

2.05 Beyond Housing First: Ultra-Low Barrier Permanent Supportive Housing

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Ultra-Low Barrier Permanent Supportive Housing

- Housing First is a widely successful model – but it can leave out a small percentage of people with particularly acute needs and a proven lack of success in many forms of housing.
- Innovative targeted housing solutions are key to success for this population.
- Each person must be met where they are at.
- Ultra-low barrier permanent supportive housing (PSH), including recovery residences, is at least one missing link to house people who are outliers.
- What makes the model ultra-low barrier: No paperwork, no leases, just an apartment please!

Two Ultra Low-Barrier PSH Models:

- **Ultra-low barrier Recovery Residences: Beacon House and Patty's Place**
 - Two recovery residences for substance use disorder (SUD) and for people with serious and persistent mental illness (SPMI) targeting people experiencing homelessness.
 - Offers a balance of comprehensive support, structure, accountability, and real-world flexibility in encountering relapse.
 - MARR certified and include MAT.
- **Ultra-low barrier PSH: Ashlea's Place**
 - 20 organizations decide weekly on priority candidates from by name list of long-term stayers.
 - **No lease, two rules** (no smoking, no guests)
 - **Walk right in and live here**
 - Funded like a shelter, but actually is permanent supportive housing



Recovery Residence Results

109



People housed in two particular Recovery Residences to date

55



People reunited with their family, including their children

63



People have sustained remission from use of opioids

44



People are currently permanently housed, including independent living situations

Costs 2020-2023

- Recovery Residence Costs 1/2022 – 2/2023
- **Total Revenue \$ 935,436.26 / Total Expenditures \$ 1,065,099.12 / Deficit -\$ 129,662.86**
- **Length of Program 38 months**
 - **Average Length of Stay 7 months**
 - **Average Cost per Month \$ 28,028.92**
- **Total Residents 109**
 - **Cost per Resident Total \$ 9,771.55**
 - **Average Cost per Resident per Month \$ 1,800.02**
- **Number of Beds 18 beds**
 - **Cost per Bed \$ 59,172.17**
 - **Average Cost per bed per month \$ 1,557.16**
- **\$59 per day per person to house someone at Beacon House/Patty's Place (on average).**

Build broad cross-sector collaborations to meet the needs of the longest stayers in homelessness

- By name list efforts – Emergency Shelter Assessment Committee (ESAC) Long Term Stayers (LTS) Committee: A by-name list effort to house and keep housed the longest stayers in homelessness in Portland. The group of 20+ organizations has been at this for more than 8 years.
- Community decision making for prioritizing referrals – By name list effort case conferencing to house the outliers. Collaborative funding applications – Housing developer & service provider partnership
- Community design for housing the most challenging people – Ashlea’s Place prioritizes a small group of people with very highest needs.
- Builds a stable milieu within the housing and balances flexibility with expectations for success.
 - This is key to mitigate challenges presented by people who have never been successful in housing, people with the most significant vulnerabilities, highest acuity, and longest histories of homelessness, who have not been successful in traditional supportive housing projects.

Broad cross-sector collaborations to meet the needs of the longest stayers in homelessness

Statistics from collaborative Long-Term Stayer by name list work:



The LTS Committee has documented that Long-Term Stayers are as many as **29 times more likely to be in the hospital and 57 times more likely to be in jail when unhoused vs housed.**



By name list efforts for LTS has resulted in **461 housed with 91.47% success rate**, as of June 2023.



Maine has developed a FUSE Collaborative focused on housing the 200 people ricocheting through our most expensive emergency systems. This led to LD 2.



Maine has developed a low barrier wraparound service component for this population: HOME Provider Program – Health Home model



Ultra-low barrier PSH is the missing link for the few people at the end of the list.

Long Term Stayers Unhoused vs. Housed Rate of Jail & Hospitalization March 2021-June 2023:

| | Mar 2021 | Apr 2021 | May 2021 | June 2021 | July 2021 | Aug 2021 | Sept 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | Feb 2022 | Mar 2022 | Apr 2022 | May 2022 | June 2022 | July 2022 | Aug 2022 | Sept 2022 | Oct 2022 | Nov 2022 | Dec 2022 | Jan 2023 | Feb 2023 | Mar 2023 | Apr 2023 | May 2023 | Jun 2023 |
|--|----------|----------|----------|-----------|-----------|----------|-----------|----------|----------|----------|-----------------|-------------------|-------------------|-------------------|-------------------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Same Population (LTS) N = | 445 | 431 | 431 | 426 | 421 | 426 | 428 | 429 | 429 | 472 | 475 | 475 | 474 | 472 | 474 | 477 | 512 | 496 | 502 | 497 | 497 | 492 | 492 | 493 | 488 | 577 | 577 | 561 |
| Total on Active List | 144 | 128 | 120 | 117 | 113 | 112 | 109 | 108 | 108 | 138 | 138 | 129 | 125 | 123 | 120 | 118 | 147 | 142 | 141 | 127 | 122 | 119 | 121 | 123 | 121 | 195 | 179 | 162 |
| Active List - Jail | 8 | 9 | 11 | 14 | 14 | 14 | 16 | 15 | 13 | 15 | 9 | 12 | 15 | 13 | 13 | 16 | 15 | 14 | 15 | 17 | 22 | 20 | 15 | 19 | 15 | 17 | 14 | |
| % | 5.55% | 7.03% | 9.17% | 11.97% | 12.38% | 12.50% | 14.68% | 13.89% | 12.04% | 10.87% | 6.50% | 9.30% | 12% | 10.57% | 10.83% | 13.56% | 10.20% | 9.86% | 10.64% | 13.39% | 18.03% | 16.81% | 12.40% | 15.45% | 12.40% | 8.72% | 9.50% | 8.64% |
| Active List - Hospital | 4 | 4 | 4 | 3 | 3 | 6 | 6 | 8 | 9 | 8 | 7 | 6 | 4 | 4 | 3 | 4 | 3 | 5 | 8 | 10 | 6 | 5 | 6 | 7 | 7 | 8 | 6 | 4 |
| % | 2.70% | 3.13% | 3.33% | 2.56% | 2.65% | 5.36% | 5.50% | 7.41% | 8.33% | 5.80% | 5.07% | 4.65% | 3.20% | 3.25% | 2.50% | 3.40% | 2.04% | 3.52% | 5.67% | 7.87% | 4.92% | 4.20% | 4.96% | 5.69% | 5.79% | 4.10% | 3.35% | 2.47% |
| Total on Housed List | 301 | 303 | 311 | 309 | 308 | 314 | 319 | 321 | 321 | 334 | 337 | 346 | 349 | 349 | 354 | 359 | 365 | 363 | 361 | 370 | 370 | 373 | 368 | 370 | 367 | 382 | 390 | 399 |
| Housed List - Jail | 1 | 3 | 3 | 2 | 4 | 1 | 3 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 2 | 2 | 2 | 2 | 4 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| % | 0.30% | 0.99% | 0.96% | 0.64% | 1.30% | 0.32% | 0.94% | 0.31% | 0.31% | 0.30% | 0% | 0.29% | 0.29% | 0.29% | 0% | 0.56% | 0.55% | 0.55% | 0.55% | 1.08% | 0.54% | 0.54% | 0.54% | 0.27% | 0.27% | 0.26% | 0.26% | 0.25% |
| Housed List - Hospital | 1 | 2 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 |
| % | 0.30% | 0.66% | 0.96% | 0.63% | 0.65% | 0.64% | 0.94% | 0.62% | 0.62% | 0.30% | 0.30% | 0% | 0% | 0% | 0.28% | 0.28% | 0.27% | 0.28% | 0.28% | 0.27% | 0.54% | 0.54% | 0.54% | 0.54% | 0.54% | 0.52% | 0.51% | 0.25% |
| Likelihood to be in jail when unhoused vs housed | 18.5 x | 7.1 x | 9.6 x | 18.7 x | 9.5 x | 39 x | 15.6 x | 44.8 x | 38.8 x | 36.2 x | *see note below | 32 x | 41.4 x | 36.5 x | ** see note below | 24.2 x | 18.5 x | 17.9 x | 19.3 x | 12.4 x | 33.39 x | 31.13 x | 22.96 x | 57.22 x | 45.93 x | 33.54 x | 36.54 x | 34.56 x |
| Likelihood to be in the hospital when unhoused vs housed | 9 x | 7.4 x | 3.5 x | 4.1 x | 4.1 x | 8.4 x | 6 x | 12 x | 13.4 x | 19.3 x | 16.9 x | ** see note below | ** see note below | ** see note below | 8.9 x | 12.14 x | 7.6 x | 12.57 x | 20.25 x | 29.15 x | 9.11 x | 7.78 x | 9.19 x | 10.54 x | 10.72 x | 7.88 x | 6.57 x | 9.88 x |

28 month Average

| | | |
|--|---------|---|
| Likelihood to be in jail when unhoused vs housed | 28.28 x | On a average, LTS unhoused were more than 28 times more likely to be in jail than LTS who were housed |
| Likelihood to be in the hospital when unhoused vs housed | 10.66 x | On a average, LTS unhoused were more than 10 times more likely to be hospitalized than LTS who were housed. |

* No one who was housed this month was in jail making the likelihood of being in jail when unhoused compared to housed
 ** No one who was housed this month was hospitalized making the likelihood of being hospitalized when unhoused compared to housed

Supportive Housing is an evidence-based best practice

Ultra-Low Barrier PSH adapts this best practice model for populations that have not been successful in traditional Housing First supportive housing models.

LONG TERM STAYERS - HOUSED VS. UNHOUSED

This is a finite population - about 200 people.
It is up to us whether they are housed or unhoused.



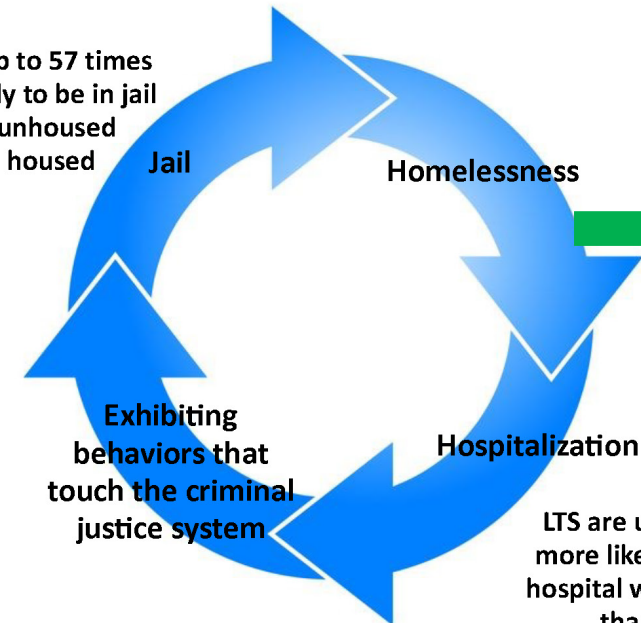
When housed, LTS have > 90% success rate remaining housed, and rare contacts with hospitals or the criminal justice system.

PERMANENT SUPPORTIVE HOUSING

HOUSED

UNHOUSED

LTS are up to 57 times more likely to be in jail when unhoused than housed



LTS are up to 29 times more likely to be in the hospital when unhoused than housed

THE VICIOUS CYCLE OF EMERGENCIES

Ultra-Low Barrier PSH: Funding

1. Financing tools for acquisition/rehabilitation of the housing – sources will vary
2. Funding for critical service provision for this type of innovative housing:
 - Mainstream resources like Medicaid-funded services and General Assistance for operation (rent)
 - CDBG, opioid settlement funds, and other sources for non-Medicaid funded services like a peer-based housing manager
 - Center support around peer-based models and employ peers
 - Legislative efforts to fund this model – LD 2 in Maine:
 - Will be a game changer to help Maine end Chronic Homelessness
 - Focuses on Housing First support services (large and small site-based PSH, scattered site PSH, & blended models) – 20 hours/week minimum
 - Fixes issues with Medicaid so chapters that pay for service provision can be used effectively
 - Adds Housing Stability Workers to fill gaps and inject flexibility
 - Will help with housing development as well
 - Has perpetual source of funding

Ultra-Low Barrier PSH: Funding

Legislative efforts to fund this model – LD 2 (An Act to Address Maine’s Housing Crisis) in Maine:

- Will be a game changer to help Maine end Chronic Homelessness
 - Was included in the Governor’s Biennial Budget but replicated a bill by the Speaker of the House.
 - Has perpetual source of funding
1. Focuses on Housing First support services (large and small site-based PSH, scattered site PSH, & blended models) – 20 hours/week minimum
 2. Fixes issues with Medicaid so chapters that pay for service provision can be used effectively
 3. Adds Housing Stability Workers to fill gaps and inject flexibility
 4. Will help with housing development as well

Ultra-Low Barrier PSH: Replicating the model

1. Gain cross-sector community support. Collaboration opens doors.
2. Capture data to demonstrate the need and then the success of the model.
3. HUD funding can add barriers/obstacles for ultra-low barrier models. Be creative and innovative with funding – pursue funding opportunities without red tape and hoops to jump through to eliminate barriers.
4. Work with your state and local representatives on legislative efforts to fund this model.
5. Set up operational funding like that of a homeless shelter; ours uses pilot funding and/or General Assistance.

Why innovative housing is necessary

Why it is so hard to get in:

- Sometimes people need a lot more flexibility than is offered by traditional systems.
- Homelessness can produce symptoms that render people less able to function. Our systems expect and demand a certain level of functioning; there is a disconnect.
- Some days people are on, the next day they are off. Continuity necessary to manage can be lost.
- Being arrested or going into the hospital can throw everything into turmoil again.

Why innovative housing is necessary

Why we must get people in:

- Having a home really helps people regroup.
- I can go into my house, do what I need to do, have neighbors who understand and are supportive.
- Housing creates quality of life.
- The sickness you find when you are outside goes way down when you are inside.
- Home adds the safety and security people need.

Housing needs to be the priority. Housing is a human right.

Key Takeaways



Ultra-low barrier PSH is the missing link for people with particularly acute needs, the longest histories of homelessness, and a proven lack of success in all forms of housing.



This population ricochets through our most expensive emergency systems when unhoused, and all but stops touching any emergency system once housed.



Once we meet people where they're at, provide innovative housing options, and wrap support around them, they tend to stay housed and not return to homelessness. It takes cross-sector collaboration & relationship work to achieve success.



This model can be replicated widely to meet local needs.