



# Oregon Housing Conference 10-15-18

- On Supportive Housing For People With Mental Illness And Addiction





# CSH: Advancing Housing Solutions That



Improve lives of  
vulnerable people



Maximize  
public resources



Build strong,  
healthy communities



Community Partners for Affordable Housing is a nonprofit community housing development organization serving Washington County (Tigard and Beaverton) and Multnomah County (SW Portland)

- We house more than 900 residents in 372 apartments, including seniors, families and people with disabilities
- We provide resident service programs including:
  - Youth Programming : After School Homework Club and Summer Youth Camps
  - Senior Programs- Thriving in Place
  - Eviction Prevention and Housing Stabilization
  - Coming Soon – Permanent Supportive Housing
- We also develop housing, manage it into the future, and educate our community!

# Agenda

- Introductions
- Activity
- What is Supportive Housing?
- What is the work of Supportive Housing?
- Questions
- Table Work Case Scenarios
- Tenant Case Study – role play
- Systems Change Scenario
- Points to Ponder

# Points to Ponder



Over the course of the day, write down some points to ponder.

You'll be asked to share your top 3 points at the end of the session.

# Volunteers



# Multi-Headed Expert



# Volunteers





# Multi-Headed Expert



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# 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.



# Supportive Housing is for People Who:

Are extremely low-income, with most earning 20% of area median income or less.

Have complex health conditions that are at least episodically disabling including mental illness, substance use issues, chronic physical health problems and/or other substantial barriers to housing stability (domestic violence, trauma, a history of out-of-home placements, intellectual and developmental disabilities).

Often have long-term homelessness in their background and are not able to obtain or maintain housing on their own.

Cycle through institutional and crisis response programs or are being (or could be) discharged from these systems (i.e. jails/prisons, hospitals).



# It Works...

## Evidence Base

### Portland

- Bud Clark Commons saw a 45% decline in Medicaid costs overall for 130 residents with a total cost reduction of more than half a million in the first year after move-in.

### Seattle

- 95 residents with total costs of \$8,175,922 in the year prior to the study decreased to \$4,094,291 in the year after enrollment
- 53% total cost rate reduction for housed participants relative to wait-list controls and historical data on service usage.

### Illinois

- 39% reduction in the total cost of services for residents in the two years after moving into housing.
- costs decreased by almost \$5,000 per person for overall savings of \$854,477 in two years for the 177 participants

### Connecticut

- First 120 people housed experienced a near total decrease in shelter days (99%) and 73% reduction in jail days after 1 year
- State allocated 110 additional vouchers based on these results

### Denver

- 19 people
- 34 percent fewer emergency room visits, 40 percent fewer inpatient visits, 82 percent fewer detox visits, and 76 percent fewer incarceration days.





# Types of Supportive Housing

- Single Site – all units in the building are dedicated to supportive housing. Example: Bud Clark Commons
- Integrated – a portion of units in an affordable housing property are dedicated to supportive housing. Example: Martha Washington
- Scattered Site (a.k.a. Leased Units) – units are leased, often in the private market, in a scattered or clustered model. Example: JOHS Mobile Permanent Supportive Housing Team



# Cost of not doing it

Intervention	2018 Cost	Duration
In-patient stay in a state hospital	\$888	Per night
Emergency room	\$500	Per average visit
Multnomah County Jail	\$210	Per night
Supportive Housing	\$59-64	Per night



Questions?

# Roles of Staff in PSH

- Property Management
- Resident Services
- Tenancy support services
- Health Services





# Property Management

- **Property management is operation, control and management of a physical asset.**
- In housing, major tasks include
  - Liaison between owner and tenants
  - Screening applicants
  - Leasing apartments
  - Addressing physical needs of building
  - Assisting with compliance
  - Addressing the building as a community



# Tools

- Lease and Community Rules
- Screening Criteria and Waitlist Management
- Rent
- Guest Management
- Lease Enforcement: Notices and Eviction



# Working with Resident Services

- **Doing all this while:**
- Supporting (behind services staff) the unique mission and goals of the housing
  - *Successfully housing most vulnerable*
  - *Successfully connecting residents to health care*
  - *Creating the space for good lives*
- Promoting close connections with resident services
- Managing strong connections with residents
- Focusing on housing stability
- Considering needs of the community **as a whole**



# Resident Services

Resident Services Coordinators work in a building (or buildings) and can

- Connect residents to general community resources (navigation)
- Direct residents to their case managers
- Check in with property management regarding lease enforcement or other housing issues
- Support residents in working to stay compliant with their lease
- Provide opportunities for residents to connect to each other.





# Tools

- Regular check ins with residents
- Regular check ins with property management staff
- Release of Information signed to so staff can talk to each other
- Memorandums of Understanding with partners so roles are clear
- Sense of humor
- Good boundaries
- Understanding of the lease



# Working with Property Management

- Focus on communication using frequent check-ins and formal meetings.
- Focus on information sharing (not confidential information, but information that is observable.)
- Remember you have **Different Roles** in the building and use that to your advantage.
- This is your primary relationship on site.



# Tenancy Support Services

- The services in supportive housing are intensive, flexible, tenant-driven, voluntary and housing-based.
- The responsibility of engagement lies with the service provider to use evidence-based approaches
- The core services in supportive housing are tenancy supports that help people access and remain in housing
- Types of services:
  - housing search, documentation, and subsidy applications;
  - helping to acquire furnishings, etc.;
  - safeguarding that lease obligations are met and tenancy rights are upheld;
  - providing conflict resolution and supporting moves to different apartments when necessary;
  - connecting to health services; and
  - many other services...



# Health Services

- Complex Health Conditions Including:
  - Physical Health
  - Substance Use Disorder Treatment
  - Mental Health Treatment
  - Hospice Care
  - What else?
- Implementation
  - On-site services (or nearby)
  - Via ACT teams
  - Intensive Case Management
  - What else?



# Role Play





# Tenant Case Study

A tenant in your building is Latina and in her mid-60s with limited English skills. This person has been living in her apartment for about six weeks and the property manager has begun to receive complaints from neighbors about her behavior.

She angrily accused a neighbor - a woman in her late 70s - of being a witch and plotting with her sister to poison her food with acid. She has also accused both the nutrition staff who deliver meals to her room and the maintenance staff of stealing items from her apartment.

This tenant has installed an extra lock on her door to “keep the witches out.” The tenant was also found to have constructed a wooden shelf in her unit without permission with a handsaw that she sometimes carries with her when she is in the building corridors. The neighbor is terrified when she encounters her in the hallway carrying the saw.

None of these behaviors were evident when she first moved in. The problems seem to have started when her medications were changed by her mental health services provider.



# Table Work



# System Change Case Scenario

You are a mid-level manager in an organization that provides a mix of services, primarily case management, to approximately 250 units housing owned by another non-profit agency.

You know that Housing First works, and you've got your team of case managers operating under that approach.

The housing agency uses a private firm for property management in those units. They are a traditional PM company, and are not well versed in Housing First and certainly do not provide trauma informed "services." It continues to be a struggle to work with them on a case by case basis.

How do you approach this systemically?





**SHARE**

# Points to Ponder



What are they?



[rduke@cpahinc.org](mailto:rduke@cpahinc.org)

[heather.lyons@csh.org](mailto:heather.lyons@csh.org)





# Pic Sources

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