Closer to Home: Policy Implications

Summary of Closer to Home Initiative: The Closer to Home Initiative was developed by the Corporation for Supportive Housing and the Conrad N. Hilton Foundation to foster new approaches to helping homeless people with multiple problems and disabilities. The program evaluation focused on six programs across the country that aimed to engage and house people whose combination of disabilities, long histories of homelessness, and repeated use of emergency services have marked them as "difficult to serve." The programs used one of two contrasting ways of addressing chronic homelessness. One approach served individuals who had become nearly permanent residents at particular shelter sites and focused on engaging them in order to link them to housing. The second approach provides supportive SRO housing to adults referred from various settings that served the chronic population.

Three programs utilized the first approach: Deborah's Place in Chicago, Project Homeward at the Park Avenue Women's Shelter in New York and Bowery Residents' Committee's Palace Hotel in New York. The second approach is used at West Side Federation for Senior and Supportive Housing's 129th Street Adult Residence in New York, Direct Access to Housing in San Francisco and LAMP's Ballington and Pershing Housing programs in Los Angeles.

The evaluation found and concluded that:

The chronically homeless are a diverse population and each approach served different segments of that population. The sample of long-term-shelter-stayers were by definition the hardest to serve. Almost 90% of them had been homeless for four years or more, despite the shelters' substantial efforts to move them into housing. In contrast, "only" about a third of the sample in housing programs had been homeless for four years or more (although all had been previously homeless for at least a year and 50% had been homeless for 2-4 years). What distinguished the long-term shelter-stayers from those in housing programs was not their substance abuse (which was in fact less prevalent) and not the prevalence of psychotic diagnoses, which was almost identical in the two groups. **What was different was that long-term shelter-stayers were significantly older (78% versus 42% were 50 years or older) and they had been homeless longer.** They were more estranged from the mainstream than those in other settings who were considered long term homeless. They were less likely to be in psychiatric treatment, less likely to be accessing financial benefits and had even worse employment histories than those in housing programs.

The implication is that there is a cumulative effect of homelessness that may be self-perpetuating. The longer people are homeless, the more substantial their estrangement and the less connected they are to options to help move them into housing. Consequently, policy makers and practitioners should intervene as early as possible. Specially targeted programs that focus on relatively fixed populations within shelter, lodging, or other homeless venues are important for the most estranged group but will not prevent others who are less estranged from graduating into this extremely long-term status.

Different strategies were effective within each type of program:

I. Within the shelter approach:

It is possible to engage even the most estranged group within the chronically homeless population, however that won't lead to housing most people in this group unless VERY low demand housing options are available.

Low demand housing must have these three components (*especially* when targeting an extremely long-term homeless population):

1. Less complex application processes (multiple site visits, interviews, extensive documentation, waiting lists);
2. Does not require that applicants be "housing ready" (in terms of medication, sobriety, money management, etc.); and
3. No/few conditions that impinge on residents' autonomy (such as requirements for treatment, abstinence, money management or curfews).

The amount of preparation necessary before moving people into housing depends on the type of housing available, not just on the kind of people you are trying to house. For those who have the greatest barriers to housing, it makes more sense to try to change housing options available to them rather than to continue to focus on preparing them for housing that they have consistently rejected or are unable to accommodate. As the data on housing programs shows, individuals with significant disabilities and long homeless histories can move directly from homeless settings to housing with supportive services and remain stably housed.

II. Within the housing approach:

Housing works even for the formerly chronically homeless. Individuals who have been chronically homeless can be successfully housed if there are low demand housing options available to them.

1. 83% of formerly chronically homeless persons in housing programs remained housed one year later and 77% were still housed two years out. Approximately half (52%) remained in place at the housing programs (two years out) and another 25% had moved on to other permanent settings.
2. Even among those with the most severe psychiatric disorders, 79% remained housed a year later.
3. Although a high percentage of chronically homeless population are substance abusers (69% of those in the housing programs had a substance problem at some point and 31% were actively abusing substances at baseline), programs that use the low demand approach are successful in helping them maintain housing. In fact, most (79%) substance abusers in the sample (like most of the sample as a whole) successfully maintained housing.

4. Maintaining housing for people experiencing symptomatic and/or substance abuse relapse can be hard for staff and other tenants. Strategies for minimizing or addressing this include:

    - Dividing responsibilities between property managers, who maintain health and quality of life in the building as a whole, and support service providers, who work with individual tenants, and advocate on their behalf during periods of relapse
    - Having mixed populations at buildings, which ensures that not all tenants at a site require extensive support or have difficulties abiding by the terms of their leases
    - Offering alternative accommodations at another site during relapse
    - Screening and structure can create supportive environments for disabled long-term homeless individuals for the atypical minority who will agree to structured environments and participation in treatment and services.

Click here to view the full evaluation of the Closer to Home Initiative.