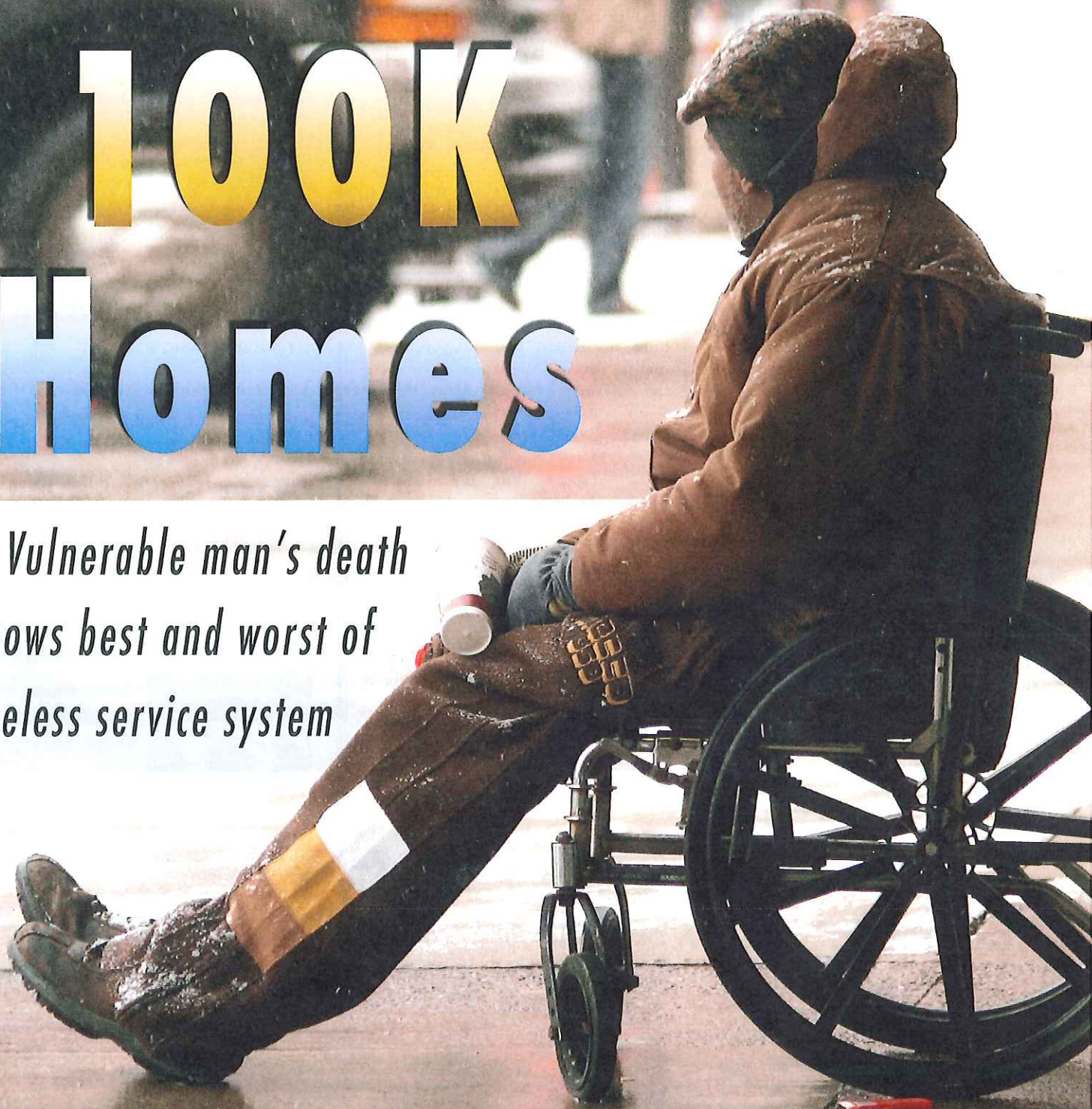


# STREETWISE



## 100K Homes

*Vulnerable man's death  
shows best and worst of  
homeless service system*

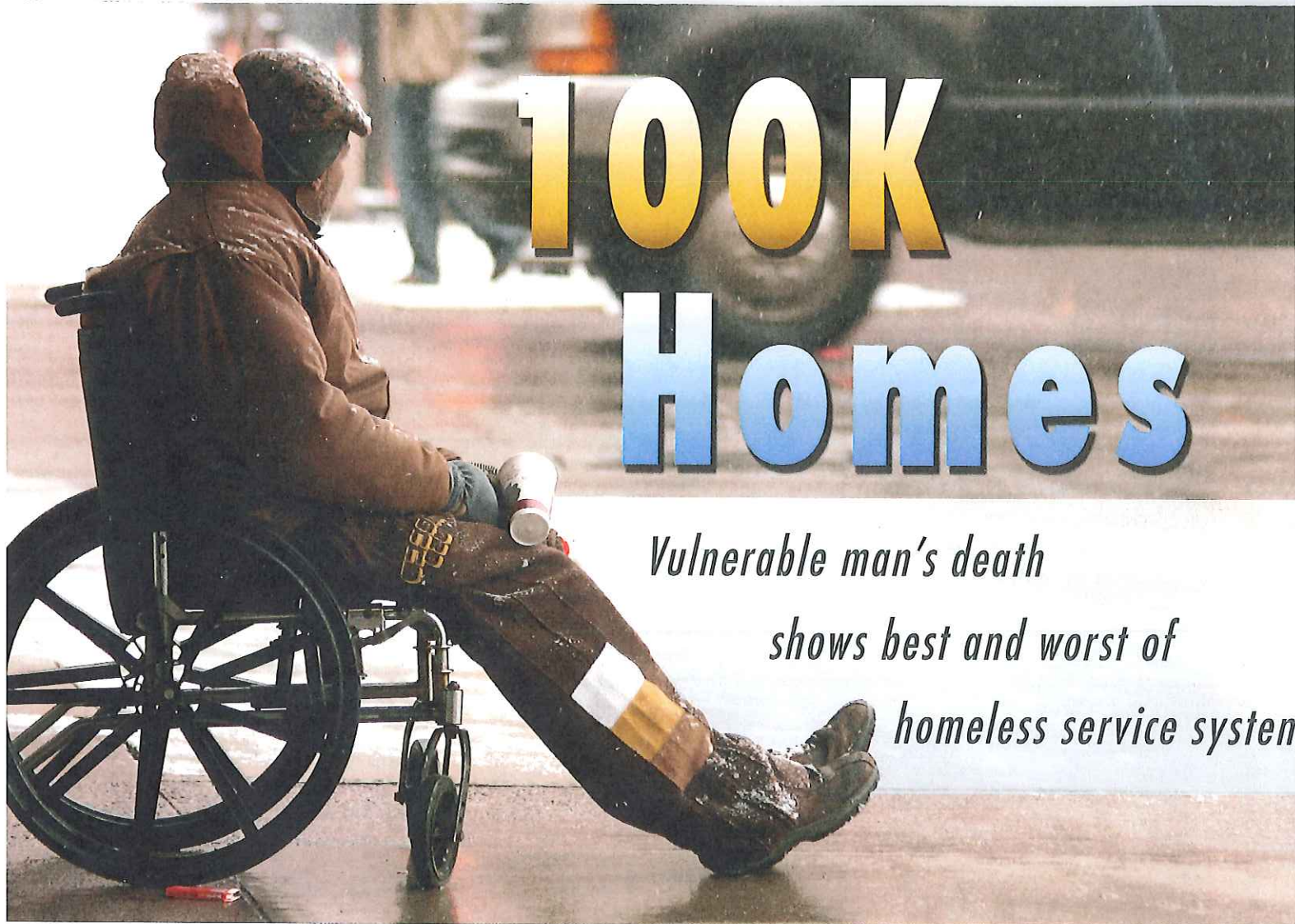


**From the Streets:** Working  
longer and enjoying it less?

**WorldWide:** Europeans urge  
'Stop criminalizing homeless'

**Vendor Profile:** Leonard Roberts,  
letting jazz music be his guide





# 100K Homes

*Vulnerable man's death  
shows best and worst of  
homeless service system.*

Suzanne Hanney  
StreetWise Editor-In-Chief

**B**ryan's death earlier this year on the streets of Chicago left staff and clients alike at The Night Ministry shocked and grieving.

"We really loved him and cared about him," said Mark Bradley, director of The Night Ministry's outreach and health ministry. "He was a loyal and engaging community member at the bus. People really grieved for him... He wasn't just someone who looked out for himself. He would refer other clients to the nurse. He looked out for other people and they looked out for him. We were working so hard. We thought things were looking up."

Bryan had been on the list of Chicago's most "vulnerable" individuals on the street: those most likely to die if they were not housed. Tragically, a temporary "bridge" housing unit was available prior to his death; however, Bryan never took the steps to actually visit the apartment. Also, he was eligible for a permanent supportive housing unit whenever

one became available.

Peter Toepfer, who is 100,000 Homes housing manager at the AIDS Foundation of Chicago (AFC), says Bryan was fairly typical of homeless people identified through the campaign. AFC is coordinating the Chicago 100,000 Homes Campaign's housing and outreach for individuals, which seeks to put vulnerable homeless people at the top of the list for housing. "Having the system not able to get him housed quickly enough highlights the need for continued expansion of what we're doing," Toepfer said.

Expanding the scope of 100,000 Homes, Toepfer said, would mean that more people would know a homeless person and the goal of getting him housed. "The more people who know him and are working on the same goal, the more his chances increase."

Bryan, who was 40-something, scored on three of eight "vulnerability" factors: "trimorbidity;" ER visits; and hospital stays. [See sidebar page 12]

Yet Bryan dropped from sight after "Registry Week" in August 2010,

when 150 volunteers went to shelters and spent three nights on the street to find and interview vulnerable people. He was not located again until December 2011, Toepfer said.

During this time The Night Ministry had been working with Bryan for five years. The lack of a comprehensive client tracking database delayed the process of reconnecting with Bryan.

"That highlights the barriers we face in the pilot: that it was not in use by everyone," Toepfer said. "When you do a pilot you cannot have too big a collaboration. It becomes too big to manage."

The Night Ministry in fact had been working more intensively with Bryan over the last two years to help him move forward, said Nancy Schreiber, a nurse practitioner on its outreach bus. When Bryan had initially come to them for care he had been unwilling to make eye contact but other clients had convinced him to get treatment. He would meet The Night Ministry's evening bus for food and health needs in various places – Humboldt Park, Wicker Park, Uptown – because he was able to panhandle



enough money to purchase a CTA card.

Having that card and enough money to do his laundry was a priority for Bryan, because he incorrectly assumed people could tell he was homeless from his smell, Schreiber said.

Bryan had behavior issues throughout his life that made him difficult to handle. But toward the end of his life Bryan had begun taking better care of himself; he finally started to keep his medical appointments, Bradley said.

A turning point, Schreiber said, was when Bryan started to see a social worker through a new program funded dually by The Night Ministry and StreetWise at the latter's offices in Uptown.

He was referred quickly to Thresholds and to Renaissance Social Services, the latter because of its expertise with chronically homeless people who have substance abuse and mental illness.

Toepfer and others say that while Bryan managed to keep appointments and gather his paperwork, he never actually looked at an apartment.

The Night Ministry learned from Thresholds about Bryan's death, which Schreiber says was related to the high-risk lifestyle common with people living on the street.

Toepfer said Bryan's life illustrates the difficulties of tracking chronically homeless people.

"Say you interview me tonight at 4 o'clock in the morning," Toepfer said. "I don't have a cell phone, don't have an address, no other contact information because I am estranged from family and friends. You say 'where do you spend your days?' I say, 'I spend it on the corner asking for change.' You take down that information and it so happens I am a vulnerable participant. Eventually that information is passed on to an outreach worker but that outreach worker doesn't have much to go on. They scour the network of food pantries and shelters and also return to the corner where the person reported they spend their time. But if they are not there, there is not a lot to go on."

Fannie Kittoe, a licensed profes-

sional counselor (LPC) and Bryan's case manager at Renaissance Social Services, said in a telephone interview that she had told him to call her at least once a week so that she would know what was happening with him. "I could talk to you today and tomorrow housing will come open."

Bryan did not have a cell phone, Kittoe said, but she encouraged him to use the phones of workers at either The Night Ministry or Thresholds. She last saw Bryan about two weeks before his death.

Loyola University's Center for Urban Research (CURL) was commissioned by the AIDS Foundation of Chicago a year ago to evaluate the 100,000 Homes Campaign. Its executive summary last December also described the challenges of locating highly mobile homeless people who were "oftentimes ambivalent about whether they wanted to be placed in the available permanent housing."

Of the 262 individuals found vulnerable during Registry Week in August 2010, Toepfer said there are fewer than 100 whom officials have been unable to contact. The list of similar individuals, however, has grown to 457.

This list of 457 people is not numerically ranked but it will be when a central referral system comes online in the near future, Toepfer said. At that point, housing will be prioritized

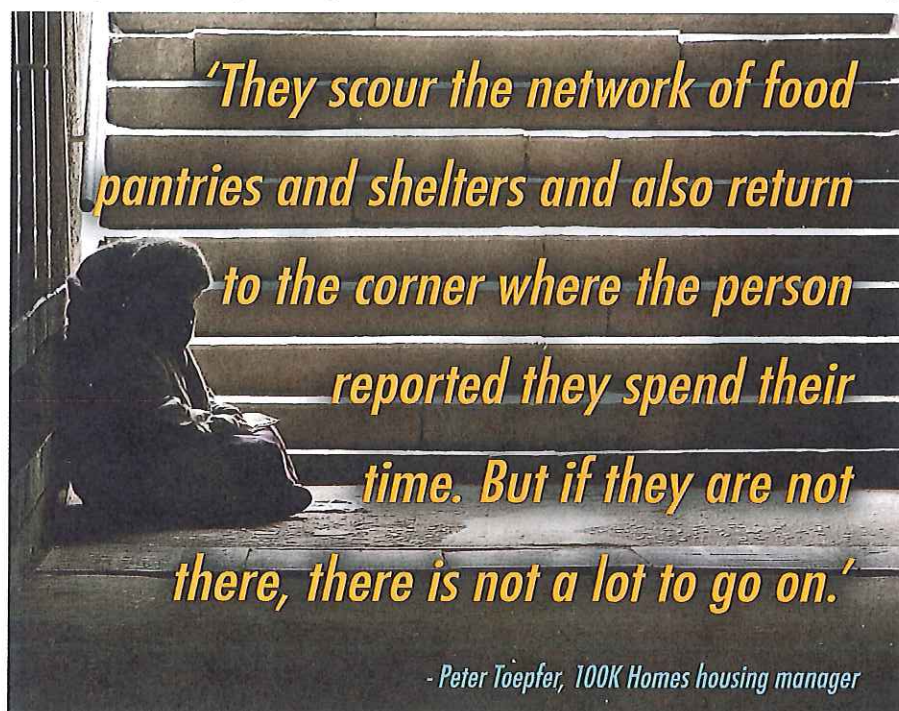
to those with the most vulnerability factors: those with seven, for example, ranked higher than those with three. Next, the list will consider the length of time people have been homeless and the date of their application.

The 100,000 Homes campaign has also provided a useful methodology for social work around homelessness, Toepfer said.

"A lot of unique things have happened with 100,000 Homes. First of all, there is close coordination between street outreach and shelters and supportive housing providers, something that is a big challenge in our system because it is very fragmented. Different types of services often operate on their own, even though they need each other, for example, a housing provider and street outreach provider. 100,000 Homes brings them together."

The Loyola CURL evaluation called for a "mixed-approach" to outreach that would include not only agencies targeted toward specific groups like veterans but those with a generalist outreach approach. The generalists would catch participants who would otherwise "fall through the cracks as a result of not meeting targeted outreach teams' criteria," according to the CURL executive summary last December. Christine George PhD led the team of four researchers.

The AIDS Foundation of Chicago





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fills the role of preventing silos and of keeping people from slipping through the cracks, said Arturo Bendixen, who serves as AFC Vice President for Housing Partnerships and executive director of its Center for Housing and Health. Bendixen agreed with the Loyola CURL report that 100,000 Homes Chicago needs more temporary "bridge" units to help homeless people gather their paper work and their minds for permanent housing. Chicago also needs more "low threshold" units where people still receive support but are not expected to be totally sober or in adherence with their medications.

Right now there are only 10 bridge units, funded for the next three or four months. Only one quarter of all housing units are low-threshold. Bendixen would raise that number to at least one half.

The number of housing units in the 100,000 Homes Campaign "is a moving target," Toepfer said, because no new housing has been dedicated to it. Rather, agencies already in the homeless provider system made initial commitments – and sometimes the funding fell through.

New York and Washington, D.C. were highly successful with their campaigns, Toepfer said. Both cities started earlier – and the biggest source of units came from their public housing authorities. "We've been in discussion with CHA [Chicago Housing Authority] about that," he said.

Housing is the biggest challenge but the system was working for Bryan, Bendixen said. "A couple of weeks before his passing, he was ready to get housing. If we had had more outreach and more housing it would have happened earlier than it did."

"The story of Bryan is an example of the best and the worst of the homeless service system to date," said StreetWise Executive Director, Jim LoBianco. "The best news is that the system is getting better every day, becoming more and more effective at moving those on the street into safe and stable housing. The worst news is that the improvements do not come soon enough for all those in need. The 100,000 Homes Campaign is a lifesaving endeavor and for some, like Bryan, it is literally a situation of 'beat the clock.'

## Vulnerability Index

- Homelessness over six months
- Liver or end-stage kidney disease
- HIV/AIDS
- Frostbite
- Age over 60
- "Trimorbidity," or mental health issues in combination with substance abuse and another chronic condition
- Three or more emergency room visits in the last three months
- Three or more hospital stays or ER visits in the past year.

## 100K Homes founder: 'restore urgency'

Suzanne Hanney  
StreetWise Editor-In-Chief

"It's tragic that someone would die on the streets of our country. Every person deserves housing," said 100,000 Homes National Director Becky Kanis



when she heard that someone on Chicago's vulnerability list of chronically homeless people had died just days before he obtained housing.

"My hope is that framing of homelessness as a public health crisis and orienting our response through the vulnerability index can restore our sense of urgency into getting people into housing," Kanis added.

Too often, she said, cities have adopted a routine, bureaucratic approach to getting people re-housed instead of the fervor that existed in the 1980s.

"The whole name of the game is to remove any obstacles," such as people being entirely "clean," Kanis said in a telephone interview. "It's a combination of securing your resources, simplifying your process, getting everybody working together."

Does the United States have the housing resources?

"Yes, there's 10 million vacant units just from the foreclosure crisis," she responded.

The "aha moment," she said, was

starting 100,000 Homes as a national movement in July 2010. Since then, 135 cities came on board and 16,944 people have been housed.

Chicago is among the more successful cities. It's one of 13 that moves at least 2.5 percent of its homeless population monthly into housing, in compliance with the federal plan to end chronic homelessness by 2015. Chicago's rate for re-housing people is even higher: four percent. As of the end of May, 125 people have been housed in Chicago's campaign, which began in August 2010.

A 1991 graduate of West Point, Kanis said she knew after her 9½ years as an officer that she "wanted to do something of service." She found a niche in Common Ground's Street to Home initiative in New York's Times Square. Then she learned about 100,000 Lives, the concept of Dr. Don Berwick (former head of the Center for Medicaid and Medicare in the Obama administration). Berwick said that six major interventions could save 100,000 lives annually in hospitals. Berwick's theory actually played out 18 months after it was put in practice, she said.

Joe McCannon, a consultant for 100,000 Lives at the Institute for Healthcare Improvement, came on board to coach her team to adapt its framework to homeless services. Kanis was able to deliver the same urgency for 100,000 people – and frame homelessness as a public health crisis -- after she learned about the research of Dr. Jim O'Connell and Dr. Stephen Hwang of Boston Health Care for the Homeless. Their research into conditions that would lead to early death on the street became the "vulnerability index."