

Filling the Gap: Homelessness in Saint Louis

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Homelessness has been a constant and growing issue in the United States. This paper looks at recent models and practices to end homelessness in cities across the United States. These models include both the Housing First model, as well as the Coordinated Entry System. Using Saint Louis, Missouri, as a case study, this paper examines the strengths and weaknesses of the Housing First model partnered with a Coordinated Entry System. After looking at program strengths and weaknesses, this paper offers solutions for providing better services to the homeless using examples of two successful models: LA Family Housing in Los Angeles, California, and the Homeless Alliance in Oklahoma City, Oklahoma.

The right to an adequate standard of living is a universal human right, yet thousands of people in the United States still live in situations of homelessness. According to the Universal Declaration of Human Rights (UDHR), the right to an adequate standard of living includes the right to food, clothing, housing and medical care (United Nations General Assembly, 1948). The homeless face challenges in obtaining these rights, however, and they are often targeted by criminalizing policies that make it difficult to perform life-sustaining activities, such as sleeping.

Across the United States, new policies such as the Housing First model and the Coordinated Entry System have begun spreading with the goal of ending chronic homelessness. These models focus on quickly processing and placing the homeless in housing. Saint Louis, Missouri, is one of the cities that has implemented both the Housing First model and a Coordinated Entry System. These models were implemented in 2005 through the Ten Year Plan to End Chronic Homelessness. Although the Ten Year Plan did not end chronic homelessness in Saint Louis, it did set new precedents for service provision in

Saint Louis, as well as created more permanent supportive housing for homeless and low-income individuals. Additionally, Saint Louis has also implemented a Coordinated Entry System. This system is an approach where individuals are processed and assessed through a single entry point, and then are provided services and treatment through multi-organizational cooperation.

Although Saint Louis has made significant strides in service provision, homelessness is still criminalized there. Ordinance 67918 criminalizes panhandling, while homeless tent cities have been cleared out, leaving residents to find unsafe alternatives. In 2017, one of Saint Louis' largest walk-in shelters, the New Life Evangelistic Center, was shut down by the city due to a lack of proper permits and complaints from neighbors. The New Life Evangelistic Center provided residents with over 100 beds. Additionally, there a recent bill proposed requiring service providers to have a vendor license in order to give food to the homeless.

While Saint Louis has made significant advancements in service provision to the homeless, there are still glaring service gaps. The city would benefit from the formation of a resources campus, such as the Westtown campus run by the Homeless Alliance in Oklahoma City, Oklahoma. Resource campuses house various organizations under one roof, essentially creating a one-stop shop for homeless services. The more services provided in the same location, the more likely people are to use the services. Saint Louis would also greatly benefit from the formation of a street paper. As this paper argues, Saint Louis has made initial attempts to provide vital services to people who are homeless, but significant rights gaps remains. Learning from successful models elsewhere provide important frameworks for considering next steps.

Homelessness

There are generally two types of recognized homelessness: short-term homelessness and chronic homelessness. Short-term homelessness often happens suddenly, such as after losing a job,

fleeing domestic violence, or because of an unforeseen injury. These bouts of homelessness are shorter in duration than chronic homelessness. Chronic homelessness involves long-term homelessness, or repeated episodes of homelessness, and is typically related to a disability or substance abuse. People who experience trauma, such as veterans or people that experienced trauma in their childhood, are more likely to experience chronic homelessness (Baker et al., 2016).

Homelessness is caused by a variety of circumstances, which is why “solving” the issue of homelessness is so complex and perplexing. People are homeless for different reasons. Some of the leading causes of homelessness are having a low income and not being able to pay rent, fleeing domestic violence, having trouble adjusting to civilian life after a military discharge, being disabled, or having a chemical dependency. Within each of these categories are sub-categories that lead to more individualized issues. For example, the disabled category touches on multiple issues, such as both physical and mental disabilities. Some people might fall into a single category, while others might fall into multiple categories. It is for this reason that social service providers must work in a flexible manner in order to insure that everyone is getting the help that they need as an individual. For example, someone with a chemical dependency requires different assistance than someone fleeing domestic violence. Homelessness cannot be remedied by a “one size fits all” mindset because everyone and every case is different (Baker et al., 2016).

Human Rights and Legislation

Individuals who are homeless are deprived of an adequate standard of living. Article 25 of the UDHR states that “everyone has the right to a standard of living adequate for the health and well-being of himself” (United Nations General Assembly, 1948). Article 11 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR) supports the UDHR’s affirmation that an adequate standard of living is a human right. This right includes rights to food, clothing, housing, and medical care

(United Nations High Commissioner for Human Rights, 1976b). When an individual is homeless, these four basic rights become increasingly difficult to obtain. For instance, a their basic right to adequate housing is unfulfilled because they cannot access safe, affordable shelter. With this deprivation comes other issues, such as finding adequate food and clothing. If the individual has a source of income, they are forced to decide which “right” they can spend their money on; groceries or medicine? In reality, some people don’t have any form of income coming in.

Relatedly, homelessness causes a variety of health issues. Article 12 of the ICESCR states that “the States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (United Nations High Commissioner for Human Rights, 1976b). Homelessness exposes individuals to extreme conditions that leave negative effects on their health. The experience of homelessness leads to new health conditions, exacerbates existing ones, and complicates treatment options. People who are homeless are more exposed to malnutrition, extreme weather, and violence than the general population, which causes them to require medical assistance more frequently. Due to a lack of adequate health insurance and the radical cost of healthcare in the United States, many homeless people go to emergency rooms for their ailments instead of scheduling a regular doctor visit (Hodge et al., 2017).

In addition to problems in seeking medical care, the homeless also face challenges in treatments. Elliot Liebow (1995) chronicles some of these treatment challenges. For instance, some people are given prescribed treatments from doctors that they are not able to fill. In one example from Liebow’s research, a woman went to the doctor because she had a boil. She was told to take a bath three times a day; the doctor knew she was homeless, but still prescribed this treatment. The woman wasn’t able to complete treatment because she slept in a shelter (with no bath tub) and had to wander the streets all day until the shelter opened for the evening. This lack of understanding by medical professionals causes many homeless individuals to mistrust doctors or not take their medical advice

seriously. Many within the homeless population don't seek medical treatment until an ailment has become serious, sometimes causing minor ailments to become life threatening conditions.

Article 6 of the International Covenant on Civil and Political Rights protects the inherent right to life under international law (United Nations High Commissioner for Human Rights, 1976a). This right is also protected by Article 3 of the UDHR (United Nations General Assembly, 1948). Homelessness can be a life threatening issue, especially in unrelenting climates. In Saint Louis, at least two people died during the winter of 2017/18 — one in a dumpster and the other in a downtown portable toilet where he was apparently living (Murphy, 2018). Homelessness is an issue of life and death. The right to life is one of the most basic human rights, yet communities across the world are failing to protect the life of their homeless citizens.

People who are homeless often face discrimination in the work force, making it difficult to obtain and maintain a job. Article 6 of the ICESCR protects an individual's right to work. The ICESCR also declares that States present in the Covenant are required to take steps to help their citizens achieve employment. These steps include technical and vocational guidance and training programs (United Nations High Commissioner for Human Rights, 1976b). People who are homeless often have trouble maintaining a job due to erratic circumstances such as changes in sleeping location, as well. If someone cannot maintain a job, the perpetual cycle of homelessness continues, leading to further violations of human rights.

The homeless in the United States also face criminalization. Homelessness is not pretty, put simply, and many people view homelessness as an unpleasant stain on society. This has led to a movement across the nation to remove this "stain" from the public's view through the criminalization of the poor and the homeless. Cities across the United States have banned certain activities that target the homeless in urban areas. Some of the most common ways to criminalize the homeless are banning sleeping in cars, food sharing, begging, loitering, sleeping in public spaces, and sitting or lying in public

spaces (Nathanson, 2017). These bans specifically target the homeless, highlighting that cities are more concerned with what homelessness looks like in their community instead of combating the causes of homelessness (Aykanian & Wonhyung, 2016).

In addition to making it difficult for the homeless to perform life-sustaining activities, these policies of criminalization also aggravate the problem of homelessness. The policies give individuals a criminal record for minor offenses, such as sleeping on a park bench. Criminal records can make it increasingly difficult to obtain housing, employment, and government services (Aykanian & Wonhyung, 2016). These policies also force people to leave urban areas, which are crucial areas for delivery of services – partly because they typically hold high concentrations of homeless individuals and allow for more effective action by providers (Hodge et al., 2017). The criminalization of poverty and homelessness does not fix the problem, but rather only makes the issues worse. Policies that ban life-sustaining activities, such as sleeping in public spaces, do not get rid of the issue of homelessness; they simply makes the issue less visible. These policies often result in people being forced to sleep in more dangerous situations, for example (Nathanson, 2017).

The main federal response to homelessness was the McKinney-Vento Homeless Assistance Act. It began when the Homeless Persons' Survival Act was introduced to Congress in 1986. Only small sections of this act were approved, and it later became known as the McKinney-Vento Homeless Assistance Act. The act was passed in 1987 and signed into law by U.S. President Ronald Reagan on July 22 (National Coalition for the Homeless, 2006). Although the McKinney-Vento Act was a historic piece of legislation, not much federal legislation has been passed protecting the homeless since then. The McKinney-Vento Act didn't alleviate all homelessness, of course, and therefore more federal legislation needs to be passed in order to fill in the gaps and protect the rights of the homeless.

Following the passage of the McKinney-Vento Homeless Assistance Act, The United States Department of Housing and Urban Development (HUD) became the chief authority on homelessness in

the federal government. HUD says that they serve an estimated “1 million people through emergency, transitional, and permanent housing programs each year” (U.S. Department of Housing and Urban Development, Homeless Assistance, n.d.). In 1994, HUD introduced the Continuum of Care Planning Process. Continuums of Care committees have been implemented in cities across the United States. Committees are comprised of citizens, as well as non-profit service providers that focus on homelessness or issues involved with homelessness. The committees work to develop strategies to meet the needs of the homeless and low-income individuals in their communities. These committees also help process grants from HUD, as well as are responsible in conducting point-in-time counts each year (City of OKC, n.d.). These counts allow HUD to gain a glimpse into how many people are staying on the street in a single day of the year.

Strategies to Address Homelessness

In the past few years, a new approach to servicing the homeless has been created. This approach, Coordinated Entry System (CES), acts as an entry point in a given area. Traditionally, homeless services worked independently from other organizations. They were often geographically scattered, making it difficult for clients to access their services. This also made it difficult for agencies to track an individual’s progress across the multiple agencies (Streim, 2017). In addition, traditional models caused agencies to compete for funding resources and created a competitive atmosphere when, in reality, all of the organizations were working towards the same goal. A CES allows agencies to work together in order to establish the best possible care for the clients.

The two most common housing models used in the social service industry are (the more traditional) Treatment First/Linear Approach and the Housing First Model. In a Treatment First model, permanent housing is “a goal to be obtained via treatment compliance and abstinence” (Henwood et al., 2013). Clients are often required to undergo substance abuse and psychiatric treatment (Kertesz et al.,

2009). Housing is only obtained after a client has proven that they are substance free, as well as capable of managing their mental health.

The Housing First model was created in the 1990s and quickly became the most prevalent across the U.S. The term “Housing First” was coined by the National Alliance to End Homelessness in 1999. It refers to the rapid and direct placement of homeless people into permanent housing with supportive services available, but without service utilization or treatment required as a condition (Kertesz et al., 2009). Unlike the Treatment First/Linear Approach, housing is not dependent upon treatment. Clients are given housing first and then are provided services. The Housing First model places extreme emphasis on the autonomy of the clients. Clients are involved in choosing their living space as well as choosing the services provided. This also includes whether to take psychiatric medication or abstain from drugs and alcohol (Henwood et al., 2013).

Housing First programs are a radical new approach to housing in comparison to models of the past, including Treatment First. The implementation of Housing First programs has not been without difficulties, however. One of the key challenges is the lack of affordable housing with adequate standards available. In addition, since abstinence from drugs and alcohol are not required, Housing First programs have reported issues with drug dealing in the apartments, as well as complaints from neighbors that require clients to be resettled (McNaughton Nicholls & Atherton, 2011).

Housing First programs grant clients autonomy that is missing in other housing models. This autonomy allows clients to take control of their lives. Housing First programs, in addition to respecting individuals’ autonomy, also places emphasis on the human right to an adequate standard of living. These programs understand that everyone has a right to housing regardless of preexisting conditions. Simply because someone has a substance abuse disorder does not exclude them from the right to adequate housing. Instead, it is important that these individuals find housing that provides them with the support they need. Housing First programs understand this principle.

Saint Louis Case Study

Saint Louis is primarily broken down into two regions: the County and the City. The County and the City are vastly different; the County was formed when the more wealthy people in the region moved from the City. This move had a huge impact on the formation of current day Saint Louis, especially as the County grew and the City dwindled in population. The County primarily had white residents while the City had a higher concentration of African Americans. As the County grew, more opportunities were given to its residents, including the opportunity to attend better-equipped schools. These opportunities stunted economic development in the City while allowing the County to grow. The County is larger both geographically and in population in comparison to the City. In the 2010 census, Saint Louis County had a population of 998,954, whereas Saint Louis City had a population of 319,294. In the County, the average household income in 2016 was \$61,103, whereas the average income in Saint Louis City was \$36,809 (United States Census Bureau, n.d.a, n.d.b.). The disparities in these statistics show the vast differences between Saint Louis County and City.

The disproportions between Saint Louis County and City directly impact homelessness in the area. Although Saint Louis County has a significantly higher population than Saint Louis City, the City has a higher population of homeless individuals. HUD reported 1,336 homeless individuals living on the street in Saint Louis City in 2017 and 462 homeless individuals in Saint Louis County in 2017 (U.S. Department of Housing and Urban Development, 2017). These statistics were gathered through point-in-time counts conducted by the Saint Louis City and County Continuums of Care. Point-in time counts are conducted on a single night of the year and report how many people are staying on the street, in emergency shelters, and in transitional shelters at that point in time. Although Saint Louis City has a significantly smaller population than Saint Louis County, there are still significantly more homeless individuals in Saint Louis City. The disparity can be partly explained by the location of service providers in

Saint Louis City; most service providers for the area are located in the City. Although this could explain why there is a concentration of homelessness in Saint Louis City instead of Saint Louis County, it does not explain why these service providers began their services in the City in the first place.

One common complaint towards homeless services is that there are not enough beds available for the homeless. According to HUD, there are 1,338 year round beds available in Saint Louis City for the homeless (U.S. Department of Housing and Urban Development, 2017). These beds are administered through emergency shelters and transitional housing. According to the Saint Louis City Continuum of Care, the City has 658 bed available in emergency shelters and 680 beds available in transitional housing. The Saint Louis Continuum of Care also states that there are 1,764 permanent supportive housing year round beds with 513 of those beds being dedicated to the chronically homeless (quoted in U.S. Department of Housing and Urban Development, 2017). These numbers appear to cover the total amount of people counted in the point-in-time count. This raises the question of why there are still people living on the street. It is also important to note that point-in-time counts only offer a limited view of the number of homeless in a City because they are only conducted a single day of the year. Although there appears to be enough emergency beds in Saint Louis, the number of beds seems extremely close to the number of homeless individuals – thus leaving little room for overflow or a rapid rise in homelessness numbers. If theoretically there are enough beds for all people who are homeless in Saint Louis, why are there still people living on the street?

Saint Louis is broken into two different Continuums of Cares (CoC) based on this distinction between the County and the City. Both are comprised of organizations and service providers that focus on homelessness in the area. The City CoC is currently comprised of around 60 organizations with eight sub-committees, including: the Membership Committee, the Service Delivery Committee, the Planning Committee, the Advocacy Committee, the Rank and Review Committee, the Consumer Council, the HMIS Advisory Committee, and the Point-In-Time Count Committee (Continuum of Care STL, n.d.). The

County CoC is comprised of 25 organizations; although it is significantly smaller than the City CoC, it still provides valuable services to the homeless in Saint Louis County. Services include emergency shelter, permanent supportive housing, transitional housing, homeless prevention support, and a homelessness hotline (Saint Louis County, n.d.).

In August 2005, Saint Louis developed a Ten Year Plan to End Chronic Homelessness in both the City and County. The main goal of the Plan was to adopt “Assertive Community Treatment” and “Housing First” models under the supervision of the Continuum of Care in both locations. The objective of implementing these models was to increase the availability of permanent supportive housing, as well as to improve coordination among service providers. Although the Housing First model is primarily aimed at clients who suffer from mental illness and substance abuse, studies show the model is effective for individuals who suffer from short-term homelessness (Brown et al., 2016). Housing First programs primarily require that a client be chronically-homeless in order to participate in the program, however; this places priority on clients who have been homeless for longer periods of time. Unfortunately, this means there is little help available for the short-term homeless individuals who live in communities that place priority and funding in Housing First programs.

Since clients who receive housing through the Housing First program are required to pay a certain percentage of rent if they have an income. Tenants sometimes contribute 30 percent of whatever income they have, for instance; if they have nothing, 30 percent of zero is zero. Costs are subsidized through HUD funding (Lefebvre, 2018). Percentages and requirements vary from program to program. New York’s Pathways to Housing requires clients to pay 30 percent of their income for rent, participate in a money management program, and meet with staff twice a month. San Francisco’s Direct Access to Housing requires that clients pay 30 to 50 percent of their income to pay for rent (Kertesz et al., 2009). The argument is that requiring clients to pay a portion of the rent holds them accountable, as well as encourages money management.

In addition to successes in rehousing, Housing First programs also operate at an overall reduction in cost to society (Kertesz et al., 2009). By entering housing, clients of Housing First programs require less assistance and services than traditional models – including less emergency medical assistance (Lefebvre, 2018). A straight comparison between the cost of Housing First programs and the annual cost of a 365-day shelter is difficult to calculate and may be less favorable to the Housing First model because this comparison would only succeed in communities that have year round shelters that provide enough beds for the homeless population in the community. Currently most communities in the United States do not have enough shelter beds to equal the needs of the homeless in the community (Kertesz et al., 2009).

It is important to note that shelters won't disappear with the formation of Housing First programs, since these programs focus primarily on the chronic homeless with increased emphasis on those with mental illness and substance abuse. Even with an increase in Housing First programs, shelters would still need to be provided for those who do not meet the criteria of the Housing First program, such as those facing short-term homelessness. Although emergency shelters and transitional housing are needed in order to allow the homeless access to a safe place to sleep, many lack the necessary resources to provide support and rehabilitation to their residents. These forms of shelters are not fixing the underlying issues of homelessness. In addition to supportive housing, service coordination is essential to delivering services effectively and efficiently (St. Louis-MO, n.d.b.).

In 2004, before the implementation of the Ten Year Plan, the total estimate for the chronically homeless in Saint Louis City was 1,070 with an estimated 390 chronically homeless in the County. The City and County combined before the start of the Plan only had 70 permanent supportive housing beds and 750 beds overall (St. Louis-MO, n.d.b.). In 2010, halfway through the Ten Year Plan, the Saint Louis County Continuum of Care reported 659 homeless individuals living within their jurisdiction and the City reported 1,305 homeless individuals. In 2010, the total number of permanent supportive housing beds

in the County rose to 275 beds, with 27 of those beds designated for the chronically homeless. In Saint Louis City, the total number of permanent supportive housing beds rose to 1,200, with 203 beds designated to the chronically homeless. By 2015, the supposed end of the Ten Year Plan, there were still 438 homeless individuals living in the County and 1,312 homeless individuals living in the City. In 2015, the total number of permanent supportive housing beds in the County rose to 333 beds and to 1,349 beds in the City (U.S. Department of Housing and Urban Development, 2017).

The Ten Year Plan did not end chronic homelessness in Saint Louis, but it did set a new precedent for homeless service providers. It created more permanent supportive housing for the chronically homeless and began addressing major issues in service provision. Emergency shelters are not the answer to ending chronic homelessness. It is important to note, however, that emergency shelters are a viable short-term response that don't have the necessary resources to provide long-term supportive services. For this reason, the formation of permanent supportive housing is essential to address the issue of homeless, along with a coordinated service approach. Services need to work together in order to better serve and access the homeless population. The Ten Year Plan may not have reached all of its goals, but it did create more supportive housing and help move Saint Louis service providers in a more coordinated direction.

The Criminalization of the Homeless in Saint Louis

Saint Louis has not been immune to the criminalization of the homeless. Ordinance 67918 bans "aggressive panhandling," as well as limits the location of panhandling. These restrictions limit the number of locations available to panhandle, making it nearly impossible for anyone wishing to panhandle to find a lawful location. Ordinances that ban or limit panhandling directly target the homeless and the poor. In Saint Louis, the Ordinance makes it unlawful for individuals to panhandle in the following locations:

- (1) In any public transportation vehicle;
- (2) Within 50 feet of an automatic teller machine or entrance to a bank;
- (3) Within 30 feet of a point of entry to or exit from any building open to the public, including commercial establishments;
- (4) At any sidewalk café;
- (5) Within 50 feet of any public or private school;
- (6) At any bus stop, train stop, or cab stand;
- (7) Within 20 feet of any crosswalk;
- (8) Within any municipal or government owned building, park, golf course, or playground (St. Louis-MO, n.d.a.).

Although panhandling is generally frowned upon, even in homeless service organizations, some argue that it is a form of expression. The U.S. Bill of Rights protects the right to freedom of expression and speech within the United States. The First Amendment states: “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press, or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances” (National Archives, n.d.). Article 19 of the UDHR states: “Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers. (United Nations General Assembly, 1948). Similarly, Article 19 of the International Covenant on Civil and Political Rights states: “Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regard less of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice” (United Nations High Commissioner for Human Rights, 1976a). These documents

highlight the importance of freedom of expression, as well as declare it a right. When Saint Louis restricted the locations where panhandling is permitted, they essentially restricted the rights of panhandlers to express themselves freely.

Saint Louis is not the only city to criminalize the homeless. Many cities across the country have implemented laws that violate the First, Fourth, Eighth and Fourteenth Amendments of the United States Constitution. The Fourth Amendment protects the rights of people against unreasonable searches and seizures. The Fourteenth Amendment further protects the privileges of United States citizens, as well as their right to life, liberty, and property (National Archives, n.d.). On November 28, 2016, officers in Denver, Colorado, confiscated the blankets of several homeless individuals who had been camped out in front of the county building sidewalk. This led to a class-action lawsuit against the City of Denver on claims that the city violated the individuals' Fourth and Fourteenth Amendment rights (Nathanson, 2017). In 2006, the Ninth Circuit Court overruled a Los Angeles ordinance that criminalized the sleeping or sitting in public spaces on the basis that it violated the rights of the homeless. In 1993, a New York ordinance banning begging was overturned because it violated the right to freedom of expression (Hodge et al., 2017). Ordinances that criminalize the homeless violate the United States Constitution, as well as internationally established human rights. Criminalizing the homeless does not solve the issue, but instead makes it more difficult for homeless individuals to get back on their feet.

Ordinance 67918 is not the only policy in Saint Louis that targets the homeless. In 2016, Board Bill No. 66 was proposed to require a vendor's license to distribute food, blankets, or other goods on city sidewalks or parks – even if those items are being given away for free. It would also make it illegal to give anything away between 11 p.m. and 6 a.m. (Phillips, 2016). If passed, this bill would greatly restrict individuals and organizations trying to provide services for the homeless. In order for an organization to continue their services, they would be required to purchase a vendor license. At the time of writing in Spring 2018, the bill has only undergone a first reading. If passed, however, it would further criminalize

the homeless in Saint Louis and penalize organizations that wish to assist them. This bill would make it a crime to distribute food and other life sustaining necessities without a license (St. Louis-MO, 2016b).

On April 27, 2017, the City of Saint Louis shut down the New Life Evangelistic Center (NLEC), one of Saint Louis's largest homeless shelters, which was run by Reverend Larry Rice. The City claimed that the Center was closed because it had been operating without a permit since May 12, 2015 (St. Louis-MO, 2017). The City also highlighted that the NLEC had refused to join the Saint Louis Continuum of Care. Rice claims that he hadn't joined the Continuum because he didn't want to duplicate what other service providers were already doing (Gray, 2017). In addition to the lack of permit, neighbors claimed the shelter was a nuisance. According to Maggie Crane, the communications director for the mayor's office, "This [was] really brought about by neighbors fed up with the conditions in and around his shelter and (Rice's) inaction to do anything about it" (quoted in Gray, 2017). Although the City had a plan for the residents of the NLEC to be processed through the Biddle House and the City's Department of Human Services agreed to provide shelter for more than 100 residents, the homeless services in Saint Louis are already stretched thin and the loss of more than 100 beds is significant.

Certainly the NLEC was not praised by everyone. Even members of the homeless community called the shelter "more of an enabler than a reformer" (Moore, 2017). Although not everyone in the community supported the NLEC, it did provide valuable shelter from the elements. The winter following the closing of NLEC was one of coldest Saint Louis winters in years. Homeless services are stretched thin and, as a result, people aren't getting into housing quickly enough. Theoretically, if the Housing First model was operating successfully, the closing of the NLEC should have had little to no effect on Saint Louis because the homeless should not need emergency shelter; they should have been placed in housing as their needs arose. In a successful Housing First model, there should be little need for emergency shelter. However, this is not the case in Saint Louis, where the Housing First model has not grown enough where it can recover from the loss of more than 100 beds at the NLEC. Although there

was an issue with the NLEC permit, the problem at the heart of the matter was the discontent from the neighbors around the NLEC. Negative attitudes towards the homeless drove the City to close the shelter, further criminalizing the homeless and answering the calls of its more “influential citizens” over its “vulnerable citizens.”

In October 2017, Saint Louis police cleared out a tent encampment that had been set up by homeless individuals who were unable to acquire beds at local shelters. Kristin Carr, a resident of the tent encampment, said “she [had] been showing up early every morning at Biddle House to secure a place in line for night shelter anywhere in the city. She hadn’t found a bed. But on Wednesday night, one of the tents opened up for her because somebody else had been given a bed” (Bogan, 2017). Although tent encampments are far from perfect, they do offer a measure of security to their residents (Loftus-Farren, 2011). The closing of these encampments do not offer their residents a new place to stay. They simply push them to unsafe and unstable living conditions. Clearing out the tent encampment is in blatant disregard for the safety of homeless individuals, and forcing people to leave does not solve the root of the issue. The issue is not the tent encampment; the issue is there are not enough beds for all of the tent encampment residents in shelters.

According to the National Coalition for the Homeless (n.d.), recently cities and states have begun passing bills known as “The Homeless Bill of Rights.” Rhode Island was the first to pass a Homeless Bill of Rights in 2012. Since then, Connecticut, Illinois, and Puerto Rico have passed similar bills, as well as cities such as Baltimore (MD), Madison (WI), and Traverse City (MI) (National Coalition for the Homeless, n.d.). These bills protect the homeless against unlawful criminalization and discrimination. A person who “appears” homeless is more likely to be asked to leave when sitting on a park bench than an individual who doesn’t appear homeless. The Homeless Bill of Rights protects the rights of the homeless by providing a legal framework, specifically against the discrimination on the basis of homelessness. Currently, the Homeless Bill of Rights is only available to a small percentage of

the homeless population in the United States until more states and cities decide to ratify it. These bills have the potential to help stop the criminalization of the homeless. Saint Louis sits on the border between Missouri and Illinois. If Illinois has adopted the Homeless Bill of Rights, why hasn't Saint Louis or even the state of Missouri?

Saint Louis Organizations

There are many organizations in Saint Louis that have stepped up to protect and provide services to the homeless. One of the leading service providers is Peter & Paul Community Services. The organization started after a local homeless man froze to death in 1981 near the Saint Peter and Paul Church. This led the church to open a "winter shelter" in their basement. Soon after the formation of the winter shelter, Peter & Paul started a meals program based on the support of volunteers. The meals program currently feeds over 30,000 meals every year. In 1988, Peter & Paul launched their first transitional program. Currently, Peter & Paul operates two emergency shelters, a meals program, two transitional housing facilities, and permanent supportive housing (Peter & Paul Community Services, n.d.). Peter & Paul provides a multitude of valuable services to the homeless and low-income individuals in Saint Louis.

Another influential organization in Saint Louis is the Saint Patrick Center, which is the head organization of the local Coordinated Entry System. Individuals go to the Center or the Biddle House, an organization operated by the Saint Patrick Center and Peter & Paul, for intakes, assessments, meals, shelter, and housing coordination. In 2017, the Center completed 3,430 intakes and prevented 103 people from becoming homeless. They provide management service and rental assistance to 961 individuals who qualified for Rapid Rehousing in 2017, as well as 1,216 individuals who qualified for Permanent Supportive Housing. Also in 2017, they helped 295 individuals find jobs, as well as provided 1,237 individuals with services to help them fight substance abuse (St. Patrick Center, 2017).

In 2016, the Biddle Housing Opportunities Center opened in the historic Market Building in Saint Louis. The Biddle Housing Opportunities Center is owned by the City of Saint Louis and operated by the Saint Patrick Center and Peter & Paul. The building operates as an emergency shelter and a daytime service center, as well as an additional entry point for the Coordinated Entry System. The Saint Patrick Center is in charge of overseeing needs assessments, connections to resources, referrals, meals, and housing placement for up to 125 men, women, and children (St. Louis-MO, 2016a). Peter & Paul provides onsite client support and program management, and direct emergency overnight shelter for up to 98 men (St. Louis-MO, 2016a). The Biddle Housing Opportunities Center helps provide important services to the homeless in Saint Louis, as well as demonstrating the importance of a multiple organizational cooperation.

The Saint Louis Winter Outreach helps fill in the gaps in service provision during the winter months. Winter is an extremely dangerous time for the homeless. If homeless individuals are left out in the elements during harsh weather, they run the risk of death or severe injury. The Saint Louis Winter Outreach relies on community involvement in order to provide resources and support to the homeless. The organization is comprised of three teams: Outreach, Shuttling, and Emergency Shelter. Winter Outreach is also in charge of the Assisi Houses in Saint Louis, which are single-gender permanent shelters during the winter months. A team selects a certain number of individuals to reside in the house. After March, the number of tenants is reduced and the houses become semi-permanent housing where residents are required to pay a small amount of rent in order to cover the cost of utilities in the building. The Saint Louis Winter Outreach is currently in the process of building their fourth Assisi House. Winter Outreach provides life-sustaining support to the homeless in St. Louis during the most life threatening time of the year (St. Louis Winter Outreach, n.d.).

Solutions

The Ten Year Plan sent Saint Louis in the right direction by creating a Housing First model and Coordinated Entry System, yet the City and County are still having issues working out the logistics of these two models. Saint Louis would benefit from looking at other states models and trying to implement their models in the area. Although Saint Louis has greatly improved its service provision in the last 20 years, the system is far from perfect. Homeless individuals are still criminalized and there are still people living on the street and in tent encampments. These people do not have an adequate standard of living. Although the Saint Louis Continuum of Care and various organizations have begun filling the gaps to cover the needs of the homeless, as well as updating their services models to the most updated date national models, Saint Louis could still improve its service provision.

Coordinated Entry Systems have proved successful across the United States. In 2005, Saint Louis began the process of implementing a Coordinated Entry System. Currently the Saint Patrick Center and the Biddle Housing Opportunities Center act as entry points into the system. Both organizations offer a multitude of services to clients, as well as referring clients to other organizations. Although both of these organizations are providing beneficial services to the homeless, they rely on the cooperation of other organizations to fill in the gaps of their services. For this reason, Saint Louis would benefit from the development of a campus housing multiple homeless service organizations in the same building.

When the Coordinated Entry System model was first developed, clients would go to the designated “entry” organization in order to be processed and accessed for their possible needs. However, some communities have taken this a step further. Several communities, such as Los Angeles and Oklahoma City have built (or are in the process of building) campuses that house multiple organizations under a single roof in order to offer fully integrated care. “Integrated care broadly refers to the efficient, coordinated, and proactive delivery of comprehensive health care services tailored to an

individual's needs" (Guerrero et al., 2014). Integrated services allow clients to access services more efficiently and effectively.

The Homeless Alliance in Oklahoma City developed the WestTown Campus in 2009 and the campus opened in May 2011. The campus consists of two key sections: the Resource Center and the Day Shelter. The Resource Center provides offices for multiple organizations that work with the homeless in Oklahoma City through a Coordinated Case Management approach. The Resource Center also houses the Homeless Management Information System (HMIS), a networked computer database that allows agencies serving the homeless to share data on shared clients, measure outcomes, and report to funders. The Day Shelter is a 13,000 square foot facility with a library, showers, commercial kitchen serving breakfast and lunch, 12 computer workstations, barbershop/salon, and classroom space for AA and NA classes, devotionals, art classes and other educational opportunities (Homeless Alliance, n.d.). The Day Shelter also has kennels, pet food and veterinary services for clients who have pets. The WestTown Campus is an innovative and effective approach to the Coordinated Entry System in Oklahoma City.

LA Family Housing in Los Angeles is in the process of building a campus similar to the WestTown campus. Once completed, the campus will focus on a new health care clinic that will provide primary, mental health, and dental care. Other sections of the campus include housing for single adults, family housing, permanent housing for single adults, a community room, and a comprehensive service center (LA Family Housing, n.d.). The campus is expected to increase the amount of people that the LA Family Housing will be able to serve, as well as increasing the number of services provided.

Coordinated Entry Systems and integrated services are a viable and effective ways of delivering services for the homeless. These approaches allow clients to access care quickly and efficiently. Furthermore, the development of resources campuses allows for a more effective approach while also allowing more services to be provided, such as daily necessities like showers and food. These campuses

are acting as a one-stop shop for the homeless, allowing services to be accessed easily and more effectively. The harder it is to access services, the less likely an individual is to use the services. Coordinated System Approaches simplifies the service process thus making it easier for people to obtain the help they need.

Organizations are working hard at implementing the Housing First model in Saint Louis. However, it would be easier to implement this model if more affordable housing was available to these programs. Since the implementation of the Ten Year Plan, Saint Louis has seen an increase in the amount of permanent supportive housing available for Housing First programs, but it still is not enough to get everyone off the street. One possible solution to this problem is the formation of tiny houses. In November 2017, North Grand Neighborhood Services, Rockwood School District, and Social Justice 4 began work on three tiny houses for the homeless. The tiny houses will be 14 by 26 feet and will be located in the JeffVanderLou neighborhood (Brinker, 2017). Although these three tiny houses will not solve the issue of homelessness in Saint Louis, they could be the start to a new solution in providing affordable housing to the homeless. Tiny houses do require financial investment, but the investment in the construction of a tiny house is significantly less than that of an apartment complex. For this reason, tiny houses may be a viable way to provide housing to the homeless.

Saint Louis would also greatly benefit from the formation of a street paper. A street paper is a magazine or newspaper that employs the homeless and low-income individuals as well as teaching financial responsibility. Street papers are not meant to be a permanent form of income; they are meant to prevent panhandling, as well as help people recover from economic hardships. Across the world, there are at least 110 street papers in 35 different countries. In 2017, there were 23.3 million street paper sold across the world (International Network of Street Papers, 2017). Street papers provide an alternative to panhandling, as well as providing a viable income in addition to teaching money management. Street papers also encourage positive interaction between homeless vendors and

consumers. This interaction helps to bridge the gaps between the homeless community and the overarching population in the area. It humanizes the homeless in the eyes of consumer. In addition to the positive interactions between vendors and consumers, the paper itself also helps educate the community on homelessness and other social issues.

A good street paper should appeal to a large audience because you want as many people as possible to buy the paper and read the content. The *Curbside Chronicle* in Oklahoma City has done an excellent job at appealing to a wide audience. Each issue of the *Curbside Chronicle* has several key sections. The first section is about a social issue in the United States or around the world. This section is typically followed by a few stories that relate to Oklahoma City, such as features on local stores and restaurants. The *Curbside Chronicle* tries to use their vendors as models, which can further humanize the homeless. The last section is a vendor spotlight, which includes a multi-page interview. Saint Louis would greatly benefit from the formation of a street paper similar to the *Curbside Chronicle*. Street papers are a viable source of income for the homeless, as well as a way to further educate the broader population about the issue of homelessness through positive interaction with vendors (Curbside Chronicle, n.d.).

By looking at Saint Louis, we are able to learn about the impact of a standard Housing First model partnered with a Coordinated Entry System; we can see how it affects a community in order to better identify this model's strengths and weakness. From Saint Louis, we learn that this model did increase the amount of available beds for the homeless. Although more beds were created by the Ten Year Plan, the area did not experience a significant decrease in homelessness. Despite the fact that Saint Louis did not eradicate homelessness, however, this case offers important lessons to other communities. Saint Louis did a great job creating more beds with the resources they had, but they fell short with a lack of integrated service provision. Cities hoping to implement a Housing First model with a CES would greatly benefit from creating an integrated service resource campus. Homelessness is a complex issue to solve, but if more communities and services work together the issue becomes smaller

and more manageable. A single organization cannot solve the issue of homelessness. It is imperative that organizations work together to fight for the rights of the homeless and to end homelessness in their cities and counties.

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