

Inclusive Housing – A New Approach to Housing Long-Term Shelter Stayers

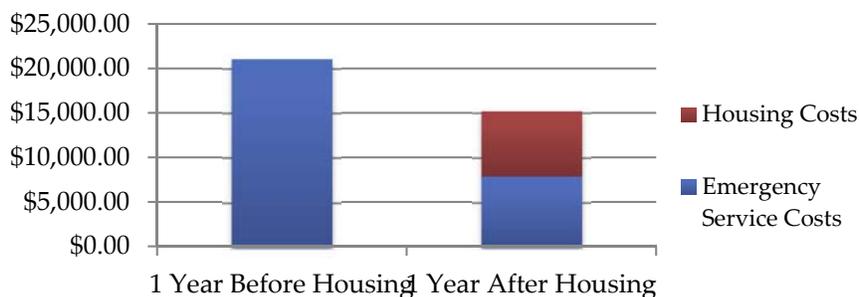
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Executive Summary

Inclusive Housing is a blended Housing First model being implemented by Community Housing of Maine that as its core feature integrates permanent supportive housing into large, multi-family housing developments. Danforth on High, an Inclusive Housing development located in Portland Maine, contains eleven units of permanent supportive housing for former long term stayers at local homeless shelters within a 30-unit development. This is the first time this particular approach has been tried in Maine. Research was conducted to evaluate the effectiveness of Inclusive Housing in Danforth on High. The research revealed that, for eight long term stayers now residing in Danforth on High:

Inclusive Housing produced an average annual cost savings of \$5,853.86 per person.

- Inclusive Housing reduced the total cost of housing and emergency services they consume by 28%;
- Inclusive Housing reduced the total cost of ambulance, police, and jail services by 82%;
- Inclusive Housing reduced the total cost of emergency health care, detoxification services, and mental health care by 47%; and
- Inclusive Housing produced an average annual cost savings of **\$5,853.86 per person** (for housing and emergency services combined). Extrapolating this cost savings for all 262 Long Term Stayers in Maine suggests that Inclusive Housing could produce an average annual cost savings of \$1,533,711 statewide.



Inclusive Housing could produce an average annual cost savings of \$1,533,711 for all 262 Long Term Stayers in Maine, compared to leaving them homeless.

Tenant Quotes

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“Living here is much less stressful.”

“I have cut way down on drinking.”

“The feeling of safety and security makes a huge difference.”

“I’ve met a lot of new people, and they’re good people.”

“I have a good relationship with two older women down the hall. I keep them supplied with library books.”

“I am writing a book, volunteering in the community, and teaching immigrants how to drive.”

“I started working two weeks after I moved in here.”

“This is a giant step forward for me.”

“I have a place to call home”

Background

Portland, Maine is a community of 66,194 people located on the State’s southern coast. On January 29, 2014, the Annual Point in Time Survey identified 497 people as homeless in the City of Portland on that one specific night. Of Portland’s homeless population, the survey found that by self-report, 48% suffered from chronic disability, 38.5% suffered from severe and persistent mental illness, and 38.5% suffered from chronic substance abuse.ⁱ

Permanent supportive housing (PSH) is defined by the United States Interagency Council on Homelessness as “decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing homelessness.”ⁱⁱ In 2007, Maine became the first state to perform a cost analysis of PSH using actual dollars spent on services before and after housing. Ultimately, the study found that across all

housing types, study participants, and service components, the average annual cost of care savings produced by the first year of living in PSH was \$944 per person.ⁱⁱⁱ

Despite studies showing the cost effectiveness of permanent supportive housing, the number of people identified as homeless in Portland has risen steadily since 2009. Because the homeless population has failed to show any significant drop, Portland’s emergency homeless shelters have begun new initiatives that focus on housing long term stayers. “Long term stayers” refers to individuals with long histories of homelessness as categorized by staying in a shelter or place unfit for human habitation for 180 nights or more. In FY 2013, 2,166 unduplicated people stayed at least one night at Oxford Street Shelter in Portland, the largest emergency homeless shelter in Maine. Of the 2,166 people, 116, or 5% were long term stayers.

Oxford Street Shelter Statistics¹

<u>FY 2013</u>			
<u>Length of Stay</u>	<u>Total</u>	<u>%</u>	<u>Cumulative %</u>
1 – 3 Days	679	32%	32%
4 – 14 Days	506	23%	55%
15 – 60 Days	537	25%	80%
61 – 179 Days	328	15%	95%
180 – 273 Days	70	3%	98%
274 – 365 Days	46	2%	100%
Total	2,166		

“Housing First” has proven to be a successful strategy to house individuals and families with long histories of homelessness. Housing First strategies involve moving the most chronic and vulnerable homeless individuals into permanent housing as quickly as possible with supportive services to follow. Upon entering the new housing, tenants are not obligated to comply with any mandatory or conditional agreements apart from a standard lease agreement. Permanent supportive housing allows chronically homeless individuals to effectively and efficiently receive the services needed to increase their health and wellbeing and add stability to their lives. Studies have shown that permanent supportive housing cuts the cost of services consumed by chronically homeless individuals in half, with many switching from expensive emergency care to less expensive preventative care. Furthermore, retention rates for chronically homeless individuals placed in permanent supportive housing are around 85%, even amongst those with severe substance abuse and mental health disorders.^{iv}

Despite numerous studies showing the effectiveness of “Housing First,” political and financial barriers have prevented sufficient development of such housing models. While the development of large, single-purpose Housing First buildings can bring challenges of not-in-my-backyard or “NIMBY” arguments, scattered-site Housing First units can be less effective in concentrating supportive services. Recently, Community Housing of Maine (CHOM), a non-profit supportive and affordable housing developer in Portland, Maine, has locally pioneered a non-traditional Housing First model that seeks to address both issues. There had been two Housing First developments in Maine; both are in Portland, both are very successful models, and both exclusively serve chronically homeless individuals. There had also been numerous scattered site Housing First placements in Maine, successfully using apartments available on the market in various locations. As a third approach, the Community Housing of Maine model blended about one-third

chronically homeless populations with two-thirds non-homeless populations in one 30-unit housing development.

Introduction

Danforth on High is a Low Income Housing Tax Credit Development at 81 Danforth Street in Portland, Maine. The building, which has six efficiency and twenty-four one-bedroom apartments, opened on July 31, 2013 and is restricted to people at or over age 55. The building is managed by Preservation Management, Inc. When the building was constructed, CHOM had expressed hope to both Preservation Management and local service providers that some of the referrals into this newly available housing would be long term stayers at local shelters. It was unknown to CHOM how many of the referrals had progressed until CHOM received an email on October 4, 2013 from the Oxford Street Shelter indicating that 11 individuals with a collective 16 years of bed nights at Oxford Street Shelter had moved in to the new development.

Danforth on High contains 11 units of supportive housing sprinkled within one 30-unit, multi-family development. The building contains no special design features for housing people with long histories of homelessness. CHOM has named this housing model “Inclusive Housing.” Inclusive Housing has three distinct qualities:

1. Tenants are fully included as part of the community life in the building and surrounding area;
2. It is possible that other community members in the building and surrounding area have no idea that some of their neighbors may have been homeless in the past, removing all stigmas associated with homelessness; and
3. Services can be effectively and efficiently concentrated and delivered to the individuals living in supportive housing within the building.

Because Inclusive Housing requires only existing community outreach services, this housing model is

less expensive than setting up new, formal on-site services. It is potentially easier to replicate.

Population

Through this research, it was discovered that a total of twelve (12) long term stayers secured housing in Danforth on High. One of these residents passed away only two months after securing housing—he died safe, secure, and reported being happy with his housing. One other resident was asked to leave the property due to lease violations—he worked with local service providers to secure housing in a different development. Recently, a long term stayer from Oxford Street Shelter filled this vacancy. Today, a total of eleven (11) former long term stayers reside in Danforth on High.

Eight (8) former long term stayers agreed to participate in this study. In order to be eligible, each participant must have met the following criteria:

1. Stayed in a shelter or place unfit for human habitation for 180 nights or more in the one year prior to entering Danforth on High; and
2. Moved in to Danforth on High directly from homelessness.

Additionally, nine (9) other residents of Danforth on High agreed to participate in this study.

Purpose and Methods

The purpose of this research is to evaluate the efficacy of Inclusive Housing. Our research was guided by three questions:

1. How has Inclusive Housing affected the quality of life for former long term stayers now residing in Danforth on High?
2. How has Inclusive Housing affected the cost of housing and emergency services consumed by former long term stayers now residing in Danforth on High?
3. How has Inclusive Housing affected the quality of life for other residents living in Danforth on High?

In order to evaluate the effectiveness of Inclusive Housing at Danforth on High, research was conducted as follows:

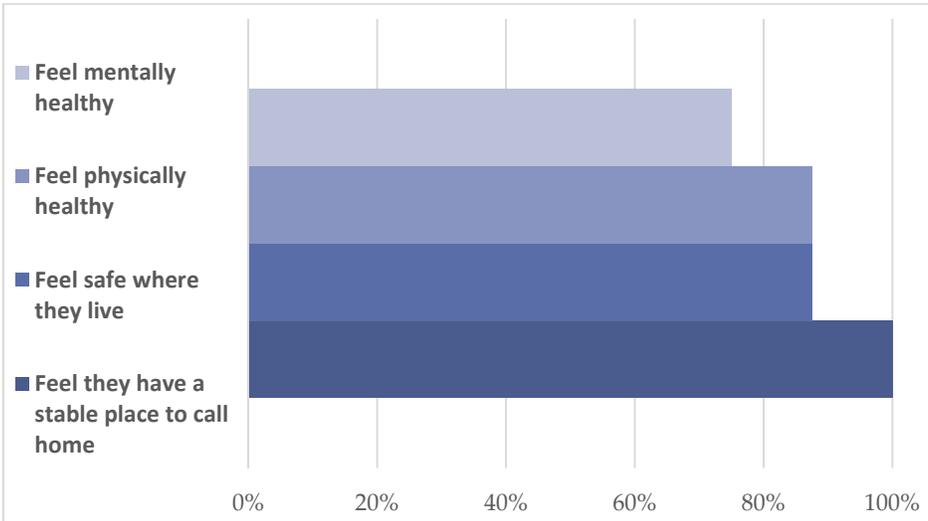
1. Eight (8) former long term stayers now residing in Danforth on High were interviewed regarding their quality of life now compared to when homeless. Additionally, each of these eight participants were surveyed on their use of emergency public services in the one year before and the one year after moving in to Danforth on High.
2. Each of the eight (8) former long term stayers were asked to sign information release forms showing their consent to participate in the study. These information release forms were then used to collect billing records from various service agencies in order to determine the cost of housing and emergency public services consumed both one year before and one year after securing housing in Danforth on High. A list of all service agencies from which data was collected can be found in Appendix A. Data from each service agency was then organized into groupings based on service categories. A list of these groupings can be found in Appendix B.
3. Nine (9) residents of Danforth on High who did not meet the criteria for former long term stayers were also interviewed regarding their quality of life in Danforth on High. These interviews were important in determining the extent to which a sense of community existed within the building and also in identifying any problems that might be occurring in the building.

Ultimately, our research sought to answer the following question: Can Inclusive Housing increase the quality of life for all involved while simultaneously decreasing the average annual costs of public services consumed?

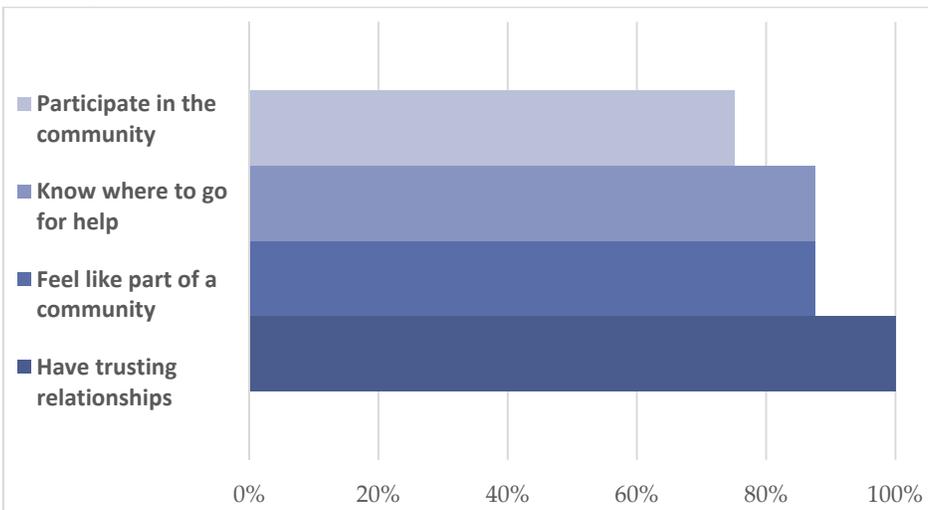
Results

Part I: Quality of Life for Former Long Term Stayers

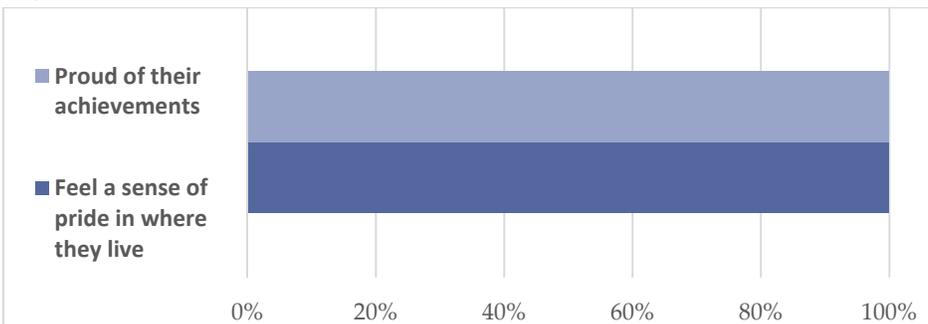
Health and Wellbeing



Sense of Community



Self-Esteem



Quality of Life



Interviews conducted with eight (8) former long term stayers now residing in Danforth on High revealed significant increases in the quality of life for these individuals. Overall, these individuals showed improvements in health and wellbeing, sense of community, and self-esteem compared to their experiences while homeless. The results are as follows:

Health and Wellbeing

- 6 out of 8, or 75%, feel mentally healthy.
- 7 out of 8, or 87.5%, feel physically healthy.
- 7 out of 8, or 87.5% feel safe where they live.
- 8 out of 8, or 100%, feel that they have a stable place to call home.

Sense of Community

- 6 out of 8, or 75%, are able to participate in positive or productive activities in their surrounding community.
- 7 out of 8, or 87.5%, know where to go for help when they are having a problem.
- 7 out of 8, or 87.5%, feel as though they are part of a community.
- 8 out of 8, or 100%, have trusting relationships with people.

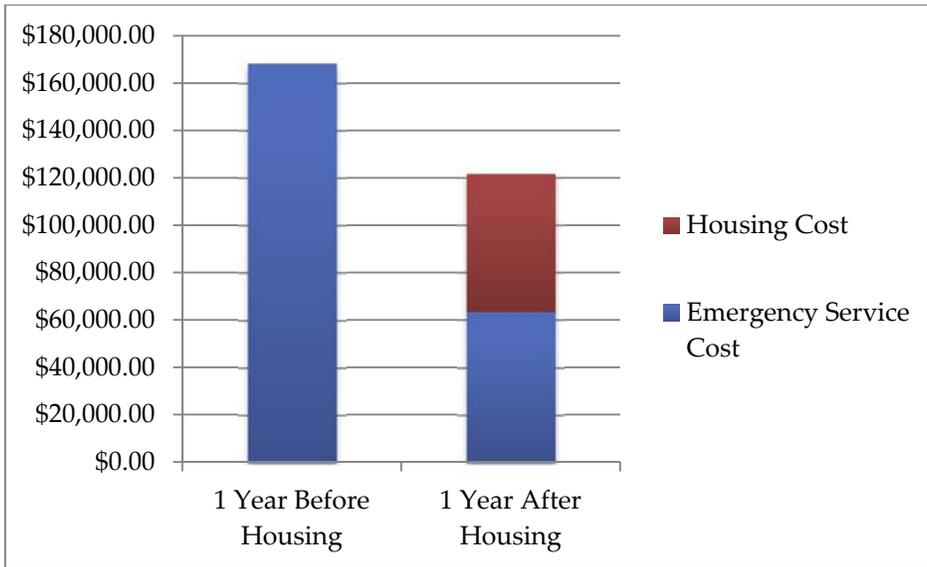
Self-Esteem

- 8 out of 8, or 100%, are proud of their achievements.
- 8 out of 8, or 100%, feel a sense of pride in where they live.

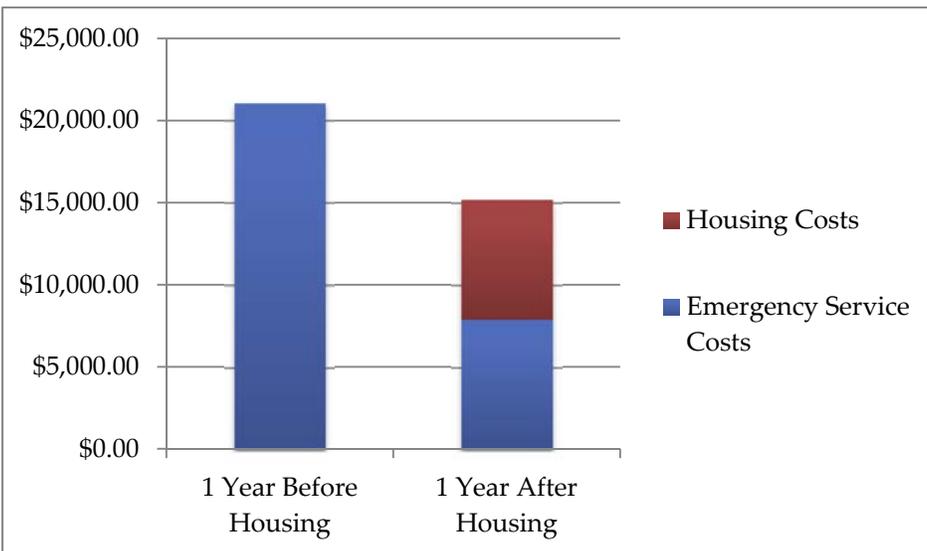
Results

Part II: Cost of Housing and Emergency Services Consumed by Former Long Term Stayers

Overall Costs – In Total



Overall Costs – Per Person



Overall Costs

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Overall, housing and emergency service costs decreased 28% from \$168,453.93 one year before housing to \$121,623.06 one year after housing.

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For each former long term stayer, housing and emergency service costs decreased from \$21,056.74 one year before housing to \$15,202.88 one year after housing.

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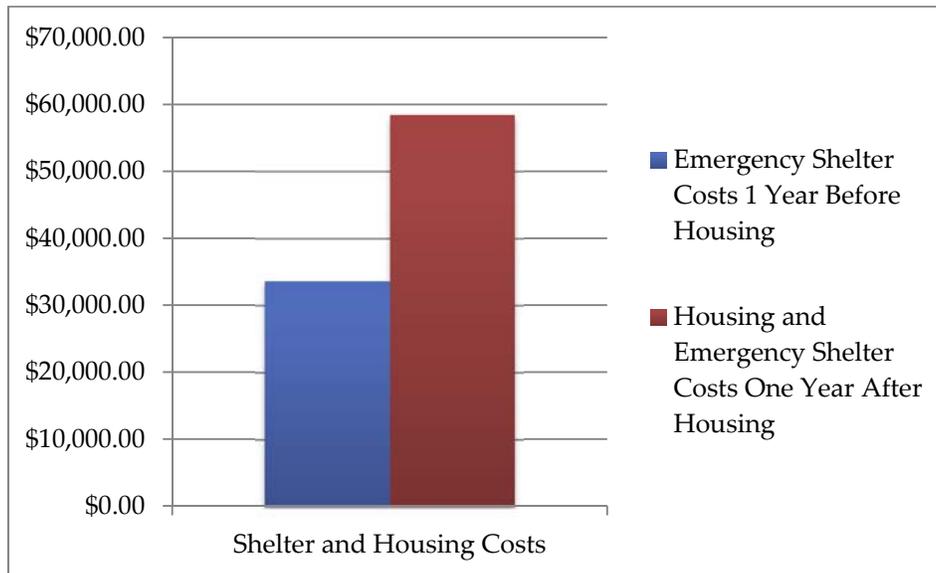
The average annual cost savings for housing and emergency services produced by Inclusive Housing in Danforth on High was **\$5,853.86 per person.**

Results

Part II: Cost of Housing and Emergency Services Consumed by Former Long Term Stayers

Housing and Emergency Shelter Costs

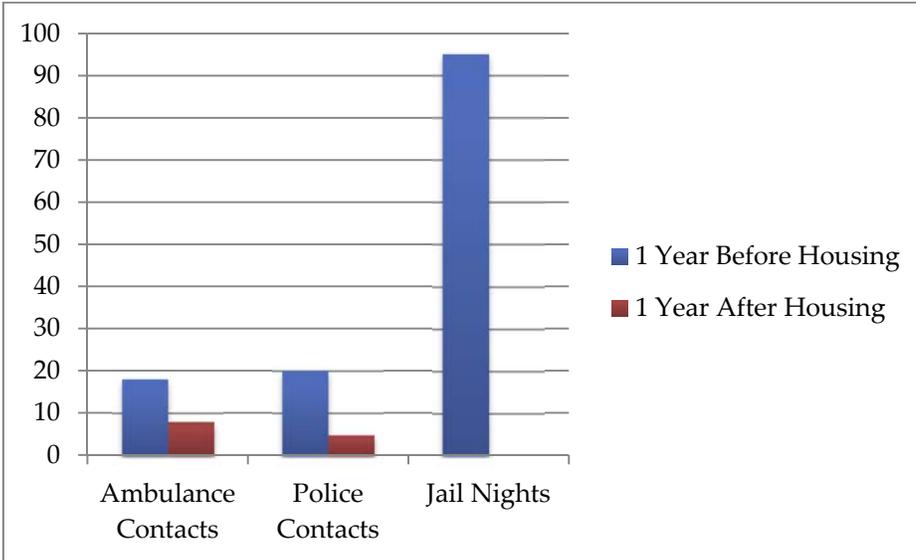
- Bed nights in the Oxford Street Emergency Homeless Shelter decreased 99.6% from 1,683 one year before housing to 6 one year after housing for a cost savings of \$33,540. It is important to note that each of the six bed nights in the year after housing occurred in the nights immediately following move-in while tenants waited to secure furniture for their new apartments.
- Rental Subsidies increased from \$0 one year before housing to \$58,296 one year after housing.
- Overall, total costs of rental subsidies and emergency shelter usage increased 74% from \$33,660 one year before housing to \$58,416 one year after housing.



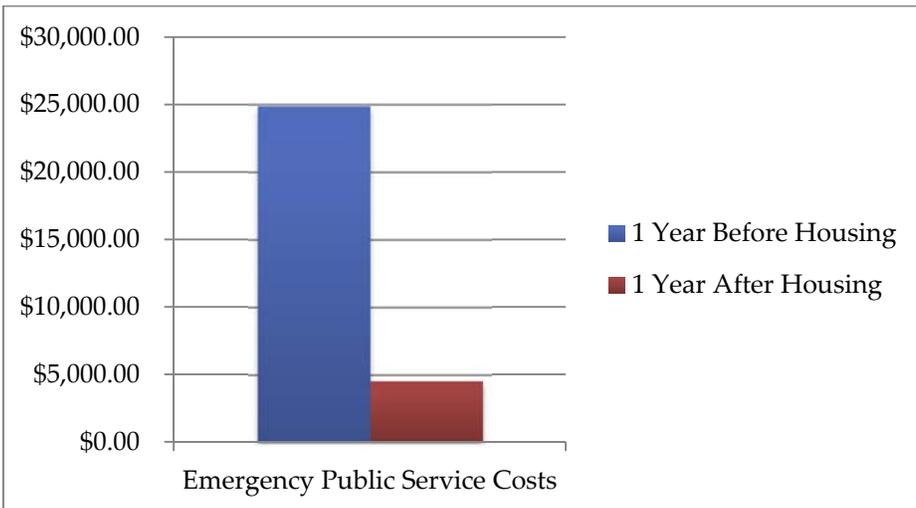
Results

Part II: Cost of Housing and Emergency Services Consumed by Former Long Term Stayers

Emergency Public Services – By Service Type



Emergency Public Services – In Total



Emergency Public Services

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Ambulance contacts decreased 56% from 18 one year before housing to 8 one year after housing.

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Police contacts decreased 75% from 20 one year before housing to 5 one year after housing.

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Jail nights decreased 100% from 95 one year before housing to 0 one year after housing.

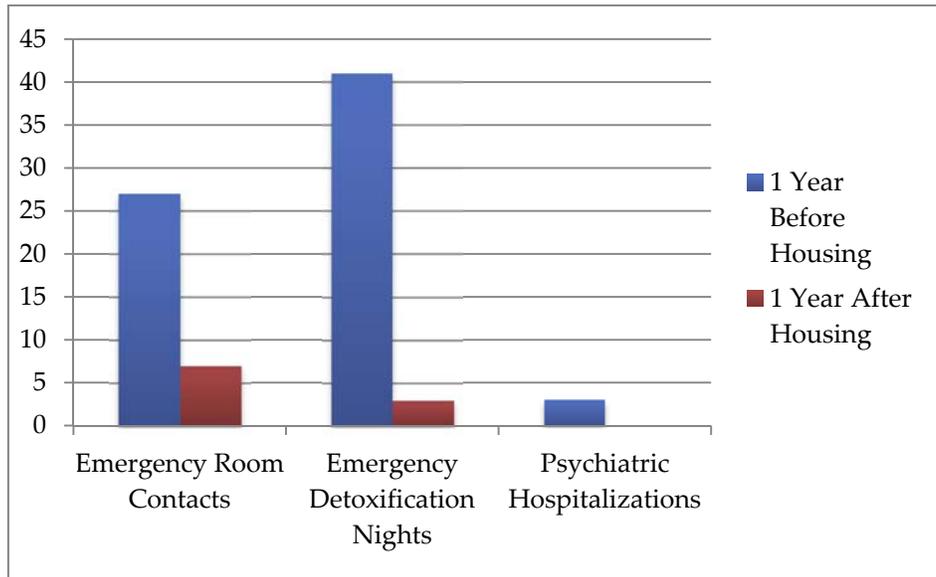
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Overall, the cost of emergency public services consumed decreased 82% from \$24,867.65 one year before housing to \$4,542.60 one year after housing.

Results

Part II: Cost of Housing and Emergency Services Consumed by Former Long Term Stayers

Emergency Health Care, Detoxification, and Mental Health Care Services Public – By Service Type



Emergency Health Care, Detoxification, and Mental Health Care Services

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Emergency room contacts decreased 74% from 27 one year before housing to 7 one year after housing.

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Emergency detoxification nights decreased 93% from 41 one year before housing to 3 one year after housing.

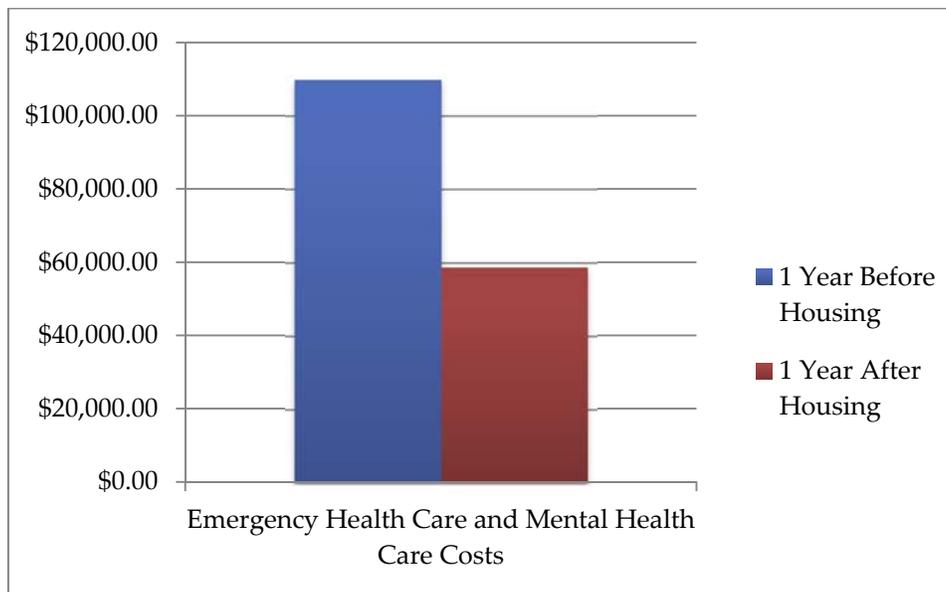
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Psychiatric hospitalizations decreased 100% from 3 one year before housing to 0 one year after housing.

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Overall, the cost of emergency health care, detoxification and mental health care decreased 47% from \$109,926.28 one year before housing to \$58,784.46 one year after housing.

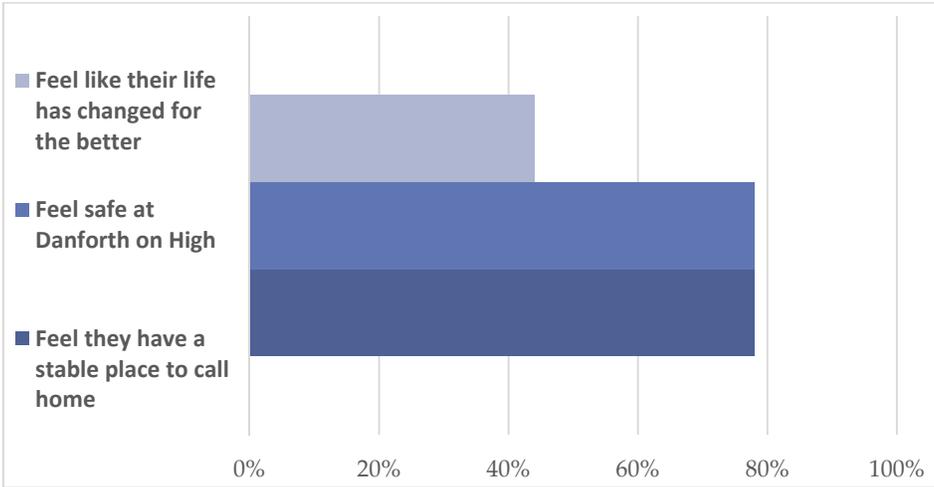
Emergency Health Care, Detoxification, and Mental Health Care Services Public – In Total



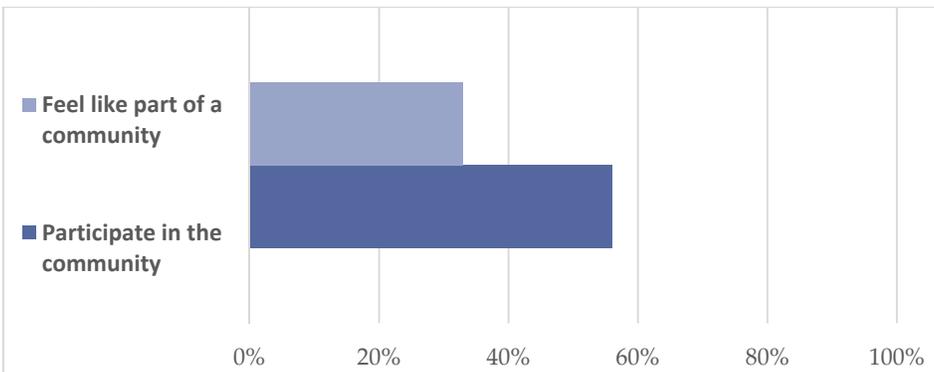
Results

Part III: Quality of Life for Other Residents Living at Danforth on High

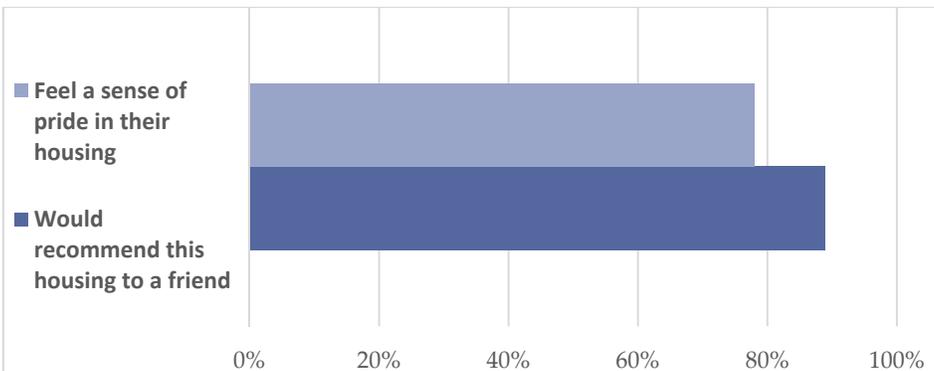
Safety and Stability



Sense of Community



Pride



Quality of Life



Interviews conducted with nine (9) residents of Danforth on High who do not meet the criteria for former long term stayers showed mixed results. Generally, there seemed to be mixed results for safety and stability, mixed results for sense of community, and positive results for pride in housing. The results are as follows:

Safety and Stability

- 4 out of 9, or 44%, feel like their life has changed for the better since entering Danforth on High (4 out of 9, or 44%, remained neutral).
- 7 out of 9, or 78%, feel safe in Danforth on High (1 out of 9, or 11%, remained neutral).
- 7 out of 9, or 78%, feel as though they have a stable place to call home (2 out of 9, or 22%, remained neutral).

Sense of Community

- 3 out of 9, or 33%, feel as though they are part of a community (1 out of 9, or 11%, remained neutral).
- 5 out of 9, or 56%, are able to participate in positive or productive activities in the surrounding community (4 out of 9, or 44%, remained neutral).

Pride

- 7 out of 9, or 78%, feel a sense of pride in their housing.
- 8 out of 9, or 89%, would recommend this housing to others.

Discussion

This research strongly suggests that the integration of permanent supportive housing into larger, multi-family housing developments serves as an effective model for housing people with long histories of homelessness. By housing long term stayers in Inclusive Housing, real estate developers and property managers are able to significantly transform the lives of those experiencing long term homelessness while simultaneously bringing significant cost savings to the entire service delivery system. It is important to note, however, that no housing model is perfect. Supportive housing in all forms is labor intensive and presents unique challenges; though the benefits for the individuals as well as the service system outweigh the challenges, they still exist. There is still room for improvement with the Inclusive Housing model so that it can better the quality of life for the entire population of the building. Looking closer at both the issues identified through interviews and the lessons learned through the interview process, we find areas for advancement with the Inclusive Housing model.

While interviewing residents of Danforth on High, we learned about circumstances that were adversely affecting the living experience of those in the building. Some of these matters, such as bed bugs and smoking in the building, are common to many apartment buildings and, therefore, cannot be attributed to problems associated with the presence of former long term stayers. Other occurrences, however, were reflective of the stigmas frequently associated with homelessness. These include the presence of non-residents in common areas of the building and unpleasant interactions with residents needing medical attention for mental health or substance abuse-related issues. Although some of these issues did exist in the building, most were attributed to a small handful of individuals and had been largely addressed by CHOM and Preservation

Management staff at the time this study was conducted. Though these incidents had already been addressed, they were fresh in the minds of survey respondents. The survey process proved to be quite cathartic for the residents, and once they had the chance to debrief their adverse experiences their disposition greatly improved. Therefore, it can be concluded that the majority of former long term stayers living in Danforth on High are living harmoniously with their neighbors.

Two important lessons were learned through the interview process that are important to consider when developing new Inclusive Housing buildings. The first important lesson is the power of relationships. The second lesson involves the importance of supportive services. Through the research process, staff members from the Oxford Street Shelter and the Preble Street Resource Center were present during the interviews. It was observed that staff members from these agencies had very close relationships with the formerly homeless tenants; in fact many of the staff members had helped them move into Danforth on High one year earlier. It was also discovered that many of the tenants were not connected to some important supportive services in the community, either because they were previously unwilling or simply did not know about these services. Because of their relationships with the staff from Oxford Street and Preble Street, many of these tenants welcomed the idea of connecting with these supportive services in the future. The research process, therefore, served as a catalyst for getting the tenants connected with the necessary services to ensure their continued success in their home. In the future, if the power of these relationships can be leveraged to connect tenants to supportive services upon move-in, it is possible that many of the problems identified in Danforth on High's first year will not materialize.

Conclusion

Many different housing models are useful in order to meet the wide variety of needs of those experiencing long term homelessness. Among these models, Inclusive Housing shows promise because of financial and political feasibility.

Inclusive Housing produced an average annual cost savings of \$5,853.86 per person.

Sufficient community-based supportive services are a key component to the success of this model: With supportive services, individuals experiencing long-term homelessness can live successfully among diverse populations in large multi-family buildings.

Housing long term shelter stayers using the Inclusive Housing model appears to have two distinct benefits:

1. Significant cost savings to the service delivery system.
2. Ability to concentrate supportive services so that individuals experiencing long term homelessness can lead happy, productive lives.

Inclusive Housing appears to serve as an effective tool for ending long term homelessness.

This research suggests that replication of this model across Maine and elsewhere could allow similar positive results. Extrapolating cost savings achieved for the residents at Danforth on High for all 262 Long Term Stayers in Maine, an Inclusive Housing approach could produce an average annual cost savings of \$1,533,711 statewide.

Appendix A: Data Sources

Data Provider	Description^v	Type of Data
Cumberland County Jail	Jail for inmates sentenced in the Cumberland County District Court	Days of incarceration
Maine Behavioral Health Care	An integrated healthcare system comprised of behavioral healthcare providers and organizations across the State of Maine.	Emergency mental health care services
MaineHealth	An integrated healthcare system comprised of healthcare providers and organizations across the State of Maine.	Emergency health care services
Mercy Hospital	Private hospital located in Portland	Emergency health care services
Milestone Foundation	A 41-bed emergency shelter for single men and women who are active	Emergency detoxification services
NEMHS	Private ambulance service operating in the Greater Portland Area.	Ambulance calls
Oxford Street Shelter	A 154 bed emergency shelter operated by the City of Portland, Department of Health and Human Services, Social Services Division. Offers services on-site at the shelter to help shelter guests find housing, employment, or access other services.	Bed nights
Portland Fire Department	The City of Portland's fire department	Ambulance calls
Portland Police Department	Protects public safety in the City of Portland	Contact with Police Department

Appendix B: Service Categories

Groupings	Sub-categories
Housing and Emergency Shelter	Rental Subsidies Shelter Night
Emergency Public Services	Ambulance Contact Police Contact Jail Night
Emergency Health Care and Mental Health Care Services	Emergency Room Contacts Emergency Detoxification Psychiatric Hospitalizations

ⁱ MaineHousing, *1200 People Homeless in Maine on January 29, 2014: Annual Point in Time Survey*, January 29, 2014.

ⁱⁱ "Permanent Supportive Housing," United States Interagency Council on Homelessness, accessed August 1, 2014, http://usich.gov/usich_resources/solutions/explore/permanent_supportive_housing

ⁱⁱⁱ Corporation for Supportive Housing, MaineHousing, and Maine Department of Health and Human Services, *Cost of Homelessness: Cost Analysis of Permanent Supportive Housing*, by Melany Mondello, Anne B. Gass, Thomas McLaughlin, and Nancy Shore (Greater Portland, ME, 2007).

^{iv} United States Interagency Council on Homelessness, *A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?*, by Dennis P. Culhane, Stephen Metraux, and Thomas Byrne, FSP Supplemental Document #18, June 2010.

^v When possible, descriptions of data providers were taken from *Maine Cost of Homelessness: Cost Analysis of Permanent Supportive Housing*, 2007.

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