

Homeless project puts housing first

Radical approach pays off

BY MARCUS GREEN • MAGREEN@COURIER-JOURNAL.COM • JANUARY 20, 2011

Louis E. Franklin was living in an emergency shelter — unable to find a permanent job or home for more than three decades — when Louisville advocates for the homeless helped set him up in a subsidized apartment in Crescent Hill about five months ago.

After years of wandering the country, working odd jobs and fighting an alcohol problem, “I’m out of the chaos,” Franklin said.

The 58-year-old is part of an innovative two-year-old Louisville program designed to get chronically homeless people into permanent housing even if they haven’t conquered problems, such as alcoholism, that had left them on the streets.

Franklin said he’s been sober for about 10 years but still battled challenges that left him unable to put down roots. The new program, called “Housing First,” differs from other efforts that put the priority on overcoming addictions and meeting other goals — like a job or education — before arranging housing.

The name sums it up: get the chronically homeless — those with bouts of homelessness that last longer than a year or occur at least four times in three years — into a place of their own, then address their other problems.

“If you’re going to wait until that person goes through all the changes to get their life straightened out, they might just die on the street,” said Natalie Harris, executive director of Louisville’s Coalition for the Homeless.

With the aid of two federal grants, three social-services agencies participating in the program have helped 88 homeless people find apartments in Louisville since the program began in mid-2008. In all, 63, or nearly three-fourths, are still doing what it takes to remain in their homes.

The participants are assigned a case manager, who helps them find housing, set goals and get treatment for psychiatric and substance-abuse problems. The participants also regularly meet in small groups.

The work is overseen by the Phoenix Health Center, St. John Center for Homeless Men and the Society of St. Vincent de Paul. U.S. Department of Housing and Urban Development grants help the residents pay rent.

Priorities changed

A \$2 million, five-year grant from the federal Substance Abuse and Mental Health Services Administration covers the cost of case managers, treatment services and compiling data on how the participants are faring.

“They’re difficult to serve,” Andy Patterson, director of homeless health care for Phoenix Health Center, said of chronically homeless men and women. “So we’ve really taken it as our mission to serve the hardest to house and the hardest to work with.”

Early indications show the program is working.

Residents report decreases in daily psychiatric symptoms, drug-use arrests and increases in income from Social Security or work.

While some people are no longer living in the apartments — they have died or left for various reasons — 83 percent of participants have kept their housing at least six months.

Maria Price, executive director of the St. John Center, said the results show the chronically homeless can stay in housing even if they're placed in apartments directly from the streets.

“There are living examples of clients who now shatter a prevailing idea that people have to be ‘housing ready,’” Price said.

Stability increases

Debbie Truchon, a case manager with Phoenix Health Center, has guided 14 people into their own apartments. She said the program is effective because it places homeless people in a stable environment before tackling behavioral or substance-abuse issues.

“It's been good, especially for the clients who haven't done well in emergency shelters or transitional housing,” she said.

Since he moved into his apartment, Franklin said he's taking medication for high blood pressure and is receiving Supplemental Security Income because he's considered disabled.

Those who back national efforts to bundle housing and social services — so-called supportive housing — say the approach taken by Louisville and other cities is radical but effective.

Deborah De Santis, president and CEO of the New York-based Corporation for Supportive Housing, said the program shuns the entrenched approach to handling homelessness.

“The hardest thing for communities to do is to recognize that there might be a different model — not the ‘clean and sober’ model that I think was so prevalent for such a long time.”

De Santis and others point to studies that show permanent housing for the chronically homeless eases the strain on hospitals, jails and emergency shelters.

A 2008 study by the University of Louisville's Kent School of Social Work, for instance, analyzed the local costs of homelessness. It found that, on average, people with serious mental illnesses who frequented emergency shelters used \$107,200 in public and other services in 2004-05. The amount was \$109,900 among those in transitional housing, but plummeted to \$54,900 among those in permanent housing.

A “housing first” effort in Denver resulted in significant cost savings, said BJ Iacino, director of education and advocacy for the Colorado Coalition for the Homeless.

Those savings included a \$31,500 drop in emergency services costs; a \$13,600 decline in prison costs; and a \$8,700 drop in detoxification costs for each participant over a two-year period, said the Colorado coalition. Overall, 77 percent of those who entered the program remained housed two years later and 50 percent showed an increase in their health.

“This is an important model to end homelessness that we've had a great deal of success with,” Iacino said.

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