



Arkansas Legislative Task Force to Study  
Homelessness

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## **Task Force Membership**

### **Legislative Members**

Tracy Steele, State Senator  
Irma Hunter Brown, State Senator  
Mary Anne Salmon, State Senator  
Wilhelmina Lewellen, State Representative\*  
Willie Hardy, State Representative  
Lindsley Smith, State Representative

### **Non-Legislative Members**

Mr. Tom Grunden, Little Rock Community Mental Health Center\*\*  
Ms. Darlene Wilson, White River Regional Housing Authority  
Dr. Jerry Jones, Arkansas Department of Health Pharmacy Services  
Mr. Thomas Green, DHS - Office of Community Services  
Ms. Marilyn Hampton, DHS - Division of Behavioral Health  
Ms. Linda Moser, Hometown Health Coalition  
Ms. David Goodson, DHS - Division of Aging and Adult Services  
Mr. Terry Williams, Arkansas Veterans' Coalition  
Mr. Ed Wiles, Health Resources of Arkansas  
Mr. Howard Gordon, First Presbyterian Church  
Mr. Glenn Hersey, St. Mark Baptist Church

\*Denotes Chairperson

\*\*Denotes Vice-Chairperson

## **Causes of Homelessness**

Once characterized exclusively as an individual problem stemming from unhealthy choices and personal dysfunction (e.g., substance abuse and mental illness), homelessness is increasingly explained by more complex dynamic forces that include structural factors, such as public policy, poverty, involuntary unemployment, lack of affordable housing, domestic violence, inadequate discharge planning, and lack of community services (U. S. Department of Health and Human Services [DHHS], 2007).

### **Arkansas's Homelessness Profile**

According to estimates from data collected in 2007 through the Arkansas Management Information System (ARMIS), 20, 824 unduplicated individuals and families were documented as having received services from homeless service providers in ARMIS. In newly released data, the United States Census Bureau reported that Arkansas is one of 10 states with the highest percentage of people living below the poverty level; Arkansas had 17.9 % of people living below the poverty level in 2007 (U.S. Census Bureau).

In Arkansas, ARMIS estimated that 72% of the homeless population were male, with females estimated at 28% of the homeless population. As of January of 2007, it was estimated that there were at least 1170 homeless in Northwest Arkansas. Of the 20, 824 individuals and families experiencing homelessness statewide, 57% were White; 35% were African-American,; and 8% were categorized as Other. ARMIS reported that about 15% of Arkansas's homeless were Veterans, while 50% of the homeless population data had disabilities. 70% of individuals with significant disabilities are unemployed due largely to a lack of resources, inability to acquire affordable housing, and overall lack of money.

Women and children have been the most overlooked segment of the homeless population. According to the United States Department of Education, 279 Arkansas preschool children aged 3-5 were identified as homeless. In 2007, it was determined that the largest group of homeless children in Arkansas is age 10, followed closely by children age 7 and 9. Overall, as of 2007, there were 4,295 known homeless children under the age of 18 in Arkansas, as well as 482 aged 18-21. The Arkansas Department of Education found that the largest consolidation of homeless children is in Pulaski County (792 homeless children), followed by the counties of Benton (326), Mississippi (271), Falkner (226), Craighead (220), Sebastian (212), Pope (173), Madison (166), Garland (156), White (142), Poinsett (132), and Washington (127). Childhood homelessness is not isolated to just these counties, but has become an issue in 72 counties in Arkansas. The impact of childhood homeless in Arkansas includes hunger, acute illness, chronic illness, depression, anxiety, post traumatic stress disorder, abuse, inability to complete school assignments, and an inability to socially and financially connect to society. 35% of children and youth who are homeless live in shelters, with the rest staying temporarily in cars, woods, motels, on the streets, in campgrounds, "couch surfing", and any other location they can find.

The average age of homeless mothers in Arkansas is age 27. Thirty percent of all victims of domestic violence become homeless at some point in their lives. Of all homeless women and children, 60% have been abused by age 12, and 63% have been victims of intimate partner violence as adults. Homeless, abused women have low-birth-weight babies at twice the rate of other women (17% v. 7.6%). Victims of domestic violence often return to their abusers because they cannot find long-term housing.

## **Framework for Recommendations**

Accordingly, the approach indicated in the following recommendations is predicated on the understanding that homelessness is not alleviated by merely providing housing, but also requires services that address personal problems and disabilities as well as societal policies and practices. These recommendations represent an initial approach to designing a comprehensive statewide prevention and intervention plan to address the multifaceted nature of the homeless problem in Arkansas.

### **1. Recommendation**

An overarching recommendation for funding a statewide system of services, for homeless people that involves earmarking one quarter percent - or about \$2 million - of the state funding for the Department of Human Services (DHS) specifically for the homeless population.

**Rationale:** Homelessness results from and contributes to the very problems that are addressed in several human service agencies. Many of these problems are intensified and prolonged by the lack of shelter and living in dangerous and unstable situations. Targeting outreach and follow-up services to homeless people provides early prevention and intervention, lessening the intensity and longevity of treatment required in inpatient facilities where homeless persons eventually end up without community services.

### **2. Recommendation**

A Committee for Homeless Population Funding, composed of: state legislator(s), and representatives of: 1) continuums of care, 2) housing voucher providers, 3) public education, 4) veterans, 5) mental health/substance abuse treatment, and 6) a homeless or formerly homeless person, 7) domestic violence programs, and 8) an advocate (to be appointed by the Governor) with even representation of homeless service providers throughout the state, should be designated, without creating a new job position in DHS to: distribute state funding set asides for people experiencing homelessness; ensure that these funds are distributed equitably through Continuums of Care and existing Housing Voucher providers and administered by the existing program staff; and to ensure that the existing human resources of said agency/entity could support such a level of increased activities. The Committee shall serve as an oversight committee for the State Homeless Funds only and its members shall be appointed by the Governor.

**Rationale:** Continuums of care provide a mechanism for distributing funds according to the unique demographics and associated needs of their homeless population(s). These continuums also can serve to monitor and coordinate services to address problems with duplication and gaps in service-delivery. Continuum of Care is a dynamic system in which services are linked through referrals and networking across communities. This linkage helps homeless people access services across communities that are not large enough to have the range of services needed by different subgroups of homeless persons.

### **3. Recommendation**

An individual with experience and skill in writing grants and coordinating large systems should be identified to assist the statewide Continuums of Care effort, and to assist these continuums with grant-writing, as needed. This recognizes that some Continuums have the ability to write grants, while others may need such services.

**Rationale:** The major source of federal funding for housing comes from the Department of Housing and Urban Development (HUD) (2008), which is making approximately \$2.5 billion available in 2008. HUD's homeless assistance programs for housing are based on competitive awards to continuums of care. Successful grant-writing requires knowledge and skill that lies beyond the repertoire of most administrators and practitioners, and other states have found that an expert can help small continuums of care pool resources to write grants conjointly to benefit more than one continuum (Samuels, 2008).

#### **4. Recommendation**

Voluntary partnerships need to be formed between universities, DHS, continuums of care, and community services, and state, city, and county programs. Universities and colleges of technology could offer courses and training relevant to the employment of homeless persons.

Universities also have expertise and experience that would be valuable to research, program development and evaluation, and grant-writing in the designing and implementing of a statewide system of services for the homeless. Universities can provide useful knowledge and skills through classes, workshops, conferences, and supervised internships in professional schools. Universities could be a helpful resource when developing accountability measures.

**Rationale:** Requisite to effective prevention and intervention is systematic investigation of needs and demographics of the population served. Research also is needed to evaluate the design, implementation, operations, and outcomes of service-delivery systems. Knowledge and skill are critical to effective service-delivery.

#### **5. Recommendation**

A related recommendation involves requiring human service departments and inpatient facilities to develop, implement, monitor, and evaluate discharge plans that have measurable outcomes based on "best practices" literature identified in the professional literature as promoting independent functioning.

**Rationale:** Research clearly shows that lack of community services and inadequate discharge planning are major contributors to homelessness and associated problems such as relapse (Fitzpatrick, 2008).

#### **6. Recommendation**

Each Continuum of Care should identify one volunteer to secure funds, monitor, and coordinate services between communities. This person will be accountable to the DHS Committee for Homeless Population Funding, for any funding received by the Continuum of Care through this \$2 million state set aside. This oversight and accountability of Continuums of Care will apply only to State Homeless Funds received and not to Federal McKinney or other funds received.

**Rationale:** Volunteers are not able to offer the consistency and longevity needed to properly handle funding, monitoring, and coordination of services across different communities. Someone needs to be accountable to ensure that funds are distributed fairly, and services are available, coordinated, and properly maintained across communities. These persons should work with local universities and DHS to ensure that the service-delivery system is systematically evaluated and operated.

## **7. Recommendation**

Vouchers should be made available for homeless women and children for emergency housing and accompanying services. These funds may be distributed through 1) the existing DHS Emergency Shelter Program, which already has a funding, monitoring, and evaluation system in place so as to maximize the funds toward the problem of homelessness; and 2) existing housing agencies with strong experience and success in operating housing voucher programs (there are many in this State). The Committee for Homeless Population Funding will insure that funding is based on an equity formula so that each region of Arkansas has access to a part of these resources and to insure that the agencies receiving this funding provide a preference for emergency housing of women and children, including referrals from domestic violence programs, to avoid the lengthy wait which normally faces these victims.

**Rationale:** There are emergency shelters and services for the chronically homeless, but currently these resources are not available on an immediate basis for women and children. Yet, women and children are the fastest growing vulnerable segment of the homeless population (DHHS, 2007).

## **8. Recommendation**

A supportive housing program needs to be developed which links housing to services that support residential stability and independent living through transitional and/or permanent housing programs. Recommend looking at existing supportive housing partnerships.

**Rationale:** Many homeless people, especially the most vulnerable, need services that extend beyond provision of housing to be able to sustain residential stability and independent living (Tsemberis, Gulcur, & Nakae, 2004). Services nationally have been systematically linked to transitional housing, rental assistance, single-room occupancy, and home ownership (HUD, 2008). Similarly, the “Housing First” programs initiated across the country are predicated on the argument that people must be housed before they can fully benefit from many services.

## **9. Recommendation:**

Effective case managers and resources are needed to ensure coordination and linkages of services and housing, without duplication, in individualized intervention plans. Money for housing, funds for short termed emergencies, deposits, and funds to help prevent persons falling into deep homelessness are needed.

- Need to ensure that licensed clinical personnel are part of the Case Management team, even if they are accountable to the Continuum of Care Coordinator or DHS.

Comprehensive intervention plans will require organization of interdisciplinary teams in communities from different agencies, and regular meetings to plan, implement, provide supportive networks, and monitor services for individual homeless persons. Team meetings should be facilitated by case managers, who are accountable to the Continuum of Care coordinator or the DHS coordinator or director.

**Rationale:** A large volume of research supports the use of case managers to ensure linkages, coordination, and comprehensiveness of services for individualized intervention plans without duplication (Tsemberis et al., 2004).

## **10. Recommendation**

That the legislature will support the need for a Housing Trust Fund to be set up to help fund affordable housing options that address the various needs and capacities of homeless people who are striving to live independently and executed as follows:

1. An equitable distribution to all areas of the state; and
2. the utilization of vouchers as a priority; and
3. administration by existing housing voucher providers and housing authorities; and
4. a preference allowed for serving homeless persons.

**Rationale:** The evidence is clear that there is a serious shortage of affordable housing in this country (HUD, 2008). There is a diversity of needs and capacities represented among homeless people, and so different options for housing assistance are required. For example, many homeless people with disabilities are unable to maintain a home, but are able to live independently in a rent-assisted situation that includes supportive services.

Other homeless persons are able to purchase or renovate housing with different levels of assistance and services. Supportive housing programs link services to housing, which increases the likelihood that people will be able to sustain independent living.

## **11. Recommendation**

Additional or "emergency" vouchers should be made available for homeless victims of domestic abuse, substance abuse, mental illness, and HIV for transportation, child care, job training, and counseling. Especially important is the provision of services to military veterans for needs not being met by the Veterans' Affairs medical centers - this issue needs to be discussed with the state's Congressional delegation; and adequate treatment must be made available to persons who have need for such treatment, as determined by clinical personnel. Any vouchers made available under this recommendation would be distributed and funded in a similar manner to those provided under Recommendation 7 above.

**Rationale:** Due to the unique, dynamic needs of persons who are victims of the aforementioned circumstances, there are vulnerable homeless persons who can achieve independent living by receiving targeted services for specified periods of time. For example, there are homeless mothers who could be employed if they had child care or transportation.

## **12. Recommendation**

An advocate for homelessness awareness should be appointed and a public education campaign needs to be mounted to educate people in the community about the multifaceted nature and harsh realities of homelessness. The campaign should publicize factual information with the goals of eliminating stereotypes and promoting more compassionate views of this social enigma. The citizenry needs to become more aware of the external forces and social policies that contribute to homelessness.

**Rationale:** To fully address the social problem of homelessness, members of the community must become better informed about the causes and conditions of being homeless. Tax-payers need to understand the harsh realities of homelessness and the contributions of human vulnerabilities, diseases, and social policies and discrimination to this social problem. Citizens need to know that homelessness often is not a choice, and that many homeless people will take advantage of opportunities to achieve independent living. The public needs to understand that people must have services to escape homelessness.

### **13. Recommendation**

A partnership between the business community, local, regional, and statewide leadership, all state agencies, local governments, human service agencies, and continuum of care agencies needs to be formed to address homelessness.

**Rationale:** All sectors (private, public, nonprofit and for-profit) should be involved in the overall community continuum of care. While direct service delivery is primarily the province of the nonprofit network, business leaders and other community officials can play key roles in securing funding and public support for nonprofit services. The business community, in addition to direct financial contributions to homeless agencies and participation on the boards of service-providers, can provide housing and job training and opportunities.

### **14. Recommendation**

Partnerships between churches and other faith-based organizations and human services need to be encouraged, strengthened, and supported to the greatest extent possible. However, the faith-based community must be able to depend on the other supportive government business agencies to complement its efforts to address the needs of persons experiencing homelessness.

**Rationale:** The faith-based community, historically and currently, has offered critical services and emergency shelter to homeless people in addition to counseling and spiritual support. These efforts largely rely on voluntary donations and participation, which are subject to the vicissitudes of motivation, awareness, and economic circumstances. These faith-based organizations need to work in tandem with other service-providers to ensure comprehensiveness and consistency. The burden of support and assistance to the homeless should not lie squarely on the shoulders of the faith-based community.

### **15. Recommendation**

The Arkansas Department of Education (ADE) should receive adequate funding to provide services and supplies to more school districts with homeless children than the current 12 districts (R. Wilson, 2008)...that all Arkansas public schools become involved as new federal funding becomes available.

**Rationale:** The ADE (R. Wilson, 2008) reports that there are more than 5000 homeless students in Arkansas public schools. Currently, only 12 of the 245 school districts receive funding to assist homeless students with necessities such as clothes, books, and other school supplies. Failure to provide assistance to these students leads to absenteeism, behavioral problems, and dropping out of school.

### **16. Recommendation**

A recommendation is made for a Day Resource Center for homeless people in five (5) statewide districts that would have emergency items (e.g., food, clothing, household items) and services (e.g., shelter, counseling), as well as the capacity to make professional referrals and follow-through with agencies and service-providers that deal with homeless people.

**Rationale:** Many homeless people need a point of entry into the continuums of care and to receive emergency services.



## **17. Recommendation**

A recommendation is made for the establishment of a Policy Forum for Arkansans with Disabilities.

**Rationale:** According to information collected through ARMIS in 2007, that 50% of persons in Arkansas who are experiencing homelessness also had a disability. Homelessness is one of many issues relevant to the community of Arkansans with disabilities, and a policy forum is an ideal opportunity to make local and state leaders aware of the issues and concerns that this community experiences every day.

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