Moving on from PSH: Next Steps for the Individual, Program and Community

Section 1 by Connie Tempel
NAEH Conference
July 30, 2014
Welcome

Examples of communities that have gone from “Supportive Housing: The End Game” to Moving On

Speakers:

Connie Tempel
CSH

Christine Haley
CSH

Doreen Straka
Jericho Project
Conventional wisdom was that many tenants need life-long support

Advocates fought hard for permanent housing

Providers and government felt they had “met success” when tenants stayed forever

Few, if any, resources or incentives existed for moving on
What is Moving On?

Enabling stable tenants of permanent supportive housing who no longer need on-site services to move to a private apartment with rental support and after care.

Backfilling vacated supportive housing units with targeted tenancy.
Why Encourage Moving On?

**Tenant**
- Promote highest level of independence and choice
- Consistent with Recovery/Wellness model

**System**
- Targets scarce resources (supportive housing) to those who need it most when they need it most
- Increases supportive housing capacity without new construction
- Creates targeting opportunities for new programs
Moving On - NYC

CSH-NY worked with City and State to create Moving On Initiative from 2004-2006

Ten years ago no resources or incentives for moving on

Received foundation funds to create a comprehensive approach
Key CSH Program Components Moving Out

- **Voluntary**
  - Stable tenant with no arrears
  - Four providers “moving on” agencies to identify tenants and provide aftercare services
  - Case managers trained to prepare tenants to move
  - Apartment locator services
  - Grants to meet moving costs
  - Section 8 vouchers and a liaison
  - Tenants enrolled in mental health clinics
  - Interagency coordination and troubleshooting
Key CSH Program Components Moving In

- Long-term shelter stayers
- Meet building program eligibility
- Shelters matched with providers
- Shelter operators oriented to SH with bus tours
- Interagency coordination and troubleshooting
Participant Demographics - Move Outs (CSH)

- 100 tenants moved out; 133 engaged
- 766 days average length of homelessness prior to supportive housing
- Mix of NY/NY, formerly homeless, low-income units

- 23% Unsubsidized
- 67% Project-based Section 8
Moving Out from Where?

- Prince George: Moved 9, Not Move 6
- Times Sq: Moved 1, Not Move 1
- Pitkin: Moved 21, Not Move 9
- Anthony: Moved 9, Not Move 3
- Loring: Moved 1, Not Move 9
- Powell: Moved 6, Not Move 2
- Atlantic: Moved 26, Not Move 6
- St. John's: Moved 1, Not Move 0

(CSH: The Source for Housing Solutions)
Where Did They Go?

- More moved to Brooklyn
- 25% moved to a different borough than their supportive housing unit.
- 88.1% moved to a private market apartment.
New York City Continues Moving On

In 2006, the Network found that 40% of tenants were capable of moving on.

From 2007-2009, City continued Moving On:
- Section 8
- $2,000 bonus per placement to providers
- Units backfilled with long-term shelter stayers
NYC Outcomes

High Demand

Acceptance Rate 58% accepted
- Main reasons for rejection were background check, exceeded income limits, and didn’t meet tenancy requirements (one year in housing)

Low Moving On Rate at 19%

<table>
<thead>
<tr>
<th>Applied</th>
<th>Accepted</th>
<th>Moved On</th>
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<tbody>
<tr>
<td>1118</td>
<td>648</td>
<td>209</td>
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MOI DHS Challenges

Supportive Housing Network of New York found
- **909 Tenants Engaged**

**Issues**
- Lack of housing placement resources
- Landlord reluctance
- Lack of accessible apartments
- Tenants opt to not move = other housing options not as attractive (location) concern over losing services and community

City government found providers reluctant to move out stable tenant and have unit filled with less stable tenant
Recommendations for new New York Moving On Initiative

- Rental subsidy!
- Prepare case managers – training on assessment and transition
- Housing locator services
- Appropriate linkages to new community services
- Establish and track outcomes
- Link to new initiatives - exploring
  - Medicaid Redesign accessing Health Homes for after care
  - Backfill with homeless frequent users of health care with MRT rental subsidy
- Mayor’s new affordable and supportive housing plan
Los Angeles Moving On

CSH Pilot with City of LA and Hilton Foundation

- Began October, 2013
- Tenant-based Section 8 vouchers
- Tenant has changes in services needed or housing preference
- Foundation funds for
  - Move-in assistance $2,000 per person
  - Pre and post transitional supportive services $1,500 pp
  - Strategies to promote financial literacy given extra points
- Backfill units for chronically homeless
- Both single site and scattered PSH providers eligible with project-based vouchers or Shelter Plus care program
Impact of Sequestration on LA Pilot

- **Sequestration froze vouchers**

- 3 moved from October, 2013-March 2014
  - 1 family to affordable housing
  - 2 individuals to family
Section 8 Breakthrough

- **CSH and 3 providers used time to**
  - Identify tenants and provide information to evaluators
  - Moving On Learning Collaborative
    - Landlord panels and resources to find apartment
- **Vouchers issuance resumed May 2014**
- **31 Moving On candidates have vouchers are in apartment search process**
- **New grants being made to move 30 more in 2014-2015**
LA Evaluation

Goal: 35 Tenants Move On

Qualitative and quantitative
- ID barriers and incentives to providers, tenants, Human Service agencies, Housing Authorities, communities
- Tenant characteristics for success
- Supports for success
- System level supports and gaps
- Cost and savings

Sources and Methods
- Administrative data
- Tenant interviews
- Apartment check-list
- Stakeholder interviews
Preliminary Descriptive Findings: Movers

- **Who are Movers? (N=3)**
  - 1 family, 2 single women
  - All were “non-voucher” movers

- **Why did they move?**
  - Wanted more independence, own place.
  - Wanted a safer neighborhood for family
  - Felt others were more in need of PSH

- **All found their current apartment on their own or through a friend.**

Emerging Findings: Movers

- **How was the Moving On Stipend used?**
  - Security deposit
  - First month’s rent
  - Appliances
  - Furniture
  - Storage

- **Why and how was it helpful?**
  - Jump start to make the move actually happen.
  - Allowed “breathing room” to pay for other necessities.
LA HA Increases Program

- Housing Authority increased to 200 vouchers citywide
- Went from 4 to 8 providers
- Anyone can apply after living in SH for 2 years
  - Move in right away and then deal with instability issues
  - 120 moved

WE HAVE MOVED!
Michigan Creates Moving Up

- **Washtenaw County impetus**
  - Needed to find units for frequent users of medical services for Federal Social Innovation Fund demo
  - State HA pledged 30 vouchers to the three Shelter Plus Care providers in the community
  - Biggest challenge has been a tight rental market means participants are hesitant to relocate
  - Still in progress.
Detroit Moving Up

- **Detroit received 100 Vouchers per Year from State HA Beginning in 2014**
  - 8 SH providers
  - Most tenants are in scattered site housing
  - Services:
    - In-kind quarterly check-ins
    - Obligation to work with participant through first recertification
  - Need $ for security deposit and moving expenses.
- **If scattered site tenant can stay if proves can support apartment – 75% stay; 25% move**
- HA provides apartment locators
- Using HMIS to track; no was has returned yet
- VI SPDAT/Coordinated Access are used for backfilling
Atlanta Georgia

- Pending MOU between Housing Authority of Atlanta and City of Atlanta for 18 months; can be extended
- 50 tenant based vouchers
- Service coordinator provided by the city
  - ID families and refer to HA
- HA determines eligibility
- Faith community provides furniture funds
- Deposits waived or lowered
- Certified peer specialists provided for Medicaid billable follow-up services
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Moving On: Examples from Illinois

National Conference on Ending Homelessness
July 30, 2014
Today’s Discussion

- Assessment & Subsidies
- Progress & Lessons Learned
- Considerations for Special Populations
CHA Pilot Partner Roles

- **Chicago Housing Authority (CHA)**
  - Housing Choice Voucher (HCV) Program
  - Property Rental Assistance (PRA) Program
  - Housing Mobility Counseling Program
    - Orientation to HCV Process
    - Identifies units in “Opportunity Areas” with tours provided
    - Processes Tenant Grant for moving into Opportunity Area

- **CSH**
  - Pilot facilitator

- **Supportive Housing Tenant**
Pilot Partner Roles

- **PRA Supportive Housing Provider**
  - Assess tenant for pilot eligibility
  - Provide assistance in completing HCV paperwork
  - Support transition to unit, including linkage to community based services
  - Conduct follow-up calls with tenant at 3, 6, 12 and 18 months post housing placement
  - Fills vacancy with homeless household
  - Completes on-line report
Flexibility, Livability, Outcomes, and Wellness (FLOW) Project

- **Housing Authority of Cook County (HACC)**
- **Alliance to End Homelessness of Suburban Cook County (Suburban Alliance)**
- **Steering Committee**
  - HACC & Suburban Alliance
  - Homeless Services, PSH, Mental Health & Outreach Providers
  - Hines VA
  - CSH
Subsidies

- **CHA**
  - 10 Housing Choice Vouchers for any tenant in PSH
  - 40 tenant based voucher conversions from project based voucher sites
    - 23 Housed
    - 2 additional housed outside pilot
    - 13 in process

- **HACC**
  - 75 HCV in Year 1
  - 25 HCV in Years 2, 3 & 4
Tenant Eligibility

- 50% Area Median Income
- No evictions from federally-assisted housing for the manufacture of methamphetamine
- No lifetime registered sex-offender status

- CHA
  - No prior CHA evictions
  - Utilities in own name or negotiated with landlord to include in rent
  - PRA resident for two years

- HACC
  - No drug or violent criminal activity within the last five years
<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>Housing</td>
<td>Leaseholder for 3+ years; Without utility or rental arrears</td>
</tr>
<tr>
<td>Income</td>
<td>Has benefits or employment income for 6+ months</td>
</tr>
<tr>
<td>Health</td>
<td>Self-reports regularly taking prescribed medications with minimally missed doses OR has no prescribed medications</td>
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<tr>
<td>Supportive Services &amp; Mainstream Resources</td>
<td>Tenant has not required clinical crisis intervention in the past 12 months</td>
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Assessment Approaches

- **CHA**
  - Stable source of income
  - 21 indicators on 4-point scale
  - 42 of 63 points needed, ideal score of 52+

- **HACC**
  - Two years in PSH
  - Secure source of income
  - Rent paid on time for 12 months
  - Connected to mainstream supports

- **Los Angeles**
Lessons Learned

- Partner monthly status update calls improves communication
- PHA HCV specialist role crucial in ensuring participants move through process
- Understand process for vulnerable homeless households to access vacated unit (e.g. CoC coordinated access process, Housing Authority waitlist)
- Agency with Medicaid-billing ability continues to provide limited services
- Expect withdrawals from the program
Withdrawals

Sales

- Can't find apt in area
- I want to live
- I'm happy in my current housing
- Can't afford to move
- Other
Considerations for Expansion to Special Populations

Veterans
- Transition-in-Place with HUD VASH
- Peer-to-Peer transition support

Olmstead
- Transitions out of supervised residential to facilitate moves out of institutions

Youth
- Completed two year program
- Over the age of 24 and no longer need services

Families
- Assessment tool to include child stability indicators
Contact Information

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PSH: Creating Successful Exits

National Alliance to End Homelessness
July 2014
Doreen Straka, Senior Director
Jericho Project Background

- Jericho operates in five arenas: PSH, Family Programs, Workforce Opportunities, Veterans Initiative, and Homelessness Prevention & Housing Placement.

- Jericho operates seven residences and scatter-site programs in New York City totaling 500 units.

- 75% have histories of chronic substance abuse; 15% chronic mental illness.

- All units are permanent and tenants have leases.

- Supportive services include case management, relapse prevention, employment services, and family reunification.
Graduation is Mission-Driven

- On With Life on is key to Jericho’s mission
- 31-year history of successfully graduating people onto more independent living
- Aftercare Program formally established in 1994 with private grants
- Graduation is celebrated and graduates come back often and serve as role models
Rethinking Permanent Housing

• Advocates fought hard for permanent housing

• Conventional wisdom is that many tenants need life-long support

• Few, if any, resources or incentives for moving people on

• Survey of New York State providers found that 40% of tenants were capable of moving on*

• Homeless Clients’ interpretation of “permanent”

*Supportive Housing Network of New York 2006 Survey
Why Encourage Tenants to Move out?

- Goal of supportive housing is to promote the highest level of independence
- Providers can serve new homeless individuals in need of supportive housing services
- Targets scarce resource (supportive housing) to those who need it most when they need it most
- Increases supportive housing capacity without new construction
Who to Target

• Not all tenants are candidates, but more are than you may think
• Individuals with stable incomes, preferably employment
• Individuals who have demonstrated the ability to live independently
• Family reunification cases
• Individuals no longer in need of on-site services
**Jericho Aftercare Program**

- Program is voluntary and there are no time limits
- Counselors help participants with budgeting, locating housing, and community resources
- Graduates become part of Jericho’s alumni network and events
- Participants are tracked for two years through home visits, phone calls, and events
- Graduates can access all of Jericho Project’s services for as long as needed, but most don’t!
2013-2014 Self-Evaluation

• Jericho Project had historically been able to “Graduate” (positive discharges) up to 20% of its population annually
• Tended down in recent years to 8-10%
• NY Region averages a 10% turnover rate in Supportive Housing with approximately half of those considered positive discharges*

* Supportive Housing Network of New York (SHNNY)
2013-2014 Self-Evaluation

Reasons for reduced graduations:

• Population that is increasingly vulnerable at admission as SH targets the chronically homeless

• Difficult labor market has made it challenging to find jobs which enable housing independence

• Lack of housing subsidy and overall lack of affordable housing
2013-2014 Changes

1. Rebranding: On With Life (OWL)

2. Moved away from terminology of “Graduate”; revised methodology for categorizing discharges

3. Dedicated Staff

4. Staff Training
2. Discharges now evaluated on:

- Where to?
- Why?
- How Stable?

**Where to?**

- Independent living (With subsidy)
- Independent living (Without subsidy)
- Living with Family
- Senior or other long-term housing
- Transitional housing
- Hospital or substance abuse treatment center
- Prison/jail
- Return to Street/Shelter
- Deceased
- Unknown
- Other

**Why?**

- Left Voluntarily (No Explanation Given or Chose Alternative Setting)
- Left Involuntarily (Eviction, Surrender to avoid eviction, Higher level of care, Incarceration)
- N/A (Deceased)

**How Stable?**

- Housing Status at Discharge (Permanent Housing)
- Housing Status at Discharge (Temporary Housing)
- Housing Status at Discharge (Imminent Risk of losing Housing)
- Housing Status at Discharge (Street or Shelter Homeless)
- Unknown
- N/A (Deceased)

% of those discharged to permanent housing with equal or increased income since program entry
3. Dedicated Staff

• Concluded that greater intentionality of method and staffing was needed.

• Dedicated staff:
  – P/T Program Director
  – F/T Coordinator
  – F/T Housing Specialist

• Staff work with residents solely on issues relating to departure.
2. Dedicated Staff (con’t)

Advantages of dedicated staff:

- Single focus. No distraction from task due to case crises.
- No conflict about “stable’ tenants departing to be replaced by those that are more vulnerable.
- Staff trained in both motivational interviewing & CTI to enhance the likelihood of change.
4. New Staff Training in EBPs

1. **Motivational Interviewing** — 2 full days with individual staff follow-up from certified trainer.

2. **Critical Time Intervention** —
   - First used to reduce recurrent homelessness amongst mentally ill individuals.
   - Specialized intervention provided at a “critical time”
   - Connects people with formal and informal community supports in the critical period
   - Time-limited intervention, divided into 3 specific phases
4. New Staff Training in EBPs (con’t)

Phase 1: Most intense period of CTI:

– Engage the client
– Assess long-term support systems
– Goal setting
– Begin linking with resources

Phase 2: Less intensive; focus on linkages:

– Link to outside providers (psychiatric, medical, SA, recreational activities, etc.)
– Link clients to brokers/landlords
– Work with community providers to provide support when placed in the community
4. New Staff Training in EBPs (con’t)

Phase 3: Client assumes their independence:

– Client moves into their apartment
– Monitor & fine tune systems that have been established
– Finalize long-term supports
– Transfer care
– Terminate from client

**Note – Clients determine how long they spend in each phase**
Next Steps:

Surveying types of Moving On initiatives to attempt beginning the development of a body of knowledge leading to best practices.
Three Most Important Things

• **Have Comprehensive Services!**
  Needed to best prepare and support residents for moving on

• **Have Patience and Persistence!**
  Everyone accomplishes goals at different paces

• **Have Expectations!**
  If you believe residents can move on, they will
Features of a Successful Program

- Voluntary
- Staff see it as part of our mission
- Linked to affordable housing
- Follow-up/aftercare services are offered
Trends in Moving On

- Family Reunification

- Transition in Place

- City-wide Initiative is part of Mayor’s Plan
More Graduates are Moving In with Family

- Moved in With Family
- Own Apartment
- Other

*Section 8 not available
Transition in Place

- Supportive services “move on”; tenant stays in apartment
- Typically aimed at scatter-site tenants
- Still works best when paired with rental subsidy
- Jericho has had some success with this model with families and veterans
Challenges

• Lack of housing placement resources
• Landlord reluctance
• Lack of affordable apartments
• Tenant opting not to move – other housing options not as attractive, concern over losing services and community
Marilyn

- 35-year drug addiction
- Raised three sons with family support while maintaining some level of housing until children were grown
- Entered into a treatment program for the first time in 2007
- Resided at Jericho from January 2008 to May 2011
- While housed at Jericho, completed Grace Institute and graduated with honors
- In 2010 Marilyn was hired as a File Clerk at a hospital and was later promoted to Clerical Associate with an annual salary of $18,000.
- Now lives in a new development located in Brooklyn and is engaged to be married
Modessa

• Diagnosed with substance abuse disorder; long history of crack use and chronic homelessness

• Lived at Jericho from December 2008 to June 2012

• Started working as House Manager in a substance abuse treatment program in 2011

• Currently enrolled in training to become a CASAC

• Re-engaged with her two adult daughters who are a source of support for her
SUPPORT

For their support, thank you to:

• Robin Hood Foundation

• Oak Foundation