One Year Later...
Putting the Pieces Together
PREFACE

The following document is a compilation of stories from the individuals on the front lines of our mission. This is a demonstration of the will of human character – the experience, strength and invariable hope behind the means to survive.

The stories contained in this work are a companion to the statistics, outcome measurements and long-term goals of the South Middlesex Opportunity Council. The message is real.

Change is near and must materialize through proper funding and allocation. Community partnerships will emerge as the foundation for growth in this area. Collaborating for social change and economic stability is a reality but takes the will and determination of all stakeholders.

Embrace these stories and realize that we are ready, both as an agency as well as a community to accomplish our goal and solidify our stance on ending chronic homelessness.
A CALL TO CLOSE INDIVIDUAL SHELTERS

Recently in Framingham an adult woman burned to death in a dumpster. Her life ended in a container, on a side street adjacent to the downtown within walking distance of the Common Ground Shelter. Police were not immediately able to identify the body, did not suspect foul play, and theorized that “Jane Doe” was lying on a mattress smoking a cigarette when the fire started.

Initially SMOC staff were also unsure of “Jane’s” involvement with us. She had not recently stayed at one of our shelters or residential programs. We knew, however, that “Jane” would be identified and that her life story would emerge from shadow. We thought perhaps Jane was a victim of domestic violence. Perhaps “Jane” battled substance abuse, mental illness or both. Perhaps “Jane” had physical or developmental handicaps.

Sure enough, through dental records, the police identified the body. “Jane” was given a name; the sadder aspects of her life story carried on the front pages of this newspaper less than a week later.

What we will never know is why “Jane”, on a bitterly cold evening, made the decision to climb into a container and bed down on a discarded mattress.

If there is a sadder way to die, if there is a more unsettling image of death, I am not aware of it. Perhaps that tenet is one in which all of us, despite our different viewpoints, can agree. No one deserves to die in such a manner. Perhaps there is something else, another tenet, that most of us can also agree with, namely that our society should do everything in its power to prevent “Jane” and her fellow lost souls from suffering this fate.

Shelters and emergency housing for homeless individuals have been a ubiquitous part of urban and semi-urban landscapes for a generation. Once only existing in our major cities, the number of shelters and programs for homeless people has proliferated, as a legitimate, compassionate response to the emerging phenomena of a rising number of people without homes. Not fast enough it seems, like a dog chasing its tail, there are still more homeless people in most communities than there are beds for them.
A Call to Close Individual Shelters... Continued...

Shelters long ago shed their temporary, emergency identity. They are now part of our culture. And our culture is lessened, diminished because of this.

A generation of caring for an increasing number of homeless adults has taught us many lessons. For instance, we know who becomes homeless, how they become homeless, how long they remain homeless.

“Jane” fit the description of what is now termed a chronically homeless individual. Pinballing between systems of care for much of her life. Jane had a difficult childhood and a history of mental illness and substance abuse. She was a victim of domestic violence. Wandering into and out of shelters, SMOC’s included, hospitals, detox facilities and correctional facilities. “Jane” was also local, raised in a Metrowest community. She was educated, holding a college degree. She had both family and children, but they were long ago lost to her.

Government officials, Homeless Advocates and homeless service providers know what programs and services not only keep homeless adults from dying but also move them toward self-sufficiency and independence.

If we know all this, then why are there still so many homeless adults and why are there still so many shelters? The answer to those questions is complicated, touching on the interplay among numerous variables, including the decimation of inexpensive housing for single adults (think of the old Mom & Pop lodging houses, think even of the old “flop houses”); loss of access to a minimal amount of money either through General Relief or non-labor ‘easy’ methods of securing cash (selling one’s plasma), closure of the public health hospital system and the lessening of tolerance for “nuisance behaviors” which has led to an expansion of the Criminal Justice system.

The situation has become intolerable. It may surprise some of SMOC’s most ardent critics to hear that we share their belief about shelters. We don’t want them either. It would please us no end to be able to close each and every shelter. It would mean there would be no more need for them.

SMOC has made a choice. We pledge to call a meeting by the Spring of 2006 to discuss how we can eliminate the need for an overflow shelter as the first step. We will invite state and local officials to this meeting. We will invite the leaders of local foundations, local financial institutions, corporations and the United Way to this meeting. At that
meeting we will present our plan and the assistance we require to accomplish this.

Let me issue one cautionary note, namely that eliminating individual shelters cannot be accomplished in a miserly manner. Here I am speaking of time, energy and money. Replacing the existing system with a triage/transitional/permanent housing nexus will require commitment, effort and maybe some additional funding. But it can be done. It simply requires social, political and community will and capital.

Gina V. (a.k.a., Jane Doe), burned to death in a dumpster, a fate all of us would wish on no one. Out of this dismal, dismaying end can emerge a new hope.

We will work with the community to end the need for each and every shelter for which we are responsible. This is our social responsibility. It is our human responsibility.

James T. Cuddy
Executive Director
A MATCH MADE

Katie was 24 years old and working towards her Bachelor of Art’s degree and majoring in Human Services when her life took an unexpected turn. She began seeing hallucinations - sporadically in the beginning and more frequently later on. “At school, I didn’t know what was wrong,” explained Katie. Her best recourse - and most likely a popular choice for a college student - was to self-medicate using a lot of alcohol, and all the time.

This self-therapy took away the hallucinations and temporarily corrected a rather disabling condition. The college administration labeled her a nuisance but she was able to complete her degree. Following graduation, Katie was promptly asked to leave the campus.

She was broke, hallucinating and an alcoholic by necessity. Her life continued on like this for some time. Katie was able to sustain housing and go about her life with only minor consequence. Eventually, the spiral downward led her to face her problems head on. In October 2006, she contacted the Common Ground Resource Center for assistance.

Katie was referred to Shadows, a program for homeless woman in Ashland, MA, and was given temporary shelter until a more substantial plan could be made. After a very short stay, Katie arranged a placement in a psychiatric hospital, down the pike in rural Western, Massachusetts. She was admitted, treated and released but again, without any place to go.

About the Housing First program:

Housing First is an innovative program offered in collaboration with the South Middlesex Opportunity Council (SMOC), and the Massachusetts Housing and Shelter Alliance (MHSA).

“Housing First represents a significant paradigm shift in the phenomenon of homelessness. This strategy demonstrates impressive outcomes when people are supported in a permanent, housed environment, rather than targeted for intensive services in shelters or streets. Tenants live in leased, independent, apartments or congregate-living homes that are integrated into the community and they continue to have access to a broad-range of comprehensive services, including medical and mental health care, substance abuse treatment programs, case management, vocational training, and life skills. The use of these services, however, is not necessarily a condition of ongoing tenancy. Housing First represents a shift toward “low-threshold” housing, which focuses on the development of formerly homeless persons as “good-tenants” as opposed to “good-clients.”

“Home and Healthy for Good: A Statewide Pilot Housing First Program”
Katie soon decided there wasn’t any other option but to take shelter in the woods. Still vigilantly trying to maintain her psychiatric care and survive on her own, she again began to drink. “I never really saw myself as someone who could be homeless,” she recalls. Katie learned the reality of the situation was far more complex.

Time passed and Katie by some means contacted the Common Ground Resource Center for assistance. Given her current living situation, she was quickly referred to the Shadows program until a more substantial plan could be reached. She complied. Soon, an opportunity presented itself for her to enter the Housing First program. This was a milestone for Katie.

Katie was scarred but optimistic. “When I first moved into the house, I isolated a lot,” Katie remembers. She kept to herself, in and out of her room for the first few days and soon began to warm up to her surroundings. “It has been really nice to live with sober people in a sober house.”

A year has now passed since Katie entered Housing First. She is connected with behavioral health providers and a day program which she attends regularly. Katie isn’t alone either. She recently was prescribed some puppy time - with her new friend Annie.

Annie is a young, energetic Cockapoo who entered Katie’s life when Katie’s treatment clinicians prescribed for her, a psychiatric-aid-dog. Religiously, Katie and Annie start their day promptly with a walk at 6am. Then if there is time - a quick nap. Katie and Annie then go into town to the day program or other daily appointments. “Annie keeps me busy and happy,” she said, “all the time.”

When asked “where do you think you would be today if you hadn’t entered the program?” Katie hesitated and couldn’t put together an answer right away. She then replied, “probably in and out of other shelters.”
Mike is a young adult who is now living in the SMOC Sober Housing Program and serving as an assistant resident-manager at the house. As a previous graduate of YASC (the SMOC young adult substance abuse program), Mike originally transitioned into sober housing but left only weeks later. In the fall of 2006, he was unable to pay his rent because of a lost job. Mike had been abusing Suboxone, similar in affect to Methadone, while in sober housing and when caught, decided to make a move home.

Once back home, Mike found himself faced with the same adversity as when he left to seek treatment. Submerged and battling temptation, the abundance of a myriad variety of street drugs, he succumbed to his addiction and began using and abusing pain-killers.

It wasn’t long before Mike found himself before hard-times, once again. On the same block as before - and with the old behaviors guiding his actions, Mike began to slump. This time it wasn’t rent he was worried about paying. Mike’s addiction demanded resources and to pay for his continued habit, he went into survival mode.

In one instance, when the opportunity presented itself - money turned up missing from an acquaintance. When questioned about the incident detectives arrived at Mike’s home while his family was present. His cover was blown. The family knew all too well Michael has fallen to his old ways..

Throughout thick and thin Mike never forgot about his experience while in recovery. Life was beginning to close in on him and one day when it got bad enough he picked up the phone.
and called his sponsor. After that conversation he decided to contact the Common Ground Shelter.

“I don’t have any friends out there,” Mike says of the experience. It wasn’t long before a bed became available in the Turning Point program, a sober-stabilization program at the shelter. Once in Turning Point, Mike did what he could to get himself back up on his feet. “The Shelter was closing and rooms were filling up,” he recalls. There was an element of urgency to his situation and he couldn’t help but feel anxious about a permanent housing placement.

“I had zero hope – I had no hope – my hope was in them,” he said. He wasn’t out of danger yet. With so much anxiety and so little sobriety Mike did what he knew might help take the edge off and began using painkillers secretly.

“Struggling” is the only term which comes to mind when asked to describe the experience. “It was the only thing I knew to do,” he added. Faced with the guilt and shame of his secret, Mike turned himself in and was assisted in finding treatment. After a successful detox he returned to the shelter, just in time for his housing placement. This time it was sober housing.

“Bottom line – surrounding yourself with good people” is what helped in those early days he says. “If you use the places for what they’re intended for it works…” says Mike.

Eighteen months have passed since he moved into sober housing. Mike reports he has stayed clean and sober throughout.

Still actively seeking permanent employment, he is grateful for the opportunity to live in a stable sober environment while he pieces together the next phase of his future.

Asked about any advice Mike could give to others who may be struggling with the same challenges, he has this to offer, “If you don’t want to do the footwork, ain’t nothing going to happen.”

Properties such as this are acquired by SMC Housing Corporation, extensively rehabilitated and transformed into affordable housing for individuals who otherwise lack the resources necessary to sustain proper housing.
SKEPTICISM ASIDE

“I don’t know if the system works” she said. “It’s not just a simple thing” continuing, “years ago - these are the people you would find in the back ward of a state hospital.”

Margaret is a simple woman of great experience, mostly in various roles; she has been working with the homeless population for unnamed decades. Now there isn’t a shelter but a resource center. The effort to eliminate poverty, as outlined by Lyndon B. Johnson, has seen its day but she witnessed every step of the process. Now 42 years later the goal has been revised - we will end chronic homelessness in 10 years. Margaret believes she may have seen it all.

As the director of one of the SMOC shelters closed in the past year, Margaret has learned new ways of working with both the homeless population and her peers. “Has this ever been done before?” I asked. “Never in this coordinated fashion,” she replied.

Our conversation was briefly interrupted by the telephone, “...ok - tell him he can come back - but he can’t come back blind drunk!” she quipped and thrust the phone back down. Elaborating on the situation, Margaret said this particular client was caught by the police chief urinating on the side of a town building. “He does well when he is sober,” she added, “but when he’s drinking, it’s a different story.” “It is so difficult,” she said, “to show people there is another way.”

Looking forward, Margaret believes that we’re helping many formerly-homeless individuals sustain permanent housing but there is room for additional resources and partnership. “There is a real gap in the health services - and long waiting lists to access care” she explained. “We have narrowed down the chronically homeless population,” and in doing so their needs are present. “I can’t,” she said sincerely, “put someone out who has a fever of 103.”
"It’s good... I am just like them," Freddie said, "we have one of the best houses." Freddie is the resident-manager of one of the Housing First program houses, which offers stable living to individuals recovering from multiple issues including substance abuse and mental health.

Freddie began as resident-manager over a year ago but his recovery started long before. Beginning at the former Common Ground Shelter, Freddie had the courage to stick around to regain what he had lost over the years. Most importantly, Freddie regained the ability to live on his own, free from substance abuse. "It was time for me to do something different with recovery. I wanted to take it to the next level," he said. Many new comers to the program find it comforting to look to Freddie for guidance. He is a role-model today.

His position is challenging and requires a lot of balance, patience and integrity. "Being patient with everyone, everyday," is what he claims to be the driver behind his success. Three years ago he began with nothing but the clothes on his back and was able to turn it around and give back to others.

"My plan was to get clean for a little while," he said. Once his "head got clear" Freddie decided to stay a little while longer. As a member of a local recovery group and as a role model for newly-sober individuals, Freddie has responsibility today. It is the purpose to his sticking around. "The guys respect me," he said. "It refreshes me everyday. I see it and I don’t want to go that route. I am no different then them," Freddie recalls.

Reporting daily to his recovery group, it is Freddie’s job to make the coffee and to setup for the noontime meeting. Usually, he is accompanied by two or three residents from his house.

Freddie has many goals planned for his future. He dreams of his own place to live and possibly a part-time job while he continues in his recovery. Regardless, one thing is certain for Freddie, "[I’m] not roaming the streets, I have places to be."
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