# Bringing People Home for Good

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These are some of the 154 mats that the Oxford Street Shelter in Portland, Maine uses every night. 154 mats just 24”x 80”are laid down on the floor 10 inches from one another, and that is where 154 homeless people sleep.

At seven o’clock each night, after the Preble Street Resource Center closes, a long line of people file in to the shelter to get out of the cold and to try to sleep. Row after row after row of these mats are their home for the next 12 hours.

Oxford Street Shelter is run by the city of Portland and is the largest shelter in Maine. The largest shelter in northern New England, in fact. I was afraid that it might be a little too dramatic, too easy, to talk about these mats to start my

remarks. But then I thought about it: It's real, it's not a dramatic device.

This is what home is to hundreds of our fellow human beings each and every night.

And I want to try to paint a picture of homelessness in Maine. It's a terrible picture, it's pitiful, it's painful. And as hard as it is to look at the picture, it's even harder when you realize—as I have and as Preble Street has—that it is entirely solve-able. We can end homelessness in Maine. We're already starting to do it. We've got a ways to go, but not as far as you might think. I want to talk about that.

But first, back to painting the picture.

I'm glad the Oxford Street Shelter is there. And I'm very proud—as a Portland resident—that my city upholds a value that no one should have to sleep outside. But there's no denying it's a terrible and tragic place.

I showed you these mats to help give you a picture of what an emergency shelter really is. Often people imagine shelters to be something different than what they actually are. People think of dorms. People think of army barracks.

That's not at all what the largest shelter in Maine is like. This shelter opened almost 20 years ago and had a guest capacity of 50. Back then it was a converted apartment building with several large and several small rooms, with beds—real beds—for people to sleep in. Bureaus were available. Closets to store things. It was basically several apartments in one large building.

Over time, as the problem of homelessness increased, as the numbers grew in Portland, like they did throughout the

country, the shelter was stretched and stretched. It had to grow to meet the increasing demand. First it expanded to serve 70 people each night. Then it needed to serve 90 people. Then 110. With each stretch, it became a rougher, starker environment.

Walls were torn down. Rooms were expanded. Beds were taken away to be replaced by cots. The shelter expanded into the building next door, and the two buildings were enjoined. Cots were put in hallways, reception areas, laundry areas. The 110 capacity wasn't enough and eventually, to make more space available, the cots were thrown away and were replaced by mats.

They were 24 inches apart at first, then 18 inches, and now 10 inches apart. The Fire Marshal declared two years ago that there was absolutely no way to fit even one more mat in, and the capacity was set at 154. There was simply no more room to grow.

At this point, the community had to do something to uphold our promise that no one should sleep outside. An overflow plan was developed with the prayer that it would never or rarely be needed. I'll tell you about that overflow plan in a minute.

But first, let me back up a little. Why did homelessness increase so dramatically in 20 or 25 years?

I'm 43 years old, and I clearly recall a time when homelessness didn't exist to anywhere near the extent it does now? There weren't shelters in every city in America. There weren't permanent soup kitchens anywhere really. There certainly wasn't a shelter in Presque Isle, or Rumford, or Alfred. There weren't three shelters in Bangor. There weren't six shelters in Portland.

People debate the causes of homelessness. There are different studies that use similar data to prove entirely different things. No one, however, argues that fact that homelessness increased all across this country starting in the early 1980s.

I think there are a lot of factors. But I can boil it down, in my mind to three primary reasons: Changing communities and families, lack of housing, and deinstitutionalization.

What's happened in communities and families? Well, scores of books have been written about this. *Bowling Alone*, by Robert Putnam jumps to mind. To me it comes down to diminished and fractured social supports for people. When someone is in crisis—be it mental illness, alcoholism, a financial mess, or family discord—extended families used to be there. Grandma lived in the house. Social clubs were part of a town's fabric. Churches and temples were more ingrained in people's lives. More caregivers were at home more.

In my small town growing up, we had a handful of so-called "characters." There was the WWII vet who wandered around rather aimlessly all day. The local drugstore let him hang around, gave him free soda, let him use the bathroom. If he started acting out, someone from the gas station or maybe the local police would take him home. They knew his family, knew how to reach his brother at work. Or they would take him to a cousin, who was home all day.

In Boston, there were entire blocks made up of old-fashioned boarding houses where lost souls could rent a room by the week and get a hot meal each day. These facilities were typically owned by an elderly couple, or a widow, who also

lived there. That's all gone now in Boston and in cities across the country.

What's in their place? Well, gentrification in the 80s turned more and more units of affordable housing into condominiums. In Boston I watched block after block of the South End turn rooming houses into high-end condos. Those rooming houses were critical parts of the housing stock. What happened to the people who were evicted?

New construction of affordable housing wasn't keeping up. In 1980, 20,900 low-income public housing units were under construction. In 1988, only 9,700 units were being built, a 54% decline. The HUD budget was cut from $74 billion in 1980 to $19 billion in 1989, in constant dollars. The number of new subsidized housing starts fell from 175,000 to 20,000 a year.

That stark reality, coupled with another wave of deinstitutionalization from psychiatric hospitals turned shelters into massive psychiatric institutions themselves. For years, Oxford Street Shelter has been referred to as "AMHI South" by some. While there are humane and sound reasons to empty psychiatric facilities that were outdated and ineffective, those reasons became inhumane and unsound when deinstitutionalization was not coupled with the increased community supports that needed to be in place as patients re-entered the community.

Whether it was a collapse of community, failed housing policies, or deinstitutionalization there is no denying that homelessness grew dramatically in the 80s and 90s. According to the National Law Center on Homelessness and Poverty, approximately 3.5 million people in 2004 experienced homelessness. On a given night in February 2004, 842,000 people were homeless.

The numbers are staggering, and sometimes overwhelming.

But, I have to say that despite these statistics, I have great hope that things can change. It's more than hope really.

I know things can change. I absolutely, in my heart—but, perhaps just as importantly, in my head—know we can end homelessness.

My heart tells me we have to. My heart tells me these mats are disgusting. Having to live on these mats is simply wrong, wrong, wrong.

My head tells me we don't have to accept homelessness as a given part of this country's landscape. We don't need to build more shelters. We don't need to expand existing shelters. I know this because things have changed in Portland. This past year, for the first time in over 20 years, there was a decrease in shelter bed usage in Portland. Shelter numbers went down.

If I had a power point presentation, I'd show you a graph that climbed for 20 years—homelessness on the rise—and then in March 2005 it plummeted. We actually have the data, the census from the shelter, so we can pinpoint the exact day when the numbers started to turn at the shelter: March 24, 2005.

That night, last March, is the very night we opened Logan Place. And that is the night we realized we could, in fact, end chronic homelessness.

Logan Place is a 30-unit apartment building a short walk from downtown Portland. It's housing Preble Street developed in partnership with Avesta Housing, the largest

nonprofit housing developer in Maine. Avesta found the financing and built and owns the building. Preble Street provides round the clock social workers to keeping it running. The tenants, on average, lived in shelters for over six years. They all were long-time street people, fixtures in downtown Portland panhandling and surviving on street corners and in doorways. Day after day. Month after month. Year after year.

National, state, and local studies all show that 15-20% of people who are homeless use up 60-80% of shelter and homeless services. This subset of the homeless population, called chronically homeless, essentially live in shelters all year round. Emergency shelters that are supposed to help people with short-term crises become permanent homes for them.

There are still people who use shelters for emergency purposes, of course. A person or a family has an unexpected economic crisis. Loss of job. Increase in rent costs. Medical problems. Family issues. All of that can contribute to homelessness, and probably always will. That is what shelters are for: to help people get past the immediate problem, the life crisis, and get back on their feet.

Sometimes people ask me, "Why can't these people just get a job? Why can't they just pull themselves up by the bootstraps?" Many people can, and many do. We see this all the time at Preble Street. People finding work, getting into affordable apartments, reuniting with family. Just last year we helped over 700 people find housing, over 300 people find jobs.

But 15-20% of homeless people have not moved on. They languish in shelters and soup kitchens. Their survival is hand-to-mouth, dangerous, and tragic. The vast majority of

this group suffers from chronic mental illness and/or from addictions, usually alcoholism. They are resistant to services, deny their mental illness, and have given up on efforts to get clean and sober. They are very ill individuals, who are unable to pull themselves up by the bootstraps and have no one in their lives to help them do so.

Now, the traditional approach to serving homeless and mentally ill individuals works with lots of people. Typically, this involves getting a person so-called "housing ready." This means the person accepts his or her mental illness. Agrees to a diagnosis, a label. With that label comes a corresponding funding source; and with that funding source services and housing will follow. Sobriety is a threshold issue as well. This approach works for some people. And some really well-run agencies help homeless people in this manner. And they do good work.

But what if a person is just not "housing ready"?? What if their functioning level is such that they will not, can not, agree to a mental health diagnosis. Their psychosis is such that they will not accept a label. Or their alcoholism is so strong, so entrenched, that they are not willing to try sobriety one more time? The "carrot" of housing just does not work for them. People, who are not "housing ready" stay on the streets.

We can dig in our heels and say, eventually they'll get it. Eventually they'll see that if they accept services, if they take medications, if they get sober, then they can get in this or that great housing program. That's been the thinking for a long time: eventually non-compliant people will accept what we've offered.

But, guess what? It hasn't happened. Again, for some people this works, and works well. Works miracles

sometimes. But we know, we know from 20 years of this work, that for some people it simply doesn't work. And two things happen can happen. One, these 15-20% live for years and years in shelters, live awful lives, sleep on the floor, and cost community's money and moral heartache. And two, they end up dying on the streets and in the shelters.

This past year, Preble Street held 24 memorial services for clients who have died. A few weeks ago, yet another of our community members was found at a bus stop one morning frozen to death, his fingers needing to be pried off a grocery cart which held his worldly belongings.

This really happened. This happens all the time. Come to Preble Street and you will see too many people barely managing to make it through each day. We might wish they got sober. We might wish they recognized their illness and took the help we offer. We might wish these things, but when they don't happen, people continue to live and die on the streets, alone and tragic.

On March 24, 2005 we tried something different.

What we did was offer housing with no strings attached. We didn't demand sobriety. We didn't demand medication compliance. We didn't demand a psychiatric label. We didn't demand a Medicaid number for billing purposes. Instead of saying you need to deal with your mental illness and addictions first, we offered them housing first.

It's housing first. That's what it is and what the Logan Place housing model is called. In the last couple of years, there have been more and more housing first models being developed around the country, particularly in New York City, the D.C. area, and parts of California. Logan Place is

one of only a couple in New England, and it's the only one in Maine.

Housing first means no demands, other than the basic behavioral standards of any lease. A resident of Logan Place just needs to be a good tenant, a good neighbor, and abide by common sense rules of behavior and tenancy. Other than that, they can do what they want, and live like they want. Like you and I can in our own homes.

They have a fresh, new apartment. They have their own homes. They have a safe environment, no longer sleeping on a mat in a crowded shelter, no longer lining up for showers, meals, or mail.

And you know what else? National studies have shown—and we see this at Logan Place—that once people are housed, even long-time homeless people adamantly resistant to services, they often start to deal with some of their life issues. A significant percentage work on recovery. A significant percentage start to engage in mental health care. Studies show the obvious, at least obvious to me, that once a person is safe, has a home, doesn't have to deal with the stress and danger of the streets, then he has the luxury of reflecting on and dealing with his illness.

Asking or demanding that someone see a psychiatrist when their single biggest concern is will I be hungry today, or will I get a mat to sleep on tonight, is simply unrealistic.

And so last March, 30 people moved into Logan Place, into their new homes. Those 30 people accounted for 6,000 shelter bed nights in the year before

One powerful and absolutely wonderful indicator of the impact this had is what happened with the overflow plan that I mentioned earlier.

What had been happening is that when the shelter was nearing its full capacity of 154, two extra shelter staff were called to work in the middle of the night. They then woke up 10 to 20 people at Oxford Street, instructed them to gather their belongings, and led them out into the night. Why did they wake up 20 people rather than take the last 20 to show up? Well, they wanted to take the "highest functioning" people, who were least likely to cause any problems for them, so they woke up the people who came in earlier in the night. Of course, one irony is that the people they woke up were most likely at the shelter early hoping for a good night's sleep. And they were most likely doing that so they could get up and go to work in the morning.

They woke these folks and walked them two blocks away to the Preble Street soup kitchen, where they dragged out 20 mats and laid them on the floor. The staff then pulled up a chair and watched these poor people try to go back to sleep.

That was the emergency overflow plan for the emergency shelter. As I said, I'm not proud of it. But it was the best we could do. And we expected that it would seldom kick in. Hopefully no more than once or twice a month.

But in the year prior to March 24, 2005, we know that the emergency overflow plan, this awful arrangement, was used 70% of the time. 7 out of 10 nights, 10-20 people were awakened and marched down the street in the cold, in the rain, to sleep on the soup kitchen floor. Just awful.

Since March 24, 2005, since the very night we opened Logan Place, that overflow plan has not been used even once. Not

even one night have we put people through the indignity of that overflow plan. From 70% of the time to zero nights.

After 20 years of steady increases at Oxford Street, the numbers dipped. The numbers of homeless people at the largest shelter in northern New England went down.

Now I'm not a research guy. I was just a history major, but even I can tell that something turned around that night. Something works. Logan Place works. The shelter numbers went down. People's lives changed. And our community is better served.

As for the people living at Logan Place I could go on and on. I've worked at Preble Street for almost 15 years. I've known some of the residents at Logan Place for that long. But rather than seeing them in line at the soup kitchen, looking cold and desperate, carrying a backpack, trying to figure out how to make it through the day, I now see them in their own apartments, showing off family photos, making me a cup of coffee, sharing Red Sox predictions.

And, while we're not forcing services, we have seen remarkable progress. In 10 months, of the 13 active alcoholics there, 3 have entered detox and treatment programs—and completed them successfully. One guy is trying hard, given the success he's seen with his buddies who've gone through it. And 9 other residents have significantly decreased their drinking.

8 residents have better connected with mental health services since moving in. Three are taking psychotropic medication, receiving ongoing psychiatric care, and getting in-home supports. In-home supports! Doesn't that sound sweet? They have a home now. One of these three people had been on the streets of Portland for 5 years, claimed to be a

member of the British royal family that whole time, and would only wear slippers on her feet, year round.

She now has an adorable apartment, decorated in an almost overwhelming pink motif. Her delusions are gone, her health is improved, and her outlook is as positive, infectious and pink as her room.

Soon after we opened Logan Place, a social worker at Preble Street received a call from an attorney at one of the large downtown law firms. She was asking about her dad. She had seen him on the TV news in a story about Logan Place. She hadn't seen him in fifteen years, since she was a teenager. She knew he had hit hard times, and often had wondered how or if she could reconnect with him.

Through the social worker, they reunited. Tears flowed. She cried. He cried. The social worker cried. I cried when I heard about it. My board cried when I told them about it.

We expected some of the successes at Logan Place. The attempts at recovery. The engagement in mental health services. Some people working. But we didn't really anticipate the family reunifications—an unexpected and joyful outcome.

At last count, 11 out of 30 tenants have re-established family contacts and family relationships. Family members come to visit and join in occasional communal meals. Over the holidays, we host parties and family members come. And many tenants go out to family gatherings. Some for the first time in years and years.

Aside from the personal successes and the decrease in shelter usage, we are beginning the cost/benefit analysis of our

model. Studies around the country provide some very useful benchmarks to look at and have compelling data:

One of the largest studies of supportive housing projects like Logan Place shows that tenants in those programs had a 56% decline in emergency room visits in the year after being housed; a 37% reduction in hospital in-patient days; a 48% reduction in psychiatric inpatient days; an 89% decrease in detox shelter beds; and a 44% reduction in days in jail.

Huge decreases. Interestingly, and tellingly, there was one increase reported, that of community outpatient services. To me, that indicates that people are appropriately using services to get or stay healthy, or to stay in recovery, rather than inappropriately using emergency services.

To quote the Corporation for Supportive Housing (CSH), an national housing research organization, "It costs essentially the same amount of money to house someone in stable, supportive housing as it does to keep that person homeless and stuck in the revolving door of high-cost crisis care and emergency housing." *Staying housed and staying healthy costs society the same, or less, than going in and out of emergency rooms, hospitals, and jails.*

Preble Street is talking with CSH, the Maine State Housing Authority, and a local university about doing our own study of Logan Place and the housing first model.

Even without a full study, we've already learned some community benefits to Logan Place. From Police Department call data we learned that 11 tenants were among the so-called "high users" of emergency services in the city in the months and years before moving in. In the seven months prior to March 24, 2005 (there's that date again), these 11 individuals were responsible for 175 police calls:

calls for nuisance crimes, panhandling, trespassing, public intoxication, or for medical emergencies (unconsciousness, seizures). Not serious or violent crimes, but calls that needed a response. Calls that cost the city money. Calls that kept police from responding to other calls.

In the 7 months after moving in, the same folks were responsible for 11 calls, and all of them were medical issues. From 175 calls to 11. Portland Police are among our biggest fans.

As I was giving a tour of Logan Place to one police officer whom I've known for years, he walked right by one of the residents, who yelled to him, "Hey, aren't you going to say hi?" The policeman turned and couldn't believe his eyes. The guy whom he knew, and knew well, from years of picking him up intoxicated and in rough shape, was sitting there smiling, sober, having lost weight, gotten some color back, feeling great. Later, the policeman told me that he never would have believed that guy could have pulled it together to get off the street.

Besides the police calls, we need to get the data on emergency room visits, hospital stays, and jail time. We expect similar powerful data. We know already that counting all 30 residents, there has been a grand total of 5 nights in jail since we opened. We don't know yet how that compares to the year before, but we suspect it will be a monumental change.

We're interested in the data, and the personal stories, and the change in shelter usage, for a good reason. And it's not just to impress. It's not just to fundraise. And it's not just to feel good about ourselves and our work.

We're telling the story of Logan Place because we're working on the next one. Preble Street has an even more ambitious, more important initiative in mind. We want to make sure—we want to guarantee—that there are *no women sleeping on mats on the floor of Oxford Street Shelter*.

I'm back to the mat again. When I painted the picture of Oxford Street Shelter, I left out one thing, one important terrible thing. I didn't tell you that there are both men and women in this awful place. Every night, there are 25-40 women on mats in a shelter with more than 100 men.

They have what they call "separate bays" for the women, but often that is simply a cordoned off section of one floor or one wing. There are two overnight staff there, 100 or so men, and 25 to 40 women.

These women are among the most ill, and certainly most vulnerable of the homeless people we see at Preble Street. There are no separate facilities, no targeted services for these women. It's wrong for anyone to have to sleep on a mat on the floor at Oxford Street. But it's even more wrong for a woman to have to do so in an overwhelming male environment.

With Avesta Housing, our partner at Logan Place, we are proposing to develop Florence House so no women in Portland will have to suffer the indignity and cruelty of this kind of emergency shelter.

Like Logan Place, Florence House will offer women their own homes. In addition, we plan to build transitional housing for women who don't feel ready for an apartment of their own. And we will have emergency beds for the short-term, episodic homelessness that we know will still occur.

*There will be no mats anywhere on the premises.*

There is no funding source available and ready to make this happen. There is no political movement pushing for this. I'm not exactly sure how we're going to pull this off.

A few months ago, I was talking with Dana Totman, the executive director of Avesta Housing, about Florence House, and we were strategizing our first steps. We talked about needing a "champion" or two to help us. We talked about needing just the right community leader to step up and declare this a priority.

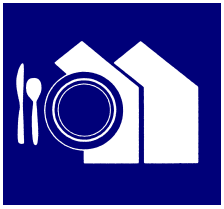
Since then, Dana and I have come to a somewhat different conclusion. We don't just need one or two champions of this cause. We need lots of champions. We need lots and lots of people to help us in all possible ways.

All of us need to be saying that homelessness is not okay. It is not enough to feed people at soup kitchens and feel good about it. It's not okay for people to sleep on mats on the floor. It's not okay for women to live for years and years and years on the streets of Portland, Maine.

It took us a long time to get Logan Place built. I pray that it won't take as long for Florence House. But whenever it opens, I know it will be another extraordinary night, like the night of March 24, 2005, that we can point to and say we're ending homelessness.

Not managing it, not dealing with it, but ending it.

What a great night that will be.



# Preble Street

Our mission is to provide accessible,
barrier-free services to empower people
experiencing problems with homelessness,
housing, hunger, and poverty
and to advocate for solutions
to these problems.

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