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A Practical Look at Ending Homelessness

Aimee Majoue

I. INTRODUCTION

Although national and local government spending to end homelessness has increased in the past twenty years, the number of homeless persons has not been reduced, reflecting a need to modify current solutions. Those wishing and struggling to exit homelessness face a lack of resources, emergency services, and information. Providing assistance to this population is about recognizing and promoting respect for the dignity of all people, including those often ignored by society.

All levels of government have the overarching responsibility to enable the assistance and protection of the homeless, so greater funding must be provided even in the face of what seems to be a crisis of defunding essential agency and organizational services. The McKinney-Vento Homeless Assistance Act of 1987 ("McKinney-Vento") recognizes the homeless population’s many needs and that numerous, difficult to understand, and multi-dimensional underlying causes exist. All levels of government, as well as organizations geared toward serving the homeless, are not fully responding to these needs and, without better federal funding, collaboration, and creative solutions, will continue to inadequately respond despite best

1 Juris Doctor, Oklahoma City University School of Law, 2018. The author gives special thanks to Professor Shannon Roesler for her support, direction, and wisdom in both the writing of this article and in life.
2 Tatjana Meschede, Accessing Housing: Exploring the Impact of Medical and Substance Abuse Services on Housing Attainment for Chronically Homeless Street Dwellers, 20 J. HUM. BEHAV. SOC. ENV’T 153, 153 (2010).
3 Id. at 153–54.
5 Id.
efforts. The solutions to homelessness must be as diverse, complex, and multi-dimensional as the causes.

The homeless population should not remain “invisible citizens” when solutions exist that can address their plight. This article will look at the nation’s homelessness crisis, at the causes of homelessness, at Congressional Acts that currently exist addressing some of the homeless population’s needs, and at different state and local approaches to homelessness in the United States. After weighing the costs and benefits of each approach, meaningful solutions will be proffered on how our nation can mitigate homelessness beginning with the provision of housing coupled with services to break the cycle of poverty.

II. BACKGROUND: THE PROBLEM OF HOMELESSNESS

A. Defining “Homelessness”

McKinney-Vento defines homelessness broadly to include persons lacking “a fixed, regular, and adequate nighttime residence” or having a “primary nighttime residence that is a public or private place not” intended for sleeping. McKinney-Vento also includes persons living in shelters, hotels, motels, or transitional housing; persons exiting jail or other such institutions; persons losing housing by eviction or a lack of resources without a “subsequent residence identified”; and “unaccompanied youth and homeless families with children.”

7 42 U.S.C. § 11301(a)(5) (2004) (identifying Congress’s finding that “greater Federal assistance” is needed “to protect the lives and safety of all the homeless in need of assistance” necessitating McKinney-Vento’s promulgation).


A subset of the homeless population typically targeted in the provision of resources is the chronically homeless. According to McKinney-Vento, the chronically homeless include persons who are homeless and have been homeless either consistently for a minimum of one year or were homeless at four different times in the past three years and where the head of household, whether an adult or a minor, has a diagnosable medical condition.\(^1\)\(^2\) The focus on a person being chronically homeless, while recognizing a particularly severe type of homelessness, can cause other types of homelessness to be ignored or forgotten and may stigmatize those with the “chronic” label.\(^3\) However, the focus on the chronically homeless seems appropriate, at times, in light of the data showing that this subset utilizes about fifty percent of homeless service resources as well as other costs due to increased medical expenses and hospitalization.\(^4\)

Other definitions of homelessness exist, but McKinney-Vento’s definition encompasses a broader group of people affected by homelessness. This article will discuss the chronically homeless within several approaches to homelessness, but whenever not specified as chronically homeless, McKinney-Vento’s general definition will be used.

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\(^2\) MESCHEDE, supra note 1, at 154 (emphasis in original).
\(^3\) Id.
B. Causes of Homelessness

During the 1980s, a weakening economy led to dramatic cuts in housing and homeless services.\(^\text{15}\) Gentrification contributed to a rise in homelessness because it caused a decrease in low-income housing and left many low-income persons displaced.\(^\text{16}\) This decrease in affordable housing and increase in foreclosures results in a growth of newly homeless persons still today.\(^\text{17}\) Although data from the 1980s is unclear as to actual numbers of homeless individuals, in 2016, approximately 550,000 people in the United States were reported as being homeless.\(^\text{18}\)

The central issue perpetuating homelessness is a lack of affordable housing.\(^\text{19}\) No state in America exists where a minimum-wage earner “can afford a one or two-bedroom apartment at the fair market rent.”\(^\text{20}\) Further, The U.S. Department of Housing and Urban Development (“HUD”), which funds a large portion of the United States’ affordable housing, has had its budget slashed by more than fifty-six percent over the past fifty years, and increased budget cuts are on the immediate horizon with the current administration cutting many social benefits.\(^\text{21}\) A decrease in this funding has

\(^{15}\) ZLOTNICK, supra note 10, at S199.

\(^{16}\) Id. The semi-positive impact of gentrification is that it leads to an increase in awareness of the problem of homelessness. Id. With an increase in awareness, solutions become more of a possibility.

\(^{17}\) Anirban Basu et al., Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care, HEALTH SERV. RES. 47:1, Part II, 523, 524 (2012).

\(^{18}\) 2007-2016 PIT Counts by State (XLSX), HUD EXCHANGE, https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/ [https://perma.cc/9NWJ-CBHS] (last visited April 22, 2017). 64.6 percent of the total are homeless individuals, and 35.4 percent of the total are homeless people in families. Id. A break down of the total number of homeless persons into other subcategories is as follows: 15.66 percent are considered chronically homeless; 7.2 percent are homeless veterans; 0.7 percent are homeless unaccompanied children under the age of 18; and 5.8 percent are homeless unaccompanied young adults between the ages of 18 and 24. Id.

\(^{19}\) No Safe Place, supra note 10, at 14.

\(^{20}\) Id.

\(^{21}\) Id. at 35.
led to a loss of approximately 10,000 affordable housing units per year leaving about 11.5 million low-income persons with only about 3.2 million housing units.\textsuperscript{22} The remaining affordable housing, often made available through Housing Choice Vouchers (or Section 8 Housing Vouchers) and other HUD subsidized rental housing, has lengthy waiting lists sometimes reaching “numbers in the tens of thousands.”\textsuperscript{23} The result is a national housing crisis, with 8.3 million low-income renters without housing options and little chance of gaining housing.\textsuperscript{24}

Without housing, a person must prioritize other basic necessities, which often leads to sacrificing medical and healthcare needs until it is an emergency or sometimes too late to care for the condition.\textsuperscript{25} The homeless population suffers high rates of serious disease and illness,\textsuperscript{26} with a significantly higher mortality rate than the general population.\textsuperscript{27}

\begin{itemize}
\item \textsuperscript{22} Id.
\item \textsuperscript{23} Id. at 12.
\item \textsuperscript{24} Id. at 14. HUD gathers annual data, in what it has titled the Point-in-Time count (“PIT count”), to analyze how current funding is being used, the success of current programs, and areas that need improvement. The PIT count “looks at people who are in shelters, transitional housing, or in observable public places on a single night.” Id. at 12. Missing from the PIT count “are people who are doubled up or couch surfing because they cannot afford their own places to live” as well as “people in hospitals, mental health or substance abuse centers,” and “jails or prisons with nowhere to go upon release.” Id. Therefore, the data reflecting homelessness through the PIT count is understated. Id. It is difficult to measure when an individual or family is doubled up or couch surfing, because the distinction between having a non-permanent resident and being homeless is unclear and access to these individuals is attenuated from general access. Although statutory definitions of homelessness exists, the situations of homelessness are so broad, that generalizations of homelessness do not encompass all persons affected by the situation.
\item \textsuperscript{25} Monica Bharel et al., \textit{Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing for Medicaid Expansion Under the Affordable Care Act}, 103 AM. J. PUB. HEALTH S311, S311 (Supp. II 2013).
\item \textsuperscript{27} Homeless persons suffer “a 1.5- to 11.5- times greater risk of dying relative to the general population, depending on age, gender, shelter status, and morbidity.” Melissa
health risks are perpetuated because of the barrier poverty creates to healthcare access. If a homeless person is able to attain health services, the barrier may then be the ability for self-care or continued treatment. The longer a person lives on the street, the worse her health becomes and the higher her risk of death. A need exists for greater services and housing programs that serve homeless persons that have been on the street for many years and are now older and frailer because of it.

Other barriers that the homeless population faces in accessing physical and mental healthcare services include “limited hours, noncentral locations, and intake requirements of identification, insurance, and a permanent address.” Other barriers include stigma, fear of the homeless, and a lack of understanding. These barriers make it a challenge for trust and for stable and dependable communication between doctors and homeless patients to form. Further, these challenges lead the homeless population to utilize emergency care centers rather than primary care doctors, presenting an


28 ZLOTNICK, *supra* note 10, at S199. Poverty also creates a “heightened exposure to communicable diseases and parasites easily spread in crowded conditions, such as shelters.” *Id.* Shelters tend to lead to “lice infections and insect bites,” which leads to “serious, even life-threatening, systemic infections such as cellulitis.” *Id.*

29 An “inability to store medications . . . or meet refrigeration requirements” for certain medications exists for homeless persons. *Id.*

30 Homelessness is often met with “malnutrition, lack of health care, . . . substance abuse,” and mental illness, or both. MESCHEDE, *supra* note 1, at 154. The high risk of death is “a testament of poor health or no access to health care.” *Id.* at 155.


33 *Id.*

34 MCINNES ET AL., *supra* note 25, at e11. Additional barriers include feeling suspicious of medical providers, feeling stigmatized or unwelcome, and having multiple competing needs such as shelter and food. *Id.*
increase in cost to society because when someone utilizes emergency care centers and cannot pay or does not have insurance, taxpayers necessarily cover the cost.\textsuperscript{35}

To properly address homelessness, society must face the lack of affordable housing; increased health problems due to poverty; a stigma of homelessness that creates a gap between the poor and those more fortunate; mental health and substance abuse issues; lack of living wages; and decreased funding to necessary federal programs and services must be addressed.

\textit{C. Federal Frameworks}

Congress has created some statutory guidance addressing the various needs of low-income and homeless populations; most notable are McKinney-Vento and the Cranston-Gonzalez National Affordable Housing Act of 1990 ("Affordable Housing Act").\textsuperscript{36} McKinney-Vento is a broad act that encompasses many of the homeless population’s needs.\textsuperscript{37} It was created in response to a national housing crisis in order to protect homeless persons.\textsuperscript{38} The focus of McKinney-Vento seems to be seeking out and attacking the causes of homelessness so that permanent housing may be achieved.\textsuperscript{39} It proffers that several programs should be funded to provide

\textsuperscript{35} ZLOTNICK ET AL., supra note 10, at S200.

\textsuperscript{36} 42 U.S.C. §12701 (1990) (The Affordable Housing Act enables an increase in affordable housing and decrease in homelessness). The Fair Housing Act, 42 U.S.C. § 3601 (1968), also impacts the homeless and low-income populations, but it’s not targeted at that population’s plights. The Fair Housing Act’s purpose is “to provide, within constitutional limitations, for fair housing throughout the United States.” 42 U.S.C. § 3601 (1968). Essentially, the Fair Housing Act addresses a right to fair housing free from discrimination but does not encompass a general right to housing. 42 U.S.C. §§ 3604–05 (1988).

\textsuperscript{37} ZLOTNICK ET AL., supra note 10, at S200.

\textsuperscript{38} 42 U.S.C. § 11301(a) (2011).

\textsuperscript{39} McKinney-Vento engages the homeless in pulling themselves out of homelessness by “requir[ing] each [funding] recipient that is not a State to provide for the participation of not less than 1 homeless individual or former homeless individual on the board of
proper assistance to the homeless with an emphasis on enabling housing.\textsuperscript{40} Under McKinney-Vento, funding may be granted to state and local governments as well as to nonprofit organizations focused on assisting the homeless population.\textsuperscript{41} Funding may be used to renovate buildings for use as shelters, to provide rental assistance, and to meet other housing needs.\textsuperscript{42}

Three years after McKinney-Vento, Congress affirmed “the national goal that every American family be able to afford a decent home in a suitable environment” through the Affordable Housing Act.\textsuperscript{43} The Affordable Housing Act creates policy and guidance to assist United States residents in gaining shelter to escape and avoid homelessness, in increasing affordable housing availability and opportunities, and in “improving the means by which self-sufficiency may be achieved.”\textsuperscript{44} A city or state must submit “a comprehensive housing affordability strategy,” which requires an understanding of the housing market and housing needs of the locale submitting an application, to receive funding under the Affordable Housing Act.\textsuperscript{45} The purposes of the Affordable Housing Act are targeted at helping families achieve homeownership in affordable housing, to create and expand affordable rental programs, to create partnerships between the

\begin{footnotesize}
\begin{enumerate}
\item \textsuperscript{40} 42 U.S.C. § 11360(27) (2009).
\item \textsuperscript{41} 42 U.S.C. § 11372 (2009).
\item \textsuperscript{42} 42 U.S.C. § 11374(a) (2009); 42 U.S.C. § 11411(a) (2016).
\item \textsuperscript{43} 42 U.S.C. §12701 (1990). See also 42 U.S.C. § 12721 (1990) (Congress’s findings that adequate progress has not been made in the United States to achieve “decent, safe, sanitary, and affordable living environments for all Americans” evidences the need for the Affordable Housing Act). See generally 42 U.S.C. § 12721 (1990) (Congress has also found that “the supply of affordable rental housing is diminishing,” that “living environments . . . have deteriorated,” that many people “face the possibility of homelessness” unless the government takes action, that “reliable Federal leadership is needed to achieve an adequate supply of affordable housing,” and that “the long-term success of efforts . . . depends upon” teaching tenants and homeowners how to be “fiscally responsible and able managers.”).
\item \textsuperscript{44} 42 U.S.C. § 12702(7) (1990).
\item \textsuperscript{45} 42 U.S.C. § 12705(a) (2006).
\end{enumerate}
\end{footnotesize}
government and other local entities and organizations, and to improve supportive housing situations to promote housing sustainability. Additionally, the Affordable Housing Act encourages governments to “remove regulatory barriers to affordable housing,” especially those enabling high housing costs and precluding more affordable housing units.

III. LOCAL AND STATE RESPONSES

A state’s method of addressing homelessness depends on how that state classifies or views homelessness. This article will address the following approaches to homelessness: (1) homelessness as a medical condition; (2) homelessness as a public health and safety issue; (3) homelessness from a right-to-housing perspective; and (4) homelessness as an information access and deficit issue. Under each approach, this article will look at (a) an overview of how the approach works and its purpose, (b) examples of the approach, and (c) the costs and benefits of the approach. HUD’s Housing First model, which has not yet been widely accepted, will also be viewed through the same lenses. Potential best practices and solutions will then be proffered.

A. Homelessness as a Medical Condition

1. Overview

Addressing homelessness as a medical condition turns the cycle of poor health and homelessness on its head and views providing housing as the best treatment for the homeless population’s health. Homelessness results in extended “exposure to weather, infections, drugs, and violence,” with many

barriers to healthcare access. Because of this ongoing exposure, homeless persons live about twenty years less than the average non-homeless person, making homelessness a fatal medical condition. Providing housing is a cost-effective solution to the extensive healthcare issues resulting from homelessness. Additionally, this method may decrease annual taxpayer costs. Because homelessness carries such high health risks, approaching homelessness as a medical condition opens doors to solutions, including funding. If homelessness is a medical condition, then doctors could prescribe housing through the use of Medicaid funding.

48 HENWOOD ET AL., Permanent Supportive Housing: Addressing Homelessness and Health Disparities, 103 AM. J. PUB. HEALTH S188, S188 n.S2 (2013). See also GAMBATESE, supra note 26, at S195.
49 MESCHDE, supra note 1, at 155.
50 HENWOOD, supra note 47, at S188.
51 MESCHDE, supra note 1, at 158. The most common medical issues include “infections and parasitic diseases (41 [percent]), problems related to the circulatory system (34 [percent]), and respiratory diseases (24 [percent]).” Id. In addition to physical medical conditions, “[m]ental illness and substance abuse [are] prevalent; 82 [percent] [have] a major psychiatric disability, most with a depressive disorder (37 [percent]), followed by a psychotic condition (22 [percent]) or a bipolar disorder (10 [percent]). Others suffer[] from anxiety disorders (9 [percent]) or post-traumatic stress disorder (5 [percent]).” Id.
52 CHAMBERS ET AL., High Utilizers of Emergency Health Services in a Population-Based Cohort of Homeless Adults, 103 AM. J. PUB. HEALTH S302, S302 n.S2 (2013). Studies and statistics regarding the health of the homeless are hard to come by in the United States because “more than one-half of homeless people lack any form of health insurance. Most US studies rely on self-reported data or restrict their analysis to a single health care institution,” making the results more predictive on a larger scale than actual. Id. Although no absolute is provided by any existing study, the studies can still be informative in an attempt to make guiding decisions for each state and the nation as a whole. Additionally, this method may decrease annual taxpayer costs by decreasing the overall amount of medical costs not covered by health insurance or not able to be paid by homeless patients, because many homeless persons lack health insurance or the financial means to pay for healthcare out-of-pocket. Id.
53 No Safe Place, supra note 10, at 14.
54 See S.B. 7, 29th Leg. (Haw. 2017); S.B. 749, 29th Leg. (Haw. 2017); S.B. 2, 29th Leg. (Haw. 2017) (Hawaii bills proposing the allowance of Medicaid funding to be used for housing to treat homelessness).
Housing has been shown to improve the health of the homeless “through reduced exposure to the elements, infections, and violence,” while also providing a “sense of security and stability missing from life on the street or in shelters.”\(^{55}\) When housing is provided to homeless persons, it may mean reliable storage for medication and ease of storing and preparing healthy and affordable food.\(^{56}\) Keeping a schedule and calendar of appointments for treatment and medical services (or even employment), utilizing alarm clocks, exercising, and keeping up on hygiene also become possible with housing.\(^{57}\) Providing housing could increase the health of the homeless population, decrease the number of homeless persons, and allow formerly homeless persons to become productive members of society.

2. Examples of this Approach

In Philadelphia, the DePaul House and the Public Health Management Corporation operate a program designed to provide a place for the homeless to heal further after exiting the hospital, which reduces return hospital visits and increases cost-savings to taxpayers and hospitals.\(^{58}\) This program is not funded through Medicaid, but through a system where the city’s hospitals pay a fee for each patient because they understand that reducing return visits to the hospital will save money.\(^{59}\)

In Boston, the Boston Health Care for the Homeless Program (“BHCHP”) was created as a “holistic approach to patients” that includes outreach services on the street and in shelters so as to assess medical needs before they rise to the level of requiring hospitalization or a trip to the emergency room.\(^{60}\) A BHCHP study on participants in the program

\(^{55}\) HENWOOD, supra note 47, at S189.

\(^{56}\) Id.

\(^{57}\) Id.

\(^{58}\) No Safe Place, supra note 10, at 40.

\(^{59}\) Id.

\(^{60}\) BHAREL, supra note 25, at S312.
reflected that high healthcare costs of homeless persons are incurred mostly from hospitalizations (40 percent of total costs) and emergency room visits (11 percent of total costs).61 This study supports the proposition that housing can mitigate some of the problems that the homeless population faces in maintaining health while reducing costs.62

A medical center in Vermont sought out community organizations to partake in a solution to the homeless population’s health problems by funding supportive housing for discharged homeless persons as well as some social services.63 Dr. Leffler, the program’s creator, says that the program “not only improved the patients’ health and allowed most to lead a more productive life in the community, but also lowered health care costs.”64 Dr. Leffler says that the position held by many medical providers that housing is not a doctor’s business must change.65 A partnership between housing and healthcare must be realized to end homelessness.66 Dr. Leffler’s approach expresses an understanding that the homeless cannot become or stay healthy without safe, affordable, and stable housing.67

61 Id. at S314.
62 Id. at S34. Problems that can be mitigated include “unsafe and uncertain housing and the daily search for food and clothing” as well as “limited access to nutritious food, an irregular meal schedule, inability to refrigerate insulin, and challenges of carrying needles.”
63 Housing Is Health Care for Homeless, AM. HOSP. ASS’N (Dec. 14, 2016), https://www.aha.org/news/headline/2016-12-14-housing-health-care-homeless [https://perma.cc/3X9X-ZA3H]. The funding for the Vermont program is a group effort from foundations, trusts, the Agency of Human Services, the medical center, United Way, the county’s Homeless Alliance, and community health centers. Id. Although the housing provided by the medical center is temporary, it is still housing, which they recognize is an important first step towards addressing the health needs of the homeless. Id. at 7.
64 Id.
65 Id.
66 Id.
67 Id.
In Hawaii, Senator Josh Green, also an emergency room doctor, has taken these programs a step further by proposing a few bills that would legally classify homelessness as a medical condition in the state thereby enabling doctors to treat homelessness through the prescription of housing utilizing Medicaid funds. Doctors would work with social workers to identify and assess eligible individuals and then prescribe housing.

3. Costs and Benefits

The medical condition approach to addressing homelessness must have limitations because people could take advantage of the system. The current limitations in the bill proposed by Hawaiian Senator Josh Green include qualifications requiring the patient to be chronically homeless, to “have been homeless for at least six months and suffer from mental illness or a substance addiction.”

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70 Prescribing New Solutions to Homelessness, supra note 67. DHS would then have to find and supply the housing, a separate ordeal in itself. Id. California and Washington have tried similar programs using Medicaid to pay for housing-related expenses, but Hawaii’s proposal makes it less complicated and simply pays the rent up front with the Medicaid funding rather than requiring reimbursements. Id. The up-front cost for housing would be about $1800 per month per person, but that cost is equivalent to less than one day in the hospital. Id.


72 Id. This definition of chronic homelessness is broader and encompasses more individuals than the McKinney-Vento definition. 42 U.S.C. § 11360(2)(A) (1987).
Even in light of the limitations, implementing this approach could lead to hundreds of millions of dollars annually saved for the Hawaiian government and its taxpaying citizens, an approach that other states could adopt thereby creating savings for their state as well.\textsuperscript{73} Research shows that “healthcare spending for [the chronically homeless] falls by 43 [percent] after they have been housed and provided with supportive services,”\textsuperscript{73} which includes the cost of paying for the housing.\textsuperscript{74} In proposing his bill to the Hawaii State Senate, Senator Green noted that the chronically homeless in Hawaii cost the state about $120,000 annually, “yet the annual cost to house an individual is $18,000.”\textsuperscript{75} Senator Green’s approach would require an initial increase in Medicaid expenses, but then ultimately results in a reduction of long-term medical costs.\textsuperscript{74}

A similar cost-saving effect was seen in a randomized controlled trial in Chicago that reported a spending reduction of $6,307 annually per chronically homeless adult provided housing and social services.\textsuperscript{75} The results of the Chicago trial suggest that providing housing as a treatment for homelessness can potentially save $5.5 billion over the next decade.\textsuperscript{76}

Although the data from Hawaii and Chicago shows that providing housing as a treatment for homelessness results in extreme cost-savings, the greater fiscal question is how the prescribed housing itself will be funded. Under the Affordable Care Act, the “Home and Community-Based Services waiver option . . . raises the possibility that Medicaid could be used to fund the transition from homelessness to housing.”\textsuperscript{77} However, the ability to use

\textsuperscript{73} BARNEY, supra note 70.
\textsuperscript{74} Prescribing New Solutions to Homelessness, supra note 67.
\textsuperscript{75} BASU, supra note 16, at 536.
\textsuperscript{76} BASU, supra note 16, at 537. According to the Chicago trial, those regarded as chronically homeless had the greatest cost savings of $9,809 a year per person. Id. The Chicago figures are conservative, which means the savings could be even larger than projected by the trial. Id. at 538.
\textsuperscript{77} CULHANE ET AL., supra note 30, at S182.
Medicaid funding for prescribed housing depends on a State’s acceptance of Medicaid expansion, an optional and not mandatory opportunity. Unfortunately, this means that the prescribed housing approach’s utility would be limited to states that have accepted Medicaid expansion. Further, the dependence on Medicaid funding for this approach creates concern because of the state of the Medicaid expansion option and the Affordable Care Act being in question under the current administration.

If states do accept Medicaid expansion, it becomes vital for “states to expand and implement strong outreach and enrollment practices,” because being eligible for Medicaid benefits does not equate to receipt of those benefits without proper enrollment. Therefore, attention must be given to assisting eligible persons in enrolling in Medicaid and similar government assistance programs.

A potential barrier to the success of this approach is that, although a cost-saving treatment for the typical poor health of the homeless population, housing alone is not enough. Many homeless persons also experience substance abuse or mental health issues that can only be successfully addressed by providing housing that also includes services and outreach. Because of the extent of substance abuse and mental health issues among homeless persons, prescribing housing without addressing these underlying issues would cause this approach to fail and could also lead to people walking out of a housing program.

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79 DiPIETRO ET AL., supra note 77, at e26.

80 MESCHEDE, supra note 1, at 156.

81 BARNEY, supra note 70. If housing is providing to people with mental health problems without those problems being addressed, “nine out of 10 will just walk away and go back” to living on the street. Id.
A more challenging barrier to address is that this approach is limited currently to targeting only the chronically homeless, which means that it fails to address the needs of homeless families, children, veterans, and other individuals not categorized as chronically homeless. The requirement of a mental illness or substance addition could further stigmatize the homeless population that does not qualify for housing treatment.

Although providing housing to those who are not chronically homeless does not yield as large of a cost-savings, providing housing to all homeless individuals could prevent health problems from forming and would create a better and more stable future. Further, providing housing would enable the newly housed to become a more active part of society and begin giving back to the economy, which could yield a long-term cost savings that is harder to measure than the savings to housing the chronically homeless. The difficulty in quantifying big-picture cost-savings raises the question of whether the prescribed housing approach means that “housing [will] be rationed only for those whose” cost-savings is measurable and significant.

Another concern about providing housing is that it may lead to an isolated and sedentary lifestyle because of residual fears from living on the street such as trauma and stigma that results in distrust of others. Obesity may become an issue, too, as food insecurity from the street may lead to overeating due to an increased access to food storage and preparation. These factors can be mitigated through programs that encourage community participation like “community gardens, walking groups, and neighborhood watch,” but these programs require management and advertising resources. Other practical considerations include the potential for the

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82 ZLOTNICK ET AL., supra note 10, at S203.
83 Prescribing New Solutions to Homelessness, supra note 67.
84 HENWOOD, supra note 47, at S190.
85 Id. at S189.
86 Id.
87 Id. at S190.
supplied housing’s rent being raised, which could offset some of the cost-savings of providing housing. Further, unless living wages for individuals and families are also provided, the long-term sustainability of supplying housing in response to medical conditions could be lacking.

B. Homelessness as a Public Health and Safety Issue

1. Overview

The idea of preserving the public health and providing public safety appears noble because the word “public” seems to encompass all people. However, the public health and safety approach views the homeless in two different ways: (1) the homeless as included in the “public” with the response of seeking improvements in the lives of the homeless for the betterment of the whole community, or (2) the homeless as excluded from the “public” with the response of criminalizing the homeless because of their threat to the public health and safety.

When the homeless are viewed as part of the “public,” the focus turns to the prevention of health issues, both physical and mental, as well as a focus on fostering family stability. The focus also turns to economic concerns, much like the medical condition approach, because of the cost burden carried by hospitals and social services. The emphasis on cost-savings means funding to address the needs of the homeless is typically targeted according to the portion of the population that will yield the most cost-savings.

When the homeless are viewed as separate from the “public,” the focus turns to removing the homeless from the view of the “public.” Public health

\[88\] Prescribing New Solutions to Homelessness, supra note 67.
\[89\] Id.
\[90\] See ZLOTNICK ET AL., supra note 10, at S203.
\[91\] Id.
\[92\] Id.
laws tend to reflect that using the criminal justice system is the best way to improve economic interests of neighborhoods because it can “remove homeless persons from a city’s commercial and tourist districts.”\textsuperscript{93} Laws that criminalize homelessness, designed to clean up cities by moving “visibly homeless people” out of eyesight, and sometimes “out of entire cities, are often justified” through the lens of public health and safety.\textsuperscript{94} However, this view neglects the fact that homeless persons still have basic civil rights\textsuperscript{95} and tends to result in restrictions and ordinances that make necessary and life-sustaining actions a crime.\textsuperscript{96}

2. Examples of this Approach

Many cities and states do not view the homeless as part of the “public,” so cities often create regulations and ordinances attacking the threat of homelessness to the public health and safety.\textsuperscript{97} Cities may require a permanent home address to register to vote, which “may prevent homeless people from voting,” may “create further political disenfranchisement,” and may “increase the isolation of homeless people.”\textsuperscript{98} Some cities conduct a homeless “sweep” every few months, an action that usually involves officers or city workers removing and destroying all personal property found without providing notice of the “sweep” occurring or an opportunity for persons to collect or retrieve their belongings.\textsuperscript{99}

Laws criminalizing homelessness are present in a large percentage of cities across the nation. One-third of cities ban camping within city limits,

\textsuperscript{93} No Safe Place, supra note 10, at 16.
\textsuperscript{94} Id.
\textsuperscript{95} Peter W. Salsich, Jr., Homelessness at the Millennium: Is the Past Prologue?, 23 STETSON L. REV. 331, 341 (1994).
\textsuperscript{96} No Safe Place, supra note 10, at 16.
\textsuperscript{97} See id. at 7–11.
\textsuperscript{98} SALSICH, JR., supra note 94, at 341.
and 57 percent of cities have a similar ban for specified public locations.\textsuperscript{100} One-fifth of cities ban sleeping in all public locations in the city, and 27 percent of cities have a similar ban for specific public locations.\textsuperscript{101} A quarter of cities ban begging throughout entire cities, and 76 percent of cities similarly ban begging from certain public places.\textsuperscript{102} One-third of cities ban loitering throughout the entire city, and 65 percent of cities have a similar ban for specified public locations.\textsuperscript{103} Over half of cities prohibit sitting or lying down in public.\textsuperscript{104} As of 2014, eighty-one cities had banned sleeping in cars.\textsuperscript{105} And 9 percent of cities make sharing food with the homeless population a crime.\textsuperscript{106} These ordinances create a divide between a homeless person’s survival needs and her ability to exit homelessness.

3. Costs and Benefits

The problems of this approach, that mostly focuses on the homeless being excluded from the “public,” run deep, because this approach tends to criminalize homelessness in order to protect the public health and safety, which often results in unconstitutional ordinances and harmful actions by

\begin{footnotesize}
\bibitem{no-safe-place} \textit{No Safe Place}, supra note 10, at 18.
\bibitem{id} \textit{Id.} at 19; \textit{Salsich, Jr.}, supra note 94, at 341.
\bibitem{no-safe-place-2} \textit{No Safe Place}, supra note 10, at 20.
\bibitem{id-2} \textit{Id.} at 21.
\bibitem{id-3} \textit{Id.} at 22. Although the State claimed these bans are designed “to improve the economic activity in commercial districts where visibly homeless people are present,” in reality they “impose law enforcement and other criminal justice costs” on the public instead. \textit{Id.}
\bibitem{id-4} \textit{Id.} at 24. The Ninth Circuit found that a Los Angeles ordinance prohibiting the use of a vehicle as living quarters was written so broadly as to be unconstitutionally vague, so it was voided. Desertrain v. City of L.A., 754 F.3d 1147, 1157-58 (9th Cir. 2014).
\bibitem{no-safe-place-3} \textit{No Safe Place}, supra note 10, at 24, 25 (Another consequence of this ban is that restrictions on food access and sharing end up driving hungry homeless persons “to search for food in unsanitary places, such as garbage cans”); Big Hart Ministries Ass’n Inc. v. City of Dall., No. 3:07-CV-0216-P, 2011 WL 5346109, at *5 (N.D. Tex. Nov. 4, 2011) (finding that prohibiting food sharing was a burden on church ministries’ exercise of religion protected under the Texas Religious Freedom Restoration Act).
\end{footnotesize}
the State.\textsuperscript{107} Laws that restrict or ban begging and panhandling may violate First Amendment rights.\textsuperscript{108} In Fresno, California, the city’s practice of performing “sweeps” every so often acted as a seizure of property without probable cause, which is in violation of the Fourth Amendment, and without notice, which is a violation of Due Process.\textsuperscript{109} Further, rather than benefiting the public beyond the visibility of a clean street, the public, through taxes, then incurs the cost of the officers’ work, as well as the cost of replacing “new identification, property, and medication” lost in the sweeps.\textsuperscript{110}

These and other regulations and ordinances tend to create “no homeless zones” where an individual’s choice is to face a “constant threat of arrest or leav[e] town.”\textsuperscript{111} When these “no homeless zones” are created, the lack of alternative sufficient housing or shelter may make these laws unconstitutional and in violation of “the cruel and unusual punishment clause of the Eighth Amendment.”\textsuperscript{112} Further, criminalization of the homeless creates a schism between law enforcement and homeless persons when police could be avenues for solutions and service connections instead.\textsuperscript{113} This approach also uses the limited resources of law enforcement

\textsuperscript{107} No Safe Place, supra note 10, at 8.
\textsuperscript{108} Id. at 21.
\textsuperscript{109} Kincaid v. City of Fresno, No. 1:06-cv-1445 OWW SMS, 2006 WL 3542732 at *6, *37, and *38 (E.D. Cal. Dec. 8, 2006). Fresno classified the property found as “abandoned,” making it “trash.” To follow the Fourteenth Amendment, the California state court found that “proper notice must be given before city” sweeps could be done. The court pointed out that the city’s actions were especially atrocious because officials were seizing and destroying, in the name of public safety, homeless persons’ “necessities of life: shelter, medicine, clothing, identification documents, and personal effects of unique and sentimental value.” Id.
\textsuperscript{110} No Safe Place, supra note 10, at 26.
\textsuperscript{111} Id. at 18.
\textsuperscript{112} Id.
\textsuperscript{113} Id. at 38. To counteract the poor police relations that come from criminalization efforts, Houston, Texas, provides an example of utilizing police power though a Homeless Outreach Team “with the mission of helping chronically homeless people
for harmless “crimes” when police focus could be on genuine public safety issues.\textsuperscript{114}

Being homeless “can lead to incarceration” under a public health and safety model, and “incarceration can lead to homelessness” — an ugly cycle.\textsuperscript{115} About 15.3 percent of jailed adults were homeless in the year before their incarceration, a rate that drops to 9 percent for the prison population.\textsuperscript{116} The homeless are often “incarcerated for a property crime, have had previous criminal justice system involvement for property and violent crimes, and have mental health problems, substance abuse problems, or both.”\textsuperscript{117} Approximately 1 in 200 people in the general population are at risk “of experiencing homelessness in a year,” but “[f]or those being released from prison, . . . the odds increase dramatically to 1 in 11.”\textsuperscript{118} This figure begs for better solutions to prevent the cycle of homelessness from being perpetuated by the criminal justice system and to reclaim the funding that this system drains.

An encounter with the criminal justice system can interrupt the vital services on which a homeless individual relies. When a homeless person has a criminal record, he becomes more vulnerable to health-related issues, denial of housing, loss of property, and repeat criminalization.\textsuperscript{119} For example, a homeless individual who is arrested and incarcerated may be unable to continue any ongoing medical care or may be prevented from checking in with a social worker, resulting in lost progress and major

\textsuperscript{114} Id. at 38.
\textsuperscript{115} DIPETRO & KLINGENMAIER, supra note 77, at e25.
\textsuperscript{116} Id.
\textsuperscript{117} Id.
\textsuperscript{118} No Safe Place, supra note 10, at 40.
\textsuperscript{119} DIPETRO & KLINGENMAIER, supra note 77, at e25.
setbacks.\textsuperscript{120} In addition, when a person enrolled in Medicaid is incarcerated, those benefits are terminated which perpetuates a cycle of poverty upon that person’s release.\textsuperscript{121}

Contrary to its “purpose,” this approach is harmful to the homeless, to communities, and to the public’s wallet.\textsuperscript{122} States should avoid this approach and seek out more affordable and effective housing approaches to create overall cost-savings.\textsuperscript{123} In Utah, studies reflect that providing housing and social services costs about $11,000 annually per person housed while paying for jail stays and hospitalization cost about $16,670 annually per person not housed.\textsuperscript{124} In New Mexico, studies reflect that providing housing could reduce jail-related expenses—such as the cost of food, the provision of medication, or the expense of jail employees, among other expenses of jailing the homeless—by about 64 percent.\textsuperscript{125} In Florida, studies reflect that providing housing to the homeless would save, over the next ten years, about “$149 million in reduced law enforcement and medical care costs.”\textsuperscript{126}

Without a supply of housing, homeless persons exiting jail or prison will likely return to the street now with bills and court fees that they cannot realistically pay.\textsuperscript{127} Additionally, criminal records make acquiring public benefits, employment, and housing a major challenge.\textsuperscript{128} About 44 percent of homeless individuals have some form of employment, but when a homeless individual is arrested and jailed for any amount of time, he will be forced to miss work and likely lose his job.\textsuperscript{129} This also leads to court costs

\textsuperscript{120} Id.
\textsuperscript{121} Id. at e26.
\textsuperscript{122} No Safe Place, supra note 10, at 12.
\textsuperscript{123} Id. at 9.
\textsuperscript{124} Id.
\textsuperscript{125} Id.
\textsuperscript{126} Id.
\textsuperscript{127} Id.
\textsuperscript{128} Id.; SALSICH, JR., supra note 94, at 341.
\textsuperscript{129} No Safe Place, supra note 10, at 32.
and probation fees, which can cost hundreds of dollars.\textsuperscript{130} Further, employers often run background checks on applicants, so an arrest for harmless behavior may result in a lifelong hurdle to acquiring jobs, which then prevents the ability to earn enough money to afford housing.\textsuperscript{131}

These “public health and safety” laws fail to respond to actual causes of homelessness and cause more problems with damaging fiscal impacts on communities.\textsuperscript{132} Not only does this harm the homeless, but the government suffers over time, as well, because it requires the government’s increasingly scarce resources to be diverted from more serious issues in order to enforce the restrictions, ordinances, and jail system.\textsuperscript{133} The fiscal impacts of the public health and safety approach are generally negative because it drains public and taxpayer funding and makes it more difficult for those who are homeless to escape poverty. Because of the diverse problems that this approach faces, the criminalization of actual, harmful conduct should be the focus rather than “the status of being a homeless person.”\textsuperscript{134} These issues have persisted for decades\textsuperscript{135} with no sign of actually enabling the public health and safety. Unless action is taken now to change the system, the studies being done and reflected in this article are fruitless and wasteful, and a cycle of similar articles proposing solutions to homelessness rather than reflecting solutions in action will continue.\textsuperscript{136}

\textsuperscript{130} Id.
\textsuperscript{131} Id.
\textsuperscript{132} Id. at 9.
\textsuperscript{133} SALSICH, JR., supra note 94, at 341.
\textsuperscript{134} Id.
\textsuperscript{135} See id. at 332.
\textsuperscript{136} Block v. Hirsh, 256 U.S. 135, 161 (1921) (McKenna, J., dissenting) (advocating in the dissent in 1921 that “supply[ing] homes to the homeless” is the answer). Justice McKenna recognized nearly 100 years ago that housing the homeless is the best solution to public health and safety, yet there has been no official move towards permanently housing all United States residents or recognizing housing as a right since then.
C. Homelessness from a Right to Housing Perspective

1. Overview

Approaching homelessness from a right to housing perspective allows for the recognition that (1) “[h]ousing is a human right;” (2) “[h]uman rights put people first;” and (3) “[h]omelessness has a human cost.”\(^{137}\) In 1948, the Universal Declaration of Human Rights (“Declaration”), was created, a United Nations declaration to which the United States was a party, that declared, “that ‘everyone has the right to an adequate standard of living . . . including the right to housing.’”\(^{138}\) Although this is a declaration stating aspirations and not a treaty stating obligations, it has the potential to become binding in the future.\(^ {139}\) The Declaration recognizes housing as essential, but that does not make housing a right in the United States. Neither Congress nor courts in the United States have officially recognized a fundamental right to housing.\(^ {140}\) Congress has enacted a few acts

\(^{137}\) No Safe Place, supra note 10, at 27.


\(^{140}\) Lindsey v. Normet, 405 U.S. 56, 74 (1972) (recognizing the importance of housing but asserting that it is not a right under the Constitution); Block v. Hirsh, 256 U.S. 135, 156 (1921) (recognizing housing as a necessity but other things may still trump it); Coulter v. Unknown Prob. Officer, 562 Fed.Appx. 87, 90 (3d Cir. 2014); Chatham v. Jackson, 613 F.2d 73, 80 (5th Cir. 1980) (explaining that any alleged right to housing is not a fundamental right); Bynes v. Toll, 512 F.2d 252, 255 (2d Cir. 1975) (same); Smith v. Stechel, 510 F.2d 1162, 1164 (9th Cir. 1975) (explaining that there is a right to housing free from discrimination but no fundamental right to housing); Citizens Comm. for Faraday Wood v. Lindsay, 507 F.2d 1065, 1072-73 (2d Cir. 1974) (Oakes, J., dissenting) (advocating in the dissent that housing should be a fundamental right because it is one of the most basic necessities); Weigand v. Afton View Apartments, 473 F.2d 545, 547 (8th Cir. 1973) (explaining that there is a right to adequate housing free from the threat of
addressing housing and general needs of the homeless, but none of the acts recognize housing as a right. Instead, the rhetoric of the United States is that adequate and safe housing is a goal for every American rather than a right.\textsuperscript{141}

The human rights perspective recognizes that “every right creates a corresponding duty on the part of the government to respect, protect, and fulfill the right.”\textsuperscript{142} When applied to the right to housing, this “does not mean that the government” would have to “build a house for every person in America and give it to them free of charge.”\textsuperscript{143} Instead, the government’s corresponding duty to the right to housing would be one of safeguarding the right by providing and dedicating increased resources and funding to housing efforts.\textsuperscript{144} Housing is traditionally viewed in society as a purchased product, but the right to housing turns that view on its head making housing an essential need earned inherently by being human.\textsuperscript{145} The right to housing

\begin{footnotesize}
\begin{itemize}
    \item \textsuperscript{141} Simply Unacceptable, supra note 137, at 6. The right to housing is recognized by “international standards.” \textit{Id}. The international standards consist of seven elements of the right to housing: “security of tenure; availability of services, materials, and infrastructure; affordability; accessibility; habitability; location; and cultural adequacy.” \textit{Id.} at 7. Although not binding on a court, “[t]he opinion of the world community” may provide guidance and understanding to a court’s decision. Roper v. Simmons, 543 U.S. 551, 578 (2005).
    \item \textsuperscript{142} Simply Unacceptable, supra note 137, at 13.
    \item \textsuperscript{143} \textit{Id}.
    \item \textsuperscript{144} \textit{Id}. This safeguarding may include “devoting resources to public housing and vouchers; . . . creating incentives for private development of affordable housing such as inclusionary zoning or the Low Income Housing Tax Credit; [regulating markets through] rent control; [protecting] legal due process . . . from eviction or foreclosure;” or “ensuring habitable conditions through housing codes and inspections.” \textit{Id}.
    \item \textsuperscript{145} \textit{Id}..
\end{itemize}
\end{footnotesize}
approach would “demand a remedy to [the] gross human rights violation” reflected by the growing number of homeless in the nation.\textsuperscript{146}

2. Examples of this Approach

Because housing is not officially recognized as a right in the United States, measuring program activities that recognize this right is impossible. Rather, hope exists that if housing is one day recognized as a right, current and new programs will evolve to address the necessity of housing. Momentum is gaining towards acknowledging housing as a fundamental right, perhaps best exemplified through the Affordable Housing Act, which recognizes “the national goal that every American family be able to afford a decent home in a suitable environment,”\textsuperscript{147} or through the Violence Against Women Act, which recognizes domestic violence as a prominent cause of homelessness in women and creating housing rights for domestic violence victims.\textsuperscript{148} However, until Congress declares or the Supreme Court holds that housing is a right, progress under this approach is stifled.

Other countries that do recognize a right to housing are models that the United States should follow. For example, in South Africa, a country recognizing a right to housing, when someone’s housing or temporary shelter is destroyed, the party that destroyed it is responsible for reconstructing the housing.\textsuperscript{149} In Scotland, another country recognizing a right to housing, a collaborative effort is made to provide immediate housing and to prevent loss of housing.\textsuperscript{150} Scotland has implemented

\textsuperscript{146} Id. at 15. Between 2008 and 2009, homeless individuals doubling up based on economic need rose by 12 percent, reaching over six million individuals, and almost one million children were classified as homeless, which was an increase of 41 percent. Id. at 6. In 2010, family homelessness rose by 9 percent in the United States. Id.

\textsuperscript{147} 42 U.S.C. § 12701 (1990).


\textsuperscript{150} No Safe Place, supra note 10, at 42.
policies requiring landlords, property managers, and mortgage lenders to provide notice to housing authorities when signs of potential homelessness appear. These policies also require the government to work toward increasing and improving affordable housing constantly. A program also exists in Scotland that allows a potential victim of foreclosure to sell the home to the government and rent the home from the government with the ultimate goal of repurchasing the home from the government. These are practices and policies that the United States should implement in recognition of a right to housing.

3. Costs and Benefits

When housing is not a right, measuring the true costs and benefits of this approach is impossible, but some observations about the fiscal impact of the adoption of the approach may be made. Protecting human dignity, a benefit that should carry significant weight, through the provision of housing would become a goal of this approach rather than an afterthought. A present budget deficit in many fundamental government agencies and programs is an issue because this approach would require a prioritization of rights over commodities within an already limited budget. However, the country’s financial deficits should not be used as an excuse to not recognize housing as a right. Rather, housing as a right should be used as a compass to make future budgeting decisions that can accommodate for basic human needs.

151 Id.
152 Id.
153 Id.
154 Simply Unacceptable, supra note 137, at 7.
155 Id. at 11.
156 Id.
157 Id.
158 See id.
The cost of this approach is not a significant hurdle to implementation, because few new resources or finances would be necessary for this approach to work.159 This approach, rather, is about establishing policy and a framework for budgeting going forward, so new laws and regulations addressing the private housing market and affordable housing could be used to “rebalance rights.”160 Any area where new resources may be required, if understood as ensuring a human right, could be used “to establish a new baseline” for budgets, much like funding for ensuring other rights like the right to counsel or protecting free speech.161

For example, Congress could declare a “federal living wage” in addition to increasing government benefits, which allows individuals to afford adequate and safe housing and pay less than 30 percent of their income for housing when payments have traditionally been above that line. 162 Additionally, many homeless persons are unable to achieve housing not only because of their criminal record or evictions, but also because of not having the necessary documentation, so regulations could also assist in ensuring a right to housing by streamlining the process for “obtaining identification, such as providing cost waivers” or providing assistance and guidance throughout the process.163

D. Homelessness as an Information Access and Deficit Issue

1. Overview

Technology has become essential to the function of daily life with cellular phones and Internet access being “necessities rather than luxuries” today, and, because of this evolution, better access to mobile phones and

159 Id.
160 Id.
161 Id.
162 Id. at 12.
163 Id.
Internet connectivity could provide health and employment information to homeless persons.\footnote{MCINNES ET AL., supra note 25, at e21–e22.} About 38 percent of the United States’ homeless population does not have a cellular phone, and about 45 percent do not have personal computer access, leaving gaps in economic opportunity and healthcare knowledge for the homeless.\footnote{Id. at e22}

Information about employment and housing programs could be vital in preventing health problems, stigmatization within society, and substance abuse by allowing information access no matter where a person is or what his situation may be.\footnote{CULHANE ET AL., supra note 30, at S182.} This is possible under this approach because if homeless individuals have information access, the homeless population could gain awareness, knowledge, and education about healthcare, employment opportunities, and housing availability and affordability.\footnote{MCINNES ET AL., supra note 25, at e22.} Information technology could be used to connect a homeless person to services and healthcare rapidly.\footnote{Id.} Phone applications could be created that make appointment reminders, medical record notifications, and outreach messages from service providers to better engage the homeless in receiving care.\footnote{Id.} Automatic text message services could be utilized for reminders to take medication, attend an appointment, or refill medication, which could “improve[e] medication adherence.”\footnote{Id.} Putting more efforts toward information access could link homeless persons to the function of today’s world and make getting out of homelessness more possible.

\footnote{Id. This access could also link homeless individuals to “homelessness-related community resources, such as locations and hours of health care providers, urgent care clinics, emergency shelter contact information, meals and food pantries, and mental health and social work hotlines.”}
2. Examples of this Approach

Many homeless individuals do currently use cellular phones to keep in contact with family and friends and to try to stay connected with support groups.\textsuperscript{171} Studies show that homeless individuals try to use computers for “word processing, finding health-related information, [and] connecting with friends and peers.”\textsuperscript{172} Homeless persons also use computers to “mitigate the social stigma of being homeless, look for jobs, develop personal businesses, and obtain education,” as well as for business-related and other purposes “such as searching for information on employment, housing, and medical conditions.”\textsuperscript{173}

But the ability for homeless persons to utilize information technology is limited to technology ownership or facilities that have connectivity and allow homeless persons entry.\textsuperscript{174} A Vermont study reported that technology access is better addressed through providing housing by allowing in-home computers and consistency in access.\textsuperscript{175} This could provide “video visits” with service providers making substance abuse prevention and healthcare treatments more effective.\textsuperscript{176}

Public libraries could also be better utilized as hubs for homeless persons to seek refuge and access. Libraries are one of few public locations that allow homeless persons to enter and remain, making libraries a perfect location for connecting with the homeless population and linking them to

\textsuperscript{171} Id. at e16 & e22.
\textsuperscript{172} Id. at e16.
\textsuperscript{173} Id.
\textsuperscript{174} Id. at e11. Studies report that, among homeless persons, “mobile phone ownership ranged from 44 [percent] to 62 [percent],” “computer ownership, from 24 [percent] to 40 [percent],” “computer access and use, from 47 [percent] to 55 [percent],” and “Internet use, from 19 [percent] to 84 [percent],” but the access is limited and cellular phones used are most often not smart phones with full technological capabilities. Id.
\textsuperscript{175} Ana Stefancic et al., Implementing Housing First in Rural Areas: Pathways Vermont, 103 AM. J. PUB. HEALTH S206, S208 n.S2 (2013).
\textsuperscript{176} Id.
social services. In San Francisco, the public library “hired a full-time social worker to serve the library’s homeless patrons. The social worker, a trained and licensed therapist, develop[ed] relationships with homeless library visitors and help[ed] them to access stable housing” and service providers. Utilizing public libraries in this manner should become a widely instituted practice across the nation.

Further, the Lifeline program, a Federal Communications Commission (“FCC”) government program established in 1985 to provide discount phone service, could be modified to help the homeless population gain better information access. The Lifeline program requires providers to offer Wi-Fi enabled devices, but providers do not always abide by this requirement and randomly provide whatever available phones they have.

3. Costs and Benefits

Although a foundation has already been laid for this approach, as discussed in the previous section, through free access points like public libraries and by the FCC’s Lifeline program, additional funding could ensure that providers actually deliver smart phones and Internet

177 No Safe Place, supra note 10, at 39.
178 Id.
179 Id.
181 Id. The Telecommunications Act created the Universal Service Fund to fulfill the purposes of the Act and to help fuel the Lifeline program. Id. The Lifeline program was supported by Congress through the Telecommunications Act of 1996. Lifeline Support for Affordable Communications, FED. COMM. COMMISSION, https://www.fcc.gov/consumers/guides/lifeline-support-affordable-communications [https://perma.cc/A6L2-35C8] (last visited Apr. 23, 2017).
connectivity. FCC officials have voiced the desire to move low-income persons into the digital age and increase modern connectivity.\textsuperscript{183} The FCC’s stated desire to increase connectivity lends hope to the idea that the necessary modifications for this approach to succeed are within reach.

Although greater access to, and through, information technology would improve the lives and futures of homeless individuals, barriers exist, such as a lack of computer technology skills and a lack of familiarity with Internet searching, which may lead to a “lack of confidence” in developing skills.\textsuperscript{184} Current access issues are often due to a “lack of time to use computers, being asked to leave public computers, and forgetting e-mail account passwords” without a knowledge of how to reset those accounts.\textsuperscript{185} Barriers to cell phone use include “loss and theft of phones, costs of maintaining a working phone, difficulty accessing free electrical outlets to recharge phones, and need to sell one’s phone for cash.”\textsuperscript{186} These barriers could be mitigated through supplying housing so homeless individuals have greater safety for themselves and their property as well as greater consistency in access to technology through training and through short-term phone plans rather than long-term contracts.\textsuperscript{187}


\textsuperscript{184} MCINNES ET AL., supra note 25, at e20.

\textsuperscript{185} Id.

\textsuperscript{186} Id.

\textsuperscript{187} See id.
E. The Housing First Model

1. Overview

The Housing First model suggests that providing housing is the best way to begin resolving the causes of homelessness.\(^{188}\) It reflects several foundational principles: (1) “[h]omelessness is first and foremost a housing crisis”; (2) “[a]ll people experiencing homelessness...can achieve housing stability in permanent housing”; (3) “[e]veryone is ‘housing ready’”; (4) “[m]any people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing”; (5) “[p]eople experiencing homelessness have the right to self-determination and should be treated with dignity and respect”; and (6) “[t]he exact configuration of housing and services depends upon the needs and preferences of the population.”\(^{189}\)

The Housing First model flips the traditionally applied “Housing Readiness” model on its head by requiring no “prerequisite[s] to permanent housing entry,” a low barrier that expedites the housing process.\(^{190}\) To measure if a program has become a Housing First program, the following questions must be answered in the affirmative: (1) “[a]re applicants allowed to enter the program without income?”; (2) “[a]re applicants allowed to

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\(^{189}\) Housing First in Permanent Supportive Housing, U.S. DEP’T OF HOUSING & URB. DEV. 1 (July 2014), https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf [https://perma.cc/EK8W-6LM9] [hereinafter Housing First in Permanent Supportive Housing].

enter the program even if they aren’t ‘clean and sober’ or ‘treatment compliant’”; (3) “[a]re applicants allowed to enter the program even if they have criminal justice system involvement?”; and (4) “[a]re service and treatment plans voluntary, such that tenants cannot be evicted for not following through?”

Following the rapid entry into housing, the Housing First model works to provide social services. This model makes engaging in social and support services voluntary, but the program greater enables housing stability when recently housed persons engage in these services. Further, the Housing First model offers the homeless education regarding their housing rights to ensure legal protections and to prevent evictions. This model is flexible and can easily be adapted to specific city needs, resources, and realities.

2. Examples of this Approach

Because of the Housing First model’s success, the United States Interagency Council on Housing (“USICH”) has urged that the model be adopted across existing homeless service programs, that “federal agencies and their state and local partners” prioritize housing as the most important and effective response to homelessness, and that support services be properly provided following the provision of housing. The Housing First model does not mean solely providing housing but also requires addressing the underlying needs of the homeless so that housing is sustainable.

191 Housing First Checklist, supra note 189, at 1.
192 Housing First in Permanent Supportive Housing, supra note 188, at 2–3; see Housing First Checklist, supra note 189, at 1.
193 Housing First in Permanent Supportive Housing, supra note 188, at 2–3.
194 Id. at 3.
195 Id.
196 Culhane et al., supra note 30, at S181.
197 See id.
Salt Lake City, Utah, has used the Housing First model resulting in a 74 percent decrease in chronic homelessness.198 In a Vermont study, housing retention was about 85 percent after three years, which is similar to statistics reported by other Housing First implementations.199 Some programs in other states like Georgia, New York, Maine, Massachusetts, Washington, and Oklahoma are also working to implement the Housing First model.200

In Oklahoma City, the Homeless Alliance has begun implementing the Housing First model by targeting the chronically homeless and veterans, moving them directly into housing.201 Once the chronically homeless have been housed, the Homeless Alliance works with the Department of Human Services, Legal Aid, the Oklahoma City Police Department, the University of Oklahoma School of Social Work, the Veteran’s Administration, Volunteers of America, and several private organizations to provide crisis intervention, case managers, and support services through donations and volunteer services.202 These services include in-person visits, weekly check-ins over the phone, and recurring contact for three-to-six months following the housing arrangement to respond to the underlying causes of homelessness and prevent a return to the streets.203 To date, the state and private organizations have seen significant cost savings.204

198 No Safe Place, supra note 10, at 10.
199 STEFANCIC ET AL., supra note 174, at S208.
200 CULHANE ET AL., supra note 30, at S181; 100kHomes Housing First, HOMELESS ALLIANCE, http://homelessalliance.org/?page_id=590 [https://perma.cc/6TVR-933K] (last visited June 3, 2017) [hereinafter 100kHomes Housing First].
201 100kHomes Housing First, supra note 199.
203 100kHomes Housing First, supra note 199.
204 Id.
3. Costs and Benefits

A comparison of the traditional Housing Readiness approach to the Housing First approach illustrates that about 88 percent of the Housing First participants remain housed after five years, whereas 47 percent of the Housing Readiness participants remain housed.\textsuperscript{205} Therefore, when the Housing First model is applied, a significant and lasting reduction to public costs occurs.\textsuperscript{206} In New York, the programs utilizing this model achieved an overall 70 percent cost reduction; in Maine, the programs saw a 66 percent cost reduction; in Massachusetts, the programs reduced costs by $10,000 per person annually; in Washington, the programs achieved a 53 percent cost reduction for the chronically homeless specifically.\textsuperscript{207}

However, the Housing First model may not be enough. The model may not work if social services are not provided quickly and consistently following housing, if there is not an employment program supplement, or if mental and physical healthcare is not a prevalent part of the follow-up services.\textsuperscript{208} Housing retention, while better with Housing First than with the Housing Readiness model, is still an issue—especially for the homeless who are stigmatized or suffering from mental illness, substance abuse, or addiction.\textsuperscript{209}

Another barrier to the successful implementation of the Housing First model is a lack of affordable and sustainable housing.\textsuperscript{210} This presents a logistical problem based on the population of homeless individuals per city and housing availability. This barrier must be addressed if the Housing First model is to be adopted nationally.

\begin{footnotes}
\footnote{MESCHEDE, supra note 1, at 167.}
\footnote{\textit{Id}.}
\footnote{\textit{100kHomes Housing First, supra note 199.}}
\footnote{CULHANE ET AL., supra note 30, at S181-82.}
\footnote{\textit{Id.} at S181; \textit{Where We Sleep: Costs when Homeless and Housed in Los Angeles, ECON. ROUNDTABLE 3 (2009) [hereinafter Where We Sleep].}}
\footnote{STEFANCIC ET AL., supra note 174, at S207.}
\end{footnotes}
IV. THE WAY FORWARD

A. Housing Is Not Enough

According to research, homeless persons are not likely to participate in social and healthcare services until other basic needs—shelter, food, and clothing for themselves and their family—are met.\textsuperscript{211} Although housing is the most important necessity that must be provided in order to attack the causes of homelessness, other necessities must be addressed including the following: criminalization laws, government subsidies and benefits, food supplies, clothing, general healthcare, “dental and eye care, mental health services, substance use treatment, education, job training, legal services, child care, and parenting help.”\textsuperscript{212}

These life-threatening, cyclical, and diverse needs of the homeless need to be addressed now and cannot wait for the United States to adopt housing as a right. Although the Supreme Court should reevaluate its refusal to hold that housing is a fundamental right, and Congress should statutorily make a right to housing by expanding the numerous Acts addressing homelessness to include such a right, this is not a realistic expectation. For these reasons, the solution proposed here will not include that approach. However, the right to housing approach, if adopted through the support of future laws, would provide a better fiscal basis for rapid rehousing of the homeless, for more effective healthcare for the homeless, and for changing the foundation of thought about homelessness in the country.

B. The Optimal Approach

The proposed solution here begins with an adoption of the Housing First strategy, but includes additions of the medical condition approach, the access approach, and aspects of the public health and safety approach with

\textsuperscript{211} ZLOTNICK ET AL., supra note 10, at S201–02.

\textsuperscript{212} Id. at S201.
modification. This integrated approach is not the same as supplying supportive housing because supportive housing implies an ongoing dependence of the formerly homeless on the state for housing retention. The goal of this proposed solution is to encourage independence and reintegration into the community so that all housed persons ultimately become economic players. Providing housing will even respond to unemployment problems because it will mitigate the challenge for homeless persons in filling out job applications without an address or phone number.\footnote{213} An aspect of supportive housing is required initially, but the integration of approaches allows for a quicker transition to independence.

The first step to this solution is providing housing because it improves health, gives hope and options to the homeless, and is a better safeguard against illness and death than remaining on the street.\footnote{214} The Housing First model is an “evidence-based best practice” that shows positive results and should be adopted across the nation.\footnote{215} To provide for a national adoption of the Housing First model, federal and state governments must invest in affordable housing, which may be a slightly expensive investment upfront but will yield long-term benefits of significant cost savings, a healthier nation of individuals, and a substantial decrease in homelessness.\footnote{216} Investing in affordable housing will enable greater application of the HUD programs already in existence, like Section 8 Housing Vouchers and other HUD subsidized rental housing, that are designed to put low-income families and individuals into housing. One way to create this investment is through funding the National Housing Trust Fund, proposed by the Housing & Economic Recovery Act of 2008, an Act that establishes affordable

\footnote{213}{\textit{No Safe Place}, supra note 10, at 21.}
\footnote{214}{See \textit{BHAREL ET AL.}, supra note 25, at S316.}
\footnote{215}{\textit{DONOVAN} \& \textit{SHINSEKI}, supra note 8, at S180.}
\footnote{216}{See \textit{No Safe Place}, supra note 10, at 10.}
housing programs.\textsuperscript{217} This funding would be disbursed by grants to states based on need,\textsuperscript{218} and the funding would regenerate yearly because the money would come from set-asides by the Federal Home Loan Mortgage Corporation and the Federal National Mortgage Association.\textsuperscript{219}

However, the Housing First model must be open to alternative housing sources and ideas, such as the “micro-housing” community idea that Olympia, Washington, is trying.\textsuperscript{220} Olympia’s micro-housing community was built on 2.1 acres and is “composed of small, single homes of 144 square feet with covered porches that cost $19,000 each, including labor.”\textsuperscript{221} This community also contains a “community center that has showers, laundry facilities, and a shared kitchen, dining area, living room, and office and meeting space.”\textsuperscript{222} Funding for this alternative solution is from Washington’s housing trust fund, a Community Development Block Grant, and private donations.\textsuperscript{223} The land is leased to the community by the county for only $1 per year because the county has recognized the long-term cost savings of supplying housing alternatives.\textsuperscript{224} Residents in the community are required to pay only 30 percent of their income in rent, which goes back into the “micro-housing” community.\textsuperscript{225} When implementing this housing idea, cities should consider building these micro-housing communities near public transportation, employment opportunities, mental and physical healthcare centers, and substance abuse prevention centers.\textsuperscript{226}

\begin{footnotesize}
\begin{itemize}
\item[220] No Safe Place, supra note 10, at 36.
\item[221] Id.
\item[222] Id.
\item[223] Id.
\item[224] Id. at 37.
\item[225] Id.
\item[226] Id.
\end{itemize}
\end{footnotesize}
Bringing in the medical condition approach, states should accept the Medicaid expansion option offered through the Affordable Care Act and utilize this funding in order to expand the state’s options for affordable housing. This option is especially beneficial from an economic standpoint because it brings federal taxpayer funding back to the state, so the state can re-invest it back into programs that benefit its citizens. Utilizing Medicaid funding to prescribe housing to the chronically homeless would help spread the cost burden of the Housing First model. Although “primary health care services are needed,” more must be provided to adequately protect the health of the homeless population.  

Outreach services—like Medicaid application assistance, ongoing health insurance, or follow up visits by medical professionals and social workers—are necessary for positive and continued outcomes. Barriers to attaining these outreach services, especially a lack of health insurance coverage for such services, should be addressed by compensating for the cost of these outreach services in the plans for providing housing and in broadening insurance coverage.

Adding in the information access approach, once the state provides housing, it should also be required to supply access to computers and smart cellular phones. The Lifeline program previously mentioned should be extended to include computer access and bundling of services or discounted bills for recently housed persons. Because the Lifeline program already exists, the fiscal structure for expanding and ensuring access for the low-income population has already been built, but it requires some modifications to better meet the connectivity needs of the homeless population.

In addition, states should support programs that work to increase the presence of social workers in public libraries. This would increase the

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227 ZLOTNICK ET AL., supra note 10, at S201.
228 MESCHEDE, supra note 1, at 155.
ability of social workers to make initial contact with homeless persons, which could help reduce barriers to access and increase enrollment in housing programs. When this access is paired with housing, then newly housed persons will be enabled to maintain medical treatments and support groups, seek employment, and stay connected with family, friends, and the community.

With housing, healthcare, and improved information access, a homeless person will likely be stabilized; this combination of services will significantly reduce public costs for those persons and for the community.229 When viewed as a significant cost savings to the whole community, the public health and safety model makes sense. However, implementation of the criminalization aspect of the public health and safety approach is denied in this proposed solution. Because “[t]he highest public costs for homeless residents are in the health care and jail systems,”230 the health issues of the homeless as well as the criminalization of the homeless must be addressed immediately.231

229: “Where We Sleep, supra note 208, at 1. An Albuquerque, New Mexico, study found that, “[a]fter only one year of operating a housing program,” $615,920.49 was saved, “a 31.6 [percent] reduction in spending from the previous year.” No Safe Place, supra note 10, at 30. In Central Florida, “[t]he savings from providing housing would save taxpayers $149 million over the next decade.” Id. In a Santa Clara County survey conducted over the course of five years, for the residents in the top 10 percent of the cost distribution for homeless persons, “the estimated average annual pre-housing public cost was $62,473. The estimated average post-housing cost was $19,767, a reduction of $42,706 annually.” Daniel Flaming et al., Home Not Found: The Cost of Homelessness in Silicon Valley, ECON. ROUNDTABLE 3 (2015) https://economicrt.org/publication/home-not-found/ [https://perma.cc/7PWX-HNQ2].”

230 FLAMING ET AL., supra note 228, at 3.

231 In a Boston study, “those who identified as white had a higher probability of leaving the streets” leading to a rational conclusion that “[r]acial discrimination may also be ingrained in providing services and accessing housing.” MESCHEDE, supra note 1, at 166. This could, in part, be a result of higher incarceration rates “for the nonwhite population” where “prior incarceration is a major factor impeding access to publicly funded housing.” Id.
Although order must be kept in cities, the ordinances and regulations that perpetuate homelessness and are often unconstitutional must be modified with an understanding that the homeless population is a part of the “public” and not a threat to the “public.” Each state government should begin by creating and enforcing “Homeless Bill of Rights legislation that explicitly prohibits the criminalization of homelessness.”232 In addition, community service providers and officers in the criminal justice system should recognize shared common goals of safety, reduction of incarceration rates, cost savings, and health of the community233 by vowing to collaborate efforts. For example, rather than booking a homeless person in jail for a harmless act, police could contact service providers or shelters and bring the person to the best location for his needs, thereby eliminating the impact a police encounter like this has on a person’s criminal record.

Further, it is critical to assist in a smooth transition for persons exiting jail or the hospital by providing access to enrollment services while they are still under the care of the institution.234 Many persons, if they entered institutionalization as a homeless person, will likely leave as a homeless person and will now be stigmatized by mental health, physical health, or a criminal record. In 2010, 12.9 million people were admitted to county and city jails in the United States.235 This captive audience of people, many desperately in need of support services and treatment plans, could be targeted for enrollment in services and Medicaid benefits so they will be engaged in support upon their release.236 Additionally, cities should adopt a policy of suspension of Medicaid benefits during incarceration rather than

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232 No Safe Place, supra note 10, at 11.
233 DiPIETRO & KLINGENMAIER, supra note 77, at e25.
234 No Safe Place, supra note 10, at 39.
235 DiPIETRO & KLINGENMAIER, supra note 77, at e25.
236 Id.
termination to allow a smoother transition following incarceration into resuming Medicaid coverage and medication treatments.\textsuperscript{237}

The mental health and substance abuse needs of the homeless also need to be addressed before, during, and after incarceration.\textsuperscript{238} Doing so can decrease the rate of repeat offenses, repeat incarceration, and the cycle of homelessness.\textsuperscript{239} In Washington, a study showed that repeat arrests and incarceration were reduced by 21 percent to 33 percent for those provided substance abuse treatment over those needing, but not receiving, the same treatment.\textsuperscript{240} Thus, providing treatment saved between $5,000 and $10,000 per person.\textsuperscript{241}

In attacking the causes of homelessness, the public’s view of homelessness must also be addressed. Education for the general public is necessary to prevent negative stereotypes and fears of persons who are homeless.\textsuperscript{242} Fear has driven a divide between effective and affordable housing arrangements and residential neighborhoods.\textsuperscript{243} That fear, often reflected in the criminalization of homelessness, must be overcome for the good of all persons, and criminal justice reform can be an effective avenue for reducing that fear and increasing success rates for the currently homeless population.\textsuperscript{244}

\textsuperscript{237} Id.
\textsuperscript{238} Id. at e27.
\textsuperscript{239} Id.
\textsuperscript{240} Id.
\textsuperscript{241} Id. Perhaps providing treatment to those who need it combined with Hawaii’s idea of prescribing housing, doing so here upon release from jail or prison, could yield an even greater cost savings. See generally S.B. 7, 29\textsuperscript{th} Leg. (Haw. 2017); S.B. 749, 29\textsuperscript{th} Leg. (Haw. 2017); S.B. 2, 29\textsuperscript{th} Leg. (Haw. 2017).
\textsuperscript{242} SALSICH, JR., supra note 94, at 343.
\textsuperscript{243} Id. at 342.
\textsuperscript{244} City of Cleburne v. Cleburne Living Ctr., 473 U.S. 432, 448 (1985) (explaining that negativity and fear are not legitimate reasons for treating homes for persons with special needs differently than all other homes).
With fear being dispelled, housing being supplied, and appropriate services being provided, many causes of homelessness can be addressed, homeless persons can be housed, and the cost saved can be reinvested into the community.

V. CONCLUSION

Homelessness and poverty are social problems that have persisted throughout society’s existence, and while it may not be a problem that can be completely eradicated, it is a problem that can be improved through meeting the basic needs of all people. These improvements are dependent upon policies targeting the diverse causes of poverty and homelessness as well as providing affordable housing and support services for currently homeless persons.245 A single law, regulation, or approach cannot encompass the solution. An integrated approach, while complicated, is going to best address the diverse needs of the homeless population.246 Through Housing First, regular healthcare for the homeless, information accessibility and connectivity, and the reformation of criminalization laws, the currently homeless will become active members of society, improving their lives and the nation’s economy.

245 MESCHEDE, supra note 1, at 167.
246 Where We Sleep, supra note 208, at 2; see also Toolkit for Communities Seeking to Develop and Operationalize Local Anti-Poverty Agendas: A Blueprint for Action, AM. B. ASS’N, COMM’N ON HOMELESSNESS & POVERTY, http://www.americanbar.org/groups/public_services/homelessness_poverty/poverty_initiative.html [https://perma.cc/6VYG-9NMB] (last visited Apr. 23, 2017) (links to ten pdf documents addressing the various needs of the homeless population and putting forth practical solutions for each need).