

Faith-Based Programs and Their Influence on Homelessness

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In America today, homelessness is coming under increasing pressure by federal, state, local, and faith-based providers of prevention and intervention services. American philanthropy makes a response to this pervasive problem possible through faith-based institutional and local efforts that facilitate the effectiveness of governmental programs designed to eliminate long-term homelessness by 2014. Faith-based providers of services are on the front line of efforts to wrap services around willing participants who build or rebuild effective social and instrumental resources. Most homelessness is temporary and even long-term homelessness often responds to supportive services delivered in a stable housing environment. **Key words:** *behavioral science, consumer health, faith based, homeless persons*

Americans are generous people. When Hurricane Katrina devastated the Gulf Coast, Americans opened their hearts and their wallets for the evacuees and then began to help rebuild. When *jihadists* killed 3 000 of their fellow citizens in 2001, Americans once again stepped up and made gifts of their time, talent, and treasure. Not only at home, when a tsunami ruins a coastline and thousands are killed or have their homes swept away, Americans are on the front lines immediately with their expert help and billions in donations. They support ministries for people who are in need or homeless like no other nation.

AMERICANS GIVE THE MOST

Americans give twice as much as the next most charitable country, according to a November 2006 comparison conducted by the Charities Aid Foundation. In philanthropic

giving, as a percentage of the gross domestic product, the United States ranked first at 1.7%. Number 2 Britain gave 0.73%, whereas France, with a 0.14% rate, trailed such countries as South Africa, Singapore, Turkey, and Germany.¹

Donors contributed an estimated \$295.02 billion in 2006, a 1% increase when adjusted for inflation, up from \$283.05 billion in 2005, which included disaster relief from hurricanes Katrina and Rita and the tsunami. In 2006, 60% of American households participated in philanthropy, with the average giving at \$2 000.² The biggest chunk of the donations, \$96.82 billion or 32.8%, went to religious organizations. Whether to their local churches, the Salvation Army, or the local Rescue Mission, Americans support ministries as scripture instructs.³ Certainly, with faith-based support and government support combined, prevention, intervention, and study of homelessness in America are unlike anywhere else.

UNDERSTANDING HOMELESSNESS IN AMERICA

Homelessness in America is a problem with multidimensional causes, and the face of

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homelessness is many sided. The causes and cures are as varied as the homeless individual or family but have similar characteristics and can be addressed in many similar ways. Over the past several years, 2 main strategies have been deployed by the US Department of Housing and Urban Development (HUD) when addressing funding priorities aimed at homelessness prevention and assistance. These are (1) a *continuum of care*, which wraps services around the homeless individual, and (2) *housing first*, which stresses the role of the department in providing housing for those people who, for whatever reason, meet the criteria of homelessness. There are convincing arguments for each position.

Effective homeless services are those that provide the support needed to enter or reenter and maintain a stable lifestyle characterized by employment, education and income, lack of contact with criminal justice, abstinence from drugs and alcohol, stable family and living conditions, mental health, and social connectedness.⁴

As a form of triage, the community support for addressing homelessness can be compared with a 3-legged stool, with 1 leg of support being alcohol and drug recovery services, 1 mental health services, and 1 housing. Faith-based providers of services and housing are the most prevalent and highly effective practitioners for easing the strain of homelessness on the community at large. They are a community solution to this pervasive and continuing problem. The most venerable of these is the Salvation Army, which provides shelter and services for homeless families and individuals, along with other activities such as disaster relief. In America, the Gospel Rescue Missions is the organization most closely defined by mission for relief of homelessness, operating 300 shelters across America and Canada.

Most homeless people in America are transitionally homeless, meaning that they are poor people and, because of lack of resources or bad timing, they are temporarily residing in a shelter or are living on the street. Most homeless families are in this category. Intact families make up 24% of families in shelters.⁵

Persons who are chronically homeless make up roughly 10% of the homeless population of the United States at any one time. They are the most difficult population to serve and consume by far the largest proportion of services. Research, beginning in the late 1990s by Culhane at the University of Pennsylvania, identified a small group of the homeless who used a significant percentage of the homeless assistance resources in their local community through long-term shelter stays, hospital visits, cycling in and out of jail, detoxification programs, or other community-based services. This small cohort of persons (about 10%) was found to use more than 50% of a community's emergency shelter resources.⁶

WHY FAITH-BASED ORGANIZATIONS ARE CRUCIAL

Faith-based organizations meet a critical need for the chronically homeless. The faith-based providers, such as the Gospel Rescue Missions and the Salvation Army, along with many smaller local but important providers wrap services around people being sheltered, with everything from alcohol and drug rehabilitation to employment and social skills. Faith-based services and shelters are not a solution for every homeless person needing services, but their influence on homelessness in America is great.

The cost to society of faith-based homeless shelter and service providers not providing these services include the cost of publicly funded shelters and services as well as the inordinate amount of social services consumed by chronically homeless persons. The housing first argument of homeless services notes that having someone in housing and supported by lesser impact support services saves the cost of emergency hospital service, drug and alcohol clinical treatment, mental health emergency services, and jail stays for these same people.

Boston Health Care for the Homeless Program, a leading service group for the homeless in Boston, recently tracked the medical expenses of 119 chronically homeless people.

In the course of 5 years, 33 people died and 7 more were sent to nursing homes; the group still accounted for 18834 emergency department visits—at a minimum cost of \$1 000.00 a visit.⁶

In El Paso, Texas, on the US–Mexico border, the national trends hold true in many respects. The rate of chronically homeless people fluctuates around 10%; the chronically homeless are the heaviest users of services and most people are in and out of homelessness quickly, just as Culhane noted, in Philadelphia.⁶

The El Paso Coalition for the Homeless conducts an annual point in time survey of homelessness. Since 1994, people surveyed are found in shelters, transitional housing, and hobo camps. Table 1 depicts the causes of homelessness in El Paso from a 2005 survey of 910 homeless individuals. In the 1568 responses in the 910 surveys, 66 reported as being homeless due to release from an institution, such as a treatment clinic, hospital,

or jail. This continues to be a significant issue and is the one that the medical community contributes to by sending people to homeless shelters in taxis from emergency departments. This discharge to homelessness is slowly being remedied by respite care, such as provided by the Rescue Mission in El Paso.

Permanent supportive housing, combined with policies to prevent people from becoming homeless, represents the solution to chronic homelessness.⁸ Most people who experience chronic homelessness interact with multiple service systems, providing an opportunity to prevent their homelessness in the first place. Promising prevention strategies focus on people who are leaving hospitals, psychiatric facilities, substance use treatment programs, prisons, and jails.⁹

A landmark study of homeless people with serious mental illness in New York City found that, on average, each homeless person utilized more than \$40 000 annually in publicly funded shelters, hospitals (including VA hospitals), emergency departments, prisons, jails, and outpatient healthcare. Much of the cost was for psychiatric hospitalization, which accounted for an average of more than 57 days and nearly \$13 000.¹⁰ When people were placed in permanent supportive housing, the public cost to these systems declined by \$16 282 per unit of permanent supportive housing, nearly enough to pay for the permanent supportive housing.

Other studies have shown even more dramatic results from permanent supportive housing. The Denver Housing First Collaborative reduced the public cost of services (health, mental health, substance use, shelter, and incarceration) by \$15 773 per person per year, more than offsetting the \$13 400 annual cost of the supportive housing. Similarly, Portland, Oregon's Community Engagement Program reduced the cost of healthcare and incarcerations from \$42 075 to \$17 199. After accounting for the \$9870 per person in program costs, there was \$15 006 per person annual cost savings for the first year following enrollment in the Community Engagement Program.¹⁰ Types of services accessed

Table 1. Causes of homelessness in El Paso, Texas^a

Cause	Response of the 910 recorded surveys
Loss of job	338
Could not afford housing	283
Inability to pay rent	206
Family disagreement	170
Drug or alcohol problems	150
Health problems	131
Domestic violence/abuse	107
Left state foster care system	85
Hospitalization	51
Release from institution	66
Loss of public assistance/aid	40
Overcrowding of residency	25
Landlord dispute	23
Residence being torn down or condemned	

^aFrom Gilooly.⁷

Table 2. Types of services accessed by homeless people in El Paso, Texas^a

Type of service	Response
Help in finding a job	494
Help in finding a place to live	465
Transportation assistance	417
Case management assistance	348
Help in securing benefits	292
Help in obtaining medications	249
Dental care	235
Legal assistance	202
Mental health counseling	189
Eye care	185
Educational assistance (GED/ESL)	169
Substance use disorder	107
Help with child care	104
Help with budgeting	100

Abbreviations: ESL, English as a second language; GED, 12th-grade equivalency diploma.

^aFrom Gilooly.⁷

by homeless individuals in El Paso over the course of 1 year can be found in Table 2.¹¹

Faith-based providers of homeless services in El Paso make a serious contribution to the solution of long-term homelessness. Services are wrapped around homeless individuals and families wherein employment, alcohol and drug rehabilitation, mental health services, millions of meals, and innumerable nights of shelter have been provided. This is the first invaluable step toward permanent supportive housing.

THE FAITH-BASED PROVIDERS

Rescue Mission

The Rescue Mission in El Paso has been actively addressing the needs of the homeless in El Paso since 1952. It is affiliated with a large number of rescue missions across the United States and Canada. The Association of Gospel Rescue Missions exists to proclaim the passion of Jesus toward the hungry, homeless, abused, and addicted, and to accelerate quality and effectiveness in member missions.¹²

The El Paso Mission has been under the current management for 10 years and has opened up several new and unique ministries under this leadership. There is a successful 13-week relapse prevention program that has graduated 33 persons in the past year and uniquely to the network of 300 rescue missions across the country, a homeless to work program that provides employment at the facility building furniture that is sold to other rescue missions, other nonprofit organizations, and the public, generating more than \$250 000.00 in revenue over the past year to further the purposes of the ministry (personal conversation with Blake Barrow, Executive Director, Rescue Mission of El Paso, October 2008).

During the last 12 months, the mission has served more than 275 000 meals to the poor, graduated 33 homeless men and women from the relapse prevention program, created jobs for 30 homeless people in RESCUE Industries, and placed another 250 homeless people in jobs in El Paso. The mission staff has prayed with more than 150 people who have become Christians. These people are developing relationships with local churches and, as their faith changes, they are finding freedom from homelessness, establishing better priorities, and are able to make constructive decisions.¹³

The Salvation Army

The Salvation Army is the most venerable among faith-based providers. According to Salvation Army literature, William Booth embarked upon his ministerial career in 1852, desiring to win the lost multitudes of England to Christ. He walked the streets of London to preach the gospel of Jesus Christ to the poor, the homeless, the hungry, and the destitute. Booth took his message to the street. His fervor led to disagreement with church leaders in London, who preferred traditional methods. As a result, he withdrew from the church and traveled throughout England, conducting evangelistic meetings. His wife, Catherine, could accurately be called a cofounder of The Salvation Army.

In 1865, Booth held a series of evangelistic meetings in the East End of London. Thieves, prostitutes, gamblers, and drunkards were among Booth's first converts to Christianity. To congregations who were desperately poor, he preached hope and salvation. His aim was to lead people to Christ and link them to a church for further spiritual guidance.¹⁴ This street outreach has been a hallmark of the Salvation Army since, and the organization has had likely the greatest impact on homelessness of any other provider, public or private.

The Salvation Army Adult Rehabilitation Center ministries in the United States provide an in-residence rehabilitation program with a focus on basic necessities. In El Paso, Texas, the Salvation Army has had a continuous presence since 1899, beginning with an orphanage for girls and then a home for unwed mothers. Today, the Salvation Army provides a host of reintegration services for homeless people among other services.

Alcoholics Anonymous

Alcoholics Anonymous (AA) is a fellowship of men and women who share their experience, strength, and hope with each other so that they can solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; they are self-supporting through their own contributions. Alcoholics Anonymous is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; and neither endorses nor opposes any causes. The primary purpose of members is to stay sober and help other alcoholics to achieve sobriety.¹⁵ Alcoholics Anonymous has done more than any single organization to address one of the causes of homelessness in our 3-legged stool. It now spans more than 150 countries and has a membership of more than 2 000 000 people and continues to use the basic principles laid down by the founders. It has been instrumental in fostering recovery from alcoholism, and along with its sister organizations such as Narcotics Anonymous,

one of the main resources in supporting relief from homelessness. In El Paso, Texas, AA is part of a web of recovery resources that addresses recovery from alcoholism and drug addiction.

Alcoholics Anonymous started as a Christian fellowship in 1935 by a physician and a stock speculator who discovered that they could enhance their chances for sobriety and leading a productive life if they worked together to help yet others to find their way of life.¹⁶ They were both members of a Christian fellowship or movement called the Oxford Groups. This movement, started by Frank Buchman in the early part of the century, believed that confession, conversion, making amends, and working with others in living the Christian life led to removing what stood between them and God.¹⁷ Early AAs adopted the Oxford Groups' principles, started their own society, and practiced first-century Christianity, meeting in each other's homes. They made an important decision to open membership to any suffering alcoholic, regardless of belief or faith, or indeed the lack of any faith at all. They reasoned that if they turned anyone away, they might be consigning them to an alcoholic death.

TESTIMONIES

Patty K. was living on the streets and addicted to methadone when she sheltered at the Rescue Mission. She received clinical detoxification at a publicly funded facility and then enrolled in a peer-driven recovery center, where she stayed for several months. She became a leader in the recovery center and eventually went to work there, counseling new arrivals. She has become a member in good standing of Narcotics Anonymous, has established self-sufficiency, and has reestablished relationships with her family. The faith-based support that she initially received gave her a base for seeking the services she needed to succeed.

Alice C. was running the streets and strung out on cocaine and booze when a judge gave her one last chance. She was enrolled in a peer-driven recovery center and although she

had been in clinical treatment of alcoholism several times, this time with people like her in charge, she began to recover. When she was stable, she moved to a permanent supportive women's residence provided by Sacred Heart Parish of the Catholic Church. She became a recovery advocate with the women there and is now a well-respected member of Alcoholics Anonymous. Alice received a combination of services from public, community-based, and faith-based sources that made a difference for her, finally.

NEXT STEPS

In El Paso, Texas, where the percentage of chronically homeless has been as high as 35% of a homeless population that sometimes reaches 2000, faith-based providers of services make a difference to the social fabric of the community having a huge impact on the amount of public monies that must be expended on homeless people. As we have seen, the chronically homeless routinely use more than half of the services available. Faith-based providers such as the Salvation Army,

Rescue Mission, Christian Home, Sacred Heart Parish's Villa Maria for women, and others are providing the wraparound services that prevent people from accessing extremely expensive emergency services, such as the hospital emergency departments, drug and alcohol detoxification, jails, and prisons.

Eliminating long-term homelessness in America has become a priority for HUD, and HUD has made funding decisions to increase the housing emphasis of its annual funding mechanisms. The department has made this a goal to be achieved by 2014 to end chronic homelessness and move homeless families and individuals to permanent housing.¹⁸ In El Paso, the Mayor and service providers agreed in 2004 on a plan to eliminate long-term homelessness in 10 years. Placing people with disabilities, treatable alcohol and drug problems, and mental health issues in an environment that will support recovery is a large part of this plan. Also, with faith-based providers of shelter and services that help chronically homeless people lift themselves out of severe circumstances, the plan will have a good chance of success.

REFERENCES

1. Americans give record \$295B to charity. *USA Today*. June 25, 2007.
2. Sullivan MB. *William Platter's Public Lecture—March 13, 2008* [master's thesis in International Studies in Philanthropy]. Bologna, Italy: University of Bologna; 2008.
3. *Book of Matthew*, 25:40
4. Government Performance and Results Act (1993). Title 31-1115; 103 P. L. 62; 107 Stat. 285 1993 Enacted S. 20; 103 Enacted S. 20.
5. Homeless intact families on the rise [press release]. Colorado Springs, CO: Association of Gospel Rescue Missions; November 15, 2007.
6. Gladwell M. Dept. of Social Services, Million-Dollar Murray. *The New Yorker*. February 13, 2006:96.
7. Gilooly D. *The Face of Homelessness in El Paso*. El Paso, TX: El Paso Coalition for the Homeless; 2005.
8. Burt M, Hall S. *Major Recommendations: Summary Report of the Urban Institute's Assessment of the District of Columbia's Public Homeless Assistance System*. Washington, DC: Urban Institute; 2008.
9. *Preventing Homelessness. Tools and Resources for Discharge Planning*. Boston: Massachusetts Shelter Alliance; 2001.
10. National Alliance to End Homelessness Web site. <http://www.endhomelessness.org/section/policy/focusareas/chronic>. Accessed July 29, 2009.
11. Gilooly D. *The Face of Homelessness*. El Paso, TX: El Paso Coalition for the Homeless; 2005.
12. Association of Gospel Rescue Missions Web site. <http://www.agrm.org/>. Accessed July 29, 2009.
13. Rescue Mission of El Paso Web site. <http://rescuemissionep.com/default.htm>. Accessed July 29, 2009.
14. Salvation Army Web site. <http://www.salvationarmyusa.org/>. Accessed July 29, 2009.
15. Alcoholics Anonymous Web site. <http://www.aa.org/lang/en/subpage.cfm?page/1>. Accessed July 29, 2009.
16. Alcoholics Anonymous. 4th ed. New York, NY: AA World Services Inc; 2001:181.
17. Russell AJ. *For Sinners Only*. Tucson, AZ: Wheatmark Inc; 2003.
18. *HUD Strategic Plan 2006-2011*. Washington, DC: Department of Housing and Urban Development; March 31, 2006:2.