



from the June 19, 2006 edition - <http://www.csmonitor.com/2006/0619/p08s02-comv.html>

## Doing the math to reduce homelessness

### The Monitor's View

From New York to San Francisco, the nation has arrived at a collective aha moment about how to reduce chronic homelessness. Instead of just trying to manage this entrenched problem, cities are aiming to end it, and they're making laudable headway.

People who may live for years on and off the street are not the largest part of the homeless population; they are only about 10 percent. But they are far more expensive and difficult for a city to deal with than other kinds of homeless. Often mentally ill or addicted to drugs or alcohol, the long-term homeless shuttle between the street, shelters, detox centers, jails, and emergency rooms.

What cities are discovering is that it's more costefficient - and humane - to provide these individuals a long-term residence up front and assign them visiting case workers, rather than allowing them to rack up hefty tabs as "frequent fliers" to city and private services.

Dayton, Ohio, for instance, has found that on the street, one group of mentally ill homeless individuals cost taxpayers \$203 a day. But when they were moved into a 10-unit apartment building, with supportive health services, that cost dropped to \$85 a day.

Dayton is part of a recent federal-led assault on chronic homelessness. It's spearheaded by the Interagency Council on Homelessness, whose director, Philip Mangano, is taking a business-school approach to the problem. "Cost-benefit analysis is a friend to the homeless," he has said.

More than 200 cities and other jurisdictions have started 10-year plans, promoted by Mr. Mangano's council, to actually end chronic homelessness. They're getting community buy-in by including just about everyone on their task forces: businesses, foundations, religious groups, the media, and, of course, social services. They've had to identify the long-term homeless, then track them down one by one. They've found that a stable residence, individual attention, and a certain independence are helping people turn around their lives, with some finding jobs and contributing to rent.

Called "housing first," this approach differs from the more costly, managing-the-problem strategy of the mid-1980s. Then, cities built shelters tied to health services, with the hope that after the homeless stabilized, they would find long-term residences. But some spurned group shelters, or never stabilized.

Early returns show that the "housing first" approach to chronic homelessness is having an impact. In total, 30 of the 200-plus jurisdictions have reported homeless declines (some in chronic populations, others in their general homeless count). Since success breeds success, this should encourage cities to stick to their plans. It won't be easy to actually realize the savings because government agencies are loath to give up budget dollars - even ones they no longer need.

At the same time, these cities, as well as the federal government, should redouble efforts for the remaining 90 percent of the homeless. Two of the fastest growing homeless groups are the working poor and women with children (now, sadly, children make up a quarter of that vulnerable population).

Finally, the nation is making progress on homelessness. But it must become a 100-percent effort.

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