KOJO NNAMDI: From WAMU at American University in Washington, this is Public Interest. I'm Kojo Nnamdi.

As an issue homelessness first really hit the public consciousness in the early 1980s. By 1987, the feds had decided to help, passing the McKinney Act, which directed federal money to support homeless shelters. Yet here we are 15 years later, we still don't really have a handle on the situation. We don't seem to be ending the cycle. And why is that?

Ask the new breed of homeless activists and they'll explain that by building and supporting shelters, we may have actually prolonged the problem. It's not that they want all shelters closed. What they want is—well, we'll let them explain during the course of the next hour as we continue our ongoing series with the Urban Institute this month, Homelessness in Urban Areas.

You can join us at 1-800-433-8850. You can e-mail us at Joining us in our Washington studio is Martha, hereinafter to be called Marti, Burt. She is director of the social services research program at the Urban Institute. Welcome.

MARTI BURT: Thank you. Glad to be here.

KOJO NNAMDI: Marti, cities have been trying to combat homelessness for years. There's been a lot accomplished, but to date there really doesn't seem to be an end in site. You apparently say this is because we've been aiming at the wrong target. What do you mean?

MARTHA BURT: I mean that most of the money that we are spending on the homeless issue is going to people who are currently homeless, and is restricted from doing either serious prevention or addressing the actual long-term housing needs of people. We do spend some money on that, but we're doing a lot more with transitional housing, emergency shelter, and the consequence of that is people are counted as homeless.

KOJO NNAMDI: Joining us from the studios of WCBE in Columbus, Ohio, is Barbara Poppe. She is executive director of the community shelter board in Columbus, Ohio. Barbara Poppe, welcome.

BARBARA POPPE: Good afternoon.

KOJO NNAMDI: It's my understanding that you undertook a massive study in Columbus to create a database on every person in that city who is homeless at any given time, correct?

BARBARA POPPE: That's correct. I started the project in 1989.

KOJO NNAMDI: What did you learn from that study?

BARBARA POPPE: What we learned from that study is that large numbers of people become homeless overtime. In fact, our current database has over 100,000 households who have been homeless in a more than 10-year period. What we do know, in addition to that, is that for most people it's a short-term phenomenon, 85 percent are homeless for a very short period of time, typically a month or less. Whereas, 15 percent experience long-term homelessness, repeatedly using the shelters and living on the streets. The 15 percent actually use up 55 percent of the shelter resources. So, for those individuals, shelter really has become their housing.

KOJO NNAMDI: In a lot of ways, it's the cart pulling the horse here.

BARBARA POPPE: I guess you could say it that way.
KOJO NNAMDI: Marti, you did the first national survey of homeless individuals back in 1987, and you've been continuing ever since. By the way, what's the name of the new Urban Institute publication out today?

MARTI BURT: It's called Helping America's Homeless: Emergency Shelter or Affordable Housing.

KOJO NNAMDI: Courtesy of the Urban Institute, but, Marti, are Barbara's numbers representative?

MARTI BURT: Very. Yes, the kinds of data that Barbara was talking about are repeatedly found in cities around the country. [The data show] that we would be much better off if we simply committed to house the people who are long-term homeless and accommodate the problems that keep them [as] long-term homeless within that housing than we would to be maintaining emergency shelters, and having them go use it on a very long-term basis.

KOJO NNAMDI: Can you give us a thumbnail sketch nationwide, who are the homeless?

MARTI BURT: Well, the easiest way to do that is, at a single point in time, and that will be slightly misleading, so let me do it and then let me tell you why it's misleading. About 60 percent—I'm talking only about adults now, 60 percent are single men, another 12 percent are women with children, with them homeless families, almost all, are just one parent families, and another 12 to 15 percent are single women who are homeless by themselves.

The problems that single women have are alcohol and drugs [which] is very common for all of these populations including the parents and families, mental illness of some significant duration is very common among single women more so than among single men. But parents and families also have significant levels of mental illness often undiagnosed. Sometimes they've been in a lot of contact with mental health services and they don't want to have anything to do with them. So there are significant disabilities among the homeless population saying that over the course of a year, let us say, you have a smaller proportion of the people who are homeless over a whole year's time [who] are those long-term chronics, you have a lot more people cycling through.

So what I think is really important about the kind of numbers that Barbara has, and some of the things we see around the country is that there's a level of—there's a population out there living in a level of misery that if we build facilities for them, they're the only places to go, they'll come. And then we'll count them as homeless, but we're not doing anything about that underlying level of misery.

KOJO NNAMDI: Marti Burt is director of the social services research program at the Urban Institute. She joins us in our Washington studio. Joining us from the studios of WCBE in Columbus, Ohio, for this discussion on urban homelessness, and homeless prevention is Barbara Poppe, executive director of the community shelter board in Columbus, Ohio. Joining us now by telephone is Stephen Peck, site manager of the Villages at Cabrillo in Long Beach, California. Stephen Peck, welcome.

STEPHEN PECK: Thank you.

KOJO NNAMDI: Steve, for our listeners who may not be familiar with your city, and then, Barbara, I'll ask you to do the same thing, first, you, Steve, can you give us a quick sketch of the city and the magnitude of the homeless problem that you are facing when you took on this project?

STEPHEN PECK: Long Beach is a city in Los Angeles County. In Los Angeles County there are an estimated 80,000 homeless people. We serve veterans in particular, and there are approximately 25,000 to 28,000 homeless veterans in Los Angeles County.

KOJO NNAMDI: And, Barbara?

BARBARA POPPE: Columbus, Ohio, is a metropolitan area of just over a million, and we see about 8,000 different homeless people each year in our shelter system. When we've done public polling on telephone polls, we've found that 10 percent of all Franklin County households have experienced homelessness.

KOJO NNAMDI: Marti, fairly typical?

MARTI BURT: Unfortunately, yes. And if you just do that against the poor population, in any given year even a higher proportion than Barbara's 10 percent of poor people will have experienced housing. So what you're doing, especially with poor children when you talk about homeless families, is in some ways kind of guaranteeing you're going to have another generation of homeless people if what you do is, you allow families to experience the level of disruption and distress that goes with becoming homeless.

KOJO NNAMDI: Steve, Barbara, looking over the approaches taken by Columbus, Ohio, and Long Beach, California, you can see similarity, but you can also see differences. Obviously, every city needs to develop a plan that works for that city. Could you briefly describe, Steve, the plan you came up with and the services that are provided to the homeless through your local prevention programs?

STEPHEN PECK: In Long Beach, a couple of things happened in the early '90s that led to the project that we have now, which is an unusual project in that it is so large, 26 acres, and nine different agencies are involved in the project. And what led to that was a couple of things. The main thing being that the Navy was decommissioning the base here, so land became available. And through the McKinney Act, homeless projects have a priority on the Department of Defense land, and fortunately there was a strong homeless coalition. Long Beach has a health and human services department which understood the depth of the problem. And, as you said, the long-term solutions that were needed. So transitional housing was a natural answer to that solution. So, over a period of years in the early '90s, culminating with the award to us of a lead agency
status in '94, Long Beach decided the answer for them, not only to provide transitional housing and a large amount of transitional housing which normally is not available, but also to help coordinate services. They decided on co-locating programs at this 26 acre site.

KOJO NNAMDI: Barbara?

BARBARA POPPE: Columbus took a different approach in the early 1990s. The focus was first on prevention, and created a community-wide homeless prevention program which provided emergency assistance to keep families and individuals from having to come to shelter. Over time, we have continued to expand that prevention program, and actually have prevention specialists at a variety of community-based agencies. And between 1995 and 2000, we saw family homelessness decrease by about 50 percent, in part because of our increased focus on prevention.

We also have been under the process of developing permanent supportive housing for disabled populations. Our goal is to develop 800 units of permanent supportive housing over a five-year period. We're now at the two-year mark, and we're right on target with our development goals. We have, over time, been moving away from counting on emergency shelter as a solution, and also moving away from transitional housing, and looking more towards solutions in prevention and permanent supportive housing. However, we do need to maintain a network of emergency shelters, and what we've done is retooled them to be more effective at quickly linking people to jobs and to housing, and to make for the shortest stay in them as possible.

KOJO NNAMDI: Barbara, it's my understanding that you did run into some resistance from homeless advocates when your latest plan to reduce homelessness recommended cutting the number of emergency shelter beds available. You just pointed out that you do need to maintain emergency shelters. But why do you feel strongly about the notion that cutting the number of emergency shelter beds available can help, and how did you overcome the resistance?

BARBARA POPPE: The plan has that the number of shelter beds is reduced as we concurrently build permanent supportive housing. So that we're able to reduce the number of beds because we've built housing as a solution. The reduction takes place gradually over time. I think that unfortunately there has become a real shelter industry movement within this country. And there are people who are vested in maintaining emergency shelter as part of the urban infrastructure, so we were about changing that, saying it's more humane for people to have access to housing, and access to prevention services.

The plan doesn't actually reduce the number of shelter facilities, it simply reduces the density or the size of the programs from 130 beds down to 75 beds. What we found in our research was that homeless people receive better services if the programs are not so large. It's also easier to deal with community opposition, and to more quickly get people out of shelters. So that there were many reasons to work towards smaller shelters. At this point, we haven't reduced the shelter capacity because we're still in the process of developing the housing.

MARTI BURT: Let me just say something here, because these two communities have very different levels of community resources that are going into their systems, and it makes a huge difference, so that it would be interesting if Barbara and Steve could talk about, Barbara in particular, about the business community support they have, the rather incredible support that they have from their alcohol, drug and mental health agencies, from their public housing agency, and from state and local housing trust funds, and mental assistance programs that enable them to follow the plan, and that Long Beach is in a little bit of a less generous circumstance. And as a consequence, they're doing some really great stuff with the kind of money they have. But if they had the kind of money that Barbara has, I think they would use it in some of the same ways.

KOJO NNAMDI: Is there a tendency to jump to expend emergency shelter dollars every time money becomes available, or is that simply where the consciousness of the public at large has been directed over the past 15 years or so? Questions we hope to answer after we take a break.

You can join us at 1-800-433-8850. You can e-mail us at pi@wamu.org as we discuss solutions to homelessness.

We'll be right back.

(Program break.)

KOJO NNAMDI: Welcome back. We're talking about homelessness in this ongoing series with the Urban Institute.

We're joined in Washington by Marti Burt, director of social services research program at the Urban Institute; from Columbus, Ohio, Barbara Poppe, executive director of the community shelter board in Columbus; and Stephen Peck, the site manager of the Villages at Cabrillo in Long Beach, California.

You can join us at 1-800-433-8850. You can e-mail us at pi@wamu.org.

Barbara and Steve, you no doubt have that pretty long laundry list of things that Marti wanted you to rundown about your programs. Steve, would you care to start?

STEPHEN PECK: Yes. And I think the tendency to mount emergency shelters or short-term programs has been prevalent, especially in the past. Is it easier to do it? It is easier for the public to get involved in a short-term way if they can donate clothes, donate food, it kind of assuages their impulse to somehow be a part of the solution, but it does not address the long-term solutions that we're wanting to put into place.
So part of what we did as we created this 26 acres of traditional housing was try to educate the community on the continuum of homelessness that homeless people go through from emergency shelter to transitional housing to affordable housing, and the change in behavior, and the acquisition of skills that has to go along with that. So, we tie our housing with that change in behavior, asking people, really demanding of people who are able to go back to go work, and acquire the skills while they're with us to go back to work.

The emergency shelters often do not tie the change in behavior with the shelter, and I think that's what Marti and Barbara have been talking about, in that it can perpetuate homelessness if you don't really demand that they change the behavior.

KOJO NNAMDI: Marti also mentioned the differences in resources that were available to you and Barbara on the basis of your local jurisdictions. And we all know, Steve, that there is a shortage of affordable housing, since we both seem to agree that providing more long-term transitional housing is the key, how do you make up the shortage of affordable housing?

STEPHEN PECK: That goes along with the education in the community. We've, I believe, got the community to believe in the kinds of behavior change that we're asking for while they are here. So we are also making the case along with that that the lack of affordable housing is also a contributing factor to homelessness. So, while we don't have any long-term affordable housing now, we are already working with the city to devote some of the land that we have to that in the future to make the case that if people don't have that housing, particularly people who are disabled, or have a mental illness of some sort and are not able to go back to work, if they do not have affordable housing to go to after they leave us, they very likely will end up back on the street and using the social services, costing everybody more money.

MARTI BURT: One of the things we really do know from research, and from people's personal experiences is that even people with very, very long term street homeless experiences, and lots and lots of disabling conditions, whether that's alcohol, drugs, mental health, or combinations [thereof], can be brought off the streets, into permanent housing with supports, and will stay there. So we can end their homelessness, and that's [a] big chunk of the homelessness everybody sees.

KOJO NNAMDI: The number to call 1-800-433-8850. You can e-mail us at pl@wamu.org.

Barbara?

BARBARA POPPE: Kojo, I just want to clarify, what we're developing is permanent affordable housing with support services. We're not developing traditional housing, because what we believe is that permanent housing is the solution for all populations. If provided permanent affordable housing, it ends their homelessness. So solving the homeless problem is about creating adequate affordable housing.

For those disabled populations, they do need some additional specialized services. But services alone will not solve their homelessness. Whereas, housing is the single most important thing that we can do.

In Columbus, we do have widespread support from our public officials, as well as our business communities.

KOJO NNAMDI: It sounds like an impressive network.

BARBARA POPPE: It really is an amazing circumstance here in Columbus, and I think that has helped us to lead toward the development of a local housing trust fund as well as a state housing trust fund...that there is support for trying to solve this problem. It is an immense problem, however, and we need lots and lots more housing than we presently have.

STEPHEN PECK: For the most part, I agree with that. On the other hand, there is a majority of our population are homeless perhaps because of substance abuse, perhaps because of societal factors, lack of education, lack of skills, and if we can stabilize them, give them the skills, get them clean and sober, and help them find employment that's going to allow them to go back out into the housing market, they're going to be able to afford an apartment like everyone else. So, we don't feel that we need to augment or assist them with rental assistance once they achieve full-time employment.

KOJO NNAMDI: Marti, what do you say to the cynics who might right now be saying, yes, it's fine for you to find affordable housing for people who are homeless because of substance abuse of one form or another, but how about the working poor, those who are, themselves, having trouble finding affordable housing, who are living in rented spaces that are too small for them, how come your priorities are to help people who are not behaving as responsibly as the working poor?

MARTI BURT: I wouldn't say that my priorities didn't help them first. Well, aside from the fact that they're on the street and they need help, but I mean I'm very strongly in favor of our doing far more with respect to affordable housing, the federal government and every other piece of government, because the housing situation in this country... I have been in a lot of communities now, both around homelessness and around welfare, and welfare reform, and there is not a single place that I have been, rural, suburban or urban, where the housing costs are not totally out of site. Where no one, [not even] landowners are taking Section 8s any more, because they don't have to. They've got competition that will up the rental price without worrying about whether people are getting that kind of subsidy. So we absolutely have to come up with solutions for creating more housing, supporting more housing, for everybody who is not making $100,000 a year.

KOJO NNAMDI: On to the telephones now starting with Sam in Arlington, Virginia. Sam, you're on the air, go ahead please.
CALLER: Hi, Kojo. This is a really important show, and I'm very interested in listening to your guests, who all seem to be experts. And as they and as most of your listeners, I'm sure, feel that in such a wealthy country as ours, it really breaks your heart when you see people who are living in cardboard boxes at night. And people who are unwashed and who are mentally ill out on the streets, and they can't take care of themselves. I realize that a lot of people may not be mentally ill when they lose their jobs or their houses, but I would imagine that they get very depressed in a few weeks, and they need help. My question to your experts is that I have heard that during the Reagan administration a lot of mental institutions were closed down, or that they no longer accepted people who were marginally ill, and that they do, indeed, comprise a [large] percentage of the homeless population. I mean, then they did, and I imagine now too, if there are no longer facilities available.

KOJO NNAMDI: Your question?

CALLER: I'd like to know first if that's true?

MARTI BURT: It was long before the Reagan administration, but, yes, it's true.

CALLER: But the Reagan administration did contribute to it?

MARTI BURT: No, most of that change is not really federal in the sense that it's federal policy. It's federal in the sense that the feds provide the money that made it possible to [go] through Medicaid and through SSI. And what the Reagan administration did was to change the rules on SSI, which is Supplemental Security Income. There are quite a number of people with disabilities, including mental illness and it used to be substance abuse [as well], were able to use [SSI] to maintain themselves in housing, they [the feds] eliminated drug and alcohol. If that was the only thing that was wrong with you, you couldn't get SSI as of January 1997. And that has definitely had some effects on people being able to leave homelessness if that's their only diagnosis.

KOJO NNAMDI: Sam, thank you very much for your call.

CALLER: But to add to that, there is a tendency, particularly in the VA system, and I'm assuming in other hospital systems, for more short-term acute care as opposed to longer-term rehabilitation that used to be available. So, whereas a veteran used to be able to come into a VA medical center and stay a month or two months, an average length of stay today for one who has acute mental illness is seven to 14 days, and then they're expected to go back out into the community, so that housing with social services becomes much more important, which is why community-based organizations need to become involved in that, because the government is not taking care of that. And, in fact, maybe it's not appropriate for them to be doing that. I think it is more appropriate... and community-based organizations are more responsive to the situation in their communities.

KOJO NNAMDI: That debate we will hopefully pursue more during the course of this discussion.

But joining us now is Sheila Prillerman, an AmeriCorps volunteer now employed at the Lutheran Social Services in Columbus, Ohio.

SHEILA PRILLERMAN: Thank you.

KOJO NNAMDI: Allow me to run down a little bit of your history, and ask you to pick up in 1993, but before that Sheila Prillerman worked for a public utility company in Columbus. She was also a buck sergeant in the U.S. Army Reserve for 12 years. In 1981, you were in a car accident in which you were injured severely, on and off disability, in and out of a lot of pain. By 1990, you were on long-term disability, and you were required to quit the Army Reserves because you weren't allowed to do any work while on long-term disability, even though you felt you could have continued as you were working toward your 20-year pension. But starting sometime during Sheila Prillerman's accident recovery, she moved in and began to share an apartment with her brother, lived with him for a year while on long-term disability, and then true tragedy, her brother was killed in October of 1992, murdered. Two months later, the long-term disability ran out, income dropped to $400 a month.

Sheila Prillerman, you became homeless by early 1993.

SHEILA PRILLERMAN: Yes, I did.

KOJO NNAMDI: What happened after that?

SHEILA PRILLERMAN: Toward the end of 1993, I moved to Wisconsin. I came back to Columbus in 1995, and again had to access the homeless shelter in order to get back into the mainstream of Columbus life.

KOJO NNAMDI: But there was also some depression, and that may have led to some drinking.

SHEILA PRILLERMAN: Yes, in 1997, I began to drink. I drank for three months straight.

KOJO NNAMDI: Before that you'd been what, just a social drinker?

SHEILA PRILLERMAN: Yes. And I thought I was an alcoholic, because I mean, I actually every day for three months I stayed drunk. I woke up one day and said, God didn't mean for me to live like this, so I, again--

KOJO NNAMDI: Where did you sleep during that period of time when you were drinking?

SHEILA PRILLERMAN: Well, wherever.
KOJO NNAMDI: Wherever you could.

SHEILA PRILLERMAN: Yes.

KOJO NNAMDI: However, sometime in 1997, you arrived at the Faith Mission. Tell us how come?

SHEILA PRILLERMAN: I woke up and decided that God had not meant for me to live like I was living. Nobody was meant to live like I was living, not even myself. And so I went to Faith Mission for the second time. I was sober, got sober, and then I entered a program called Amethyst, Inc., which is a rehabilitation program for single women and women with children. I moved out of Amethyst—I moved into Amethyst in September of ’97.

KOJO NNAMDI: They provided you with what, an apartment?

SHEILA PRILLERMAN: Yes, they did, an apartment and a lot of classes, a lot of self-esteem classes, a lot of process groups, so I could get through some of the things that I was going through that caused me to do all that drinking.

KOJO NNAMDI: How were you able to stay in the living space while you were involved with this, how were your expenses paid?

SHEILA PRILLERMAN: I had my SSI, and through a program called Shelter Care Plus, I was able to live in the apartment that I lived in, like a subsidized rent. So my rent was like $197, I was receiving $500, and I was able to function that way.

KOJO NNAMDI: This is Public Interest. I am Kojo Nnamdi.

What was the major change in your life that occurred at that point, being sober, or being in a situation where you not only had a living space, but in which you had support services, the kind of counseling that you needed to stabilize?

SHEILA PRILLERMAN: Both.

KOJO NNAMDI: Both helped.

SHEILA PRILLERMAN: I couldn't—had it not been for Amethyst, I don't think I would have been able to stay sober, and had it not been for being in a living space that I could afford with supportive services, I wouldn't have been where I am now.

KOJO NNAMDI: And where you are now is an AmeriCorps national volunteer at Lutheran Social Services. What do you do?

SHEILA PRILLERMAN: I work in a program called, the Homeless Prevention Program, and we provide assistance to people who are at risk of losing their housing. We do mediations between landlord and tenant, utility and client, some budget counseling, limited financial assistance, and community referral, so that if we can't help you we try to get you in touch with the resources in our community that can help.

KOJO NNAMDI: What I find interesting is that this job, every day, serves to remind you of the situation that you were once in, I guess. How do you handle that?

SHEILA PRILLERMAN: What I went through has helped me, I hope, to be a better person, and helping people who are going through or facing what I went through. You need some practical experience sometimes to be able to deal with and make people understand that they don't have to do this, or that they need to do that in order to help themselves.

MARTI BURT: I think what Sheila is saying, and [to] kind of reconcile some of the discussion between Steve and Barbara a little while ago, is that transitional housing—there's a bunch of ways that transitional housing has been used. And I think one of the absolutely most useful ways for it is for people who have a problem, especially with drugs and alcohol, that can be solved. And when it is solved they can then become self-supporting. Then the transitional aspect of it makes a lot of sense. When you are using transitional for people who could go directly into permanent housing, and you can give them the supportive services in the housing until they don't need it anymore, it makes better sense to actually put them in the permanent housing. When they don't need that kind of group support that a lot of people who are in recovery need to begin with.

KOJO NNAMDI: Marti Burt, director of the Social Services Research Program at the Urban Institute, she is in our Washington studio. Joining us from Long Beach, California, is Stephen Peck, he is site manager of the Villages at Cabrillo. And from the studios of WCEB in Columbus, Ohio, Barbara Poppe is executive director of the Community Shelter Board of Ohio. You too can join us by calling 1-800-433-8850. You can e-mail us at pi@wamu.org. We're talking about homelessness in urban areas, and we are also joined by Sheila Prillerman. She is an AmeriCorps volunteer now employed at Lutheran Social Services in Columbus, Ohio.

And, Sheila, for how long now have you had a home?

SHEILA PRILLERMAN: I have been in my own home again, since February of 1999.

KOJO NNAMDI: Good for you. And we'd [like] to thank you Sheila Prillerman for joining us, and to wish you continued good luck.

SHEILA PRILLERMAN: Thank you.
KOJO NNAMDI: You too can join us at 1-800-433-8850, you can e-mail us at pi@wamu.org. We'll be right back.

(Program break.)

KOJO NNAMDI: Welcome to our discussion on homelessness, and homelessness prevention. You can call us at 1-800-433-8850, or e-mail us at pi@wamu.org. This is a part of our ongoing series with the Urban Institute, and Marti Burt of the Urban Institute is in our Washington studio. But I wanted to get back to Barbara Poppe in Columbus, Ohio, for a second. Barbara, could you tell us a little bit about the family intake program at the Community Shelter Board?

BARBARA POPPE: What we did a number of years ago is reorganize our family sheltering system. It had been that we had a number of family shelters, and a family in crisis would simply call around until they could find a bed, and if they couldn't find a bed they'd just have to wait until there was space. So what we did is we reorganized the system where there is one single entry point. That entry point can provide access to homeless prevention services, to keep families from having to come into the shelter, and can assure that no one is turned away from the shelter, so it's assured full access for families.

They then are able to refer families from their program on into longer term emergency shelters in apartment settings. Our creative family housing collaborative, which uses the direct housing model, places families directly in permanent housing, and provides transitional support services. And then [they] can also make connections to traditional transitional housing programs. So it's been very effective in centralizing that, it gets families better access. It has also had the effect of helping us to reduce the number of families who have to turn to shelter for assistance. In the past families in crisis, the only option they had was to come in for shelter. Right now they can get telephone assistance, and consultation to help them try to solve their crisis so they don't ultimately have to come into shelter.

I want to just say a word, that shelter is very destructive to families, it's very difficult for children, it disrupts the parent family bond, it disrupts the children's schooling. So it's one of the worst things that can happen to a family is to have to come into shelter. So keeping families in the community, in their own apartments is in all of our best interest on a long term basis.

KOJO NNAMDI: Marti?

MARTI BURT: I agree, totally agree. And Barbara should take credit for, or the family system should take credit for the fact that if my numbers are correct about 40 percent of the people that call... and I think it's real important that you don't actually have to physically show up. You know, many of these cases are handled on the telephone, and then about 40 percent never have to come into shelter, their housing problems are addressed. And again, the resources are really critical here, because the intake place has money and has various different kinds of resources that can help solve the housing crisis right then and there.

STEPHEN PECK: I think that coordination plan that you describe, Barbara, is critical, even though our system here is slightly different, the coordination is key. So our site, our transitional housing site, has to be part of a larger continuum. We can't do without the affordable housing on one end, and the crisis services, and the intake services on the other end. So with our site the city of Long Beach created a multi-service center where 11 different agencies are represented, homeless people arrive there and appropriate referrals are made, whether that be to affordable housing, to crisis programs, or to transitional housing programs like ours.

KOJO NNAMDI: Well, Stephen Peck, site manager at the Villages at Cabrillo in Long Beach, California, I've heard a little bit about the campus that you have there, and why people tend to be so impressed by it. Could you explain a little bit more about it?

STEPHEN PECK: It is unusual in that it's so large. It's 26 acres. It's former naval housing, and we have renovated it to a large extent. So rather than the square boxes that you see in Naval housing, it's a Mediterranean style. There are green areas, there are trees. We wanted to create a neighborhood, and in fact create a community, And, in fact, we built a plaza in the center of the community. Part of the issue that we deal with in the homeless people that we encounter are a sense of isolation, a lack of social networks. They don't have those social skills that will allow them to form a support network around them. So we wanted to build a plaza and a center where there's going to be a grill, a store, our dining room is there, to draw people out of their housing, and making them a part of the community, and thus giving them the skills to lead them back into the community.

MARTI BURT: And, Steve, would you talk about the learning center, and also the school, the tutoring and the daycare for the children that are there?

STEPHEN PECK: Absolutely. Our concept is a one-stop concept, if you will. Homeless people generally are not proactive, they are not mobile. So we wanted to bring all of the services that they would need to begin their rehabilitation to our site. So we created a 30 computer station career center, our employment development department is there, and we've developed Department of Labor funding to provide employment assistance. And that service is available to the family programs, as well as to the veteran programs. Long Beach City College provides classes there. There's a childcare center that will begin in a couple of months, again, serving the entire population. There's a school for homeless children, it's a transitional school so when those families are dislocated, brought to the programs here, they're assessed, they go to that school for a period of time, a couple of weeks to a couple of months, so they can be transferred back into the mainstream.

KOJO NNAMDI: Allow me to get to the telephone, Bill in Hot Springs, Arkansas. Thank you for waiting, Bill, you're on the air.
CALLER: Hey, Kojo, how are you guys?
KOJO NNAMDI: Good.
CALLER: Good. I'm glad you have the show today. I've been on a waiting list to get accessible housing, I'm in a wheelchair, okay, and I've been on a waiting list for over a year. And the stories I'm hearing are just a direct contradiction to my life as far as how quick these things happen. I've got stories that go back 28 years, the length of time I've been in this chair. I've lived in my van for as long as two years trying to find housing. And that's with incontinent problems and bowel problems and all sort of things. And I'm not going to—
KOJO NNAMDI: Why are you homeless, Bill?
CALLER: I beg your pardon?
KOJO NNAMDI: Why are you homeless?
CALLER: I'm not homeless, thank God. It's raining right now, and I have a roof over my head. But I have in the past been homeless. Now, I'm living—right now my disability income is $788, and the place where I'm living the rent is $535.
KOJO NNAMDI: You can't be eating very much right now.
CALLER: No, and I'm a fat guy, don't ask me how. But that's just the way it is. But the bottom line is I've been on the housing program here, the public housing, and it's so ironic or weird, I've been on this list here for almost a year to get affordable housing.
MARTI BURT: And a lot of those people are on a lot of those lists all around the country, and this is one of the things that I think is so important is that homelessness is a consequence of the lack of resources that we have put into housing, whether that's giving people rental assistance, or whether that's actually building housing where it's needed. And all over this country there simply isn't enough housing.
KOJO NNAMDI: And for where Bill is in Hot Springs, Arkansas, that depends almost entirely on the programs you have available there, and how exactly public officials are willing to help. But, Bill, thank you for your call. Good luck to you. We do have to move on.
On to Faith in Indianapolis, Indiana. Faith, you're on the air, go ahead please.
CALLER: Hi, I am currently in a situation where I was recently divorced, I have two children, and I work full time, but my mortgage has gotten behind, and I am facing foreclosure and being homeless. I have a handicapped child so it's really difficult to work more than 40 hours a week. But my question is, is there any way to get assistance so that I won't be homeless. I've been in my home 11 years, and it's really—and I've been trying to work with my mortgage company, but I think I'm at the end of the rope right now.
KOJO NNAMDI: Faith, hold on for a second, because we've got Stephanie on the phone from Indianapolis, Indiana, who might be able to help.
Stephanie?
CALLER: Yes, thank you so much. I was sitting here thinking, shoot, wish I had Faith's phone number. A couple of things that are happening in Indianapolis right now, I work with the Coalition for Homelessness Intervention and Prevention. And the first thing is, Faith, I would love to get your phone number and talk to you after we get off the air, and I don't know how we do that.
KOJO NNAMDI: That won't be difficult, because when I finish talking to you I'll put you on hold, when I finish talking to Faith I'll put her on hold, and our efficient personnel will make it happen. Go ahead.
CALLER: Okay. Great. Well, thank you for the link. Anyway, I wanted to tell you a couple of things that are happening in Indianapolis. The coalition for homelessness intervention and prevention is working with the Mayor's Housing Task Force. They've formed a committee called the Blueprint to End Homelessness, which is consistent with what's happening at a national level. And this committee is working with business, business personnel, and communities and corporations, and congregations, and trying to actually form a plan to end homelessness over ten years, or at least lessen the amount of homelessness that we have in Indianapolis over ten years. And that plan should be available, I understand, in March or April of next year. So it's an exciting process. I'm thankful that we have it going. And we definitely need more support behind it from all of the listeners in Indianapolis. So call....

It's a homelessness prevention program, the other two are transitional housing programs. They are linked between the faith community, and those who are homeless or at risk of losing their homes in the community, and partners with social service organizations, CDCs, and other neighborhood corporations and residents.
KOJO NNAMDI: Okay. Stephanie, thank you very much for your call. I'm going to put you on hold in our version of the Indianapolis 500, seeing how quickly we can get people who need homes across the finish line with people who can help them to find those homes. So I'm going to put you on hold so you can get one another's telephone number.
CALLER: Thank you so much.
KOJO NNAMDI: This is Public Interest. I'm Kojo Nnamdi.

Now to Bill in Atlantic City, New Jersey. Bill, you're on the air. Go ahead.
CALLER: Yes, I'm there.
KOJO NNAMDI: Yes, you are.
CALLER: Hi, how are you today?
KOJO NNAMDI: Fine.

CALLER: I'm calling just to discuss some things. I run a facility in Atlantic City, New Jersey. We see about 3,000 people a year through our doors that are homeless. We have families and we have single men, single women. And we also have a halfway house, and we also do some preventive stuff for about 3,000 people during the course of the year. So we serve about 6,000 people in South Jersey, in New Jersey. And I'm listening to some of the conversation, and I think on a broader level some things are never identified. It's the fact that there are systems out there that are creating homelessness. When you have a mental health system that's in such disrepair, and 30 percent of the people you're dealing with are de-institutionalized mentally I'll... And the system isn't receptive to help them.

MARTI BURT: Or never institutionalized.
CALLER: Or never institutionalized.

MARTI BURT: Because the system has disappeared.

CALLER: Absolutely. What we need to be doing, I think, on all fronts is working, and we work in our community, towards building a coalition, and we have, also called the New Jersey Alliance for the Homeless, which is a coalition of about 160 agencies like ours, trying to address the systemic issues and saying you have to start creating services that will follow them into the community once you release them from the hospital. And for us, that's 30 percent, there's about 1,000 people per year that we're working and serving. And without—not only housing, I mean, before you can even get them into the housing you have to prepare them for the housing. Otherwise, anything they are placed into is destroyed, or they wander away from, they don't even realize that it is housing many times, and they're back to the streets. So that to me is a broader issue, and a more important issue than even the creation of the housing.

KOJO NNAMDI: Okay. Bill, thank you very much for your call. And we're running out of time very quickly, but, Marti Burt, [what] Bill points out, that's an important issue. It's also a political issue, and that is, what kind of support are politicians giving to the effort to reduce homelessness.

STEPHEN PECK: That depends very much on which locality you're talking about. There are politicians that are very supportive. There are cities that are putting their actual what they call levy dollars, which means, these are our dollars, not the federal dollars, not state dollars, mostly into housing I think, and into supportive services, as opposed to just into emergency shelter. There are other cities that are doing virtually nothing. And if you couldn't get federal money nothing would be happening in those cities. But, even more important for the politicians is not the homeless system, but the housing system, the mental health system, more services for substance abusers that are recovery services. Detox isn't enough, five days isn't enough to keep somebody clean. So all those things are things that local politicians and policymakers need to be addressing.

KOJO NNAMDI: Marti Burt is director of the Social Services Research Program at the Urban Institute. Today's show was a part of our ongoing series in conjunction with the Urban Institute. For more information, including information on the new book, Helping America's Homeless, and other homelessness prevention resources you can go to www.urban.org. You'll also find a written transcript of this show, and previous Urban Institute shows at that web site.

We'd like to offer our thanks to Stephen Peck, site manager of the Villages at Cabrillo in Long Beach, California, and Barbara Poppe, executive director of the Community Shelter Board in Columbus, Ohio, for joining us.

Other Publications by the Authors

- Urban Institute
- Martha R. Burt