

Supportive Housing: Developing Solutions for our Most Vulnerable Neighbors

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The Source for
Housing Solutions



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 is the Solution

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

PSH

- Very Vulnerable, chronically homeless

TH

- Non-disabled, high barrier
- Requiring structured treatment

RRH

- Most homeless families
- Newly homeless

Prevention

- Target those at-risk who actually enter system

ES

- Interim housing <30 days while waiting for Housing

TH vs. PH vs. RRH models

Transitional Hsg	Rapid Rehousing	Permanent Hsg
Program agreement	Lease or sublease	Lease or sublease
Congregate living	Scattered Site	Single or scattered site
Time limited 24 months	Short-Term	Permanent
Nonprofit provider is service and property manager, roles sometimes blurred	Private landlords	Private landlords, private PM providers, nonprofit PM/owner

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



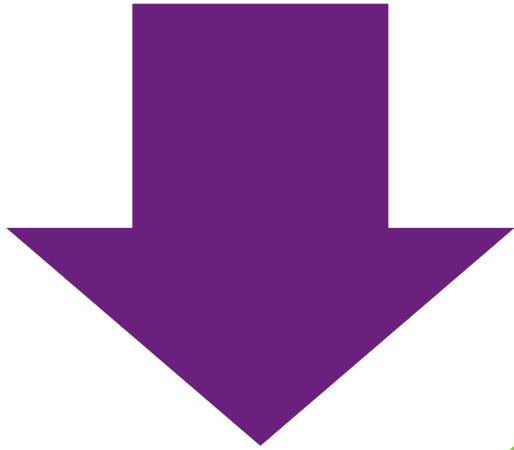
Who is supportive housing for?

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

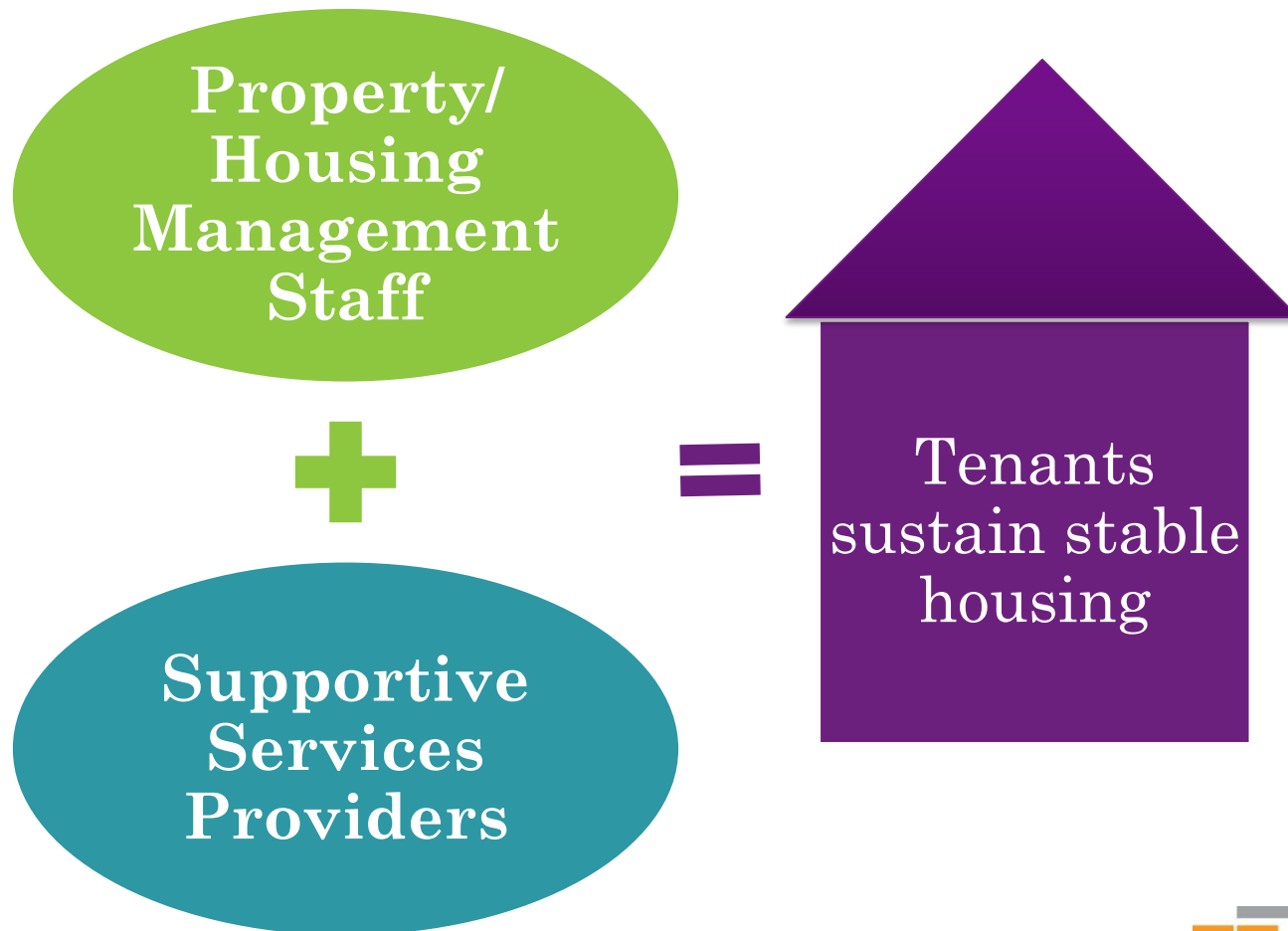


High Rate of
Housing
Stability

Supportive Housing is Not a Solo Act

- **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



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

Support Services Include: Housing Case Management Supports

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

Single Site	Shared Housing	Scattered Site
Drop In supports	Drop in supports	Drop in supports
Front Desk and/or Live in staff available within the larger complex	Live-in Staffing	Live in staffing
Pro-active property management /landlord supports	Pro-active property management and landlord supports	Pro-active property management and landlord supports
Technology	Technology	Technology
Peer supports	Peer Supports	Peer Supports
Natural Supports	Natural Supports	Natural Supports

Voluntary Services

What are voluntary services?

Participation in services is not a condition of tenancy

Services are voluntary for tenants...not staff

Staff must work to build relationships with tenants

Emphasis should be on user-friendly services driven by tenant needs and individual goals

What do we know about voluntary services?

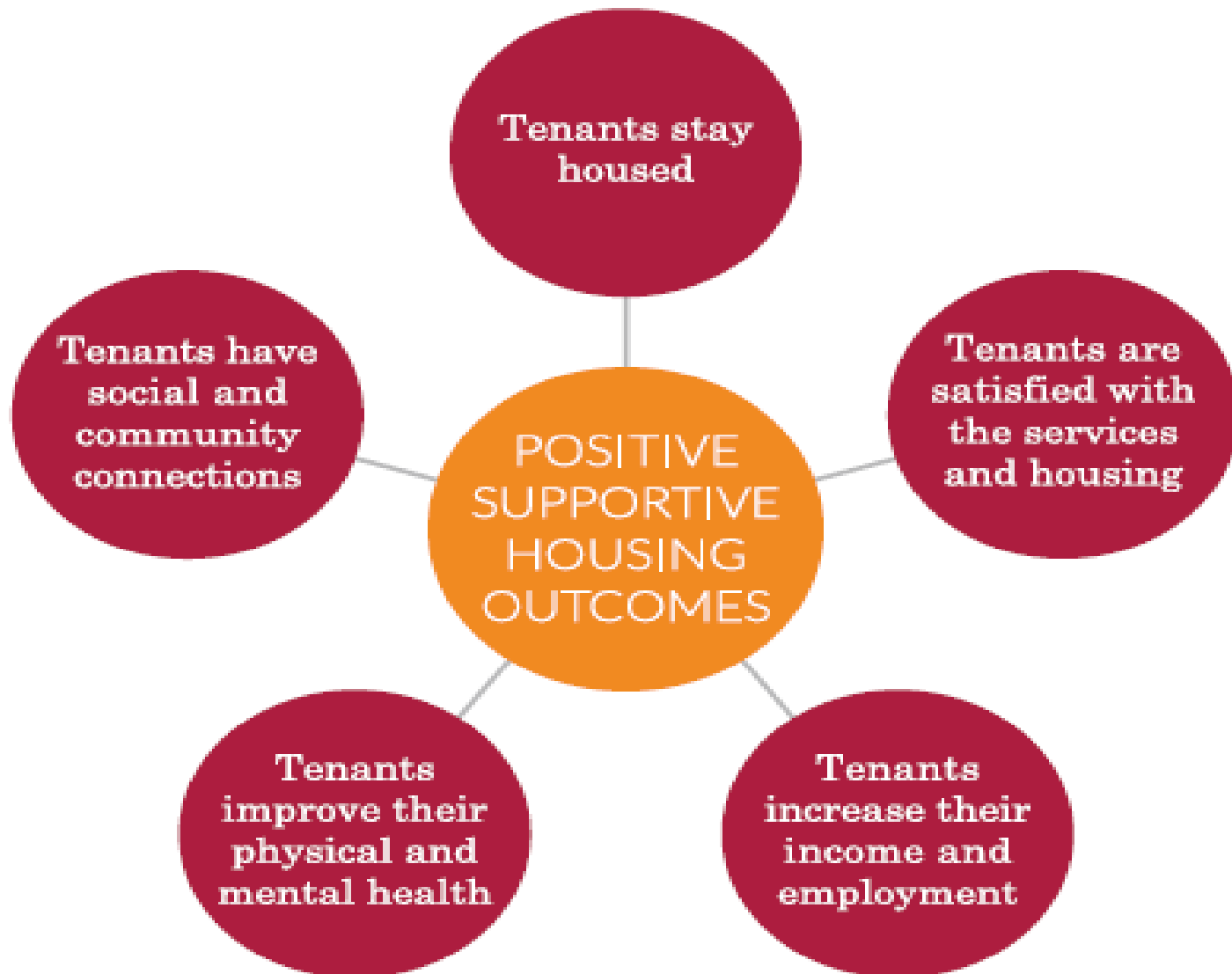
- **Even when services are not required as a condition of tenancy, tenants participate at high rates.**
- **Tenants value the services available to them, as well as the autonomy to decide which services to participate in.**
- **“Low demand” model is much more likely to house and retain formerly homeless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

Community Integration

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



Supportive Housing Works

99% savings in shelter cost

14% savings @ ER

32% savings
ambulance

6 month total:
\$219,791 savings

A Strategy that Works *for People*

- ❑ **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

