

OPINION

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From streets to safe homes

Community groups chip away at a lingering problem, one case at a time

THEY SIT around a long table in Framingham, as they do every morning, and puzzle together the pieces of broken lives.

They are social workers, drug and alcohol counselors, job trainers, and mental health specialists, and they are working to find permanent housing for about 25 homeless individuals who otherwise would be sleeping on cots in a shelter, or on the street.

As they tick through their client lists, individual lives come into brief focus: Owe's child support. Still drinking. Can't climb stairs. Works at Price Chopper. Sober since March. On Klonopin. No warrants. History of domestic violence. Bipolar depression.

None of these shattered individuals can be made whole by keeping their possessions in a shopping cart and aimlessly walking the street until the shelter doors open at sunset. The solution is to get them into stable housing quickly, even if they are damaged or disabled, and then track them closely.

It's a laborious process, but it's working.

Team members take an inventory of available shelter beds for emergency cases. But the real work is matching each individual with available services — everything from detox to adult education — and then performing housing triage: finding a subsidized apartment, say, or a staffed group home, depending on what each person can manage.

This mundane task, repeated over and over, is how the South Middlesex Opportunity Council is going to end homelessness, one person at a time.

Over the last several years social service advocates have come to a new way of thinking about homelessness. It is not a chronic condition to be managed, but an emergency status that should be quickly ended.

The staffers at SMOC were among the first to adopt the new approach. Now agencies around the state are closing shelters and redirecting the re-

sources into permanent housing. In the past few years SMOC has created over 400 new housing units for formerly homeless people in Middlesex County and shut down 40 shelter beds in Framingham alone.

Not surprisingly, perhaps, shelter managers were slower to adopt this new model. If "housing first" doesn't exactly put shelters out of business, it gets them into a different kind of business. But the new strategy is taking hold. In Boston, the city's

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annual shelter census is down 25 percent over the past five years. The count of people living on the street is down slightly as well.

The Pine Street Inn has closed about 10 percent of its beds. Last year it shut down the 65-bed Holy Family Shelter it operated on Lingard Street in Dorchester. A year later, 80 percent of the residents have been moved into permanent housing. But Pine Street's own literature says the general length of stay for clients in the shelter is still three to four years.

Director Lyndia Downie notes that the agency isn't just moving its highest-functioning clients into housing first. "We started with the most chronic cases: major mental health or substance abuse issues, criminal histories," she said. "These are people who couldn't get through a housing application." Each homeless individual placed in stable housing saves the system a net of \$9,400, mostly in emergency medical care.

In Worcester, SMOC has taken charge of an old-line shelter that had been in chronic disarray.

Called the PIP, for People in Peril (only slightly better than its original name, the Public Inebriates Project), this 36-year institution now posts a white board with this encouraging tally: 236 "unique individuals" have found a permanent home since last November.

Gerard Desilets, director of planning for SMOC, was taken aback when he first visited the Worcester shelter in 2004. There was drug dealing and prostitution — and something in a way even more disturbing: "There were photographs on the walls of these destitute homeless people. It was almost a shrine to homelessness," he said. "Why not show pictures of people getting their GEDs?"

Check the directories of homeless shelters in any big city. Most require clients to be sober, and many have a curfew, but generally they offer unlimited stays. The new model turns that upside-down. Emergency stays have short time limits, and staffers look for stable housing even for clients with substance-abuse problems. "We were always trying to get people to be 'housing-ready,'" says Jayde Campbell, director of housing stabilization at PIP. "For some people, that's 20 years."

I meet Alice, a short red-headed woman of indeterminate age, who recently moved out of the PIP's female dormitory into her own room in a former nursing home that SMOC redeveloped into 18 units of housing. "You can feel secure and content in your own place," she says. Another man speaks of the simple freedom in making lunch on his own schedule.

A bicycle rack sits in front of the main entrance to the Pine Street Inn. It has no bicycles, but two shiny shopping carts are securely locked up. The people around that table in Framingham are working for a day when the shopping cart is no longer a bitter symbol, and when homelessness is no longer a way of life.

Renée Loth's column appears regularly in the Globe.