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David Schauner, Commissioner
City Hall
PO Box 708, Lawrence, KS 66044

11/28/04

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Dear Commissioner Schauner:

CITY MANAGERS OFFICE
LAWRENCE, KS

This letter is regarding the Lawrence Open Shelter (LOS) proposal you will be considering November 30. Before getting to specific concerns, I feel it necessary to give you relevant personal background and a few introductory paragraphs.

Relevant Personal Background: I came to Lawrence, 1970, to attend KU Graduate School. I received my Ph.D. in Clinical Psychology, 1975. I was Staff Psychologist, VA Medical Center, Leavenworth, 1975 -1987. During the Medical Center tenure I held various positions: Director, Transition Unit (a program wherein we helped psychiatric patients move from a very structured psychiatric hospital setting to private sector housing in the community). Staff Psychologist, Drug and Alcohol Treatment Program (it was not unusual for us to treat individuals who came from the streets, through Detox., and into our Program). Director, Psychophysiological Laboratory & Clinic. Consultant, U.S. Federal Penitentiary, Leavenworth. Research Consultant, Department of Medicine & Surgery, Veterans Administration Washington DC. Editorial Consultant, Behavior Therapy. Director, American Psychological Association Internship Training Program (in addition to other duties, for 6 years, I was responsible for supervising the clinical training and research of doctoral level interns at the Medical Center). In Lawrence: Board member, East Lawrence Improvement Assoc., 1992-1993. Board Member, Oread Neighborhood Assoc., 1993-96. Member of the Mayor's Housing Study Group, 1993-1994 (I wrote the Data Section of the final report). Charter member of board that established Tenants to Homeowners. Volunteer Counselor, Tenants to Homeowners, 1992 -1993. Member, Housing Advisory Council, 1994 -1999. Chair, Housing Advisory Council 6/97 to 7/98. Currently, member of Mayor's Task Force on Homeless Services.

Historical Sketch of an Early 1990s Shelter. In the late 1980s - early 1990s, Lawrence went through a period of increased street homelessness. LINK was established and a year-round 24/7 homeless shelter had opened at 924 N.H. Street (a house down the street from the Salvation Army at 946 N.H.). There was much initial community support for the "Safe House." The Shelter promised, an enforcement of rules of conduct (in & outside of shelter), a program of rehabilitation, and a program primarily aimed at homeless families (the program was to be 68.4% individuals in families---and 31.6% single individuals). Shortly, after its opening, things began to deteriorate. Specifically, evidence indicates that the rehab. program was not as robust as promised; the emphasis on families broke down when an influx of single, male homeless took over much of the house (1990 year data indicate that 78.1% of people served were single individuals--- and only 21.9% were individuals in families); behavior rules were not aggressively enforced. Many shelter supporters, including myself, were disappointed. Neighbors, many who had supported

the shelter, complained of an increase in serious antisocial behavior in the shelter neighborhood. Sixteen months after it opened, the Safe House Shelter closed (1/90 to 4/91). Officially, it closed "due to lack of funding." Many, who actually know of the shelter's operation, might say that the shelter lost initial community support and closed, due to a lack of adequate therapeutic programming structure, an uncontrolled mission shift from families to transient single males, and an inability to keep promises. Conversely, many who do not know the details of the shelter's operation might easily conclude that the shelter was not responsible for its closing. Rather, the community was responsible (e.g., perhaps an "uncaring community did not provide financial support"). Recently, I heard someone claim that the Safe House Shelter closed; because, it housed the Texas homeless transient who stabbed and killed a young Lawrence boy--- the shelter closing was being attributed to a community's fear of homeless. I pointed out that, in fact, the killing had occurred in 1989, months before the shelter's opening. I also pointed out that the shelter had much initial community support, but closed because of what could be argued--- was poor or inadequate programming structure. I see similar things happening with LOS.

POINT: There are fine, well-run homeless shelter programs that serve both the needs of the homeless and the needs of the community. Conversely, there are poorly run programs that have unsound therapeutic programming. The Topeka Rescue Mission (TRM), is an excellent, nearby example of a well run program with sound therapeutic programming. TRM serves a much larger homeless population than LOS; however, TRM and its immediate neighborhood have nowhere near the problems we are experiencing downtown and in the neighborhood near LOS. Again, TRM's sound therapeutic programming allows it to deliver a high volume of quality services without causing disruption or blight in the community. One measure of TRM's success at serving both the community and the homeless is the fact that it receives no United Way or government funding; instead, every year, it must rely on donations to meet its 2 million dollar operating budget. The key difference between TRM and LOS is the fact that TRM allows only three days of "no-strings-attached" food and shelter before a homeless individual is required to be part of some rehabilitative program (a program fitted to his/her needs---it is not a "one size fits all" program)---- LOS, on the other hand, allows an unlimited amount of time for a person to "choose" if he or she wants to be part of a rehabilitative program. From a clinical view, not providing a therapeutic structure (e.g., the 3 day requirement) can be harmful. This is especially true with two large sub-sets of the street homeless population. Specifically, street homeless individuals suffering severe mental illness and those suffering serious drug and/or alcohol addiction. The mental state of both these groups is often such that their ability to "choose" is virtually non-existent. Consequently, if these individuals are simply given food and shelter, while program staff waits for them to "choose," many will stay on the streets---they will "slip through the cracks," and they will die under a bridge or in one of our parks. The majority of Lawrence's homeless deaths (highest number of homeless deaths in the state in recent years) have been due to toxic levels of alcohol (not cold weather). Thus the seemingly progressive attitude of allowing people to "choose," when they have lost the ability to make rational decision is not an enlightened attitude--- it is neglect that can end in death. This nearly identical problem has been occurring in Portland, Main--- homeless individuals have been dying due to service delivery policies similar to ours. To save lives, Portland's Director of Human Services has urged a change in the no-requirement, food and shelter policy (I talked with the Director by phone). Remarkably, the arguments against such a policy change are nearly, word-for-word, identical to those heard in Lawrence (see attached newspaper article). The idea behind having a therapeutic

programming structure that only allows 3 days (some shelters allow less time), before requiring participation in an individualized program, is that the program is providing structure--- structure that pulls (with food & shelter) the individual suffering serious mental illness and/or drug/alcohol addiction into a helpful program of rehabilitation. As someone who has done intakes for, and treatment of, individuals suffering serious mental illness and/or drug/alcohol addiction, I can tell you that structure is absolutely essential for the well-being of these individuals. Repeat: Absolutely essential. Individuals suffering chronic mental illness (a sizable percentage of street homeless), do not always signal that they have a tenuous hold on reality--- a person's psychological condition can be quietly deteriorating before he or she needs to be hospitalized. Casual, friendly contacts by volunteers/staff at LINK or LOS often will not be enough to detect a person's deteriorating condition. Unfortunately, if such a person is not being followed within the therapeutic structure of a program, they will be off medications they need, they will exist on the streets, their condition will deteriorate, and there will often be a "significant event" that will cause the person to be hospitalized or jailed. A "significant event" can be an event that cause harm to "self or others." Thus, "requiring" people to be part of a program wherein they receive an adequate medical/psychiatric needs assessment and follow-up, is not an autocratic power play--- it is the provision of therapeutic structure to those who need it most. As mentioned above, with its 3 day "requirement," Topeka Rescue Mission provides both the therapeutic structure and the therapeutic pull for those who need it the most. Conversely, there are elements of the Lawrence homeless services delivery system that do not provide that therapeutic structure or pull. LOS is one of those elements. I state this with honest concern---no malice intended.

A short mention of another sub-set of the street homeless population--- individuals the Minneapolis Homeless Task force, I believe, calls "street tuffs." These are higher functioning individuals who are "streetwise" they are quite willing to take free food and shelter, but they want no part of a rehabilitation program. Although this is a small sub-set of the street homeless population, this group can cause a large amount of trouble for a community. They can, and do, use up a large percentage of a community's homeless resources. For these unmotivated individuals, the TRM structure, and a 3-day requirement, does not support/enable their street lifestyle. Conversely, the provision of unlimited, no-requirements, food & shelter (LOS) does, nicely, support/enable their lifestyle. LOS's present programming structure, and certain other elements of the Lawrence homeless services delivery system, are prolonging; increasing; "enabling" chronic street homelessness. As a result, we have had an increase in street homelessness and a significant increase in serious problems associated with certain sub-sets of the homeless population. (I know, others will insist that we have had increases "because the economy is bad," "Lawrence is a growing city," and/or "Homelessness will always be with us."). Regarding Lawrence long-term homelessness, a few years ago, several homeless had been found to be existing in riverside hovels for 6+ years. This long-term/ chronic street homelessness could not exist without a service delivery system and service providers "enabling" it to exist.

Good News---maybe not. For months, in the Homeless Services Task Force, some of us have pushed to have service providers and program directors move from a program paradigm that enables street homelessness, to model similar to the Topeka Rescue Mission --- a model that therapeutically pulls the chronic homeless off the streets and into a program of rehabilitation. Recently, the Director of LOS informed me that he is trying to

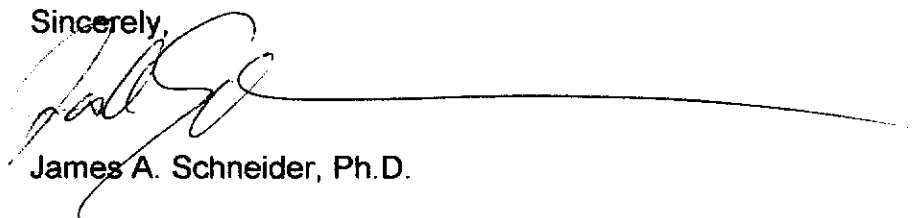
convince the board of LOS to move from a policy that allows unlimited time to "choose," to a program policy that would allow three working days of shelter before the person is required to become part of a program tailored to his or her strengths and needs. IF the proposed LOS policy change were made, Lawrence would move a giant step toward effectively addressing chronic street homelessness (provided another group did not start another "Open" Shelter). The LOS policy change would be an enormously positive development for both the homeless and the community. UNFORTUNATELY, the last I heard, the LOS board will not go along with this positive policy change. ----Which brings us to requests:

(1) I respectfully ask that you deny LOS's request for expansion from 20 to 30 beds. If LOS expands their capacity, without reforming its program philosophy, quality of life downtown and in adjoining neighborhoods will deteriorate even more. "Deteriorate even more?" ---Until there were two Task Force public forums, and until I heard from a number of neighborhood and downtown business people, I did not realize the extent and seriousness of the problems being encounter by our citizens. Many of these problems did not exist 2 years ago. And, unfortunately, many of the problems can not be dismissed as simply intolerance or a "Public's need for education."

(2) I respectfully ask that you deny LOS's request to be reviewed on a 5-year interval schedule. Keeping the review process on a short interval schedule (e.g., 1 yr.) is extremely important. If you approve LOS's current mode of operation for 5 years, the community will have no leverage to move LOS toward a positive policy change. Even if, LOS comes to you, Tuesday, with an announcement that they have made a positive policy change (i.e., the 3 days policy), it would still be unwise to grant a 5 year review interval (positive policy changes can easily be changed back to negative policy with a new board, or with a board that reverses itself). ---While I am not a liberty to discuss them, there are several Task Force recommendations that will, if enacted, go a long way toward setting up community-wide homeless delivery system that has the potential to actually reduce chronic street homelessness. If you approve a 5-year interval schedule for LOS, you will undercut a community-wide plan that has a real, chance of establishing and coordinating a sound homeless delivery system. ---Please keep the review interval at 1 year--- this particular point is possibly more important than you might think. ---Consider this: The Topeka Rescue Mission must submit an annual report and struggle to meet its 2 million dollars budget with private donations each and every year--- it is unreasonable to ask LOS to be accountable to the community once per year? Please, this point is important.

Your Tuesday night's decisions will have a significant impact on the health and livability of Lawrence. I truly feel that I am not overstating the importance of your Tuesday night decisions. Please provide leverage for positive policy change ---please keep the review interval at 1 year.

Sincerely,

A handwritten signature in black ink, appearing to read "James A. Schneider", followed by a long horizontal line extending to the right.

James A. Schneider, Ph.D.

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"There is some level of responsibility on an individual's part to work with you. When there's no accountability at any level, there's lower expectations," Gerald Cayer, director of Portland's Health and Human Services Department, said Monday at a news conference with Chitwood.

"At what point do we say to a person who has been here three years, using what income they have available to engage in a lifestyle that is not healthy, at what point do we take a stronger 'tough love' approach?" Cayer asked.

But some advocates for the homeless say forcing someone to sleep outside if they do not submit to counseling or treatment is harsh and dangerous.

"We don't need more people sleeping outside and dying outside," said Chip Land, who was once homeless himself. He is now a consumer advocate with the Preble Street Resource Center who tries to make contact with people sleeping outside.

Last fall, Cayer and his staff tried to require new shelter arrivals to meet with a counselor and discuss ways to find permanent housing. But the effort was canceled after advocates for the homeless and some city councilors objected, he said.

The issue is being revisited because the number of homeless in the city continues to grow.

As much as 10 percent of police calls on a given night can involve dealing with homeless people who have severe alcohol problems or mental illness, Chitwood said. The department handled more than 1,000 such calls last year, he said.

The city's 154-bed shelter on Oxford Street has had to rely on its emergency overflow plan consistently for the past month and a half, with as many as 185 people seeking shelter.

The number of women in the city shelter has doubled from between 23 and 28 on a typical day to 46 of late, Cayer said.

"We are just being overwhelmed. People are falling through the cracks," said Cayer, noting that the deaths of three men on the streets this month suggests they fell through the social safety net. "If we weren't bursting at the seams, perhaps we could have been focused on meeting their needs," he said.

Mason had recently returned to the city from Lewiston, where he has family. He had lived in Portland before the end of 2001, and had more than 100 contacts with police, most associated in some way with substance abuse.

Cayer does not believe that expanding the capacity to shelter people is the best way to deal with chronic homelessness.

"We could add another 100 beds to the system and I can



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guarantee we would be over capacity in a short time," he said. "We need to find hooks to get people engaged. If people have income, how can we help you use that income to pay for housing or the right support services?"

Cayer said an analysis of the growing women's population at the shelter shows the need for change. Of the 46 women there, only five are cooperating with city social workers to obtain housing, he said.

At the same time, a small percentage of the people using the shelter are from Portland, with about 40 percent from other Maine towns and a similar percentage from out of state, he said.

"We're looking at policies locally that basically enable homelessness and enable other communities to not be part of the solution," said Cayer, who has often maintained that other Maine communities don't do enough to address their own problems of homelessness, aggravating the problem for Portland.

But advocates argue that requiring people to participate in services may drive them away from safety and the basic needs of food, shelter and health care.

"Sleeping outside is not a cure for alcoholism," said Mark Swann, executive director of the Preble Street Resource Center, which runs a soup kitchen and a daytime drop-in center and hosts a city-run health clinic. Swann does not believe cots on the shelter floor a few inches apart is enabling, but instead brings homeless people in contact with service providers, improving the chances they can get help.

"The goal is to build relationships and build trust, and people will avail themselves of services when ready," Swann said.

Advocates also object to the suggestion that Portland is somehow unique. The problem of homelessness is growing across the country, and each city seems to believe it's a magnet for homeless people from other areas, Swann said.

Steve Huston, another Preble Street outreach worker, said the city should provide basic needs to people until they are ready to help themselves.

"When I heard (Mason) died, I wondered what we could have done to prevent it. Putting higher barriers at the shelter is not one of the fixes that came to mind," Huston said.

The City Council's Health and Human Services committee is likely to discuss the issue at its April 20 meeting, when it receives a report on use of the Oxford Street shelter.

Staff Writer David Hensch can be contacted at 791-6327 or at: dhensch@pressherald.com



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