

Homelessness: Financial and Psychological Benefits of Creating Homogenous Communities

Executive Summary

The diversity of the homeless population creates natural obstacles to needed services. Limited funds, space, and human resources put a strain on the very people and organizations striving to connect this vulnerable group with the assistance they need. Part of those challenges comes from the diverse range of people in the homeless population.

A homeless population contains a mix of:

- Chronically homeless people
- Veterans
- Single mothers
- The under or unemployed (families and individuals)
- People with alcohol or drug addiction
- People suffering from severe psychological illness
- Newly released prisoners
- Those on SSI or SSDI
- Families
- People displaced by COVID-19, future pandemics, and natural disasters as a means of quarantine or support
- The poorest of the poor
- People displaced from natural disasters, including fires and hurricanes

Each group has unique needs. However, when people are placed in communities with others who have similar issues and needs, they can support and help one another. I am not proposing that each group have an individual, separate community, but that compatible populations like single mothers, families, and the under/unemployed live in communities together because their challenges and needs have commonalities that are better served when centralized. For safety and security reasons, separate

communities may be needed for higher risks groups, like veterans or those with severe mental health issues and addictions.

The number of groups and how to separate them will largely depend on each city's needs and available facilities and services. Some cities may have more people displaced by natural disasters and job loss while others may have a higher population with drug and alcohol addiction issues. The goal is not to strictly define which groups should be served, but to start looking for ways to organize people into living situations in which they feel safe, secure, and supported.

The creation of a permanent supportive housing framework that includes dividing the homeless population into smaller, homogenous communities centrally located to meet their needs has immense benefits. Doing so reduces costs, better serves the city in which the homeless live, and better serves the homeless population than traditional temporary housing programs.

This framework would also coordinate the groups seeking to serve and, with the surrounding city, integrate the homeless population back into society or give them the opportunity to have a permanent home where they might feel most comfortable. That coordination, when focused on mental health issues, skills development, and less expensive housing, provides a holistic approach that meets the needs of the individual and for society.

Background: The Diversity of Homelessness

The homeless population cannot be lumped together into a single subgroup. "Homeless people are a diverse and varied group in terms of age, ethnicity, family circumstances and health problems. Moreover, the characteristics of the homeless population differ dramatically from one community to another," stated the [Institute of Medicine](#) (US) Committee on Health Care for Homeless People back in 1988.¹ Today, the global pandemic has pushed a growing number of people into homelessness

due to job loss or underemployment. Pre-COVID, the [Los Angeles Homeless Services Authority](#) reported that LA County saw a 13 percent increase in homelessness before the pandemic.² New numbers have yet to come out, but with unemployment numbers up, it is reasonable to estimate an increase.

Diverse groups of people find themselves homeless at any one time. There are generally anywhere from eight to ten different subgroups within the homeless population, and they have a diverse range of needs. For example, families with children who experience homelessness typically have two or three children under the age of five. They are also more likely to be headed by a single mother, and they typically lack strong social or familial relationships.³

Many of these families fall under the category of [multi-problem families](#), who have on-going educational, medical, and vocational challenges that create barriers to stable housing.⁴ They also tend to have difficulty accessing social services through the regular channels. This particular group needs a mix of health care access, vocational training, professional counseling, along with education, transportation, and nutritional services for children.

However, veterans, another common group among the homeless, face some overlapping challenges, especially if they have a family, but also some very unique needs in comparison to homeless families. By nature of their military service, [veterans are more likely](#) to experience traumatic brain injury, psychotic disorders, substance use, mood disorders, and post-traumatic stress disorder (PTSD).⁵ All of these disorders and issues elevate the chances of homelessness. They also create a unique set of psychological needs that may require group therapy with individuals who have similar psychological disorders, individual therapy, and access to personnel trained in working with this type of traumatic psychologically induced illness.

Traditional homeless shelters and transitional housing programs provide access to services, but there is not the ability to offer enough customize treatment and services to those they serve. Not only is it difficult to target services when the population is mixed, but there is a lack of cohesion and sense of community.

People living in shelters and transitional housing are often there because they do not have strong social or family support systems. A short-term or even long-term but not permanent housing solution could place a veteran next to a family who could also live next to someone with severe psychological illness or addiction. Without a sense of belonging and trust between people, there is a lack of the trust and safety needed to promote the kind of healing necessary to re-enter society, be content living in their new environment, and contribute to the fullest.

Creating Communities that Heal: Centralize Resources to Stretch Funding Dollars

The beauty of communities with an affinity and similarity of issues shows up on a number of fronts, including finances. The cost of homelessness comes from a variety of sources, including mental health, shelter and sobering center use, emergency medical services, violence, and detoxification treatment. Those costs go down enormously when people have a home, community, localized need, and access to health care.

Researchers in a [2009 study](#) examining the costs of treating chronically homeless people with severe alcohol problems found that eliminating admission requirements to housing and providing access to medical services within that housing reduced the cost of medical services from \$4,066 per person per month to an average of \$958 per person per month after 6 to 12 months.⁶ Many of those changes came because people no longer used expensive ambulatory services and emergency rooms. Cost reductions also resulted from fewer hospital visits and shortened hospital stays.

In practice, the expenses for people struggling with addiction, severe mental illness, and similar health issues located near or on a facility with psychiatric services can prevent ambulance rides and emergency room care. They would have access to facilities, staff, and volunteers equipped to handle withdrawal symptoms and related issues. It also allows for security measures to be adapted to the needs of this unique group of people.

A community designed for single mothers, families, and the under/unemployed could be a series of mobile homes, travel trailers, or tiny homes located near shopping centers, schools, parks, recreational facilities, and grocery stores. That lowers transportation costs and puts these families closer to potential places of employment, their children's schools, and, most of all, places where they can both support and enjoy life with children.

The development of these individual communities is about building success, satisfaction, happiness, and safety into the solution to homelessness. Within these communities, the likelihood of peer support and encouragement exponentially increases. At the same time, each individual builds a greater understanding of the challenges of those with whom they live, creating a natural bond between members as they meet, face, and overcome similar challenges. They are far more likely to participate, contribute, and feel a sense of affinity and responsibility for their community when they feel like they belong.

Building Communities of Belonging

I know the value of building a community for those in need of help and those seeking to provide service. In 1971, my best friend and professional colleague and I developed and coordinated a program that connected psychology masters interns from ten universities with schizophrenic young adults between the ages of 18 to 35 for ten hours per week in exchange for class credit.

Our goal was to create a community made of *members* rather than patients and providers. Before our program began, the average suicide rate in the facility was five people per year. Over the course of the four years the program ran, you could palpably feel the friendship, compassion, and empathy that developed between members. It was home. And by becoming so, the suicide rate during the program was zero, and the development of friendships increased significantly.

The connection between people tangibly minimized loneliness. Students spent far more hours with their patients than they would have in a normal counseling setting. They responded to individual needs in ways institutions, centers, and hospitals often could not because of lack of staff, time, or resources. The healing process went from depressing and lonely to one that felt natural and even tender-hearted. That is the kind of home a community focused on similar needs can create.

The members of this special community also got human connection, a factor that can get overlooked in the logistics of housing and treating as many people as possible. It is a viable model for Los Angeles and other cities where there is a network of colleges and universities with students who need supervised, real-world experience.

The [Airport Marina Counseling Center](#) in Los Angeles, California works under a similar model, wherein trained professionals work at a reduced cost while supervising both masters and post-masters students who work for free.⁷ They have expressed sincere interest and said they would be honored to support the homeless community by partnering with our permanent supportive housing programs if given the opportunity. Partnering with programs that are already in place provides access to much needed services quickly and efficiently. It reduces costs, provides training, but most importantly, it brings the services to those who need them most.

Everyone has a need for home, a place to feel safe, welcome, and understood. The opportunity to live, learn, develop skills, and heal

among those in like circumstances combats the anxiety and depression that is common among the homeless.

Conclusion: Save Money, Save Lives, Build Communities

The opportunity to live within a community that meets physical, mental, and emotional needs allows people to regain happiness and enjoyment in their lives. They can think beyond the next meal to cultivating who they are, contributing to their community, and developing themselves and their families.

A permanent supportive housing framework that includes small, homogenous communities allows available expertise and resources to be targeted and used their fullest. People with similar illnesses, backgrounds, and issues would be centrally located, optimizing the time of the professionals while reducing expenses related to providing treatment. When you can treat more people with similar conditions or issues at the same time or in succession, costs go down.

Those who need more medical assistance and monitoring can be located near or on service facilities to reduce the need for ambulatory services, first responder care, and emergency room care. Access to trained staff and preventative care can further reduce the length or even need for hospital stays. It also allows the adaptation of security measures to meet the needs of community members.

The psychological benefits of successful communities extend to society as a whole. Yes, there is a question whether this will ultimately increase societal financial cost, but the heart, mind, and conscience suffer every time we walk by someone using the curb as a pillow. Cities that come together to make the homeless population part of *their* community while still feeling safe and see them as brothers and sisters not just worthy but deserving of a practical kind of caring can fulfill valuable individual and societal psychological needs. Sensible and grounded compassion brings healing for everyone. Those of us who are not homeless can find hope,

happiness, peace, and satisfaction by creating circumstances that help those very emotions blossom in people who may believe they will never feel them again.

We can start by looking at the homeless population as a diverse group of people with varying types and degrees of need. Working toward a solution that best meets those needs for the greatest number of people can stop or at least greatly reduce a growing problem. Unemployment due to COVID-19 has and will continue to push more people into homelessness. Building a framework that can alleviate those numbers now and, in the future, can help counteract the effects of future pandemics and economic pressures that undercut people's ability to support themselves and their families.

Robert Strock is a teacher, psychotherapist, author, and humanitarian and has developed a unique approach to communication, contemplation, and inquiry. He promotes national and international conversations on healing, having been a featured speaker at the UN, contributed in global documentaries, and runs a thriving private practice for business, non-profit, entertainment industry, and government leaders, as well as caregivers in a variety of fields.

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Open the Dialogue: The issues surrounding homelessness are many and complex. I invite all those who are interested in ending homelessness, addressing our relationship as a society to wealth, and other issues raised in this white paper to please reach out. Contact me at robertstrock.org.

¹ Institute of Medicine (US) Committee on Health Care for Homeless People. (1988). Homelessness, Health, and Human Needs. Washington (DC): National Academies Press (US); 1, Who are the Homeless?
<https://www.ncbi.nlm.nih.gov/books/NBK218239/>

² 2020 Greater Los Angeles Homeless Count Results. (2020). *Los Angeles Homeless Services Authority*.
<https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results>

³ Ibid.

⁴ Bussuk, E.L. et al, (1986). "Characteristics of Sheltered Homeless Families," *American Journal of Public Health*.
<https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.76.9.1097>

⁵ Perl, L., (2015). Veterans and Homelessness, Cornell University ILR School.
https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=2485&context=key_workplace

⁶ Larimer, M.E. et al, (2009). "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems," *JAMA*, pp. 1349-1357.
doi:10.1001/jama.2009.414

⁷ The Airport Marina Counseling Service. <https://www.amcshelps.com/about>