

Moving On: Facilitating Tenants' Ability to Move from Permanent Supportive Housing to Other Housing Opportunities

By the National Alliance to End Homelessness Leadership Council

Introduction

Permanent supportive housing (PSH) is permanent affordable housing coupled with supportive services and is designed, by definition, to be long-term. PSH is generally the best intervention for individuals or families that have experienced chronic homelessness and are in need of long-term supports to help them stabilize in housing and to improve other outcomes, including health and income. PSH program designs range from single-site units in a controlled-access building with 24/7 staffing and intensive on-site services to scattered-site units with less frequent staff check-ins.

Occasionally, tenants who were previously homeless and who are living in PSH may eventually require less intensive services and housing supports. The identification of those who can benefit from the changes and the types of needed ongoing supports will be similar between scattered site and single-site facilities. There is often a difference, however, in how the new situation is provided to the tenant. Single-site intensive-services facilities generally involve 24/7 staffing, controlled entry, institutional kitchens, and other types of expensive and intensive facilities and engagement. As a result, the move to less intensive services and supports generally requires a move to another location, and it requires finding not only an alternative affordable or market rate housing unit coupled with less intensive, community-based services, but also the supports needed to create new community ties and/or preserve old ones. In the case of scattered-site units, adjusting to the tenant's changing needs and desires can often be accomplished by tailoring the services and housing supports to meet the tenant's reduced needs. When a scattered-site resident wants to relocate, many of the same new community-building supports will be required as are required for the single-site resident who moves.

Tenants may decide they are ready to leave the often highly-structured PSH environment for a range of reasons, including their ability to pay more for housing, a wish to be free from rules such as those limiting visitors (often adopted by PSH to protect vulnerable residents from predators), a desire to have a different type of unit, a wish to move closer to family or friends, or a hope of taking advantage of community-based wraparound services. Supportive housing can facilitate individuals' inherent expectation of continual self-improvement by creating opportunities for the tenant to choose new and different housing opportunities.

This kind of "graduation" from PSH facilities can be useful to both the tenant and the system. Through creation of new opportunities, tenants receive greater choice in where they want to live, what type of unit they live in, and how their daily activities will be structured. At the same time, tenants who no longer need the intensive and often expensive housing and supportive services offered in intensive-services site-based PSH can move into less expensive housing placements, freeing up the site-based resources for the households with highest needs, and tenants in scattered site facilities, by electing to use fewer supports, free up resources for other tenants.

Unfortunately, there is no known way of identifying in advance which tenants are the ones for whom a move to more conventional housing might eventually be appropriate. For many PSH residents, it will be appropriate for them to remain in PSH units permanently. Communities should ensure that there is no pressure on PSH residents to move if they are not ready to move or are not interested in doing so. Communities who actively work to move residents from PSH risk unintentionally putting pressure on clients to move on, whether or not they are ready. Careful assessment by both the tenant and case manager is necessary in order to ensure that both the program and client are comfortable with the decision to explore less structured and supportive options.

Transitioning residents from PSH can free up “bottlenecks” in supply and be an effective cost-saving tool for communities to consider. However, communities must be aware of the potential risks with implementing a formal program. This brief identifies some promising practices and key lessons learned from pilot programs in Chicago, IL; Seattle, WA; and New York, NY. Because these programs focus primarily on intensive-services, single-site PSH, this paper does as well. However, the principles explored below can also be applied to scattered-site housing.

Background

PSH works extremely well in helping people who have experienced chronic homelessness to improve their health and retain their housing. It can also be a much more efficient and effective use of community resources, as has been demonstrated in several research studies. The intensive staffing ensures that a case manager notices if tenants encounter difficulties, and services available on site or in the community allow for easy access to treatment and assistance. It is an ideal solution for people with intensive needs for long-term housing assistance and specialized services, such as addiction or mental health services.

PSH, especially single-site intensive-services PSH, is also quite expensive. It is expensive to construct on a per-unit basis because of the large common areas, the institutional kitchens, and the amenities designed to deal with a severely disabled population. It is expensive to operate because of the high level of staffing involved in having controlled entry, organizing community activities, and providing other services. Single-site PSH often involves ancillary services such as a nurse, with the associated examination, treatment room, and staffing costs.

Once residents have stabilized their lives, some may not want or need many of the expensive supports of PSH or might be able to find equivalent supports in other ways. They may have become self-confident and self-reliant enough to not need controlled access to protect them against predators or have formed ties or be able to form ties in the broader community that will prevent them from self-isolating. Tenants may also be able to travel to a more conventional location for counseling and support services.

Particularly in the single-site situation, the diminished need for supports on the part of some residents does not necessarily translate into diminished expense of construction or operation of the facility. Unlike scattered-site PSH, where services can simply be reduced, single-site PSH remains quite expensive. Amortization of the construction costs remains constant as long as intensive staffing remains in place, since 24/7 staffing will continue for the remaining tenants and sometimes an institutional kitchen is still operating. In short, a situation can be created where an individual who could be very stable and content in private market or public housing is occupying a much more expensive slot than necessary in PSH. As a community’s supportive housing system expands, it may be more efficient for part of that expansion to “open up” a new unit of PSH by helping an existing resident who is stable to move on to more conventional housing rather than construct a new unit.

One of the most fundamental principles of PSH is that a resident has all of the rights and respect of tenants of any other leased housing, including the right not to be moved involuntarily. The question faced by systems with a substantial stock of PSH is how to empower and support residents who are able to move to other housing opportunities to do so, while respecting the principles of PSH.

Providers in several cities have worked on programs to enable appropriate PSH residents to move to more conventional housing, including Deborah’s Place in Chicago, IL; SRO Moving On in New York, NY; and DESC, Plymouth Housing Group, and Catholic Housing Services in Seattle, WA. The following is a compilation of answers to a questionnaire that was given to those programs asking about program qualification, support services, and outcomes.

Eligibility Criteria

All of the programs surveyed were purely voluntary. Some of the programs found no shortage of applicants simply upon posting a notice of availability; others spent more time answering questions and addressing concerns. All of the providers looked for residents with good rental history and unit maintenance in the existing PSH, an ability to get along with neighbors, and qualification for the subsidy being used for the new housing. Several providers offered some interesting additional criteria – specifically, a lack of involvement in drug abuse or trafficking, an ability to maintain personal boundaries and keep others from taking advantage of him/her, a low level of need for daily contact with staff, and an ability to get meals or get to meal programs.

Barriers to Participation

As would be expected, a key barrier was a lack of subsidy for the new housing. In this respect, the participation of local housing authorities in providing Section 8 or public housing units was critical to supporting tenant's decisions to move to more independent living. Other key barriers to graduation included inability to locate or qualify for housing and difficulty affording the cost of moving, furniture, and security deposits. Additional barriers were more intangible but no less important, including a reluctance to leave staff and friends, a perceived loss of PSH benefits such as meals, activities, and a secure environment, and a reluctance to leave a particular neighborhood or community.

Support Provided to Facilitate the Choice of a More Conventional Housing Situation

The first and most important support necessary for facilitating the tenant's choice to move out of single-site intensive services PSH is a new housing opportunity. In the programs surveyed, this was provided through both subsidies and staff support in navigating the logistics of qualifying for and obtaining housing. The willingness of housing authorities to provide subsidies and units was extremely useful when available. One provider actually designated as "graduation housing" two new low-income buildings also operated by the provider. That allowed the provider to ensure a continuity of community that would not have been available with scattered-site housing. A number of the providers also supplied funding for furniture, moving costs, security deposits, and the providers who did not have that funding available identified the lack thereof as a significant missing component for success. All but one of the programs surveyed also provided ongoing support services. Significantly, these included not just continuation of services such as mental health support, but also newer and lighter case management focused on crisis intervention and on creating community-building opportunities in the resident's new housing. One provider found that inclusion of community space in the new residence was an important part of community-building for the tenant. Several providers worked to ensure that the tenant had ongoing connections with their original PSH housing community. All of these ongoing services would likely be similarly useful in the case of a scattered-site PSH resident moving to another location and fewer services.

Success and Replicability

All programs reported substantial success for the residents, with housing retention in the high 80 to low 90 percent ranges, and those not staying often moving on to other long-term housing opportunities. Several providers also offered a "right of return" for those unable to adapt to the new housing, although this was seldom used. All programs reported that they were extremely pleased at having been able to free up units in their single-site intensive services PSH buildings for those in need of the intensive services available in those facilities. All expressed a desire for more subsidies and funding to allow them to continue their programs (several had to shut down when funding was exhausted), but most also felt that the total number of people in their PSH programs who could take advantage of a graduation program was limited (the percentage of existing PSH residents felt to be eligible ranged from 25 percent in one program to 5 percent in a program that focuses specifically on the most severely mentally ill individuals).

Key Learnings

PSH will be the lifetime residence for many people with severe disabilities. In many ways, the homeless assistance system's PSH facilities are the "community-based treatment facilities" that people were promised (and never given) when government closed large institutional facilities in the 1970s and 1980s.

For others, however, the opportunity to move to other housing and service situations is a good option both for the tenant and for the system. Success of such an option depends in large part upon the system meeting the needs of the resident who is moving. It is also critical to ensure that programs understand that tenant needs are not just new housing options and financial assistance (although those are critical), but also help and support in becoming part of a new community (and often maintaining interim ties to their community of origin in the PSH), as well as a crisis intervention capability if there are transitional challenges.

As homelessness assistance systems continue to look for ways to increase availability of PSH for those in need, a community's primary focus should be on the acquisition or construction of additional facilities. However, in the context of managing the overall PSH stock, particularly the single-site, intensive services dedicated stock, an awareness of the potential contribution of graduation programs for those for whom it is appropriate (costing a fraction of new unit construction or acquisition) should be kept in mind as a potentially very useful strategy.