Building the Way Home

San Bernardino

Homeless Summit

November 16, 2011

www.csh.org

Corporation for Supportive Housing

CSH is a national nonprofit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness.

Celebrating a 20 year anniversary, CSH advances its mission by providing **advocacy, expertise, leadership,**

and **financial resources** to make it easier to create

and operate supportive housing

Today's Roundtable

- Supportive Housing
- Supportive Housing in San Bernardino
- Current Trends
- HEARTH considerations
- Mainstream resources

What is Supportive Housing?

What is Supportive Housing?

Supportive housing is **permanent, affordable housing** combined with a range of **supportive services** that help **people with special needs** live stable and independent lives.

Who is Supportive Housing For?

People who:

- ✓ ***But for housing*** cannot access and make effective use of treatment and supportive services in the community;

  and

- ✓ ***But for supportive services*** cannot access and maintain stable housing in the community.

Who is Supportive Housing for?

- Single adults, families and unaccompanied youth who have often experienced:
  - Long-term poverty coupled with persistent health problems, including mental illness, substance abuse, HIV/AIDS
  - Histories of trauma, abuse and violence
  - Repeated engagements with institutional settings and crisis care services
  - Long histories of homelessness




Features of Permanent Supportive Housing

- Permanent Rental Housing
  - Each resident holds lease on his/her own unit
  - “Permanent” ≠ “Forever” necessarily
  - Resident can stay as long as he/she pays rent and complies with terms of lease (no arbitrary or artificial time limits imposed)
- Affordable
  - Tenants usually pay no more than 30% of income for rent

Features of Permanent Supportive Housing

- Flexible Services
  - Participation in a “program” is not a condition of residency
  - Services are designed project by project for the target population and the housing setting
  - Services are flexible and responsive to individual needs
- Cost Effective
  - Costs no more, and often much less, than the cost of homelessness or institutional care and produces better outcomes.

Supportive Housing is:

- Not Treatment
- Not Transitional
- Not Licensed community care
- Not Board and Care
- Not ‘Service enriched’ housing
- Not Independent Living Facility

What kinds of services do tenants use?

All services are flexible and voluntary. Services may include:

- Health and Mental Health Services
- Alcohol and Substance Use Services
- Vocational Counseling and Job Placement
- Independent Living Skills
- Community-Building Activities

What Do We Know About the People Supportive Housing Tries to Reach?

- Chronic behavioral health challenges (mental illness, substance use, often co-occurring)
- Physical health/medical challenges
- Long histories of homelessness (lack of recent experience living in housing) and instability
- Likely to engage in “risky” behaviors
- Often involved in multiple public service settings
- May be considered “resistant” to services and change

Supportive Housing Effectiveness

Strategy That Works For People

- Supportive housing with adequate support services is effective for people who don't meet conventional criteria for "housing readiness"
- Positive impact on housing stability – ending people's homelessness
- Even among tenants with long histories of homelessness and the most severe psychiatric disorders.

A Review of the Data: 2001 NY/NY Study

- Tracked 4,679 homeless people with psychiatric disabilities who were placed into service-enriched housing.
- 3,615 units of affordable housing supported with clinical and social services.
- Examined use of emergency shelters, psychiatric hospitals, medical services, prisons and jails in the two years before and in the two years after they were placed into the housing.
- Compared their service use to the service use of control groups.

A Review of the Data:
2001 NY/NY Study Cost Savings

Service	Annualized Savings Per NY/NY Unit
DHS Shelter System	$ 3,779
OMH Hospital	$ 8,260
HHC Hospital	$ 1,771
Medicaid – Inpatient	$ 3,787
Medicaid – Outpatient	- $ 2,657
VA Hospital	$ 595
NYS Prison	$ 418
NYC Jail	$ 382
TOTAL SAVINGS	**$ 16,282**

A Review of the Data: 1811 Eastlake, Seattle

- Study published in the Journal of the American Medical Association (JAMA) in April, 2009.
- Seattle DESC 1811 Eastlake project for homeless people with chronic alcohol addiction.
- Participants were drawn from a rank-ordered list of chronically homeless individuals who incurred the highest total costs in 2004 for use of alcohol-related hospital emergency services, the sobering center, and King County jail.

A Review of the Data: 1811 Eastlake, Seattle

- Participants had total costs of $8,175,922 in the year prior to the study, or median costs of $4,066 per person per month
- Median monthly costs decreased to $1,492 and $958 after 6 and 12 months in housing, respectively.
- Total cost offsets for Housing First participants relative to controls averaged $2,449 per person per month after accounting for housing program costs.
  - 41% reduction medical expenses
  - 87% reduction sobering center use
  - 45% reduction county jail bookings

Strategy That Works For People

- 83% of formerly chronically homeless persons in housing programs remained housed after 1 year and 77% were still housed after 2 years[1]
- Most supportive housing tenants engage in services, even when participation not required
- Housing is critical factor in keeping people engaged in services that support recovery and better outcomes
- Use of emergency systems of care (services in homeless, health care, and criminal justice systems) declines

1. Closer to Home Initiative; **Supportive Housing and Its Impact on the Public Health Crisis of Homelessness, CSH, May 2000**

Where We Sleep
Economic Roundtable/LAHSA report

- Supportive housing reduces public costs by 79% for chronically homeless individuals with disabilities.
- The typical cost of public services for residents in supportive housing is $605 per month compared to $2,897 for people with similar characteristics who remain homeless.
- The cost of homelessness increases for individuals that are older, have HIV/AIDS, co-occurring disorders, and/or no recent employment history.

A Strategy That Works For Communities

- Improves vitality and safety of neighborhoods
- Saves public tax money by shifting resources from costly emergency services toward long-term solutions
- Preserves affordability of - and diversity within - communities.

Supportive Housing in San Bernardino

Mental Health Services Act Housing Program

- Passed as Proposition 63 in 2004.
- Objective: to transform mental health services in California to be more client-centered and focused on recovery.
- Funded by a 1% tax on personal income over $1 million.
- Not subject to general appropriations.

MHSA Housing

- **Stable, affordable housing** is a high priority.
- **$20 million** has been dedicated to the development of new supportive housing opportunities (rental and shared) in San Bernardino County
- San Bernardino Behavioral Health provides services through Full Service Partners under the MHSA program.

Department of Behavioral Health – Shelter Plus Care

- Homeless mentally ill/dual diagnosed consumers
- Partners: DBH and the Housing Authority
- Stepping Stones, New Horizons II and Good Samaritan
- Tenant-Based Rental Assistance programs

HUD-VASH:
Veterans Affairs Supportive Housing

- HUD-VASH is a supportive housing program sponsored by:
  - U.S. Department of Housing and Urban Development (HUD)
  - U.S. Department of Veteran's Affairs (VA)
- Serve homeless veterans and their immediate families who are in need of both permanent housing and case management services in order to remain in permanent housing.
- VASH vouchers allow veterans to rent privately owned housing.
- Loma Linda VA medical center provides supportive services and case management to eligible homeless veterans.

Current Trends

Trends

- Average age is rapidly increasing nationally
- Compromised health status
  - 3.6 times more likely to have a chronic medical condition
  - “transition” aged homeless seniors have health needs similar to older seniors
- Substance use rates are lower
- More likely to have cognitive impairments
- Seem to use shelter less frequently
  - ½ robbed; ¼ assaulted

Implications

- Mortality rates are 3 to 4 times higher for the homeless[1]

- Homeless older adults die at earlier ages

"…many individuals who experience homelessness will not reach old age"
2008 Annual Homelessness Assessment Report

1. O'Connell, James, MD, National Health Care for the Homeless Council, "Premature Mortality in Homeless Populations: A Review of the Literature", December 2005

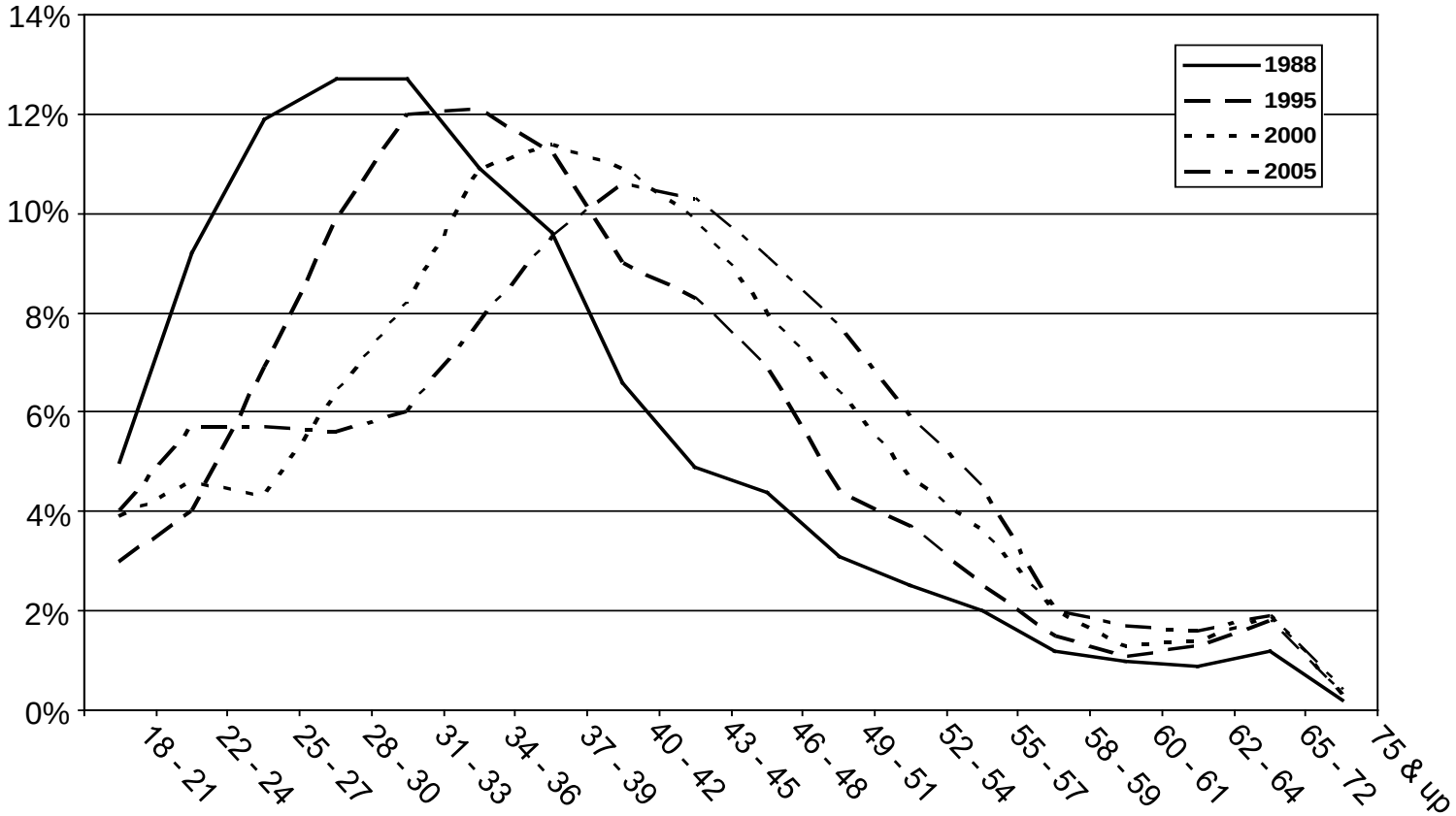
The Aging Population
National Trend

YEAR	65+ POPULATION	TOTAL POPULATION	65%+ SHARE OF TOTAL POPULATION
2000	34,991,753	281,421,906	12%
2010	40,229,000	310,233,000	13%
2030	72,092,000	373,504,000	19%
2050	88,547,000	439,010,000	20%

Source: U.S Census Bureau - Census projections as of 8/2008

Age Distribution - Four Male Prevalence Cohorts in NYC Single Adult Shelters 1998-2005

Second-Half Boomers in the Shelters: 30-year-olds in 1988 are 55 in 2013, and 62 in 2020



Source: Culhane, Metraux and Bainbridge, The Age Structure of Contemporary Homelessness, 2010

Current Trends

Research Underway

- Chicago Frequent Users of Jail and Mental Health Services
- New York City Frequent User Service Enhancement (FUSE)
- Ohio Department of Rehabilitation and Corrections (ODRC) Supportive Housing Initiative
- Keeping Families Together
- Connecticut Statewide Supportive Housing Evaluation
- CASAHOPE – housing first/harm reduction for active substance users in New York

Trends

- Population Focus:
  - Families, Veterans, American Indians, Elderly (with significant predicted increases), People involved in the Criminal Justice system
- Focus on Health Factors:
  - Frequent/high cost users
  - Vulnerability and Risk indices
- “Titrating” the model:
  - For whom is the model most appropriate and how do systems identify and engage those people?
  - How is supportive housing part of prevention efforts?

    (e.g. predictive modeling)

HEARTH Considerations

Homeless Definition – Final Rule

- Individual/family who lack a fixed regular, and adequate night time residence.
- Individual/family who will imminently lose their primary night time residence
- Unaccompanied youth/families with children
- Individuals/families who are fleeing/attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions

Emergency Solutions Grant

Allocations for FY11 released (transition year):

- San Bernardino total = $246,345
- San Bernardino County total = $489,313

- Broaden from Shelter to Rapid Rehousing
- Strong emphasis on data collection, performance measurement and program evaluation
- HMIS is KEY

Mainstream Resources

Federally Qualified Health Center

- FQHC benefit available under Medicare in 1991
- FQHCs are “safety net” providers such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless.
- The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities.

Program of All-Inclusive Care for the Elderly (PACE)

- Health plan
- Modeled on the system of acute and long term care services developed by On Lok Senior Health Services in San Francisco, California.
- Seniors age 55 +
- For seniors who prefer not to move into a nursing home but whose health problems make it impossible for them to stay at home without the help of caregivers.

Contact Information

Simonne Ruff
Tel: 619.234.4102
simonne.ruff@csh.org

Corporation for Supportive Housing - San Diego
328 Maple, 4th Floor
San Diego, 92103

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