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For the City's Homeless, Something That Works

By MARY JANE FINE

Freddie Perez was 21 when he emigrated, brimming with optimism and ambition, from the Dominican Republic to New York City. A hard worker, he frequently held multiple jobs — repairing autos, driving a gypsy cab.

Within a decade or so, however, Perez was homeless, one of an estimated 10,000 New Yorkers who bed down on city sidewalks or in abandoned buildings, their youthful promise erased by the onset of schizophrenia or bipolar disorder.

Any family that has confronted such a devastating diagnosis will recognize elements of Perez's story. It is both predictably familiar and necessarily unique. In his case, however, there is reason for optimism: supportive housing — something the city must embrace.

A recent [study](#) by University of Pennsylvania researchers followed 4,679 people who were mentally ill and living on New York City streets. The study sought to determine whether it cost more to house them humanely, with medical and vocational support, or to have them rely on the city's current services (shelters, hospitals and, often, jails). As it turned out, the cost was virtually the same — making an excellent case for pursuing the humane alternative.

A most encouraging corollary finding of the study: Nearly 80% of people placed in housing with support services remained off the streets a year later.

One of them was Perez. His mother and siblings, who had given up on ever seeing him again, were astonished — and hugely gratified. Ditto the mental health professionals who had once deemed him violent and untreatable. So much for the revolving-door theory that held such efforts to be fruitless and doomed to failure.

Nurse Marianne Emanuel remembers Perez as "zombie like" when she met him in 1991. He had just transferred from a state psychiatric hospital to [Clinton Residence](#) — a 57-bed community facility in Hell's Kitchen — run by Project Renewal, which started with 12 beds on the Bowery and has grown with the decades. It now runs on private donations and on city, state and federal funding, providing its clients with on-site medical, psychiatric, substance abuse and vocational services.

For Perez, it provided nothing short of a second chance at life. Clinton Residence doctors switched his medication more than once, using a new class of anti-psychotics that minimized his symptoms and greatly lessened the trancelike state caused by his previous medications.

He worked diligently in the facility's kitchen, made friends with his co-workers and reconnected with his family. The change was "really remarkable," according to Emanuel.

His family thought so, too. Within a year or so, "He went to the Dominican Republic on vacation with us," said his delighted younger sister, Rosa.

A year ago, Perez, now 50, moved a few blocks away into [Holland House](#), where he occupies a small, furnished room, for which he pays \$329 a month. The rent money comes out of his salary as a janitor at a recycling plant in Brooklyn.

"It's really about renewing people's lives," Project Renewal's Cynthia Stewart said of supportive housing. "It really works." Not only that, but the cost is minimal. According to the study, every mentally ill person living on the city streets costs New York an average of \$40,449 a year. The price tag for [supportive housing](#) (<http://www.csh.org>) is only marginally more. And it edges lower over time as patients stabilize and use fewer services.

New York should applaud such results — and replicate and fund the models that work.