing plans to end chronic homelessness during the next ten years.

INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS CONSUME A DISPROPORTIONATE AMOUNT OF RESOURCES

10% of the homeless population consumes over 50% of the resources



Burt, Martha R., Laudan Y. Aron and Edgar Lee. 2001. *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, DC: Urban Institute Press. Kuhn, R. & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness: Results from the analysis of administrative data. *The American Journal of Community Psychology*, 17 (1), 23-43. Community Shelter Board. *Rebuilding Lives: A New Strategy to House Homeless Men*. Columbus, OH: Emergency Food and Shelter Board.

Women with children and intact families (i.e., father or parents with children) are not included in the “official” definition of a chronically homeless person. However, they possess essentially the same mental health, substance abuse, and service needs as unaccompanied individuals. Many communities that completely shifted their focus to addressing chronic homelessness without including provisions for women with children and intact families are starting to experience an increase in homelessness among these groups, which means that there still must be a balance among service options.

The U. S. Interagency Council on Homelessness (ICH), which consists of twenty cabinet secretaries and agency heads, is leading the national initiative to end chronic homelessness. In 2002, Philip Mangano was appointed to lead ICH, which is responsible for creating a strategy and coordinating a federal response to end homelessness, while working to achieve the President’s commitment to end chronic homelessness in ten years.

This national initiative, which started with communities striving to end chronic homelessness, has evolved into a movement that is striving to end all forms of homelessness by creating systemic change and addressing the root causes of homelessness. The notion of *ending* homelessness is truly a paradigm shift from the way many of us have become accustomed to thinking...a mindset that assumed homelessness would always remain a significant part of American society. Now with new research and the implementation of innovative methods (such as the Housing First approach), it is possible that homelessness can be drastically decreased at a minimum, or eliminated in many cases.

Did You Know?
More than 220 Mayors and City/County Executives have committed to implementing 10-year plans to end chronic homelessness.



Success is Possible!
This formerly homeless Birmingham resident demonstrates that individuals and families can overcome homelessness.

Statewide Initiatives and Statistics



By signing Executive Order 31, **Governor Bob Riley** joined the 52 other states and territories that have taken steps to create a Statewide Interagency Council on Homelessness. The **Governor's Statewide Interagency Council** is chaired by the executive director of the governor's Faith-Based and Community Initiatives Office, and is comprised of a maximum of 32 state directors and community leaders. Additionally, one position is set-aside for the president of the Alabama Alliance to End Homelessness (a consortium made up of all regional homeless coalitions/Continuum of Care groups), which allows input from homeless service providers and community leaders working at the county/city level.

The Council convened its first full meeting on March 28, 2006. Although a final 10-year plan to end chronic homelessness for the State of Alabama is still in progress, the following five goals have been established as a part of this initial phase:

Goal 1: Ensure an innovative partnership across federal, state, and local levels including non-profit and faith-based organizations to address homelessness.

Goal 2: Evaluate the impact of strategies to address homelessness by identifying and quantifying homeless services in Alabama.

Goal 3: Improve economic and social well-being of people experiencing homelessness by increasing access to affordable permanent housing.

Goal 4: Create a useful and comprehensive data system to fully understand the funding, services, and homeless populations in Alabama.

Goal 5: Increase awareness of the causes and state of homelessness of all Alabamians.



Alabama's Continuum of Care System for the Homeless

In 1994, the U. S. Department of Housing and Urban Development initiated its Continuum of Care (CoC) process, which encouraged local communities to form collaborative partnerships in order to more strategically serve homeless men, women, and children. The average CoC is comprised of a cross-section of the local community; including non-profit organizations, homeless individuals, business leaders, faith-based organizations, attorneys, housing developers, etc. CoCs provide a vast number of services to the community, which include:

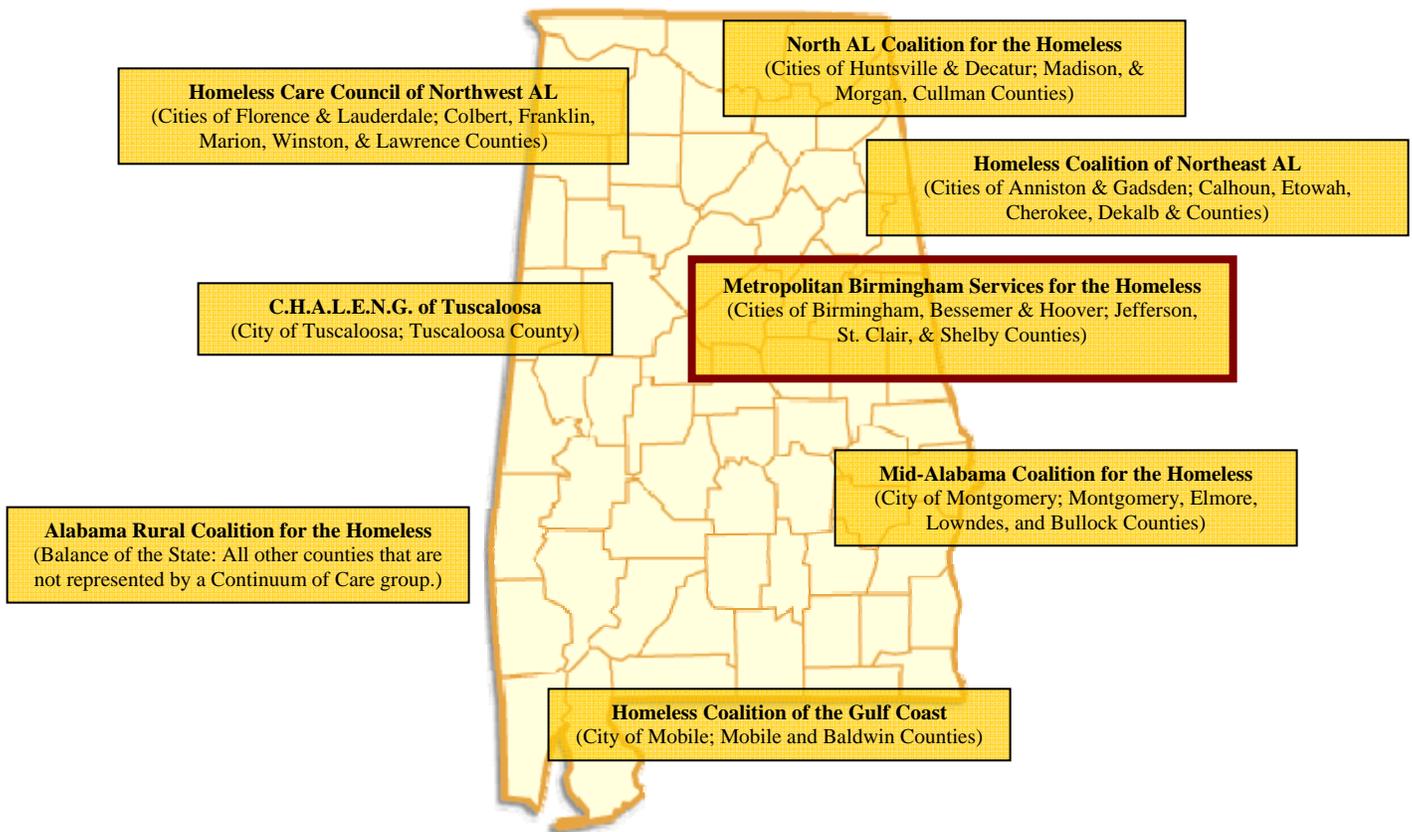
- Collecting and maintaining various statistics related to homeless citizens;
- Obtaining funding on behalf of their member agencies and/or assisting with development of funding application;
- Advocating on behalf of homeless citizens;

Did You Know?

On any given day, approximately 5,000 to 8,000 women, children, and men are homeless in Alabama.

- Educating the public on issues affecting the homeless, as well as the way these issues impact the general public;
- Coordinating services among homeless service providers, resource providers, faith-based organizations, neighborhood representatives, business leaders, and any other interested parties; and
- Maintaining a *Homeless Management Information System (HMIS)*, which can be used to track the movement of homeless individuals, strengthen case management services, identify gaps in services, and perform an assortment of other activities.

In Alabama, there are seven regional CoC groups and an eighth CoC that covers the remaining portions of the state. Based on data collected from the CoC groups, approximately 5,000 to 8,000 women, children, and men are homeless in Alabama on any given day (Governor’s Interagency Council on Homelessness, 2006).



Homelessness...The Birmingham Experience

The Metropolitan Birmingham Services for the Homeless

(MBSH), which was informally established in 1982 and incorporated in 1992, is the Continuum of Care system that serves the City of Birmingham, City of Bessemer, City of Hoover, Jefferson County, Shelby County, and St. Clair



County. During the early years, the Birmingham Housing Authority provided administrative support and a meeting place for this small group of service providers and individuals interested in helping the homeless, addressing shared concerns, and sharing resources. Sister Mary Robert Oliver (who served as “President” for the first several years), Pat Hoban-Moore, Elise Penfield, Jessica Germany, Al Rohling, Jean Pettis, Harry Brown of the United Way of Central Alabama, as well as Mark LaGory and Ferris Ritchey of the UAB Sociology Department were among the original trailblazers who envisioned metropolitan Birmingham as being a community that refused to simply accept homelessness as an inevitable part of life.

Today, MBSH has evolved into a fairly complex system that consists of a community-based board of directors; a full-time executive director; a small, core group of additional staff members; and a host of member/participating agencies, homeless individuals, community leaders, and others interested in MBSH’s mission of ending homelessness through advocacy, education, and the coordination of services.

MBSH Member Organizations and Participants

State Government Agencies

State of AL Employment Office /
Veteran’s Affairs
JBS Mental Health/MR Authority
State of Alabama Department of
Mental Health

Local Government Agencies

City of Birmingham
Jefferson County Commission
Shelby County Commission
City of Hoover

Public Housing Authorities

Jefferson County Housing Authority

School Systems/Universities

University of Alabama Birmingham
Tarrant City Schools

Law Enforcement/Corrections

City of Birmingham Police
Department
Community Action Partnership
(CAP)

Local Workforce Investment Board

Workforce Investment Services

Non-profit Organizations

AIDS Alabama
Aletheia House
Independent Living Resources of
Greater Birmingham
Community Kitchens
Family Connection/Hope House

Family Guidance Center of
Jefferson County

Family Violence Center
Magic City Harvest
Pathways
Safe House

Shelby County Emergency
Assistance

The Neighborhood House

Traveler’s Aid

The YWCA

Volunteers of America, AL Branch

Faith-based Organizations

Armies of Compassion
Birmingham Hospitality Network

Bridge Ministries

Cathedral Church of the Advent

Cooperative Downtown Ministries

Church of the Reconciler

First Light

Highlands United Methodist Church

Interfaith Hospitality House for

Families

Jimmie Hale Mission/ Jessie’s
Place

Mas Judil Quer-an Mosque

Salvation Army

Shepherd’s Supply Mission

The Foundry Rescue Mission

Urban Ministry

Funders/Advocacy Groups

Children’s Aid Society

Greater Birmingham Ministries

Independent Presbyterian Church

Foundation

United Way of Central Alabama
Community Foundation of Greater
Birmingham

Businesses (Banks, Housing Developers, Associations, etc.)

American Institute of Architects
(Birmingham Branch)

Baldwin Properties

Region’s Bank

First American Bank

Five-Points Merchant’s Association

Morgan Keegan Investments

Redmont Crowne Plaza Hotel

SOCA Clothing

Hospitals/Medical

Representatives

Birmingham Health Care

M-Power Ministries

Cooper Green Mercy Hospital

St. Vincent’s Hospital

Univ. of AL Community Mental

Health

Veteran’s Administration Hospital

Other Partners

Operation New Birmingham

Jefferson County Dept. of Health

Jefferson County Commission on

Economic Opportunity

American Legion Homeless

Veteran Services

Current/Formerly Homeless

Individuals (3)

Coalition of Homeless Individuals

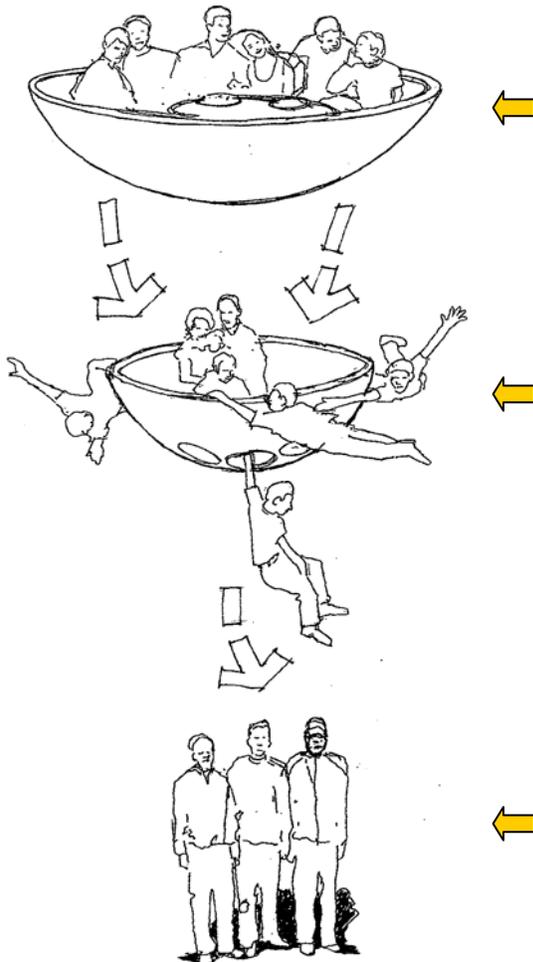
A Snapshot of Birmingham's Homeless Population

The best available statistics show that **2,929 women, children, and men experience homelessness** in metropolitan Birmingham on any given night. (LaGory, 2006). Of these 2,929 homeless individuals, 501 individuals are living in units that HUD considers permanent housing, including safe havens and shelter plus care units. To that extent, the community at large has met this portion of the need. The remaining 2,428 homeless persons are living on the streets and in various shelter situations. Of these 2,428 persons, 648 individuals (27%) were **chronically homeless**, meaning that they had been homeless for long periods of time *and* possessed a disabling medical or mental condition. Of these 2,929, 648 meet HUD's chronically homeless definition. Birmingham and Jefferson County, together with nonprofit and community organizations, maintain continuing support for the 501 individuals who live in permanent supportive housing units. Because these individuals are permanently housed, they no longer meet the federal definition of homelessness. However, they merit consideration and mention in this community plan because our existing system of care already maintains an ongoing commitment of resources to these individuals.

2,929	Homeless Women, Children, and Men in Metropolitan Birmingham
<u>-501</u>	Homeless/Living in Permanent Supportive Housing
2,428	Homeless Persons Reported to HUD Based on Their Accepted Definition

648 Persons Meet the Federal Definition for Chronic Homelessness

It is important to note that if the homeless population is counted on a daily basis, the numbers will tend to remain about the same; however the names and faces will change. This means that new people are exiting out of homelessness, while others are slipping into homelessness every day.



Based on research from UAB, the majority of Birmingham residents are living "comfortably" at any point in time.

However, **at any point in time in the City of Birmingham, there are some 29,000 people "at risk" of becoming homeless.** This group includes individuals and families who are marginally housed in severely deteriorated housing, doubling up with relatives, or living with significant untreated substance abuse or other issues. It is this pool of "candidates for homelessness" that constantly replenishes the ranks of the homeless as, from time to time, these individuals' last links to housing break, and they fall into homelessness.

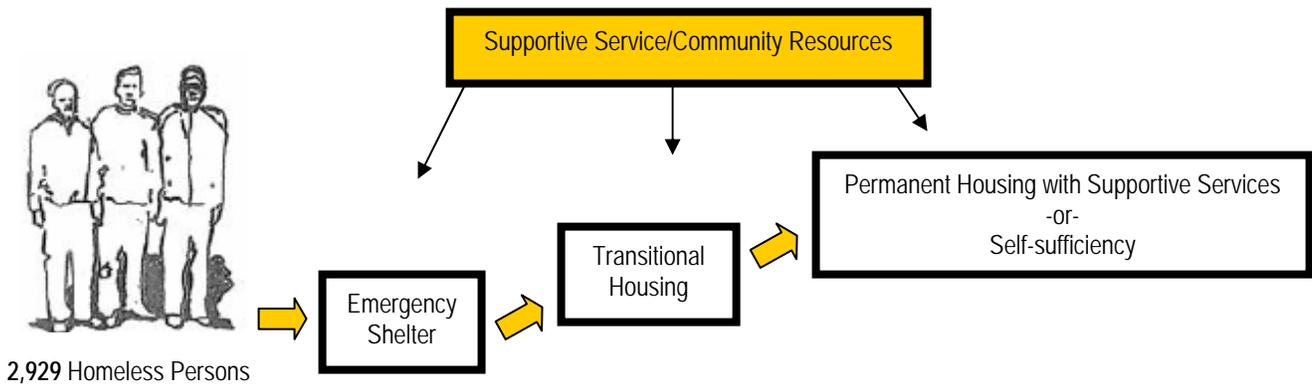
In Birmingham, approximately **2,400-2,600 homeless individuals and families can be identified on a daily basis.** Although people exit homelessness every day, there is always a new group of "previously at-risk" individuals who unfortunately fall "between the cracks" and into homelessness.

Chronically homeless persons tend to "get stuck" between the at-risk stage and homelessness, which leads to a constant rotation among various service organizations without an endpoint or permanent solution in sight.

Evolving Models of Birmingham's Homeless Population: An Idealized Model; a More Accurate Model; and a Model for a Solution

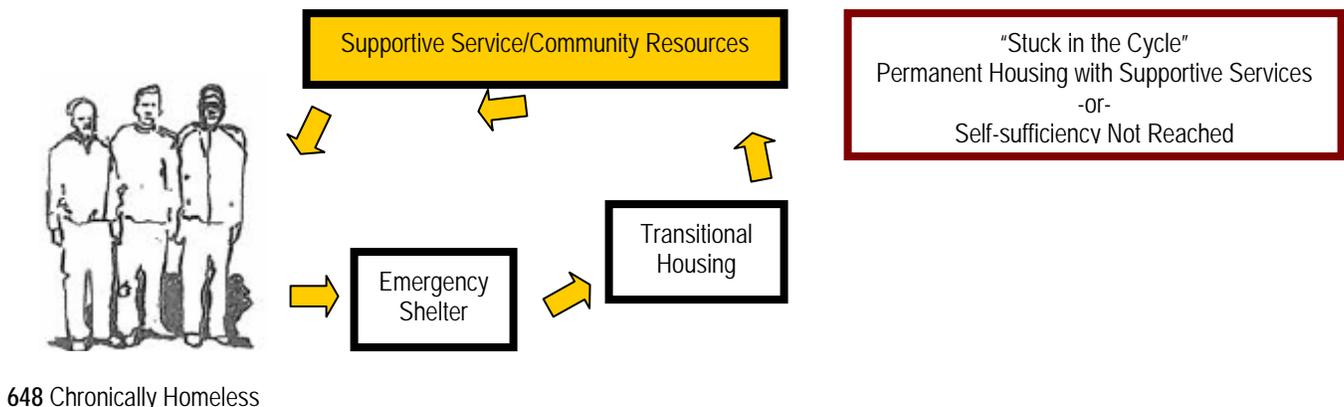
Idealized Model

Prior to the current emphasis on “chronic homelessness,” Birmingham’s homelessness problem was viewed based on the following “idealized” model. This model shows how homeless persons traditionally move through the community’s “Continuum of Care” system using an assortment of emergency shelters, supportive services, transitional shelters, and permanent supportive housing options. This idealized model has served well to illustrate one key problem of homelessness: Birmingham’s homeless population, although relatively constant over time, is not static. As quickly as the Continuum of Care helps people back to independent living, more people unfortunately “fall through the cracks” and take their place among the homeless.



A More Accurate Model

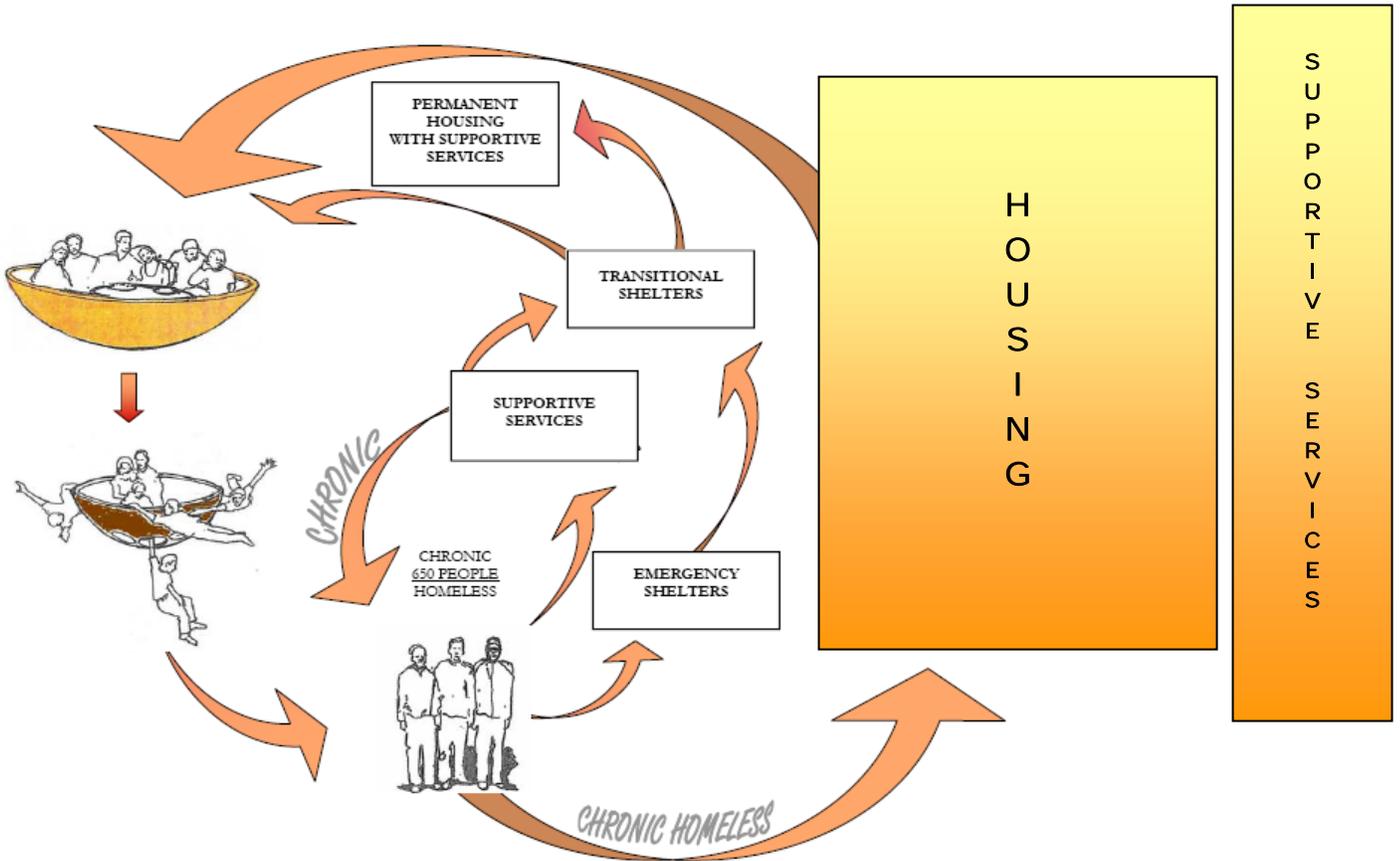
In recent years, however, we have come to understand that the “idealized” model, though helpful, does not tell the whole story. The homeless population is not homogeneous – there are clear distinctions within the population. Most significantly, the revised graphic acknowledges a subset of our homeless population that meet the definition of “chronically homeless.” As this model represents, these 648 people become ‘trapped’ in the cycle of homelessness. They essentially cycle from the streets to emergency shelters that will often link them with supportive services, jails, hospitals, back to the streets, etc. However, they never really break free of a tight cycle of chronic homelessness. It is not difficult to understand how individuals stuck in this tight cycle of chronic homelessness, consume extremely disproportionate amounts of resources. Their significant issues (substance abuse, mental/physical illnesses) perpetuate their homelessness and being homeless and living on the streets exacerbates their chronic problems.



A Model for a Solution

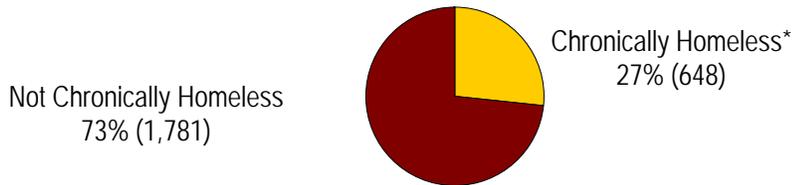
The following graphic depicts, in short form, the purpose of this plan – to break that cycle of chronic homelessness by providing permanent housing for these chronically homeless individuals along with offering specialized, targeted supportive services for independent living.

**SERVICE PLAN
BIRMINGHAM ALABAMA'S
CONTINUUM OF CARE & CONTINUUM OF NEED**



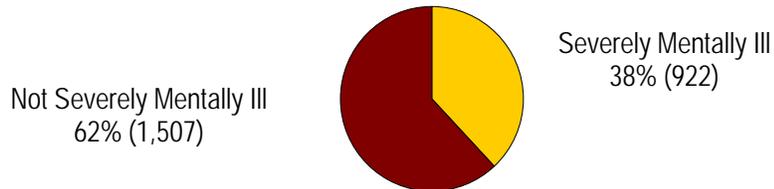
Personal Challenges Experienced by the 2,429 HUD-Defined Homeless Persons Surveyed

Chronic Homelessness

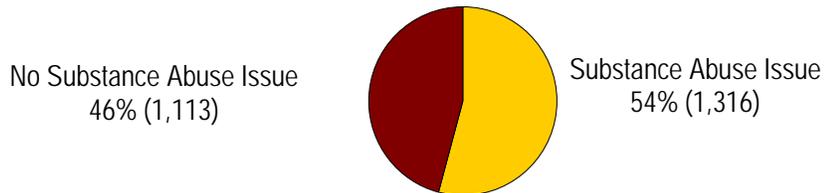


**A focus on the 648 chronically homeless persons reflects the finding that this subgroup consumes over 50% of our community's resources (Kuhn & Culhane, 1998).*

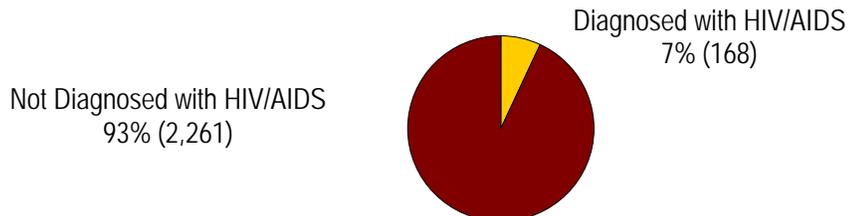
Severe Mental Illness



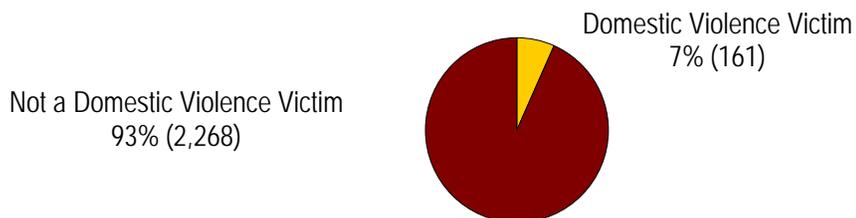
Substance Abuse



HIV/AIDS



Domestic Violence



Basic Demographics for Birmingham/Jefferson County

In 2006, the Sociology Department at the University of Alabama Birmingham (UAB) released a comprehensive needs assessment of the homeless of Birmingham and Jefferson County (LaGory, 2006). As a part of this study, 1,414 homeless individuals were surveyed in an effort to gain a better understanding of those experiencing homelessness in the Metropolitan Birmingham area.

1,414 Homeless Survey Participants

(151 or 11% were children under age 18)

Family Status:

Number of unaccompanied adults: 74%
Number of homeless who were a part of a family: 26%
 16% were single-parent families,
 7% were couples with children,
 2% were couples without children, and
 1% was in a variety of other family arrangements

Did You Know?

A University of Alabama Birmingham study found that 88% of the 1,414 homeless people interviewed were born and raised in Birmingham, or had been living in the area for at least two years.

Average Age: 41

Gender: 70% Men 30% Women

Place of Birth: 88% were born and raised in Birmingham, or have lived in the community for at least two years.

Median Income: \$200 per month

At the current minimum wage of \$5.15/hour (\$824 per month before taxes), it is difficult live above the poverty level...even working full-time with overtime.

Race/Ethnicity:

68% African-American
31% Caucasian/White
Less than 2% Hispanic or of other races/ethnicities

Researchers have found that the high representation of minorities in the homeless population is closely related to economic disparities, and "has no correlation to race or ethnicity" (Burt, 2001).

Education:

2% College degree
6% Trade school or business certificate
66% High school diploma and/or have taken college courses
27% Less than a high school diploma

Time Spent Homeless:

52% Spent eight months or less in homelessness
66% Stated that this was the first time they had been homeless within the past three years

Military Service:

20% Spent time in the military

Place of Residence:

34% Transitional Housing Apartments	12% Street
22% Emergency Shelter	7% Friend or Relative
12% Treatment Facilities	

Network of Homeless Services and Providers

(1) Organization <i>(MBSH, 2006 Exhibit I)</i>	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counsel	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
AIDS Alabama	X	X	X	X		X			X	X	X	X		X	X	X		X
Aletheia House				X		X			X	X	X			X		X		X
American Legion Homeless Vet Services	X	X	X	X		X												X
Armies of Compassion				X					X	X	X				X	X		
Birmingham Health Care				X					X	X	X	X	X	X	X	X	X	X
Birmingham Hospitality Network									X	X						X		X
Birmingham Independent Living Center				X					X	X						X		
Bridge Ministries	X	X	X						X									
Community Action Partnership/CAP						X		X										X
Children's Aid Society				X	X				X	X	X	X			X	X	X	X
Community Kitchens				X					X									
Cooperative Downtown Ministries				X		X			X	X	X							X
Family Connection/Hope House				X	X	X			X	X	X			X	X	X		X
Family Violence Center		X	X	X	X				X	X		X					X	X
First Light				X					X	X		X						X
Greater Birmingham Ministries	X	X	X	X														
Highlands United Methodist Church					X													
Interfaith Hospitality House for Families									X	X		X			X	X		X
JBS Mental Health/MR Authority									X	X		X						X
Jefferson County Housing Authority		X	X	X														
Jimmie Hale Mission/Jessie's Place				X					X	X	X				X			X
M-Power Ministries	X	X	X	X					X	X		X	X	X	X	X	X	
Magic City Harvest(food reclamation & redistribution)	NA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathways		X	X						X	X						X		
Safehouse					X				X	X		X					X	X
Salvation Army	X	X	X	X					X	X	X						X	X
Shepherd's Supply Mission	X	X	X							X								X
Shelby Emergency Assistance	X	X	X						X									
State of AL Employment Office																X		
The Foundry Rescue Mission									X	X	X			X	X	X	X	X
The Neighborhood House									X	X	X				X	X		
Travelers' Aid Society									X									X
UAB Community Mental Health						X			X	X	X	X		X	X			
United Way (for Katrina evacuees)	X	X	X	X	X				X									
Urban Ministry	X	X	X						X							X		
Veteran's Administration Hospital				X					X	X	X	X	X	X	X	X		X
The YWCA		X	X	X	X				X	X		X					X	X

The Planning Process

On Thursday, July 20, 2006, the **Honorable Mayor Bernard Kincaid** and the City of Birmingham accepted a presidential call to action in a press conference announcing the official start of Birmingham's effort to develop a realistic strategy for preventing and ending chronic homelessness. The planning process included seven distinct components.

I. **Formation of the Mayor's Commission to Prevent and End Chronic Homelessness**

The Mayor's Commission to Prevent and End Chronic Homelessness served as the steering committee assigned to develop a 10-year strategic plan that will prevent, decrease, and ultimately end chronic homelessness in the Birmingham area. Established by the City of Birmingham and a consulting firm hired by the City, this diverse 28-member commission represented various parts of the Birmingham community and included citizens who possessed a wide array of expertise in numerous areas. **Mr. Norm Davis**, First American Bank, and **Dr. Mona Fouad**, University of Alabama Birmingham, would serve as co-chairpersons for this initiative.

II. **Commission Meetings/Work Sessions**

A series of work sessions took place throughout the 9-month planning process.

III. **Committee Meetings**

The commission established four working committees:

Coordinating Committee – Worked with the selected consulting firm to ensure that the planning process was implemented in an effective and timely manner.

Needs Assessment Committee – Used existing publications to outline the housing and service needs of Birmingham's chronic homeless population.

Environmental Issues Committee – Outlined barriers and external areas of concern that affect homeless individuals or the provision of homeless services. For example, this committee helped address concerns expressed by neighborhood representatives regarding the placement and oversight of supportive housing programs for the homeless.

Policy Issues Committee – Outlined a number of policy issues that, if changed, could systemically address some of the root causes of homelessness and prevent future cases.

IV. **Community Focus Groups**

To increase community input, focus groups were convened with 100 participants representing the following five segments of the community: Business Leaders; Resource Providers (law enforcement officials, representatives from state agencies, etc.); Homeless Individuals; Homeless Service Providers; and Community Representatives (neighborhood leaders, general public, etc.).

V. **Statements of Interests**

Commissioners were given an opportunity to document any issue, idea, or concept that might not have been addressed through other portions of the process. This option also gave each person a chance to highlight their desired outcome for the 10-year plan.

VI. **Solicitation of Public Comments**

Comments for the draft plan were solicited from the community during a 30-day comment period (March 1-30, 2007) and through the facilitation of a public hearing.

VII. **Final Approval**

Spring 2007

Commission Members

Name	Affiliation
Norm Davis, Co-chair	First American Bank
Mona Fouad, Co-chair	University of Alabama at Birmingham
Harry Brown	United Way of Central Alabama
Michael Calvert	Operation New Birmingham
Greg J. Carlson	UAB Department of Psychiatry
Paul Carruthers	Regions Bank
Susan Clayton	Independent Presbyterian Church
Tony Cooper	The Jimmie Hale Mission
Ruth Crosby	First Light Inc.
Brenda Durham	Jefferson County Housing Authority
Rene Elliott	VA Medical Center
Michelle Farley	Metropolitan Birmingham Services for the Homeless
Steve Freeman	Old Firehouse Shelter
Allison Grayson	United Way of Central Alabama
Lawton Higgs, Sr.	Church of the Reconciler
Connie Hill	Pathways
LaTania F Holbdy	Metropolitan Birmingham Services for the Homeless Board
Gloria Howard	Aletheia House
Vickii Howell	Birmingham View Magazine
John Hudson, III	Alabama Power Company
Stefan G. Kertesz	UAB Department of Medicine
Mike Murrah	Cooper Green Mercy Hospital
Jim Parker	JBS Mental Health Authority
Doris Powell	Fountain Heights Neighborhood
Teresa K. Thorne	City Action Partnership (CAP)
Arch Trulock	AIA of Alabama
Deborah Vance	Birmingham Regional Chamber of Commerce
Thomas L. Wilder, Jr.	Alabama Gas Company

Key Definitions

Assertive Community Treatment – A treatment approach, implemented by a team of professionals, that is designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.

Chronically Homeless – An unaccompanied individual who has either (1) been continuously homeless for one year or more or has had at least four episodes of homelessness in the past three years, and (2) who also has a disabling condition.

Disabling Condition – A serious mental illness, diagnosable substance use disorder, developmental disability, or chronic physical illness or disability.

Emergency Shelter – A facility that provides access to shelter for a very brief period of time, and is designed to accommodate individuals needing immediate assistance.

Homeless – An individual who lacks a fixed, regular, and adequate nighttime residence OR who has a primary nighttime residence that fits one of the following criteria:

- (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including hotels, congregate shelters, and transitional housing for the mentally ill);
- (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.

Housing First – An approach that places homeless individuals immediately into permanent housing before attempting to offer or provide supportive treatment services. If such services are accepted, the participants have an opportunity to focus on their treatment in a stable environment, and without the added pressures associated with day-by-day survival.

Permanent-Supportive Housing – Permanent housing that is combined with social/”supportive” services (e.g., counseling, case management, etc.), and is designed for individuals who will not every have the capacity to live alone.

Point-in-Time Survey – An annual count/assessment of the homeless men, women, and children residing in the Metropolitan Birmingham community as of a specific 24-hour point in time.

Supportive Services – Services such as medical treatment, mental health treatment, counseling, case management, transportation, and job training that is provided for the purpose of enhancing a person’s ability to become more independent.

Transitional Housing – A facility where a homeless family or individual may live for several weeks, or up to two years in some cases, until they are able to obtain permanent housing. This type of housing is typically combined with a set of supportive services tailored to help the program participants regain self-sufficiency.

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MEMORANDUM

TO: Mayor's Commission to Prevent and End Chronic Homelessness
FROM: Randall Mullen, TDA, Inc.
DATE: November 13, 2006
SUBJECT: Focus Group Record

The following document records questions and answers discussed at a series of five Focus Group Meetings November 6-7, 2006.

Four meetings were held at the Birmingham Central Library from 1:30 –7:30 PM Monday, November 6. Those meetings occurred with previously arranged groups in this order: resource providers, service providers, business leaders and community representatives. A meeting with the chronically homeless took place at the Church of the Reconciler from 10:00 – 11:30 AM on Tuesday, November 7. The focus groups were convened by Commission members and facilitated by representatives of TDA, Inc., the city's consulting firm. Attendance ranged from 15-30 people.

Participants responded to questions raised by the facilitators. Responses were entered into the record contemporaneously by a recorder from the consulting team. Those responses were also recorded on audiotape and, where necessary, written entries were checked against the recording. Every effort was made to obtain and accurately present the perspectives of each participant on the topic of chronic homelessness. Those viewpoints or opinions expressed; however, were made by individuals and will be considered in the development of the plan. They do not necessarily represent the consensus of any group or organization.

Over the coming days, the consulting team will identify common themes and suggest categories of issues that the Commission will want to address in the ten-year plan. This information will be reported to the Commission before the end of the month. It will be made available to the committees along with other information offered by Focus Group leaders after their meetings concluded.

Thanks again to the Focus Groups leaders and to all who participated in the series of meetings. I believe that this record documents a wide diversity of viewpoints within the community. And it can ensure that an important voice will be heard in the development of the Commission's plan.

Attachment

QUESTIONS/ANSWERS: **RESOURCE PROVIDERS**

Birmingham Central Library
Monday, Nov. 6, 2006
1:30 – 3:00 PM

1. How many people are familiar with the term “chronically homeless?”
 - *Few of 20 participants are familiar with term*
2. Which kind of homeless people do you provide with resources: homeless people or chronically homeless people and why?
 - *Mostly chronically homeless*
 - *Those who are mentally ill or have dual diagnoses*
 - *Psychotics who are on streets require more resources*
 - *Cutbacks in mental health care reduce beds in hospitals and mental institutions*
 - *More young adults are developing drug habits*
 - *Outsiders are coming into Birmingham*
3. In your experience, has chronic homelessness in Birmingham changed in the last 5 years or so? If so, how has it changed?
 - *A significant increase has occurred across gender, races, and ages*
 - *More mentally ill cases (people are sicker and take longer to get to into hospital; less beds provided)*
 - *More are sleeping on streets, in door cracks*
 - *Tempers and temperament have changed; more are likely to hurt themselves*
 - *Breakdowns exist in system with less services provided and lack of trust from clients*
 - *Other areas are bringing their homeless to Birmingham/Jefferson Co. because we have boarding homes and resources*
 - *Problem is combination of homeless and drug abuse*
 - *Clients seem not to want help*
 - *Some break the rules of shelters so much they would rather be on streets (ex- prisoners hate rules)*
 - *Prisoners are problem as they come with no jobs, money*
4. How are the needs of chronically homeless people different from other homeless people?
 - *Chronically homeless do not want to help themselves*
 - *Some need better support system, more medical services or mental health care*
 - *They are more of law enforcement problem (criminal element on street)*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

- *Chronically homeless are exception to rule in Birmingham (there are fewer chronically homeless than other homeless)*
- *Other homeless are not really problem (they try to get themselves together; find resources)*
- *Homeless problems relate to financial issues that are situational; whereas chronic homeless issues are more complex (people psychotic and, if on drugs, don't want help)*

5. How are you or your agency impacted by chronically homeless people?

- *Most time spent with chronically homeless*
- *Each situation different; could take all day to help homeless, particularly downtown*
- *80% of patients are on subsidy, seen in clinics and referred to clinics*
- *Significant impact to hospitals (they come in looking for drugs and try to get prescriptions filled)*
- *Main door to homeless is emergency room; very expensive to service*
- *Because people are transferring sexually transmitted diseases, there is public safety and public health issue*
- *If homelessness were ended, crime would go down and tax base would go up because people would want to come to City*
- *Police would not have to chase homeless and people would feel safer downtown*

6. Do you think you or your colleagues play a role in ending chronic homelessness in Birmingham – or simply controlling it?

- *Police are trying to control homelessness*
- *Health Department is playing a role in trying to identify people, trying to control 400 cases of syphilis*
- *Majority of group represented believe they are simply trying to control homelessness*

7. If you were going to organize a group of resource providers to address the issue of chronic homelessness, what solutions might you propose?

- *Provide services to those who want to receive help and ones who do not want help; give bus ticket and let them go somewhere else*
- *Need better law enforcement to deal with homeless*
- *New ordinances necessary to keep homeless from sleeping on streets or camping in parks*
- *Churches should be involved in helping with solutions instead of enabling homelessness (require help from churches to occur at shelters)*
- *Prevent delivery of free meals (do not let other folks come in city to feed homeless)*
- *Have better education concerning helping homeless*
- *More treatment facilities needed*
- *Need more one stop shops for health, jobs, training, housing, etc.*
- *City needs to demand accountability from groups they give money to who serve homeless*
- *Create diverse and coordinated services*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

8. Is there anything else you want to tell us about chronic homelessness in Birmingham?

- *Identify and track homeless over period of time*
- *Plan services based on separation of homeless populations*
- *Offer prevention care instead of post care*
- *Work on ways to integrate homeless into community*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

QUESTIONS/ANSWERS: **SERVICE PROVIDERS**

Birmingham Central Library
Monday, Nov. 6, 2006
3:00 – 4:30 PM

1. How many people are familiar with the term “chronically homeless?”
 - *All 15 people present are familiar with term*
 - *Participants understand strict definition of HUD in regard to continuum*

2. In your experience, has chronic homelessness in Birmingham changed in the last 5 years and, if so, how has it changed?
 - *Clients are more violent*
 - *There are more young adults*
 - *Increase in numbers has brought greater disdain from business community and society*
 - *More violence is directed toward homeless*
 - *Medical conditions with women seem to be more stable*
 - *Mental health for men is more problematic than previous years*
 - *Less services and fewer resources are available*
 - *Medical condition of chronically homeless has grown worse (hard to get patients admitted; less beds at state level; people kept shorter amounts of time; quicker turnaround of patients)*
 - *More end of life situations with AIDS, etc. have occurred*
 - *Homelessness has become institution and segment of society*
 - *There isn't enough help from social service staff at Police Department*
 - *Clients have less resources to help themselves; system for assistance seems to be slow*
 - *Overcrowding of prison system has occurred; authorities drop off ex-cons at shelters*
 - *Fewer outreach teams are on streets now*
 - *Harder to get jobs and identification to help them get jobs*

3. Which kind of homeless people do you provide resources: homeless people or chronically homeless people?
 - *More chronic homeless served by majority of group*
 - *Churches serve at risk homeless (those who are one illness away from them being homeless)*
 - *But most providers serve mixture of homeless groups*
 - *Both groups are served by providers represented*

4. How are the needs of chronically homeless people different from other homeless people?
 - *Chronically homeless have more needs, mental illness*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

- *Finance and employment are not primary issues, but rather disabilities or substance abuse*
 - *More chronic homeless are on drugs*
 - *Chronically homeless have addictions and mental illness where intervention is needed early to stop cycle of homelessness*
 - *They often suffer from dual diagnoses (substitute drugs for medicine)*
 - *Although chronically homeless having mental illness is perception, substance abuse is reality*
5. What do you think are the major causes of chronic homelessness in the Birmingham community?
- *Chronic homeless have less family support*
 - *Health insurance is problem*
 - *Getting through bureaucracy*
 - *Lack of access to housing and medical care*
 - *Unawareness of services that are available*
 - *Change in perception about homeless people*
 - *Addiction is seen as behavioral problem instead of disease*
 - *Outreach programs have decreased*
6. Do you think you or your colleagues play a role in ending chronic homelessness in Birmingham – or simply in managing it -- and why?
- *Two-thirds of group believes homelessness is being managed*
 - *Isolated success is reported by some participants*
 - *There is lack of help from Police Department*
 - *Social Service Officer is too busy, slow to respond, not always on shift*
 - *Police want to get rid of homeless instead of helping them receive services (seem to do more with women and children; take men to jail; mentally ill also end up in jail)*
7. If you were going to organize a group of service providers to address the issue of chronic homelessness, what solutions might you propose?
- *More outreach teams*
 - *More identification of homeless*
 - *Stabilization of services provided*
 - *Establish clearinghouse or triage for referrals*
 - *Integration of services that includes all partners*
 - *Coordinated delivery approaches*
 - *Overhaul system for delivery of services*
 - *On demand drug recovery, mental health*
 - *Places for people to go when they get out of prison, transitional housing choices*
 - *More strategies for prevention of homelessness*
 - *Deal with housing needs, increase affordable, accessible housing*
8. Is there anything else you want to tell us about homelessness in Birmingham?
- *Address transportation needs*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

QUESTIONS/ANSWERS: **BUSINESS LEADERS**

Birmingham Central Library
Monday, Nov. 6, 2006
4:30 – 6:00 PM

1. How many people are familiar with the term “chronically homeless?”
 - *Ten of 20 participants know term*
2. What words describe a chronically homeless person?
 - *Mentally ill*
 - *Transient*
 - *Vagrant*
 - *Addict*
 - *Deterrent to business*
 - *One who stays in parks, on sidewalks or in other public spaces*
 - *Squatter*
 - *Church camper and gypsy*
 - *Menace, panhandler, con man, pimp, prostitute, drug dealer, thug, criminal*
3. What do you think are the major causes of chronic homelessness in the Birmingham community?
 - *Causes are deliberate (homeless choose to live on street)*
 - *They engage in criminal activities to sustain themselves*
 - *Lack of policing allows them to conduct criminal activity on street, to sleep in cars and in parks)*
 - *Some are mentally ill*
4. How are you or your business impacted by chronic homelessness or homeless?
 - *Time is taken from business*
 - *Public space surrounding businesses is occupied by homeless discouraging business*
 - *Seeing homeless is distasteful and threatening to public*
 - *Public health is jeopardized*
5. Do you (or your colleagues or associates) have concerns about addressing chronic homelessness?
 - *Churches are enabling homelessness through their feeding programs*
 - *Homeless are accustomed to running up to vans and getting fed*
 - *One church is washing their clothes*
 - *Police are not helping to address this problem*
 - *Law enforcement needs to take a more active role*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

6. Do you think you or a business or civic organization can play a role in ending chronic homelessness in Birmingham?
 - *Yes, most are willing to play a role and willing to participate if study does not sit on shelf*
 - *Some want to be assured of preventive measures to help avoid evictions*

7. If you were going to organize a group of business and civic leaders to address the issue of chronic homelessness, what solutions might you propose?
 - *Get "Bunks for Drunks program"*
 - *Warehouse homeless in facility that would keep them off streets*
 - *Help those who need treatment to get help*
 - *Have City provide more beds for homeless*
 - *Pass doorway ordinance and urban camping ordinance*
 - *Stop public feedings*
 - *Discourage homeless from sleeping in public places*
 - *Hire more police officers to work with Homeless Task Force*
 - *Enforce laws that are on books*
 - *Be more active in directing homeless to shelters*
 - *Care for mentally ill*

8. Is there anything else you want to tell us about chronic homelessness in Birmingham?
 - *Get Legal Aid to help*
 - *Come up with preventive strategies to help with evictions*
 - *Get more cooperation from citizens and homeless advocates on urban camping ordinance*
 - *Work to clarify message so that it does not criminalize homelessness*
 - *Have police screen homeless so that they get necessary services*
 - *Write an ordinance that will pass*
 - *Begin immediate action on solutions*
 - *Follow up on opportunities for group to continue communication*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

QUESTIONS/ANSWERS: **COMMUNITY REPRESENTATIVES**

Birmingham Central Library
Monday, Nov. 6, 2006
6:00 – 7:30 PM

1. How many people are familiar with the term “chronically homeless?”
 - *Few of 15 people present are familiar with term*
 - *Some believe such homeless have no address, live on street, have no resources*
 - *Chronic homeless don't face temporary situation; they either cannot or will not get off street*
 - *Conditions are ongoing*

2. How often do you see homeless people in Birmingham and how would you describe them?
 - *Homeless are all over Birmingham*
 - *They're people who come to church for help, live under bridge; people who stay nearby*
 - *They're people who seem aggrieved and mentally ill*
 - *Participant has nearly been homeless, can't pay rent (boss ended up on street)*
 - *They look unkempt and they have all belongings with them; some don't want to be helped; others want help*
 - *Some want to “run a con”*
 - *Homeless are derelicts*
 - *Participant is former homeless person who once used crack and had disability; homelessness needs to be addressed with compassion; homeless become adjusted to living on street; “only those who have been homeless know what it is like to be homeless”*

3. Are you, your family, your friends, and/or your faith community impacted by chronic homelessness or homeless people?
 - *Yes, participant knows people who are at risk of homelessness*
 - *Homeless present dangerous situation; neighborhoods are dark and residents can't see who is living on street in neighborhood*
 - *Close-in neighborhoods are impacted*
 - *Vagrants inadvertently set fire to structures in winter and this threatens neighborhoods*
 - *Homeless don't have transportation and walk along streets*

4. Do you, your family, friends, or faith community play a role in ending homelessness in Birmingham?
 - *Participant's church serves meals*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

- *“The Lord spoke to me” and group feeds homeless under bridge*
5. Do you, your friends, etc. have concerns about addressing chronic homelessness?
 - *Agencies aren’t doing enough to help homeless*
 - *Neighborhoods need to keep eye on money*
 - *Grant requirements drive programs*
 - *Homeless shouldn’t be concentrated in one neighborhood (“Don’t build all facilities in West End or North Birmingham”)*
 - *Helping can sometimes reward bad behavior*
 - *To help homeless, intake people must show respect*

 6. Can you see any benefit to ending chronic homelessness in Birmingham?
 - *Homeless need to decide that they want help, want to change; many will go back to streets*
 - *“It takes an address to eliminate homelessness”, include identification and shelter*

 7. If you were going to organize a group of citizens to address the issue of chronic homelessness, what solutions might you propose?
 - *Expand treatment and housing*
 - *Pass new ordinances*
 - *Utilize community center and unused schools*
 - *Launch jobs programs*
 - *Train counselors who can do assessment*
 - *Stop doing quick fixes like feeding programs only at Christmas*
 - *Eliminate bureaucracy and improve cooperation*
 - *Offer motivational programs*
 - *Include anti-vagrancy laws and enforce current laws*
 - *Evaluate all aspects of local government dealing with homeless in larger context*
 - *Build homeless shelters*

 8. Is there anything else you want to tell us about chronic homelessness in Birmingham?
 - *Make elected officials more accountable*
 - *Do less studies, more work*
 - *Recognize Birmingham attracts homeless because of good food and services; enable people to work for food*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

QUESTIONS/ANSWERS: **CHRONICALLY HOMELESS PEOPLE**

Church of the Reconciler
Tuesday, Nov. 7, 2006
10:00 – 11:30 AM

Approximately 30 people participated in this group although a greater number were present in a large multi-purpose room used for the meeting.

1. What do you think are the major causes of chronic homelessness in the Birmingham community?
 - *Brokenness*
 - *Physical injuries or disabilities and related employment difficulties*
 - *Lack of living wage*
 - *Lack of affordable housing*
 - *Discrimination*
 - *Lack of sincerity among service providers*
 - *Drug addiction or substance abuse*
 - *Being unwanted child who grew into homeless man*
 - *Physical disabilities and no program to retrain those who can't work*
 - *Drug addiction, unwanted childhood and physical disability*
 - *Physical disabilities and difficulty in obtaining benefits*

2. How do you think others in the Birmingham feel about chronically homeless individuals?
 - *Illiterate, lower class people*
 - *Overlooked mentally ill*
 - *Drug addicts, alcoholics*
 - *Threats to public safety*

3. What homeless services do you find most helpful?
 - *Human resources*
 - *Health care*
 - *ID*
 - *Food services*
 - *Medication*
 - *Churches*

4. What services are not provided that you would find to be helpful?
 - *Identification services*
 - *Transportation*
 - *Rent supplements*
 - *Retraining skills*
 - *Skill center*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

- *Laundry*
- *Public restrooms*
- *Transitional housing*
- *Permanent housing*

5. If you were going to organize a group of people to address the issue of chronic homelessness, what solutions might you propose?

- *Housing First*
- *Study Hall*
- *Learning Center*
- *Shelter beds*
- *Disability assistance*
- *ID services*
- *Hygiene*
- *Half-way house*
- *Affordable housing*
- *Living wage*
- *Trade certification*
- *Training for new skills*
- *Mental ill housing*
- *Transportation*
- *Day shelter*
- *Transitional housing*
- *Life skills training*
- *Better coordination (HMIS)*

6. Is there anything else you want to tell us about chronic homelessness in Birmingham?

- *Criminal justice system contributes to homelessness*
- *Police harass homeless (sitting on park benches, moving carts, even assaulting us)*
- *Tax breaks for helping homeless could help*
- *Distribution of funding could better meet needs and provide accountability*

7. Whom else would you recommend that we talk to about those issues?

- *Court system and law enforcement*
- *Police*
- *City*
- *United Way agencies*

Note: The viewpoints or opinions expressed above were made by individuals and they do not necessarily represent the consensus of any group or organization.

The Mayor's Commission to Prevent and End Chronic Homelessness

PUBLIC HEARING RECORD

March 22, 2007

The Mayor's Commission held a public hearing on a draft of the Ten-Year Plan Thursday, March 22, 2007 between 10:00 am – 11:30 am in the City Council Chamber. A total of 75 persons attended this hearing. Twenty one of the attendees provided oral comments. The following is a summary of their comments. In addition to the oral comments, some attendees also submitted written comments that are attached to this record.

1. Welcome & Introductions

James F. Fenstermaker, Community Development Director for the City of Birmingham, opened the hearing with brief remarks. He described the formation of the commission, its charge to improve conditions and services for the homeless, the nature of the problems they face, the meaning of the term "chronically homeless", the number of chronically homeless individuals in Birmingham (648), and the commission's determination to complete a plan for their benefit.

2. Summary of Plan

Randall Mullen, a consultant with TDA, Inc., offered an overview of the plan based on the Executive Summary contained in the draft plan. He acknowledged the contribution of Aisha McGough, primary author of the plan. He explained the plan's vision of extending permanent housing and appropriate services to chronically homeless individuals, the role of prevention and service delivery strategies, the importance of investing local resources and using them more effectively, as well as the intent to expand those resources through fundraising efforts.

Mr. Mullen also identified the plan's five goals:

- Goal #1: Provide, develop and expand housing options for chronically homeless individuals in the Birmingham Community;
- Goal #2: Provide better access to support services that help them remain in permanent housing;
- Goal #3: Reform policies that contribute to homelessness;
- Goal #4: Institute policies that assist persons leaving homelessness; and
- Goal #5: Build awareness and mobilize the community to help end chronic homelessness in Birmingham.

Because copies of the Executive Summary had been provided to all attendees, he referred to the plan's "12-Point List of Priorities" without offering details.

Mr. Mullen concluded by stating the Commission's intention to receive written comments on the draft plan through March 30 and to obtain oral comments at this public hearing. He invited persons in attendance wishing to speak to make their remarks. Speakers were asked to limit their remarks to five minutes in the interest of competing the hearing within the time allowed.

3. Public Comments

Denise Hoover, Senior Grants Management Coordinator for the City, called on speakers in the order they signed up to speak:

- Brian Hardie, 720 84th Pl. S., representing himself, stressed the importance of area churches in dealing with the homeless in Birmingham
- Gail Daw, 209 20th St. N., #110, representing the Downtown Business Association, offered to submit written comments for the record
- Herbert Sims, 15th St. Bridge, representing himself, related financial problems that contributed to his becoming homeless
- A Burrell, Firehouse Shelter, representing himself, shared difficulties starting a business that lead to a criminal record which, in turn, contributed to his becoming homeless
- Herb McDaniel, Church of the Reconciler, representing himself, related his experience as a past corporate executive who became homeless and explained that the homeless want to be self-sufficient
- Stephan Kertesz, 1530 3rd Av S MT608, representing UAB (also a Commission member), endorsed the process used to develop the draft plan, applauded the large attendance at the public hearing, stressed the importance of the faith community and acknowledged the need to de-stigmatize homelessness
- Michele Farley, 2230 4th Av. N., representing Metropolitan Birmingham Services for the Homeless (also a Commission member), offered extensive written comments on behalf of her board -- attached to record -- and generally commented that the plan is a good start that seeks to improve services provided by dedicated agencies with better use of funding and a strong commitment from key community groups
- Tom Duley, 1229 Cotton Av. SW, representing Urban Ministry criticized a lack of specificity in the plan, particularly about funding, the lack of policy analysis and strategies to decriminalize homelessness
- Jimbo Carr, 115 Lake St., representing, Good News from Above, expressed that part of the solution to homelessness is persons finding Jesus Christ and receiving services from the faith community
- Magnolia Cook, 1709 Av. I, representing Tuxedo Neighborhood Association and the CAB, urged the City to donate a house for each neighborhood and area churches to house the homeless
- Ted Washington, (address unidentified), representing himself, suggested that the City make use of vacant houses and take steps to make them safe
- Vincent Davis, (address unidentified), representing himself, urged the City to expand home ownership programs and read a Bible verse

- Gwyn Moore, 1923 3rd Av. N., representing Moore Solutions, described the painful experience of observing homeless in the downtown area, commented on the enormous expense of treating the symptoms of homeless and a frustration in providing a homeless person with clothing needs because of improper identification
- Walter Todd, 112 14 St. N., representing Homeless Coalition, stated that the State of Alabama has not provided funding for homeless, that the City plan is not specific, measurable, achievable, relevant and time sensitive, and that it omits a long list of important elements – attached to the record
- Rev. Kevin Higgs, 112 14 St. N., representing Church of the Reconciler, expressed concern that the plan has been prepared mostly to meet a HUD requirement, that it has not specified funding and that it does not go far enough to support downtown redevelopment
- Michael Rose (signed up to speak, but did not appear when called)
- Camille Johnson, Church of the Reconciler, representing herself, explained that homeless with felony convictions cannot get jobs and are turned away from important services to address mental illness
- Anterreus Page, Church of the Reconciler, representing herself, stressed the importance of outreach activities
- Michael Farris, Church of the Reconciler, representing herself, expressed gratitude to the commission for draft a plan to help the homeless
- Gilbert Klein, 3517 Hickory Av. S., Klein Consultants, referred to a housing complaint he has filed against the City Community Development Department
- LaTonya Smothers, Church of the Reconciler, representing herself, explained that many people are at risk of homelessness
- Gwyn Moore, 1923 3rd Av. N., representing Moore Solutions, made a second appearance this time in support of a jobs program for the homeless

4. Next Steps

Mr. Mullen expressed appreciation to all those who spoke as well as those who attended the public hearing. He noted that additional written comments may be submitted to the Community Development Department (10th Floor, City Hall) through the March 30 deadline. He stated that he would summarize the public hearing and written comments for the Mayor's Commission. He repeated that the Commission is expected to decide a recommendation to the City Council in April. If the Council adopts the plan soon thereafter, implementation of the plan will begin this summer.

5. Adjournment

As Mr. Fenstermaker had nothing to add, Mr. Mullen adjourned the public hearing.

Note: Written comments were attached to this record and shared with the commission; however, they are not attached herein. The attachments may be obtained at City Hall.

The Mayor's Commission to Prevent and End Chronic Homelessness

WRITTEN COMMENTS RECORD

April 3, 2007

The Mayor's Commission invited written comments on a draft of the Ten-Year Plan through Friday, March 30, 2007. A total of 7 organizations or individuals provided written comments. Certain of these comments were delivered orally at the March 22 public hearing. The following is a summary of the written comments. The full text of each written comment is attached to this record.

1. Jerry Daw, Co-Owner, Advanced Automotive, Member, Downtown Business Association
Mr. Daw called on the City to have more beds for the homeless; pass a Doorway Ordinance, Urban Camping Ordinance, and to stop public feedings; and to establish a task force comprised of police officers who would explain the laws and give the homeless direction to a shelter.
2. Therese Avant of 211 Yorkshire Drive
Ms. Avant pointed out that the plan should address the mental health needs of the homeless, as untreated psychiatric illness is very often a cause of chronic homelessness.
3. Gail Daw, President of the Downtown Business Association
Ms. Daw urged that the plan include a reassessment of enforcement policies, laws and ordinances and that regulate panhandling, loitering, public feeding and urban camping.
4. R. Lawton Higgs, Pastor Emeritus of the Church of the Reconciler
Rev. Higgs proposed that the Community Affairs Committee of Operation New Birmingham organize a response to the suffering of the homeless, service providers, business owners and others by improving our communication with one another about homelessness.
5. Gwen Moore, Representative of Moore Solutions
Ms. Moore called on the City to implement a worker program such as Ready Willing and Able to give the homeless a job and to engage them in clean up activities.
6. Walter Todd, Representative of the Homeless Coalition
Mr. Todd stated that the State of Alabama has not provided funding for homeless, that the City plan is not specific, measurable, achievable, relevant and time sensitive, and that it omits a long list of important elements.

7. United Way of Central Alabama

The United Way obtained over 20 separate questions or comments from their volunteers or partners mostly covering four of the plan's five goals (for example, "what happens if the homeless choose not to pay the rent or utilities under Housing First?" and "a 'homeless transportation network' should supply vans without a name on the side so homeless individuals").

Note: Written comments were attached to this record and shared with the commission; however, they are not attached herein. The attachments may be obtained at City Hall.