

## Introduction to "Overcoming Barriers to Supportive Housing"

Hello Everybody, I'm Rachel Fuller from the Corporation for Supportive Housing. I'm very pleased to be able to participate in this call today.

I want to begin by telling you a little about CSH and the CSH Consulting Group, which I am a part of.

CSH is a national non-profit organization that has 14 offices around the country. We help communities develop and operate supportive housing to end and prevent homelessness. We engage in policy and advocacy work at the Federal, State and Local level, and engage in systems change initiatives to make it easier to develop and operate supportive housing. We do a substantial amount of lending and some limited granting to spur the development of supportive housing. And we do a substantial amount of technical assistance, training and consulting to help communities and organizations both create new supportive housing, and operate existing supportive housing as effectively as possible.

CSH operates strong state specific programs where we have offices, and also has several national teams that are not state specific, including our Innovations and Research Team, and our Consulting Group, both of which were created in early 2009. The [CSH Consulting Group](#) has since supported efforts in over 28 states, and we participate in a range of projects from large national scale granting initiatives, to large trainings to and very small projects at the individual provider level. If folks are interested in speaking to us about coming to their community, we'd be happy to talk to them, and we can be reached at [consulting@csh.org](mailto:consulting@csh.org) or I can be reached at [rachel.fuller@csh.org](mailto:rachel.fuller@csh.org).

So that's a little about us, but let's get to the reason for this call.

As I'm sure most of you are aware, in the 50's and 60s when deinstitutionalization took place and the psychiatric hospitals closed, the resources that were provided to community mental health centers never proved to be sufficient to provide the services that people needed to maintain their mental health, after leaving the hospitals. Combined with the lack of affordable housing in this country, rates of homelessness began to rise.

Fortunately, a solution to homelessness for vulnerable people was identified; permanent supportive housing. But what do I mean when I say 'permanent supportive housing' or PSH?

When we talk about permanent supportive housing at CSH, we mean a few specific things. The basic model is simply housing linked to supportive services for homeless populations who need intensive services to maintain housing. So supportive housing serves people with significant barriers to housing stability, whether because they have mental illnesses, addictions, chronic health problems, or histories of trauma and abuse, or a combination of some or all of these, who need intensive supportive services to remain stably housed.

This is not to say that residents don't ever move on to independent housing, just that initially and usually for some significant amount of time, the services need to be available. The kinds of services that are typically offered within PSH settings include case management, mental health services, crisis intervention services, alcohol and substance abuse treatment services, individual and family counseling, childcare, medical care, employment and vocational services, advocacy, and many other supportive services.

In supportive housing, services can be offered in a number of ways. Services may be offered on-site, in designated office space in a single site apartment building, or the services may be offered in the tenants homes and some may be provided in a community settings. The thing that is distinct about services in supportive housing settings, is that the services are made easily accessible to the tenants, and provided in the most convenient location for them. Simply providing services in an office in the community is not usually going to work. This services model is really based on 'meeting people where they are at' both literally and figuratively, to meet their needs as effectively and proactively as possible.

A few other things that are important to mention about permanent supportive housing...At CSH we advocate that PSH should be affordable to the tenants, with ideally no more than 30% of income going towards rent and utilities, though we know that's not always possible. We also advocate that tenants should have leases or similar forms of occupancy agreement, with no limits on the length of tenancy, as long as the lease terms are met. And that tenants have all the usual rights of other tenants in the community under landlord tenant laws and other applicable laws. Finally, we strongly encourage services providers to proactively engage tenants in on-site and community based services, but participation in services not be a condition of ongoing tenancy. And we have found that tenants usually participate in services at high rates, anyways.

So what does the housing look like? The housing itself looks a lot of different ways; some providers have traditionally leased or purchased single site apartment buildings and used all of the units for supportive housing.

Recently, many organizations have found it effective to master lease apartments and sublease those to supportive housing tenants, By master lease, I mean that the organization leases a number of housing units from a landlord, and then subleases those units to tenants who meet the eligibility criteria for the supportive housing. And usually there is some kind of rental subsidy attached to the supportive housing.

There is also the scattered site model where tenants often have a rent subsidy that can be used with private landlords anywhere in a community,. These kinds of rental subsidies for masterleased/scattered site apartments sometimes are provided by state housing finance authorities, or via funds designated by public housing authorities, and in the last few years, some funds have become available from the Dept of Veterans affairs, through the HUD-VASH program.

There have also been a lot of new developments of "integrated housing" where an affordable housing project is partly leased to supportive housing tenants who have a need for supportive services and other units in the same housing development are leased to people who simply meet the income requirements for the affordable housing.

But in general, supportive housing is often developed with a mix federal, state and local funds. On the federal level, McKinney Vento homeless \$\$ from HUD are a commonly used source of funding. I'll note that those funds are accessed through local homeless continuums of care – if you have questions about that, please send them in and we'll answer during Q&A). HUD Section 8 vouchers are another commonly used source of funding. At the state level, low income housing tax credits are often used to develop supportive housing, and those are administered in different ways, in different states. But there are a variety of other resources, some easier to come by than others. The other speakers on the call will share more information about funding sources.

So this is permanent supportive housing model. The question that we then get asked is, well, Does it work? And fortunately, across the supportive housing industry, we've gathered some pretty robust evidence that it does indeed work.

First, we have gathered lots of strong evidence that **supportive housing has a positive impact on housing retention**, even among tenants with long histories of homelessness and the most severe psychiatric disorders. On average what we find about 75-85% remain housed for at least one year.

**We also are very clear that supportive housing stabilizes peoples' lives.** I'll give you an example of a piece of research from Maine, where they did a cost analysis and examined the impact of supportive housing on formerly homeless people in the Greater Portland area. Of the group they looked at, 94% had a serious mental illness, and a good portion of those folks also abused alcohol and drugs. They found that in the one year after entering supportive housing that the group had an amazing reduction in crisis situations. So specifically,

- 77% fewer inpatient hospitalizations
- 62% fewer ER visits
- 60% fewer ambulance transports
- 38% fewer psychiatric hospitalizations
- 62% fewer days in jail
- 68% fewer police contacts

And at the same time, not surprisingly, the tenants participation in supportive services increased, so more people were participating in substance abuse and mental health services, which likely directly correlated to the increase in stability.

So that's a very cursory look at what we know about the efficacy of permanent supportive housing.

What we are going to talk about on this call is what it actually looks like to develop and operate supportive housing, and the kinds of partnerships that it requires. One of the things we get kind of excited about at CSH is the extent to which partnering to operate PSH helps housing and services providers achieve mutual goals. They are both interested in the housing stability of tenants; property managers because it is better for the bottom line and is easier to manage housing that is leased up with a stable tenancy. Services providers are interested in housing stability because they know that losing housing is a major life disruption with significant impact on mental health and physical health, on children's academic achievement, on the ability to maintain employment and other outcomes that services folks are interested in ...so this is a natural partnership that ideally works well for all involved.

That doesn't mean that it's always easy, as I'm sure my colleagues will discuss. And it doesn't mean that it has to look one way; the truth is partnerships to operate PSH can look a number of different ways. Most often partnerships include a minimum of one behavioral health services provider organization, and one property management/housing organization, but any number of other partners may be involved specialized services providers, private landlords and building owners, public housing authorities, Federally Qualified Health Clinics as well as with other medical services providers, native american tribal organizations, funders and others. There may be a lot of different folks at the table.

The partnerships may be organized in different ways; Services providers may refer to a housing organization or vice versa; organizations may be brought together as part of a local or regional plan to end homelessness; or folks may have full partnerships that are contractual in nature, and that involve the development of a full Memoranda of Understanding.

So I'm going to turn it over to Alexis Bernard , program director at Turning Point Community Programs in Sacramento, CA. She will share with you the details of the supportive housing operated by her organization.

References:

[Summary of Studies: Medicaid / Health Services Utilization and Costs](#) (Corporation for Supportive Housing, 2009)

[Cost of Homelessness: Cost Analysis of Permanent Supportive Housing State of Maine - Greater Portland, September, 2007](#)

<p><b>Maine Cost Analysis of Permanent Supportive Housing</b></p>	<p>Population: Formerly homeless supportive housing tenants in Greater Portland area 60% men 94% serious mental illness 32% chronic alcohol abuse 10% chronic drug abuse Median age 46 64% entered supportive housing from emergency shelter</p>	<p>During the <i>one year before</i> entering supportive housing average annual cost per person for health care, ambulance, jail &amp; policy costs were \$28,045 Biggest component of costs was health care in hospitals</p>	<p>During the <i>one year after</i> entering supportive housing: 77% fewer inpatient hospitalizations 62% fewer ER visits 60% fewer ambulance transports 38% fewer psychiatric hospitalizations 62% fewer days in jail 68% fewer police contacts 22% <i>increase</i> substance abuse treatment 35% <i>increase</i> mental health treatment 31% <i>increase</i> prescription drug costs  \$944 average savings per person considering service costs + housing costs compared to services 1 year before</p>	<p>Formerly homeless people with disabilities had lived in supportive housing for at least one year at time of recruitment to participate in the study. Study included 99 who gave consent (out of 159 who met study criteria)</p>
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**Housing Retention**

The evaluation of the Closer to Home Initiative – a project targeted to people who were chronically homeless – found that 83% of the tenants were still in supportive housing after one year and 77% after two years. The retention rate was high even among those tenants with the most severe psychiatric and substance use disorders – 79% were still housed one year after placement.

**Even when services are not required as a condition of tenancy, tenants participate at high rates.** In the Closer to Home Initiative, supportive housing tenants were engaged in a wide variety of services. The vast majority of participants received health care services (81%) and mental health treatment (80%) through these programs. Tenants participated in other services including substance abuse treatment (56%), money management (65%), assistance in applying for benefits (51%).

[Final Report on the Evaluation of the Closer to Home Initiative](#), (Corporation for Supportive Housing, 2004).