A Plan to Make Homelessness History
by David Bornstein

This is a story about a plan to end chronic homelessness in the United States. It’s not an indeterminate “war on homelessness,” but a methodical approach to do away with a major social problem. Each day, roughly 700,000 people in the country are homeless. About 120,000 are chronically homeless. They often live on the streets for years and have mental disabilities, addiction problems and life-threatening diseases like heart disease, cancer and diabetes. They are also five times more likely than ordinary Americans to have suffered a traumatic brain injury, which may have precipitated their homelessness. Without direct assistance, many will remain homeless for the rest of their lives — at enormous cost to society and themselves.

Against this backdrop, the 100,000 Homes Campaign has set the goal of placing 100,000 chronically homeless people — pinpointing those who face the greatest risk of dying on the streets — into permanent supportive housing by July 2013. It’s the human welfare equivalent of NASA’s race to put a man on the moon. Whether the goal is achieved or not, the campaign is shifting the way cities address a problem that has often been seen as more of a nuisance than a public health emergency.

The campaign was launched this past July by a New York-based organization called Common Ground and close to 20 organizations that focus on homelessness, veterans’ affairs, mental illness, housing and health care. So far 64 communities have come on board. As of today, 6,816 people have been housed — on track to hit 98,000 by the deadline. But organizers say they are gaining momentum.

The big story with street homelessness is that when cities make a concerted effort to reduce it, they succeed. New York, Denver, Wichita, Kansas and Norfolk, Va., for example, have significantly reduced their street populations, in some cases by more than half. They’ve done it by guiding homeless people into permanent supportive housing, with retention rates between 85 and 90 percent.

People who live on the streets tend to cycle through emergency rooms, addiction treatment, psychiatric care and jails. Housing them yields huge cost savings for society. In Los Angeles, the nation’s homeless capital, 4,800 chronically homeless people — about 10 percent of the city’s homeless population — consume half a billion dollars in services annually (pdf, p.23), well more than the remaining 90 percent. Providing supportive housing in Los Angeles is 40 percent cheaper than leaving people on the streets.

The shift in mindset that made it possible to solve this problem began in the early 1990s when a group called Pathways to Housing pioneered an approach called “housing first.” Historically, homeless people had to be deemed “housing ready” — typically drug and...
alcohol free — before they could become eligible for permanent housing. In reality, this screened out most of the chronically homeless. Pathways showed that permanent housing was, in fact, the first thing people needed to stabilize their lives. Today, it has been adopted as government policy.

But even as a solution to chronic homelessness is within sight, housing agencies, and other groups, need to change the way they work to implement it. It’s not just that there is a shortage of affordable housing, which is true. It’s that, even when housing is available, public systems remain slow, complicated and confusing, and disconnected from the streets. They don’t target the neediest people and they don’t coordinate well with other agencies or nonprofits.

“There is no system that has existed to intentionally move people from homelessness into housing,” explains Rosanne Haggerty, Common Ground’s founder, who has helped 20 U.S. cities, including New York, New Orleans and Denver, to reduce homelessness. “The problem isn’t that hard to solve, but the connective tissue to make it happen has been missing.” The main role of the campaign is to help cities learn how to connect the dots.

Haggerty had to learn this herself in the late 1990s after Common Ground opened the Times Square Hotel, then the nation’s largest supportive housing complex, and saw that it made no dent in street homelessness around Times Square. In response, in 2003, she launched a program called Street to Home, and recruited a graduate of West Point, Becky Kanis, who had spent nine years in the military, to reach out to every one of the 55 individuals living on the streets around Times Square, to persuade them to enter housing on their own terms.

Kanis and Haggerty wanted to learn how people on the streets lived; they were shocked to discover how they died — often in their 40s and 50s. If it were any other population, it would have constituted a health crisis. Homeless people had access to the health system — they made extensive use of emergency rooms — but their diseases were impossible to manage while they remained on the streets. Medicine for heart disease would get lost. Diabetics had no refrigerators to store insulin. Doctors couldn’t follow up with cancer patients.

Drawing on the work of two doctors, James O’Connell and Stephen Hwang, who had studied the causes of death among homeless people, Common Ground created a “vulnerability index” — an algorithm to rank people on the streets by risk of death.

Street to Home’s outreach used that index to prioritize the homeless around Times Square, and they managed to get every person they met — except one holdout known as “Heavy” — into housing. “We learned that the only way to get chronically homeless people into housing was to go out and beg them to let us help them,” explained Haggerty. Along the way, Common Ground developed the strategy that is now at the heart of the campaign: hit the streets and get to know the most vulnerable people, keep talking with them until they agree to enter housing (without pre-conditions), and then blanket them with supports to keep them there and help rebuild their lives.

Another thing that Common Ground discovered was that the homeless were an amalgam of many subgroups. They have now surveyed almost 14,000 chronically homeless people and found that roughly 20 percent are veterans, 10 percent are over the age of 60, 4 percent have H.I.V. or AIDS, 47 percent have a mental illness and 5 percent remain
homeless because they can’t find housing with their pets.

This is vital information — because there are more than 20,000 housing authorities in the country, but less than a third have subsidies for “homeless” people. Far more prevalent are government subsidies for other groups — “VASH” for veterans, “202 Housing” for the elderly, “Shelter Plus Care” for people with disabilities, “HOPWA” for people with AIDS. Historically, these big buckets have gone underutilized for the chronically homeless — because nobody knew who they were. Now they can be tapped.

With new cities joining the campaign each month, Common Ground has outlined a standard process to roll things out. A local lead organization pulls together support from politicians, businesses, nonprofit groups, foundations, and volunteers. One of the early steps is recruiting local volunteers to go into the streets to conduct vulnerability surveys with homeless people — from 4 a.m. to 6 a.m. three mornings in a row.

You might imagine that it would be hard to get people to show up in the pre-dawn hours, venture into alleyways, and ask strangers personal questions about their health. Just the opposite. In Phoenix, 175 people turned out; in San Diego, 250; in Omaha, 75; and in Chicago over 150, including Mayor Daley. In Phoenix, after the surveys were complete, organizers asked volunteers if they would like to contribute money — at $1,000 a shot — to assist homeless people with furniture and move-in expenses. In 10 minutes, they raised $50,000. “This wasn’t a room of philanthropists,” Kanis added. “It was just volunteers. But you had people saying, ‘I’ll take the guy in the wheelchair.’ ‘We’ll take the two veterans.’ There was probably a five minute standing ovation.”

The other linchpin of the campaign is encouraging city partners — who participate in weekly webinars and monthly innovation sessions — to teach one another how to get around bottlenecks in government systems. “There’s a half dozen things that each community struggles with that somebody has already figured out,” explains Kanis. “When you go to your housing authority with an idea they think is crazy, it helps if you can say, ‘We’re just trying to do what Baltimore did...’ It takes away the excuses people have for saying something will never work.”

One leader on this front has been Laura Green Zeilinger, who led the effort by Washington, D.C.’s Department of Human Services to reduce homelessness. Zeilinger adopted Common Ground’s vulnerability index, registered homeless people across the district, and then re-imagined a housing placement process that took six to eight months and required a homeless person to make five separate visits to the housing authority. By pre-screening applicants and pre-inspecting apartments so they could be matched quickly, Zeilinger boiled the process down to one that can be completed in 10 days and requires a single visit by the homeless person - to sit through an orientation, sign the lease and pick up the keys. As a result, in a little more than two years, 1,200 of the most vulnerable people in Washington, D.C. have been placed into permanent supportive housing. This contrasts with 260 during the previous four years.

In times of emergency, people can accomplish big things. After the flash floods in Nashville this past May, citizens mobilized quickly to house the homeless who had lived near embankments for years. Until recently, however, chronic homelessness has been treated as an inconvenience, not a life or death matter. When someone has been living on the streets for 15 years, it’s easy to think, ‘What’s another few months?’ But if you happen to know that that person is Michael, who is a 62-year-old veteran with heart disease, it’s a different matter.
“We think this campaign is about much more than homelessness,” says Haggerty. “We’re all feeling so concerned for our neighbors who are struggling now. This is a way to do something with neighbors that helps the most vulnerable among us in a very dramatic way. And I think the feeling of having the power to change things is something that many people are looking for these days.”