

HOMELESS OFF STREETS, INTO 'HOUSING FIRST'

By ERIK ECKHOLM
The New York Times

DENVER — Arthur Sena spent years living in a hole that he had dug near the railroad tracks. He would probably still be there, defying offers of help from social workers and using cardboard to ward off the chill, if Denver had not adopted a radical strategy of putting homeless people into

apartments of their own, no strings attached.

The "housing first" policy that this city adopted last year is part of an accelerating national movement that has reduced the numbers of the chronically homeless — the single, troubled men and women who spend years in the streets and shelters — in more than 20 cities.

In this campaign, promoted by a

little-known office of the Bush administration, 219 cities, at last count, have started ambitious 10-year plans to end chronic homelessness.

The cities include New York, which is stepping up efforts to house the estimated nearly 4,000 people huddling on sidewalks or sleeping in parks, and Henderson, N.C.,

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population 17,000, which recently counted 91 homeless people, 14 of them chronic cases.

Many of the early starters are reporting turnarounds. In Philadelphia, street dwellers have declined 60 percent over five years. In San Francisco, the number of chronic homeless is down 28 percent in two years, in Dallas 26 percent and in Raleigh-Durham, N.C., 15 percent.

Bush administration backing

If it is not always clear who will pay for the plans, the burst of effort has buoyed a field long accustomed to futility.

"I've sensed a new energy in city halls and state houses around the issue of ending homelessness," said Robert Hess, who just took over as homeless services commissioner in New York City after years of similar work in Philadelphia. "This is unprecedented in my lifetime."

Part of the credit, Hess and others said, goes to Philip Mangano, a Bush appointee who has spent five years visiting every mayor and governor he can, brandishing successful examples, cost-benefit studies and his own messianic fervor along with modest amounts of federal money.

"We're conspiring to undo what we'd been told for so many years, that this was an intractable issue," Mangano told 150 mayors, state and city officials and private leaders here in May. They were gathered for the first "national leadership summit," sponsored by the once-dormant office that Mangano leads, the U.S. Interagency Council on Homelessness.

Wherever he goes, Mangano, 58, who was director of the Massachusetts Housing and Shelter Alliance, emphasizes that it is cheaper to put the chronically homeless right into apartments, and provide medical and addiction treatments there, than to watch them cycle endlessly through shelters, soup kitchens, emergency rooms, detoxification centers and jails.

"Cost-benefit analysis may be the new expression of compassion in our communities," he said at the Denver meeting.

Free, then modest rent

Typically, people in such programs are put into sparsely furnished apartments free. Soon after, as they are helped into jobs or sign up for disability or other government benefits, they are required to pay modest rents.

Outreach workers had spent months persuading Sena, 69, to move to an efficiency apartment downtown. He finally did in 2005, after injuring an arm. His room still has bare walls, and Sena, who remarkably retains a head of dark hair, has not lost his crustiness.

"I never had any alcohol addiction," he told a visitor. "I just copped a little shot now and then. As a matter of fact, I was just heading out right now to get a half pint. It's the only thing that helps the pain in my arm."

Sena refused to disclose more about his history or use of public services. But in a study here, officials found that 25 men were taken into emergency detoxification centers for an average of 80 nights each in one year, at a total cost of \$772,000. Officials have found that they can provide housing and most medical and other services for about \$15,000 a year per person.

200,000 chronic homeless

The growing focus on housing the chronically homeless was driven, many officials said, by a study in 1998 by Professor Dennis Culhane, a sociologist at the University of Pennsylvania. Culhane showed that a vast majority of people staying in shelters did so briefly and got on with their lives and that 10 percent were in and out repeatedly for years, accounting for half of total bed use.

National estimates of the chronic homeless run about 200,000, among an estimated total of 750,000 homeless people on any given night that includes families and other people in temporary trouble, said Nan Roman, president of the National Alliance to End Homelessness, a group in Washington.

Some advocates and state officials have questioned the intense focus on chronic cases, fearing that it detracts from programs for families. Mangano responds that homeless families continue to receive the bulk of public money and are the subject of promising experiments, too.

More important, he said in an interview, visible progress against the most visible face of homelessness will inspire more financing. Already, Mangano added, documented gains have persuaded the White House and Congress to increase spending. Federal money to work on homelessness has climbed over the past five years to more than \$4 billion, from \$3 billion.

Mangano "is great at spin," said Bob Erlenbusch, chairman of the National Coalition for the Homeless, an advocacy group based in Washington. But Mangano is glossing over the broader trend, Erlenbusch said, because federal programs for

low-income housing, which can prevent homelessness, have languished in the Bush years or been cut.

To start their new plans, cities have combined federal and local public money with foundation and corporate grants. But many officials say a lack of money will hamper the development of needed housing and support teams.

New York leads the way

The "housing first" approach was pioneered in the 1990s by a group in New York, Pathways to Housing.

In a first step, confirmed street dwellers are coaxed into rooms of their own, a more attractive proposition to many than the drug treatment programs or transitional group homes they had been offered in the past.

Some skittish people take along their shopping carts.

Once drawn into so-called supportive housing, the participants are monitored by social workers and offered psychiatric and other services that might stabilize their lives. But breaking addictions or seeking other needed treatment is not a prerequisite for entry.

New York City, a leader in supportive housing, recently counted 3,843 people living in the streets, a 13 percent decline from the previous year. The state and city governments also are joining to build 9,000 supportive housing units in New York over 10 years.

Some "tough-love" groups have opposed housing first, saying that without more discipline, addicts will never succeed. But in experiments around the country, 80 percent or more of those housed participants remained in their quarters after a year.

Workers at the Colorado Coalition for the Homeless, which runs Sena's building, said they knew that some tenants were using drugs or alcohol.

"It's better that they pass out here than in the streets," said John Parvensky, director of the coalition.

Established programs wary

In many cities, the approach also has drawn fire from agencies that run shelters and drug treatment programs. Those agencies bristle at the suggestion that their emergency aid just perpetuates problems.

"It was very tough to buck the status quo and tell service providers that we're not going to do it your way anymore," said Angela Alioto, a lawyer and Democratic politician who oversees the 10-year plan in San Francisco on behalf of Mayor Gavin Newsom.

Among some groups, "there was hysteria," Alioto said, when the city said it would stop financing groups that did not send participants to housing. By the end of 2006, she predicted, 2,200 of the estimated 3,000 chronically homeless will be in apartments.

As much as they talk excitedly about ending homelessness, experts know that change will come in fits and starts for cities and for individuals.

By early 2005, Philadelphia had pushed down the number of homeless in the streets to 250, compared with 824 five years earlier, Hess said.

After a Live Aid concert there last July, the number spiked, for reasons that are not clear to the experts, to more than 400, and the city has been whittling it back down.

In Denver, Deborah Johnson, 52, is more openly grateful than Sena for her new apartment, saying that after 11 years in shelters and recovery programs "it feels great because I'm an independent person."

But her craving for alcohol is a recurring threat, Johnson conceded. Two times in the past two years she entered housing but was ejected because of "behavior problems" involving her or her guests, a coalition official said.

After another stay in an addiction center, Johnson moved to her latest apartment in April. She uses an overturned supermarket basket for a table and keeps a Bible near her mattress. She meets her case manager three times a week, Johnson said, and hopes some day to resume work as a cook.

EDITORIALS & LETTERS

Housing program used here

I was pleased to read the June 7 front-page story in The Register-Guard describing Housing First, the national movement that has substantially reduced chronic homelessness in communities across the country. The Housing First concept is alive and well right here in Lane County with ShelterCare's new initiative, The Inside Program, or TIP.

The Housing First model turns traditional service to the chronically homeless population on its head by providing housing first, then services to deal with the underlying issues of homelessness. As the article illustrated, this approach has been extremely successful in keeping chronically homeless people in stable housing and out of the costly cycle of shelters, hospitals and service agencies.

ShelterCare's program provides housing to people who are chronically homeless and have a mental illness. Once in housing, they work with staff on the issues that underlie their homelessness — mental illness, substance abuse, trauma, poverty and medical problems.

The state Office of Mental Health and Addiction Services estimates that at any one time, 260 people with a mental illness are homeless in Lane County. Of these, many are struggling with substance abuse issues that prevent them from entering traditional shelters.

ShelterCare is proud to be able to provide these individuals with hope and engage them in achieving their own pathway to a safe, stable living environment and healthier quality of life. We hope to gather even more community support for this promising new model for ending homelessness in our community.

**SUSAN BAN, executive director
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