How to End Homelessness in New York City

Supportive housing can help get people who have cycled through jail and emergency rooms off the streets permanently.

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The streets of New York and other U.S. cities are home to thousands of people who suffer from crippling mental illnesses, and others who are addicted to drugs and alcohol. In January 2015, there were more than 80,000 chronically homeless people in the United States.

Such people are often exposed to trauma while cycling through jails, emergency rooms, and shelters. As anyone who has run into a homeless person having a psychotic episode can attest, their problems can seem insurmountable. Not too long ago, Barry McCrea was one of those people. He slept on the New York City subway, often taking up two seats. He abused drugs and alcohol and spent time in jail. For seven years he lived on the streets.

Today, McCrea lives in an apartment with seven others, and deals with practical challenges like everyone else who shares a place: how to deal with a roommate who takes long showers, what to do if a roommate doesn’t clean up the kitchen, how to interact with a roommate he doesn’t particularly like.

McCrea was able to find stability and a home through a program now being replicated across the country. It targets frequent users of city services such as jails, emergency rooms, and shelters, and links them with permanent supportive housing, which is essentially an apartment building that has social workers available when needed. McCrea now thrives in permanent supportive housing, where he spends his time volunteering at a church, writing poetry, and whittling intricate figures of mothers and babies out of pieces of chalk. He’s had a few missteps, getting back into drugs or arguing with his roommates, but Brooklyn Community Housing and Services (BCHS), which provided his apartment, has stayed with him, he said.

“Even though I’ve been in a bad situation, they’ve always helped me, always, when they see that I’m doing bad, they’re always there,” he told me.

Permanent supportive housing works for all sorts of people who have experienced homelessness, not just those with mental-health challenges or criminal records. It gives homes
to people who have experienced the trauma of living on the streets, without asking much of them in return. The formerly homeless move into apartments and then have access to case workers and nurses and a community. They slowly acclimate and become part of that community, which in turn creates a network of people that help each other stay stable.

As homelessness rises in New York, Mayor Bill de Blasio is looking to supportive housing to help get people off the streets permanently. Earlier this year, he pledged to add 15,000 units of supportive housing over 15 years—1,000 units in the next year—in a bid to end homelessness in New York. About 267 additional units will be set aside for frequent users of the jail, health, and shelter systems like McCrea.

“The combination of stable housing and supportive services are the magic ingredients that make it possible for people who have frequently fallen through the cracks in the social-safety net to regain stability in their lives and move forward,” says Steven Banks, the commissioner of New York City’s Human Resources Administration/Department of Social Services.

Advocates for the homeless say that this model works for almost everyone who has experienced chronic homelessness. Expand it by thousands of beds, rather than just hundreds, advocates say, and homelessness could be almost completely eradicated in New York and other cities that choose to go down this road.

“Tomorrow if we had 4,000 permanent-supportive units for formerly homeless people, with the rare exception, there would be almost nobody on the streets,” said Brenda Rosen, the president and CEO of Breaking Ground, which provides supportive housing for 2,700 residents in New York.

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Giving homes to all of a city’s chronically homeless population may sound expensive, but doing nothing is even more so. The initiative that found Barry McCrea a home saved $15,000 per participant in reduced jail time and reduced costs for inpatient- and crisis-health services, according to a Columbia study. The program reduced the costs associated with the average chronically homeless person in New York City by 76 percent, according to the report, from $38,351 spent over two years in shelter and jails to $9,143.

“Given the costs of shelter, the cost of incarceration and the health-care costs, it’s a cost-effective investment for government,” Banks told me. Before finding permanent housing, Barry McCrea was a frequent user of jails and shelters. He’d cycle in and out of jail for minor violations—hopping the subway turnstiles, failing to show up for court hearings, shoplifting food. He spent some time at the troubled Bedford and Atlantic shelter in Brooklyn, but he found it difficult to get away from the drugs and alcohol that were ubiquitous there. Then, in 2008, he was referred to permanent supportive housing through a program called FUSE, or the Frequent Users System Engagement program piloted by the Corporation for Supportive Housing (CSH), a national lending, consulting, and advocacy nonprofit for supportive housing.

Working with city departments, CSH used data to identify the people who constantly moved through the revolving door of emergency rooms, detox centers, prisons, and homeless shelters, and attempted to prioritize them for housing. Case workers tried to get these people off the streets and into permanent supportive housing, where they could begin the long road to recovery. Initial participants had to have four jail and four shelter stays in the five years prior to being admitted to housing: some had as many as 57 jail stays for low-level offenses, said Jeff Nemetsky, the head of Brooklyn Community Housing and Services, which runs the apartment building where McCrea lives and others.

FUSE saved money, and it also led to stability for people who had cycled in and out of shelters for decades. After a year, 91 percent of FUSE participants were still housed in permanent housing, compared to 28 percent of those in a comparison group; after two years, 86 percent of FUSE participants were housed, compared to 42 percent of others.

FUSE participants were incarcerated for 19 fewer days than the comparison group and the percentage of participants with any recent use of hard drugs such as heroin or cocaine was half as high as the comparison group. The comparison group was hospitalized for an average of eight days for psychiatric reasons, while FUSE members were hospitalized for 4.4 days; FUSE members had, on average, half as many ambulance rides as the comparison group.
FUSE focused on the people that might seem the hardest to house: those with debilitating substance-abuse or mental-health problems. But it still worked. Why? It gave them a stable place to live and access to case workers without any ultimatums.

“We firmly believe that asking somebody to still live on the streets and get clean and then come to us for housing is just a recipe for failure,” said Rosen, of Breaking Ground.

The process of helping someone move off the streets and into housing can be a long one, especially because there aren’t enough supportive-housing spots in the city. Outreach workers fan out across the city, making contact with the homeless and trying to get them to move into shelters or to fill out the paperwork to apply for a supportive-housing spot. It may take months or years for a homeless person to become comfortable enough with an outreach worker to trust them, especially since many have had bad experiences with shelters in the past. Outreach workers can try to bring social services and medical help out onto the streets, but the most efficient way for the homeless to get consistent access to services is to be placed in a permanent home.

When McCrea first moved into supportive housing in Brooklyn, for example, the case worker Thomas Bellinger would knock on his door just about every day to check in. He’d just say hi, ask McCrea how he was doing, and then leave him alone. They began to build a connection, and McCrea started opening up about the problems he was having with his mental health, or with his efforts to resist drugs, or with his roommates.

“In the beginning, it was annoying,” McCrea said, about Bellinger’s visits. “It took time for me to realize he was actually helping me.”

Living in a community, rather than living independently on the streets, can be life-changing. BCHS focuses on building a community in their buildings, and making sure residents feel comfortable there, with both neighbors and staff. Residents slowly begin to get to know social workers and their neighbors. They join in-house groups like a horticultural society or a coffee club or a group for FUSE members. They attend holiday dinners or monthly floor meetings, all of which are optional. If someone disappears for a few days, their neighbors can tell the social workers they are concerned, and the social workers can check in.

Buildings are structured to promote shared spaces where people can spend time and talk to friends and neighbors, encouraging people to leave their rooms and socialize, Nemetsky said. McCrea shares a kitchen and bathroom with other tenants, and Bellinger has meetings with them to talk about the challenges that arise.

Critics of so-called Housing First programs like this one, which give people homes without requiring them to first get sober or deal with their mental illnesses, say that people will become homeless again because housing alone doesn’t solve all the problems people face. But supportive-housing
organizations like BCHS address this criticism by strongly focusing on building the community and networks so that people feel safe and secure, and are motivated to address the underlying issues that made them homeless.

“In addition to concrete services, we’re really trying to create a sense of community for all of the formerly homeless residents,” Nemetsky said. “We really use this as a programmatic model and a clinical approach.”

For most people coming into supportive housing from the streets, the first six months can be challenging. Sometimes, they’ll continue to sleep on the streets and use their bed infrequently, Nemetsky said. They may test boundaries, since when they were homeless they had to develop survival skills to push people away. But the social workers have patience, and usually, residents settle down and become like almost any other tenant.

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“I don’t miss being on the streets. I thank God everyday that I’m here,” he said.

Once he was stably housed, he went through a drug-treatment program and has been clean for years, he says. He likes that case workers at the Prince George can tell him where to get help with his taxes or to get education, where to apply for Meals on Wheels or where to go to a food pantry. He likes having his own bathroom and private space.

Now, whenever he sees a homeless person on the streets, he tells them to call 3-1-1 and ask for any city program that can get them housing.

Both McCrea and Bennett may need to stay in permanent supportive housing for the rest of their lives. But the hope is that, with months or years of stability and support, they will get to a place where they could move out of permanent supportive housing and into an independent apartment. Advocates never want to push people out of supportive housing, but because there are a limited number of beds, they are open to the idea that some people can move on.

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In 2004, CSH piloted an initiative it called Moving On in New York City, in which it tried to move supportive-housing residents to private housing to free up supportive-housing slots. The tenants received a housing counselor and access to vouchers, and worked with case managers to get ready for their move. The numbers of people who moved during the pilot were relatively low. Only 209 moved on, out of more than 1,000 who applied.

Yolanda Jackson was one of the people who choose to leave supportive housing through the program. She’d become homeless after breaking up with her husband and experiencing bouts of deep depression in 2003, and then ended up in a supportive-housing facility in Brooklyn run by the group Community Access. She lived there for eight years, meeting weekly with a case worker, consistently visiting her psychiatrist, taking her medications, becoming a part of the close-knit community in the building. When Community Access approached her about Moving On, she was hesitant. The supportive-housing facility was “like a blanket” she told...
me, and she felt stable and comfortable. But case workers kept telling her she could do it, and she’d feel confident once she did. She eventually moved into a studio in Harlem, and remembers standing in the middle of it, tears of joy and pride running down her face.

“I have grown to where I can figure things out to myself,” she said. “It gives me such a sense of accomplishment.”

CSH has also tried this initiative, Moving On, in Los Angeles, Chicago, and Detroit. It recently announced a partnership with the Robin Hood Foundation that will assist five nonprofits in New York City with the task of helping at least 25 permanent-supportive-housing residents move on to affordable housing. The goal is to help 125 people move out eventually, giving them housing-choice vouchers and money for moving assistance, freeing up 125 spots of permanent supportive housing for the currently homeless.

“Ultimately, what supportive housing is doing is trying to help each person reach their maximum level of independence,” Nemetsky, whose organization is one of the grantees, told me. “We do have situations where people come to our permanent housing, they stabilize, they do really well and we think, they’re ready.”

It’s impressive to think that someone who slept on the streets for years, abused drugs and alcohol, and battled mental illness could make that transition from homelessness to independence. To be sure, not many do. But with more supportive housing in the pipeline, it’s becoming more likely.

In the meantime, most providers will continue to focus on frequent users of the system such as Barry McCrea a few years back. States across the country, including California, Texas, and Florida, are putting into place programs that seek to help frequent users of the criminal-justice and health-care systems. Their road to recovery may seem long, but, for people like McCrea, just to be on that road at all is a huge accomplishment. He composes poems, in addition to his chalk sculptures, and performed two for me at a holiday party at a Brooklyn Community Housing Services building this winter. One was about a hummingbird, and summed up how far McCrea has come.

They are always making progress
Though they are very rarely heard
Sometimes I feel I am just like
Those beautiful Hummingbirds