Supportive Housing: Developing Solutions for our Most Vulnerable Neighbors

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Mid-Atlantic Regional Director
We will answer these two questions by end of presentation...

John is a chronically homeless man who has presented to your emergency department six times in the last month due to complications related to his uncontrolled diabetes. John is “actively psychotic” and experiencing symptoms associated with long term mental illness. John was admitted two days ago because of a gaping hole in his leg that was made worse from his uncontrolled diabetes. It is possible John may lose his right foot. Although usually non-compliant with the social worker, during his recent visit he expressed wanting to obtain housing and focus on his recovery planning.

1. Working with the discharge planner, what are the top two priorities for the social worker?

2. What type of housing is most appropriate for John?
Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.
How would you describe SH?

Permanent, affordable, independent, tenant centered, flexible, voluntary, build or lease, single site, scattered site
Supportive Housing is not:

- Treatment
- Transitional
- Licensed community care
## Understand the Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PSH</strong></td>
<td>Very Vulnerable, chronically homeless</td>
</tr>
</tbody>
</table>
| **TH**    | Non-disabled, high barrier  
|           | Requiring structured treatment |
| **RRH**   | Most homeless families  
<p>|           | Newly homeless |
| <strong>Prevention</strong> | Target those at-risk who actually enter system |
| <strong>ES</strong>    | Interim housing &lt;30 days while waiting for Housing |</p>
<table>
<thead>
<tr>
<th>Transitional Hsg</th>
<th>Rapid Rehousing</th>
<th>Permanent Hsg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program agreement</td>
<td>Lease or sublease</td>
<td>Lease or sublease</td>
</tr>
<tr>
<td>Congregate living</td>
<td>Scattered Site</td>
<td>Single or scattered site</td>
</tr>
<tr>
<td>Time limited 24 months</td>
<td>Short-Term</td>
<td>Permanent</td>
</tr>
<tr>
<td>Nonprofit provider is service and property manager, roles sometimes blurred</td>
<td>Private landlords</td>
<td>Private landlords, private PM providers, nonprofit PM/owner</td>
</tr>
</tbody>
</table>
Differences between Housing and Institutional Living

Supportive Housing

- 24 hour entry/exit
- Only share units at individuals choice
- Freedom to furnish and decorate unit
- Control own schedule and activities
- Access to food at any time
- Visitors of own choosing at any time
- Housing is physically accessible
- Unit has private lavatory, shower, kitchen
- Access to transportation
- Broad access to services in the community and opportunities to participate in services
What is Supportive Housing?

Who is supportive housing for?
Supportive Housing is for People Who:

- Are chronically homeless.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness.
- Are being discharged from institutions and systems of care.
- Without housing, cannot access and make effective use of treatment and supportive services.
A new way of Providing Services:

Low Demand

High Rate of Housing Stability
Supportive housing brings together 3 very different disciplines:

- Development
- Supportive services
- Property management or landlord/housing manager

Variety of partners needed to make Housing a success
Coordinated Property/Housing Management Staff + Supportive Services Providers = Tenants sustain stable housing
Supportive Services Packages include: Tenancy Supports

Outreach and engagement
Housing search assistance
Collecting documents to apply for housing
Completing housing applications
Subsidy applications and re-certifications
Advocacy with landlords to rent units
Master-lease negotiations
Acquiring furnishings
Purchasing cleaning supplies, dishes, linens, etc.
Moving assistance if first or second housing situation doesn’t work
Tenancy rights and responsibilities education
Eviction prevention (paying rent on time)
Eviction prevention (conflict resolution)
Eviction prevention (lease behavior requirements)
Eviction prevention (utilities management)
Landlord relationship maintenance
Subsidy provider relationship maintenance

Rental Subsidy
Service plan development
Coordination with primary care and health homes
Coordination with substance use treatment providers
Coordination with mental health providers
Coordination of vision and dental providers
Coordination with hospitals/emergency departments
Crisis interventions and Critical Time Intervention
Motivational Interviewing
Trauma Informed Care
Transportation to appointments
Entitlement assistance
Independent living skills coaching
Individual counseling and de-escalation
Linkages to education, job skills training, and employment
Support groups
End-of-life planning
Re-engagement
How do we staff Supportive Services?

Interdisciplinary teams made up of:
- Social Workers
- Nurse Case Managers
- Employment Specialists
- Housing Navigators
- Peer Support Specialists
- Psychiatric and Medical supports
- Substance Use staffing
- Para professionals who can provide support to the team

Service Coordinators ideally will have serve no more than 12-15 individuals.

Typical reimbursement rate for one individual for “housing/tenancy support services” can range from $8,000-$10,000 annually.
How do we provide services in each of the models

<table>
<thead>
<tr>
<th>Single Site</th>
<th>Shared Housing</th>
<th>Scattered Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop In supports</td>
<td>Drop in supports</td>
<td>Drop in supports</td>
</tr>
<tr>
<td>Front Desk and/or Live in staff available within the larger complex</td>
<td>Live-in Staffing</td>
<td>Live in staffing</td>
</tr>
<tr>
<td>Pro-active property management /landlord supports</td>
<td>Pro-active property management and landlord supports</td>
<td>Pro-active property management and landlord supports</td>
</tr>
<tr>
<td>Technology</td>
<td>Technology</td>
<td>Technology</td>
</tr>
<tr>
<td>Peer supports</td>
<td>Peer Supports</td>
<td>Peer Supports</td>
</tr>
<tr>
<td>Natural Supports</td>
<td>Natural Supports</td>
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</tr>
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</table>
Voluntary Services

<table>
<thead>
<tr>
<th>Participation in services is not a condition of tenancy</th>
<th>Services are voluntary for tenants...not staff</th>
<th>Emphasis should be on user-friendly services driven by tenant needs and individual goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff must work to build relationships with tenants</td>
<td></td>
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</table>
What do we know about voluntary services?

- Even when services are not required as a condition of tenancy, tenants participate at high rates.
- Tenants value the services available to them, as well as the autonomy to decide which services to participate in.
- “Low demand” model is much more likely to house and retain formerly homeless people, especially those with significant disabilities and long homeless histories.
Units are located in within safe neighborhoods with close proximity to:

- Transportation
- Employment opportunities
- Services
- Shopping, recreation and socialization.

- The housing and its tenants are good neighbors, contributing to meeting community needs and goals whenever possible.
Core Outcomes for Tenants in SH

- Tenants stay housed
- Tenants have social and community connections
- Tenants are satisfied with the services and housing
- Tenants improve their physical and mental health
- Tenants increase their income and employment
99% savings in shelter cost

14% savings @ ER

32% savings ambulance

6 month total: $219,791 savings
More than 80% of tenants stay housed for at least one year

Even when services are not a condition of tenancy, tenants participate at high rates:
- 81% health care utilization
- 80% mental health treatment
- 56% substance abuse services
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Questions