

The View from the Front Desk: Addressing Homelessness and the Homeless in Dallas

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In this chapter, Julie Adkins describes the encounters between homeless persons and the staff and volunteers who operate The Stewpot, a faith-based daytime shelter and social-service agency in Dallas, Texas. Her poignant account of the diverse characteristics of the homeless who come to The Stewpot provides insights into the questions "Who are the homeless?", "How many are homeless?", and "Why are they homeless?" She then examines the responses of governmental agencies and nongovernmental organizations to their plight. Adkins concludes her analysis by contemplating the evolving strategies being deployed by national and local agencies to solve the persistent homelessness "problem" in the United States.

The police officer for the day unlocks the door at 8:00 AM, and, depending on the weather, a crowd of anywhere from 100 to 300 people push their way in, aiming in several different directions. Some rapidly make their way to the restroom, their first chance at a clean facility since closing time the previous afternoon. Forty or more head directly for the coffee pot and the morning's wake-up brew. If you want coffee, it's important to get there first,

because once the pot is empty, there will be no more made until tomorrow. A few folks are just looking for a comfortable place to sit—particularly when the weather is extremely cold, hot, or wet—and they quickly settle in at one of the round tables or in a favorite spot on the floor. Most, however, have needs that are a little more complicated. These people form a line along the wall heading west, then turning all the way down the length of the south wall, and halfway across the far wall heading back to the east. In my role as “intake volunteer,” it will take me the better part of two hours just to speak briefly with each of the 100-plus people in this line, to hear what it is that they need, and to begin to process their requests.

This is The Stewpot, a daytime shelter and social-service agency that is a ministry of First Presbyterian Church, located in the heart of downtown Dallas, Texas. Begun in 1975 as a response to hungry people sitting literally on the church’s doorstep—spearheaded by an assistant pastor who had just handed two cans of food to one individual and then observed the man trying to open the cans with a key, the only “tool” he had—The Stewpot has evolved from a soup kitchen serving a midday meal to an agency with full-time and part-time casework staff, medical and dental clinics, job training, and a myriad of other services for Dallas’s homeless and at-risk populations.

Who Are the Homeless?

Denise¹ is in her early 30s, slender, with graying hair. She comes in nearly every day: for Denise, The Stewpot is almost like Cheers, “where everybody knows your name.” Her caseworker is also her representative payee, meaning that Denise’s Social Security Disability (SSDI) check is sent directly to The Stewpot and the funds are disbursed on her behalf, as she is not capable of handling her own finances. The caseworker pays her rent and other fixed expenses and parcels out the remaining funds as spending money to Denise on a weekly basis. Denise has no family, but she will carry their legacy as long as she lives: permanent brain damage from her mother’s alcohol abuse while pregnant. Rarely in a hurry for anything, Denise normally waits until the line at the front desk has diminished before she makes her approach, which enables her to get away with sneaking behind the desk to give everyone a hug. Unlike with many of their guests² who struggle with mental illness, no one at The Stewpot is afraid of Denise. If anything, they are afraid *for* her.

Marcus is another matter altogether. Unlike Denise, his mental illness is controllable with medication. Unfortunately, he often chooses not to take it. Some days, The Stewpot’s only contact with Marcus is when he comes through the line gruffly demanding a toothbrush, razor, or other hygiene item. (The gruffness is a sure sign that he’s off his meds.) Marcus also has a caseworker/payee, but his recent behavior has been so erratic that she has had to

give him an ultimatum: either Marcus starts taking his meds again or The Stewpot will no longer provide him with services. Some days, the staff are afraid of him.

Juanita is in her late 60s. A widow for many years, she never held a job outside the home. After her husband’s death, she gradually slid into poverty, and when her home began falling down due to lack of maintenance, she found herself having to seek out a shelter. Juanita has enrolled in The Stewpot’s employment program and is looking for work, but few employers are interested in talking to a senior citizen with no work experience. In one sense, Juanita is fortunate: there are many more social services available for senior adults than for those of working age—but one has to know where to go, whom to ask, and how to engage the system. At present, Juanita has few skills to be able to help herself.

Trish aroused suspicions in all of the staff who saw her pull into The Stewpot’s parking garage in a brand-new Chevy Suburban that had to have cost more than a caseworker’s annual salary. Her bruised face and referral letter told the story: the Suburban was *all* that she and her children had left after fleeing from an abusive husband/father. Luckily, the domestic violence shelter had had space for them, and staff there were caring for her children while Trish went about the tedious tasks of getting new copies of their birth certificates and other necessary documents, finding a safe place for them to live permanently, and pursuing legal matters such as a restraining order and, ultimately, a divorce.

Carl tries everyone’s patience. His physical and mental-health issues are overwhelming, far more than he is capable of addressing. Some would blame Carl for his own troubles: years of alcohol abuse have destroyed his memory and thought processes and have ravaged his body, leading to ongoing problems with incontinence and other unpleasantness. He is alternately argumentative and flirtatious, his voice always several decibels louder than necessary. It is not certain whether Carl is still drinking or not; it doesn’t much matter, as the damage has already been done. Carl has tried to live in permanent supportive housing,³ but has been kicked out more than once. The on-site caseworker from his most recent apartment complex frequently comes to The Stewpot to fetch Carl when he has become so confused that he cannot make his way home. He spends some nights in a shelter for the same reason. Carl *needs* to be in a nursing home-type of facility, preferably in a memory-care unit from which he cannot stray. The chance of this ever happening for a “difficult” homeless man is approximately zero.

There are as many different stories as there are people in the line. Contrary to the “skid row” stereotype, there is no “typical” homeless person. Many are veterans, but more are not. Some have been homeless for only a month or two; others have lived on the streets for more than 20 years. Some stay with friends as a last resort after losing their own place; some stay regularly in a shelter; some prefer the anonymity of the street. Some do abuse

drugs and/or alcohol; some have been "clean" for extended periods of time, some have never used at all. Some are highly educated and skilled; in fact, some are working full-time but cannot afford a place to live. Others desperately need job training and placement assistance. A few are so implicated that holding onto a job is out of the question. Some have known nothing but poverty since childhood; others have "fallen" a long way from a middle-class lifestyle. Part of the reason that there are so many agencies and organizations helping the homeless is that there are so many different "kinds" of homeless. Juanita has good prospects for leaving homelessness; Carl has few. Their needs different services than Denise; Marcus needs more oversight and supervision than either of them.

In general, single homeless adults are more likely to be male (67.5 percent), whereas, among homeless households, a majority of the homeless are female (65 percent). Nationwide, the ethnic background of the homeless population is 42 percent African American, 39 percent Anglo, 13 percent Hispanic, 4 percent Native American, and 2 percent Asian (NCH 2008). In contrast, Dallas's homeless population is approximately 81 percent male and 19 percent female, and the ethnic mix is 65 percent African American, 27 percent Anglo, 4 percent Hispanic, and 4 percent "Other."⁴

How Many Are Homeless?

No one knows how many are homeless in the U.S. at any particular point in time. It is difficult to obtain an accurate count of a population that is highly mobile. One never knows, for example, where Carl may be found, on any given night he might be sleeping in his apartment, in a shelter, or on the street. Will he be counted more than once, or will he be overlooked as he moves from one place to the other? In addition, it is even more difficult to count homeless persons who do not wish to be found. Among the long-term homeless in particular, there are those termed "shelter resistant," who choose to set up camp in out-of-the-way places in the hope of being left alone by everyone except perhaps other homeless persons. Many of these suffer from schizophrenia and other forms of mental illness. They are fearful of shelters—some are afraid of enclosed spaces of any kind—and rarely, if ever, seek help or services from agencies like The Stewpot. Some have given up hope that any shelter or other helping agency has anything useful to offer them. How do we count people who do not want to be found?

In the United States, the federal agency with the largest share of responsibility for providing funds and programs for addressing homelessness is the Department of Housing and Urban Development (HUD). Cities that receive HUD funding are required to conduct a point-in-time census of their homeless populations in the last week of January, at least once every two years.⁵ As in most cities, the Dallas census is conducted on a single night, thus minimiz-

ing the risk of double-counting persons.⁶ Shelters are asked to provide their total head count for the night; in addition, dozens of volunteers assist in locating and conducting surveys of both sheltered and unsheltered homeless persons in order to obtain more detailed information about their histories and their needs. Once these data have been gathered from all the participating cities, HUD can construct an estimate of the number of people who are homeless, HUD given night. It is, of course, a *minimum* number, since there are undoubtedly thousands of unsheltered homeless who are *not* located and surveyed. For 2007, the most recent year for which there is complete data, the point-in-time count revealed (no fewer than) 671,859 homeless persons in the United States. Dallas's homeless count for January 2009, according to the point-in-time count, was 5,675, a number that has not changed appreciably (variation of ± 5 percent) over the past five years.

HUD also mandates that the homeless be tracked through a database that it calls the Homeless Management Information System (HMIS), which is able to track people across time. Through observing this count across a period of several months, we are able to see that there is a substantial turnover rate in the population of the homeless.⁷ On the one hand, this is good news of a sort: the population of the homeless appears to be a short-term phenomenon. They seek for many, homeless assistance, and they are able to get back on their feet out shelter; they receive assistance, and they are able to get back on their feet out shelter; they receive assistance, and they are able to get back on their feet out shelter; they receive assistance, and they are able to get back on their feet out shelter, it is also bad news: no sooner is a shelter bed relinquished than it is needed again for another who has become homeless in the meantime. That is, there appears to be a continual risk of homelessness for many in the U.S. Indeed, the National Law Center on Homelessness and Poverty suggests that, in any one calendar year, anywhere from 2.3 to 3.5 million people in the U.S. will experience an episode of homelessness (NLCHP 2007).⁸

At the other end of the spectrum from those who are able to transition in and out of homelessness rapidly are those whom HUD calls the "chronically homeless." These individuals either have been continuously homeless for a year or more or have had at least four episodes of homelessness within the past three years. In addition, they must be staying either in a shelter or on the street and must have some kind of disabling condition that limits their ability to work and to perform the activities of daily living. The chronically homeless represent 15–25 percent of the homeless population, but because of their increased needs and limited ability to care for those needs, they utilize more than 50 percent of the total resources of programs in place to serve the homeless. (Some estimates run as high as 80 percent.)

In addition, there are some homeless persons who, by definition, do not get counted. The McKinney-Vento Homeless Assistance Act defines homelessness fairly narrowly; in general, one must be staying either in a shelter or on the street (or in one's car, in an abandoned building, at the bus station). Thus, there are quite a few people in need who are not included: An otherwise homeless individual who is serving a 30-day jail term for public intoxica-

234 *Therapeutic* The view that homelessness is not counted among the homeless. A family that has been evicted, for example, is not counted as homeless because the evic-
 tion is not temporary (and illegally sharing a friend's apartment, is not consid-
 ered homelessness). A couple whose home went into foreclosure, and who are
 staying in a cheap motel because they have no other place to go, are not
 defined as homeless. Thus, these "invisible" homeless are missed when a
 census is conducted.

Why Are They Homeless?

All too often, the "commonsense" explanations given for homelessness blame the homeless themselves for their predicament. "People are homeless because they are mentally ill." "They're homeless because they abuse drugs because they are mentally ill." "Some people are lazy and just don't want to work." "Some and/or alcohol." "Some people have the freedom to do what they want and/or alcohol." "Some people just prefer to live on the street and have the freedom to do what they want." Examining the partial truths in each of these statements will enable us to gain a better idea of the broader societal forces at work that cause and perpetuate homelessness. This process also leads to a better understanding of what is required in order to end the problem.

what will be required to achieve these goals. "People are homeless because they are mentally ill." Numerous analyses have shown that anywhere from one-fourth to one-third of the homeless—less—in particular the chronically homeless—suffer from mental illness in one form or another, from major depressive disorder to bipolar disorder to schizophrenia. In the 1980s, tens of thousands of patients were released from psychiatric hospitals in the belief that they no longer needed to be institutionalized. The rationale was that, with new antipsychotic medications available and appropriate social services provided, most could live happily and productively within the community rather than in institutions. This assumption was never tested, however, and deinstitutionalization took place *without* any subsequent increase in funding for community-based support and services. As a result, a significant portion of the increase in homelessness in the 1980s was a direct result of deinstitutionalization.

Today, few of the patients who were deinstitutionalized in the 1980s remain; they have mostly not survived the loss of their safety net. However, the system of available care remains radically diminished. In general, persons may not be institutionalized against their wishes unless it can be demonstrated that they present a clear danger either to themselves or to someone else. "Danger" has been narrowly defined as the risk that an individual may commit suicide or homicide. Thus, the "choice" to stop taking antipsychotic drugs and to sleep outdoors in subfreezing weather is not construed as "presenting a danger" to oneself. Today, there is a *new* cohort of homeless mentally-ill persons for whom there is too little supportive housing available, too few psychiatric social workers to oversee their care, and inadequate medical insurance to cover the medications that many will need to take for the rest of their lives.

In addition, it is not always clear which comes first: the mental illness, or the state of being homeless. Clearly, there are cases in which untreated mental illness leads an individual into a downward spiral that results in the loss of job, family, and home. But there are also documented cases in which persons have become mentally ill only after several months of living on the streets or in shelters. The coping skills required to survive as a homeless person—heightened awareness of threat, hypersensitivity to one's surroundings—remaining awake and vigilant all night to ensure that belongings and safety, remaining alert that some suffer a breakdown as a result, are not stolen—are so disturbing that some suffer a breakdown as a result. Even granting that a substantial number of the homeless are mentally ill, it follows logically that this has caused them to become homeless.

Even getting into the category of the homeless are mentally ill, it does not follow logically that this has caused their homelessness. There are far more U.S. citizens with mental illness who are *not* homeless than who are homeless. To be sure, such disorders place people at higher risk. But *are* homeless families who can care for them, while others do not. Some have some health insurance that provides a high level of care and covers the medical and therapy they need; others do not. Mental illness alone cannot explain why even a certain percentage of people find themselves without shelter. Even if it did, are we as citizens prepared to argue that those persons are somehow deserving of their predicament? And that their being homeless is somehow, therefore, "appropriate"?

"*People are homeless because they abuse alcohol and/or drugs.*" It is clear that a high percentage of the homeless, perhaps even a majority, use alcohol and/or drugs to numb the pain of their lives. Carl, described above, is just one example. But as with mental illness, it is not always clear which came first: the homelessness, or the substance abuse. Certainly, there are documented cases of drug use leading to the loss of job, housing, and even family. But perhaps just as often, occasional substance use turns to abuse in the face of repeated disappointments, inability to find work, disrespectful treatment by social workers, assault by other homeless persons.

As with mental illness, there are many more substance abusers who are housed than homeless. Addicted students live on college campuses in residence halls and "Greek" houses with everyone else; they are not homeless. Celebrities have their struggles with substance abuse paraded through the gossip columns, but they go into treatment, not into a homeless shelter. Drug and alcohol abuse certainly exacerbate the problems of homelessness, they do not *cause* it.

"Some people are lazy and just don't want to work." Taken by itself, this is undoubtedly a true statement; however, it is hardly restricted to the homeless. Anyone who has sufficient money can be as lazy as she or he chooses without suffering ill consequences. No one suggests that the jet-setting "idle rich" should be forced into homeless shelters because they are living on inherited wealth rather than working to earn an income of their own.

Furthermore, many of the homeless actually have jobs, or are seeking employment. Dallas's census figures show that 25-30 percent of the homeless

surveyed are working at least part-time, while another 20–25 percent list “job placement” as being among their five greatest needs. Even so, a minimum-wage job does not provide sufficient income to rent an apartment at fair market value. Being employed is no guarantee that a person will not become homeless. “Some people just prefer to live on the street and have the freedom to do what they want.” On rare occasions, I have actually heard this from the lips of homeless persons themselves. However, the real meaning becomes clear when one digs a little deeper to find out what they are contrasting “living on the street” with. Many have made occasional stays in shelters and found them to be unfriendly places. In some, clothing and other personal items are frequently stolen. In others, there is a strict nighttime curfew and residents are kicked out early in the morning. Some shelters require that their guests attend a worship service if they are going to remain overnight, and shelters forbid drinking alcohol and smoking on the premises. While at one level these seem logical enough restrictions, how many of us who are “housed” would tolerate having items stolen out of our homes, being told we must stay away from 6:00 AM until 6:00 PM, or being required to listen to a sermon every night before we could go to bed? In many respects, what the homeless are seeking is the same freedom that the rest of us take for granted. And if those freedoms are too restricted by the available shelters, many homeless people make the choice—except perhaps in the worst weather—to stay outdoors. The experience of Dallas’s new “homeless assistance center” (The Bridge), which within a week after opening was filled to more than double its capacity, suggests that many who remain on the streets are eager for the opportunity to “come in” if an appropriate setting is provided.

Why, then, are people homeless? Two related factors seem to offer the best explanation for how homelessness is created and sustained. First, people are homeless because they are poor. Second, people are homeless because there is not enough affordable housing. Let’s look at these factors more closely.

People are homeless because they are poor. At first this seems redundant. Yet the statistical correlation is clear between increases in national, state, and local poverty rates and increases in the number of homeless individuals and families. Several factors are involved: wages for the lowest tier of the workforce, those earning minimum wage, have fallen (in real value) by more than 25 percent in the last 20 years. In addition, the offshoring of unskilled manufacturing jobs has often left people unable to find work at all. When jobs are available, they tend to provide fewer benefits than in the past. This combination of factors, together with a decline in public assistance, has left many families and individuals with few to no options for providing for themselves.

Hopper (2003) argues that poverty is an unfortunate but inevitable result of an unregulated capitalist economic system. In order for profits to increase for the owners of the means of production (company owners, shareholders), wages must be kept as low as possible. The way to keep wages low

is always to have a certain percentage of the workforce “in abeyance”: out of is always in a position to be called on immediately if demand increases and work and in a position to be called on immediately if demand increases and work are needed. While they are not working, those “in abeyance” remain workers as a quiet threat to those who are currently employed: anyone available to work for the pay being offered by an employer is “free” to leave unwilling to be replaced by someone who is willing to work for a substandard wage and be replaced by someone who is willing to work for a substandard wage rather than no wage at all. In short, some people are homeless because the majority of us benefit from an economic system that depends on keeping a certain percentage of the population out of the workforce.

There is not enough affordable housing available. This is, of course, related to the question of poverty. As noted above, everywhere in the United States there is a significant gap between wages and fair market value rent. This has resulted not only from the stagnation of income at the minimum-wage level but also from a decrease in inexpensive housing options. Cities engaging in “urban renewal” have torn down older apartment complexes and single-room-occupancy facilities, leaving thousands of residents with no place to go. Of course, it is preferable to have families and individuals living in clean and safe places rather than in run-down rooms and apartments. However, most of those displaced by urban renewal projects and gentrification have not been provided with an affordable living option, much less a clean and safe one.

For most among the homeless, a combination of factors has led them to their present situation. Clearly, not everyone living below the poverty line is homeless; some have family or other sources of assistance; a few have been able to access affordable housing and/or Section 8 vouchers that subsidize them in market-rate apartment rentals. Rosenthal (1994) suggests that perhaps the best analogy for understanding homelessness is to think of it as being like the game of musical chairs, in which jobs and/or housing are the “chairs” for which players are competing. The longer the game continues, the fewer the seats that remain available for players to sit on. Some players inevitably have characteristics that make them less likely to get a chair; someone who is slow-moving, or small and easily pushed aside, does not last long in the battle for chairs. Likewise, a person who is disabled, mentally compromised, or poorly educated is less likely to find employment that pays a living wage. Instead, someone more “able” will get the job/chair. Similarly, housing is limited for those who are poor, who need collocated support services, or who lack transportation and are limited in where they can live. The more “able” a person is, the more “chairs” there are available to choose among. So, yes, there are personal characteristics that make it more or less likely that certain persons will end up homeless, “without a chair.” However, it is even more important to recognize that the system, like the game, is set up so that there are not enough “chairs” for everyone who needs one.

What Is Anyone in Dallas Doing about It?

Historically, Dallas has done very little as a city to address the needs of the homeless persons in its midst. As long ago as 1915, newly elected Dallas mayor Henry Lindstley stated that one of his top priorities as mayor would be "an overnight shelter for the homeless" (Payne 1994:54). This, among other progressive ideas, got him voted out of office at the earliest opportunity. Dallas has a long history of opposition to public spending on social welfare programs, preferring instead to rely on private charity to provide for any who are truly needy. Hill notes that the Dallas elite have preferred to give donations to local organizations—which they often do quite generously—rather than to pay higher taxes to support the same causes, commenting that private giving "did not jeopardize one's commitment to capitalism" (Hill 1996:99).

In 1994 the topic of a "homeless assistance center" was again on the table for city leaders. As Dallas prepared to host the World Cup soccer matches, city leaders were also making plans to raze an encampment of more than 200 homeless persons who had been living for years under one of the bridges of Interstate 45. Apparently oblivious to the reality that every major city in the world struggles with how to shelter and care for its impoverished populations, Dallas's leaders could not conceive that a "world class city"—as Dallas is fond of thinking of itself (Kemper 2002:106)—would have homeless people visible in its midst. While one former city council member had suggested that the simplest solution would be to put all the homeless on a bus and send them to Fort Worth (30 miles west), city leaders did appoint a task force to study the problem and took its recommendations seriously—up to a point. The mayor and the city council agreed in principle that an "assistance center" was needed—and that it needed to be located centrally—but they then, under pressure from downtown business owners, proceeded to place so many restrictions on the plan that it became clear that the center would never be built. In the meantime, however, soccer fans were coming to Dallas, and so the encampment was bulldozed and the area quickly encircled by a fence to prevent re-entry. Not only were the "dwellings" of the homeless completely destroyed, but their few possessions were also either crushed by the bulldozers or thrown into dumpsters. While city leaders *claimed* that the purpose behind razing the encampment was to encourage those who were homeless to seek out shelters and services, they were very much aware that Dallas had far too few shelter beds and far from adequate mental-health services to address the needs of this longtime homeless population.

For the most part, Dallas city leaders have not so much understood homelessness as the problem; rather, they perceive *the homeless* as being the problem. Thus, proposed "solutions" have not, until quite recently, involved the development of shelter, increased spending on social services, or encouraging the development of affordable housing. Instead, the city council has attempted to address homelessness by criminalizing certain behaviors that

are, for the most part, *only* engaged in by homeless persons, thus earning Dallas the dubious distinction of being one of the top 10 "Meanest Cities" in its treatment, in 2000 the City found itself in serious trouble with HUD

for the misuse of federal monies intended for services to the homeless. While no deliberate misconduct was ever alleged, a HUD audit found that the City had not provided all the services it had promised, had not expended HUD funds in a timely manner, and had not properly documented the funds it *did* spend. As a result of these findings, HUD auditors recommended that the City of Dallas receive *no* further funding until it had addressed the problems. By the following year, an audit found far fewer problems, in part because the job of administering the grants had been taken over by a nonprofit coalition of public entities, service providers, business groups, private nonprofit organizations, and formerly homeless individuals.

During these years, the only facility resembling a shelter that the city provided was a daytime-only location called the Day Resource Center, where restrooms and showers were available, and where numerous social-service providers kept weekday office hours to meet with and assist the homeless (e.g., the Veterans Administration, county mental-health providers, etc.). In addition, in recent years the City has fielded a Crisis Intervention Team, consisting of both trained social workers and formerly homeless persons. Team members make contact with the homeless in places where they like to congregate, to encourage them to begin the process of getting into treatment for their mental illness and/or addiction challenges and to offer referrals to shelters and other helping agencies. Nevertheless, despite some individual success stories, there are still not enough resources to meet the needs.

Given these challenges, where *do* homeless persons in Dallas find help? The answer lies in a broad range of agencies and care providers, each addressing a few pieces of the puzzle. For those who are seriously ill, the county hospital (Parkland) offers care, at least until a crisis has passed. Veterans are eligible for assistance from the Veterans Administration, but many of them have difficulty accessing the medical care to which they are entitled because they cannot afford to ride the bus to southern Dallas where the VA hospital is located. For the most part, though, the needs of Dallas's homeless have been addressed, when they have been addressed at all, by faith-based agencies. Until The Bridge opened in May 2008, the only emergency overnight shelters in Dallas (a total of six) were ministries of faith-based groups. The first transitional housing¹⁰ facility and program in Dallas was begun by a Presbyterian congregation. Genesis Woman's Shelter, for victims of domestic violence, was formed by a partnership of faith communities. The agency that provides daily child care for homeless children, along with family counseling and other services, is a project of the Dallas Jewish Coalition. The Stewpot was the first agency to provide meals to the hungry and homeless in downtown Dallas. If it were not for churches and synagogues, congregational part-

memberships and other religious organizations, there would until recently have been few to no services for the city's homeless.

The sheer number of agencies is a function of at least two different issues. First, *because* the agencies are separate nonprofits, their resources are limited. Even those that receive significant federal funding—and many faith-based programs receive none—must carve out a niche and do a few things well rather than trying to serve all needs for all clients. Second, the needs of the homeless are so varied—and at times mutually contradictory—that for a single agency to try to meet them all is not even practical. If we think back to the homeless persons introduced at the beginning of this chapter: Trish and her children cannot and should not be asked to share shelter space with Marcus when he is off his meds. Nor, in finding housing, do they have the same long-term support needs as Carl. Denise would not benefit from the same job-skills training that will help Juanita find employment. Just as each story is different, each set of needs requires different programs. The Stewpot, in contrast to many nonprofits, attempts to provide a wide range of services: medical and dental clinics, clothing, help obtaining identification, weekend activities for children, job training and readiness, Bible study, art classes . . . the list would cover more than a page. Even so, they still cannot meet all needs. There is no provision for overnight shelter. Except for serving meals, no food is offered. In-town transportation assistance is not available. Front-desk staff and volunteers are expected to know where to refer clients who have needs The Stewpot cannot meet; even so, it is a frustrating experience for all concerned.

In many respects, being homeless is a full-time job. Few of us who are housed realize the lengths to which the homeless must go in order to survive. Even those who have given up on leaving the streets have to move around in search of food: until recently, there was no one place in Dallas where a homeless person could get a meal three times a day. Most night shelters require their residents to leave during the day, so people without a home spend much of the day on their feet, wandering. The Dallas police will not let them sit and rest in public spaces, even on benches in public parks. (It is unclear how City leaders have reached the conclusion that homeless people are not part of "the public," though this is not unique to Dallas.) Finding a restroom is a challenge in a city where "public" restrooms are nonexistent. Even those who can handle as their only source of income must keep at it for long hours if they hope to earn anything at all (urban legends to the contrary notwithstanding). Many homeless gather aluminum cans and scrap metal to turn in for cash—it is not surprising that one of the City's major metal-recycling businesses is less than a block from the Austin Street Centre, an overnight shelter. Beyond these, those homeless who *are* trying to become housed once again often have an even more difficult time. Imagine having to go to one agency in the morning for a bite of breakfast; another to get a decent change of clothes for a job interview; a third to get a bus pass to take you to that interview—and still manage to get to the interview on time. Some shelters impose cur-

few that inadvertently cause residents to miss skills classes or interviews. Homeless persons are understandably reluctant to ask potential employers to adjust the time of an interview to meet the schedule of a shelter; as a result, they run the risk of losing even their temporary housing for the sake of a job interview that is no guarantee of something better.

In a city the size of Dallas, the "system" is immensely complicated. There is no one person or agency that has a complete grasp or understanding of everything that is available, everything that goes on, every potential service provider. While HUD requires that all agencies receiving federal funding cooperate with one another—and defines a "continuum of care" that tries to ensure that services are available for homeless persons with all different levels of need—the "universe" of available services is huge and constantly changing. Dallas's coordinating agency, the Metro Dallas Homeless Alliance, is made up of representatives from nonprofit agencies, interested members of the public, homeless and formerly homeless persons, and representatives from public entities as well, such as the police department, the public library, the Dallas School District, the County hospital, and so forth. Even these experts, many of whom work full-time with the homeless, struggle to keep themselves informed and up-to-date with their information.

Nevertheless, as the relatively unchanging number of homeless in Dallas suggests, even dozens of agencies, which together spend millions of dollars, cannot make significant headway against the problem of homelessness in the city. As City leaders have gradually—and reluctantly—become aware, until the City itself takes the homeless and their needs seriously, rather than simply legislating against them, the situation is not going to change. There are a couple of key reasons that City involvement is crucial.

As in any city, NIMBY ("not in my back yard") issues are a problem in Dallas. Whenever proposals are made for building a shelter, building apartments to provide permanent supportive housing, or creating transitional housing there will always be an outcry from neighboring property owners claiming that such a facility will negatively affect the value of their property.¹¹ Dallas, in particular, has historically given neighborhood associations virtual veto power over anything within their boundaries; as a result, most Dallas neighborhoods have created such associations to lobby on their behalf with the City Council and other leaders. Associations in Dallas are so powerful that, in order to bring a more equal voice to the table, the homeless have organized to form their own "Homeless Neighborhood Association." Without a commitment among the highest level of City leaders to finding permanent solutions to homelessness, the competing interests of these associations will simply shut the process down—as, indeed, they did in 1994 and have done at numerous other times in the past.

Furthermore, the City has resources at its disposal that no nonprofit agency can hope to access. In 2003, voters passed a bond issue allocating \$3 million for the construction of a new, City-owned, 24-hour "homeless assis-

ance center." The same bond election also approved \$11 million for a new animal shelter; even so, this was a historic moment in Dallas's history. For the first time, the City was going to assume some responsibility for sheltering its most vulnerable citizens. With its leverage, the City has been able to pry funds out of County budgets as well, arguing that providing shelter for the homeless means that fewer of them would be spending time in the County jail and fewer of them would need the services of Parkland Hospital. The City is also working in concert with other big-city mayors across the state of Texas to gain access to state-level funds for various services provided at the shelter. Only a political entity such as the City has the authority and the clout to make such claims against other political entities.

At last, and to much fanfare, the City's new homeless shelter, now called "The Bridge," was opened in May 2008. Built to house just over 300 people per night, within the first week The Bridge was struggling to accommodate more than 700 every night, thus giving the lie to the oft-repeated statement that "the homeless don't want to come in off the streets."

What Happens Next?

The number of homeless nationwide appears to have been dropping, but the most recent numbers have not taken into account the "Great Recession" which began in 2008. A survey of member agencies in the Metro Dallas Homeless Alliance (conducted in May 2009) suggests that the demand for their services increased hugely in 2009, without an accompanying rise in donations or other funding. Dallas's housing market has not been hit as hard as in other parts of the United States, but foreclosure rates are such that it seems probable that the number of homeless is again on the increase.

Nationwide, a strategy called "Housing First" is gaining momentum and showing a great deal of promise. Its premise is simply this: until people have a place of their own that is stable and where they feel safe, they cannot make significant progress toward solving their problems, whatever those may be. Thus, an apartment is provided *before* requiring a person to attend job-skills classes. A client is permitted to live in permanent supportive housing *before* she or he is stabilized on antipsychotic medication. In contrast to "tough love" policies of the past, which demanded that homeless persons first show some "effort" toward recovery, Housing First operates on the premise that recovery is unlikely as long as people feel unsafe and must spend entire days getting basic needs met (as discussed above). In addition, the task record thus far in a number of different cities suggests that providing housing for the homeless is actually *less* expensive than allowing people to remain homeless. Once people are housed, they are no longer being jailed periodically for sleeping on the street; they require far fewer emergency health services; and (obviously) they no longer need a bed in a shelter.

Dallas's City Council has committed itself to the development of several hundred units of permanent supportive housing, with the required mental-health services already promised by two different agencies. Nevertheless, as of this writing (June 2009), the council has turned down two potential sites and proposals on the basis of neighborhood NIMBY complaints. The homeless and their advocates are waiting to see whether the council intends to honor its commitment to Dallas's most vulnerable citizens.

Notes

¹ Some characters are based on real clients/guests of The Stewpot; others are composites of the sorts of several people. Names have been changed in all cases.

² There is much debate, among both scholars and care providers, about what term(s) should be used to refer to the people who come for services. "Clients" is accurate in some regards, but it emphasizes the inequality between giver and receiver. The Metro Dallas Homeless Alliance tends to use the term "customers," which reminds providers that they are there to serve the population, but (to me) implies a certain level of free choice among multiple options that most of those receiving services do not in fact have. "Guests" is often heard as well, especially for shelter residents but also in other contexts. In this chapter, I will use both "guests" and "clients" to refer to the homeless in their relationship with service providers.

³ Permanent supportive housing combines affordable and/or subsidized rental housing with supportive services such as case management, mental-health and substance-abuse services, health care, and employment—either on-site or within an easily accessible distance.

⁴ Except to note that the Hispanic count may be lower than the national percentages due to Dallas's relative proximity to Mexico, which allows immigrants to return to their home country in extended periods of joblessness, I cannot account for the differences between Dallas's percentages and the national ones.

⁵ The rationale for January is this: Homeless persons are more likely to seek indoor shelter when the weather is cold. It is easier to count persons indoors, in a shelter, than to try to locate hundreds if not thousands of people sleeping on the streets or in homeless encampments. Thus, a count done in winter is more likely to come close to the true number of homeless in a given location than is one performed when the weather is conducive to outdoor living.

⁶ Los Angeles, for example, with more than twice as many homeless as Dallas, requires three nights in order to complete its census—but this is the exception rather than the rule.

⁷ For example, for late January 2005 the point-in-time homeless census reported 415,000 sheltered homeless people counted in the U.S. Using HMIS, researchers were able to discover that between the end of January and the end of April 2005, there were 704,000 individual homeless people who were sheltered at some time in that three-month period (HUD 2007). Thus, there is a substantial turnover rate in the population of sheltered homeless—something that could not have been discovered only through use of a point-in-time count.

⁸ NLCHP has cited these figures for a number of years. I am unable to locate the original source for the estimate or the research on which it was based; in more recent documents they simply cite themselves.

⁹ In Dallas's case, the designation was based on the following criteria: (1) passage of an ordinance making it illegal to take shopping carts off store property; (2) "sweeps" in December 2004 in which all personal property of homeless persons was confiscated and destroyed, including blankets, identification, and prescription medication; (3) a "sweep" by the Texas Department of Transportation, chasing homeless persons out from under highway overpasses, on the day after the point-in-time census; (4) bulldozing of a large homeless encampment in May 2005 (again, with too few shelter beds for all the people displaced); (5) an ordinance prohibiting panhandling at street corners and in any locations where presumably homeless people are having to use cash (e.g., at an ATM, a parking meter, a gas station);

- (6) in September 2005, the passage of a new ordinance penalizing any group that serves food to the needy outside of city-designated areas; and (7) a proposal by the mayor to begin ticketing anyone who gives money to a panhandler, as the ordinance prohibiting panhandling was not proving effective.
- ¹⁰ Transitional housing is an intermediate step for persons or families who are ready to leave an emergency shelter but who cannot yet afford market-rate housing. During a one- to two-year stay in a transitional housing program, participants receive reduced rent and are expected to participate in programs such as job training, budgeting, and other life skills. Many are waiting for Section 8 (federally subsidized) housing to become available. The story of Oasis Housing Corporation is recounted in Adkins and Kemper (2006).
- ¹¹ In fact, evidence shows that just the opposite occurs, particularly in the case of transitional and permanent supportive housing. Over time, these facilities have proven to be "good neighbors" in a variety of cities.

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