

ENDING HOMELESSNESS IN BIRMINGHAM IN 10 YEARS

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INTRODUCTION.

Homelessness is a complex systemic problem affecting more than half a million people, mostly living in urban areas of the United States. On a single night in 2017, 1092 people including women, children, and veterans were experiencing homeless in Birmingham. The vision of this project is to transform Birmingham into a model city where everyone is able sleep without fear in a proper shelter and everyone is free of hunger. This vision once realized will make Birmingham the first metropolitan city in the U.S. that is free of homelessness. In this project, we aim to converge the expertise of faculty, staff and students, at the University of Alabama at Birmingham (UAB) and partner with industry, nonprofits and government agencies in order to solve this complex problem. Based on our initial discussions with Oneroof, the center of coordination for the homeless Continuum of Care (CoC) system of central Alabama, we have identified the following four major problem areas where UAB can make an impact: 1) medical treatment; 2) job training; 3) system engineering; and 4) housing.

To get a clear understanding of the ground realities we will begin by conducting a comprehensive needs assessment involving the homeless population, nonprofit and government organizations serving them. We will analyze the results of the assessment to identify the biggest problem areas for addressing homelessness. We will re-define the problem areas and develop a comprehensive strategy to address these problems using the interdisciplinary capabilities at UAB, and collaborating with industry non-profit and the government.

As a result of urbanization and lack of affordable housing, the issue of homelessness exists in all major cities in the U.S. and in the rest of the world. The solutions developed in this project can serve as a model for demonstrating the power of bringing together the intellect of universities, camaraderie of nonprofits and the capabilities of the government. These solutions can be extended to other cities in the U.S. and the world to address homelessness globally.

DESIRED OUTCOMES.

Homelessness is experienced by a wide variety of individuals. The following criteria are used to categorize the homeless population: 1) Chronically homeless: People who have been living on the streets for more than a year, or four times in the past three years, and who have a "disabling condition" that might include serious mental illness, an addiction or a physical disability or illness; 2) Veterans; 3) Youth: Under age 25; 4) Women and children; 5) Sheltered: living in emergency and transitional shelters; and 6) Unsheltered. The goal of this project is to implement a comprehensive program to address homelessness in the city of Birmingham covering all of the listed categories.

CONCEPTUALIZATION OF THE PLAN OF WORK.

With the efforts of governmental agencies and non-profit organizations, homelessness in Alabama has seen a reduction by 3% per year from 2007 to 2017. Our goal is to accelerate this reduction by strengthening the existing programs and adding new programs where needed in order to reach the goal of ending homelessness in Birmingham in 10 years.

Needs Assessment / Community based survey. Researchers from UAB made important contributions to advance homeless research by conducting the most comprehensive needs assessment in 2005. We plan to build on top of this work by conducting a subsequent needs assessment to understand the current status of homelessness in the city.

Systems engineering. Community resource organizations typically spend most of their work hours and money on supplying services to clients. The culture of community resource providers

is not technology driven. As a result, the improvement of technological systems is considered a low priority. The present proposal is to systematically analyze legacy practices and improve upon them using digital tools. Currently several of these organizations use their own information systems with very little information sharing about services provided. This leads to duplicated services and inefficiencies. Even though these organizations are working towards the same goal, they are functioning as separate systems. In this project, we will develop an Integrated Homeless Information System (IHIMS) that will enable these organizations to function as part of one integrated system providing complimentary services and avoiding the duplication of services. IHIMS could be used to help resource providers identify individual clients and maintain a history of services provided. Such a history could reduce the duplication of services and allow organizations to provide a progression of services.

Medical Treatment. Homeless individuals are suffering mental and physical health conditions including trauma, mental disorders, substance abuse, infectious diseases, and chronic diseases. Currently, government hospitals, volunteer clinics and medical camps meet the medical needs of this population. A majority of this population do not receive adequate health care due to lack of health insurance. This often leads to issues such as drug addiction and difficulty in finding work. In this project we will use the IHIMS to efficiently coordinate the existing medical services and identify opportunities for UAB medicine to provide additional care where needed.

Job training. Job training provided by current nonprofit organizations is limited to a narrow skillset and does not consider educational background and availability of jobs. We will develop a **career path prediction tool** that can consider the participant's educational background, work experience, interests and the availability of jobs to recommend high potential career paths. This process improves decision making and increases the success rate. We will implement a **job training** program where participants go through a training curriculum designed by faculty from various departments of UAB that will prepare them for a taking up a full-time job. The requirements of available jobs in the job market will be considered while designing the training curriculum.

Housing. The availability of supportive housing plays a major role in effectively providing services to the homeless population. Several cities around the country are implementing a Housing First approach that quickly places some of the most difficult-to-serve homeless individuals in permanent housing before attempting to offer supportive services (e.g., case management, mental health treatment, etc.). The state of Utah was able to reduce the chronic homeless population by 90% in 10 years by implementing a housing first model. Currently there is a severe shortage of supportive housing in Birmingham where eligible homeless individuals have to wait up to two years to receive the housing benefit. In order to address this problem, we will use the expertise at UAB to advise the housing agencies how to build sustainable, low cost, and low maintenance housing. Additionally, we will work with the housing agencies to increase the number of individuals receiving rental assistance.

Metrics. IHIMS developed, as part of this project will be used to get real-time metrics about homeless population in the city of Birmingham. Additionally, the homeless population for each state published in Annual Homeless Assessment Report (AHAR) will be used to measure the overall effectiveness of the project.

POTENTIAL COLLABORATORS.

UAB.

- 1) School of Medicine
 - a) Division of preventive medicine
 - i) Dr. Stefan Kertesz
 - b) Internal Medicine
 - i) Dr. Monita Singh
 - c) Kirklin Institute for Research in Surgical Outcomes (KIRSO)
 - i) Dr. James Kirklin
 - ii) Dr. David Naftel
 - iii) Dr. Rongbing Xie
 - iv) Nick Timkovich
- 2) School of Dentistry
 - a) Dr. Rama Kiran Chavali
- 3) School of Engineering
 - a) Department of Electrical and Computer Engineering
 - i) Michael Lipscomb
 - ii) Dr. Karthikeyan Lingasubramanian
 - iii) Dr. Leon Jololian
 - iv) Dr. Murat M Tanik
 - v) Dr. Steven Fernandes
 - b) Civil, construction and Environmental Engineering
 - i) Dr. Virginia Sisiopiku
- 4) School of Health Professions
 - a) Health Services Administration
 - i) Dr. Mohanraj Thirumalai
 - ii) Dr. Ferhat Zengul
- 5) College of Arts and Sciences
 - a) Department of Computer Science
 - i) Da Yan
- 6) School of Public Health
 - a) Department of Health Care Organization and Policy
 - i) Dr. Stephen T. Mennemeyer
 - ii) Dr. Meredith Kilgore
 - iii) Dr. Janet Turan
 - b) Department of Epidemiology
 - i) Dr. Emily Levitan
- 7) School of Education
 - a) Dr. Ann Dominick
 - b) Dr. Jeremiah Clabough
- 8) School of Business
 - a) Dr. Joel Dobbs
 - b) Dr. Doug Ayers

Government.

- 1) Onerooft
 - a) DeShunn Wilkerson, Community Liaison
 - b) Greer McCollum, Coordinated Assessment Outreach Specialist
- 2) Birmingham Mayor's Office
 - a) Don Lupo, Director of Office of Citizens Assistance
- 3) Jefferson County Commission
 - a) Dr. Fredrick Hamilton, Director of Human Community Services and Economic Development
- 4) Veteran Affairs
 - a) Dr. Lori L. Davis, Research & Development Service, Tuscaloosa VA Medical Center

Nonprofits.

The Church of Reconciler, Birmingham, AL

Sai Ashraya, San Jose, CA

Birmingham Business Alliance

Corporate.

Regions Bank

Bahwan Cybertek

Shipt

Publix

Walmart