

Jay Neugeboren

Housing the Homeless

A PROGRAM THAT WORKS

For the past dozen years, Pathways to Housing, a New York City nonprofit organization, has been helping to reduce the problem of chronic homelessness by a radical strategy: giving homes to people with histories of mental illness. Most of Pathways clients also have substance-abuse problems. These are the very people most housing programs do not consider eligible even to *apply* for housing.

On any given night, somewhere between eight hundred thousand and a million Americans are homeless. Across the United States, many cities, despite the repeated heralding of plans “to end homelessness,” struggle merely to keep the situation from worsening. In New York City, halfway into Mayor Michael Bloomberg’s vaunted five-year plan to reduce the homeless population by two-thirds, the number of homeless families is at an all-time high, with more than ninety-five hundred families using the shelter system every night. Over the past year, there has been a 23-percent rise in the number of families entering the system, and an 11-percent decline in those moving into permanent housing. With Congress’s Joint Economic Committee now predicting 2 million foreclosures on subprime mortgages by the end of 2008, one must wonder: What will happen when the housing needs of these displaced families put added pressure on the rental market and city shelters?

In New York City, families are not “automatically admitted” to shelters when they seek help, and last summer only 50 percent of the families that applied for assistance qualified for help. But in the Pathways program, you don’t have to “qualify” for assistance—all you have to be is homeless. Pathways takes the most vulnerable individuals among New York’s homeless, gives them immediate access to apartments of their own, and—something city programs do not do—gives them choices in the selection of their apartments.

The program—which would provide a useful model for any community struggling to reduce homelessness—works remarkably well. Over a ten-year period, the housing-retention rate for those individuals New York City deemed worthy of housing was below 50 percent. (The housing-retention rate is measured as a percentage of individuals who remain stably housed for two or more years.) The housing rate for Pathways’ clients during this same period was 88 percent.

Pathways moves people who are both homeless and mentally ill into places of their own, straight from the streets. Then it wraps various services around them, providing a multidisciplinary clinical team, available seven days a week, twenty-four hours a day, to provide those services.

To provide these men and women with their own furnished apartments (clients choose their own furniture) and exten-

sive support services costs, on average, 20 percent less per year than the cost of living in a shelter. Pathways can do this because renting individual apartments at fair-market value while having an off-site team that provides the intensive clinical services is less expensive than operating (or building) facilities for the homeless that require staff to be present on a twenty-four-hour basis—as happens in shelters, community residences, and other supervised housing programs. Pathways now serves more than five hundred people in New York City, all living in their own apartments, many with part- or full-time jobs. More than 120 children live in these apartments with their families.

But Pathways does more than provide homeless people and their families with homes: it gives them the resources and services—and, most important, the *hope*—they need to return to the world as productive citizens. It offers psychiatric services, nursing outreach, prescription and medication management, rehabilitation and counseling opportunities, communal activities, and job placement. (One client who lived in subway tunnels for more than a dozen years now lives in his own handsomely decorated apartment and is the Pathways director of transportation.) It does this primarily through eight Assertive Community Treatment (ACT) teams, each of which serves approximately seventy clients. Each ACT team is staffed by a registered nurse and by certified social workers, peer counselors, and other specialists. Program-wide, Pathways also provides additional services through a psychiatrist, employment counselors, family therapists, and substance-abuse specialists. It has a housing department that locates, acquires, maintains, and renovates apartments around the city, while also dealing with client-landlord problems and legal issues.

Pathways is funded primarily by federal, state, and local grants, but it has also begun raising money privately to pay for services the government will not pay for. Thus, thanks to a generous grant, Pathways has been employing family therapists to work with mothers, fathers, and children who face problems not unlike those most families face, though their problems are made more intense because of their histories of homelessness and mental illness. And Pathways is also raising money that will pay for services needed to help parents reconnect with children the courts have taken from them.

In most programs that deal with homelessness, people must qualify for the right to get into shelters (or out of shelters), or into group residences or apartments. They must be clean and sober, drug-free, taking their meds, prove they are entitled to the (usually) inadequate housing they are offered, and must do so by jumping through elaborate, arbitrary, and pa-

tronizing hoops. And, the Puritan ethic being forever at work, a client falling off the wagon or going into detox or jail invariably faces the loss of his or her housing. Not so with Pathways. It will hold apartments for its clients' return.

As Sam Tsemberis, the program's founder and director, says:

Pathways serves clients *because* they fall off the wagon. That's what addiction means. We anticipate that people will relapse—it's part of the recovery process, and the advantage of this harm-reduction approach is that people are not evicted and homeless again simply because they've relapsed. They remain housed, and so can continue to work on curing their addiction or improving their mental health. What we do, that is, is to separate housing from treatment—thus, if you relapse, you're still housed. There's treatment for addiction and for mental illness—and there's housing for homelessness.

"I was in Pathways for a dozen years before I began to straighten out," Jimmy L. recently told me.

I was on heroin and coke, crack and pot, and I was a problem to everybody, and most of all, to myself. But then, three years ago, I began to get it together. I'm off drugs and booze now, I've begun to have a relationship with my daughter again, I'm working, and I have a decent life I'm proud of. But it hasn't been easy and I don't know where I'd be if Pathways hadn't stuck by me when nobody else would.

Jimmy, an articulate, soft-spoken man in his mid-forties—a man I might have taken for a school guidance counselor or manager of an upscale retail store if I hadn't known his story—has only one fear now: "What happens if I wake up and Pathways is gone?" What people like him need, he says, is pretty simple and, most of the time, unavailable: "We need kindness, respect, and—first and last—a roof over our heads."

Sam Tsemberis founded Pathways fifteen years ago, and for a dozen years it was the only Housing First program in the country. But in the past four years, as studies have continued to demonstrate that Pathways actually *works* (especially for those who have been chronically homeless) and that it is less costly than traditional programs, others have begun to imitate it. Forty Housing First programs are now in various stages of formation and operation around the country.

Perhaps, then, if and when our cities and our governments begin to operate on the principle Pathways operates on—that housing is the fundamental need, a *right* one does not have to qualify for—things will begin to change for the better. For how can anyone have a decent life without first having a home? ■

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Julian Green

Translated by Harold Bordwell

Take & Read

My mother's conversion was that of a mystic. Love makes each one of our lives an exceptional life. In mine, my mother was the person who meant the most. She gave me the most. The most—that is to say, everything: love of life, even in its smallest ironic details, the wish to understand, to learn, the love of books, tolerance, especially tolerance. Finally, she cradled me in the Gospel, as a child would be cradled in heaven. In all this, I owe everything to her.

Yet, however personal our love might have been, I don't remember a single kiss. In her large gray shawl she would hold me to her, and nothing in the world matched the sound of her heart next to mine. For her I took the place of Charles-Edouard, one of my older brothers, too early gone, and her favorite brother, William, dead at scarcely nineteen. But she had also placed all her dreams in me. I believe I did my utmost to make them come true.

I was born into the American Episcopal Church. My mother, who was deeply attached to her faith, as soon as possible brought me up in a daily reading of the Bible and I have kept up this habit to this day. In a general way, almost all the teaching I received from her was centered in Jesus as a human person. It seems to me that even in the rhythms of the Our Father, which she made me say with my head on her shoulder, she allowed me to feel the supernatural tenderness of her faith and communicated something of it to me. In my child's imagination it was possible for her to touch Christ by the hand, though he remained invisible to me, but, as far as I remember, I said nothing. She always insisted on the love that he had for me and on his unceasing protection. I inherited this love from her, and it was a kind of legacy worthy of the wisest theologies. My road toward the Catholic faith was such that its basic beliefs were always hidden from me.

My mother died on December 27, 1914, at the Villa du Lac, our home then, in Vésinet. In accordance with the custom of many Protestants, she was left to lie alone on her bed. Each of us stayed in his room and the house was plunged into a silence that seemed terrible to me. I decided to shut myself up in a room on the fourth floor, but soon I wanted to slip out quietly and I went down the staircase a few steps, then began looking at the door of the room where she lay, retracing my steps in a flux of fear and curiosity. Finally, I made up my mind and walked straight to the bed.

My surprise was great. I expected to discover a face distorted by suffering, while my mother presented the look of someone shrouded in a profound meditation. Never had I seen her so mysteriously thoughtful. Her beauty shocked me even more. All the lines of age had disappeared and her smooth skin tried to imitate youth. With a constricted heart I told her that I