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THE SAMARITAN INITIATIVE

ENDING HOMELESSNESS requires the joint action of cities, states, and the federal government. That's why Philip Mangano, head of the federal Interagency Council on Homelessness, flies around the country appearing with mayors in New York, Chicago, Washington, D.C., and Scranton, Pa., who are rolling out multiyear plans to end chronic homelessness. Some states, including Massachusetts, are doing their part, setting up interagency councils on homelessness.

The goal is to help the men and women who have spent years on the streets or in shelters. They are 10 to 20 percent of the adult homeless population but consume more than 50 percent of emergency resources for the homeless. Even when they get help with mental illness or substance abuse, the results can almost literally wash away in the rain, because it's hard to maintain recovery without a permanent home.

The mayors and governors need federal help. To that end, Mangano is promoting the Samaritan Initiative Act, a bill in Congress that would authorize three federal agencies — the departments of Housing and Urban Development, Health and Human Services, and Veterans Affairs — to distribute $70 million in grants.

It is not a lot of money given the size of the problem, but $70 million could fund more than 20 competitively chosen projects to create "supportive housing" units. The immediate payoff would be to get chronically homeless adults places to live. The long-term "supportive" components would bring social services to their homes. With a secure place to live, they could work more effectively to manage drug addictions, mental illnesses, and developmental delays.

Mangano calls this "anticreaming." Instead of working with easy-to-serve clients — the cream — Samaritan programs would help people who otherwise would seem to have little hope of building healthier, more independent lives.

Supportive housing is a proven approach. One example is Pathways to Housing in New York City, where the philosophy is to get clients housing first, then services if they agree to them. Staff members stick by clients, helping them keep housing even if they suffer relapses, which can disqualify clients in other programs. The program has an 85 percent retention rate for keeping mentally ill homeless people in housing. The money is well spent: Pathways officials point out that their annual cost of providing supportive housing for one year is $22,500, much less than the $175,000 annual cost of staying in a state psychiatric hospital bed.

The bill has bipartisan support in Congress. A hearing has been scheduled for July 13 before a House subcommittee. Instead of indifference, pity, or good intentions, Samaritan programs promise a compassionate and effective end to homelessness.