

# Supportive Housing

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Robert Wood Johnson  
Foundation

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## *Editors' Introduction*

In this chapter, freelance writer and journalist Lee Green traces the Foundation's investments in housing from early efforts to provide health care services to homeless people to its current support of the Corporation for Supportive Housing, which provides both housing and ancillary medical and social services to formerly homeless people. Foundations such as Robert Wood Johnson, Ford, and Pew Charitable Trusts have adopted supportive housing as a way of assisting homeless people, as have government entities such as the federal Department of Housing and Urban Development and the Department of the Treasury's Community Development Financial Institutions Fund program.

The chapter illustrates the breadth of the interventions that the Robert Wood Johnson Foundation has undertaken in its efforts to improve the health of the American people. While it is fair to ask why a foundation devoted to improving health and health care should support housing programs, Green clarifies the relevance of housing to health and traces the linkage of the Foundation's supportive housing efforts to its earlier mental health initiatives. This linkage is particularly important since many homeless or formerly homeless people suffer from psychological or addiction problems.

Supportive housing offers a prime example of the Foundation's work to improve the medical and social services received by vulnerable populations. Grants to support direct services comprise the heart of what the Foundation calls its vulnerable populations portfolio and its commitment to support hands-on efforts to improve the care offered to society's most needy people.

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Lafayette Square, a seven-acre park just across Pennsylvania Avenue from the White House, has long attracted homeless people. A homeless veteran who used to camp out there had a sign that read, “I see you not looking.” The homeless people who come to the park lie on benches or sprawl on the grass as tourists across the barricaded street pause along a black wrought-iron fence and gape at the presidential residence. The iconic symbol of American power and prosperity juxtaposed against a park where the nation’s most downtrodden languish offers ironic contrasts that cannot be ignored: power and powerlessness, wealth and poverty, haves and have-nots. On a winter night in 1984, Jesse Carpenter, a 61-year-old Army veteran who had been homeless for 22 years, froze to death in Lafayette Square. Forty years earlier, on a World War II battlefield in Brittany, France, he had carried three wounded men to safety under heavy fire and later received a Bronze Star for his courage.

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### Ending Chronic Homelessness

On a cool morning in November 2004, Lafayette Square lay wet and empty. The homeless had gone elsewhere earlier to seek refuge from a light rain. A few blocks east, in a 13th-floor auditorium at the National Press Club, six representatives of America’s institutional campaign against homelessness were issuing a landmark proclamation. Nine partners, including the Robert Wood Johnson Foundation, the Conrad N. Hilton Foundation, the Rockefeller Foundation, Fannie Mae, the Fannie Mae Foundation, the Melville Charitable Trust, and Deutsche Bank, would step up “to galvanize leadership and dollars” not just to make a dent in the problem but “to bring an end to long-term homelessness over the next decade.”

The goal was breathtaking, but the plan was simple: these organizations, calling themselves the Partnership to End Long-Term Homelessness, would eliminate chronic homelessness in 10 years by contributing more than \$37 million in grants and loans toward establishing 150,000 units of supportive housing—permanent housing with on-site support services—across the nation. Bearing responsibility for using that money wisely and implementing the strategy on the ground were the two remaining members of the Partnership: the National Alliance to End Homelessness, an advocacy organization that seeks to mobilize society’s nonprofit, public, and private sectors in a concerted effort to eliminate homelessness, and the Corporation for Supportive Housing. Together, these players, through their own efforts and those of other organizations inspired by their example, would lead the way toward creating a society in which Jesse Carpenter never would have frozen to death anywhere, much less within a few hundred yards of the White House.

Underscoring the seriousness with which the coalition took this ambitious goal was the presence in the room of the president, chief executive officer, or board chairman of each of the participating organizations. They sat on the dais, a long table draped in starched white linen with royal blue bunting, and one by one each rose to address the media. Risa Lavizzo-Mourey, the Robert Wood Johnson Foundation’s president and chief executive officer, followed Gordon Conway, who was then the Rockefeller Foundation president, to the podium.

“Supportive housing really must be a part of the safety net that we have in this country to end chronic homelessness,” Lavizzo-Mourey declared. “It’s not enough for us to put our financial capital in. I think all of us at this table are committed to putting in our reputational capital, our intellectual capital—in other words, in leveraging all of our resources to end chronic homelessness.”

Not that anyone in the Partnership even remotely suspected that the organizations at the table could do it alone. Carla Javits, president and chief executive officer of the Corporation for Supportive Housing, or CSH, later laid it on the line: “Really, the intent is to galvanize more investment from businesses and foundations and others—to say, ‘We’re putting up something as a challenge to all of you to do even more, but this is not enough. It’s going to take more than this.’”

Ending chronic homelessness is a dizzying challenge. Ending it in a decade is even more dizzying, given how entrenched homelessness has become in our culture. The Partnership wasn’t the first to publicly promote such a goal. Over the past few years, it seems, everyone from Congress to the Millennial Housing Commission to the President’s New Freedom Commission on Mental Health has declared that America will end its chronic homelessness within a decade. Depending on when they made their proclamation, some of them are further into that decade than others.

But can social change in any society occur that quickly? Representative Barney Frank of Massachusetts, speaking extemporaneously to Partnership members at a private luncheon following the Washington press conference, expressed doubts about the adequacy of federal funding in a governmental era marked by strong resistance to tax increases. Frank’s comments contrasted with the unbridled determination of his audience. They also contrasted with the sunny outlook of Philip F. Mangano, executive director of the United States Interagency Council on Homelessness, who in a May 2002 interview published in the street newspaper, *Spare Change News*, conveyed big-picture optimism, citing historic sociopolitical upheavals in the United States, South Africa, and the Soviet Union that, once begun, ran their course quickly. “If slavery can be undone in seven years, if apartheid can be undone in seven years, and if totalitarianism in the Soviet Union can be undone in seven years, I have a firm belief that here in America, with all of our resources, with all of our good will...we can undo the social evil of homelessness in the same way,” Mangano said.<sup>1</sup>

The beginning of a solution involves appreciating the magnitude of the problem, and counting the homeless has always been problematic. Where do you find people who have no home? How do you find those who have no wish to be found? How do you count a population in constant flux? How, for that matter, do you define homelessness?

Estimates vary, but a reasonable likelihood is that between 2.3 and 3.5 million men, women and children in the United States will experience a period of homelessness in a given year. As many as 250,000 individuals and 30,000 families find themselves homeless not for brief intervals but for long stretches.<sup>2</sup> They have spent years caroming among temporary shelters or between shelters and the street. These people, invariably hampered by mental illness, substance abuse, HIV/AIDS, or some combination of those or other afflictions, constitute the chronically homeless. While they account for a relatively small proportion of the homeless population—probably no more than 10 or 15 percent—their demands on hospital emergency rooms, drug clinics, shelters, ambulances,

paramedics, psychiatric facilities, police, jails, prisons, and other public social services exert an enormous drain on the system at great expense to local, state, and federal treasuries. Experts posit that this group of troubled individuals consumes a hugely disproportionate percentage of the resources devoted to homelessness.

“I think it’s an embarrassment that we have this problem,” Lavizzo-Mourey said not long after the Washington press conference. “But I think that the fact that people in both the private and public sectors have identified it as something that we can’t allow to continue speaks to the hopefulness of where we’re going with this.”

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### **Supportive Housing as a Possible Solution**

One of the keys, Lavizzo-Mourey believes, is supportive housing, which represents not only a humane solution but probably a cost-effective one as well. Studies in many different parts of the country have all come to the same conclusion: making supportive housing available reduces formerly homeless people’s use of shelters and hospitals and time spent in jail. It may save money as well. According to a 2002 University of Pennsylvania study, which was partially funded by the Corporation for Supportive Housing and is considered the gold standard on the subject, placing a mentally ill person in New York City in supportive housing adds just \$995 per year to the \$40,449 it costs that individual to remain homeless and repeatedly rely upon the institutional safety net of hospitals, emergency rooms, mental health facilities, jails, prisons, and the like.<sup>3</sup> But even the \$995 differential is misleading, the study’s authors point out, because their analysis did not include savings that supportive housing confers by reducing the burdens on the police and courts. Nor did it assess the economic impact of homelessness on local businesses and tourism. Or on city, state and federal policymakers and staff that devote time and resources to ongoing homelessness issues and to the uneasy relationship between the homeless and the rest of society.

Greater efficiencies may be realized as the supportive housing model is improved and refined over time, but the reduced strain on many of our social institutions is immediate. The University of Pennsylvania study found that in the course of a year a homeless person with severe mental illness typically spends seven weeks in hospitals and nearly three weeks in jail or prison. That’s in addition to two months in psychiatric hospitals and 4.5 months in shelters. When the formerly homeless live in supportive housing, hospital beds are freed up, overcrowded jails are relieved, and hospital emergency rooms become less burdened.

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### **The Robert Wood Johnson Foundation and Homelessness**

Though the Robert Wood Johnson Foundation’s mission is to improve the health and health care of all Americans, experience has taught the organization that to be in the health business it also needs to be in the housing business.

“If you think about the way that our health care system is organized, one has to have a residence in order to really gain access to the system in any kind of meaningful way—in order to set up appointments or to get follow-up care, in order to have a coordination of services,” Lavizzo-Mourey says. “It all really presumes that you’ve got a place where people can contact you and coordinate those

services. Just being able to do anything beyond an acute visit becomes very difficult if you don't have a home, a place of residence.”

The Robert Wood Johnson Foundation's awareness of the inextricable link between housing and health care dates back at least to the early 1980s. The Foundation, in conjunction with the Pew Charitable Trusts, launched *Health Care for the Homeless*, its first large national program involving homelessness, in 1985. The objective was not to house the homeless but rather to increase the availability of health care services to them. The seven-year program put health care in shelters in 13 cities and was a model that helped pave the way, in 1987, for Congress's passage of the Stewart B. McKinney Act, which created a federal funding stream for health services for the homeless.

“The lesson from it was that you can't expect homeless people to go to health care sites the way other people do,” says Stephen Somers, a former Foundation associate vice president who oversaw the program during its final years, and is now president of the Center for Health Care Strategies. “You've got to bring health care to them. So you set up special clinics and mobile vans and you go under bridges in order to get care to them. And it isn't just medicine and medical care, it's mental health, substance abuse services, food and shelter, you name it.”

Health Care for the Homeless was one of the first Foundation-funded programs to shift the focus from traditional models of health care to “other social services critical to a person's health and health status,” Somers says. “It just opened the door a little bit.”

“We were overwhelmed by the needs,” recalls Nancy Barrant, a senior program officer who oversees the Foundation's relationship with CSH. “And one of the biggest needs was mental health care”—a recognition that led, in 1985, to the Foundation's *Program on Chronic Mental Illness*. This nine-city initiative represented the Foundation's first foray into housing.<sup>4</sup> It was not a housing program *per se*—in fact, housing was but a small piece of it—but it zeroed in on people with serious mental illness, Barrant says, “who just happened to also be homeless.” The housing component represented “the recognition that it's very difficult to treat these people and provide them any continuity if they don't have a place to live.”

What was at work here was not just care directed to individuals but systems change. Housing was crucial, but housing was expensive. Somers knew his way around Washington, D.C., having worked for Senator John Heinz of Pennsylvania and, before that, for the U.S. Department of Health, Education and Welfare. He looked up old acquaintances at the Department of Housing and Urban Development and suggested that they channel Section 8 housing vouchers, which subsidize housing for low-income people, into the program. HUD did just that, “and so the housing feature of the Program on Chronic Mental Illness became a very important feature of a program that otherwise would have been almost pure mental health care,” Somers says.

In the meantime, the Foundation wanted to expand its efforts to improve the health care of homeless people. The Health Care for the Homeless Program focused on single adults, especially men, because at the time they were the face of homelessness. That program's successor, the *Homeless Families Program*, began in 1989 and concentrated mainly on homeless mothers with children, more

and more of whom were showing up at shelters.<sup>5</sup> With the availability of Section 8 vouchers from HUD, the Homeless Families Program placed much more emphasis on housing as part of the intervention. It had become increasingly clear that the shortest distance between the homeless and health is housing. That may seem obvious now, but in the 1980s Americans were still figuring it out.

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## The Corporation for Supportive Housing

The largest Robert Wood Johnson Foundation program addressing health care for the homeless is one that has at its core the sustained and evolving efforts of the Corporation for Supportive Housing or CSH. In 15 years, CSH has grown from mere concept to a highly focused organization with offices in California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, and the District of Columbia. Since December of 2000, when Carla Javits became CSH's president and chief executive officer, Oakland, California, where Javits is based, has served as the *de facto* national headquarters. Recognizing that it can expand to other regions without expanding its brick-and-mortar presence, CSH also works on targeted initiatives in Colorado, Kentucky, Maine, Oregon, and Washington.

But merely establishing that the organization does its work in 15 states and Washington, D.C., understates the influence CSH has managed to achieve in its relatively short institutional lifespan. Functioning as a national resource center, CSH responds to individuals and organizations from throughout the country, giving them the best available advice on how to navigate the financial and bureaucratic labyrinth confronting anyone trying to develop supportive housing for the chronically homeless. Quite likely, no entity knows more about the subject or has a better big-picture grasp of the inherent complexities than CSH. Every year, the organization hosts a national conference that draws about 150 participants from around the country.

None of this activity would particularly matter if nothing were getting done on the ground, but since its advent, CSH has steered more than \$1 billion from public-sector and private-sector donors into projects that have created 15,000 units of supportive housing. That means that 15,000 people with all sorts of mental and physical ills and addictions and social disabilities, people who in many cases spent years on the streets, often revolving through a kaleidoscope of acute relief, shelters, and temporary housing, now have a permanent home. They also have a measure of security, privacy, and dignity that once seemed beyond their grasp. As 2005 drew to a close, CSH had 10,000 more units "in the pipeline," Javits says, and had played a key role in facilitating a landmark November 2005, agreement between New York City and New York state that promised \$1 billion in public funds to create 9,000 more units in New York City alone. "There has never been an initiative that big to develop supportive housing," Javits says.

The term "supportive housing" did not exist in 1990, when a 31-year-old woman named Julie Sandorf asked the Foundation to help fund the creation of a new organization. A year earlier, she had been running a program in New York City called LISC (the Local Initiatives Support Corporation) that fosters collaborative, community-based, large-scale affordable housing projects. Then she experienced divine intervention: "These two priests came to see me one day and basically

said, ‘Why can’t you do for homeless housing what you’ve done for affordable housing? We have the solution for housing the mentally ill homeless.’”

The two priests, Franciscan fathers John Felice and John McVean, explained that with some effort they had bought and refurbished first one dilapidated single-room-occupancy hotel near Penn Station and then another. Now they were using them to house and provide health services for people affected by severe mental illness.

Sandorf recounts, “I said to them, ‘I don’t know anything about homelessness. I don’t know anything about mental illness. It’s not what we do here at LISC. I’m really sorry, I wish I could help you, but I can’t.’ I thought I would be damned to Hell because I said this to two priests.”

A few months later, Sandorf left LISC to consult on community development for the Pew Charitable Trusts. Realizing that she now had greater resources within her sphere of influence, she decided to go see the priests and their converted hotels, which they had christened St. Francis Residence I and St. Francis Residence II, after St. Francis of Assisi.

“The people who were living there were coming straight out of Bellevue,” she recalls. “They were very sick folks.”

But they were tenants with leases and private rooms, and they were free to come and go as they pleased. Mainly they came. The priests had persuaded St. Vincent’s Hospital to provide staff support to monitor and distribute medicines. Without the medications, the whole thing would have been impossible.

“What we were trying to provide for those people,” recalls Father McVean, who along with Father Felice still runs the St. Francis facilities, “is what social workers called—and still call—the activities of daily living. We were helping them with their medication, helping them to get some sort of money, helping them attempt to socialize. Schizophrenia is a very isolating disease, so we had all sorts of activities to try to help them break through that.”

While in the city that day, Sandorf visited another building, a housing facility in the Washington Heights neighborhood created by a homeless advocate named Ellen Baxter. Baxter’s project was similar to the St. Francis residences, but she catered to a more diverse population and offered a broader array of support services.

Sandorf was “completely blown away,” she remembers. “Here were two examples of dignified housing, a place of one’s own with a complement of support services designed to support people’s independence. And at about half the price per head of what the shelter system was going for. They were putting together these projects with glue and paste, basically, pulling money from here and there but with no organized or systematic way to do what seemed to be the most commonsense solution on earth.

“I said, ‘This is the smartest thing I’ve ever seen. Why isn’t this public policy?’”

What she would soon discover while visiting a number of cities on a Pew research grant was that housing with support services was an idea that just seemed to be in the air. Community-based nonprofit organizations in every city she visited were doing some version of it.

“None of these organizations knew about one another,” Sandorf says. “They were all sort of figuring it out on their own. There were variations in the kinds of housing, but the fundamental principles were the same. So this was more than some anecdotal success story in New York City.

“They were all doing it by scratching together money from lots of different housing capital programs and then trying fundraising year after year for an array of service dollars, but it was completely disorganized and incredibly painstaking, and every time a new project was done they were reinventing the wheel.”

What was needed to take the concept to scale and really make a dent in homelessness, she realized, was an intermediary organization to capture and share expertise, create models and systems that could be replicated, educate public agencies, exploit government funding streams, and provide early capitalization to get projects rolling—sort of a housing-with-services consulting firm with brokerage and banking capabilities. In short, what was needed was the Corporation for Supportive Housing.

Sandorf returned to New York and within three months had raised \$10 million in grants to found the organization. The Robert Wood Johnson Foundation put in \$4 million. Pew invested \$4 million as well. The project represented a departure from the sort of enterprises that typically interested the Ford Foundation, which, through LISC and Enterprise Community Partners had focused on creating affordable housing in distressed communities for people with limited incomes, whether they were homeless or not. But Ford contributed the remaining \$2 million. Sandorf remembers one of her colleagues later suggesting that Ford’s leadership “was so astounded by my chutzpah that they decided they wanted to participate.” She adds, “I had no idea what I was doing, but you have to be young and naïve to think you can do these kinds of things.”

After making her pitch to the Robert Wood Johnson Foundation, which is in Princeton, New Jersey, she telephoned her lawyer in New York, whom she would meet shortly to file for nonprofit status. “By the time you get here, you’d better have a name for your organization,” he said. She didn’t like “service-enriched housing” or “special-needs housing,” two descriptions used by some at the time, she says. On the train ride from Princeton to New York she invented “supportive housing,” which today is the only term anybody uses.

The Robert Wood Johnson’s investment in the Corporation for Supportive Housing now stands at nearly \$27 million. After awarding the initial \$4 million grant in 1991 to create CSH, the Foundation invested another \$4 million three years later to enable the organization to expand to Chicago, Columbus, Ohio, New York City, and the states of Arizona (the program there was discontinued in 1998), California, Connecticut, Michigan, Minnesota, and New Jersey. (The Ford Foundation and Pew Charitable Trusts also continued their support of CSH in 1995). A pair of \$6 million grants, in 2002 and 2005, funded a program called Taking Health Care Home, the Foundation’s national initiative to help develop a pipeline of supportive housing that could lead, in

a single decade, to the creation of the 150,000 units of supportive housing deemed necessary to end chronic homelessness. Another grant—\$740,000 awarded in 1995—helped CSH develop an integrated network of more than 30 public agencies and private nonprofit groups to provide an array of needed services to supportive housing projects in California. The resulting supportive housing model established a superior prototype that could be used elsewhere around the country.

The Foundation's most recent grant to CSH, \$6 million awarded in February of 2006, seeks to advance CSH's efforts to use supportive housing to help prisoners released from prison—who are not eligible for federal housing subsidies—stabilize their lives and escape the cycle of homelessness, incarceration, and recidivism.

Today the Corporation for Supportive Housing occupies a unique place in the archipelago of social service and community support organizations, not for its unusual smorgasbord of abilities (who else can get you a capitalization loan, a psychiatric social worker, and an instant professional network all for the asking?) but because it is the only organization in the country focused exclusively on the creation of supportive housing for people who are chronically homeless.

“There are organizations similar to ours that have a much broader focus on affordable housing—for *all* people who need affordable housing,” Carla Javits says. “But the focus that we have on this particular population and on this intervention and the expertise we have in the financing and partnerships and the methodologies for how you do permanent housing with services for the poorest people with the biggest problems—that is unique.”

### **Supportive Housing in Practice: Arnold Stringfellow**

Ask Arnold Stringfellow when he moved in to the Camelot Hotel, a supportive housing facility on Turk Street in San Francisco's Tenderloin district, and he responds precisely: “May 11, 2003.” Stringfellow has an unusual ability to remember dates and other numbers; more often than not, they are attached to painful memories. He was in the Navy for 11 months and 13 days. He moved in with his lover on December 31, 1969. He lost his lover to AIDS in 1993, has been in therapy since 1996, lost his home in October of 2002, spent 37 days in a psychiatric institution. Fifty-seven and lean as a whippet, Stringfellow slicks his hair straight back over his balding head, leaving it longish and curly at the neck. Most of his teeth are missing. He wears a nondescript mustache and a little chin hair on a soft, gentle face that conveys vulnerability. Two keys hang from a black strap around his neck, and he keeps a ballpoint pen in his shirt pocket.

Stringfellow's mother died when he was four. His father worked in a sawmill, planing boards and making pallets, and was married five times. “As far back as I can remember, I've always had thoughts of ending my life,” he says. “Because I knew I was different, I couldn't fit in anywhere. I only had one friend when I was little, and one day I saw him get killed on the railroad tracks by a train, and then I didn't have *any* friends.”

He was seven years old at the time. His friend's father was racing another car, speeding toward a train crossing. After the collision, Stringfellow ran to his friend, tried to talk to him, watched him die. "I never tried to make any other friends."

The Navy stationed Stringfellow on Treasure Island in San Francisco Bay, where he trained to be a radar man. "I really believed that doctors could make me straight," he says. "So I went to a priest, and after I sat in his office for an hour and a half, I was finally able to tell him what was wrong. He sent me to a psychiatrist, and from there..." He lets the sentence hang in the air. "They discharged me with an honorable discharge."

Stringfellow held down a job most of his life. He worked as a temp, an accountant, a computer programmer. He even had his own electronics repair shop for a year and a half. Self-taught, he says. Eventually, though, he found himself broke and on the streets. "I thought I could buy love and affection," he says. "I let people take advantage of me. When the money was gone, they were gone."

He had never imagined himself being homeless. He was 54-years-old. The first night didn't go well. "Not much sleep. No blanket, no pillow, just a shirt. It was drizzling. I tried to find a piece of cardboard to lie on." The second night he climbed into some bushes in a futile attempt to stay warm. The nights became months. "Sleeping on the sidewalks was really difficult for me," he says.

With guidance from two psychiatric professionals, Stringfellow found his way to a security shelter, temporary housing and, finally, the Camelot, a narrow, six-story hotel with a clean gray-and-burgundy exterior that stands out among the squalor that surrounds it. One of the ironies you discover upon touring supportive housing projects is that they often tend to be the best-looking buildings on the block, freshly painted and in good repair. The idea is to create a secure, inviting environment where tenants feel safe and have a sense of dignity.

Stringfellow's room on the fifth floor is reminiscent of a room in a well-kept college dorm, small and utilitarian but quite civilized. It contains a sink, a stovetop, a mini-fridge, and a microwave oven (every week he gets seven frozen meals from Project Open Hand and makes one trip to the store for groceries), a narrow platform bed with drawers under it, a chair on casters that he found on the sidewalk, a small closet, a small table, and a telephone that automatically rings the front desk when he picks up the receiver. It also contains electronic equipment, mainly things Stringfellow has found on the street and repaired: a computer, a television, a DVD player, a VCR, a stereo receiver. One wall is exposed red brick, as stylish as a bistro. The floor is covered in a dusty-rose carpet, and a ceiling fan hums overhead. The door has a double lock.

Like most supportive housing tenants, Stringfellow covers a percentage of his rent with his monthly benefit checks. The rest is subsidized. "I love my home," he says. "It's a blessing from God. Every morning, when I get up, I make my bed. At night, I take out my trash. I even polish my sink. I keep it clean and pretty."

Stringfellow is not the typical supportive housing tenant in that he was homeless for months, not years. But he is very typical in that he is afflicted by a combination of physical and mental health

problems: attention deficit disorder, depression, high blood pressure. He is HIV-positive. He used to hear voices until doctors put him on the right medications.

The Camelot was created by Direct Access to Housing, an initiative of the Housing and Urban Health unit within the Community Programs Division of the San Francisco Department of Public Health. The facility has an on-site social services manager and a staff of social workers, and every tenant has a case manager to help where help is necessary. The Camelot does not have an on-site medical clinic, but another Direct Access to Housing project nearby, the Windsor Hotel, does, and it serves more than 3,000 supportive housing tenants citywide.

The Direct Access to Housing program has 12 buildings encompassing more than 800 units. The Corporation for Supportive Housing helped make it happen by providing technical and funding guidance. “They’re good at both advocating for supportive housing and facilitating the expansion of supportive housing,” says Dr. Josh Bamberger, Housing and Urban Health’s medical director. “So they’re both on the front end and the back end of what we do. They had researchers who were looking at what made the model successful and then got some numbers on paper that we could use as the basis for grant writing for expanding and the basis for testifying to government officials about generating monies. That was critical.”

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## Supportive Housing in Retrospect

Julie Sandorf guided CSH from its birth in 1991 until June 1999. Javits, who joined the organization within a year of its inception after working as a legislative analyst for the state of California and then as a social services administrator for San Francisco city government, became the organization’s third president and chief executive officer in late 2000.

Javits has short, dark-brown hair with a smidge of gray, brown eyes that twinkle when she is amused, and a hearty laugh. When someone is speaking, she listens hard, often with a slight squint. If she has an affinity for her work, she comes by it honestly. Her father was Jacob Javits, the longtime United States senator from New York. “I grew up with a strong orientation around public policy and social justice,” she says. “I was always interested in what could be done to level the playing field for people who are poor and haven’t had a fair break in life.”

Javits believes that for all its technical expertise, the best and most vital role that CSH plays is “as a convener, bringing parties together to share information and knowledge.” Josh Bamberger, the medical director for San Francisco’s Housing and Urban Health Unit (see sidebar), singles out that attribute as well. “They are really good at connecting us with other organizations that are doing similar work so we can learn from them and they can learn from us,” he says.

No more of the wheel reinventing that Sandorf found so prevalent around the country before she invented CSH. “They’re very sophisticated,” the Foundation’s Nancy Barrand says. “They have depth on their bench. I don’t worry about their misstepping or even missing things. They’re putting our money to use in a very sophisticated way, using our imprimatur where they need to and in a way that we feel comfortable with. In other words, we trust them to go out and use our money appropriately and wisely.

“But they work in a field where we don’t have a lot of contacts. So for them to go out and attract the money of a Deutsche Bank—I wouldn’t even know where to start. It’s not something that we as a foundation do very well. They allow us to leverage other dollars as well as work with very diverse partners, particularly on the private side. So we get more out of this than just creating supportive housing.

“The Robert Wood Johnson Foundation should get credit not just for seeing that they could move beyond health care and be useful in other ways that are still true to their mission,” says Somers, “but also for seeing that they should do it in partnership with other foundations and that they should invest the kind of resources they have invested in it.”

Julie Sandorf needed “a couple of years’ distance” to fully appreciate what she had set in motion. Having surrendered the CSH reins seven years ago, now she has that perspective. “We absolutely revolutionized public policy with respect to how the public finances and houses the most vulnerable people,” she says, taking pains to stipulate that “we” includes all of CSH’s funders and partners, especially “the local organizations that had to go through the hell of actually building these deals.

“Supportive housing is now business as usual. That’s amazing, given the complicated nature of the work. There are very few times you can look at the social history of public policy over the last several decades and say, ‘Something has changed dramatically for the better.’ I have a much easier life now, but I know we made history, and that’s very thrilling.”

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## Notes

1. Larson L. “Interview with Philip Mangano: Part Two.” *Spare Change*, April 4–17, 2002. The full interview was subsequently titled “Hearts and Minds: A Conversation with the Bush Administration’s Point Man on Homeless Policy, Philip Mangano” and posted on the Internet at [www.realchangenews.org](http://www.realchangenews.org).
2. The estimate for the overall number of homeless is from The Urban Institute analysis of data collected by the U.S. Bureau of the Census in the landmark National Survey of Homeless Assistance Providers and Clients, conducted in 1996. See Burt M and Aron LY. *Helping America’s Homeless: Emergency Shelter or Affordable Housing*. Washington, D.C.: Urban Institute Press, pp. 49–50, 2001. The estimate for long-term homelessness is from the Partnership to End Long-Term Homelessness, which provided these figures upon announcing its formation in November 2004.
3. Culhane DP, Metraux S and Hadley T. “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.” *Housing Policy Debate*, 13(1): pp. 107–163, 2002.
4. Goldman HH. “The Program on Chronic Mental Illness.” In *The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care 2000*. San Francisco: Jossey-Bass, 1999.
5. Rog DJ and Gutman M. “The Homeless Families Program.” In *The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care 1997*. San Francisco: Jossey-Bass, 1997.