

Our Homeless Population: They Are People Too

As an accountable level of government, we must address issues that affect the most vulnerable people in our community. Recent data indicates a disturbing 91% increase in people living on the streets, under bridges, in parks, and sleeping on sidewalks in Richmond. The City's homeless population is far from homogeneous and, while disproportionately composed of vulnerable populations, is largely comprised of individuals from the region. This population spans factors including gender, age, and race, although the background of individuals varies. It is not necessarily caused by a single factor, nor is it sequential, with contributing factors often interwoven with peoples' broader historical and societal context.

Experiences with homelessness can be considered across two dimensions: the phase of homelessness and the circumstances that led to homelessness. Studies show that the progression into homelessness starts with people being at-risk often due to sociological factors. The next phase is being nonchronically homeless: namely, less than one year without housing. This is followed by being chronically homeless where one has been homeless for more than a year or has had multiple occurrences over several years.

At-risk individuals, the nonchronically homeless, and the chronically homeless need different interventions. For example, the nonchronically homeless may need financial support and attainable housing, while people experiencing chronic homelessness may first need help with drug addiction or mental health issues. Similarly, the path that led to homelessness suggests different interventions.

As a City, we cannot give up on those unlikely to transition out of homelessness due to drug addiction, mental illness, or other problems. We need to find ways to steadily ensure that the chronically homeless get the care that they need. Without support, individuals will continue cycling in and out of homelessness for years, leaving a sizable segment of society struggling to build and lead valued lives. We have several well-regarded initiatives in place to deal with a longer-term approach including our Homelessness Strategy 2019-2029 and our diverse models of shelters for many vulnerable people; however, the immediate need is for our unsheltered population that frequents our public spaces while creating the manifestation, whether factual, of urban decay. This is why more than ever we need to work collaboratively across the political spectrum while pursuing secure care for the acute drug addicted and/or persons with critical mental illness that are homeless. After all they are people too!