

# ***The Plan to End Chronic Homelessness***

By Julie Solomon

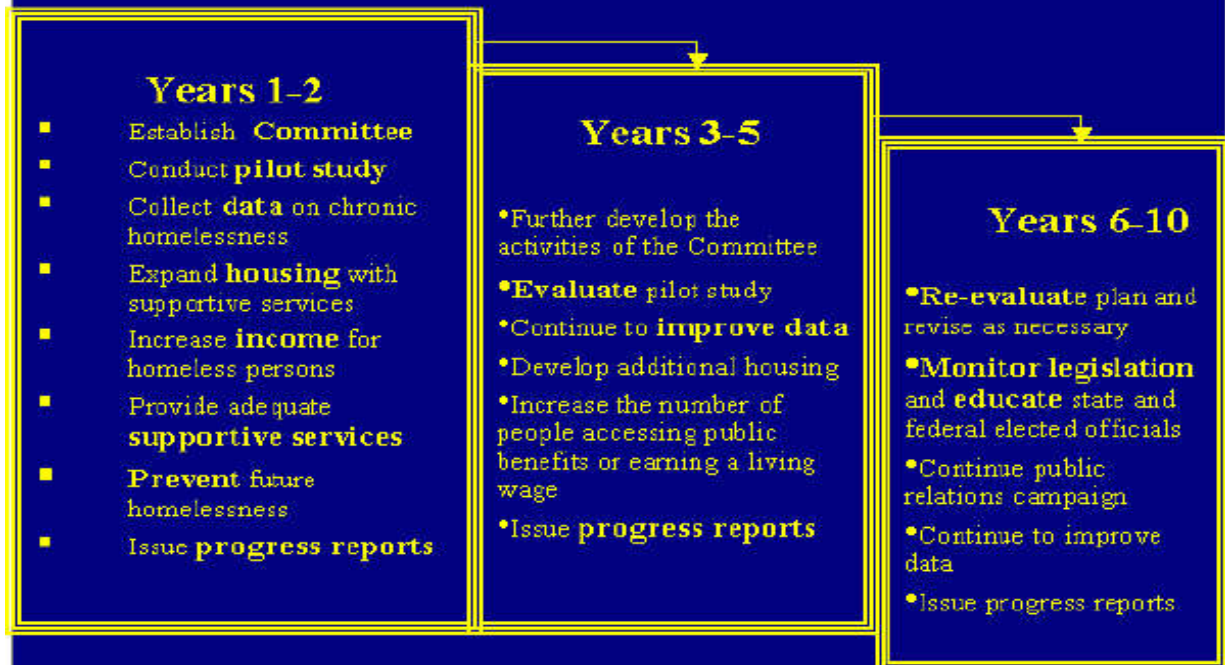
***“Ending chronic homelessness is an achievable goal, but only if there is a strong commitment from local government leaders, federal and state policy makers, and the community at large”***

Their message is clear and their mission is large. The Homeless Task Force (HTF) and the Austin/Travis County Health and Human Services Department (HHSD) have teamed up to try to end “chronic homelessness”. In 2001, the U.S. Department of Housing and Urban Development (HUD) announced its goal to end the problem of chronic homelessness within a ten-year time frame. Teams in cities across the country have begun making plans within their own communities. Proving to be very instrumental in developing Austin’s plan are Gilja Koo from HHSD and Mitch Weynand from LifeWorks, who serves as the Chairperson of the HTF.

Before going into the logistics of the plan, it is important to first understand what makes a person qualify as “chronically homeless.” According to HUD, a chronically homeless person is “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, OR has had at least four episodes of homelessness in the past three years.” These “disabling conditions” include substance abuse, serious mental illness, developmental disability, and chronic physical illness or disability. Out of the 3,789 homeless people in Travis County, 587 of them fit the HUD’s definition of being chronically homeless (Based on data from the Austin Travis County 2003 HUD Continuum of Care for Homeless Assistance Grant, 2003). This group represents the most visible and most difficult to help category of homeless people. They utilize shelters and other services most frequently because of their long periods of displacement. Besides being an undesirable condition, chronic homelessness has high costs to society. For instance, by providing housing for ex-offenders, re-arrest rates and jail costs can be decreased. Another high cost is that 13%-15% of people using the emergency room and other hospital services were homeless. For this reason, the plan has been set to tackle the problem of chronic homelessness. By eliminating this problem, we can not only help those in such a state, but also better allocate resources to other people in need.

There are three increments of initiatives for this plan. After its September 2nd approval by the City Council, this plan was officially put into effect on October 1 of this year. However, we are already in the beginning of the actions set out in the increment for years 1-2. Currently our community has set up a timeline for Austin’s specific courses of action.

# Action Plan



There is potentially a wide range of funding coming from the governments, organizations, private donors, and volunteers. The plan will be a pooling of resources by the many organizations serving the homeless in Austin. This provides those in need of services many different doors to go through to get help. Each agency has case managers that will assist any chronically homeless person who wishes to partake in this plan. Austin's plan consists of attacking chronic homelessness in four major areas:

1. The Ending Chronic Homelessness Committee of the HTF will develop plans to end, rather than manage, chronic homelessness. This can be done by collecting better data on local chronic homelessness, conducting a pilot study (to find out factors, needs, and what resources are still needed), and conducting outcome evaluations.
2. They will work to improve discharge and re-entry planning for individuals exiting public institutions. Furthermore, by supporting families and providing adequate substance abuse and mental health treatment, they can prevent the cycle from continuing.
3. They will work to provide adequate affordable housing along with supportive services such as helping homeless individuals access income and employment, providing services using a "system of care" approach, and increasing outreach to individuals with chronic substance abuse and mental health problems. A "representative Payee" program will be established with Family ElderCare, which finds volunteers to help disabled homeless persons manage their benefits such as SSI and SSDI.

4. Finally, they need the help of the community to break down the systemic barriers that hold back chronically homeless persons. This includes the government removing barriers that prevent chronically homeless persons from obtaining housing, employment, access to services and public benefits. Also, they turn to businesses to provide employment opportunities, and also to the nonprofit sector to provide resources and volunteers.

This task seems large, but with the aid of the Homeless Task Force, comprised of service providers, homeless and formerly homeless individuals, business representatives, local government entities, local policy makers, and representatives from various religious organizations, the Austin community can collaborate to end chronic homelessness. The writers of the plan have outlined what needs to be done, but in order for this plan to be effective, they must have the resources (physical, personnel, financial), participation from the target homeless population, and long-term care providing permanent support for persons with disabilities.