



More Than a Place to Live

By building in services that address the root causes of chronic homelessness, the Corporation for Supportive Housing is building a solution that is working across America.



A special report about supportive housing and its impact on chronically homeless populations

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Chronic homelessness launches men, women and children on a perilous journey from one temporary shelter to another—not just for a few weeks or months, but for years.

Introduction

Homelessness in America has been a serious problem for decades, but its scope and visibility increased dramatically in the early 1980s. According to a U.S. Census Bureau study, in 1978 there were 400,000 more affordable housing units available across the country than low-income renters seeking them. By 1985, however, the imbalance had swung strongly in the other direction, with 3.7 million more low-income renters than affordable places to live. Over this same period of time, mental hospitals closed at records rates, deinstitutionalizing thousands of patients still in need of care. Sadly but predictably, the lack of affordable housing combined with the reduction of available mental health care produced an exponentially larger homeless population, and one in which over 30 percent suffered from some form of mental illness.

Factor in additional problems such as substance abuse, low educational attainment, lack of employable skills and physical disabilities, and the result becomes chronic homelessness—a condition that launches men, women and children on a perilous journey from one temporary shelter to another not just for a few weeks or months, but for years. Estimates vary, but it is a reasonable assumption that somewhere between 150,000 and 250,000 people in the United States currently fall into this category. While this may represent only 10 to 15 percent of the total homeless population, experts in the field also estimate that chronically homeless people consume 50 percent of the resources devoted to this problem.

The solution to chronic homelessness is not a mystery, and its roots can also be traced back to the 1980s. Towards the end of that decade, Fathers John McVeen and John Felice began operating the St. Francis residence in the Chelsea neighborhood in lower Manhattan. Not only had Fathers McVeen and Felice raised the funds necessary to purchase a building that could provide much needed shelter for homeless men, they had also brought in psychiatrists, health care and social service workers who could counsel and treat residents on-site. Like all good models, St. Francis was based on a simple truth: chronically homeless individuals remain homeless due to a number of causes. Providing shelter treats only one symptom of their condition; building in an array of services addresses all causes.

Fathers McVeen and Felice were not the only ones experimenting with this new model of housing plus care. Uptown in Washington Heights, Ellen Baxter, another pioneering advocate for the homeless, had renovated an apartment building and was also providing shelter with built-in services for rent-paying tenants. Moreover, she was operating the residence at a cost that was roughly half what New York City was spending on the average shelter with *no* services. Meanwhile, similar success stories were being played out in Chicago, San Francisco, Seattle, Denver and other cities across the United States. What was absent, though, was consistent communication among these projects or the kind of centralized oversight that could attract major funding for this successful model and take it to a larger scale.

The missing piece fell into place in 1990 when Julie Sandorf, who had been researching solutions to homelessness for the Pew Charitable Trusts, drafted a proposal to build an organization that could attract more funds to help existing projects sustain themselves over the long term, network with others and replicate in more locations. In writing this paper, Sandorf coined the term supportive housing to give the model a name and proposed the creation of a nonprofit, the Corporation for Supportive Housing (CSH), to turn the plan into action.

In Los Angeles, for example, where a single day's stay at a mental hospital averages \$607, the cost of a day of incarceration is \$85, and a shelter's daily cost is \$37.50, the equivalent cost of supportive housing remains the lowest at just \$30.

With \$10 million from the Robert Wood Johnson Foundation, Pew Charitable Trusts and the Ford Foundation, CSH was established in 1991 with the mission “to help communities create permanent housing with services to prevent and end homelessness.”¹ Sandorf directed CSH’s first (and, at the time, only) office in New York City, and the organization focused initially on serving single adults (primarily men) who were homeless and suffered from mental illness, substance abuse, AIDS, and other health problems. Over time, the focus has widened to include families, and the housing model has been adapted to include scattered sites and smaller clusters of buildings.

Today, CSH employs 75 full-time staff members, is active in 15 states, and maintains a second national program office in Oakland, Calif. According to current President Carla Javits, since its launch in 1991, CSH has leveraged more than \$1 billion from government and private sector donors. With CSH’s guidance, these funds have covered capital and operating costs for more than 14,000 units of supportive housing, ending homelessness for 15,000 men, women, and children. In November 2004, CSH helped form the Partnership to End Long-Term Homelessness, which will bring another \$37 million in grants and loans to supportive housing. This newest infusion of resources is timely as Javits reports there are already 8,000 additional units of supportive housing in the development pipeline.

Perhaps the most impressive numbers, though, are those that continue to demonstrate the cost-effectiveness of this approach. In Los Angeles, for example, where a single day’s stay at a mental hospital averages \$607, the daily cost of incarceration is \$85 and a shelter’s daily cost is \$37.50, the equivalent cost of supportive housing remains the lowest at \$30. Cost comparison studies in Boston, Chicago, New York and other cities show similar findings.

Even more compelling than the numbers, though, are the stories of the men, women and children who have left behind a life of chronic homelessness thanks to CSH. People like Craig Farrow, who overcame drug addiction and depression; Jean Jones, a mother of six who sank so low she placed a daughter in foster care for fear of selling her for drug money; and Linda Harris, who counts her blessings every day despite battles with cancer, depression and a disfiguring skin disease. In these personal triumphs is the real story of how CSH is giving people much more than a place to live. ■

¹For more information see:

National Initiative to Address Housing Needs of Vulnerable Populations
www.rwjf.org/reports/grr/019309s.htm

Network Coordinates Housing and Medical Services for Disabled and Chronically Ill Adults
www.rwjf.org/reports/grr/027072.htm

Financing for Homeless Programs to Be Secured with Reliable Public Funds
www.rwjf.org/reports/grr/021883s.htm

In Homes Now Program, Project Renewal, Bronx, N.Y.

A story about Craig Farrow

Written by Lindsey Pollak

Craig Farrow begins a tour of his apartment in the kitchen. He happily opens his refrigerator, freezer and a few cupboards to reveal the various goods he has purchased: chicken breasts, sausages, rice, eggs, canned foods, a few pots and pans and a small stack of dishes. He points to the items like prized possessions, and to Craig, they are. He is 40 years old and this is the first home he can call his own.

Craig's kitchen is located just a few steps inside the entrance to his apartment, a small one-bedroom on the first floor of a high-rise brick apartment building in the Bronx. He received the apartment nearly a year ago through Project Renewal, a New York-based nonprofit group that provides housing and comprehensive services to help homeless people—particularly those struggling with mental illness and substance abuse—move from the streets to homes where they receive not only housing but also the support needed to stay there. Geographically, this move has been a small one for Craig; spiritually, he has traveled light years.

Born in Brooklyn in 1964, Craig was one of 10 children, and he was only eight when his mother passed away. Left to fend for himself, he turned to the streets. “You know how people talk about a picket fence?” Craig asks. “I didn’t have that.” He dropped out of school in the seventh grade and found himself in prison at age 16. His first stay would not be his last.

Illiterate and addicted to marijuana, cocaine and alcohol, Craig returned to prison at 19 and remained there until he was 32. He credits a fellow inmate—a lifer—with changing the course of his life. The prisoner, who Craig describes as a father figure, told him to go to school, to learn to read and write. “It will make you happy,” the man told him. “At first I wanted to fight him,” Craig says, “but when I was locked in my cell, I thought about it.” And so Craig went to school in prison, earning his diploma in 1990.

Craig tried to further improve his life by kicking his drug habit, but instead ended up in a cycle of recovery, relapse and depression. After his release from prison, he entered the New York shelter system, beginning at a facility associated with New York’s Bellevue Hospital. Craig recalls feeling uncomfortable around people with more pronounced mental illnesses than his, but this would be only one of several bad experiences. He describes staying at another shelter where he hated the smell of the place and the awful food they provided.

A few years and many shelters later he landed in a facility in upstate New York that, as Craig describes, “looked like death—like people go there to die.” But for him, this shelter would offer the beginning of a new life. A counselor noticed Craig studying a book on the bus rides to and from a drug rehabilitation program in New York City. “You don’t belong here,” the counselor told him. “You could be doing something with your life.”



By giving Craig Farrow a home, Project Renewal has given him a life.

“Access is everything. We provide housing first, then we surround the person with everything he needs: health care, licensed drug treatment, education and job training.”

**— Cynthia Stewart,
Project Renewal**

Craig was transferred to a shelter back in Manhattan where another counselor introduced him to Project Renewal’s “In Homes Now,” an innovative supportive housing program designed for the most difficult clients to serve. The program, which serves about 40 men and women, is unique for its accommodation of active substance abusers who have not yet kicked their habits. (Craig, for example, continues to take part in an addiction recovery program). In January 2004, a few months after he first heard about In Homes Now, Craig learned that he would receive his own apartment and some supplies to get him started in a new life. “When they first said ‘Welcome to the program,’ I couldn’t believe it,” Craig says. “I was so overwhelmed, I cried.”

Project Renewal will pay Craig’s rent for three years, a timeframe that Craig is keenly aware of. “I want to beat the time. My biggest thing is being independent,” he says. “I know this won’t last long and I want to pay my own rent.” Referring to his team of counselors at Project Renewal he says, “They are giving me room to make it happen.”

Creating a stable living situation is the key to Project Renewal’s philosophy, which Cynthia Stuart, communications director, summarizes in three words: “Access is everything. We provide housing first, then we surround the person with everything he needs: health care, licensed drug treatment, education and job training. We serve people who have no networks, so we create the network for them. And we are in it for the long term. If you are part of Project Renewal, you can come back for the rest of your life,” she says.

Craig takes full advantage of the many support services offered by Project Renewal. He is in a recovery program for drug and alcohol addiction and participates in a regular men’s therapy group. Last summer he had the opportunity to see a baseball game at Yankee Stadium with some of the staff and other members of the program. “It was fun,” he says with the joy of a child, “and I really appreciated that they took us there. They show me the clean side of the world. And the Yankees won!” It was the first major league baseball game Craig had ever attended.

Craig also takes part in one of Project Renewal’s most innovative efforts, the Culinary Arts Training Program. The six-month program, officially launched by the organization in 1995, begins with 12 weeks of classes in basic cooking theory and food preparation using Project Renewal’s own kitchen facility in Manhattan’s Bowery. Once this is completed, participants start a 12-week internship at a restaurant or within a corporate dining service.

According to Project Renewal, the organization chose to provide culinary training because the food service industry offers a wide range of entry-level jobs and opportunities for advancement. The overwhelming success of the Culinary Arts Training Program emphasizes the point: more than 86 percent of program graduates—all formerly homeless adults with drug abuse or mental illness issues—have been placed in jobs since the program began.

Having successfully completed his training, Craig became immersed in the first months of his internship at the corporate kitchen of Simpson Thacher & Bartlett, a law firm in midtown Manhattan. His job consists mostly of prep work: chopping carrots and onions and helping to arrange supplies for the chefs. A recent internship evaluation form that Craig proudly shares contains “good” check marks for all job performance categories with one exception, punctuality, in which he was rated “excellent.”

Craig is even prouder of another recent accomplishment: paying for his own transportation. When he began his food service internship, he asked Project Renewal to help him by providing a 30-day prepaid subway MetroCard to cover his rides to and from work. He promised that after the first 30 days he would save enough money to pay for his own card, a \$70 expense. His caseworkers agreed, and Craig has kept his promise. After the fourth week of his internship he bought his own card. “I’ve been doing good,” he says.

“When I was on the street I used to think, ‘Whatever happens, happens.’ But now I know that 99 percent is what I’m making happen. *I’m making it happen.*”

Craig is proud of his hard work and loves to talk about cooking and the test he will take in a few months to become a certified chef, but his tone changes when he begins to talk about the longer-term future. “The more I do good, the more scared and uncomfortable I feel,” he says. “The more I enter into honesty, being on time, responsibility, getting trust—it’s all new and kind of hard to come to terms with. Sometimes it’s overwhelming and I feel out of place. I believe in me, but I worry, will other people believe in me? Would you hire a person like me?”

Seemingly on cue, someone knocks at his apartment’s front door. Craig looks through the peephole and then opens the door to greet Jack, a member of the Project Renewal team. Jack has dropped by to check on Craig, just like a neighbor or a friend would. If it appears that Project Renewal has an instinct for Craig’s needs, it’s no accident. Thirty-five percent of the organization’s 500 staff members are formerly homeless clients. At the moment, in addition to his internship, Craig is accessing Project Renewal’s job training support. Craig and the other Culinary Arts Training Program participants attend classes that help them adjust to the working world, including interview skills and drug abuse relapse prevention. This will help them when they eventually apply for positions outside of the security of their program.

“I get a lot of support from In Homes Now,” Craig explains. “They say it’s okay to feel nervous and they tell me what it was like when they did their job interviews. They gave me a bunch of suggestions, but I know that when I’m on an interview they can’t be there holding my hand. It’s up to me to see it through. It’s the same as my drug program. They lead the way, but only so far.”²

Craig keeps a bronze-colored coin in his pocket that is engraved with the serenity prayer, a cornerstone of alcohol and drug recovery programs like Alcoholics Anonymous. He received it from a counselor at one of his first recovery programs after prison. It was among his first real possessions. Now, in addition to the supplies in his kitchen, Craig owns several items, many of which were purchased with a small shopping stipend provided by Project Renewal when he first moved into his apartment: a glass dining table with four chairs, a couch, a coffee table covered with a piece of lace, an old television and VCR, a bed, a dresser and a large mirror. “I appreciate everything,” Craig says sincerely. “They helped me get set up and helped me make it easy and comfortable.”

“Today I’m dreaming of being something positive, something beneficial for me and in society,” he continues. “That’s what I’m focusing on. When I was on the street I used to think, ‘Whatever happens, happens.’ But now I know that 99 percent is what I’m making happen. *I’m making it happen.*”

Like many working New Yorkers, Craig spends a lot of time on subways, and it is this mode of transportation that provides the most apt analogy to summarize the journey he has been on. “When you’re growing up and you can’t read, you don’t know which train stop to get off at,” he says. “Everything was a guess. Now I know where I’m going,” he adds with a big smile, “and how to get back home.” ■

²*Craig was hired in 2005 to be a cook at a shelter for homeless men and women.*

Canon Barcus Community House, San Francisco, Calif.

A story about Jean Jones

Written by Susan Core



A small family once torn apart by addiction now thrives in San Francisco.

“Did you get your turkey yet?” It’s a week before Thanksgiving and Jean Jones³ is stopping to chat with friends as she walks through the public courtyard of the Canon Barcus Community House, a 48-unit supportive housing complex located just south of San Francisco’s Civic Center. “This year I got a turkey, a ham and a roast beef,” she says happily to a visitor, anticipating her overflowing Thanksgiving table. “If you don’t have one yet, I’ll help you get it,” she offers to a friend as she walks through the complex.

Jean is clearly someone who has learned how to work the system to her own benefit, and she is quick to share her knowledge with others. Once a crack cocaine addict and potential lifetime beneficiary of the welfare system, Jean and her family are now virtually self-sufficient—even thriving—and her skills at breaking through bureaucracy have allowed her to become a leader in her community. But she does not forget the past; she has been living for three years at Canon Barcus, which is run by Episcopal Community Services, and she is openly thankful that her family has found a permanent home where they can all be together.

They are still living well below the poverty level, however. Jean, 44, shares her small but ample two-bedroom, one-bath apartment with her husband, Richard, who works full-time as a security guard, as well as three of their six young-adult children. The couple has been together for 22 years, but both have struggled throughout most of that time with addiction. Jean also has been diagnosed with depression, and she now participates in therapy twice a week right in the Canon Barcus building.

She says she has had one relapse since living at Canon Barcus, but she is secure in the fact that she now has enough support to find ways not only to survive, but also to actually fulfill all her needs. Where once her life was consumed by standing in line for handouts, now, she says with pride, “the only line I stand in is when my kids are in the bathroom!”

Jean is a sprightly, attractive woman with a bouncy gait and bright smile, obviously filled with hope for the future. Wearing red jeans and a colorful flowered pullover, her cheerfulness is infectious and fills the community’s halls. To see her now, you would never imagine how hard her life has been. The youngest of 15 children of a mother perpetually on welfare, Jean readily admits she was born into “too much love.” Growing up in San Francisco, her older siblings did everything for her, she says, but the constant attention didn’t do her any favors. “I didn’t even know how to tie my own shoes. I had no education; I did not really know how to do anything. It was hard when I had to fend for myself.” Before she was out of high school, she was partying and living the high life, never seeing any reason to work because she had no role model and—still on welfare—no reason to do so. She pretended to be far better off than she was: “I portrayed whatever was expected of me, and I finally cracked up.”

³At the request of the subject, all names in this story have been changed for privacy reasons.

“Shelters are like playing the lottery. There’s no guarantee your number’s going to hit and you’re going to get a bed that night because there are so many people.”

— Jean Jones,
Canon Barcus resident

In her youth no one she was around had any idea how to point her to the help she needed, and her depression went undiagnosed. “Nobody knew anything about that,” she says. “I’m just now on anti-depressants, and I get therapy twice a week. And from the things that my therapist and I talk about now, she says ‘I’m amazed that you’re still living, with all the stuff that you had to carry!’ It was rough, but here I am.”

Jean had her first child out of wedlock at 19 to a man who was 44. She had three children by the time she was 26—none of them by her current husband—and by age 27 she knew she was a full-fledged drug addict. She gave her kids to her older sisters to raise but realized she was in trouble when her youngest daughter didn’t recognize her as her mother. “I realized I was partying too hard when I went to pick my youngest daughter up to take her to the park. She was about 2 and she turned to my sister and said ‘Come on, Momma.’ She didn’t know who I was! I said, ‘Don’t just pack her bag for the park. Pack *everything*. It’s time for us to go home!’” Jean was living with her mother at the time, and she took her daughter there. Although it would be a long while before Jean was able to significantly turn her life around, this was a beginning, her first solid realization that she was spending too much time “having fun.”

When that same daughter was about 11, Jean says, she called Child Protective Services (CPS) to put the girl into foster care. Jean had reached the point where she feared she might actually sell her daughter for drug money. “I told them to please come and get my baby, because I was scared. Women were selling their babies to the drug dealers, letting the men have sex with their little girls, and I couldn’t say that I wouldn’t do it because I was just as involved.” When she called CPS, she says, she also requested that they never tell her daughter who had made the call. As it turned out, Jean had made a good choice: the family that took her child in provided a solid home and gave her a great deal of love. She stayed in the foster care system for five years and now is planning to go to college. “She got lucky. *I got lucky!*” Jean says.

“I was born on welfare and I didn’t know anything else,” Jean says frankly. “I lived it for years. When I had my children I got on welfare, and my youngest daughter just turned 18, so I just got off welfare this year. That’s 44 years in the system. You get comfortable and they give you everything.” The financial support without supervision or expectations was also a source of her downfall. “Crack cocaine is one of the worst drugs ever distributed in the poor neighborhood. It’s awful, and it’s a very hard drug to kick. You are addicted on the first try. It will take your heart and soul.”

Jean was a regular in the San Francisco shelters for years, although she never was comfortable with that life. “Shelters are like playing the lottery,” she says. “There’s no guarantee your number’s going to hit and you’re going to get a bed that night because there are so many people. And also, they have curfews, but people using drugs don’t have time for curfews, and if you miss your time coming in, you lose your spot.”

She knew she had sunk to her lowest point one day about six years ago when she found herself sleeping on the street, cold, hungry and distraught. “I was *under* the bottom then,” she says. Jean recalls curling up in a church doorway for safety. When she looked up, she saw a sign for St. Anthony’s rehab center. To Jean, it seemed like a message from above. “I didn’t know that I was going to get to someplace else. I just saw a little cubbyhole and I thought I’d be a little warmer in there.” The sign said that to qualify for help you had to be sober for three days, so she stayed in that doorway for 72 consecutive hours.

“I slept there for three nights, and it was so cold,” she says. But at the end of that time she signed herself up to go to St. Anthony’s farm, an organic farm in Petaluma, Calif. that includes a residential drug and alcohol recovery program. “It was awesome,” she remembers. “Being a city girl, I was scared of the cows and the horses and pigs, but once I got over that it was the best experience of my life.” She spent five months on the farm and another two and a half months in an “after-care” program.

Canon Barcus was designed and built to make services immediately available to tenants, offering a physically attractive living situation that also houses the means to help people take control of their own needs.

When she returned to San Francisco to rejoin her husband, who was also in rehab, they moved together into a subsidized one-room apartment at the Cecil Williams Glide Community House, another supportive housing complex very near to where she lives now. There she began to get help living a productive life. “I had applied before I left and it took that much time for the place to be ready for me,” she said.

Her new and vastly improved situation allowed her to reunite her family. “When I got back, my kids went from calling me ‘crack-head bitch’ to ‘Mommy,’” she says. “We are friends now; we had to get reacquainted, but we are friends.” With the family together, she quickly needed more space, so as soon as she was able she transferred to the nearby Canon Barcus—which meant spending two years on a waiting list as she watched the building being constructed. At Canon Barcus, Jean says, the services are similar to those at the Glide House, but the biggest difference is “I have my own bedroom, where I can close my door. I have doors and keys that belong to me!”

Canon Barcus is a bright presence on Eighth Street, with its yellow and orange façade punctuated by large windows. It is a five-story complex with a mix of 48 one, two and three bedroom flats and townhouses, five of which are designated for tenants with HIV/AIDS. The building has a community room, children’s program area and childcare center as well as a health clinic, employment skills center and staff offices. It was designed and built to make services immediately available to tenants, offering a physically attractive living situation that also houses the means to help people take control of their own needs.

A plethora of services is provided in house, some programmed and some spontaneous. Recently the staff received a truckload of new clothing donated by an area business, and, with the help of residents, sorted through the tons of goods, distributing them to anyone in need. A teen program has kids making a

documentary film, and on a recent evening a group of circus performers came to the Canon Barcus courtyard to perform fire-eating tricks to entertain the residents. Jean participates regularly in community events, meets twice weekly with a case manager and therapist, and has found support from her peers in the daily women’s coffee hour, which is also led by staff. Now if she feels herself sinking, she has immediate resources to help her.

Jean is not inclined to complain, she says. She tries to be realistic about what she has and not worry about what she doesn’t. This attitude has made both her and Richard role models in the community, says Andrea Canaan, support services manager for the facility. In a place where people often remain distrustful because of past experience, there is still much work to be done. “We do not tell people what to do, and we do not bully them,” Canaan says. “We support them to reduce the behaviors that can harm their family. We accept people as human beings without judging them.”

This attitude has helped Jean to get through tough times, and she and her family have taken it to heart. Richard is well known for his singing and loves to entertain. Using her experience with the women’s group, Jean has given tips to men who are attempting to form a similar outlet of their own: “Don’t just sit there, go out and tell people to come on in,” she quips to a fellow waiting for a meeting to start. Jean also regularly volunteers at the assistance agencies that have helped her—particularly St. Anthony’s—and she is well-known for sharing much of what she has—especially food—with neighbors because she knows so well what it is to go hungry.

Canaan points out that people living in supportive housing often lack enough money to put food on their tables, and not everyone knows where to turn to get the extras that are available to them. Since Richard works full-time, Jean is in a better position than many to find these extras, but she is also resourceful. And she gives out much of what she has—

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**—Jean Jones,
Cannon Barcus Resident**

almost to a fault, says Sheila Cotton, a case manager at Canon Barcus who has worked closely with the Jones family. “She’s very generous,” Cotton says. “Sometimes I talk to her about self-care,” and looking out for herself. “She’s figuring out how to use our support, and like most people here, there’s a lot of issues around trust.”

Jean’s tendency to extend herself to others can exhaust her, sometimes plunging her into depression. This, in part, was the cause of a relapse into drug use while at Canon Barcus. At other facilities, this can be grounds for eviction, but not at Canon Barcus. “I had one relapse, I got real depressed, and I sunk down real low, but I had great, great support,” Jean says. “I’m good at beating myself up. I’m sensitive and I get offended easily. My therapist says ‘you’re fighting against nature, you’re fighting yourself, and you need to help yourself.’” The fact that Jean overcame her problem by working within the system has given her renewed strength, she says.

“I still have bad days, but these people helped me and pulled me back,” she says of Canon Barcus staff. Her family, too, has become a source of support. “We like each other,” she says, almost in amazement, then pauses. “And I even like *me* today! That took a long time. That took a real long time, because I carry so much guilt.”

“God blessed me, did he bless me?” she asks, shaking her head at all that she has attained. “I walked in here for \$37, and I am grateful. When architects and other people come to see the building, I open my apartment to say thank you, because I have somewhere to go. And to get me out of here they’d have to tear the building down around me, I am *not* going nowhere.” ■

Lamp Lodge, Los Angeles, Calif.

A story about Linda Harris

Written by Susan Core



A woman struggling with seemingly insurmountable challenges finds a new community, and with it the happiness that eluded her for most of her life.

“I love this place and the people.” Linda Harris sits on the bed in her snug-but-comfortable one-room apartment on the second floor of Lamp Lodge, a supportive housing residence created for formerly homeless adults who have been diagnosed with mental illness. “All of a sudden, I became comfortable with my surroundings,” she continues, “and I began to feel at home, a part of something that made me feel like an ordinary person.” Lamp Lodge sits in the heart of Skid Row in downtown Los Angeles, a largely industrial area where literally thousands of people sleep on the streets when they cannot or are not willing to find space in a shelter. Linda knows what it is like to be homeless and to live in sub-par housing, and with deep religious conviction she counts her blessings at having found a permanent home for herself.

At 43, Linda has survived despite enormous obstacles, and she radiates joy and contentment for doing so. A former drug addict diagnosed with clinical depression, she also lives with neurofibromatosis, a genetic disorder that has caused multiple disfiguring tumors to protrude across her skin. In addition, Linda was treated recently for breast cancer and underwent a mastectomy. For her, feeling like an ordinary person is an extraordinary accomplishment.

Without question, her stability comes from her connection to the Lamp Community, a nonprofit organization that runs Lamp Lodge as well as an array of other facilities that provide shelter, vocational training, jobs and meals to more than 4,000 people annually. Living at Lamp Lodge, Linda has arrived at the top rung of the Lamp ladder, and she knows it. When she walks down a street these days and sees people living outdoors and using drugs, she says with pride, “I never went that low. I never ate out of a garbage can.” When she points out the semi-permanent homes people have erected in a Lamp shelter, she is respectful of the residents but mindful of the fact that such a life is not for her. Yet she remains an active participant in all that Lamp has to offer.

Linda was born and raised in and around Memphis, Tenn., the oldest of six children. Her mother, who dropped out of school after sixth grade, was just 12 when Linda was born. Linda says she was sexually abused as a child, spent most of her childhood crying and depressed, and was often taunted by other children. She knew she didn’t fit in, but she didn’t understand her depression and neither did her family, so it went untreated for years. She began using drugs at age 14, yet still was able to go to college for one year before dropping out. She has received Social Security Income disability payments since 1984 for her neurofibromatosis, which has provided her with a consistent means of support, but the discomfort of the disease—and her fear that she would be rejected because of her disfiguration—kept her from seeking work.

“People who’ve had tremendous pain in their lives and have survived it really do have strong survival skills that the rest of us don’t have.”

— Linda Harris,
Lamp Lodge resident

Bouts of depression, coupled with her addiction, sent Linda into a downward spiral as she reached her twenties. Her mother had moved to Los Angeles in the late 1980s, and hearing that Linda was having problems, she brought her to L.A. in 1991 so she could watch out for her. Linda says the change didn’t help much because her mother had drug problems of her own. In 1993, Linda decided to become sober, which she has remained ever since. The break with drugs, however, had other consequences. She was living on her own at the time, but she remained enmeshed with family and friends who were all users. Quitting meant abandoning the people closest to her. “I had to leave family members behind—so I called friends,” Linda says. “I even had to leave my mother behind. And even though I knew it was not what I wanted, I knew that if I didn’t leave them, people who I loved, I was going to still be in it.”

Linda found that giving up drugs didn’t solve all of her problems. “I wasn’t getting the professional help that I know I needed, and I was in and out of hospitals,” she says. “I was having suicidal and homicidal thoughts at the same time, and I knew these feelings that I was having weren’t right, so I always admitted myself into a hospital. Even though I became sober in 1993, I still was having difficulty grasping reality. I wasn’t doing the medication properly.” Linda kept trying to navigate the health system on her own, but without much success.

About five years ago, a mutual friend introduced Linda to Mollie Lowery, Lamp’s founder. “I met Molly going for an interview, because I wanted a job.” Linda says she was trying to break all her dependencies, to make her own living. “But I didn’t get the job—as peer advocate. I don’t think I was really ready. I was trying, and it kind of hurt my feelings when my application just went into a drawer, but I got over it. Then I came back in when my friend Robert introduced me to the Performers Workshop at the Village.” This introduction would prove to be a turning point in Linda’s life.

Linda quickly became a regular participant in Performers Workshop, an acting group that translates the personal stories of its members into short plays that serve as both therapy and creative outlet for the participants. The performances take place at the Lamp Village, a combination community center and shelter that is the heart of much of Lamp’s activities. Last June, Linda played a role in a semi-professional musical-theater fundraising event titled “Fits and Misfits: Blessings” which raised \$40,000 for homeless services. “I consider myself an actress,” she says with a mix of modesty and pride. That Linda can make such a statement is a clear sign of how far she has come in her therapy and performance work at Lamp.

“Linda came here with a combination of insecurities about what she had to offer,” says Ariana Manov, a mental health consultant and director of the Performers Workshop who has known Linda since the workshop began in 1999. “She also had some insecurity about her neurofibromatosis. But she has a dazzling smile and a lot of plain old optimism. She is now comfortable in her own skin, and considering the skin she’s in, that says a lot.” Manov also says that Linda is a gifted singer, equally strong on gospel music and Broadway show tunes, and she has developed her own jazzed-up version of “Amazing Grace.”

Manov says that Linda also quickly created a role for herself as co-facilitator for the group, helping others to gain confidence. “She’s very good at finding ways to reinforce others’ strengths, and she always tells the truth,” Manov says. “Even if it’s just complimenting someone for showing up.” She understands others’ challenges and thrives on her own ability to be inclusive. People who’ve had tremendous pain in their lives and have survived it really do have strong survival skills that the rest of us don’t have,” says Manov. “It toughens you up, even as it changes who you are.”

Lamp Lodge blends in as a modest, inconspicuous apartment building with a gated parking lot and residents staffing the front entry for security.

Michael Kearns, an actor-director who has worked extensively in Hollywood, directed the “Blessings” fundraiser, which mixed Skid Row habitués from the Performers Workshop with professional actors. “Linda is one of the most self-accepting individuals I’ve ever encountered,” Kearns says. “She is herself, 150 percent of the time. To say ‘warts and all’ might sound insensitive, but it’s significant. Linda’s interior life is as evident as her physical battle scars. But she has integrated all of it. The result, on stage and off, is someone who is—and I don’t often use this word—beautiful. The role she played would traditionally be played by the petite and flawless little blond. But Linda was right for the part. She was beautiful, sexy, and totally herself.”

Today Linda lives on a street lined mostly with industrial buildings; Lamp Lodge blends in as a modest, inconspicuous apartment building with a gated parking lot and residents staffing the front entry for security. It’s a quiet part of the neighborhood, which in this part of Los Angeles can be both good and bad. The building itself feels secure, however, and once you step inside it is clean, well lit and everyone is friendly. Linda embraces each person as she introduces a visitor, taking time to tell their stories as a form of friendly validation. Her sensitivity to others clearly has made its mark, and as she walks down a hallway, everyone makes a point of reaching out to her as well.

The lodge itself includes large common rooms managed and staffed by community members, and on site staff and volunteers provide additional services to residents. Linda says she gets help when she asks for it, particularly in finding doctors. Linda’s cancer diagnosis came in 2003, not long after she arrived at Lamp. She found out on a routine visit to the doctor accompanied by one of the Lamp staff. “They did my exams, a mammogram, and they found a lump, and they found it was cancer and they wanted to remove my breast,” she remembers. She was

taken in soon after for surgery and had a mastectomy. “It happened so fast, but I still say I’m a survivor. I refused chemo, I just take the medicine.” She believes her immune system has been weakened by her drug usage and her neurofibromatosis, but she has taken a positive outlook and is doing well now. “I had so much support. If I hadn’t been in Lamp...” she says, her voice softening, “my own family doesn’t support me as much as Lamp.”

Linda maintains close relations with all the staff and residents at Lamp’s various facilities. She has lived at the lodge for two years and refers to Lamp’s extended operation as her home and family as well as her lifeline. Over the years, she says, the organization’s mix of facilities and services has helped her become an outgoing, happy and healthy person who regularly greets friends with a hug, providing encouragement and support to all around her.

These days Linda works occasionally on night watch at the lodge, for which she receives a small stipend, and she happily volunteers her services as cook for group dinners with other residents. She talks constantly of her connection to the Lamp community, and when she does so it is with a mix of pride and relief. “I’m no longer trying to buy love,” she says. “In my way past, I tried to buy love. I wanted love, but now the love that I receive is unconditional and supportive love. I don’t have to say, ‘You don’t love me.’ I can feel the light and concern. I know that this *is* love. This is not fictitious; this is real.” ■

The Business of Supportive Housing: Constructing the Deal

Written by Anne Stein

Supportive housing is a smart solution to the complex and growing problem of chronic homelessness in America. It is permanent, safe and affordable shelter for the homeless that includes support services such as substance abuse counseling, job coaching, case management and help managing finances. Its goal: To help the homeless off the streets, give them skills and bring them into a stable environment where their health and housing needs can be met together.

The model's champions include not only advocates, but also policy-makers, who increasingly see this as a way to lessen the economic cost associated with hospital emergency departments, jails, prisons, foster care services and emergency shelters.

The concept has received a solid commitment by Mayor Richard M. Daley and the city of Chicago, for example, where construction on a five-story, 96-unit building for single homeless men and women began the summer of 2005. The building was designed by architect Helmut Jahn and will go up on a vacant, city-owned lot. It is one of five supportive housing projects in which the city is investing.

In Minnesota, where on any given night 10,000 people go without shelter, a commission formed at the request of Governor Tim Pawlenty came up with a business plan to end long-term homelessness in the state by 2010. The centerpiece of that plan is supportive housing.

While the concept is a great social innovation that is enjoying widespread support, putting together capital for the buildings, and getting and keeping ongoing funding for rent subsidies and support services, is a tricky and time-consuming task. In addition, supportive housing projects need an effective partnership between a developer, owner, service provider and tenant-sensitive property manager, along with a physical site and political and community approval.

While these hurdles are difficult, advocates cite funding as their biggest obstacle. The main issue: When cobbling together funds, there is no alternative to slow, complex negotiations with a range of private, county, city, state and federal agencies, each of which have different requirements and standards of who is eligible for housing and services.

A Minneapolis Example

Tom Fulton is president of the Minneapolis-based Family Housing Fund, and he chaired the state taskforce that in the mid-90s came up with a plan calling for an end to homelessness in Minnesota. At taskforce meetings the group focused on one key: supportive housing.

"The idea was to provide a stable environment, get the homeless better connected to the broader community, and get them the services that vulnerable people need to deal with issues like mental illness or chemical dependency," Fulton explains.

"The group set up to oversee the plan consisted of different state, county, city and government agencies, plus the philanthropic community. We quickly realized that the great challenge was to coordinate a tremendous number of agencies not used to working together, talking or collaborating, and whose systems to deal with different pieces of the puzzle aren't particularly well coordinated."

In other words: Welcome to the world of supportive housing. "Even within individual government entities, there are all types of programs and sources of funds," he says. Fulton called the Corporation for Supportive Housing (CSH) for advice and organized initial funding for the Minneapolis CSH office.



Putting together funding
for supportive housing
and its services requires
partnerships and creativity.

Once the basic partnership is in place, explains Cain, “you have to get everyone on the same page, defining roles, agreeing on what you’ll build, who you’ll serve, what exactly does sober housing mean.”

With headquarters in New York and local offices in 10 states and the District of Columbia, CSH provides advice and development expertise, as well as loans and grants, to supportive housing sponsors. They have raised some \$118 million from more than 200 national and local philanthropic foundations to expand supportive housing and have leveraged more than \$1 billion in federal, state and local public and private sector financing for capital, operating and service dollars.

Typifying both the success of supportive housing and the long process from concept to reality—finding a site, getting neighborhood approval, and putting together funding for capital and ongoing operating and service costs—is a project that received a predevelopment loan from CSH: the Alliance Apartments, on the southern edge of downtown Minneapolis.

Alliance Apartments

The red-brick Alliance Apartments red brick building, with its small, neat lawn and freshly planted trees and bushes, contains 124 efficiency units for formerly homeless men and women, most of whom come from chemical dependency treatment and after-care programs. All are expected to live soberly. Unlike halfway houses and other housing for people coming out of treatment that evict residents who do not stay sober, supportive housing does not require residents to stay sober continuously; many projects help clients try to maintain sobriety, but if they slip back into drug or alcohol use, it is not an automatic cause for eviction.

Dan Cain, the director, of Alliance describes their variant of this policy: “We will always try to get people into treatment if they relapse, but they won’t automatically lose their housing if they do so. If someone’s been with us for a while, such as six months, and relapses and comes to us and tells us, we’ll preserve the housing and put them in treatment. If they’ve been here a lesser amount of time and don’t admit the relapse to us—staff finds out through community gossip, for example—we’ll generally ask them to leave.”

One hundred Alliance units carry HUD Section 8 subsidies, while 24 provide transitional housing to any homeless applicant who is not income eligible because of employment, or who is otherwise disqualified for the permanent units. Transitional residents who later meet eligibility requirements qualify for permanent units after two months of sobriety.

Residents must spend 25 hours per week working, volunteering, attending school or in a training program. RS Eden, a non-profit based in St. Paul, provides on-site support services, which include case management, counseling, Alcoholics Anonymous/Narcotics Anonymous meetings and financial management. One of their partners in the project is Alliance Housing, a non-profit organization specializing in providing supportive housing to single adults and families.

The partners had neighborhood meetings and though there was opposition, there was also support because RS Eden had successfully operated substance abuse treatment programs nearby.

Multiple Partners

Alliance Housing co-owns the project with Central Community Housing Trust (CCHT), one of Minneapolis's largest providers of affordable housing. In addition, there are limited partners who purchased low income housing tax credits, one of many sources of capital financing for the project.

The idea for Alliance Apartments started in 1994, when Herb Frey, the director of Alliance Housing, procured 100 Section 8 certificates (rent subsidies) from the U.S. Department of Housing and Urban Development (HUD). Frey approached Dan Cain, president of RS Eden, and suggested the two organizations get together to provide sober housing, with RS Eden providing services.

Cain and Frey visited other sober living programs and decided on their concept: Take the homeless off the streets, provide case management services to advocate and guide them, expect them to get jobs, and give them support structures to live soberly and be law-abiding.

"In exchange they get a reasonably comfortable place to live at a very inexpensive price," explains Cain, sitting in the large, first-floor community room of Alliance Apartments. Cain and Frey chose CCHT as their developer because they had a well-established history of developing this type of housing.

Once the basic partnership is in place, explains Cain, "you have to get everyone on the same page, defining roles, agreeing on what you'll build, who you'll serve." An early agreement on these concepts avoids major problems later.

The search for a site began. They settled on an empty warehouse, but a large, influential business located nearby nixed those plans. The group found their current site in Minneapolis' Elliot Park neighborhood. It was an abandoned nursing home that had lost its license. For two years the home had been vacant and host to drug dealers, prostitutes and squatters. With a down payment from CSH, the group purchased the nursing home. (With new construction, the site is now twice as big as it was originally.)

Then neighborhood negotiations began. "This isn't the best neighborhood but it's upwardly mobile and on the edge of downtown," explains Cain, who said neighbors saw Elliot Park as a budding version of New York's Central Park West—despite the fact that the neighborhood has the highest concentration of subsidized rental housing in the city.

The partners had neighborhood meetings and though there was opposition, there was also support because RS Eden had successfully operated substance abuse treatment programs nearby. In addition, neighbors were tired of the crime-infested nursing home property, and after promising the local council member that they would not accept sex offenders or arsonists into the apartments, approval was won. The partners also promised to rid the street of crack dealers. (In the 12 months after the apartments opened, reported crime in the immediate area declined by 30 percent from the previous 12 months, according to the Minneapolis Police Department.)

The slow and convoluted process of putting together a deal is one reason why for-profit developers don't get involved in supportive housing. They won't sit on a piece of property for four years and wonder if it will ever come to fruition.

Getting Capital Funds

The next step was procuring an architect and getting capital funds. The first money, after the initial \$242,000 predevelopment loan from CSH to acquire the building, was \$400,000 from HUD's Supportive Housing Program.

Then came the long sprint for funds, with applications due at various times and with various requirements from city, state and federal governments. In the end, the \$6.7 million in capital funding came from nine sources: the state's Family Housing Fund (\$599,614); HUD's Supportive Housing Program (\$400,000); HUD Emergency Shelter Grant (\$300,000); Minnesota Housing Finance Agency (\$990,000); Minneapolis Community Development Agency (\$600,000); Low Income Housing Tax Credit Equity (\$2.9 million); Veterans Administration (\$200,000); Federal Home Loan Bank (\$300,000); and owner equity (\$400,000).

"Each one of these groups have their own attorney, who are there to represent the interest of the lender," says Cain. "Each has different criteria of what they'll fund and what they expect in terms of documentation." At one point, Cain and his partners sat in a room with 10 attorneys during a delayed meeting. "Assuming that each one of you makes \$250 an hour, we've just sacrificed two units of the Alliance Apartments so you could sit here, drink coffee and chit-chat about the Timberwolves game," said Cain. He suggested that everyone go home.

Putting together capital funding takes at least two years for any supportive housing project. In addition there are unexpected expenses: Builders found water in an elevator shaft, so the group went back to the state and applied for a supplemental round of funding totaling \$100,000.

"You have to compete, lobby and politic for every single source of money," says CSH's Steve Thomas, the group's chief operating officer. It's true for capital and operating funds and also for program dollars.

Operating Dollars

In this case, operating funds (to pay rent subsidies) came from Section 8 certificates totaling \$410,000—a relatively simple deal, but with some complications. Tenants qualify for the money by being homeless, but HUD defines homeless as living in a shelter, on the street or coming out of transitional housing or a treatment program with no place to go. The catch: some of Alliance's service money was designated to serve those coming out of jail, a group that does not qualify as homeless under HUD's rules.

"We found a way to have people come out of jail, spend a night in our treatment program, make them homeless, then go to HUD so they could apply and come here," says Cain. "But the timing is tricky and it took a lot of trial and error." Now HUD will accept written documentation from a case manager in a correctional institution that, after exhausting all means to locate appropriate post-release housing, the inmate has been unsuccessful.

In addition, people have to qualify for their units—being broke, sober and homeless isn't enough. In Alliance apartments, for example, 29 units are set aside for disabled veterans with a particular qualifying income. But Alliance can't always find the "right" veteran.

This slow and convoluted process of putting together a deal is one reason why for-profit developers have not gotten involved in supportive housing.

Service Money

The service funding for Alliance, which staff started working on while settling the capital budget, comes from three sources: HUD Supportive Housing Program (\$69,000 annually); Hennepin County Chemical Health Division (\$117,000) and Minnesota Group Residential Housing Supportive Housing Demonstration (\$169,000), administered by the Minnesota Department of Human Services.

In addition, staff from an existing RS Eden program, whose role was to provide aftercare to people in the criminal justice system, was located on-site in recognition that many tenants would fulfill that mandate. There was also a \$60,000 annual grant from Hennepin County to fund the front desk.

Capital funders will not close on their money until service money is guaranteed, which delays closing on capital. In the end, says Cain, you simply cannot expect people to fund everything you want to do with your housing site just because you have clients who need homes.

“So on this project there were nine sources of capital and five sources of service funding, all of which had to be cobbled together,” concludes Thomas. “The best way to describe these things is that they’re jigsaw puzzles, and every once in a while you have to trim a piece to make things fit.”

It could have been worse. At a 25-unit supportive housing project in St. Paul, Minn., called Jackson Street Village, RS Eden and partners secured three acres, along with political and neighborhood approval. It turned out to be a former dumpsite, which added \$500,000 in clean-up costs. There were 19 sources of funding with 19 different lawyers—not counting the service funding.

This slow and convoluted process of putting together a deal is one reason why for-profit developers have not gotten involved in supportive housing.

“We do it because we’re mission-driven,” says Cain. “You find a gap in what clients need and you try to fill it. The strengths we have are that we’re stubborn as hell. We come to a brick wall, someone declares the project dead, and most people would stop there. We find another way around it. It’s like the game Pong.”

Services and Service Funding at Other Sites:

New York City and San Francisco

New York. In Homes Now is a unique supportive housing program in New York City that serves homeless substance abusers and alcoholics who have been shut out of traditional supportive housing and shelters because they have not been able to maintain three months of sobriety required by other housing agencies. The scattered-site program provides one-bedroom and studio apartments to 40 clients in five buildings in the Bronx and Manhattan. Another 20 apartments will soon be added to the program.

In Homes Now, a lean organization with a staff of 12, is run by Project Renewal, a nonprofit organization with a staff of 500 that provides housing and support services to more than 13,000 once-homeless people annually.

The purpose of the intensive case management team is to keep clients housed by tackling their substance abuse issues and providing daily life skills that keep them off the streets.

In Homes Now provides its clients with an intensive case management team composed of the program director, clinical director, three rehabilitation counselors, two peer counselors, a social worker, part time physician and psychiatrist, a nurse and a researcher. Each client meets with a member of the team once a week, either at home or at the In Homes Now office in Harlem.

The purpose of the intensive case management team is to keep clients housed by tackling their substance abuse issues and providing daily life skills that keep them off the streets.

Funding for the team comes from two sources. The doctor, nurse and researcher are funded by the Health Resources and Services Administration (HRSA), part of the U.S. Department of Health & Human Services. The grant runs for three years and totals \$665,000.

Funding for the rest of the team comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), also part of the Department of Health & Human Services. That grant adds up to \$1.3 million over three years.

In Homes Now residents also can use an enormous range of services available to thousands of Project Renewal clients. Job training and education is funded by private foundations, as well as state vocational funds. Literacy tutoring is also funded by private foundations. Medicaid funds an in-patient substance abuse/detox unit located on the Lower East Side and an outpatient center at the same facility, which provides individual and group counseling, smoking-cessation groups, heroin addiction treatment and psychological testing.

Also self-funded by Medicaid are psychiatric services, which are available at an outpatient clinic in Harlem. A client can also meet with a psychiatrist in his or her apartment. A Medicaid-funded dental clinic is located at a Project Renewal shelter on 168th Street, and a licensed primary care clinic on the Lower East Side provides medical services.

While these clinics and vocational training services that serve the vast majority of Project Renewal clients are securely funded for now, funding for the intensive case management teams (from HRSA and SAMHSA) that make In Homes Now so successful runs out in 2006.

“We don’t know what we’re going to do when funding runs out,” says Stephanie Cowles, associate director of Project Renewal. “It would be devastating to In Homes Now. We’d have to spread other services thin. Part of the purpose of In Homes Now is to provide intensive case management teams exclusively assigned to these people. We wouldn’t be able to have anything that intensive.”

For now, she and her staff will scramble and search for grants to keep the services alive. “We will meet with city and federal officials and try to get funding,” she says.

San Francisco. Sixty adults and 120 children live in San Francisco’s Canon Barcus Community House, a five-story, 48-unit apartment building opened in March 2002 by Episcopal Community Services (ECS) to help chronically homeless, very low-income families. A number of these single and two-parent households are dealing with substance abuse and mental health issues, and Canon Barcus offers a huge range of services for the adults, teens and children who live there.

The San Francisco Human Services Agency provides the bulk of Canon Barcus’s program funding, \$496,555 annually, for staffing, staff training, office supplies and resident

“Financing is always a challenge but you find organizations and funding sources that have the same motivations you do—they want to see families do well.”

**—Kevin Sharps,
director of housing for ECS**

activities, explains Kevin Sharps, director of housing for ECS. Money from this contract, for example, supports three case managers. Each family is assigned a case manager who helps them maintain their housing and deal with life issues—ranging from accompanying them to court dates to opening a savings account. The case manager is also there to listen to clients and refer them to needed services.

Funding from the human services agency also supports a family resource specialist who works with teens and pre-teens in several programs (detailed below). An employment/vocational specialist works with adults and teens to provide job advice and training, including computer classes; help with resume writing and skill building—and with any other job-related issues such as transportation and clothing needs.

A doctor or nurse practitioner is available three times a week at an on-site health clinic to serve Canon Barcus families; funding is provided by St. Luke’s Medical Center.

San Francisco’s Department of Children, Youth and Their Families funds a \$100,000 annual grant for an on-site collaboration with the local YMCA for after-school tutoring and summer programs for children ages 5–12. Besides help with homework and trips to the Y for swimming, children are also exposed to the ballet, opera and other activities they may never have experienced until living at Canon Barcus, explains Sharps. The program is staffed by YMCA personnel and the family resource specialist.

The McKesson Foundation provided a one-time, \$10,000 grant (which Sharps hopes to renew) for mental health and educational programs aimed at girls ages 9–14, also on-site. Canon Barcus’s family resource staff member, along with staff from city agencies that focus on youth and adolescents, talk to girls about peer pressure and household and childcare responsibilities, and provide emotional support and guidance.

For the last three years, a \$25,000-a-year three-year grant from the Charles and Helen Schwab Foundation, enabled Canon Barcus to provide mental health counseling for children and their families on-site with a staff psychologist from the non-profit Homeless Children’s Network. Unfortunately, this is a grant that will not be renewed.

“Financing is always a challenge but you find organizations and funding sources that have the same motivations you do—they want to see families do well,” says Sharps. “What Canon Barcus provides is the best foundation for people to make the healthiest choices possible for their lives and the lives of their families. Stable housing is the foundation on which they make these choices.”

Improving the System

Are there ways to improve a fractured system that makes the scramble for dollars so slow and difficult? Yes, says Steve Thomas, chief operating officer, Corporation for Supportive Housing.

One: You need to get the two groups that benefit greatly from supportive housing more engaged as investors: the health care sector and the criminal justice system, which receive far fewer visits and interactions when the homeless are moved into housing with support services, says Thomas.

“If the main beneficiaries of this product were at the table with their money, that would help expedite development and address some of the complicated underwriting issues we face,” says Thomas. “The housing folks know how to do real estate, but what slows these

“We have to talk about the economic benefits of supportive housing—you have to assure the neighborhood that it’s a real asset. If you design it to be attractive and it’s managed well, in many communities it can pay property taxes.”

deals down is assembling multiple sources of money.” With adequate and flexible funding sources for capital, operating and services, more supportive housing could be developed, more quickly.

“I think there’s a sound business case for health care and criminal justice to be much bigger investors,” argues Thomas. “Both are under immense pressure to control costs, and some of their biggest consumers are these frequent users (the homeless), who are in and out of the jail/prison system, emergency departments and inpatient care. These are very expensive services and supportive housing is a more cost-effective intervention for those frequent users.”

Two: Government needs to be creative and flexible with its money. “They have to make some dramatic changes in the way they think about and finance services they’re responsible for, and how they use existing funds,” says Thomas. “To make supportive housing work well, you have to be willing to think differently about money so it can help finance the operation and development of supportive housing.” For example, if HUD regulations included recently released prisoners without homes in their criteria for people who qualify for housing funds, housing advocates wouldn’t have to face such an obstacle course to qualify these housing funds.

Three: All partners interested in supportive housing—nonprofits, the government, private philanthropic organizations, service providers—must view creating supportive housing as a group venture, not a solo expedition.

“There must be constructive, productive working relationships with multiple agencies. If governments agree that this is a great innovation and they want to invest, they can’t do it within their own existing silo. They need to work with multiple public and private partners and figure out who to serve and how to serve them,” says Thomas. For example, the criminal justice sector must work in conjunction with housing developers and mental health agencies and collectively figure out how to be creative with money.

Four: Educate the public about the value of supportive housing: “We have to talk about the economic benefits of supportive housing—you have to assure the neighborhood that it’s a real asset. If you design it to be attractive and it’s managed well, in many communities it can pay property taxes. Aesthetically, from a quality of life and economic point of view, it can bring benefits to a community.” ■

Epilogue



Editor: Andy Goodman
Reporters: Susan Core, Lindsey Pollak
and Anne Stein

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In 2004, the Robert Wood Johnson Foundation authorized a two-year, \$6-million grant to the Corporation for Supportive Housing to help the organization develop 150,000 additional units of supportive housing nationwide over the next decade. Asked to comment on the Foundation's major recommitment to supportive housing, Risa Lavizzo-Mourey, M.D., M.B.A., president and chief executive officer, reflects on her own experience as a resident at Brigham and Women's Hospital in Boston. Lavizzo-Mourey recalls with a mixture of frustration and regret her treatment of a homeless woman who was a frequent visitor to Brigham's emergency department.

"She had the same constellation of mental and physical problems we see in chronically homeless people," says Lavizzo-Mourey of her former patient, one who was stuck in a seemingly endless cycle. After the woman was treated for an immediate problem such as ulcers on her legs, she would be discharged and would end up at another shelter. Within a few weeks, almost like clockwork, she would return with another health problem requiring immediate care. "It struck me how shameful it was that we were not able to break this cycle," says Lavizzo-Mourey, who also saw clearly that her hospital was only one part of several systems (i.e., health, housing, employment) that collectively were failing this woman.

With nearly \$21 million invested in CSH since its inception, the Robert Wood Johnson Foundation has made a long-term commitment to breaking this cycle. "They have been a consistent and stalwart partner from the beginning," says Carla Javits, CSH president.

Nevertheless, the Foundation intends to do more. "We have a role to play in trying to recruit others who can be a part of this—other philanthropies, as well as county, state and federal agencies," says Lavizzo-Mourey. "As much as funder, our role is as a voice of advocacy on behalf of this approach."

To learn more about the Corporation for Supportive Housing, visit www.csh.org.