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## BRC
*Application for the*

**2005 Rudy Bruner Award for Urban Excellence**

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**Inside Front Pocket:**
- Additional Copy of Abstract, Project Data, and Project Image
- Sealed Envelope with Award Use

**Inside Back Pocket:**
- BRC Annual Report

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FS 01001
**PROJECT DATA**

*Please answer questions in space provided. Applicants should feel free to use photocopies of the application forms if needed. If possible, answers to all questions should be typed or written directly on the forms. If the forms are not used and answers are typed on a separate page, each answer must be preceded by the question to which it responds, and the length of each answer should be limited to the area provided on the original form.*

<table>
<thead>
<tr>
<th>Project Name: The Palace Renaissance</th>
<th>Location: 315-317 Bowery, New York, NY 10003</th>
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</thead>
<tbody>
<tr>
<td>Owner: Mike Shapiro and Paul Gatto, GF Associates &amp; SF Associates</td>
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<tr>
<td>Project Use(s): 24/7 Homeless Drop-In Center; Transitional Housing; Permanent Housing; Job Training; Other Services</td>
<td></td>
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<tr>
<td>Project Size: 19,000 Square Feet</td>
<td>Total Development Cost: $3.9 Million</td>
</tr>
<tr>
<td>Annual Operating Budget (if appropriate): $3,294,028.73</td>
<td></td>
</tr>
<tr>
<td>Date Initiated: August 2001</td>
<td>Percent Completed by December 1, 2002: 15%</td>
</tr>
<tr>
<td>Project Completion Date (if appropriate): June 2004</td>
<td></td>
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<tr>
<td>Attach, if you wish, a list of relevant project dates</td>
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**Application submitted by:**

<table>
<thead>
<tr>
<th>Name: Muzzy Rosenblatt</th>
<th>Title: Executive Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization: Bowery Residents' Committee, Inc.</td>
<td></td>
</tr>
<tr>
<td>Address: 324 Lafayette Street, 8th Floor</td>
<td>City/State/Zip: New York, NY 10012</td>
</tr>
<tr>
<td>Telephone (212) 803-5708</td>
<td>Fax (212) 533-1893</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:mrosenblatt@brc.org">mrosenblatt@brc.org</a></td>
<td>Weekend Contact Number (for notification): 718-541-3362</td>
</tr>
</tbody>
</table>

**Key Participants (Attach an additional sheet if needed)**

<table>
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<tr>
<th>Organization</th>
<th>Key Participant</th>
<th>Telephone/e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Agencies: NYC Dept. of Housing Preservation &amp; Development-</td>
<td>Tim O’Hanlon 212-863-8000 / <a href="mailto:to9@hpdc.nyc.gov">to9@hpdc.nyc.gov</a></td>
<td></td>
</tr>
<tr>
<td>NYC Dept. of Homeless Services-</td>
<td>Jim Anderson 212-361-7971 / <a href="mailto:janderso@dhs.nyc.gov">janderso@dhs.nyc.gov</a></td>
<td></td>
</tr>
<tr>
<td>Architect/Designer: Edelman Sultan Knox Wood-</td>
<td>Joe Sultan 212-431-4901 / <a href="mailto:jsultan@edelman-sultan.com">jsultan@edelman-sultan.com</a></td>
<td></td>
</tr>
<tr>
<td>Developer: Bowery Residents' Committee, Inc.</td>
<td>Alfredo Lopez 212-803-5716 / <a href="mailto:alopez@brc.org">alopez@brc.org</a></td>
<td></td>
</tr>
<tr>
<td>Professional Consultants:</td>
<td>Joseph Biber 914-827-7425 / <a href="mailto:jbiber@mindspring.com">jbiber@mindspring.com</a></td>
<td>Ted Houghton <a href="mailto:ted.houghton@verizon.net">ted.houghton@verizon.net</a></td>
</tr>
<tr>
<td>Other: Corporation for Supportive Housing-</td>
<td>Connie Tempel 212-986-2966 / <a href="mailto:ny@csh.org">ny@csh.org</a></td>
<td></td>
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**Other:** Long-Term Palace Flophouse Resident, August Chuiases 212-533-5656

Please indicate how you learned of the Rudy Bruner Award for Urban Excellence. (Check all that apply).

- [x] Direct Mailing
- [ ] Magazine Advertisement
- [ ] Previous RBA entrant
- [ ] Other (please specify)
- [ ] Professional Newsletter
- [ ] Previous Selection Committee member
- [ ] Organization Newsletter
- [ ] Magazine Calendar
- [ ] Bruner/Loeb Forum

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**Signature**

[Signature]
ABSTRACT

Project Name The Bowery Palace Renaissance Project

Address 315-317 Bowery  City/State/Zip New York, NY 10003

1. Give a brief overview of the project, including major project goals.
Once a dilapidated lodging house, or flophouse, located on the Bowery, long New York City’s “Skid Row,” the former Palace Hotel has been completely renovated and transformed into an attractive, multi-service center for homeless and formerly homeless men and women. It provides a continuum of care under one roof, housing BRC’s Outreach and Drop-In Center programs; transitional housing; vocational training, health care and other support services; and permanent apartments, including homes specially designed for the former flophouse residents. Social service workers, health care providers and case managers have offices on premises, integrated with client living and program areas.

BRC is a comprehensive homeless services organization whose programs partner internally to create a “one-stop” agency model that results in a high retention rate, more continuous care, and a maximum success rate for our clients. Combining in one facility so many services needed by homeless individuals, the renovated Palace presents an excellent national model. BRC works with especially service-resistant homeless people, who are often struggling with mental illness and substance abuse and other health issues. By providing a continuum of care in one location, a feeling of safety and trust is maintained; case managers and other professional staff can work together to ensure clients get access to all the services they need; and clients do not “fall through the cracks” as they often do when shuttled from one program and location to another.

2. Why does the project merit the Rudy Bruner Award for Urban Excellence? (You may wish to consider such factors as: effect on the urban environment; innovated or unique approaches to any aspect of project development; new and creative approaches to urban issues; design quality.)
The Bowery, once New York City’s “Skid Row,” has in recent years been going through the process of gentrification. Theaters, fashionable shops and restaurants, and luxury apartment buildings are replacing the restaurant supply stores and the Bowery’s infamous “flohouses.” These “flops” or transient or lodging hotels, have long been unsafe, dirty, and vermin infested. Residents live in 4 feet by 6 feet cubicles, with low chicken-wire ceilings. As unappealing and substandard as they were, the old Bowery hotels did offer low-income individuals a room, often for less than $5 a night, and a measure of independence. No other housing is available to take their place. Without this project, the Palace would either have continued as a flophouse, presenting an increasingly unsanitary, unsafe eyesore in the neighborhood and providing appalling and unhealthful living conditions for its residents, or, more likely, have been torn down and replaced with luxury housing, further reducing the supply of low-cost and affordable housing in the area, and displacing its original residents.

The project has converted an old and run down Bowery flophouse, which represented the worst aspects of the old system for dealing with the poor, indigent, and homeless, into a site with programs that represent the state of the art in current service delivery methodology for this population. Like all BRC facilities, it goes far beyond what is legally mandated in housing the homeless, and creates the kind of attractive, clean, safe and “homey” living conditions that are so important to clients’ self-esteem as they work to reclaim their lives. As the Palace itself was transformed, it can now help transform the lives of some of New York City’s most vulnerable citizens.
PROJECT DESCRIPTION

1. How has the project impacted the local community?
Before BRC took over and renovated the Palace Hotel, it was a prime example of New York City's notorious Bowery "skid row" flophouses. The lodgers lived in 4 by 6 feet cubicles, with chicken-wire ceilings, and a single bare bulb. Crime, violence and substance abuse were rampant. Many lodgers were ill with untreated, communicable diseases such as TB. Conditions inside and outside the hotel were unsafe and unsanitary. The appalling interiors housed vermin, including rats, lice and bedbugs.

The facility is now clean, safe, and increasingly attractive. In addition to providing housing and services for many of the former flophouse residents, the new Palace offers a full continuum of services for homeless individuals. Its 24/7 drop-in center, and homeless outreach team, encourages homeless individuals to come in off the streets, and the array of services and programs in the building – and throughout BRC's other facilities, with which it is linked – helps them stay off the streets and reach their highest possible level of personal autonomy and fulfillment. This improves life for everyone in the community.

2. Describe the underlying values of the project. What, if any, significant trade-offs were required to implement the project?
The project was infused with BRC's mission and philosophy. We believe that change is possible, even in the most difficult of circumstances. Our clients are homeless, chemically dependent, psychiatrically disabled, aged, and persons with HIV/AIDS in metropolitan New York City. The agency provides a comprehensive array of services including housing, meals, detoxification, mental health and addiction services, health care, vocational rehabilitation, AIDS services, community education, and advocacy. By providing these services, BRC offers its clients the means to function successfully in society, and seeks to improve the quality of life in the community.

This project was especially important to BRC, because it speaks to our roots on the Bowery, where we began in 1971, when the Bowery was still synonymous with Skid Row and the people who lived there were called winos and "Skid Row bums." The agency evolved from the efforts of local lodging house residents to provide basic social services for themselves and other disenfranchised men who lived on the Bowery, in the "flops," and on the streets. The hopeful ethos of self-help, personal responsibility, and direct services still guides us as we help more than 6,000 people each year. As we have from the beginning, we acknowledge individual strengths and needs as we try to foster individual responsibility.

The most significant trade-off in the project stems both from the fact that our renovation and operating support comes from a variety of funders with different requirements, and because we offer a full range of services within one building, we were not able to create as many units of permanent housing as could have been created if the whole building were devoted to that purpose. We are now working with NYC's Department of Housing Preservation and Development to renovate or build an entire facility for low-income housing elsewhere in the City.
3. Describe the key elements of the development process, including community participation where appropriate

The pre-development process was the most difficult, as it involved cobbling together funding from a variety of governmental and programmatic sources, each with its own requirements and specifications, as well as meeting City building, safety and construction codes, all the while balancing the needs of clients and the best ways to serve them and to make best use of the space. Several versions of plans were presented to funders, such as New York City’s Departments of Housing Preservation and Development and Homeless Services, along the way. In addition, budgeting concerns necessitated some design changes.

It was important to BRC to hold fast to its values during this process. This included respecting the independence, dignity and free-will of the flophouse residents. It was necessary to work closely with them for many years. BRC had originally planned to find alternative placements for the lodgers, all of which would have represented improvements from their living conditions in the flophouse. However, when it was discovered they many of the lodgers did not want to relocate, we had to do the construction around them, while they remained in residence. Eventually, the remaining lodgers were relocated to attractive, permanent housing on the Palace’s fourth floor.

4. Describe the financing of the project. Please include all funding sources and square foot cost where applicable.

The project was funded through a combination loans, grants, and contractual commitments covering the operational cost. The funding sources include:

- New York City Department of Housing Preservation and Development
  Loan for capital funds - $1,560,832.

- New York City Department of Homeless Services
  Capital Funds- $1,423,632.
  Funds for supported service- $348,955 per year for three years

- U.S Department of Housing and Urban Development
  Grant for capital funds- $988,416.
  Funds for supportive services- $2,380,344 covers services for three years

- Federal Home and Loan Bank of New York
  Grant for capital funds- $220,123

The Corporation for Supportive Housing provided pre-development support.

5. Is the project unique and/or does it address significant urban issues? Is the model adaptable to other urban settings?

The project is unique in several ways. It transformed a dilapidated building in a rapidly gentrifying area not only without dislodging the current residents, but in offering them improved housing and many services that have transformed their lives, all the while respecting their independence and dignity. It combines a full spectrum of services for homeless individuals under one roof. It will be the only New York City drop-in center offering beds – an incentive for those not ready to commit to treatment programs to at least begin their progress from the streets – and the only one anywhere we are aware of where homeless outreach workers and the Homeless Helpline are housed in the same building as the drop-in center. Knowing the outreach workers they have come to trust are just down the hall has had a significant impact in enabling people to come into the drop-in center, often the first phase of their recovery. The outreach workers can then keep track of their progress, and make sure they are in the right placement. This model should work well in any urban setting with substandard housing stock that needs rehabilitation, and with low-income or homeless individuals that need housing and support services.
1. What role did your agency play in the development of this project? Describe any requirements made of this project by your agency (e.g., zoning, public participation, public benefits, impact statements).

The Department of Housing Preservation and Development of New York City provide a loan for the rehabilitation of the second and fourth floors of the premises located at 315 Bowery, New York, NY. The project consisted of the rehabilitation of the fourth floor of the premises to create 24 single room occupancy units with shared bathrooms, kitchens and communal space, and the renovation of the third floor, through funds from the Department of Homeless Services, into two 19 bed shelters, and the partial funding of the renovation of certain common spaces of the premises.

2. How was this project intended to benefit your city? What trade-offs and compromises were required to implement the project? How did your agency participate in making them?

Within the New York metropolitan area, as is the case in most cities, there is an ever-growing demand for affordable housing for very low income and disabled single adults. The participation of the Department of Housing Preservation and Development in this project is in direct response to the demand for housing by the City's most needy. Occupancy of the housing units is limited to persons who are low income and formerly homeless.
3. Describe the Project's impact on your community. Please be as specific as possible.

A deteriorating building has been stabilized and repaired. It has also been transformed from one of the worst ways to house low-income people - a flophouse - into a multi-service facility that can serve individuals who are currently homeless and in need of services, from food, clothing, showers, medical care, etc., to those who are ready for more independent living.

The 24 permanent housing units coupled with the 36-bed shelter, along with the additional services for the homeless, provide an example of using public funding sources and community efforts to assist homeless individuals in their struggle toward self-sufficiency and permanent housing.

The project also represents a successful effort to meet the needs of low-income people in an area undergoing gentrification, in a city with a need for additional affordable housing.

4. Did this project result in new models of public/private partnerships? Are there aspects of this project that would be instructive to agencies like yours in other cities?

The renovation of the Palace was funded by the New York City Department of Housing Preservation & Development, with additional funds from the New York State Office of Temporary Disability Assistance, and the U.S. Department of Housing and Urban Development, with pre-development support from the Corporation for Supportive Housing, a not-for-profit organization. In addition, the New York City Department of Homeless Services is providing substantial operating and program support. By working with this variety of public agencies, as well as CSH and other private funders, BRC was able to create a facility that can address the wide range of health, programmatic, housing, and service needs of homeless individuals within one building. Especially when dealing with service resistant and disabled individuals, who are slow to build trust, putting all these services within easy reach provides an excellent service model, as well as an effective funding model. From a public agency perspective, working with private-sector, non-profit social service organizations like BRC, who can cobble together a wide range of funding and programmatic resources, is an effective way to both transform dilapidated and dangerous structures and to meet affordable housing needs of very low income individuals.

5. What do you consider to be the most and least successful aspects of this project?

The least successful aspect of the project was the time it took to put together the entire funding and programmatic package, as well as construction delays and obstacles arising from the need to continue using the building for certain ongoing BRC programs, as well as the continued residence of the boarding house lodgers during the renovation.

The most successful aspect was the replacement of dark, ill-ventilated plywood cubicles on the third fourth, occupied by a dozen or more disabled individuals, with well constructed SRO units on the fourth floor. The accommodations in this former lodging house represented the worst way of housing the poor and disabled. The building has been transformed into an attractive facility that can help individuals get the services they need to maintain a healthy independent way of life.
DEVELOPER PERSPECTIVE

Name: Alfredo Lopez  
Title: Associate Director, Facilities

Organization: Bowery Residents' Committee (BRC)  
Telephone: 212-803-5716

Address: 324 Lafayette Street, 8th Floor  
City/State/Zip: NY, NY 10012

Fax: 212-533-1893  
E-mail: alopez@brc.org

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Signature

1. What role did your organization play in the development of this project? Describe the scope of involvement.

The Bowery Residents' Committee, with the aid of a housing and development consultant, and through a long and arduous process, managed to secure capital and operational funding through a combination of municipal and federal loans and grants. BRC retained the service of an architectural firm and worked intimately with the architect in the preliminary designs and final configuration of program space. The organization was an active participant in the bidding process including the decision making when it came to the elimination of certain design elements due to budgetary constraints. Throughout the actual construction period of the project, members of our organization acted as owners' representatives and attended all weekly progress meetings. We were directly involved in the approval process of any changes to the scope of work as they occurred.

2. What trade-offs or compromises were required during the development of the project?

At its beginning, the project's goal was for the 315 Bowery part of the project (the old Palace Hotel, and the new BRC Palace, is comprised of the two buildings of 315 and 317 Bowery) to provide transitional housing for 50 disabled, single, homeless adults and 20 permanent low-income housing units. The building codes of New York City and New York State did not permit the number of beds as hoped for in the space available for the project. BRC went through a very extensive planning process seeking the optimal use of the residential and program space. The outcome of this process was a design that would allow transitional housing for only 38 single homeless adults and 24 low-income permanent housing units in the 315 Bowery part of the project. In addition, the architect for the project had, in the original design, some very attractive architectural detail at the ceiling level that included some innovative use of light. The details were eliminated during the bid process due to budgetary constraints.

3. How was the project financed? What, if any, innovative means of financing were used?

The Bowery Residents Committee secured capital funds from the New York City Department of Housing Preservation and Development, New York City Department of Homeless Services, U.S. Department of Housing and Urban Development-Supportive Housing Program, Federal Home Loan Bank of New York- Affordable Housing Program, and the Corporation for Supportive Housing.

Operational funds were obtained in the form of three-year contractual commitments to provide supportive services. These commitments are from the Department of Homeless Services and the Department of Housing and Urban Development.

In addition to the social services funding mentioned above, BRC received Section 8 SRO Moderate Rehab rental subsidies from the Housing Preservation and Development's Supportive Housing Program that will cover the full operating cost of the low-income permanent housing. The funds are available for a 10-year term and will be eligible for renewal thereafter.
DEVELOPER PERSPECTIVE (CONT'D)

4. How did the economic impacts of this project on the community compare with or differ from others projects you have been involved with?

The improvement of the two buildings that comprised the old Palace Hotel, and now house the BRC Palace residences and programs, eliminated an unsafe and unsanitary eyesore from the neighborhood. This will undoubtedly facilitate the efforts of other development and renovation projects in the area. Much of this new development is part of the "gentrification" of the neighborhood, which includes the building of new luxury apartments and condominiums, and the establishment of posh stores and bistros. However, as BRC maintains clean and safe conditions, and is respectful of its neighbors, and as the building is such an improvement over what was there before, there should be no hindrance to other projects. In addition, we also help the community by providing treatment and housing for low-income and homeless individuals.

Although BRC is a not-for-profit, tax-exempt organization, the owners of the building, GF Associates and SF Associates, are commercial enterprises, so the project has not reduced the real estate tax rolls of the city. In fact, the improvements resulting from the project will in all likelihood increase the value assessments of the property.

5. What about this project would instructive to other developers?

This project shows that it is possible to renovate substandard housing stock in improving neighborhoods, without displacing current residents. Of course, this is being done by a not-for-profit organization, and required substantial governmental and private support. In addition, for certain populations, such as the flophouse lodgers, a great deal of social service investment was required, both in ensuring they received medical and other needed support services, and in establishing trust and engendering openness to change, even though it was a change for the better.

6. What do you consider to be the most and least successful aspects of this project?

The most successful aspects of this project is the renovation of a one hundred year old lodging house that had previously undergone little or no renovation, had inadequate electrical and plumbing and was unacceptable as housing. The project was completed without having to displace lodgers, some of which had been living at the lodging house for up to 30 yrs.

The least successful aspects of the project were the difficulties with the phasing of work and underestimating the length of time the project would take to complete.
PROFESSIONAL CONSULTANT PERSPECTIVE

Name: Joseph Biber
Address: 204 Cleveland Drive
Telephone: 914-827-7425
E-mail: jbiber@mindspring.com
Title: Housing & Development Consultant
City/State/Zip: Croton-on-Hudson, NY 10520
Fax: 914-827-3968

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Signature

1. What role did you or your organization play in the development of this project?

Joseph Biber, Housing and Development Consultant, was initially retained in the fall of 1997 by the Corporation for Supportive Housing (CSH), along with Sultan Architects, to design a master plan for the development and reuse of the Palace Hotel South. At that time the Palace housed approximately 50 "Lodgers" in small cubicles, and the property was in serious need of modernizing. The initial scope of work for this phase of the project included the following:

- Interview Executive Director and staff re: program requirements and tenant profiles
- Review project information (e.g., SHP applications)
- Review architectural program and preliminary design feasibility (options for configuring programs) and provide feedback re: program/financial feasibility (ongoing)
- Meet with BRC and Architect to review design and follow-up with Architect on design changes
- Review construction cost estimate and provide feedback to Architect
- Identify potential sources of capital financing to supplement HUD SHP and conduct financial analysis of funding options to determine optimal program design
- Identify potential additional sources of supportive services and operating support, and conduct analysis of optimal services/operating approach
- Present preliminary recommendations to BRC and prepare revisions based on feedback
- Prepare report with final recommendations on master plan for Palace Hotel

The recommended master plan called for the development of 24 SRO rooms on the top floor that would provide permanent supportive housing for homeless single adults. The second and third floor would be devoted to transitional housing for long-term shelter stayers and homeless adults participating in employment readiness.

The Consultant's role was also to secure the needed capital financing and operating support to carry out the proposed plan, and to coordinate the development team (Architect, Attorney, BRC Program Staff) to implement the project.
PROFESSIONAL CONSULTANT PERSPECTIVE (Cont'd)

2. From your perspective, how was the project intended to benefit the urban environment?

The Palace Hotel was originally operated as a for-profit transient lodging hotel, and was notorious for the illegal activities surrounding the operation, and the negative effects on the surrounding neighborhood. BRC was encouraged by the City of New York to help stabilize the hotel through the provision of social services and security, and long-term, to renovate the hotel and upgrade the physical conditions. Lodging quarters was seriously outmoded and inadequate, and the lack of social services created an insecure environment.

BRC entered into a 47-year lease on the Palace Hotel, which provided a sufficient term to then seek financing for the buildings’ improvement and introduction of services. The project, which is now complete and operating, has contributed significantly towards stabilizing the lives of the residents and stabilizing the immediate neighborhood.

3. Describe the project’s impact on its community.

The building has been substantially rehabilitated and now provides modern residential facilities for homeless adults, in stark contrast to the earlier lodging quarters. The project has also preserved critically needed housing resources in the Bowery, which have increasingly been lost due to gentrification pressures and New York University’s development plans. The amelioration of an unstable environment, through the delivery of needed supportive services and on-site security, has also had a dramatic impact on the community.

4. What trade-offs and compromises were required during the development of the project? How did your organization participate in making them?

Perhaps the major compromise in developing the project was the need to accommodate the City of New York’s capital budget constraints, which required some scope-of-work reductions, particularly surface treatments. This was principally a negotiation between the Architect and BRC and the General Contractor.

5. How might this project be instructive to others in your profession?

The project is instructive as an example of a creative re-use of an outdated residential building, and as a way to stabilize troubled commercial hotels in urban settings. The key element in stabilizing this hotel was the introduction of on-site supportive services that addressed the range of needs (e.g., mental health, medical, substance abuse, HIV/AIDS) and developed a trusting relationship with the long-term tenants.

6. What do you consider to be the most and least successful aspects of this project?

The most successful aspects were the turn-around of a notorious lodging hotel and the physical upgrading and preservation of Bowery-based affordable housing.

The least successful aspect was the construction process, which encountered serious delays to a contractor with limited comparable experience and design compromises due to budget constraints imposed by the City of New York.
1. What role did you play in the development of this project?

The Corporation for Supportive Housing is an intermediary dedicated to working with communities to create permanent housing with services to prevent and end homelessness. CSH is especially committed to creating housing for persons who have been homeless for the long-term. Assisting the Bowery Residents' Committee to transform the Palace was an opportunity to preserve an existing community resource, find housing for long-term lodgers who wished to move and create permanent housing with services on-site for long-term lodgers who wished to remain at the Palace. CSH assisted in two major ways:

- Provided predevelopment assistance. CSH retained an architect and development consultant on behalf of the project to create a physical and financial master plan for the renovation of the facility. Once initial applications for capital financing were secured, a loan was provided to the sponsor to cover on-going predevelopment costs prior to closing on the capital. The development consultant was key in shaping the operating and service budgets to capture Federal grant funds. CSH intervened on behalf of the sponsor when these Federal funds were jeopardy.

- Provided grant funds to the sponsor in two stages that enabled them to retain staff to work with the lodgers. With the first grant, the sponsor retained a housing specialist who developed a trusting relationship with many of the lodgers. Through his efforts 30% of the lodgers moved -20% to supportive housing, 7% to independent housing and 3% to an adult home. With the second grant, an entitlement specialist was hired who secured Section 8 rental subsidies and assisted 13 of the remaining lodgers to move upstairs to the newly renovated SRO.

CSH also retained Dr. Susan Barrow of the New York State Psychiatric Institute to evaluate the efficacy of the project through the Closer to Home evaluation.

2. Describe the impact that this project has had on the community. Please be as specific as possible.

The Palace is both a model for preserving and enhancing a community landmark and a model of working with intransigent individuals who refuse to change or move. While the Bowery community surrounding the Palace is rapidly becoming gentrified and lodging houses have all but disappeared as resources for low income individuals, the Palace has become a vibrant center for services and housing for the city's lowest income and often most troubled individuals. The engagement strategies undertaken by the housing specialist and entitlements specialist and now onsite case manager have proven that individuals can change and grow if given a respectful environment and services. The physical design of the lodgers floor accommodates their level of independence. Each has their room, but kitchen and bathroom facilities are shared. The common
lounge adjacent to the kitchen facilitates interaction among the tenants that was unheard of when they each hid in their cubicles.

The project's documented success has had a national impact. CSH has highlighted the project as a best practice through the recently released Closer to Home Evaluation by Dr. Susan Barrow.

3. What tradeoffs and compromises were required during the development of the project? Did you participate in making them?

When the housing specialist was retained, the goal had been to assist all the lodgers to move into supportive housing with the caveat that they could return when the renovation was completed. What we learned was that only one third actually wanted to move away from the Palace. CSH was involved in determining that the outcomes of the grant were sufficient and that all efforts should be made to keep the lodgers at the Palace during construction. The development team then had to stage the construction to enable the lodgers to stay on the floor with the cubicles while the upstairs was renovated. Funding availability also mandated how some of the space was used. CSH was marginally involved in those discussions.

4. What do you consider to be the most and least successful aspects of this project?

The most successful aspect is creating a dignified space for the residents. This space enables the resident to create a community of peers, which has helped them to blossom as individuals and as a community.

Perhaps the least successful part is that it took so long. Given the complexity of the project, with its multiple funding sources and requirements, difficult physical layout, variety of program needs and occupied cubicles, the length of the project is understandable.
OTHER PERSPECTIVE

Name: Augustus Chuises
Address: The Palace SRO, 315-317 Bowery
Telephone: 212-533-5656
City/State/Zip: New York, NY 10003

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Signature

1. What role did you play in the development of this project?

I was a resident in the old Palace “flop” for about 30 years, and I’m still here, but it’s night and day from what it used to be like. During those three decades there were a few breaks here and there -- when I had to go into the hospital, for instance, and when I got out there was no room at the Palace, and I wouldn’t go to another flop, like the Sunshine Hotel, which is even worse, so I “slept out” for about a month. Good thing it was summer. But I have pretty much lived here in the Palace the whole time. Of course, for most of that time, before BRC, it was a real hell-hole, but still better than some of the flops. Anyway, you get used to a place, and you don’t want any change. When the folks at BRC came to tell us guys they were renovating the place, but that they’d take care of us, we were real suspicious. We figured that no one would be looking out for us, and, even if things were bad, we were used to it, and didn’t want anyone messing with us. But they came through with what they promised. About a dozen of us “old-timers” are still here, and when they had the big party for the opening day of the new Palace, they asked me to speak, right along with the Commissioner for Homeless Services, and the head of BRC.

2. Describe the impact that this project has had on your community. Please be as specific as possible.

As I said before, about a dozen of us old guys from the flop are now living in the new SRO part of the Palace. There’s some new folks added, including a few women. We didn’t want the women coming in here, we thought it would be strange, but it’s okay, although us old guys still kind of stick together, we’ve known each other so long.

Well, things are certainly different here now. The place used to be full of drug addicts using, and selling, and a lot of crime, thieving, you know. The “Enforcer” -- black leather gloves and jacket -- used to come in with this satchel, like a doctor carries, to collect the drug money. Guys got shot. It wasn’t safe -- I guess that’s why they put the chicken wire below the ceiling, so guys couldn’t climb into your place and rob you. That didn’t keep out the mice and other vermin -- not as bad as at some of the flops, but pretty bad. Of course, there was a lot of drinking. Myself, I got rehabilitated a long time ago, pretty much sober since the 70s, but I stayed at the Palace. I thought about going back home at some point, but I wanted to go home with money, and the horses never cooperated with a big win.
3. What trade-offs and compromises were required during the development of the project? Did you participate in making them?

I guess the big compromise for us was having to move to another floor, upstairs, to the part they renovated for the SRO. We didn’t believe it would be as nice as they promised. The toughest part was that we kept living here the whole time during the renovation. That part wasn’t so great. At one time we were living on the second floor, over the rock club downstairs – CBGB’s – and it was really noisy at night. Of course, we don’t hear that anymore up here on the fourth floor. Sometimes there would be no hot water while they were working on the pipes.

None of us believed the people from BRC when they said they wanted to help us. We didn’t understand what they were about, being non-profit – we figured that they were changing the building to make money, not to make things better for us.

4. What do you consider to be the most and least successful aspects of this project?

Well, I’d say everyone’s pretty satisfied, certainly us old guys. It’s clean, it’s safe, our rooms are nice. I have my own TV and fridge in my room, and then there’s this big common kitchen, and a big TV in our group room, where we can sit around and watch sports together. We all have cable. There’s a library with books, videos, magazines. We visit each other in our rooms. We have our own private mail boxes – at the flop you had to pick up your mail at the desk, and who knew if you got it all. They give us movie tickets, there are trips to ballgames if we want. What do I like best? I guess the kitchen, that it’s quiet up here – far from that rock club, and the street noise – my room is nice, I have air conditioning, hot water, a fridge, a closet – all for $188 a month, which in New York you can’t beat. Also, as I’m a senior citizen, 79 years old, they set me up with Meals on Wheels.

And the people are friendly. Mrs. Palmer from BRC helped me when I had my hernia operation. She’s kind of like my “guardian angel.” She also got me together with my twin sister, who I hadn’t been in contact with for decades.

I did have some cats for a while in the old flop, but overall, I’d say there isn’t really anything I miss, and it’s much better now. They really did what they promised, even though we didn’t believe them. When I run into some guys on the street, and they ask if I’m still in that old-flop house, I say yes, but it’s changed. We’re all pretty satisfied.
FLOPHOUSE
LIFE ON THE BOWERY

TEXT BY DAVID ISAY AND STACY ABRAMSON
PHOTOGRAPHS BY HARVEY WANG
LET US KNOW AND
BED BUGS!

IF YOU WANT TO ATTACK
4 ELIMINATE THEA.
job in Washington. For long time I've been out, but last five, six months lots of people suffer, so I'm trying to get out of here sooner or later—maybe be two years. If I don't think so, I right now. Right now.

not his face not be photographed.
what takes up most of my time. It's that
longest I've lived in any permanent res-
I was a child, so this is home. There's a

ty here, and this is where my friends are.
'mt need more space than this—this is
uch as I need. You want me to help you
omeone else to talk to? Anybody here is
ing than me. Really. Trust me. I'm a bad
Commissioner Gibbs Joins Bowery Residents’ Committee Officials to Open City’s Newest 24-Hour Homeless Drop-In Center

Drop-In Centers a Key Part of City’s Plan to Reduce Street Homelessness by Two-Thirds

August 26, 2004 – Department of Homeless Services (DHS) Commissioner Linda Gibbs today joined Bowery Residents’ Committee (BRC) Executive Director Muzzy Rosenblatt to announce the latest addition to the city’s network of homeless drop-in centers. BRC’s Project Rescue Drop-In Center is now open 24 hours a day, seven days a week in its new home, the renovated Palace Hotel, a multi-service center for homeless and formerly homeless men and women located in the Bowery. The rededication of the Palace comes just two months after Mayor Bloomberg released Uniting for Solutions Beyond Shelter, a five-year action plan to address homelessness, and announced the goal of reducing the city’s street homelessness population by two-thirds. Also attending the announcement was Charles Raymond, president of Citigroup Foundation, Constance Tempel, managing director of the Corporation for Supportive Housing, and a number of formerly homeless individuals.

"With the opening of the new Project Rescue Drop-In Center, the city now has 10 drop-in centers citywide specifically designed to help chronically street homeless individuals leave the streets for shelter and other supportive environments,” noted DHS Commissioner Linda Gibbs. “Despite tremendous gains in reducing street homelessness over the past decades, far too many individuals remain outside. The drop-in center model, which has proven effective in encouraging even the most resistant individuals to take small steps toward a better life, is a critical resource in reducing street homelessness in New York City."
Located in the Palace Hotel, a former flophouse at 315 Bowery, the Project Rescue Drop-In Center will provide 24/7 services to as many as 117 street homeless individuals a day. Street homeless men and women will be able to receive meals, showers, clean clothes, on-site medical care including OB-GYN examination and HIV testing, access to detoxification and long-term rehabilitation services, psychiatric referrals, shelter and housing referrals, assistance in obtaining entitlements, and vocational training. The program receives funding from the NYC Department of Homeless Services and the United States Health and Human Services Bureau of Primary Healthcare. In addition to the Project Rescue Drop-In Center, the Palace Hotel provides a continuum of care under one roof, including transitional housing, vocational services, and 24 supported Single Room Occupancy (SRO) rental apartments to formerly homeless men and women.

"We endorse the Mayor's belief that no one needs to live on city streets - and the mix of services at Project Rescue are all aimed at helping people transition off the streets," said Muzzy Rosenblatt, executive director of the Bowery Residents' Committee, which among other services, operates the 311 mobile outreach team for the City of New York. "Street homelessness is a situation we know how to solve, and that is what we at BRC do every day."

Chip Raymond, president of the Citigroup Foundation said, "We are a longstanding supporter of the Bowery Residents' Committee. We are honored to be part of today's event and look forward to continuing our work with this valuable organization."

The city’s five-year action plan, *Uniting for Solutions Beyond Shelter*, represents a first-ever effort to bring together the public, nonprofit, and business sectors in a coordinated campaign to end homelessness in New York City. The action plan aims to shift the city's response away from simply sheltering homeless individuals and families to prevention, supportive housing, and other interventions that solve homelessness. For more information, visit [www.nyc.gov/endinghomelessness](http://www.nyc.gov/endinghomelessness).

The renovation of the Palace Hotel was funded by the New York City Department of Housing Preservation and Development, the New York State Office of Temporary Disability Assistance, and the U.S. Department of Housing and Urban Development, with pre-development support from the Corporation for Supportive Housing.
This Toolkit highlights some of the most promising practices for ending long-term homelessness today. The projects and programs represented here are making real strides toward ending homelessness in our country by serving those who have been historically underserved. In addition to key lessons learned by supportive housing projects and programs across the country, the Toolkit includes profiles of systems-wide strategies for working with this population, photo tours of supportive housing projects from around the country, sample documents from supportive housing service teams and property managers, and a listing of key additional tools.

We hope that this Toolkit is a significant contribution to the resources available to help end long-term homelessness. Over the last few years, CSH, its partners around the country, many community-based organizations, and cities, states, and the federal government have committed to and invested in ending long-term homelessness. **Closer to Home**, a recent report by Sue Barrow of the New York State Psychiatric Institute at Columbia Presbyterian Medical Center, offers some important keys to understanding this population:

- People who are homeless for the long term tend to be estranged from mainstream supports. At the same time, they can and do access services and can and do achieve housing retention.
- Key barriers to housing included an admission process that is often too complex, daunting, and stigmatizing, as well as too many entry requirements.
- While low-demand housing seems to work for many, there is no single best form of housing for this population.

**Closer to Home** shows that the recent emphasis on serving those who have been homeless for the long term does not require a new or different
type of supportive housing. Rather, small changes in program structure can greatly help many homeless people in our country who have not been well-served by past efforts.

Explore, learn, and question. Whether you're ready to take action or still pondering, the examples included here are intended to help supportive housing developers, service providers, and property managers strengthen their capacity to serve individuals and families who have been homeless for the long term.

(Note: If you'd like a printable version of the majority of the Toolkit in one location, see more information on the Additional Tools page.)

This Toolkit was made possible by the generous support of the MetLife Foundation.
Navigating the Final Report on the Evaluation of the Closer to Home Initiative

June 2004: CSH has completed the final report on the evaluation of the Closer to Home Initiative, a program developed by the CSH and the Conrad N. Hilton Foundation to foster new approaches to helping homeless people with multiple problems and disabilities.

Use the links below to locate specific sections within the report. Unless otherwise indicated, the links take you to the appropriate section in the master doc, which is 184 pages.

- Implications for Policy Makers (separate doc)
- Executive Summary (shorter PDF of this section available here)
- Summary of Findings and Conclusions (shorter PDF here)
- Full Report: Part I gives an overview of the program models and populations served. Part II explores in detail the shelter programs. Part III explores in detail the housing programs. Part IV summarizes findings and conclusions. Appendix A describes the study methodology and Appendix B includes program profiles.
- Programs in Action: Chapters 3 and 7 describe how programs operate in practice. Chapter 3 focuses on engagement and chapter 7 on how services are delivered to those in housing. Descriptions detail the challenges involved in implementation and give a feel for how the programs work on the ground.
- Program Profiles: Programs were selected because they were distinctive and their models had not been previously evaluated.
  - Deborah's Place, Chicago
  - Project Homeward, New York
  - BRC's Palace Lodging House Project, New York
  - WSFSSH's Project for Long-Term Shelter Stayers, New York
  - Direct Access to Housing, San Francisco
  - LAMP's Ballington & Pershing Housing Programs, Los Angeles
- Key Tables and Charts (link to respective tables)
  - Table 2.1: Resident Characteristics at Shelter & Lodging Program Sites
    - a) Social and Demographic Characteristics
    - b) Personal History
    - c) Health, Mental Health and Substance Abuse
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  - Table 2.3: Comparison of TCHI Shelter and Housing Populations
  - Table 5.1: Housing Outcomes at the Shelter and Lodging
House Sites
- a) Destination at Exit
- b) Housing Outcomes at Follow-up
  o Table 9.1: One-Year Housing Outcomes at Housing Program Sites
  o Table 9.2: Two-Year Housing Outcomes at Housing Program Sites

Of related interest: Closer to Home - Interim Housing for Long-Term Shelter Residents: A Study of the Kelly Hotel (published in 2000).
FINAL REPORT
ON THE EVALUATION OF
THE CLOSER TO HOME INITIATIVE

Susan Barrow, Ph.D.
Gloria Soto Rodríguez, B.A.
Pilar Córdova, B.A.

Corporation for Supportive Housing

February 19, 2004
ACKNOWLEDGEMENTS

When we first discussed this study with CSH, most of the programs in the evaluation were ideas that had not yet been implemented, partially empty buildings not yet master leased, or job descriptions waiting for an incumbent. In the five years since then, we have had the privilege of witnessing the emergence and maturing of the programs in this study. In the process, many people helped us get our bearings, guided our tours of programs and agencies, met with us to explain the history and philosophy of the work being done, joined in focus group discussions about how things work, or spent numerous hours helping us fill out data forms and document in detail the mundane and heroic work that keeps programs functioning and flourishing. Some have moved on to new or different challenges within the agencies or elsewhere; others continue as repositories of program lore and historical memory; and yet others have newly joined these works in progress, bringing fresh perspectives and energy. All have contributed to helping us become much wiser about programs and housing that can support and provide homes for people struggling to hold on to familiar shelter or lodging house routines or whose pathways through emergency shelter and care systems have lacked exit ramps.

In the effort to thank over 150 individuals who have helped us carry out the work reported here we risk an inadvertent omission, a misspelled name, or a mis-identification of job or context. With advance apologies for such slips, we most gratefully acknowledge the time, insight, commitment and good humor of the agency and program administrators and staff, past and present, who made it possible for us to complete this study.

In New York:

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Finally, we also acknowledge our huge debt to the residents and tenants at all sites who put up with whatever disruptions our presence at the programs created, and especially to those who talked with us informally and in focus group discussions about their homeless experiences, life

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Corporation for Supportive Housing
at the programs, and hopes for the future. We present this report in the hope that it will contribute in some way to realizing the hopes of all who face similar struggles with homelessness, all who are still waiting to come home.

Sue Barrow
Gloria Soto Rodríguez
Pilar Córdova

New York City,
February 17, 2004
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Corporation for Supportive Housing
CLOSER TO HOME: FINAL REPORT ON THE EVALUATION OF THE CLOSER TO HOME INITIATIVE

Executive Summary

Introduction
This is the final report on the evaluation of the Closer to Home Initiative, a program developed by the Corporation for Supportive Housing and the Conrad N. Hilton Foundation to foster new approaches to helping homeless people with multiple problems and disabilities. The research focuses on six programs that aim to engage and house people whose combinations of disabilities, long histories of homelessness, and repeated use of emergency services have marked them as “difficult to serve.” The study was designed to describe the program models, document their implementation and development over time, and assess outcomes achieved by an initial cohort of individuals. We report here the findings and conclusions of this research.

PART I The Programs and the People They House and Serve
The programs in the evaluation represent diverse ways of intervening in long-term homelessness. A major contrast underlies this diversity. Three programs, based in shelters or lodging houses, worked to engage and house those who had become near-permanent residents of these sites: Deborah’s Place (DP) focused on long-term residents of its overnight shelter in Chicago; Project Homeward (not supported by CTHI but using a complementary approach for a similar population) worked with long-term residents at a women’s shelter operated by Lenox Hill Neighborhood Association in New York; and the Bowery Residents’ Committee (BRC) offered housing placement to lodgers living in cubicles at the Palace Hotel in New York.

The other three programs provided housing to homeless adults referred from varied service settings: West Side Federation for Senior and Supportive Housing (WSFSSH) reserved units for long-term shelter residents at its 129th Street Adult Residence in New York; the San Francisco Department of Public Health’s Direct Access to Housing (DAH) program provided subsidized SRO housing at two sites in the city’s Tenderloin area; and Lamp worked with two SRO providers in Los Angeles’ Skid Row to house homeless adults with mental illness.

Contrasting Program Models
The goals of the shelter/lodging programs were to engage long-term residents in services and encourage them to move to housing, and a lengthy stay at the shelter or lodging sites was the main criterion for services. Program staff focused on engaging long-term residents; identifying unmet needs, preferences, and goals; and encouraging and referring residents to services and housing. In contrast, the housing programs sought to provide settings and services needed to sustain housing for people with unstable residential histories and other problems. The programs drew from diverse homeless service settings, targeting individuals with health and mental health problems, long homeless histories, and heavy use of shelters and emergency services.

Characteristics of Program Residents
Data on individual histories and characteristics showed diversity at all sites. Profiles of the populations at the shelter/lodging programs indicate distinctive constellations of gender, age, problems and disabilities, reflecting specific contexts from which residents were drawn as well.
as the social geographies of their locales. But as a group, shelter/lodging residents were older adults with numerous health problems, untreated mental disorders, more than four years of homelessness, little or no recent employment, and minimal contact with family members.

Characteristics of housing tenants also varied, but across all housing programs, tenants were predominantly male, African American, in their mid-forties, never married, and had little contact with relatives. Most were high school graduates but had not worked in recent years; they were supported by entitlements programs; and they had been homeless two years or more. Tenants had numerous health problems and serious psychiatric diagnoses; most were on medication when they moved into housing; many had abused substances; dual diagnosis was common. Overall, housing tenants were younger, with shorter homeless histories and more connections to treatment and support systems than shelter and lodging house residents.

PART II Shelter and Lodging Programs: Engagement, Services and Housing Outcomes
The three shelter/lodging house programs in this study were developed to enhance service engagement for their long-term residents and move them to housing.

Program Approaches
Despite their shared focus, the shelter and lodging programs varied in goals, in the way engagement and housing strategies were organized, and in their use of low demand and more proactive service strategies. Program goals varied most notably in the prominence of housing. Deborah's Place emphasized improving the quality of life for long-term residents by discovering and responding to unmet needs. This included offering housing information and referrals, but housing was not the primary focus. At Project Homeward, program staff engaged long-term residents through hygiene regimens while social workers and administrators linked them to permanent settings. BRC focused on helping lodgers move from the Palace, and it was at this site that engagement and housing were most closely linked.

Organization of services and engagement strategies also varied. Both DP and BRC assigned a single worker to engage, provide services and obtain housing for long-term residents. The DP case manager's low demand approach was consistent with agency philosophy and supported by DP administrators. At BRC, low demand engagement by the housing specialist was complemented by the agency's aggressive legal action to put lodgers on the rent rolls or evict them. At Project Homeward, program aides and social workers combined low demand and directive strategies to involve women in hygiene regimens or link them to services and housing.

At all sites workers overcame barriers to relationship building through persistent outreach and eventually formed relationships with many previously isolated residents. But even residents who were highly engaged with staff often remained unable to accommodate the admission processes, eligibility criteria, and requirements of existing housing; and many steadfastly refused to accept the stigmatized identities that the housing process required. These barriers to housing lay outside the worker-resident relationship; programs had less ability to control them.

Analysis of Services, Engagement, and Housing Outcomes
The programs developed relationships with most residents, provided a range of direct services, and initiated housing referrals for a substantial proportion of the individuals at the sites. But
engagement in complex services and housing remained low, and most residents still lived at the sites two years later. Moreover, the predictive analyses failed to confirm that building relationships with long-term residents would improve housing outcomes—a key premise of these programs—but did show better outcomes for residents who had entitlements and who became engaged around housing. They also confirmed that residents referred for health care (usually hospitals) were likely to be in long-term settings after two years. But those who had been homeless longest were least likely to be housed, indicating a need to prevent long-term homelessness at earlier stages.

BRC ultimately resolved its ongoing struggle with the lodgers when it developed new permanent housing which was on site, had few admission requirements or conditions of residence, and allowed residents to maintain their dignity and autonomy. While “converting” temporary shelter/lodging space into low demand permanent housing is not typically an option for agencies, the impending conversion of Deborah’s Place overnight shelter into a safe havens program may offer a similar low barrier housing alternative for long-term residents.

PART III Housing Programs: Engagement, Services and Housing Outcomes

Housing programs did not have to persuade people to accept housing; engagement and services at these sites focused on keeping people housed. Tenants entering the programs were briefed during admission interviews on services available and what the programs would expect of them. Differences in services and expectations gave rise to contrasting engagement strategies.

Program Approaches

All sites used similar strategies for engagement—being visible; using casual conversation and brief encounters to get to know tenants; offering concrete help and food, tokens or other items, responding to events or crises that led tenants to seek help. They also met with tenants more formally in the program offices, and offered service-focused and recreational groups. At WSFSSH and DAH’s Pacific Bay Inn, case managers had individual caseloads and were responsible for engaging and serving a defined group of tenants. At DAH’s Windsor site, support staff used a team case management approach. Lamp tenants also worked with several staff members, though there was not an explicit team structure.

Level of Demand. All housing programs described their engagement approach as “low demand,” but the service intensive program at the 129th Street Residence screened residents for willingness and ability to accommodate the program’s structured “clean and sober” environment and expected residents to be involved in treatment and services. In contrast, the DAH and Lamp programs emphasized harm reduction and all services were optional.

Balancing Individual and Community Needs. The programs used diverse strategies to keep vulnerable individuals housed without compromising the quality of life for others at the site. WSFSSH’s structured housing milieu and intensive program of required services contained potentially disruptive tenant behavior. DAH’s recruitment from varied service settings leavened concentrations of problems. DAH also divided responsibilities for tenant support and building management between two agencies and actively advocated for tenants who had problems with property managers. Lamp advocated for tenants vis-a-vis building managers, but also used Lamp’s shelter/transitional programs as respite settings when crises occurred at the
housing site, thus preserving the agency’s relationships with property managers while keeping tenants involved in the Lamp community.

Community. The programs approached community-building in distinctive ways. WSFSSH viewed the 129th Street Residence as a lifelong home and community, a supportive environment with structure, rules and predictability that made residents feel secure. DAH programs valued the diversity of their populations, which offered raw materials for tenants to fashion a building-based community, incorporating people with varying degrees and types of problems while avoiding the stigma of housing segregated by disability. Staff supported tenant organizing efforts but viewed their own roles as enabling rather than defining. Lamp staff created a protected environment for their tenants within the Pershing, rather than promoting integration into the community of non-Lamp tenants there. At the same time, the agency fostered tenants’ involvement with the larger Lamp community, seen as a supportive, stigma-free space with options for work, independence, support, leisure, and community life.

Analysis of Services, Engagement, and Housing Outcomes
The housing programs engaged a majority of tenants in relationships, concrete assistance, and housing issues, while a large minority were engaged in complex clinical or social services. The programs also succeeded in stabilizing tenants’ housing situations: after two years, 77% remained housed. Those with the most severe psychiatric disorders were at higher risk of housing loss, but even in this group, a large majority remained housed. Moreover, mental health referrals significantly increased housing stability. Across diverse housing approaches for homeless individuals with long-term homelessness and other barriers, housing works.

PART IV Summary of Key Findings and Conclusions
A. Key findings on differences between shelter and housing groups:
   1. The population with long-term homelessness, multiple disabilities and barriers is diverse.
   2. Entrenched residents of shelter/lodging sites are older, have been homeless longer, and rarely have recent employment, income, or psychiatric treatment; but it is their social estrangement and not their disabilities that distinguishes them from the larger population.

Conclusion: Specially targeted programs can engage these residents but will not prevent others who are less estranged from graduating to this extremely long-term status.

B. Key findings on engaging and housing entrenched shelter and lodging residents:
   1. Barriers to building relationships with long-term shelter/lodging residents (mistrust, isolation, communication) can be overcome with patient, low-demand outreach efforts.
   2. Engaged relationships do not predict housing for long-term shelter/lodging residents.
   3. Among shelter/lodging residents, those with entitlements and less extreme homeless histories, and those engaged around housing issues are more likely to move to housing.
   4. Complex and stigmatizing admissions procedures and program requirements that undermine autonomy are barriers to housing long-term shelter/lodging residents not effectively addressed by individual engagement; they require reconfigured housing options.

Conclusions: Individuals who are less entrenched in homelessness can be engaged around housing issues and move to permanent housing settings.
Successful engagement will not lead to housing for extremely long-term homeless individuals unless appropriate low barrier housing options are available.

C. Key findings on housing tenants with long-term homelessness and multiple disabilities:
   1. Most tenants who enter housing programs remain in permanent housing.
   2. Homeless individuals with diagnoses of psychotic disorders are at higher risk for losing housing, though most do remain housed.
   3. Tenants who are referred to mental health services are more likely to remain housed.
   4. Substance Abuse does not predict housing loss when tenants are housed in settings committed to keeping them housed despite relapse.
   5. Housing programs all address the tension between incorporating tenants with high risks for housing instability and fostering a stable and supportive environment for all residents.
   6. Major approaches include screening for willingness to participate in treatment, while structuring the program to set limits to disruptive behavior; dividing responsibilities between property managers (who maintain health and quality of life in the building as a whole) and support service providers (who work with individual tenants, and advocate on their behalf during periods of relapse); and providing tenants with ease of movement between the permanent housing and sites that can accommodate or treat relapse.

Conclusions: Individuals with significant disabilities and long homeless histories can move directly from homeless settings to housing with supportive services and remain stably housed.

Diagnosis of a psychotic disorder is a bigger threat to housing than active substance abuse, though most tenants with psychotic diagnoses achieve housing stability.

Once people are housed, linking them to psychiatric treatment is both possible and effective for maintaining housing.

Screening and structure can create supportive environments for disabled, long-term homeless individuals who will agree to structured environments and participation in treatment and services, but harm reduction approaches that house a diverse mix of tenants, divide responsibilities for support services and property management, and offer ongoing access to treatment and support during relapse are effective and will be necessary to ensure stability for broad segments of the homeless population with significant barriers to housing.
INTRODUCTION

A. Evaluating the Closer To Home Initiative

The Closer to Home Initiative (CTHI) was a five year program – funded by the Hilton Foundation and administered by the Corporation for Supportive Housing – devoted to developing new approaches to helping the “hardest to serve” among the homeless make the transition from homelessness to housing. The initiative focused on homeless individuals with serious psychiatric disabilities, medical conditions, or substance abuse problems; extensive histories of homelessness; and heavy use of emergency services for shelter, health or mental health. Over a five-year period from 1998-2003 it contributed support to over twenty programs in six metropolitan areas. This report describes findings from an evaluation of five innovative programs that were among the first to receive CTHI support in four metropolitan areas – New York City, Chicago, San Francisco, and Los Angeles, along with a sixth program in NYC that was not developed as part of the Initiative but was included in the evaluation because its target population and programmatic approach complemented the others, enhancing what we could learn from and about the CTHI models:

- Deborah’s Place (DP) provided specialized case management for long-term residents of its overnight shelter in Chicago;
- Project Homeward (PH) – not supported by CTHI – worked to engage long-term shelter residents at the Park Avenue Women’s Shelter, operated by Lenox Hill Neighborhood Association (LHNH) in New York;
- The Bowery Residents’ Committee (BRC) offered case management and housing placement services to Lodging House residents living in 4’ by 6’ cubicles at the Palace Hotel in New York;
- West Side Federation for Senior and Supportive Housing (WSFSSH) served long-term shelter residents in the Long-Term Shelter Stayers Project based at its 129th Street Adult Residence in New York;
- The San Francisco Department of Public Health (DPH) implemented Direct Access to Housing (DAH) which provided subsidized SRO housing at two sites in San Francisco’s Tenderloin area;
- Lamp developed permanent housing at two sites in Los Angeles’s Skid Row area for members of the Lamp community of homeless and formerly homeless adults with mental illness.

The study was designed around three specific aims: to describe several innovative approaches to service engagement and housing for people who experienced long-term homelessness and other complex problems; to examine how these approaches were implemented and developed over
time; and to assess their effectiveness by documenting the outcomes achieved by their initial cohorts of individuals. To this end we closely followed both the programs as they developed and changed and the individuals they targeted and served as they responded to program efforts to meet their needs. Along the way, we have annually reported preliminary findings, first with descriptions of key program dimensions and their similarities and differences (Barrow & Soto Rodriguez 2000), subsequently in analyses of the characteristics of the people served, the practice and process of engagement by staff across the various programs (Barrow 2001), and the extent to which individuals became engaged, received services, and obtained and/or remained in housing (Barrow & Soto Rodriguez 2002). This is our final report on the evaluation of the CTH Initiative. It incorporates many of the results previously reported, but introduces as well an update on the status of program development more than four years after we began our observations, along with new analyses of program outcomes. It also attempts to synthesize the findings on program models, engagement and housing in order to extract learnings that have bearing on the bigger question of models for ending homelessness.

B. Research Approach and Methods

The issues of concern to this evaluation require a combination of research perspectives, data sources and analytic methods. Thus the study design entailed both descriptive case studies and cross-program comparative analysis; both program-level and individual-level data; and both qualitative and quantitative strategies for collecting and analyzing data. For each of the study’s major aims (description of models, documentation of program implementation, assessment of individual outcomes), we have used a different mix of approaches, data types, and analytic strategies.

Description of Program Models
To document the particularities of each model, we used a multiple case study approach, in which each program is described in relation to its particular local and agency context. We focused on program history and philosophy, the services provided, and the resources and constraints that stemmed from the broader agency and community. We combined the case study approach with an explicitly comparative perspective that focused on shared and differentiating elements, common and divergent solutions to similar problems. Both perspectives — the former emphasizing unique features of each site, the latter examining similarities and differences in a common set of dimensions — are needed to describe the sites within a common conceptual framework without losing sight of distinctive elements and practices.

Program Implementation
The descriptions of the programs clarify how each model is conceptualized, the assumed connections among program elements, and the ways these were hypothesized to relate to desired outcomes. However, when programs are implemented in real world contexts, they often must adapt to unanticipated factors that affect their fidelity to the original model or result in redefining the model or particular elements of it. By examining program implementation, the evaluation has been concerned with assessing the congruence between intended and actual versions of each model and with understanding how and why program development and change occurred.
Program Participants' Characteristics, Service Engagement, and Outcomes

As programs designed to assist the most vulnerable and underserved within the homeless population, the providers included in the CTH Initiative all aimed to engage clients in services that would improve their living situations and enhance their quality of life. Most also defined permanent housing as a key long-term goal. Thus engagement and housing status, as well as changes in these two domains, were the major individual-level outcomes of interest in the evaluation. They have broad applicability despite variations in relative emphasis, and they could be examined in programs serving long-term residents who remained at a particular site as well as those providing permanent housing. In programs focusing on long-term residents who had come to view a shelter or transitional site as "home", engagement and other service delivery goals were often more salient than permanent housing placement. At others, program engagement, linkage to off-site services, or willingness to consider housing alternatives reflected proximate aims that marked progress toward program goals. In either case, measures of engagement and service use are of interest both as outcomes in their own right and as mediators of residential changes. Movement to permanent housing and housing stability are also important outcomes at all programs, and the evaluation has sought to understand how organization, philosophy, and context of the programs, as well as engagement and service delivery, has affected housing stability.

A detailed discussion of the study's methods of data collection and analysis is included in Appendix A.
Bowery Residents' Committee:  
The Re-dedication of the Palace Hotel

About BRC

The Bowery Residents' Committee was founded in 1971 by down-and-out lodgers of the Bowery's infamous "flophouses" who sought to overcome alcoholism and improve their living conditions. Over more than thirty years, what was first named the "Social Rehabilitation Club for Public Inebriates" has grown into one of New York City's largest and most comprehensive homeless services agencies, housing over 750 people and serving more than 6,200 individuals annually. Through its broad continuum of care, BRC helps the neediest of New Yorkers, including the homeless, chemically dependent, psychiatrically disabled, elderly and people living with HIV/AIDS. With a budget of $30 million and 275 full-time and 130 part-time staff, BRC operates two dozen programs city-wide including:

- **Gateway programs**, like Project Rescue, a 24/7 homeless street outreach program.
- **Emergency housing**, such as the Mental Health Reception Center, which provides medical and mental health care, intensive case management and safe shelter for homeless men and women with severe mental illness.
- **Transitional housing**, like the Palace Employment Program, which helps clients to overcome addictions and transition to full employment and independence.
- **Permanent housing**, such as the Glass Factory, which allows people with AIDS to live independently in a supportive environment.
- **Day programs**, such as the Continuing Day Treatment Program, which provides intensive counseling and activities for individuals with severe mental illnesses.

BRC serves a diverse population of men and women, 95% of whom have experienced poverty and homelessness at some point during their lives. 85% of current clients are minority, 32% are over the age of 50, 22% are women, and at least 80% suffer from substance abuse or a dual-diagnosis of mental illness and chemical addiction.

BRC places a high value on institutional partnerships, working with other non-profits to leverage critical services or referral opportunities. For example, Horizons Workforce Development Program has a relationship with the Lower East Side People's Federal Credit Union, whose staff facilitates financial literacy workshops for Horizons participants. Medical services for Project Rescue, the Chemical Dependency Crisis Center and the Delancey Street Senior Center are provided through St. Vincent Hospital's Community Medicine Program. BRC's Chemical Dependency Crisis Center and Mental Health Reception Center work closely with Alternatives to Incarceration agencies like TASC, taking in recently released forensic clients for assessment, admission or referral to appropriate treatment programs. BRC also has outreach, referral and job training relationships with other homeless services agencies, substance abuse treatment providers, and workforce development programs, working together to ensure a broad safety net for our clients.
What makes BRC stand out from other agencies is that it is a holistic homeless services organization that takes people in from the streets and, with time and good care, transitions them to housing, employment and stability in their lives. To do this, BRC’s programs partner internally to create a “one-stop” agency model that results in a high retention rate, more continuous care, and a maximum success rate for our clients.

BRC has made evaluation and performance measurement an agency-wide priority. Highlights of FY2004 include the following:

- **BRC served over 6,200 individuals**, providing them with the quality housing, treatment, medical care and supportive services they need to live healthier lives.
- Almost 2,400 clients successfully completed and graduated from their BRC program with the skills and resources they need to stay off the streets permanently.
- BRC's **Chemical Dependency Crisis Center** served more than 1,000 men and women, helping them achieve sobriety while treating co-existing medical and mental health disorders.
- **Project Rescue Mobile Street Outreach** partnered with the East Midtown Association, a local Business Improvement District, to provide targeted homeless outreach in its midtown catchment area.
- The **Service Planning and Assistance Network** expanded its presence to all five boroughs, helping recently incarcerated men and women get the services they need to turn their lives around.

BRC is implementing several new programs this year, representing significant growth in services, particularly those that benefit homeless women. In June, BRC opened two new program shelters for women - a 19-bed employment residence and a 19-bed program for long-term stayers in the municipal shelter system. As of July 1st, 2004 BRC assumed the operations of the 85 Lexington Avenue Women’s Shelter in Brooklyn, serving more than 100 homeless women with shelter and program services. Finally, BRC is pursuing two new potential housing development opportunities through the New York State Office of Mental Health and the New York City Department of Housing Preservation and Development, including the development of 60 units of affordable rental housing in Brooklyn for individuals with jobs.

**Programs and Services at BRC’s Palace Hotel**

Once a Bowery lodging house, or flophouse, the Palace Hotel located at 315 Bowery is now a multi-service center for homeless and formerly homeless men and women. It provides a continuum of care under one roof, housing BRC’s Outreach and Drop-In Center programs, transitional housing, vocational services, and permanent apartments. The renovation of the Palace was funded by the New York City Department of Housing Preservation & Development, the New York State Office of Temporary Disability Assistance, and the U.S. Department of Housing and Urban Development, with pre-development support from the Corporation for Supportive Housing.
At BRC's **Project Rescue Drop-In Center**, now open 24/7/365, clients have the opportunity to sit down with a caseworker and discuss their situation in detail. Depending on their needs, clients are offered on-site medical care (including OB-GYN examinations and HIV testing, including pre- and post-test counseling); access to detoxification and long term rehabilitation services; psychiatric referrals; shelter referrals; assistance in obtaining entitlements; housing; and vocational training. The Center also provides breakfast, lunch, dinner and snacks; a limited number of on-site beds; showers; clean clothes; lounging areas; and group activities. To receive longer-term services at the Drop-In Center, clients are expected to meet regularly with a caseworker and be motivated to help themselves. The expanded, 24-hour Drop-In Center has capacity for 117 clients daily. The Center is funded by the New York City Department of Homeless Services and the United States Health and Human Services' Bureau of Primary Healthcare.

**Project Rescue’s 24/7 Mobile Street Outreach** component (funded by DHS) provides outreach services for all of Manhattan and a citywide 24-hour Homeless Helpline. In 2004, Project Rescue made 53,957 contacts with homeless people living on the street, referred 2,962 to services, and placed 1,679 in treatment or shelter.

The **Palace SRO** provides 24 supported Single Room Occupancy rental apartments to formerly homeless and low-income men and women, including residents of the former Palace Hotel "flophouse." The building is a Section 8 Moderate Rehabilitation SRO. Tenants pay approximately 30% of their monthly income in rent. Tenants have their own private room equipped with a bed, a dresser and a small refrigerator. Four bathrooms and two kitchen areas are shared among the tenants on one floor.

BRC operates an on-site social service program staffed with two case managers providing the following services to all tenants: case management, group activities, health care monitoring and referrals, nutritional advice, referral and assessment for vocational programs, and crisis intervention.

**Palace Employment Program**: The renovated Palace houses two **Employment Shelters**, designed for a total of 91 men and women who are in need of job training and employment. Clients are guided through a structured, five-phase continuum of treatment and training designed to give them the skills they need to find and maintain permanent employment and housing through BRC's **Horizons Workforce Development Program**.

Horizons' participants are perceived by the greater community to be the "hardest to employ," having struggled with homelessness, the criminal justice system, psychiatric disorders and/or substance abuse issues. Many Horizons program participants have experienced difficulty sustaining gainful employment in the past due to a lack of consistent work history and basic skills, education, and the stigma associated with their conditions. Rather than giving up on these individuals, Horizons offers a supportive but disciplined program in which clients can overcome the personal and public stigma, and real and perceived employment barriers.
Groups, one-on-one counseling, and other activities address relapse prevention, money management, and the power of networking. Participants who are ready for employment search for and obtain full-time employment with support from Palace Employment Program and Horizons vocational staff.

Following job and housing placement, clinical staff remains in touch with each individual to provide support and encouragement in maintaining their integration into the community. Alumni groups meet regularly for peer support and to demonstrate to current program participants how their lives have changed for the better.

The Palace Employment Program is funded by the New York City Department of Homeless Services (DHS) and the United States Department of Housing and Urban Development (HUD).

The **Women's Long-Term Stayers (LTS) Shelter** is a 19-bed shelter for chronically homeless women, part of BRC’s new Women’s Initiative. This shelter program is designed to engage and serve service-resistant, long-term stayers of the municipal shelter system, many of whom have severe and persistent mental illnesses. The program marks BRC’s second foray into serving individuals institutionalized in the shelter system, following an 18-month pilot program described in “Success in Ending Chronic Homelessness: A Case Study at the Bowery Residents’ Committee.”

The goal of these programs is to use intensive case management practices in small and nurturing environments to break through to individuals with great distrust of and resistance to caregivers offering help. The program is funded by DHS and HUD.
HIGHLIGHTS FROM THE PAST YEAR AT THE BOWERY RESIDENTS' COMMITTEE:

In the year ending June 30, 2004,

- BRC served over 6,200 individuals, providing them with the quality housing, treatment, medical care and supportive services they seek and need to live healthier lives.

- Nearly 2,400 BRC clients successfully completed their BRC program with the skills and resources to achieve their full potential.

- BRC's Project Rescue Homeless Outreach program made 1,649 placements from the street, and responded to 4,665 calls for assistance to the BRC Homeless HelpLine.

- BRC's Chemical Dependency Crisis Center helped 1,059 men and women achieve and maintain sobriety, while treating co-existing medical and mental health disorders.

- BRC's services for women expanded with the addition of 3 new transitional housing programs for women.

- BRC's Service Planning and Assistance Network program went city-wide, with offices open in all 5 boroughs, helping recently incarcerated men and women get the services they need to turn around their lives.

- BRC completed the conversion of a former Bowery flophouse – The Palace Hotel – into a comprehensive residential and service facility for homeless men and women, including new homes for the former flophouse residents.

BOWERY
RESIDENTS' COMMITTEE, INC.

324 Lafayette Street, 8th Floor
New York, NY 10012
212-533-5700 phone
212-533-1893 fax
www.bowrescom.org

HOMELESS HELPLINE:
212-533-5151
Mother’s Day Donors Benefit Women’s Services Initiative

A professionally staffed Art Therapy program has long been an integral part of BRC’s treatment method. This spring, homeless and formerly homeless women in the art therapy group of BRC’s Continuing Day Treatment program created Mother’s Day cards for a special inaugural spring fundraising effort (see illustration page 2). Thirty donors participated in the effort, honoring 60 mothers as far away as India with handmade cards. We are very grateful to the individuals that supported this project, which raised $2,300 for our programs. For more information about how you can support BRC’s work, please call Aldervan Daly, Manager, Individual Giving, at 212-803-5734.

But what these women won’t talk about is even more revealing. They won’t tell you the details of abusive relationships, about selling sex for drugs or money, or about their kids in the foster care system. They won’t tell you what it’s like to be in prison, or how scared they were to enter a public shelter for the first time. They are guarded, and for good reason: women who demonstrate their weaknesses are more likely to receive negative and predatory attention, a problem which is even worse for homeless women struggling to navigate the system.

Sherry, Margaret and Barbara are clients of BRC’s Substance Abuse Service Center (SASC) and take part in the program’s Women’s Track, which is designed to address the special needs of women in recovery.

“Building trust is absolutely essential,” says Eve Ahuz, Deputy Executive Director for Substance Abuse and Forensic Services. “Many of our clients have been physically and sexually abused, financially used, and pushed around in the service system. They don’t trust anyone, much less themselves.”

In counseling sessions specifically for women, SASC staff work to give women a sense of dignity and self respect, and help them to figure out their future goals, whether reuniting with children, finding a good relationship, or getting trained for a new career. “We let them know they have a voice,” says Ms. Ahuz, “and we help them find and use that voice, sometimes for the first time.”

When Sherry first met Catherine Maranto, Assistant Director of SASC, at the Brooklyn Women’s Shelter, she was scared and unsure of her future. “The man I lived with was mean and controlling,” she says, “I had to leave in the middle of the night.” Catherine told Sherry about SASC’s sobriety maintenance program, and its services for women in difficult situations. Sherry jumped at the opportunity, and working with Catherine over the course of a few weeks, was able to connect with benefits, apply for housing opportunities, and give some concentrated thought to her future.

“I feel free as a bird now,” she says, “As though I’ve been to prison and back again.”

Margaret’s story is similarly themed. After 16 years of drugs and life on the streets and shelters, she managed to break away and get the help she needed to get clean, find housing, and reconnect with her family. For years she had used crack and cocaine, and her two sons lived with relatives and grew up believing she would never recover. She had a boyfriend who drank and beat her up. Now clean and sober for nearly 18 months, Margaret talks weekly with her grown sons, and has strong relationships with her many sisters. “What I learned is that you have to fight,” she says. “People try to help you see what you can’t see yourself. I do the same now. I try to tell other people that what looks good isn’t necessarily good.”

Women like Sherry and Margaret have unique health concerns, parenting matters, and emotional issues related to the cycles of abuse and codependency. While there are quality programs in New York City that serve homeless women, they cannot serve everyone in need. There is a particular gap in services for the thousands of single, homeless women in the system who have histories of chronic substance abuse, mental illness, or both.
Client Corner

Eyes wide open.

And we all know that was a fight.

You open your eyes and seen

Open

at myself and my eyes were wide

cry. I always said to myself oh lord

I remember the days when I used to

Eyes are wide open.

Remember the things you have now.

Resident,

all these things are possible if your

was hell.

came out on the coldest day of the year to THE ART

Reception Center. Danny Simmons, author, artist

Project +

living memorial for 9/11, revitalizing neighborhoods with bold

updates

Corner

Park.

The Daffodil

Three Days as

He was nervous and upset, and asked if I would contact

object, but he confided that he had not spoken to his sister in over twenty years.

"You're

The day of her visit

and asked her to wait while I went to find Gus. I told him his doctor was on

"Well,

My sister used

talked for hours.

She

in constant contact with Gus, and she is encouraging

I said,

weag, maybe she can look

community,"

she says, Lora Tucker, BRC's first Women's Services Coordinator, began her job in June and is reaching out to program staff to determine what they feel are the most essential enhancements to services.

Meet Lora Tucker, Women's Services Coordinator

BRC is thrilled to welcome to its family Lora Tucker, BRC's first Women's Services Coordinator. Lora brings to us over 20 years of volunteer and professional experience in education, advocacy, counseling and administration, including specific experience working with women with addictions and dual diagnoses, HIV/AIDS, and a history of incarceration.

As a counselor, trainer and advocate for women leaving prison, Lora saw first-hand the tremendous difficulties faced by women like Elaine, and is now working with her to build Life on the Outside, a non-profit organization designed to help former prisoners make the transition back into society. Lora was recently profiled in Life on the Outside: the Prison Odyssey of Elaine Bartlett, a highly-acclaimed book written by Jennifer Gornerman and published by Farrar, Straus and Giroux.

"I'm excited to be working directly with BRC clients," Lora says. "Instead of designing homes and offices, I now help women design their lives."
Since 1971, the **Bowery Residents’ Committee** has been reaching out to New Yorkers living on the margins of society. Over the past thirty-three years, BRC—whose roots are on the Bowery, once one of Manhattan’s grittiest neighborhoods—has developed into one of New York City’s most comprehensive homeless services agencies, housing over 650 people and serving over 6,000 individuals annually through our “continuum of care”: a broad range of programs and services that enables BRC to effectively meet our clients’ full range of needs.

From our citywide outreach program that informs and empowers people to leave the street, to our Single Room Occupancy buildings that provide long-term housing, BRC helps the neediest of New Yorkers, including the homeless, the alcoholic and chemically dependent, the psychiatrically disabled, the elderly, and people living with HIV/AIDS.

**THIS IS BRC** The Palace Hotel at Bleecker and Bowery once housed up to 600 men per night in the small, cubicle-style dormitory housing familiar to flophouse residents. Today it is BRC’s flagship residence, featuring a 72-bed employment shelter and a 24-bed SRO. In spring 2004, two 19-bed transitional shelters and a 24-hour drop-in center will open on newly renovated floors.
BRC IS OUR STAFF, PROGRAMS, AND CLIENTS

With a staff of 400 and a $25 million budget, BRC now operates nearly two dozen programs in 17 facilities across all five boroughs. While BRC’s programs make up a vast network of homeless services, they are designed to meet the individual needs and capabilities of a broad range of clients.

BRC’s original “down and out” founders recognized that they needed to help themselves improve their own lives and neighborhood. In keeping with this founding spirit, BRC’s array of programs today share one guiding principle: Clients must be committed and involved in their rehabilitation efforts in order to successfully reintegrate into their community and society at large.

Our programs aim to foster a sense of responsibility among the people we serve, as this is a key factor in helping our clients to achieve—and sustain—their personal goals.

“At BRC we offer hope, and provide the tools and the environment for homeless New Yorkers to rebuild their lives. It takes hard-working staff, substantial public and private investment, and a wealth of human compassion to meet our goals. But we’re doing it, one person at a time. Join us.”

—MUZZY ROSENBLATT, BRC EXECUTIVE DIRECTOR

BRC recognizes that homelessness is a byproduct of many different factors, such as overcrowding, drug and alcohol abuse, mental health, and family relations. BRC therefore provides services to the whole person: we can address their addiction, their mental health, their family situation, and use this information to create a suitable treatment program.

Behind BRC’s programs are hundreds of skilled and dedicated employees, volunteers and funders. In the following pages, you’ll meet just a few of these people who help make BRC’s programs possible, and who are making a difference to the homeless people of New York City.

WE ARE BRC: PARTNERSHIPS

BRC carries out its work with the help of key strategic partners that offer specialized skills or other resources to help reach out to and serve homeless people most effectively.

- Project Rescue Mobile Street Outreach partners with the New York City Police Department to conduct joint outreach and train police officers in constructive outreach methods that produce positive results.
- The East Midtown Association partners with BRC to provide targeted homeless outreach services and community education in its busy Business Improvement District.
- St. Vincent’s Hospital is BRC’s primary medical partner, providing highly-skilled MDs and nurse practitioners for programs like our Medical Respite Program, Drop-In Center and Senior Center.
- Seedco and the Corporation for Supportive Housing, two national non-profit intermediaries, provide technical assistance, funding and training opportunities to help BRC carry out its work.
PROJECT RESCUE

BRC outreach workers are on the frontlines every day around the clock, combing the streets and parks of Manhattan, offering casework services, food, showers, and clothing to the homeless individuals they encounter. The outreach worker’s goal is to establish trust and rapport with these individuals and to encourage them to visit Project Rescue’s Drop-in Center for more intensive assistance. There, caseworkers meet with the clients to determine their needs, and, if the client is willing, the caseworker will determine a course of treatment. The Drop-in Center offers hot meals, showers, and a safe place to be during the day. Clients can also receive on-site medical care, HIV testing and counseling, and referrals for housing, detoxification, long term rehabilitation and job training.

WE ARE BRC

BRC’S ADDITIONAL OUTREACH SERVICES

Service Planning and Assistance Network, a forensic program, helps mentally-ill people who have been discharged from New York City jails to access resources they need to get medication, find housing, and avoid reincarceration.

Delancey Senior Center offers case management services to homeless seniors, and delivers hot meals and medical care to homebound seniors living in Bowery lodging houses.

BRC’s Blended Case Management program provides intensive case management to mentally-ill, homeless and at-risk individuals living in shelters or independently in the community.

I AM BRC: LARRY HARRISON

TEAM LEADER, OUTREACH SERVICES

As a Team Leader for BRC’s Project Rescue, Larry Harrison describes his position as a “jack of all trades”: “I’m part salesman, part substance abuse counselor, and part case manager.”

Project Rescue’s mission is to engage and empower homeless individuals by letting them know what services are available to them, and encouraging them to seek those services. The program’s success relies on Larry and his team: “Outreach workers are the ‘foot soldiers’ of homeless services. We are out on the street every day and night developing relationships with homeless individuals and gaining their trust.” Larry knows that successfully getting a person off the streets starts with the outreach worker, his method of engagement and contact, and his diligence in helping a person come to a decision about how to help themselves. “Outreach is a very painstaking process. You have to talk to clients for as long as it takes, from a few weeks to a few years. It’s important that clients trust you. This is why the outreach services staff don’t make promises we can’t keep.”

Larry has worked in outreach since 1995, playing an invaluable role in placing homeless men and women in treatment programs. His job requires patience, dedication, and an open mind: “We do whatever it takes to try to encourage an individual to accept services, and to be productive again. It’s all about building a relationship; it’s a process, it takes time. I never go into an outreach situation with expectations. I go in there saying I will do the best that I can...if it doesn’t initially work, I’ll pick up the pieces and start again.”

Larry also appreciates the benefits that are provided by BRC’s network of services: “As an outreach worker, I try to tap into BRC’s services as much as possible. Just knowing that it’s there—a network within my own agency—it’s a good feeling. BRC provides me with an added advantage.”

Each month Project Rescue Mobile Street Outreach makes 4,000 contacts with homeless people living on the street, and places 170 clients in treatment or housing. 40% of these individuals successfully complete their placement.
BRC'S CONTINUUM OF CARE

BRC's unique methodology provides what we call a "continuum of care," capable of meeting our clients' full range of needs. BRC can help people who are temporarily coming in off the streets, providing shelter, food and other support services to meet their immediate short term needs. If they are ready to move forward toward reclaiming their lives, clients can also find an array of longer-term supportive services, including counseling, housing and job training. BRC's staff provide the encouragement, a gentle push, and the tools that clients need to live the kind of lives they wish to have.

BRC's programs serving mentally-ill and/or chemically dependent clients provide case management, group activities, health care monitoring and referrals, medication monitoring, and various types of therapies. Housing and day treatment programs are designed for clients with moderate to severe mental illness.

A large percentage of clients come to BRC with a history of homelessness and/or mental illness which is further complicated by a substance abuse problem. These clients are referred to as Mentally Ill-Chemically Addicted (MICA) adults. The substance abuse/dependence must be treated in order for other issues to be successfully addressed. For these dually-diagnosed clients, BRC's alcohol and substance abuse services provide detoxification as well as intensive aftercare.

I AM BRC: SHARON DOCTOR

PROGRAM DIRECTOR, LOS VECINOS

After receiving a degree in Public Health and working with HIV/AIDS populations in Malawi, Sharon Doctor joined BRC in 1999, and became the Program Director of Los Vecinos in October 2001.

Los Vecinos is a BRC residence providing housing for 35 residents who are mentally ill or living with HIV/AIDS. As Program Director, Sharon oversees a staff of 20 employees, including a supervisor, three case managers, and a nurse. Sharon and her staff provide a structured, caring environment for Los Vecinos’ residents, fostering a sense of community and responsibility through monthly group meetings and diligent case management.

In order to stay at Los Vecinos, tenants are required to pay rent (which ranges from $160 to $215/month), meet twice a week with their case workers, and take their prescribed medications. Tenants are also encouraged to take advantage of BRC’s other services, such as day treatment and BRC’s job training program, Horizons.

Sharon and her staff also organize other group activities, such as Bingo, birthday celebrations, career club, substance abuse and stress management groups, and movie nights.

Sharon describes Los Vecinos as a stepping stone, a stop along the way for people who are working to stabilize mentally and physically: “Our goal is to encourage our tenants to be independent. We don’t believe this is their last stop; our work is to help them recognize their potential and to lead full, productive lives.”
I AM BRC: DOREEN GONZALEZ
CASE MANAGER, LOS VECINOS SRO

"Since I am bilingual I am able to help clients and other case managers work through issues that require better language skills. For example, when Ezequiel was ready, I helped make the phone calls to connect him with his brother again. My work experience here has been nothing but fulfilling. Every workday consists of enriching the lives of persons less fortunate. I love my job."

"The key is knowing what resources a homeless individual needs or could use. If people are placed correctly and have a good experience, then that's the beginning of their reintegration into society. Just to get that person's feet wet plants a positive seed."

—LARRY HARRISON, TEAM LEADER FOR PROJECT RESCUE

BRC'S CASE MANAGEMENT AND EVALUATION SYSTEM

Our staff learn everything we can about each client and carefully document their progress in treatment and housing programs in a secure on-line database called AWARDS. This technology helps case managers track service delivery and coordinate the best possible continuum of care for clients. Ultimately, each of BRC’s varied programs sets short and long-term benchmarks against which it measures progress and effectiveness. If we do not see the kind of outcomes we think are possible, we find out why and implement necessary changes to improve our services. This results-oriented approach keeps us focused and innovative, just like any business should be.

WE ARE BRC BRC partners with St. Vincent’s Hospital, which provides a friendly medical team that homeless clients know they can trust.

In an average month BRC provides services to over 1,100 individuals, and provides housing to 563 individuals.

I AM BRC: EZEQUIEL MUNOZ HERNANDEZ
RESIDENT, LOS VECINOS SRO

Ezequiel came to the United States from Cuba legally in 1970 as a political exile. He worked for years in the hotel industry as a dishwasher, pool attendant and lobby porter. He was drinking and smoking heavily and had an undiagnosed mental illness, and ended up homeless, living in back rooms of subway station vendors for more than two years. Clean for eight years and with his mental health stabilized, Ezequiel is learning Spanish keyboarding skills and practices on his own typewriter at home. “Since I’ve been at Los Vecinos,” he says, “I’ve stopped smoking cigarettes and I’m making good friends, not hanging out with people on the street corner anymore. I like it here. Everyone is nice.” Ezequiel is in the process of obtaining U.S. citizenship.
I AM BRC: DONALD HOLLY
RESIDENT, LOS VECINOS SRO

Donald spent five years in shelters before getting sober and ready for independent housing and a better life. He has been a resident of Los Vecinos SRO for five years now and says: “I like that I live by myself and can do my own thing or participate in group activities if I want to.” Donald recently graduated from BRC’s Continuing Day Treatment Program and completed a one-year internship with the Horizons workforce development program. He is getting more job training now and continues to look after his mental health. Donald’s long term goals are simple, “I want to live in a bigger place someday and earn enough money for the things I need and want. I might even find a wife,” he says with a smile.

I AM BRC: MARGARET MEDINA, RESIDENT, LOS VECINOS SRO

The staff and peers at BRC have encouraged me to do things for myself that I have forgotten about or that I was too afraid to approach again a second time in my life. Staff and peers care about one another, we are a happy family and can use all the support and assistance we can get.

- MARGARET MEDINA, RESIDENT, LOS VECINOS SRO

I AM BRC: JOSEPH THOMPSON
RESIDENT, LOS VECINOS SRO

When Joseph lost his mother more than ten years ago, he also lost his home and the only family support he had. With nowhere to turn, he ended up living in shelters until he was referred to BRC’s Fulton House, a community residence in Brooklyn, and he now lives at Los Vecinos SRO. “I’m glad I came to BRC,” he says. “I pay my own rent and the staff here is caring. I feel much better about myself than I did ten years ago.”

BRC’S DAY TREATMENT AND SERVICES

The Substance Abuse Service Center is open five days and two evenings a week, and utilizes 12-step groups, education, and individual and group counseling to support recovering alcoholic and substance abusers who do not require detoxification services.

Horizons Workforce Development Program offers a supportive and structured job training and placement program that includes computer training, specialized job skills curricula, paid internships, and soft skills training.

The Continuing Day Treatment Program serves 38 clients with severe and chronic psychiatric disorders. Treatment is delivered in a safe and comfortable environment with group, individual, and activity therapy.

Delancey Street Senior Center offers nutritious meals, educational and recreational activities, health care, case management and advocacy services for nearly 600 low-income seniors living in and around Chinatown.
HIGHLIGHTS FROM THE TWELVE-MONTH PERIOD ENDING JUNE 30, 2003:

- BRC admitted or placed nearly 5,400 homeless individuals, and served over 6,200 individuals, providing them with the quality housing, treatment, medical care and supportive services they need to live healthier lives.
- 2,000 clients successfully completed and graduated from their BRC program with the skills and resources they need to stay off the streets permanently.
- BRC's Chemical Dependency Crisis Center served more than 1,000 men and women, helping them to achieve sobriety while also treating co-existing medical and mental health disorders.
- Project Rescue Mobile Street Outreach partnered with the East Midtown Association, a local Business Improvement District, to provide targeted homeless outreach in its midtown catchment area.
- The Service Planning and Assistance Network expanded its presence to all five boroughs, serving recently-released, mentally-ill forensic clients.
- BRC opened the Palace SRO, a new independent living residence for 24 formerly homeless men, including twelve former residents of the old Palace Hotel 'flophouse'.

WHO IS BRC?

BOWERY
Residents' Committee, Inc.

324 Lafayette Street, 8th Floor
New York, NY 10012
212-533-5700 phone
212-533-1893 fax
www.bowrescom.org

HOMELESS HELPLINE:
212-533-5151

2003 ANNUAL REPORT
I AM BRC: SAM INGRAM
PROGRAM DIRECTOR, PALACE SRO

The corporate world is an exciting place to be, and that's where Sam spent twenty years of his career before deciding that he was more interested in the intangible rewards of social work. "This work is more gratifying," he says. "I'm here at 7:30 a.m. and I don't have to be. We come to work at the Palace because we want to be here. We smile because we want to smile. There is a joy in seeing people who had nothing start to gain. If you can't find that joy, you shouldn't be in this business."

BRC'S TRANSITIONAL HOUSING

Transitional housing is interim shelter bundled with supportive services that helps individuals with special challenges to reach their optimal level of stability and independent living. BRC develops transitional housing for people with a past history of substance abuse, mental illness, incarceration, or a combination of these issues.

Cecil Ivory House serves 24 MICA adults in central Harlem.
Fulton House, located in Brooklyn's East New York, provides housing for 48 Mentally-Ill, Chemically Addicted (MICA) adults.
Los Vecinos Community Residence, located on Pitt Street on the Lower East Side, serves 32 MICA adults.
The Metropolitan Apartment Program offers 87 mentally-ill and MICA adults supportive shared and single apartment living.
Palace Employment Shelter on the Bowery serves 72 formerly homeless men who are recovering from substance abuse and re-entering the job market.

I AM BRC Residents like Kevin (left) of the Palace SRO, work with BRC staff to create a positive, caring community for those who live there.

BRC'S PERMANENT HOUSING

BRC develops permanent housing opportunities for stable and independently-functioning adults in the form of single room occupancy and supported apartment programs.

Clyde Burton House on East 4th Street provides SRO housing for 33 seniors with a past history of mental illness.
The award-winning Glass Factory on Avenue D features 45 studio apartments for people living with HIV/AIDS.
Los Vecinos SRO on Pitt Street serves 18 MICA adults and 17 individuals living with HIV/AIDS.
The Palace SRO, which opened in 2003 on the Bowery, offers 24 units to formerly homeless adults.
BRC's Scatter Site Apartment Program and Supported Housing Program house 134 adults in the Bronx, Brooklyn and Manhattan.

WE ARE BRC Staff and residents of Los Vecinos SRO treat each other like family. Mutual accountability, respect, and a strengths-based approach to treatment and care are what characterizes the environment at BRC.
WE ARE BRC: MARCY WILKOV, BOARD MEMBER, AND TERRY SAVAGE, DIRECTOR, AMERICAN EXPRESS PHILANTHROPIC PROGRAM

Marcy Wilkov joined BRC’s board more than 20 years ago:
“Over the years, the staff and the clients of BRC have taught me a great deal. Most importantly, having met and talked to BRC’s clients and heard their stories, I’ve learned that ‘the homeless’ are not faceless, dirty people, begging on the streets. They are real people who have suffered in their lives. With the patient commitment of dedicated, caring people like the staff at BRC, many can reclaim their lives and their dignity.”

As an American Express employee, Marcy brought BRC’s workforce development program, Horizons, to the attention of the American Express Philanthropic Program, knowing of their interest in comprehensive employment and support services that promote economic independence.

American Express has now funded Horizons for five years, and is pleased to reinforce the contributions Marcy makes to BRC as a board member. The company, says Terry Savage, believes in the value of supporting the charitable efforts of American Express employees: “We frequently support nonprofit organizations that involve American Express employees as board members or volunteers. We believe we should contribute to the communities in which we operate, as healthy communities are important to society and the overall economy.”
WE ARE BRC: INDIVIDUAL FUNDERS

$25,000 PLUS
Anonymous
Julie Salamon & Bill Abrams

$10,000 - $24,999
Larry & Martha Graham
Laura Landro & Richard Salomon
Marcy Wilkov
Waterman

$5,000 - $9,999
Genevieve Chow & Mark Bierman
Michael Corey - The Corey Foundation
BRC Employee Giving Program
Patricia P. Hall
Michael Hirschhorn & Madeline de Willebois
Bruce Mosler
Jeff Rosen & Daphne Hsu
Anno & Viju Verghis

$1,000 - $4,999
Anonymous (2)
William Bahile
Mr. & Mrs. William B. Beekman
Gail Rothenberg & Michael Benson
Tracey Capers / Capers Consulting
Robert Cohen & Madeline de Lorne
Gail & Daniel Collins
Alan Epstein, Esq.
Ann E. Berman
Terry Gauquie
Nancy Goodman & Michael Froman

Mr. & Mrs. Richard Hok
Wayne S. Jew
Robert L. Krukal
Barry E. Light
Mr. & Mrs. Robert L. Lipp - Bari Lipp Foundation
Joseph Liro & Joanne Hill
Marjorie Magnier
Daniel E. Mufson
Adam Nagourney & Ben Kushner
Dr. James J. Nugent
Charles & Janet Raymond
Brenda Rosen & Muzzy Rosenblatt
Howard J. Rothman
Suzanne Salamon & Alan Einhorn
Dr. Peter Schlossberg
Mr. & Mrs. Edward Sermier
Daniel Shuchman & Lori Lesser
Mr. & Mrs. John Suhler
Mr. & Mrs. Jim Toftey
Roger Weisberg & Karen Freedman
Margaret L. Wolff & Chuck Prince
Irving J. Yablonsky

$500 - $999
Anonymous (2)
Bethany E. Chaney
David M. Cook, Jr.
Mark J. Czaja
Richard W. Eaddy
Felice Ekelman & Drew Eckstein
Marc Falato
Mr. & Mrs. Dall Forsythe
Barry S. Kramer
Dr. Leonard Langman & Motue Shiratori
Karl Laub & Lila Deis
John M. Lynch
Joan Malin
Lynne Murray
Michael Plantadosi
Robert & Anne Rabin
Patricia Franklin & Alan Rivera
Mr. & Mrs. Melvin Rosen
Robert A. Rothman
Carol Schwartz & Robert Sills
Doak Sergent & Neil Marks
Jane Frances M. Shaw
Jeffrey & Marie-Noelle Smith
Dr. Barney Softness
Marc Solomon & Elizabeth Luskin
Judy & Ken Weinstein

$250 - $499
Michael Ailcan
Ann Allen-Ryan
Susan Bolotin & John Rothman
Josephine B. Bruno
David S. Carroll
Mr. & Mrs. Joseph Caruso
Robert S. Everett
Cara Famillet
Deborah & John Freer
Mr. & Mrs. Meyer S. Frucher
Jeffrey Gates & Mike Moran
Sarah & Jeffrey Gerecke
Mr. & Mrs. Daniel Gregory
Mr. & Mrs. William J. Grinker
Todd Gunston
Sarah Hagel & Damon Strub
David Hall
Gerard E. Harper
Bernadette Hertz
Lauri Hornik

$50 - $249
Christopher Abbasse
Lauren Albert Lederkramer
Ryan Alexander
John H. Alschuler, Jr.
Dina Auricchio
Mr. & Mrs. Norman Baker
Dr. Brian Balogh
Alan Bandler
Richard Baronio
Craig Barrack
Brooke Beardslee
Debra Bennat
Mr. & Mrs. Henry Bessire
Joe Biber & Banya Halpern
David Blum & Terri Minsky

If your name has been listed incorrectly here, please let us know.
BRC makes the best possible effort to list names appropriately.

Jeffrey Isaacson
John & Joan Jakobson
John Johnson
Wayne Kabak & Marsha Berkowitz
Thomas Klitzgaard & Kyle Staver
Sara Krukil & Lynn Polow
Martin Linsky & Lynn Staley
H. Gwen Marcus
Sheree L. Margolis
Vivek Mathew
Jean McKenna
Steven P. Miller
Estella & Frank Moreno-Bosket
Pamella Markwood Neff & Craig Neff
Dr. Julius Neumann
Sheila Nevens
Brian C. Offutt
Louise Parent
Steven Pierson
Mr. & Mrs. Jeremy Pollack
Nancy & Tom Poz
Christina & Michael Russell
John B. Ryan
Calvin Sims
Ian & Gail Stocks
Maira Warnock
James Weikart
John Willoughby
Rita Zimmer
Jane Zimmer & Ron Neumann

Kim L. Bookhart
Fiona A. Brett
John R. Brooks
Daire C. Browne
Phillip Bruno & Claire Henry
Naomi Bushman
Catherine Cahill
David Callahan
Nancy E. Campbell
Alice Carter & Bruce Larson
Lois Chaffee
Caroline Chow
Deborah Clearman
Alex Cohen
Peggy Cohen & Todd Stone
Mr. & Mrs. Nelson Conde
Ken Conzelmann
Geoff Cowley & Susan Pelzer
Laura Cronin
Shawn Warren Crowley
Victoria M. Vallas-Cullen
Doug Daniels
Stanley Diglio
William Donohoe
Rabbi Anne Ebersman & Dan Caligari
Joanne Bosche Ehrlich
Sally Fischer & Elliott Upton
Mark Foggin
Lewis Friedman & Lynn Passy
Dr. Loretta Friedman
Thom Geier
Jan Geig
Mr. & Mrs. Thomas Glynn
Frances Goldin
Mr. & Mrs. John Grammer
Carol Groneman
Jacqueline Gutwirth & Mishav Arvanoff
Stanley Heckman & Son Takahara
Warren & Carole Heller
Students of the Abraham Joshua Heschel Lower School
Julia Hodgson
Judy Hoffstein
Krista Horstman
Darrell Ivy
Emily R. Ivory
Stephen Jacobs
Carol Rosenthal
Jaishri & Vikas Kapoor
David Karnovsky & Sue Kaplan
Donald Kilpatrick & Karen Laving
Arthur Klebanoff & Susan Hirshhorn
Dr. Janet Kovak, DVM
Steve & Kerry Kovitt
Stephen Kramer & Sheryl Goldstein
Julia Krause
Stacy & Tom Kuhn
Lillian Larson
Browne W. Ledbetter
Tink Leffmanns & Ernest Tollerson
Mr. & Mrs. Stuart Little
Kevin Martin
Patricia & Craig McKay
Mr. & Mrs. Francis Menton
Miriam Messinger & Felicia Hayes
Jonathan Meyers
Simon Miller
Steven E. Miller
Malvina Nathanson
Martin & Kaaren Oesterreich
Erik Olson
Jerome Page & Katherine Frank
Nicholas Parada
Calogero Patti
Dennis Pierventdi & Susan Ladue
Philip R. Pitruzzello
Jamie Reisch & Eamonn Maguire
Beth Ricciard
Arvana Rice
Allan Rich
Mr. & Mrs. Curtis Roach
Alan J. Rosenblum
Mr. & Mrs. Philip B. Rosen
Harriet E. Roth
Daniel Rothbart
Marvin Rucker
Stanley Sagner
Dr. Norbert Sander
Lorraine Santhay
Ted Schachter
Mr. & Mrs. Leonard Schrift

If your name has been listed incorrectly here, please let us know.
BRC makes the best possible effort to list names appropriately.
I AM BRC: JULIE SALAMON

BRC BOARD OF DIRECTORS, CHAIR

I started out as a volunteer for BRC 18 years ago, delivering meals to senior men in the old hotels on the Bowery. The living conditions were terrible, and many of the men had big problems like alcoholism or an untreated illness. We worked hard to help where we could, to provide counseling and treatment services that would make even a small difference in their lives. I've seen BRC grow a lot since then, from a small social services organization to one of the largest comprehensive homeless service providers in the City. While I no longer deliver meals, I am still a volunteer. I love being a part of BRC.

I AM BRC: CHIP RAYMOND, PRESIDENT, CITIGROUP FOUNDATION

BOARD MEMBER & NYC'S FIRST COMMISSIONER OF HOMELESS SERVICES

"I find BRC to be an organization that provides a terrific service to people who most of us don't think about. It can be hard to drum up money for BRC from the private sector, because our work isn't considered glamorous. It's not easy to identify with the population BRC works with. BRC's clients need all kinds of special services, and some will never be productive in the traditional way society expects.

But that doesn't mean you don't keep trying, or you don't keep pushing. If BRC can save 1 or 2 or 5 out of every hundred people on the streets, we can say we actually helped someone today, and that's pretty amazing. BRC's work is challenging and the demands are overwhelming, but you can look at what's been accomplished, one person at a time, and feel a huge sense of satisfaction."
The Bowery Residents' Committee, Inc. and Related Organizations

Combined Statement of Financial Position

### ASSETS

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
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<tbody>
<tr>
<td>Cash</td>
<td>$1,043,974</td>
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<tr>
<td>Restricted cash</td>
<td>819,506</td>
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<td>Investments at fair value</td>
<td>14,743</td>
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<tr>
<td>Accounts receivable (net of allowance for doubtful accounts of $444,745)</td>
<td>3,754,823</td>
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<tr>
<td>Prepaid expenses and deposits</td>
<td>202,656</td>
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<tr>
<td>Fixed assets, net</td>
<td>9,783,734</td>
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<tr>
<td>Restricted reserves and other asset</td>
<td>250,691</td>
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<tr>
<td>Investment in limited partnerships</td>
<td>500,200</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$16,370,327</strong></td>
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### LIABILITIES & NET ASSETS

<table>
<thead>
<tr>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$3,272,349</td>
</tr>
<tr>
<td>Accrued salaries and fringe</td>
<td>1,188,299</td>
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<tr>
<td>Accrued interest payable</td>
<td>257,546</td>
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<tr>
<td>Deferred revenue</td>
<td>1,455,451</td>
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<tr>
<td>Construction advance in escrow</td>
<td>819,506</td>
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<tr>
<td>Due to limited partnerships</td>
<td>579,934</td>
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<tr>
<td>Loans payable</td>
<td>7,082,594</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$14,055,679</strong></td>
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<tr>
<td>Net assets – unrestricted</td>
<td>1,509,918</td>
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<tr>
<td>Net assets – temporarily restricted</td>
<td>204,730</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$1,714,648</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$16,370,327</strong></td>
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### REVENUES

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<thead>
<tr>
<th>Category</th>
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</thead>
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<tr>
<td>Government and other grants</td>
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<tr>
<td>Medicaid</td>
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<td>Program service fees</td>
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<td>Rental</td>
<td>549,554</td>
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<td>Contributions</td>
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<tr>
<td>Interest and other</td>
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<tr>
<td><strong>Total revenues</strong></td>
<td><strong>$24,233,624</strong></td>
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### EXPENSES

#### PROGRAM SERVICES:

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<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Housing</td>
<td>$9,961,907</td>
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<tr>
<td>Alcoholism</td>
<td>2,081,003</td>
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<tr>
<td>Mental Health</td>
<td>1,153,937</td>
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<tr>
<td>Citywide Outreach</td>
<td>1,624,848</td>
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<tr>
<td>Homeless Services</td>
<td>5,775,698</td>
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<td><strong>Total program services</strong></td>
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#### SUPPORTING SERVICES:

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<tr>
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<td>Fundraising</td>
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<td><strong>Total supporting services</strong></td>
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<tr>
<td>Related organizations' expenses</td>
<td>1,336,428</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$24,143,622</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
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<tr>
<td>Change in net assets before prior period revenue</td>
<td>90,002</td>
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<tr>
<td>Prior period revenue</td>
<td>453,590</td>
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<tr>
<td>Change in net assets</td>
<td>543,592</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>1,171,056</td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td><strong>$1,714,648</strong></td>
</tr>
</tbody>
</table>

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**THIS IS BRC** Muzzy Rosenblatt oversees the conversion of this floor of the Palace Hotel to a new 19-bed transitional shelter for service-resistant, chronically homeless women. "This is what BRC is all about," he says. "We believe change can happen, even under the most difficult of circumstances."