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## HOUSING HELP

**L**AST THURSDAY, the state police dismantled and cleared shantytowns that had been built by homeless people under bridges in the Back Bay. The homeless were offered spots in shelters, but most didn't accept.

The eviction is a hollow victory. It cleared public space, but it ignored the festering issue of chronic homelessness.

Fortunately, Thursday was also the day that two pilot programs were launched to help chronically homeless people find housing.

Consider Dave (not his real name), a homeless man who, after several months of living in a housing program, turned in his keys. He told the coordinator that he'd gone back to drinking, which is against the rules, and didn't want to lie about it. So he'd decided to go back to a shelter.

"We've never succeeded with him," explains Jim Cuddy, the executive director of the South Middlesex Opportunity Council, a human service agency in Framingham. Dave has been homeless for a decade, spending several years in SMOC shelters, according to Cuddy. Dave isn't a crime risk, but he has cycled through shelters and hospital emergency rooms, getting expensive care, but not a stable life.

Thanks to a \$140,000 contract with the Massachusetts Behavioral Health Partnership, SMOC will set up a new program that provides housing and services for 24 people in Framingham and the Worcester area.

They'll live in congregate settings: apartments in a single building. The rules will be less strict, allowing for substance abuse relapses, so people have a better chance of staying housed. SMOC will gauge whether this change in approach can yield success. The behavioral health partnership, a private company that provides mental health care for the state's Medicaid patients, will assess whether ending homelessness lowers the costs of providing healthcare and other services.

These programs rely on the "housing first" model used in New York City at Pathways to Housing, a nonprofit organization that puts people in apartments and only provides services to clients who want them. About 85 percent of clients have remained housed.

The second \$140,000 pilot project will be run by Boston Health Care for the Homeless and HomeStart, a local nonprofit organization, placing people in apartments across the Boston area. Having more single-room occupancy housing units would make the job easier, but even without these, HomeStart executive director Linda Wood-Boyle says apartments can be found.

If these experiments succeed, state officials could respond to homelessness by quickly offering people a key to an apartment with supportive services. Instead of clearing shantytowns, this policy revolution could offer a fast, cost-effective way to end homelessness.