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Haven for Hope: Providing Hope for San Antonio's Homeless

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A departmental senior thesis submitted to the Department of Economics at Trinity University in partial fulfillment of the requirements for graduation with departmental honors.

April 23, 2008

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I. Introduction

Homelessness is a persistent problem plaguing most cities. There have been countless attempts to end homelessness, but all ultimately fail. Jesus himself said, “The poor you will always have with you.”¹ While it is unlikely that the problem of homelessness can be solved completely, there are steps that can be taken to shrink the current homeless population to a more optimal number and prevent even more people from becoming homeless in the future.

In order to have a policy that successfully reduces homelessness, we must first understand what “homelessness” means. The official definition is important for policy concerns because it will directly affect the number of people the policy impacts. Too narrow a definition might lead to the exclusion of some people who need services. For instance, some people may be able to afford a hotel only a few nights a week and sleep in a shelter the rest of the week, yet surely, they should be considered homeless for all seven days.² However, too wide a definition might mean that budgets are exhausted on people who could otherwise get help from friends and family. Because the wider definition of homelessness allows more people to get help from additional sources, it decreases the opportunity cost of being homeless and, in the face of these alternatives, more people will choose homelessness. The size of the homeless population is endogenous to the policies implemented. Therefore, policymakers have to find a realistic compromise that allows them to help the optimal number of homeless people.

¹ Mat. 26:11, New International Version.

² Burt, Martha, et al, Helping America's Homeless: Emergency Shelter or Affordable Housing?, Washington, D.C.: Urban Institute Press, 2001.

By O’Flaherty’s definition, “the homeless are people who sleep either in shelters or places not intended for human habitation.”³ According to this simple explanation, homelessness includes many of the perceived homeless, but it does not include people living in hotels or doubled up with friends or family members. If this definition guides policy choices, it will exclude the partially housed part of the population from the services available only to the homeless. Another view of homelessness is that it is a “condition of detachment from society characterized by the absence or attenuation of the affiliative bonds that link settled persons to a network of interconnected social structures.”⁴ However, it is unrealistic to assume that housed people necessarily have better relationships and connections than the homeless population simply because of their housing situation. The British definition of homelessness relies on a focus on the right to occupy residential space legally.⁵ This emphasis recognizes the population that is squatting in abandoned properties and uncomfortably “doubled up” with friends and family members and seeks to offer them assistance along with the traditional homeless.

The significance of all of these differing definitions is that there are separate issues to address with each. If the perceived problem is that the homeless lack real relationships, that requires a different approach than if the alleged problem is to ensure self-reliance and job stability. It is important to define the problem before searching for a solution and to recognize that the problems differ across cities around the country. Additionally, the street homeless also create negative externalities, which are worth correcting because of the costs they impose on society. If they overuse park benches and sidewalks, other people cannot use them and thus the

³ O’Flaherty, Brendan, City Economics, Harvard University Press, 2005.

⁴ Bahr, Howard M., Skid Row: An Introduction to Disaffiliation, New York: Oxford University Press, 1973.

⁵ O’Flaherty 2005.

homeless create congestion without paying the costs.⁶ Hence, homelessness is not just a problem of people sleeping in uninhabitable places, but instead it is clearly a multifaceted issue. Each problem needing to be corrected will require a different approach.

Existing solutions to homelessness vary between cities, but most city plans include at least emergency shelters, transitional shelters, and service centers. However, even with these steps in place, little progress has been made over the last few decades toward eliminating homelessness. In fact, the homeless population has been increasing over the past twenty years. In 1987, the Urban Institute estimated the homeless population to be between 500,000 and 600,000 people at any given time. Two 1996 estimates fall on either side of the 1987 estimates. As of 2000, researchers concluded that the higher 1996 estimate was more representative of the homeless population, and that the size of the homeless population has even increased since 1987.⁷ Today, the Urban Institute estimates about 2.3 million adults and children in the United States are homeless at least once during the year.⁸ Along these same lines, Schiller describes the constant presence of poverty, despite help from the government and a booming economy:

Since the 1960s, the US economy has tripled in size, the average household income has increased by 70 percent, and the employed labor force has grown by 70 million persons. In the same 40-year period the government has spent

⁶ O'Flaherty 2005.

⁷ The Urban Institute, "Millions Still Face Homelessness in a Booming Economy," February 01, 2000, The Urban Institute, Nov 26, 2007, <<http://www.urban.org/publications/900050.html>>.

⁸ The Urban Institute 2007.

hundreds of billions of dollars on programs to aid the poor. But poverty has not disappeared.⁹

Obviously, even with extensive government aid and increasing household incomes, poverty remains a true problem. The homeless population also receives a large amount of public and private aid, but like the poor community, is unlikely to disappear completely.

A newer solution to the problem of homelessness is an all-in-one campus approach. A homeless campus is a multi-acre facility that provides multiple services to the homeless population from one location. The few cities in the United States that have tried this approach boast of its success. While the costs of a campus are not insignificant, the potential benefits to both the homeless population and society as a whole are impressive.

San Antonio recently decided to try this more comprehensive approach in an attempt to alleviate the problem of homelessness. However, the challenges San Antonio faces with the problem of homelessness are slightly different from the difficulties faced by policymakers and campus leadership in other cities. Even though officials are learning much from existing campuses, they have to make adjustments to make the campus suit their own problems.

The purpose of this thesis is to analyze the likely effects of San Antonio's new approach on the general well-being and size of the homeless population, while also considering the costs and benefits of such an approach compared to the currently existing service providers.

⁹ Schiller, Bradley R., The Economics of Poverty and Discrimination, 9th ed., Upper Saddle River, NJ: Pearson Prentice Hall, 2004.

II. How Many People are Homeless?

In 1990, the Census Bureau reported 180,000 individuals using transitional and emergency shelters and about 170,000 in 2000.¹⁰ However, since homeless people do not have home addresses, they do not fill out census surveys like the typical American. Furthermore, they tend to sleep in concealed places to protect themselves and their belongings.¹¹ Because of these and other reasons, this population is hard to count. Additionally, the census surveys have been widely criticized in their collection methods. In order to obtain an accurate estimate, researchers must find more creative methods to count the homeless. It is important to know how large the homeless population is in order to know how large the problem is. However, it is also important to recognize that the homeless population is not homogeneous. Interviews performed during surveys are useful because they help determine how large each segment of the population is, and in turn enable policymakers to make more informed decisions.

A point-in-time survey is one of the most common ways to examine the size of the homeless population. This survey follows closely O’Flaherty’s first definition of homelessness, defining them as “people who sleep either in shelters or other places not intended for human habitation,”¹² but it is an incomplete picture of that population. In a point-in-time survey, surveyors spend a single evening or a 24-hour period counting homeless people at service centers. These include soup kitchens, shelters, and other providers. They do not, however, count

¹⁰ Lang, Kevin, Poverty and Discrimination, Princeton, New Jersey: Princeton University Press, 2007.

¹¹ Jencks, Christopher, The Homeless, Cambridge, Massachusetts: Harvard University Press, 1994.

¹² O’Flaherty 2005

people hiding in abandoned buildings, sleeping in cars, or even standing on street corners.¹³ To help circumvent this oversight, point-in-time studies are usually conducted on colder nights, when presumably more people are using services.¹⁴ However, there will never be enough beds for everyone, and some people will always refuse assistance. Additionally, in the warmer climate of the Southern United States, it is rarely cold enough to force people to seek shelter. Heat is a more pressing problem for these people. For these reasons, the point-in-time count is understood to be an underestimation of the total homeless population. Nevertheless, point-in-time surveys are consistent across the country and over time in their implementation. As long as policymakers understand the limitations of the data they are receiving, it is still useful. In the United States in 2005, the point-in-time surveys estimated 754,147 sheltered and unsheltered homeless, which is less than 0.3 percent of the U.S. population.¹⁵

There are, however, more exact measurement options available. In 1987, Burt and Cohen performed a one week estimate in cities of more than 100,000 citizens. They interviewed individuals in shelters and meal distribution programs in order to eliminate duplication among people who used multiple services throughout the week. Their weeklong estimate of 229,000 was found to be 75% higher than current single day point-in-time estimates. They argue that even people who do not use services each day are still homeless on the days they do not use them. For this reason, the week long period is more likely to include most homeless and is

¹³ U.S. Department of Housing and Urban Development and Office of Community Planning and Development, “The Annual Homeless Assessment Report to Congress,” February 2007.

¹⁴ Wallender, Alex, Intern for Councilwoman Patti Radle’s Office, Personal Interview, April 3, 2007.

¹⁵ U.S. Department of Housing and Urban Development and Office of Community Planning and Development, 2007.

therefore more accurate. This study is considered one of the most thorough counts of homelessness, and so while these numbers are outdated, the meaning is influential. It provided some of the first proof that the point-in-time estimates severely underestimated the homeless population. Though the methods have not been duplicated exactly, they have been mimicked by various surveyors, such as the National Survey of Homeless Assistance Providers and Clients (NSHAPC) survey, which found similar population numbers.¹⁶ Also during this same period but using a different definition and surveying in a different month, Jencks found a homeless population of 300,000-400,000.¹⁷ It is important to know how many people are homeless so that effective policies can be tailored toward a correct amount of people. Though the concrete number of homeless is disputed, this population exists, even if it is only a small proportion of any city's population. If the point-in-time estimates predict there to be approximately 754,147 homeless people in the United States, using more precise measurement methods similar to the ones described here would come up with a much higher, yet more exact number.¹⁸

III. Who are the Homeless?

Since most of the homeless come from the housed, poor adult population, this is a better basis for comparison than the US population in its entirety. American homeless people are less likely to be white or Hispanic and more likely to be African American than the housed, poor adult population. The homeless are less likely to be senior citizens and more likely to be middle

¹⁶ Burt, Martha, et al 2001.

¹⁷ Jencks 1994.

¹⁸ U.S. Department of Housing and Urban Development and Office of Community Planning and Development, 2007.

aged. They are more likely to live in cities than rural areas.¹⁹ There is little difference in educational attainment between the homeless and poor housed population.²⁰ Furthermore, households headed by persons more than 50 years old are less likely to be homeless. Wasson and Hill found that the longer families stayed in a shelter, the less likely they were to leave, and that knowing a shelter occupant has a positive correlation with homelessness.²¹ However, skin color, age, and location are correlates that do not cause homelessness, so these factors alone are not helpful in determining successful policy choices.

Additionally, there are causative factors influencing a person's likelihood of becoming homeless. Homeless people are more likely to be single, most likely because of lower household incomes earned at younger ages.²² Households in states with lower per capita spending on community healthcare are more likely to be homeless because this directly correlates to the household's ability to afford healthcare.²³ For families and individuals without healthcare coverage, the problem is intensified and the likelihood of them becoming poor or homeless after a serious illness is much higher. A region's average minimum temperature is negatively related to the likelihood of being homeless.²⁴ This is likely due to a greater amount and quality of

¹⁹ Burt, Martha, et al 2001.

²⁰ Burt, Martha, et al 2001.

²¹ Wasson, Renya Reed and Hill, Ronald Paul, "The Process of Becoming Homeless: An Investigation of Female-Headed Families Living in Poverty," Journal of Consumer Affairs 32.2 (1998): 32:2.

²² Burt, Martha, et al 2001.

²³ Early, Dirk W., "The Determinants of Homelessness and the Targeting of Housing Assistance," Journal of Urban Economics 55.1 (2004): 195-214.

²⁴ Early 2004.

services provided to the homeless in harsher climates, which decreases the opportunity cost of being homeless. It seems that the more logical causal chain between this temperature and homelessness relation should happen in the opposite direction as the one described here, due to the harshness of cold weather. In other words, it seems that logically, the likelihood of homelessness should increase as the minimum temperature increases. However, Wasson and Hill found no evidence of this. Additionally, Wasson and Hill recognized that work experience decreases the probability of becoming homeless, since it increases the likelihood that a person will continue working and therefore supporting themselves, while the presence of mental disabilities increases the probability of homelessness since it usually interferes with job retention and self-reliance.²⁵ Furthermore, any type of childhood dislocation, such as foster care, running away, or living on the streets, contributed to the risk of becoming homeless in adulthood. A precedent of childhood dislocation can create psychological patterns early in life that recreate themselves later when the same people find themselves in difficult situations. Additionally, since most children coming from the troubled backgrounds of foster care families and homelessness are raised in the lower income brackets, they have little economic support from friends and family later in life. Moreover, Early found that female-headed households and households with children are more likely to be homeless, due to depressed earnings for women and the costs of caring for children.²⁶ Additionally, problems with alcohol and drugs lead to homelessness, since struggles with addictions prevent some people from maintaining steady jobs.²⁷ Policymakers can

²⁵ Wasson and Hill 1998.

²⁶ Early, Dirk W., "An Empirical Investigation of the Determinants of Street Homelessness," Journal of Housing Economics 14.1 (2005): 27-47.

²⁷ Early 2005.

more effectively target programs to the homeless by assuming that these are causes, not just correlates. For example, cities promoting job placement programs and those who move their homeless out of shelters within reasonable time periods will have higher success rates in lowering the homeless population.²⁸

Another important distinction to consider is the difference between short term and chronic homeless. Jencks estimates that on any given night, about half of the homeless population will have been homeless for at least a year.²⁹ Each day, the chronic homeless use most of the resources provided to fight homelessness. However, throughout the year, there are more short-term homeless people because they turn over so much more frequently. Since they are able to leave the system more quickly and because their problems are less difficult to solve, they are less expensive to help. The difference between chronic and short-term homelessness is important since each of these types faces different problems. They will not respond equally to all solutions, and policymakers must determine the optimal approaches depending on the problems they face. Additionally, the makeup of the local homeless population will have an impact on the respective amount of money spent on services for each type of homeless population.

IV. Classifying Causes of Homelessness

Aside from these population characteristics, there are also four main categories of the homeless population worth examining, developed by Shuger, along with much overlap across

²⁸ O'Flaherty, Brendan and Wu, Ting, "Fewer Subsidized Exits and a Recession: How New York City's Family Homeless Shelter Population Became Immense," Journal of Housing Economics 15.2 (2006): 99-125.

²⁹ Jencks 1994.

these categories.³⁰ These populations are worth investigation because each has a specific problem that requires a unique policy response.³¹ By better understanding these problems, we can create and implement targeted solutions that are more likely to help the people toward whom they are directed. A one-size-fits-all policy response will fail to help a large proportion of the homeless population.

The first sub-type is what Burt calls the “precariously housed.”³² This group of people is “down on their luck.” It includes the people who lose their home in a fire, run away from an abusive relationship, or suddenly suffer steep medical costs, among other things. If they have no friends or family nearby to double up with and lack a large savings account, they may end up sleeping on the streets.³³ These people usually just need a few nights in a safe emergency shelter, and possibly some money to jump start what used to be a successful life. The biggest problem in dealing with this type of homeless person is distinguishing the destitute from the con artist. These people are cheap to care for since they generally do not have difficult problems to solve, like drug addictions or mental afflictions. Additionally, they are not likely to relapse into homelessness, since the cause of their homelessness was a one time occurrence that was out of their control.

³⁰ Shuger, Scott, "Who are the Homeless?" The Washington Monthly, March 1990: 38-49.

³¹ Mansur, Erin T., et al, "Examining Policies to Reduce Homelessness Using a General Equilibrium Model of the Housing Market," Journal of Urban Economics 52.2 (2002): 316-340.

³² Burt, et al 2001.

³³ Wasson, Renya Reed and Hill, Ronald Paul 1998.

The second group consists of those with addictions. These people make up approximately 64% of the homeless population.³⁴ Unless they receive detoxification and follow up treatment, they are likely to fall back into their previous patterns. This group is somewhat expensive to treat, but since their problem is relatively straightforward, identifying the policies that will help them should also be simple. With continuous treatment for as long as necessary, they can be stabilized and eventually live normal lives. They can go on to have jobs and provide for themselves, house themselves, and feed themselves, without the government taking care of them, thereby making the treatment worth the high cost. The most outstanding challenge with this group is making them come repeatedly to get help, since their treatment is ongoing. This is especially difficult because drugs and alcohol are so available among this population, so temptations are very strong.

The third sub-type is the group struggling with mental illnesses. Between one-fourth and one-fifth of the homeless population has a diagnosable, major mental illness.³⁵ These people need medical attention and medication, which many will refuse to take consistently. This is an issue with all mental health patients, not strictly the homeless population. This is also a very expensive group of people to treat, requiring long term, constant treatment and monitoring in most situations. The challenge of treating them is compounded by the individuals' lack of medical insurance. With those that are just barely on the brink of being mentally impaired, providing the right diagnosis and medications might help them in a way that they can again be integrated into society and be self-sustaining citizens. However, for some people in this category, they will forever be on the government dole. Hopper found that about one third of the mental

³⁴ Burt, et al 2001.

³⁵ Burt, et al 2001.

illness found among the homeless arose after they became homeless.³⁶ Because of this and other similar situations, such as developing addictions, it is important to treat the causes of homelessness as soon as they become apparent or else they will become more expensive treat later.

The final sub-type is a group Shuger referred to as the “X-factor” individuals.³⁷ These people do not fit into any other category. Most likely, they are capable of working or have a family member or friend who could offer them a place to stay. They do not have addictions and are mentally stable. Yet they still choose to live on the streets or in shelters for reasons that do not seem rational to most people. Bohanon also found evidence of an X-factor population, though without using that terminology.³⁸ Shuger estimates that approximately 50% of the homeless population he encountered could be considered X-factor.³⁹ However, he completed this estimate in an unscientific manner and so it should not be viewed with confidence. Burt, et al found that only 34% of the population was without alcohol, drug, or mental illness problems.⁴⁰ Some of these fall into the first category of precariously housed, so the X-factor population would be somewhat less than 34%. However, the Burt, et al study was not searching for an X-Factor population and thus may have underestimated it. The issue is that traditional policy measures do not have measurable effects on this type of homeless person. Since these people

³⁶ Hopper, Kim, “More Than Passing Strange: Homelessness and Mental Illness in New York City,” American Ethnologist 15, (1988): 155-167.

³⁷ Shuger 1990.

³⁸ Bohanon, Cecil, "The Economic Correlates of Homelessness in Sixty Cities," Social Science Quarterly 72.4 (1991): 817-825.

³⁹ Shuger 1990.

⁴⁰ Burt, et al 2001.

choose to be homeless, they do not respond in the same way as other homeless types to policy incentives because they are not looking to correct imbalances in their lives. If this subtype makes up a significant percentage of the homeless population, eliminating homelessness will be an unreachable goal.

In some cases, the types are not as clear-cut as the ones presented here. Some homeless people may be of multiple types (for example, alcoholic and mentally disabled) and thus require multiple forms of treatment. It is also important to keep in mind that swift action can prevent more difficult problems from forming, which are often more expensive to treat.⁴¹ Individuals who begin as precariously housed may turn into alcoholics if they spend long enough on the street. The problem may therefore ultimately be a much more expensive one to solve if it is not resolved in a timely manner.

V. Solutions

There are many solutions to choose among, but policymakers must be aware that not each result will be the optimal one for each group of people. Much of the problem of misallocated resources stems from policymakers creating solutions that are not connected to the causes of homelessness. Policymakers will have to look carefully at the population they are trying to help and then create policies directed specifically toward these people. After identifying the differences in population types and the costs of helping each portion of the population, a policymaker can determine the policies' ability to help the optimal amount of the homeless population in their city. The optimal amount of homelessness in any city, if the correct combination of services are provided, will be a mixture of all four subpopulations, but the

⁴¹ Hopper 1988.

majority will be x-factor homeless. The greatest effects of services will be seen on the short term and precariously housed populations, because they are the simplest to treat. However, there will always be an influx of new homeless people, so the problem of homelessness will never be completely eradicated.

Most cities provide emergency shelters to the homeless. These are any large or small location with rows of cots, possibly offering showers and food, but few other services. They usually provide separate sleeping quarters for men, women, and families.⁴² Emergency shelters are intended for short-term use only, and since they do not provide career training, ESL, or many other services, they are not able to help reintegrate chronic homeless persons back into society. Private emergency shelters may have different incentives than public emergency shelters, such as sharing the Gospel. Public shelters commonly suffer from bureaucracy, inefficient spending, and processing lag. However, delays in the form of waitlists and long lines for food and showers can increase efficiency because they cause the people who can get help elsewhere to do so if they are frustrated with waiting. Nonetheless, it is unfavorable for those who have no alternative sources and are forced to persevere through the inefficiency. Furthermore, providing access to services by waiting in lines rations services based on a persons' willingness to wait rather than demand or need, which may be inefficient.

Transitional shelters are also necessary for certain types of homeless people. Transitional shelters allow people to stay up to two years. These shelters generally offer more services than

⁴² "Homeless Assistance Centers," 2007, October 23, 2007,
<http://www.miamidade.gov/homeless/homeless_assistance_centers.asp>.

emergency shelters, such as life skills training, employment services, or counseling services.⁴³ Processing and providing lags are even more probable in transitional shelters, where there is usually less space available. Waitlists can be months long at some shelters.⁴⁴ The people who especially benefit from these types of shelters will be those who are job searching, single mothers, those with addictions, or those with mental afflictions. It is important to give those who want to take steps to improve their well-being, a stable place to live while they focus on fixing the other problems in their lives.

Other types of options frequently experimented with are service-oriented programs. Treatment for addictions to drugs and alcohol will help those who suffer from those problems. Additionally, therapy and medication can help those with mental health disabilities. Other opportunities to help are frequently overlooked and underprovided. Basic life skills training courses will help those who never learned those skills earlier in life but are otherwise capable.⁴⁵ This will mostly benefit those in the precariously housed subpopulation, but could also have benefits for some people within the population with addictions and mental illnesses. Other types of programs that help homeless people include computer skills training, ESL courses, or anger management classes.⁴⁶ Following up with people after they “graduate” from these programs is important no matter what subtype they are in order to ensure they do not “relapse” (both actually

⁴³ Community Initiatives Department, City of San Antonio, “Dwyer Avenue Center for Transitional Housing,” Nov 9, 2007, <<http://www.sanantonio.gov/comminit/cad/caddwyer.asp?res=1280&ver=true>>.

⁴⁴ Reavis, Dick J., “Agony of Homelessness Grows in S.A.,” San Antonio Express News April 20, 2003, Metro ed., sec. A: 1A. Feb 27, 2007.

⁴⁵ “St. Vincent de Paul Village,” 2007, April 1, 2007, <<http://www.svdpv.org/>>.

⁴⁶ “Travis Park United Methodist Church Outreach Ministries,” April 2, 2007, <<http://www.travispark.org/cafe.asp>>.

and metaphorically). Many homeless people need the continuing support of follow up tracking programs or drop in day centers in order to stay on course.

Housing vouchers and other subsidized housing methods are frequently used solutions for homelessness. Studies suggest that families departing shelters are more likely to maintain housing and less likely to relapse into homelessness if they receive subsidized housing.⁴⁷ Additionally, Early and Olsen have found that using subsidies to target certain populations is more successful in helping those particular populations than is increasing the total volume of housing subsidies.⁴⁸ Honig and Filer found that the price elasticity of housing demand for the homeless with respect to rent for low quality housing was -1.25, suggesting lower rents would decrease homelessness.⁴⁹ However, there are also arguments against subsidies, as people believe that subsidies can create perverse incentives that will entice people who would otherwise pay full price for housing to cheat the system in order to get housing subsidies. Early and Olsen found that subsidized housing generally helps some homeless people but mostly helps many people who would be able to find housing otherwise.⁵⁰ This might be a waste of resources if policymakers are not careful to direct the subsidy precisely toward the people they are trying to help, who can be difficult to identify correctly.

⁴⁷ Bassuk, Ellen L. and Geller, Stephanie, "The Role of Housing and Services in Ending Family Homelessness," Housing Policy Debate 17.4 (2006): 781-806.

⁴⁸ Early, Dirk W. and Olsen, Edgar O., "Subsidized Housing, Emergency Shelters, and Homelessness: An Empirical Investigation using Data from the 1990 Census," Advances in Economic Analysis and Policy 2.1 (2002).

⁴⁹ Honig, Marjorie and Filer, Randall K. "Causes of Intercity Variations in Homelessness." The American Economic Review. 18.1 (1993): 248-255.

⁵⁰ Early 2004.

Subsidies can be more effectively targeted toward the correct audience if boundaries are in place which guide the incentives offered to people. An example of this might be subsidies offered only for graduates of transitional shelters. Additionally, a system of many rules, paperwork and processing lag would help remove some of the incentive for those lacking needs to participate to an extent. However, these attributes have the problem again of distributing services based on the individuals' willingness to wait rather than need and of delaying services to those policymakers intend to serve. Overall, housing subsidies do little to decrease homelessness, except from the perspective of prevention.

Preventing homelessness entirely is possibly one of the cheapest solutions per person, since it treats the cause instead of the effect. However, programs designed to do this will be helping many people beyond the currently homeless population, which will be expensive. There are several childhood problems researchers link with a higher likelihood of becoming homeless as an adult. Correcting these problems while young may change a child's future. However, these changes would also affect many kids who will never grow up to be homeless. Some of the causative problems in childhood leading to homelessness later in life include: early alcohol and/or drug use; troubles with the law; leaving home before 18 because of running away, being kicked out, placed in foster care, or homeless while a child.⁵¹ Other childhood correlates include: school problems, such as repeating grades, quitting, expulsion, or suspension; and abuse or neglect.⁵² Some of these problems, like being homeless while a child or early alcohol or drug abuse, have obvious ties to adult homelessness. Others, while less apparent, have still been proven to have links with homelessness later in life. Correcting these issues would be a more

⁵¹ Burt, et al 2001.

⁵² Burt, et al 2001.

expensive way to prevent even more people from becoming subsequently homeless. Of course, it would also have additional benefits, and it is possible that these non-monetary benefits would outweigh the costs. Many of these benefits would affect both the homeless and non-homeless populations, though that impact still may not make these programs cost effective. It is important to remember that the optimal amount of homeless is more than zero, so it is not cost effective to take every possible action to prevent and eliminate homelessness.

Service providers can also take other preventive measures. Job training can help individuals find jobs before they fall into such dire circumstances that they become homeless or it can help those who are already homeless become self sufficient after they leave the shelter. Financial counseling can assist families and individuals who have jobs and money but lack knowledge of investments and saving. Some church groups and other non-profit associations occasionally offer programs like these.⁵³ Generally, the only problem with non-profit providers is that they lack large advertising budgets, so homeless people may not know anyone is offering such services. Sometimes cities or counties need to step in and offer certain services. If the marginal benefit of helping the homeless is greater than the marginal cost of doing so, it is worth it for the city or other private providers to continue providing these services. Subsidized housing, as mentioned earlier, often helps the poorest of the housed population instead of the homeless. However, since this might actually prevent those people from becoming homeless, those programs should not necessarily be stopped if this is more cost effective than correcting the problem after those people become homeless. These approaches have to be evaluated by policymakers in a context broader than that of homelessness alone, since many of their benefits

⁵³ "Travis Park United Methodist Church Outreach Ministries," 2007.

go to others. They may be socially beneficial on balance even if they do not pass a benefit cost test for reducing homelessness.

VI. The Homeless Campus

One of the most recent ideas to correct the problem of homelessness is the idea of the all-in-one campus solution. This proposal has been implemented in cities such as San Diego, Phoenix, Miami (which has two campus centers), and Los Angeles. A homeless campus is a very different approach to homelessness because it tries to solve concurrently many of the problems facing the homeless. Putting many services in one place eliminates the need for the homeless to have to travel around large cities all day to acquire food, medical care, rest, and other services while at the same time allegedly saving taxpayer dollars. The campuses built in each of the cities listed have slightly different characteristics.

The St. Vincent de Paul Village of San Diego was founded by a non-profit group in 1987 and is the prototype for the campus models around the country. San Diego offers the largest variety of services to both residents and non-residents of the campus, as well as graduates of their system, which include: medical and dental clinics, resources for job hunters, showers, a variety of sleeping quarters, psychological counseling, addiction treatment, a daycare center, literacy and education courses, and meals. St. Vincent serves approximately 2,200 people a day with a \$20 million annual budget.⁵⁴

Miami has two campus sites that are very different from each other. The first is the Homeless Assistance Center, or HAC, where professionals carefully screen for diseases before

⁵⁴ "St. Vincent de Paul Village" 2007.

offering beds to people who will only be allowed to stay if they have been referred from the outreach office.⁵⁵ Residents must agree to stay drug-free, sober, and abide by a severe 7pm curfew.⁵⁶ Because of these strict rules, many residents leave either to go back to living on the streets or to stay at the Camillus House, the city's other campus. The Camillus House is a non-profit organization that has been offering homeless services for decades.⁵⁷ With rules that are more lenient but provide a similar amount of services, many of the homeless in Miami prefer the Camillus House. Different homeless subpopulations are attracted to the two campuses because of the differences in rules. The precariously housed population is unlikely to be driven away from harsh rules of the HAC, since they will associate them with greater safety. However, the X-factor types will be unlikely to stay in an environment with many rules and will choose either the Camillus House or no shelter at all. Those struggling with addictions and mental afflictions will be more likely to choose the Camillus House because it offers more freedoms.

Since so few campuses exist at the present time, campus creators and administration typically work together with administrations at other campuses to find out what worked and did not work in other cities with similar homeless populations to avoid making similar mistakes in their own cities.

All of these campuses are located in large cities, varying from approximately 1.5 to 16 million people in the metropolitan statistical areas.⁵⁸ The makeups of the populations in each of

⁵⁵ "Homeless Assistance Centers" 2007.

⁵⁶ Farley, Rose, "Someplace Like Home," Dallas Observer October 10, 2002.

⁵⁷ "Camillus House," April 30, 2007, <<http://camillushouse.org/index.php>>.

⁵⁸ U.S. Census Bureau, "Profile of General Demographic Characteristics," Nov 9, 2007, <<http://www.census.gov/>>.

these cities vary, obviously, by both demographics and the problems that they face, so the services offered at each campus should reflect these differences. Some campuses are private, like San Diego's, while others are publicly funded. Non-profit organizations commonly accept donations like cars or hold auctions. Publicly funded campuses rely on the city, county, state, or some combination for budget allowances. Miami funds part of its public campus through a food and beverage tax.⁵⁹

The campuses struggle with some common problems. Overall, security is a large issue. Most of the campuses hire private security staff and also work closely with the city police departments. Creating strict rules, as Miami's HAC has done, cuts back on the public's perceived threat, but also reduces the effectiveness of the shelter in terms of reaching the most homeless people. As discussed earlier, most homeless subpopulations would be more interested in shelters with fewer rules or not using shelters than receiving services from shelters with restrictive rules (the exception is the precariously housed group). Additionally, though there is usually initial public momentum to create a campus, when plans are drawn up and a location is chosen, there is considerable negative feedback from neighbors in that community. Instead of welcoming a possible solution, people cry out "Not in my backyard!" and make claims that the locally undesirable land use will have an adverse effect on their own property values.⁶⁰ Furthermore, funding is a continual struggle for operations as large as these are. Funding sources differ slightly among campuses, but generally most not-for-profit agencies struggle to gather sufficient

⁵⁹ Reavis, Dick J., "Does S.A. do Enough for the Homeless? Per-Capita Tax Money for Homeless Lags Behind Some Cities," San Antonio Express News April 23, 2003, Metro ed., sec. A: 01A

⁶⁰ Jesse, Laura E., "Fretting Neighbors Fail to Sway Vote on Shelter," San Antonio Express News September 5, 2007, Metro ed., sec. A: 01A.

resources to support development and growth among their organizations. These problems are starting right now in San Antonio, and happened previously with Miami's HAC campus.⁶¹ As it turned out, the decrease in the homeless population in Miami led to increased property values; property in downtown Miami increased from \$50 a square foot to \$300-\$500 a square foot. To calm neighborhood opposition, campus leaders compromised by enforcing strict rules, such as no loitering, an early curfew, and offered additional security.⁶²

The homeless campuses around the country can boast of many successes. According to the Dallas Observer,⁶³ the homeless population in Miami has shrunk from about 6,000 to 2,000 people due to the two campuses. Other estimates range from 8,000-9,000 homeless people before construction down to about 1,300.⁶⁴ St. Vincent's maintains a 60% success rate,⁶⁵ based on the criteria that the person remains self sufficient and sober for at least one year. St. Vincent's also claims that their overhead costs are only 7.5% of their total spending. In public campuses, overhead spending amounts to closer to 20%-35% due to more bureaucracy and less efficiency.⁶⁶

⁶¹ Jesse, Laura E., "S.A. Shelter Backers Point to Miami," San Antonio Express News August 19, 2007, State & Metro ed., sec. Metro and State News: 01B.

⁶² Jesse, "S.A. Shelter Backers Point to Miami," 2007.

⁶³ Farley 2002.

⁶⁴ Jesse, "S.A. Shelter Backers Point to Miami," 2007.

⁶⁵ Jesse, Laura E., "San Diego, Calif., Could Offer S.A. a Guide for Helping Street People," San Antonio Express News July 9, 2007, Metro ed., sec A: 01A.

⁶⁶ "St. Vincent de Paul Village" 2007.

VII. Homelessness in San Antonio

The homeless population in San Antonio is somewhat like that of most of large US cities, with a few notable differences. In the April 11, 2006 point-in-time study, surveyors found 1,285 homeless people in the city of San Antonio.⁶⁷ Surveyors found many more homeless people in both Phoenix and San Diego in their studies conducted in late January, even though all three cities have similar city populations. Since San Antonio has a higher poverty rate and lower median household income than Phoenix or San Diego, one would think that residents in San Antonio would be more at risk of becoming homeless, even considering the lower cost of living in San Antonio.

San Diego has had its campus system in place since the 1980s. Therefore, the homeless population is most likely in equilibrium. There is probably a higher homeless population in San Diego because of the decreased opportunity cost of becoming homeless (due to the new relative ease of finding shelter and food, along with the nice weather) and a higher likelihood of imported homeless seeking San Diego's wonderful services. It is likely that if homeless people in one city hear of a better service provider existing in another city, they would travel there. A San Antonio homeless man named Andy claims that this is frequently the case with "snowbirds," as he refers to them, who look to migrate somewhere warmer in the winter.⁶⁸ However, Phoenix's shelter is only a few years old, so it is unlikely that there would have already been a large enough influx of people to influence the total homeless population in the city.

⁶⁷ "Point-in-Time Homeless Population Comparison," April 2, 2007, <www.sanantonio.gov/comminit/pdf/PIT%20comparison.pdf>.

⁶⁸ Thornton, Andy, Homeless Man, Personal Interview, October 7, 2007.

There are a few possible reasons the homeless count was so low in San Antonio compared to other similar sized cities. One is that the survey for San Antonio was taken in April, which is warmer than January. Since fewer homeless would require services, they would be less likely to be counted and thus the point-in-time survey would be artificially low. Another possible reason is that the homeless in San Antonio have heard of cities where there are better services available, like Miami and Phoenix, and have started to migrate to those places, as was suggested previously. A third possible reason is that because the services are either so disjointed or so few, it is possible that there are more homeless who were not counted since they did not use the services that were unavailable to them at that time. Since the count is taken at points of service, providing better services should raise the percent of homeless who show up to be counted. For these reasons and more, most people believe that point-in-time surveys produce deceptively low estimates of a city's homeless population.⁶⁹ Since the count is taken at points of service, providing better services should raise the percent of homeless who show up to be counted. However, one problem with the point-in-time-estimation style is that the estimates are incomparable across cities because all other things are not held constant.

In order to grasp the relative size of each sub-population, it is relevant to compare homeless populations across cities. Though there are comparability issues with the point-in-time statistics, these statistics are the most recently produced and most frequently taken. Percentages are more relevant than actual numbers because populations in each city vary. The complete population and percentage breakdown can be viewed in Chart 1 of the Appendix. The same 2006 point-in-time study concludes that San Antonio's homeless population has more veterans, 12.8%,

⁶⁹ Wallender 2007.

than San Diego or Phoenix.⁷⁰ This is probably because of the large number of military bases in the area. The chronically homeless make up only 12.5% of San Antonio's homeless population but higher percentages in Phoenix and San Diego. The proportion of the mentally ill homeless population in San Antonio is 16.6%, which is much higher than San Diego and about double that of Phoenix. The relative disparity of the mentally ill population in San Antonio may be due to the large presence of military bases in San Antonio, leading to an increase in posttraumatic stress disorder among many veterans. In San Antonio, approximately 14% of the homeless suffer from chronic substance abuse, which is well below Phoenix but slightly above San Diego. This may be directly related to the lower median household income and higher poverty rate existing in San Antonio versus San Diego or Phoenix. Frequently persons in lower income brackets find themselves in trouble with drugs and alcohol. Chart 1 in the Appendix has more detailed statistics from this study of the relative statistics for these three cities.

The most efficient way to treat homelessness in any city is to find policy initiatives specialized toward each of these population subgroups, which equalize marginal benefit across subgroups and expand until marginal costs equal marginal benefits. Copying a policy that was effective in Phoenix and bringing it to San Antonio may not diminish homelessness if it will be addressing the wrong problems, like ignoring posttraumatic stress disorder and the mentally ill, but devoting far too many resources to fight substance abuse. Policymakers in San Antonio need to examine their own data to determine the specific subgroups toward which they would like to focus policies. Each of these types will require special attention and a tailored approach in order to minimize the problem of homelessness in the most cost effective way. Obviously, cities can learn to an extent from each other, but cookie cutter policies will not work in this setting. Cities

⁷⁰ "Point-in-Time Homeless Population Comparison" 2007.

will not need to develop completely new solutions in every case, but the extent to which each solution is pursued will vary with the composition of the homeless population. In other words, the solution for San Antonio will not be exactly the same as that of any other city.

In a point-in-time study conducted on January 25, 2007, the homeless population of San Antonio was estimated to be approximately 2,247 people.⁷¹ Roughly 39% of this population were families with children, 59% single adults, and 2% unaccompanied youth. From this same population, it was estimated that 9.7% were chronically homeless, 17% mentally ill, 13.7% substance abusers, 27% employed (i.e., precariously housed), and 13.8% veterans. Chart 2 in the Appendix has more detailed statistics from this study. Even though the homeless population varies some from year to year, the point-in-time survey is conducted with the same methods each time, so the statistics are comparable across years. Each of these percentages is similar to the percentage from the previous year, however the total homeless population nearly doubled between April 2006 and January 2007. This is partially because the total population is growing and partially because the 2006 count was done in April, when fewer homeless people were using services (and hence, not counted) versus the count in 2007 that was done in January, allowing many more homeless people to be counted. Generally, unless there are shocks to the system like wildfires in San Diego, the relative percentages will stay in balance from year to year, assuming the causal factors also stay the same from year to year. Policymakers need to keep this in mind when developing solutions for subgroups.

⁷¹ Community Initiatives Department, City of San Antonio, "Point-In-Time San Antonio Homeless Survey," 2007.

According to this most recent point-in-time homeless population estimation, the largest groups are the unemployed, mentally ill, and substance abusers.⁷² Policymakers in San Antonio should take this into account when developing policies to help the homeless. For instance, given that the mentally ill population is larger than the number of substance abusers, they should provide more medical attention and psychological therapy for the mentally ill and less detoxification and follow up treatment for the substance abusers than does Phoenix. Although the unemployed homeless in San Antonio outnumber the employed homeless about two to one, there is still a large need for capacity for the employed homeless people. Policy makers should provide ample space in emergency shelters and food programs, under the assumption that these people fall into the precariously housed population and will be able to rehouse themselves quickly after a short period of assistance. Understanding the statistics will help policymakers use resources more efficiently.

VIII. San Antonio's Current Approach

Presently, there is a variety of service providers spread around San Antonio. Many of these are small operations that offer only one service to the homeless or poorer housed population a few days of the week. Many projects have only one location. Some operations, like those operated by churches, have no physical location. For example, Alamo Heights United Methodist Church prepares food in its own church kitchen and then transports the food to an overpass downtown to feed the homeless one day a month.⁷³

⁷² Community Initiatives Department, City of San Antonio 2007.

⁷³ "Alamo Heights United Methodist Church," November 26, 2007, 2007, <<http://www.ahumc.org/>>.

Other operations in San Antonio operate with much higher capacity. One of the largest providers in the city is SAMMinistries. It operates a large emergency shelter, a transitional shelter, and longer-term transitional housing. Each of these housing options benefits different sub-populations of the homeless, as discussed earlier, so SAMM offers benefits to a wide spectrum of the homeless population. SAMM also has a few service programs geared toward people of different age groups. These include after school care for children, a teen program, and job training and life enrichment programs for adults.⁷⁴ Services like after school care help single mothers who cannot afford daycare for their children but also cannot afford to forgo the lost wages from coming home to take care of their kids instead of working extra hours. Teen programs keep teens off the streets by offering a safe and productive alternative use of their time. SAMM accepts donations and has a large ongoing fundraiser called Furniture for a Cause to fund its programs. SAMM is also partially funded by the city of San Antonio and many local churches.

The Salvation Army also has a notable presence in San Antonio. There is an adult rehabilitation center, which houses and provides care for up to 108 men struggling with addictions. Additionally, it provides an emergency family shelter, transitional housing, and apartment housing spread around the city. Nutrition, youth, and worship programs are also available.⁷⁵ Since the Salvation Army provides a mixture of housing facilities, they, like SAMM, reach a variety of population sub-types. Furthermore, the services they provide help many homeless, though they are not as comprehensive as the services provided by SAMM. The

⁷⁴ "San Antonio Metropolitan Ministries," 2004, April 2, 2007, <<http://www.samm.org/>>.

⁷⁵ "Salvation Army Programs in San Antonio," 2006, April 2, 2007, <<http://www.salvationarmysatx.org/programs/index.htm>>.

Salvation Army services are geared to much more specific audiences. The nutrition programs are directed mainly at elderly populations. Youth programs are obviously intended for school-age children. The Salvation Army funds programs by accepting donations, holding a variety of fundraisers throughout the year, and by collecting clothing, appliances, electronics, and other donated items to be resold through their stores.

Travis Park United Methodist Church provides day services for many homeless people directly from their church. Travis Park has no shelter capacity, but instead offers a wide assortment of services to the homeless population that congregates in the park across the street. However, they are most likely loitering there because of the services offered to them in that location. During the week, there is a day center offering anger management classes, computer training, and job search and resume assistance. On Sunday mornings, Travis Park offers breakfast, an employment program, medical, vision, and dental hygiene clinics, a clothes closet, and recovery groups for those suffering from addictions.⁷⁶ Travis Park is especially helpful for homeless prevention, since they do not discriminate between the poor or homeless. These services are helpful in conjunction with other shelters in the city, but service providers alone cannot eliminate homelessness. Travis Park is funded by a combination of church funding and public grants.

The Christian Assistance Ministry provides assistance to low income and homeless populations in San Antonio through multiple locations. CAM offers services such as counseling, budget training, financial aid, laundry and shower facilities, referrals to other agencies, and

⁷⁶ "Travis Park United Methodist Church Outreach Ministries" 2007.

provides food and clothing. However, like Travis Park, CAM lacks shelter facilities.⁷⁷ On the other hand, since CAM's mission is to help low income people along with the homeless, they are helping to prevent homelessness with the services they offer. However, like Travis Park, they are unable to address the entire range of the homelessness problem due to lack of shelter capacity. CAM is funded by a number of churches, grants, and businesses.

The City of San Antonio is also responsible for some services provided to the homeless population. The city of San Antonio currently operates two main shelters: the Dwyer Street Shelter and the SAMM shelter (which is mentioned in this section again because it is partially funded by the public). These shelters operate with the help of a combination of taxpayer dollars and grants. Tax dollars are also responsible for other services the homeless receive. For instance, jails, public restrooms, parks, and hospital services are all provided free of charge to the homeless but at a cost to taxpayers.

IX. The San Antonio Campus Proposal

According to a 2003 survey by the Conference of Mayors, San Antonio ranked 14th out of 17 large cities in spending on programs for homelessness.⁷⁸ Additionally, the study found no large-scale job programs for the homeless, few shelters for families, and primary reliance on churches and other non-profits to provide shelter and services.⁷⁹ There were 528 beds in

⁷⁷ "Christian Assistance Ministry," November 9, 2007, 2001, <<http://www.christianassistanceministry.org/aboutus.asp>>.

⁷⁸ Reavis 2003.

⁷⁹ Reavis 2003.

emergency shelters and space for 165 families in transitional shelters in 2003. Additionally, the waiting period for transitional housing was at least two months.⁸⁰

In 2005, a task force appointed by Mayor Phil Hardberger developed a ten-year plan to end chronic homelessness. This plan identified various causes of homelessness, including substance addictions, mental illnesses, disabilities, domestic violence, aging out of foster care, and unemployment/ underemployment. This plan also included a variety of strategies to combat each of these causes. The “checklist” included planning for outcomes, homelessness prevention, stabilizing/housing the homeless, and building infrastructure.⁸¹ After identifying these causes of homelessness and their solutions, the task force concluded that San Antonio’s current city-sponsored homeless shelters, SAMM and the Dwyer Avenue shelter, lacked the “comprehensiveness needed to treat the root causes of homelessness and meet their needs”.⁸² Personal interviews with several downtown homeless people verify these shortcomings. Several of them feel unsafe and uncomfortable at SAMM, implying that they avoid going there and so receive little in the way of services. Because of the Mayor’s intense interest in solving the problem of homelessness in San Antonio, the Mayor’s Task Force on Hunger and Homelessness decided to pursue the idea of creating a homeless campus. They investigated it by visiting campuses in other cities, corresponding with city officials and campus leadership in those cities, and examining the makeup of the homeless population in the San Antonio area. After a short period of investigation, the task force decided to pursue the campus model in San Antonio.

⁸⁰ Reavis 2003.

⁸¹City of San Antonio, TX: Mayor's Task Force on Hunger and Homelessness, Ten Year Plan to End Chronic Homelessness January 13, 2005.

⁸²City of San Antonio, TX 2005.

The proposed San Antonio campus, Haven for Hope, is slightly different from the campuses in cities like San Diego, Miami, and Los Angeles, but is generally modeled after them. It is important that each campus have slight differences because, as explained earlier, the population in each city is slightly different. However, the commonalities between campuses allow San Antonio to take advantage of a large learning curve. Communicating with the leadership of other campus cities has enabled Haven for Hope's leadership to plan for many problems before they arise. San Antonio officials have been instructed about simple things, such as which types of light bulbs to use and which types of flooring to install. They have also learned about more important things, like which populations to keep separated from each other in order to prevent fights and which objects are likely to be stolen if left unattended.⁸³ Although the Haven for Hope will have its own identity, it will still have some commonalities with other campuses.

The 22-acre Haven for Hope facility will include residential services, a day center, food services, and medical facilities, among other things.⁸⁴ Residential services will include short term housing facilities for families, who will quickly be referred to other locations, and short term and long term (up to two year) facilities for singles, divided by sexes. There will also be separate facilities for respite care, hospice care, mental health services, and other similar divisions.

⁸³ Woosley, Melody, City of San Antonio Department of Community Initiatives Special Projects Manager, Personal Interview, April 3, 2007.

⁸⁴ Jesse, Laura E., "Homeless Campus Plans are Turning Agencies into Allies," San Antonio Express News July 14, 2007, Metro ed., sec. Metro and State News: 01B.

Additionally, the drop-in day center will provide a large variety of services to homeless citizens. There will be a daycare center available so parents can attend classes or find jobs. ID recovery, mail and phone services, and storage lockers will all be available to those who visit the campus. Even a pet kennel will be available for those who would like to stay at the campus but refuse to be separated from their pets. Leadership of the San Antonio campus learned from other cities that many homeless people refuse to part with their pets because they consider them family members. Therefore, the only way to entice them to enter the campus is to let them bring their pets.⁸⁵ There will also be classes offered for help with career guidance and financial stability, along with case management officers who will evaluate every individual staying in the shelter. Bassuk and Geller found that case management was helpful when it focused on retaining housing.⁸⁶ Since the Haven for Hope case managers will focus on individuals from the time in which they enter the campus system until the time that they leave, with the ultimate goal of placing them in sustainable housing, there is a higher likelihood of success than in programs without case management or case management programs without a housing focus. Additionally, medical services offered at Haven for Hope include dental, substance abuse and detoxification, a pharmacy, respite beds, primary care, and specialties such as a podiatry clinic, preventative healthcare, and immunizations.⁸⁷ Additionally,

“efforts are on the way to align the Haven for Hope Campus with pending renovations to the University Hospital Brady Green Clinic (UHS). In the works

⁸⁵ Radle, Patti, City of San Antonio District 5 Councilwoman, Personal Interview, April 10, 2007.

⁸⁶ Bassuk, Ellen L. and Geller, Stephanie 2006.

⁸⁷ “Haven for Hope,” <<http://havenforhope.org/>>, March 5, 2008.

for some time, the expanded Urgent Care clinic is expected to open in early 2009.

This master planning effort will increase access to quality medical care through both the Haven for Hope medical clinic and the larger UHS Urgent Care clinic.”⁸⁸

Due to the nearby location of the Brady Green clinic, many of these services will correspond with the services already offered there. The adjacent hospital will supply much of the supplies, staff, and knowledge. Many homeless people already use the Brady Green for their healthcare needs, so there will be some continuity there.⁸⁹ The relative locations of the campus and the Brady Green Clinic can be seen in Map 2 in the Appendix.

Haven for Hope will differ from the campuses in most other cities in the way it is managed. Haven for Hope is the governing body running the shelter, and within it there will be many smaller providers offering unique services, such as Travis Park and SAMM. Currently, there are approximately 11 anchor agencies and 30 to 35 smaller agencies, most of which have been involved with serving the homeless in the past.⁹⁰ For example, SAMM will provide shelter, the San Antonio Food Bank will control the dining facilities, and Parent/Child Inc. will provide child care and preschool. Each of these providers will have a designated area of the campus in which to provide their services without interruption. Currently, the facility has plans to hold 600 beds in 160,000 square feet of space.⁹¹ St. Vincent’s of San Diego, by comparison, has multiple

⁸⁸ Shealey, Nina, “Haven for Hope Community Update,” July 2007, <sanantonio.gov/comminit/Haven4Hope/Haven4Hope_PDFs/HfH%20Newsletter%20July%202007%20v2.pdf>.

⁸⁹ Woosley 2007.

⁹⁰ Jesse, “Homeless Campus Plans are Turning Agencies into Allies,” 2007.

⁹¹ Woosley 2007.

facilities ranging from 24,000 to 110,000 square feet and offers shelter facilities to more than 950 residents.⁹²

Haven for Hope officials have also encountered some local opposition to the campus. To counter this, they have promised a large, on-site security presence along with constant cooperation from San Antonio city police officers. They have stressed that the natural barriers around the campus, such as railroads, highways, and abandoned warehouses, will alleviate some of the location externalities. These barriers will protect residential neighborhoods from possible increases in crime and decreases in property values. Additionally, they have placed artificial barriers around the campus to protect local residents further. There will be an outdoor courtyard interior to the campus and a zero tolerance zone for loitering and alcohol.⁹³ The location of the campus and these barriers is shown in greater detail in Maps 1 and 2 in the Appendix.

Moreover, there will also be rules in place to reduce idleness for campus residents, forcing them to either find employment or improve the campus through tasks like gardening, laundry, and cooking. Campus leaders learned from other cities that idle homeless people were more inclined to steal, start fights, and do other unconstructive things with their time.⁹⁴ However, Haven for Hope leaders need to strike a balance between harsh and lenient rules. Strict rules will make them good neighbors but poor providers for the homeless who will avoid them, as the dual-campus Miami model has proven. Relaxed rules, on the other hand, will make the campus a bad neighbor and probably no better provider to the homeless. This is currently the case with the SAMM shelter, which has few rules. Many homeless people I spoke with

⁹² "St. Vincent de Paul Village" 2007.

⁹³ Woosley 2007.

⁹⁴ Radle 2007.

expressed fear about their personal safety and the safety of their belongings, and therefore avoided the site. Thus, many of the people who do go to the shelter are the type of people who make the shelter a bad neighbor because they are loud, alcoholic, and loiter outside, which in turn leads to more negative externalities for nearby residences and businesses. This is a circular problem, causing the homeless to continue to self-segregate themselves. The precariously housed, single mothers, families and others similarly rule abiding in nature will naturally be attracted to the shelters with structure and rules, because they offer safety and protection. Those who prefer shelters with few rules are the X-factor, mentally ill, and those addictions. Many homeless like the X-factor are unlikely to be forced into a shelter with many rules, and would prefer to sleep on the street, so this is not a suitable solution to this problem. The main idea behind identifying different homeless subpopulations is to segregate these populations from each other to an extent, so that different parts of the campus facility has the rules, facilities, and services most appropriate for the targeted subgroup. The best resolution is to limit the externalities created by these “bad neighbor” shelters with fewer rules by placing them in less desirable locations-far from businesses, tourists and residents, yet still close enough to where the homeless currently linger that they will be likely migrate to the new location.

X. Benefits and Costs of the San Antonio Campus

There are many potential benefits for a city that builds a homeless campus. One of the benefits is that it is one-stop shopping for homeless clients. This is important because homeless people usually do not have access to cars or excess money for bus passes. The process of obtaining all things necessary for a homeless person’s survival, such as shelter, food, medical services, and clothing, can be a very travel intensive and time-consuming procedure. The Haven

for Hope provides a way to circumvent these problems by letting the homeless stay in one location all day to get everything they need.

Additionally, the campus could potentially provide a cost savings to taxpayers because it offers an alternative to homeless people being repeatedly jailed. More than 50% of the homeless population has spent time in jail and about 25% has spent time in prison.⁹⁵ It requires a large share of police resources to arrest homeless people for repeated offenses of public intoxication and petty crimes such as panhandling or urinating in public. Since homeless people will have an alternative place to go like this new homeless shelter, it is possible that they will be less likely to be arrested for these petty crimes. Furthermore, the police would further save taxpayer dollars by dropping the homeless off at the Haven for Hope instead taking them to overcrowded jails. Since the campus has a court system, they would go through that system to resolve their issues rather than congesting the public court system with trivial matters.⁹⁶

Additionally, when homeless people spend night after night in jail, this is another misuse of scarce resources. Since there is a limited number of jail cells available, they should go to those who most need to be incarcerated, like the most dangerous criminals. Since homeless people are in no hurry to leave their jail cells quickly because they would possibly rather sleep in jail than on the streets, they use an inefficiently large amount of a scarce resource.⁹⁷ As Robert Marbut Jr., Haven for Hope executive director and former City Council member, explains, “Basically, [the Haven for Hope] is jail diversion.... The state funds will more effectively and at a lower cost

⁹⁵ O'Sullivan, Arthur, Urban Economics, 5th ed., New York, NY: McGraw-Hill, 2003.

⁹⁶ Garcia, Guillermo X., "\$6.1 Million Earmarked for Homeless Detox Plan," San Antonio Express News June 23, 2007, Metro ed., sec. Metro and State News: 02B.

⁹⁷ O'Flaherty 2005.

provide service to the homeless who frequently have drug or alcohol dependency issues.”⁹⁸ The estimated annual cost of jail services for homeless people is \$8.2 million, based on an estimated 450 homeless inmates per night.⁹⁹ The Haven for Hope would reduce these costs dramatically.

Homeless people also inefficiently overuse medical services. St. Vincent claims it saves city hospitals approximately \$250,000 in medical costs through the prenatal clinic alone.¹⁰⁰ Programs like these save taxpayer dollars and promote efficiency. With the services the new campus offers, homeless people will stop using scarce emergency room resources and start using the medical services provided especially for them. Since these are specialized services, they will benefit the homeless people more than the emergency room services previously did. Additionally, the homeless people will get help faster from the homeless-care clinics. Having a reputation for fast services targeted to their needs will help drive the homeless to this clinic. As homeless people begin to switch to specialized homeless medical care providers, emergency rooms will be freed up for people who actually have emergencies. This minimizes the negative externality that currently exists.¹⁰¹ Current waits in emergency rooms are very long but removing the homeless from the patient stream will not only cut costs, it will mean that other emergency room patients will be served much faster. Marbut understands the problem of scarce resources and overspending when he explains the limitations of San Antonio’s current medical system:

⁹⁸ Garcia, "\$6.1 Million Earmarked for Homeless Detox Plan," 2007.

⁹⁹ Jesse, Laura E., “Chronically Homeless Cost Taxpayers Millions,” San Antonio Express News September 23, 2007, Metro ed., sec A: 01A.

¹⁰⁰ “St. Vincent de Paul Villages” 2007.

¹⁰¹ O’Flaherty 2005.

It costs a minimum of \$1,500 for basic ER treatment, plus the officer must remain with the person, which means overtime. If the person goes into the already overcrowded jail, they are taking up bed space for inappropriate reasons, plus they are not going to get the medical assistance they need.¹⁰²

The Baptist Health System recorded \$610,680 in care provided to homeless patients from July 2006 to June 2007.¹⁰³ Clearly, there are substantial potential gains to be made from introducing more specialized medical care for the homeless. Additionally, Haven for Hope is at an advantage because of the campus' relatively close location to the Brady Green, a public clinic that frequently treats homeless people currently. Since many of the facilities, staff, and supplies already exist at the Brady Green, the marginal cost of offering medical services to the homeless at Haven for Hope will be modest.

Most importantly, Haven for Hope provides economic efficiency by eliminating duplicated services around the city and providing them in only one location, exploiting economies of scale in the process. This reduces the overall costs to those funding providers, such as taxpayers, donators, and various government levels, by ensuring the services will be provided at least cost by their most efficient provider. This will be the one that has the comparative advantage. Thus, instead of having six locations around the city where providers offer ID recovery services for the homeless, all efforts can be focused in one location, and the provider would ideally be the one who does it most efficiently. At the same time, this will free other providers to focus their efforts on the tasks at which they have a comparative advantage, since

¹⁰² Garcia, "\$6.1 Million Earmarked for Homeless Detox Plan," 2001.

¹⁰³ Jesse, Laura E., "Chronically Homeless Cost Taxpayers Millions," 2007.

they are no longer providing services they do not most efficiently provide. Thus with each provider concentrating on their most efficient output, efficiency will increase and costs will decrease. Early agrees that grouping many services together is a positive move toward efficiently treating homelessness.¹⁰⁴ There is also evidence from the success of other cities with homeless campuses that there are economies of scope to exploit.¹⁰⁵ In 2005, the city council allocated \$1.183 million for hunger and homelessness programs.¹⁰⁶ The hope is that after settling the upfront costs of the campus, the year to year running costs of the campus would be significantly less than this.

Due to the large size of the Haven for Hope, there are also some drawbacks to consider. For example, there may be substantial negative externalities associated with the location of the campus. Currently, San Antonio suffers similar problems to the smaller homeless assistance operations spread around the city but on a lesser scale. For instance, large numbers of homeless people loiter in Travis Park and outside of SAMM because of the services provided in these locations. However, Haven for Hope differs from these existing providers in its layout, services offered, and rules in place. Therefore, the experiences at current service providers may not be predictive of the future for Haven for Hope. Additionally, for the city as a whole, the negative impacts of homelessness will decrease once Haven for Hope is in operation. Nevertheless, businesses in these areas loudly oppose homeless operations continuing in these locations. Starting a new homeless operation, especially on such a large scale, is guaranteed to face

¹⁰⁴ Early, Dirk W., Personal Communication, October 19, 2007.

¹⁰⁵ Jesse, "S.A. Shelter Backers Point to Miami," 2007.

¹⁰⁶ City of San Antonio, TX 2005.

substantial neighborhood opposition.¹⁰⁷ In fact, after the location of Haven for Hope was publically announced, there were so many outcries from nearby residents that the city council created a committee to help involve neighbors in the decision-making process and calm their fears. Committee members will supposedly travel to other campuses to see the successes they experience, just as city council members and campus leaders did.¹⁰⁸ Haven for Hope leadership hopes this will help reduce neighborhood opposition, but thus far it has only been another avenue for voicing complaints to the city council. If the city uses this committee as a way to integrate the Haven for Hope with the surrounding neighborhoods, it could actually be an effective means of mitigating externalities. Those who suffer the externalities should be involved in solving them.

Based on evidence from Miami and other cities, it seems many of the supposed externalities feared by neighbors are unlikely to be as great as they fear.¹⁰⁹ However, whether the benefits outweigh the costs to the entire city is a different question. If the Haven for Hope neighborhood will suffer fewer externalities than do the neighbors of current operations such as SAMM and Dweyer Street, then there will be a net gain to the city as a whole. There are many small factors to consider in weighing the impact of the location externalities. For instance, security threats seem minimal considering the extended assistance being offered from the San Antonio police department and private security forces. Rules will cut down on loitering, alcohol, and drugs. Natural and artificial barriers will relieve some neighborhood externalities. However, even with all of these solutions in place to remedy the effects of externalities, there is still the possibility that nearby property values will decrease from a perceived lack of safety and other

¹⁰⁷ Early 2007.

¹⁰⁸ Jesse, "S.A. Shelter Backers Point to Miami," 2007.

¹⁰⁹ Jesse, "S.A. Shelter Backers Point to Miami," 2007.

such unfortunate opinions. The solution to correcting these perceived externalities will be spreading information to the public and introducing citizens to the campus site in order to eradicate fears.

The location externality should be considered on marginal cost terms. Since SAMM, Travis Park, and the other providers that currently cause some of the city's largest location externalities will move to the campus, it is possible that the overall net impact on the city as a whole will be small, but the Haven for Hope neighborhood will lose while others gain. For instance, there will be no reason to linger in front of Travis Park if no services are offered there, so this crowd will soon dissipate. This transition may not happen immediately but it will happen in the long run. The shifting externalities will have a large impact if they are moved to a location worth less to society in terms of both land prices and visibility. Lower visibility is an especially important point in a city like San Antonio, where tourism is such a significant part of the economy. A large visible homeless population could have adverse effects on that industry in particular. By moving homeless services from the center of downtown, where externalities have a larger effect on tourism and other industries, to the outskirts of downtown (view Maps 1 and 2), the final result will be a smaller amount of externalities inflicted on a fewer people in a less valuable location. Not only will there be a lower count of incidents, but the social costs of these incidents will also decrease. The impact of homelessness on the tourism trade is an example of this. Fewer externalities in a less valuable location make society as a whole better off.

Another problem to consider is the loss of available service opportunities provided to those homeless who refuse to use the campus. It is unlikely that all homeless people will choose to use Haven for Hope, especially those X-factor types or those who perceive it to be dangerous and uncomfortable, like SAMM is now. A recent interview with an X-factor homeless man

named Andy confirms these suspicions. He suspects there will be too much fighting and stealing, so he would rather continue to live on the unsafe streets.¹¹⁰ Andy will soon be at a disadvantage because there will be fewer providers around the city offering services to Andy and it will now be harder for him to get the assistance he needs if he refuses to use the campus. Since the policy change makes it less pleasant to be homeless away from the shelter, it should induce a decline in the population of homeless Andy's. Promoting images of safety and cleanliness of the campus would benefit most of the homeless people who currently plan to avoid the campus because of these and similar preconceived notions. However, it is also important to point out that no matter how much effort is put into helping X-factor homeless people like Andy, they will most likely be homeless forever because they refuse so many opportunities for assistance. Additionally, since X-factor people choose to be homeless, it can be assumed that their choices increase their utility. A policy action that changes them from being homeless to housed would therefore decrease their utility. However, since the homeless impose costs on society as well, the overall net benefit to society may be greater if the X-factor population decreases.

Some cities actually discourage residents and other non-official providers from assisting the homeless by going so far as to outlaw their activities, in a similar manner to the criminalizing of homelessness. In Dallas, for instance, charities are only allowed to distribute food in pre-approved locations after members undergo food and safety training, with violations punishable by fine.¹¹¹ For smaller providers who do not have the resources to regularly provide to the homeless, undergoing food and safety training and getting a location pre-approved may seem

¹¹⁰ Thornton 2007.

¹¹¹ Associated Press, "Charities That Feed Homeless Targeted?," MSNBC.com, Nov 15, 2007, <<http://www.msnbc.msn.com/id/21820210/>>.

like too much hassle, and thus cause them to forgo the providing they would do if not otherwise inhibited by political restrictions. Dallas' campus, which will be completed in April 2008, will supposedly eliminate the need for these other service providers, though there is some dispute over this.¹¹² Unless city officials can be sure they have enough shelter and service capacity to serve the entire homeless population, they should allow charities to handle the overflow. Since the campus will provide services for the majority of the homeless, it is likely that many of the other providers will disappear voluntarily, but mandating this departure is a mistake. Smaller providers may be unable to exploit the scale and scope economies that larger providers benefit from, but if a single, large provider is unable to provide for the entire homeless population, smaller providers may be useful in filling the gaps. A self-declared monopoly campus will likely be inefficiently run if it has no competition, and there is relatively little harm from allowing the private sector to participate as they do in most cities. If San Antonio follows a similar path of preventing outside providers from offering services, the city's homeless population would suffer further, though there will be greater externality costs from allowing multiple providers.

Additionally, there are substantial long-term costs involved with Haven for Hope that will last for the duration of the campus. Upfront costs are also very large, but those will be considered sunk costs once the campus is completed. Planners insist that approximately half of the \$30 million campus will be funded by private donations. Other campuses have found that maintaining public interest is difficult. Businesses and other donors may lose interest many years from now when the problem may seem to have been solved and then quit donating. However, the first fundraiser for the campus, a golf tournament, raised more than double what was expected, showing positive initial community support. Organizers originally hoped to raise \$500,000 but

¹¹² Associated Press, "Charities That Feed Homeless Targeted?" 2007.

actually raised approximately \$1.3 million.¹¹³ Additional fundraising ideas include a capital campaign and a 24-hour telethon sponsored by KSAT-TV. The campus was initially granted \$30 million and they expect another \$10 million from the city of San Antonio from a certificate of obligation. The county will pay \$5 million and officials expect \$15 million in private funds plus an additional \$5 million from Bill Greehey, who has been a visible instigator since the inception of the campus.¹¹⁴ Haven for Hope board chairman Greehey has personally committed to raising \$47 million from the private sector, \$15 million of which had already been contributed as of September 7 of this year.¹¹⁵ Phoenix's \$24 million campus was funded with 50 percent private funds, suggesting that Haven for Hope's target of 50 percent may well be realistic.¹¹⁶ The City of San Antonio currently spends \$1.183 million annually on homeless programs, with this funding coming from a variety of sources.¹¹⁷ The annual funding to sustain the campus is estimated to be a similar amount, if not a little less due to newly gained efficiencies and economies of scales.

When considering the cost effectiveness of Haven for Hope, it is important to consider only the incremental resource requirement. Previously, there was already money being spent on other homeless service providers, such as Travis Park, SAMM, and CAM. Now Haven for Hope is partially replacing those service providers, so the pertinent question to ask is what is the true

¹¹³ Jesse, Laura E., "Golf Tourney Raises Big Bucks for Center," San Antonio Express News, June 3, 2007, Metro ed., sec. Metro and State News: 01B.

¹¹⁴ Woosley 2007.

¹¹⁵ Jesse, Laura E., "Haven Clears Zoning Hurdle," San Antonio Express News September 7, 2007, State and Metro ed., sec. Metro and State News: 01B.

¹¹⁶ Jesse, "San Diego, Calif., Could Offer S.A. a Guide for Helping Street People," 2007.

¹¹⁷ City of San Antonio, TX 2005.

marginal cost of providing these new services and is there a reasonable expectation that the needed marginal revenue will in fact be forthcoming? Will the marginal benefit of providing these services outweigh the marginal cost?

XI. Analysis

Based on the earlier statistics and analysis, it is unrealistic to believe that the Haven for Hope will be successful in completely eliminating the problem of homelessness. However, the campus should be successful in reducing certain subtypes of homelessness. The precariously housed will benefit from the emergency housing program. This type requires few assistance programs and instead generally just needs short-term assistance, like emergency housing or feeding and daycare programs, to regain stability in their lives. Due to economies of scale and scope, Haven for Hope will increase the capacity of these programs to serve this subpopulation better. This type of homeless person will most likely be able to recover their self-sufficiency quickly, so their overall gains from the campus versus current service providers are negligible. However, the percentage of the homeless population that is employed, which most likely makes up a large portion of the precariously housed subpopulation, has been steadily increasing from 20% in 2005 to 27% in 2007 (see chart 3 in the Appendix).¹¹⁸ Although they do not need much assistance, they are a large enough portion of the population that they should not be ignored entirely. This subpopulation has less costly needs, and they should still be addressed.

The precariously housed would also benefit from housing vouchers, which are not offered under the Haven for Hope system. Studies suggest that housing vouchers increase

¹¹⁸ “San Antonio Point-In-Time Homeless Population Comparison,” April 3, 2007, <http://www.sanantonio.gov/comminit/cad/HSD_PDFs/PIT%20Comparison%20Chart%20.pdf>.

residential stability. A few studies even suggest that some systems rely too heavily on services and not heavily enough on subsidized housing.¹¹⁹ In San Antonio's current system of homeless assistance programs, housing vouchers are not an emphasized method of solving the problem. However, studies have found vouchers and subsidized housing to be effective tools for minimizing homelessness.¹²⁰ These programs are not capital intensive, so they have low implementation costs per capita. Additionally, voucher programs are more efficient than many other homeless service programs available since voucher programs tend to have high retention rates. It may be a more efficient use of scarce resources for Haven for Hope to offer transitional housing just long enough to get this subpopulation into vouchered units.

The mentally ill, which make up approximately 17% of San Antonio's homeless population according to the 2007 point-in-time survey,¹²¹ will benefit from transitional housing in combination with certain service programs offered by Haven for Hope, such as therapy and medical services. These particular services are paramount in their recovery process so that they can eventually be reincorporated into society. However, some people in this subtype will be too far beyond help to be reachable by any kind of corrective policy action, and so they will require almost constant assistance and care to some extent. Because of these reasons, this segment of the population will not disappear completely. However, they will probably receive a net benefit from the co-location of services at the campus compared to providers spread around the city. At the least, they will be no worse off receiving assistance and medical services from campus providers.

¹¹⁹ Bassuk and Geller 2006.

¹²⁰ Bassuk and Geller 2006.

¹²¹ Community Initiatives Department, City of San Antonio, "Point-In-Time San Antonio Homeless Survey," 2007.

Substance abusers will benefit from the combination of detoxification and therapy offered at Haven for Hope. They make up approximately 13.7% of San Antonio's homeless population according to the 2007 point-in-time survey.¹²² However, it is likely that many people in the previous subgroup are substance abusers as well, so this number may be deceptively low. This subtype is in an especially fragile state during this process, so allowing them to stay in one location where all their needs can be met will help them more than forcing them to travel around the city where they face a variety of temptations. Therefore, this subtype will greatly benefit from the campus's agglomeration economies. Additionally, Texas Governor Rick Perry recently signed into law a \$6.1 million authorization to fund public safety triage and detoxification units in San Antonio. This increase in detoxification and safety triage services will greatly benefit the homeless population. The City of San Antonio decided to locate these units between the Haven for Hope and the Brady Green clinic.¹²³ The location can be seen in Map 2 in the Appendix. This location will allow them to have a large impact on this portion of the homeless population. The goal, according to Marburt, is to have "a facility where the individual can be stabilized medically, placed in alcohol or drug treatment programs and then, via job training or other programs, begin the transformation process leading out of being homeless."¹²⁴

The X-factor type of homeless people might actually be worse off than before because they might refuse the help offered to them by Haven for Hope and there will be fewer independent providers existing outside the campus. Hence, the marginal difference for this subtype is actually negative. Although it is difficult to tell policymakers to ignore this subtype,

¹²² Community Initiatives Department, City of San Antonio, "Point-In-Time San Antonio Homeless Survey," 2007.

¹²³ Garcia, "\$6.1 Million Earmarked for Homeless Detox Plan," 2007.

¹²⁴ Garcia, "\$6.1 Million earmarked for Homeless Detox Plan," 2007.

they do not respond rationally to incentives and so it is not easy to help them. Even the best homeless campus would still be unlikely help them because their incentives do not work in ways people predict. However, the optimal amount of homelessness is greater than zero. The marginal cost of finding and implementing the programs, if they exist, that would aid this subpopulation enough to move 100% of them out of homelessness greatly outweighs the marginal benefit. Additionally, what the public perceives of as “helping” X-factor homeless actually decreases this group’s utility. Since this group chooses to be homeless, that is their utility maximizing lifestyle. Correcting this “problem” will lower their utility since they would no longer be homeless as they choose to be. However, since there are societal costs associated with homelessness,¹²⁵ reducing or relocating the X-factor homelessness problem has larger overall benefits than costs.

Since the X-factor population is full of capable members of society, they would not be harmed in the long run if services were withheld specifically from them. Targeting this group is not as challenging as it seems. Bundling services with work requirements (or searching-for-work requirements) would more than likely drive away the X-factor people. This will raise the opportunity cost of being homeless while making other alternatives look more appealing. Thus, getting a job or staying with a family member or friend will seem more appealing than being homeless.

Another problem with the Haven for Hope is that families are purposely ignored. They are offered only short-term shelter and limited services. Organizers arranged it this way so that families would initially be welcome in the campus, but then quickly referred to other outside service providers. The idea is to prevent children’s school disruptions and find a place more

¹²⁵ O’Flaherty 2005.

suitable for families than the large campus.¹²⁶ However, with the consolidation of service providers into the campus, it is unlikely that there be as many high quality service providers available to families in San Antonio, especially considering there are already very few providers of family services now.

Daneco and Holden found that within the homeless family population, there are various characteristics, such as families with differing numbers of children, histories of substance abuse, physical and mental health, and parenting or recent life stress.¹²⁷ Referring the entire homeless family to SAMM's transitional family shelter will not meet the needs of all of San Antonio's homeless families. SAMM's services are simply not comprehensive enough to help the many different types of struggling homeless families in the city. Nevertheless, SAMM's CEO and President, Navarra Williams, believes they are taking the correct approach by offering transitional shelter, education, and job training for up to 40 families at a time.¹²⁸ Moreover, the percentage of homeless families in San Antonio has been decreasing steadily from 47% in 2005 to 39% in 2007 (see chart 3 in the Appendix).¹²⁹ However, there are still 227 homeless families according to the 2007 Point-In-Time Survey.¹³⁰ This group is the largest subtype of the homeless in San Antonio, and they are clearly being overlooked in the Haven for Hope plans. Not only are

¹²⁶ Woosley 2007.

¹²⁷ Daneco, Evangeline R. and Holden, Wayne E., "Are There Different Types of Homeless Families? A Typology of Homeless Families Based On Cluster Analysis," Family Relations 47.2 (1998) 159-165.

¹²⁸ Williams, Navarra, President and CEO of SAMMinistries, Personal Communication, December 4, 2007.

¹²⁹ "San Antonio Point-In-Time Homeless Population Comparison" 2007.

¹³⁰ Community Initiatives Department, City of San Antonio, "Point-In-Time San Antonio Homeless Survey," 2007.

the current services offered for families insufficient, but also future plans are likely to reduce service levels provided to homeless families even further.

Haven for Hope leaders must also consider the cost effectiveness of the campus compared to the homeless services previously offered in San Antonio. For many of the reasons mentioned earlier, funding may be hard to acquire initially and then further maintain. Additionally, since there is already another system of providers in place in San Antonio, there will be a cost of changing to the campus system. City officials need to decide if these costs are justified compared to the alternatives. The large costs alone should not disqualify the solution. Often the best way to solve a problem is an expensive way. It could take a substantial amount of money up front to save a lot of money in the long run. Los Angeles and Miami have both experienced a decrease in the total homeless population while saving taxpayer money over time.¹³¹ Both cities have found that the campus has allowed them to spend less on things like emergency medical services and public hospitals because of the cheaper substitute services the campuses offer.¹³² A good cost benefit analysis would include savings in emergency medical services, the criminal justice system, and similar services. However, policymakers need to consider if there are better alternatives for the money that will be spent on the campus, like small independent providers acting in ways similar to the current situation. There is an opportunity cost of all of the money being put toward the funding of Haven for Hope, so it is important to weigh the alternatives and make sure the money is going toward the best place. I believe that currently the campus leadership is doing well in approaching funding with a serious commitment to

¹³¹ Jesse, "S.A. Shelter Backers Point to Miami," 2007.

¹³² Jesse, Laura E., "Chronically Homeless Cost Taxpayers Millions," 2007.

seeking the lowest cost opportunities for the city in most areas. It is likely that already existing non-profit service providers have a larger incentive to keep their costs lower than publicly funded providers do, so incorporating many of these providers into the campus is likely to ensure costs remain low. Additionally, the San Antonio officials have taken careful note of procedures at the campuses in other cities to understand their best practices and implement them in the most efficient way. Since homelessness decreased in cities like Miami, it is likely that homelessness in San Antonio will follow a similar pattern.

The campus leadership needs to find a way to ensure that the service providers that are chosen are actually the most efficient ones. Otherwise, the efficiency gains explained previously will not be realized. If each provider does not perform the task at which they have the comparative advantage, then resources will not be going to their most highly valued use, and time and efficiency will be lost. It is hard to justify spending such a large amount of money on the homeless campus unless there is some assurance that there will be efficiency gains. Therefore, Haven for Hope needs a system for deciding who is most capable of providing each service. One possible way to decide would be to judge who does the best job in their current operations, but this would rule out any new entrants. Policymakers and campus leadership have generally been open with the media and me in interviews, but when asked about how specific providers would be chosen, I was not given a justifiable answer. Many of the providers that have been chosen have clearly been successful providers in the past, such as SAMM, Corazon Ministries, and the San Antonio Food Bank. Hopefully criteria will be developed for judging outcomes and costs in the future.

Policymakers should consider that changing one thing causes others to change. Economists build models holding all other things constant, but in reality, surroundings change.

When someone's incentives and alternatives change, that person will respond accordingly. There is the possibility that creating a great system in San Antonio would actually cause the population of homeless people in San Antonio to increase for two reasons. In the first place, it would decrease the cost of being homeless, so more people would choose to live in the campus and take advantage of the free services offered there than continue to live in dilapidated housing that they have to pay for themselves, or with difficult family members. Additionally, it might attract people from cities that lack good homeless care facilities and services. Since no one is taking care of them in the initial city, those people might migrate to San Antonio instead where the services are better or more abundant, especially in this section of the population where the opportunity cost of moving is low.¹³³ Then, instead of the homeless population decreasing in the long run as city officials expect, it might be increasing in direct proportion to the quality of services offered.¹³⁴ This effect may become even stronger if other nearby cities, such as Austin¹³⁵ and Boerne,¹³⁶ pass legislation that outlaws public urination, panhandling, and other typical homeless activities. If San Antonio becomes more appealing compared to other cities, the homeless population will increase instead of decreasing. As the alternatives homeless people face change, people will adjust their actions. Although the overall homeless population in Miami has decreased, the homeless population in San Diego has remained about constant or increased

¹³³ Thornton 2007.

¹³⁴ O'Flaherty and Wu 2006.

¹³⁵ Sandberg, Lisa, "Austin Weighs Panhandling Limits," San Antonio Express News November 11, 2007, State and Metro ed., Sec. Metro and State News: 07B.

¹³⁶ MacCormack, Zeke, "Boerne Wants its Beggars to Pay up," San Antonio Express News October 11, 2007, State and Metro ed., sec. Metro and State News: 01B.

slightly since building the homeless campus.¹³⁷ This does not suggest that St. Vincent's is incapable of helping individuals in their struggle with homelessness, but rather that new people are constantly filtering into the system. From a national perspective, the migration to San Diego, where the homeless will be taken care of, may be a good thing, but the increased incentive to be homeless is not.

Additionally, consider how helpful placement into housing (subsidized or unsubsidized) would be. If homeless people knew they would receive placement assistance, they would be more likely to enter the campus, increasing the population of the campus. However, if the campus had an effective placement system and could efficiently move people through the system, the campus population could eventually decrease. Placement rates might also have slight effects on the overall housing market because fewer units would be available as the campus system placed more people in units. This would cause an increase in rents and doubling up would become harder for families.¹³⁸ Eventually these effects will be alleviated by increased demand for housing, provoking an increase in quantity supplied. An increase in rents and doubling up in the short term, however, will cause more people to enter the campus system and possibly make it harder for them to leave, or at least make it more difficult for them to leave without placement assistance. These perverse incentives raise campus populations. However, whether or not this happens will depend on how big an increase in overall demand results from the placement efforts. Placement rates will likely be hundreds of people a year in a metropolitan area of approximately two million, so the overall effects will be small.

¹³⁷ Farley 2002.

¹³⁸ O'Flaherty, Brendan and Wu, Ting 2006.

There are issues that exist which make it difficult to estimate the size of the homeless population correctly. This lack of accurate data can lead to other problems when trying to alleviate the problem of homelessness, because we are unsure of the size of the problem. This makes it difficult to allocate the correct amount of resources. In a world of scarce resources, there is a need to make sure they go to their highest valued use. If the homeless population is underestimated, as is most likely the case with the point-in-time estimates, then the campus will probably be too small, and resources will be mistakenly used on other things that will not help the homeless population enough or carry less social benefit than if these resources were used to help the homeless. If, on the other hand, too much is spent, resources will still be inefficiently used because too many resources will be used for solving a problem that is not as big as it is perceived to be. However, since the population estimates are clearly low, there does not seem to be much danger of this.

It is also important to consider the long term prospects Haven for Hope offers to its residents. Campuses recognize the success rate as how often people who graduate from a campus are able to stay housed for a given period of time (typically a six months to a year). Based on this same criterion, Haven for Hope needs to evaluate the projected success rate of their residents in order to understand if this undertaking will be cost effective. If graduates become homeless again within three months of leaving the campus, the system is not a very useful tool for solving the problem of homelessness. Solutions that provide long term assistance within a short time period, such as training programs that build skills, will be the most cost effective tools for ending homelessness. These currently exist but could be made more accessible at the campus. Housing

assistance, especially emergency shelters, is not a long term solution because it offers no future guidance to any of the individuals who suffer from problems.¹³⁹

XII. Conclusion

There is a variety of options available to combat the problem of homelessness. Traditional options include transitional shelters, emergency shelters, and a variety of services such as soup kitchens, ID recovery services, and medical assistance. Several cities in the US have taken these solutions a step further by combining several of them into an all-in-one campus, where homeless people have access to multiple services in a single location. There are several reduced externalities and other benefits to this plan, such as decreased travel time for the recipients and more efficient use of public resources. San Antonio has recently decided to follow this approach. The Haven for Hope has not yet been completed, so the question is whether this campus will be the most cost effective solution and whether it maximizes net benefits. Based on current plans, it seems that the campus will be an effective solution for most subtypes of the homeless population, especially the mentally ill and substance abusers, though it will not completely eliminate homelessness. Father Joe Carroll, president of St. Vincent de Paul Village, admits, “Anyone who tells me we’re going to end homelessness is an idiot.”¹⁴⁰

Because homelessness is such a multifaceted issue, determining which concern to address will establish how to tackle the situation. If the issue concerning policymakers is people sleeping on park benches, this could be addressed with an increased police presence and enforcement of

¹³⁹ Bassuk and Geller 2006.

¹⁴⁰ Jesse, “San Diego, Calif., Could Offer S.A. a Guide for Helping Street People,” 2007.

regulations. If the problem is people without housing, providing housing subsidies and transitional housing is a suitable correction for some. If the problem is that people who have housing are not able to sustain it, then job training and financial literacy classes are an important part of the solution. In the same way that there are different types of homeless people requiring different actions to correct their situations, there are also different issues surrounding them, which also require different solutions. Clearly, there is no one-size-fits-all solution to homelessness.

Troutman, et al found that “increased funding to many of the current housing and homeless programs is not likely to be effective (although, spending on alcohol and mental health programs might be an exception)”¹⁴¹ For most of the homeless subpopulations, this is the equivalent of giving a man a fish for a day instead of teaching him to fish. One solution to the housing portion of the homeless problem may be to relax building codes, which would cause lower cost housing to filter down eventually without having to build any from scratch.¹⁴² A similar approach would be to allow Single Room Occupancy hotels, or SROs, once again, which were the only shelter many people could afford until they became outlawed and those people subsequently became homeless.¹⁴³ However, these are broad approaches. Additionally, Honig and Filer found that the elasticity of homelessness with respect to employment growth was negative, suggesting that cities with high employment growth rates will decrease homelessness.

¹⁴¹ Troutman, William Harris, et al., "Public Policy, Perverse Incentives, and the Homeless Problem," Public Choice 98.1-2 (1999): 195-212.

¹⁴² O'Sullivan 2003.

¹⁴³ Early 2004.

This again is not a targeted approach and will not decrease all types of homelessness equally.¹⁴⁴ This is especially true since even cities with high employment growth rates do not have equal growth rates in all industry sectors and skill levels. Chart 4 in the Appendix has more detailed information from this study.

The final outcome of the San Antonio campus will most likely be between the current promises of city officials and the fears of campus neighbors. It is extremely unlikely that chronic homelessness in San Antonio can be completely eliminated within ten years, as Mayor Hardberger's plan intends. However, this plan certainly put the city on the right track to provide definite improvements over the current system in San Antonio. It is also unlikely, however, that the campus will cause such extreme changes in crime and property values as neighbors fear since campus officials have already gone to great lengths to preemptively correct these issues. After weighing these benefits and costs, it is likely that we will be left with a net benefit, assuming all goes according to plan. There will be challenges, especially in the beginning, that officials will have to work out as they learn how the new system will operate in San Antonio, but policymakers must persevere through these problems in order to see the benefits in the long run. Overall, there will likely be large effects on certain populations of the homeless but small effects on others, depending partially on which strategies are implemented and again on how each population subtype responds to specific policy actions.

It is important to remember that good intentions are not enough and people bite back. An example of this is the X-factor population. Providing great services would not be enough to affect their lives. In other words, it is not enough to mean well because each population subtype

¹⁴⁴ Honig and Filer 1993.

will respond differently to the incentives they are faced with. It is more important to realize how each type will respond and then be able to manipulate incentives in order to bring about desired responses.

Appendix

Chart 1

April 11, 2006 Point-In-Time Homeless Population Comparison

	City of San Antonio	City of Phoenix	City of San Diego
Total Population	1,214,725	1,388,416	1,266,753
Poverty Rate	17.3%	15.8%	14.6%
Median HH Income	\$36,214.00	\$41,207.00	\$45,733.00
Total Homeless Population	1,285	7,479	5,472
% Total Homeless Pop	0.11%	0.54%	0.43%
Chronically Homeless	160	1,018	785
% Chronically Homeless	12.5%	13.6%	14.3%
Severely Mentally Ill	213	916	482
% Severely Mentally Ill	16.6%	12.2%	8.8%
Chronic Substance Abuse	180	1,967	844
% Chronic Substance Abuse	14.0%	26.3%	15.4%
Veterans	165	296	411
% Veterans	12.8%	4.0%	7.5%

www.sanantonio.gov/comminit/pdf/PIT%20comparison.pdf

Chart 2

January 25, 2007 Point-In-Time San Antonio Homeless Survey

Total Homeless Population	2,247
Chronically Homeless	218
% Chronically Homeless	9.7%
Mentally Ill	381
% Mentally Ill	17.0%
Substance Abusers	308
% Substance Abusers	13.7%
Veterans	309
% Veterans	13.8%
Employed	606
% Employed	27.0%

Community Initiatives of San Antonio

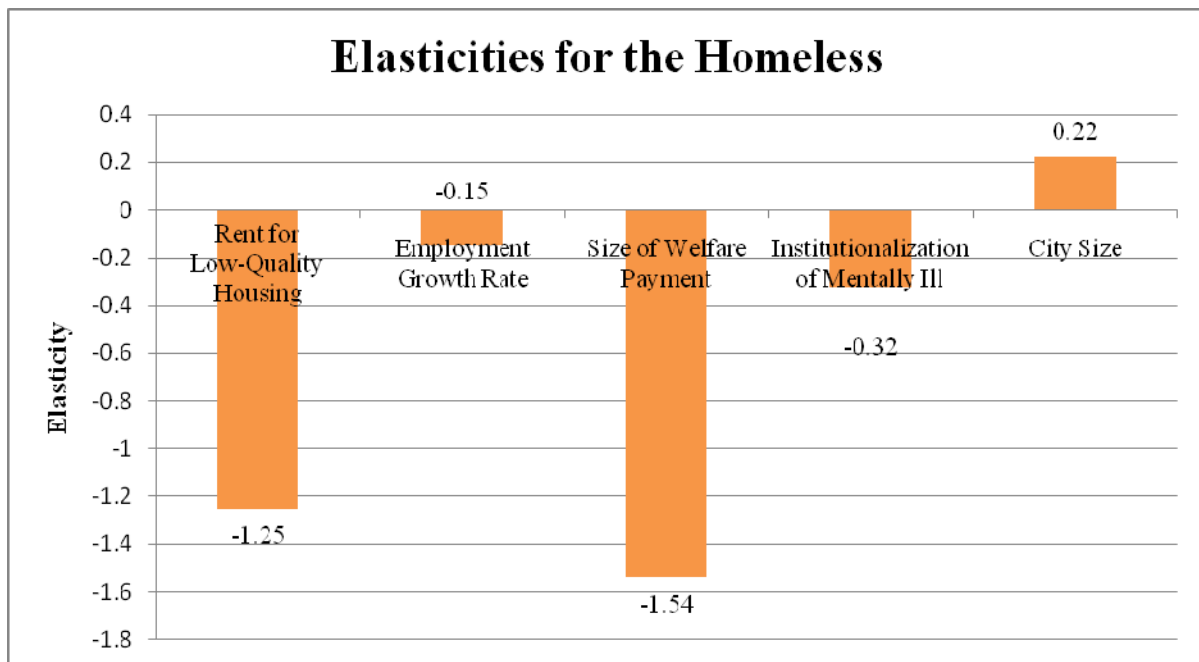
Chart 3

San Antonio Point-In-Time Homeless Population Comparison

	2005	2006	2007
# of Families With Children	47%	40%	39%
Chronically Homeless	15%	12%	10%
Severely Mentally Ill	18%	17%	17%
Chronic Substance Abuse	14%	14%	14%
Veterans	9%	13%	14%
Employed	20%	26%	27%

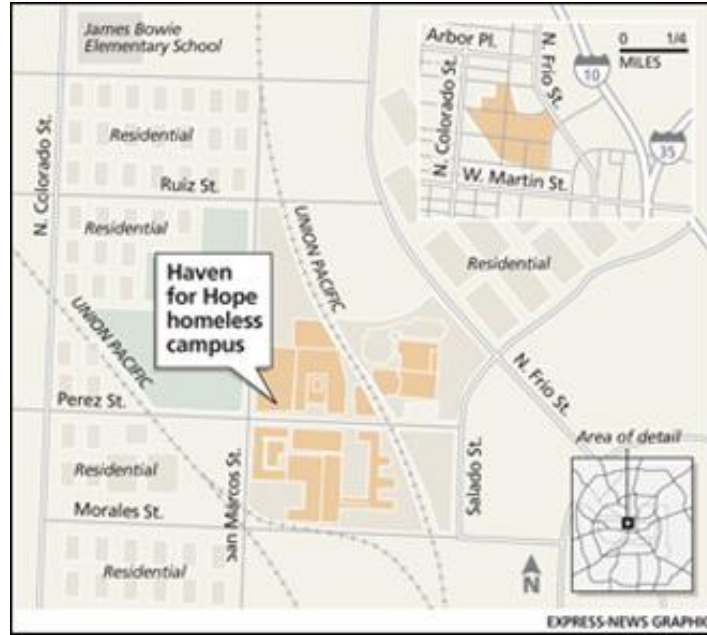
http://www.sanantonio.gov/comminit/cad/HSD_PDFs/PIT%20Comparison%20Chart%20.pdf

Chart 4



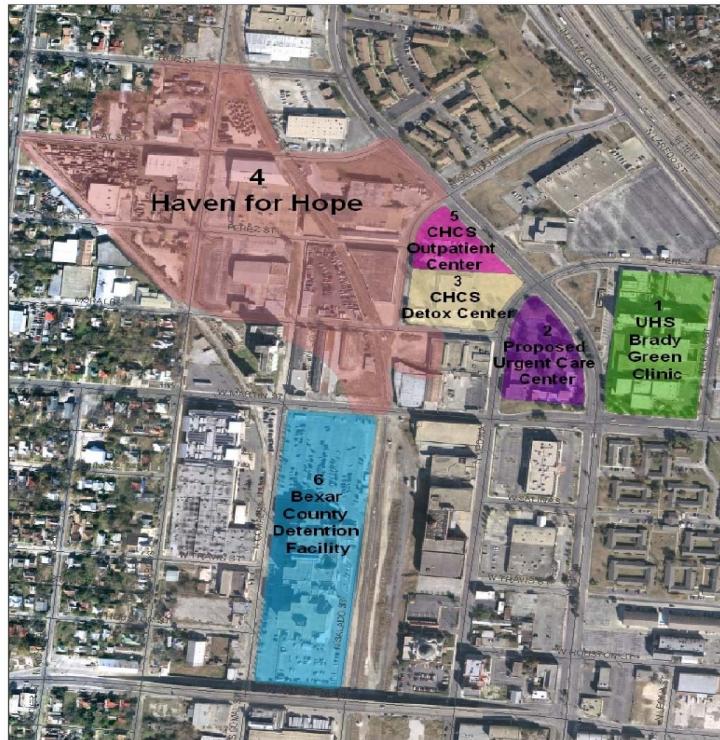
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Map 1



San Antonio Express News

Map 2



<http://www.chcsbc.org/Meeting%20of%20the%20Minds%20Transformation%20Conference.pdf>

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