Chronic Homelessness is Spiraling Out of Control.
Here's How to Stop It.

Municipalities all over the country are grappling with the human crisis of rising "homelessness." Despite billions spent over the last decade, homelessness has increased by more than 18% in the past five years[1]. More alarming, chronic homelessness has increased nearly 60% in the past five years and is now at a 15-year high. Today, nearly 1 in 4 individuals[2] experiencing homelessness are categorized as chronically homeless – the highest ratio experienced in the United States since homelessness statistics have been collected.

The tragedy of being categorized as chronically homeless is not only reflected in the length of time one experiences homelessness (at least one year), but includes the fact that the individual also struggles with one or more disabilities,[3] including mental health and/or substance use disorders. Naturally, the rapid growth of this vulnerable population, along with the high visibility of chronic homelessness in cities like San Francisco and Portland, is raising skepticism regarding the efficacy of practices proffered as evidence-based to combat homelessness.

In reality, practices such as "Housing First" work for many experiencing homelessness. But the lack of appropriate segmentation in policymakers' analysis results in all populations being treated uniformly, despite significant differences in what works for those navigating short-lived situational homelessness compared to those experiencing prolonged chronic homelessness. Many solutions effective for those experiencing situational homelessness actually exacerbate the root challenges for those painfully enduring chronic homelessness. Why? Because the core difficulty for the chronically homeless is not economic– jobs, education or even housing– it is trauma.

Consider a specific, pressing example. Allowing individuals to camp in places not intended for habitation initially seems merciful by respecting their need for shelter wherever they can create it. But in fact, this approach may be one of the worst things society can do for those experiencing chronic homelessness. Rather than enabling healing, living on the street exposes individuals to significant exploitation by malignant actors and activities that deeply exacerbate pre-existing trauma and mental health disabilities.

Accurately defining the root cause of chronic homelessness as debilitating trauma changes the way that policymakers should view desired solutions and outcomes. The goal is no longer mere activities such as food, emergency medical care, or placement in housing; instead, it is creating a system of rehabilitative progress for each individual along a holistic continuum of care, culminating in a restoration of independence, capability and dignity. And while such a system may not yet exist in its entirety anywhere in the United States, many components of such a system are in existence and within reach.

For example, several forward-thinking municipalities have developed their services around a comprehensive "know-by-name" system. Under this system, municipalities track individuals experiencing chronic homelessness by name and provide them with a designated caseworker who is empowered to quickly secure resources and services for them. These case workers create a personalized care plan for every individual they serve and track their clients' progress after each intervention so they can adapt treatment based on their clients' outcomes. And the results? Look at Hennepin County, home to 1.26 million people including parts of Minneapolis, Minnesota. They have decreased chronic homelessness 36% since 2021[4] and have set the audacious goal of ZERO individuals experiencing chronic homelessness by 2025.

60%

Increase in **chronic homelessness**

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This type of individualized, holistic care is admittedly case worker intensive, and many parts of the U.S. are experiencing a distressing shortage in social and behavioral health workers. But recent developments in the State of Utah have provided a shining example of how to quickly increase the number of qualified social workers to meet the pressing demands of social issues like homelessness. In partnership with Utah's Licensure Department, The University of Utah has designed a stackable credential model for clinical behavioral health workers that will increase social worker pay and numbers by allowing these workers to start their training in community or technical colleges and receive formal certificates that expand eligibility for reimbursements from Medicaid and private health insurance. Furthermore, the University is introducing fast-track re-tooling opportunities for non-traditional students that can raise social worker numbers in the short-term.

New technologies such as Google's "Wayfinder Miami"[5] are also becoming available to connect social workers more easily with police, emergency room staff, and other service providers who frequently interact with those experiencing chronic homelessness. The sad truth is that many of those experiencing chronic homelessness get caught in a revolving door of the emergency room, jail, and the street. But in Miami-Dade County, service providers and criminal justice leaders have collectively formulated a model to break this cycle. Police officers receive significant behavioral health training and social workers frequently accompany police when interacting with those on the street. People arrested are often given an option for personalized mental health care instead of incarceration.

Unsurprisingly, nearly 80% of those arrested choose recovery[6] rather than jail. Individuals might be retained in long-term, comprehensive, in-patient care until they initially stabilize. All graduate to community health programs where they sustain personalized medical and emotional care regimens while incrementally experiencing increased individual independence. The results have been dramatic— annual recidivism has dropped from 75% to 20%[7]—and the number of individuals seeking and experiencing progress along the continuum of care has improved threefold.

The tools needed to curb the growing plague of chronic homelessness are at our fingertips. But policy makers and service providers alike must recognize the distinctly different segments of those experiencing homelessness. For those navigating chronic homelessness, solutions must focus on trauma, not economics, as the root difficulty. Finally, success should not be narrowly defined as mere shelter over one's head, but rather continuous improvement toward increased human dignity. With this common understanding, we can combine the tools we have to provide holistic, individualized care that will enable healing from trauma. And this healing is the only path to sustained self-sufficiency, cessation of incapacitating addictions, reintegration with society, and improved mental and physical wellbeing for those experiencing chronic homelessness.

Learn more about homelessness solutions: mgt.us

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