

Harvard Model Congress Boston 2024

Homelessness Update

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INTRODUCTION

More now than ever in recent history, the issues of homelessness and housing have been at the forefront of modern American life. Upon the examination of any of America's many metropolises, a dirty smear can be found against their glimmering skylines: a characteristically ever-present homeless population. From New York City, to Austin, to San Francsico, it seems as if homelessness has become an ingrained component of urban life. Additionally, outside of our cities, homelessness also permeates rural and suburban regions. The latest **PIT** count found that out of the estimated 650,000 homeless individuals in the United States (HUD, 2023) 7% of them were homeless in rural areas (National Alliance to End Homelessness, 2023).

Arguably most influential in relation to the fundamentals of the American homelessness issue are two subject matters: the lack of affordable housing, and the lack of supportive policy focused on **providing substance abuse rehabilitation** and **mental health treatment**. These two issues have been potential candidates for the forefront of our policy prioritizations when it comes to combatting homelessness, as they seem to have the largest impact in terms of reducing both homelessness and its **residual outcomes** (Fischer, 2019).

ON HOUSING

The lack of **affordable housing** has been a growing issue for all Americans, homeless or not. Since 2010, the price of an average American home has risen from just under \$300,000 to nearly \$500,000 (US Census Bureau, 2023). It's not just the price of **single-family homes** that is rising, however. Potentially more impactful to those who are at the fringes of poverty and economic instability, nationwide rent averages have increased since 2010 from around \$810 to nearly \$1100 per month (US Census Bureau, 2023).

This combination of higher rents and higher home prices has led to a significant strain on income-to-rent, or mortgage, ratios, with an increasing number of Americans spending more of their income on housing than ever before. Naturally, this rent-to-income burden reduces quality of life, and thus, increases the likelihood of **transitional** or even **chronic homelessness**, especially among already socioeconomically vulnerable individuals.

At the forefront of the nationwide increase in housing prices has been a significant increase in demand for housing and a failure to build enough of it. As of 2021, the United States is short some 3.8 million housing units (Khater, 2021), with many of those shortages accumulating in some of the least affordable American locales. While there are many reasons behind our failure to construct new housing at a rate which coincides with our population growth, narrowing our view to urban America, we encounter a similar pattern of failures. Those failures, in no particular order, relate to the following topics: zoning patterns incongruent with a future prioritization of **density**, a reluctance to allow for more affordable housing by current residents, local and municipal ordinances which disincentivize new housing construction, and physical restrictions on expansion (Mast, 2019).

ON SUPPORTIVE SERVICES

Homeless populations are undoubtedly more vulnerable to substance abuse disorders and poor mental health outcomes than housed populations. Homeless populations experience substance abuse disorders at a rate of around 26%, and alcohol abuse disorders at around 38% (SAMHSA, 2019). Additionally, an estimated 20-25% of the American homeless population suffers from a mental health condition (Ventura, 2020)

While there has been a reluctance to identify a definitive correlation between substance abuse disorders and mental health conditions as causal or contributory factors to both transitory and chronic homelessness, they are no doubt some of the most important factors in our considerations for future policy propositions. As expressed in Briefing #1, the deinstitutionalization of thousands of mentally ill individuals throughout the 1960s ultimately resulted in an increase in the homeless population, as many of those individuals had no familial ties. Since deinstitutionalization, a broader political argument on personal autonomy has proven to be an implicatory facet of the homelessness crisis.

While there is a general political consensus on some form of social safety net for homeless individuals, a secondary argument has arisen involving a broader philosophical question of whether or not individuals should be entitled to personal autonomy in their navigation and participation in services and rehabilitation, or if the state has the authority to coerce individuals into such treatment if it determines such treatment is necessary. This predicament is especially implicating in areas where a large portion of the homeless population experiences a drug abuse or mental health disorder. An interesting, related aspect of this discussion has been the 9th circuit ruling in *Martin v. Boise*. In this case, the court established that a city conducting sweeps, or fining homeless individuals for camping, is a violation of the eighth amendment, insofar as the city has failed to provide the individual with access to a shelter or a similar or better form of accommodation.

DEFINITIONS

PIT – Acronym for "Point in Time," a surveying method for counting the homeless population.

Substance Abuse Rehabilitation – Services designated to help individuals combat their drug addiction

Mental Health Treatment – Relates to services designated to prevent poor mental health outcomes and treat mental disorders

Residual Outcomes – "Byproducts" of homelessness, i.e. increased risk of sexual violence, reduces life expectancy

Single Family Zoning – A zoning type that minimizes density by only allowing for certain residential structures

Transitional Homelessness – Homelessness restricted to a short period of time

Chronic Homelessness – Homelessness occurring over long periods of time, especially over 12 months in duration

Density – population capacity of an area based on its infrastructure

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