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.
What is Supportive Housing? 
Key Principles

- Permanent community-based housing
- Tenants have leases with all rights under tenant-landlord laws
- Meets (at minimum) Housing Quality Standards
- Tenants pay no more than 30-40% of their income for rent
- Services are voluntary and can not be mandated as a condition of tenancy

State of Ohio PSH Definition
Per the Interagency Council on Homelessness & Affordable Housing
Defining Supportive Housing

1. Targets households with barriers

2. Is affordable

3. Provides tenants with leases

4. Engages tenants in voluntary services

5. Coordinates among key partners

6. Connects tenants with community

Key Features: Housing First

1. Centered on Consumer Education and Choice

2. Low Threshold Admissions, Targeted Housing

3. Voluntary, but Robust Services

4. Promotes Housing Retention

5. Separates Property Management and Services

6. Embraces a harm-reduction approach

Adapted from “Understanding the Critical Ingredients for Facilitating Consumer Change in Housing First”, Watson et al 2013
Target Populations

Per the Interagency Council on Homelessness & Affordable Housing

- Extremely low income households (<30% AMI)
- Individual or adult household member has a serious and long term disability
  AND
- Homeless/Chronically homeless or at risk of homelessness or institutionalization:
  Persons with intellectual and developmental disabilities
- Transition Age Youth
- Persons living with HIV/AIDS
- Individuals being released from Ohio Correctional Facilities

Other Populations that Benefit from SH

- Child-welfare involved families
- Criminal justice involved persons
- Frequent or high utilizers of emergency services
- Seniors
- Veterans
Child Welfare Involved Families

Supportive housing provides essential support to families that present a high cost to society.

CSH’s Keeping Families Together pilot demonstration in NYC
- annual public cost $3/day
- child welfare involvement declined
- children were reunited with their families from foster care
- average school attendance improved

Child Welfare and Supportive Housing Resource Center
- provides technical support
- facilitates information-sharing
- assists in capacity-building
- encourages and supports peer learning

Criminal Justice Involved

Many people who are released from jails and prisons cycle between homelessness and incarceration for months or years at great public expense and with tragic human outcomes.

CSH’s Returning Home Initiative is designed to:
- improve the lives of tenants
- make more efficient use of public resources
- align and coordinate public and private resources and policies to create supportive housing
- generate cost offsets in crisis systems like jails and shelters
- reduce recidivism and the use of costly emergency services
High Utilizers

Communities spend billions of dollars on services that bounce vulnerable people between crisis services. CSH’s FUSE model helps break that cycle while increasing housing stability and reducing multiple crisis service use.

Data-Driven Problem-Solving
- Cross systems data match
- Track Implementation
- Measure outcomes, impact and cost effectiveness

Policy and Systems Reform
- Convene multi-sector working group
- Troubleshoot housing placement and retention barriers
- Enlist policymakers to bring FUSE to scale

Targeted Housing and Services
- Create supportive housing, develop recruitment process
- Recruit and place clients into housing, stabilize with services
- Expand model and house additional clients

Key Features: Dimensions of Quality

- Tenant-Centered
- Sustainable
- Accessible
- Integrated
- Coordinated
CSH Dimensions of Quality Supportive Housing

Supportive Service Design

Putting the "Support" in Supportive Housing
Why are Services Important?

- Without services, vulnerable people are unlikely to STAY HOUSED
- Improves the Quality of Life for the tenant
- Improves the performance of the housing program

Understanding Quality Supportive Services

Quality Supportive Services are:
- Tenant-Centered
- Sustainable
- Accessible
- Integrated
- Coordinated
Tenant-Centered Service Design

What do we know about our prospective tenants and their needs?

What do prospective tenants say that they need?

Engaging Tenants in 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
Why Voluntary Services? What the Research Shows

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.

Supportive Housing & the Continuum of Housing Options
Permanent Supportive Housing (PSH)

- Very vulnerable
- Chronically homeless

Affordable & Subsidized Housing

- Low-income
- Prioritization can happen for sub-populations

Market Rate Housing

- Those who can pay market-rate rent without a subsidy

Targeting: Supportive Housing vs. Other Models

Permanent Supportive Housing (PSH)

- Very vulnerable
- Chronically homeless

Transitional Housing (TH)

- Non-disabled, high barrier
- Desire structured treatment

Rapid Rehousing (RRH)

- Most homeless families
- Newly homeless

Prevention

- Targets those at-risk who actually enter system

Emergency Shelter (ES)

- Interim housing <30 days while waiting for housing

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Key Factors: 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 and kitchen
- Access to transportation

Does SH Work?
**A strategy that works for people.**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>99% Savings in Shelter Cost</td>
<td></td>
</tr>
<tr>
<td>14% Savings in ER</td>
<td></td>
</tr>
<tr>
<td>95% Savings in Incarceration</td>
<td></td>
</tr>
<tr>
<td>32% Savings in Ambulance Transportation</td>
<td></td>
</tr>
</tbody>
</table>

**Total Savings for 6-month Period:**

- **$219,792**
- ($1,348 average per person)

**Core Outcomes**

- More than 80% of tenants stay housed for at least one year.
- Even when services are voluntary:
  - **81% health care utilization**
  - **80% mental health treatment**
  - **56% substance abuse services**
SH Models and Design

Supportive Housing Models

Build/Own  Lease
Supportive Housing Models

**Single Site**

**Scattered Site**

What is Supportive Housing?
Input Needed!

- Who are your tenants? and what do they want?
- Where is your site? Resources, liabilities,…
- What are your goals for this project?
  - Do tenants have special needs?
  - How will tenants interact with support staff?
  - What services will need to be provided on-site?
  - How will security be handled without jeopardizing tenants’ independence?
  - What kind of atmosphere are you trying to create?
The Canon Barcus House serves families living with special needs, particularly those related to substance use, mental health, or HIV/AIDS.

The sunny courtyard that provides a safe outdoor area for families to relax with each other is just one of many child-friendly design features.

The light-filled units all include an eat-in kitchen. Individual units are virtually indistinguishable from market-rate units in the neighborhood.

The tenant entrance includes mailboxes for all units, and a children's activity center off to the left.

Adjacent to the services office on the second floor of the building, a staffed medical clinic is available to tenants. The clinic offers basic medical care and preventative education.
Trauma Informed Design- Denver, CO

Friendly employees in lobby
Open, airy – as few walls as possible
Durable, but soothing and peaceful
Secure & safe, but appears "barrier free”
Promotes well-being, but accommodates smoking
Encourage informal and formal socialization

Examples of Supportive Housing in Ohio
Single Site Small - Arbor Ridge

Single Site Medium – Jimmy Heath House
Single Site
Large –
Inglewood
Court

Daybreak’s
Opportunity
House
Transition Age
Youth
Design: Meeting Tenants Needs

Stoney Pointe- Akron, Ohio 2018

How many units of SH does your community need?
Step 1
Calculating the Annual Demand

### 2017 Point-in-Time

<table>
<thead>
<tr>
<th></th>
<th>ES</th>
<th>TH</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of HH without children</td>
<td>145</td>
<td>76</td>
<td>73</td>
<td>294</td>
</tr>
<tr>
<td># of HH with at least one adult and one child</td>
<td>51</td>
<td>12</td>
<td>0</td>
<td>63</td>
</tr>
<tr>
<td># of HH with only children</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>201</strong></td>
<td><strong>88</strong></td>
<td><strong>13</strong></td>
<td><strong>304</strong></td>
</tr>
</tbody>
</table>

- Chronically homeless individuals: 24, 2, 26
- Chronically homeless families: 7, 0, 7

% Chronic households: 15%, 15%, 11%

### Subtracted Chronic Numbers to get Unduplicated Count

### Calculated Multipliers from PIT Ratios and Turnover

<table>
<thead>
<tr>
<th></th>
<th>ES</th>
<th>TH</th>
<th>Unsheltered</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio from PIT for Shelter Individuals</td>
<td>1.24</td>
<td>1.66</td>
<td>1.50</td>
<td>HUD</td>
</tr>
<tr>
<td>Ratio from PIT for Shelter Families</td>
<td>2.77</td>
<td>0.29</td>
<td>1.50</td>
<td>HUD</td>
</tr>
<tr>
<td>Ratio from PIT for Chronic Individuals</td>
<td>1.16</td>
<td>1.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratio from PIT for Chronic Families</td>
<td>1.04</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2016 Annualized

<table>
<thead>
<tr>
<th></th>
<th>ES</th>
<th>TH</th>
<th>Unsheltered</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of HH without children</td>
<td>151</td>
<td>126</td>
<td>17</td>
<td>294</td>
</tr>
<tr>
<td># of HH with at least one adult and one child</td>
<td>141</td>
<td>4</td>
<td>0</td>
<td>145</td>
</tr>
<tr>
<td># of HH with only children</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL (non-chronic)</strong></td>
<td><strong>298</strong></td>
<td><strong>129</strong></td>
<td><strong>17</strong></td>
<td><strong>444</strong></td>
</tr>
<tr>
<td>Total Chronically homeless households</td>
<td>30</td>
<td>2</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

Step 2
Calculating Demand for Each Intervention

### Assumptions

- Total Annualized Non-Chronic HH (Step 1): 145, 294
- Self-Resolve: 39%, 56, 114
- Chronic Households needing PSH: 90%, 2, 27
- Remaining Non-Chronic HH needing PSH: 10%, 9, 18
- Total Annualized Chronic HH (Step 1): 2, 30
- Permanent Supportive Housing: 90%, 2, 27
- Diversion: 40%, 12, 65
- Rapid Re-housing/Other: Remaining, 48, 99

*Decimals rounded, which account for some variation*
Step 3
Projecting the Number of Additional Units Needed to Meet Demand

How Many More Permanent Housing Opportunities Are Needed to End Homelessness?

<table>
<thead>
<tr>
<th>Housing Intervention</th>
<th>Existing Stock</th>
<th>Available Annually*</th>
<th>Annual Demand (Step 2)</th>
<th>Annualized Over/Under</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH - Fam.</td>
<td>163</td>
<td>97</td>
<td>11</td>
<td>87</td>
</tr>
<tr>
<td>PSH - Ind.</td>
<td>788</td>
<td>276</td>
<td>43</td>
<td>231</td>
</tr>
<tr>
<td>RRH/OPH - Fam.</td>
<td>30</td>
<td>70</td>
<td>68</td>
<td>22</td>
</tr>
<tr>
<td>RRH/OPH - Ind.</td>
<td>46</td>
<td>46</td>
<td>99</td>
<td>54</td>
</tr>
<tr>
<td>DIV - Fam.</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td>-32</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>65</td>
<td>-65</td>
</tr>
</tbody>
</table>

*Based on Utilization and Turnover Rates

How Many More Permanent Housing Opportunities Are Needed to End Homelessness?

<table>
<thead>
<tr>
<th>PSH</th>
<th>RRH/OPH</th>
<th>Diversion</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Households</td>
<td>231</td>
<td>-53</td>
<td>-65</td>
</tr>
<tr>
<td>Family Households</td>
<td>87</td>
<td>22</td>
<td>-32</td>
</tr>
<tr>
<td>Totals</td>
<td>318</td>
<td>-31</td>
<td>-97</td>
</tr>
</tbody>
</table>

0 total units/slots needed
Test your Knowledge!

Permanent
Transitional
Independent
Tenant-Centered
Flexible
Voluntary
Affordable

How do you describe Supportive Housing?

Which of these doesn’t belong?
Choose the correct answer

Whenever possible, adequate financing is secured to allow tenant’s payment for rent and utilities to be no more than ____ % of tenant income.

A. 15%
B. 25%
C. 30%

Voluntary Services

How do we actively engage with tenants and make services irresistible?

- Use Outreach and engagement strategies.
- Constant engagement, informal engagement.
- Use Motivational interviewing or Harm Reduction.
- Build trusting, respectful relationships with tenants.
1 key take-away

1 thing you plan to do as a result of today’s session

THANK YOU!

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