

## National Programs

### Rapid Rehousing

Short term rental assistance for low-barrier housing (no requirements for criminal record, sobriety, income, employment) for homeless individuals. The program funds staff to identify housing, rental and move in assistance, and case management services to connect to further supports.

### Permanent Supportive Housing (AKA Shelter Plus)

HUD funded rental assistance program available to individuals who are homeless or disabled. Eligible individuals pay 30% of their income on rent and utilities, and have more support for missed payments. Applicants get placed on a waiting list based on need.

### Housing Choice Voucher (AKA Section 8)

HUD funded rental subsidy program for low-income individuals. Eligible individuals pay 30-40% of their income on rent and utilities, and lose funding if they miss a payment. The funding is for the tenant as opposed to Project Based Vouchers which fund affordable units in existing complexes. People are placed on the wait list based on time of application.

### The Continuum of Care (CoC):

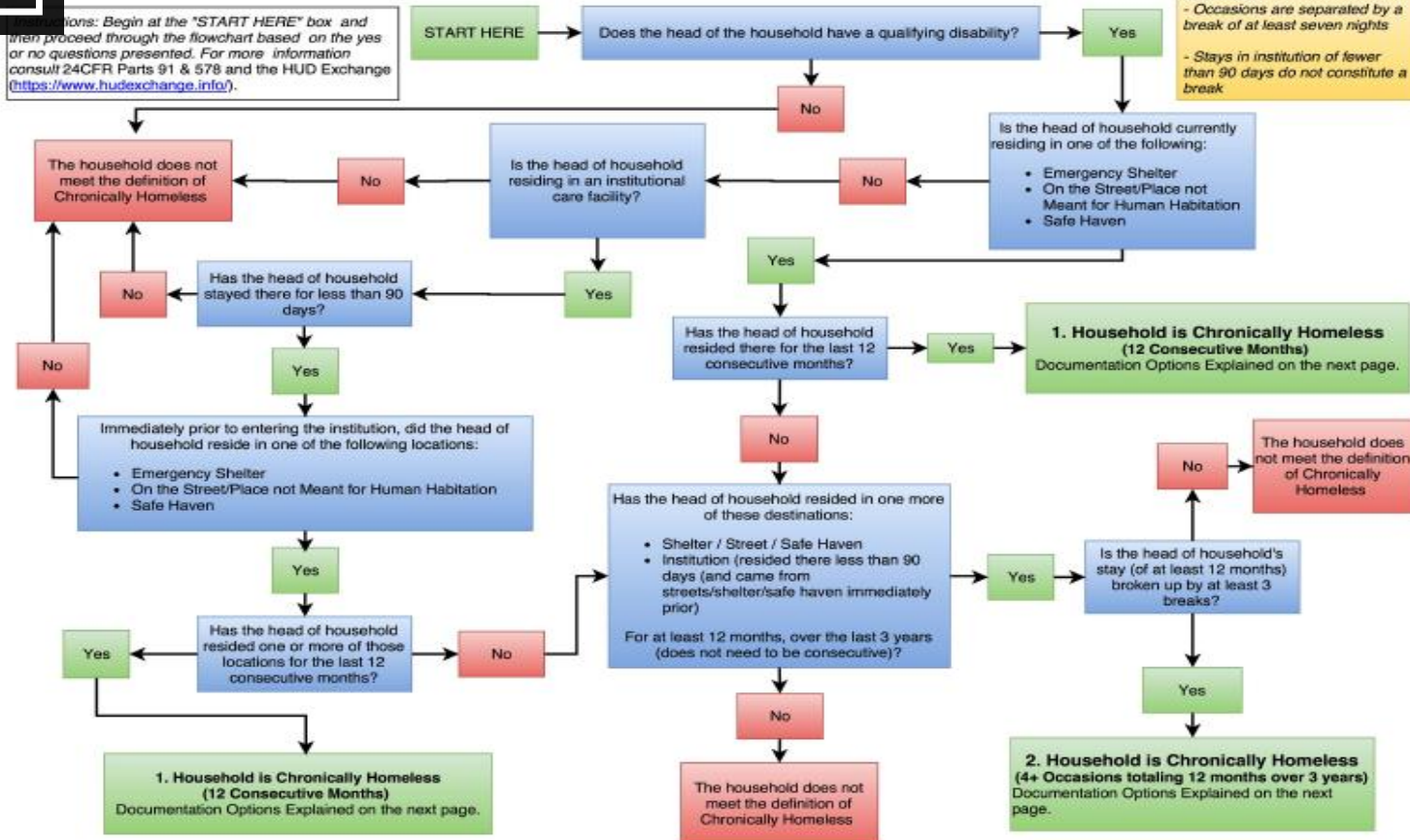
In 2009, three homeless assistance programs (including Shelter Plus and Section 8) were combined into a single program that provides supportive housing along with other support services through the CoC. CoCs exist all over the country and writes the housing support grants for their region.

#### Resources:

- HUD definitions, laws, etc:  
<https://www.hudexchange.info/programs/spc/>
- RHA and available housing listings in Rochester  
<https://www.rochesterhousing.org/housing-programs> ;<https://www.rochesterhousing.org/available-units-listing>
- CoC website: <http://rochomeless.org/>
- Coordinated Entry:  
<https://www.ccsi.org/Programs/Coordinated-Entry>
- <https://www.usich.gov/solutions/housing/rapid-rehousing/> (rapid rehousing)
- National Alliance to End Homelessness  
<https://endhomelessness.org/>

## Flowchart of HUD's Definition of Chronic Homelessness

Instructions: Begin at the "START HERE" box and then proceed through the flowchart based on the yes or no questions presented. For more information consult 24CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/>).



**Remember:**  
Occasions are separated by a break of at least seven nights  
- Stays in institution of fewer than 90 days do not constitute a break

## IF YOU BECOME HOMELESS...

The first step is to go to the Monroe County Department of Human Services (DHS). The visit often takes an entire day, resulting in DHS paying for your placement emergency housing (most commonly, a shelter). You may be able to apply for temporary rental assistance, which totals ~\$440/mo, the cost of a rooming house. Occasionally, there are funds for eviction prevention if you can prove that you will be able to pay rent in the future.

Wherever you end up, someone can help you with your search for housing. Outreach workers complete a **VI-SPDAT** (along with other decision tools determined by Coordinated Entry), to determine eligibility.

- Low score - not eligible for subsidies
- Medium score - eligible for Rapid Rehousing.
- > or = 8 - eligible for Permanent Supported Housing with ~\$700/mo for rent, several month waiting list, status fluctuates based on need of new applicants, opens and closes sporadically

Anyone can apply for a Housing Choice Voucher; however, the waiting list regularly includes >1000 individuals with most waiting years to hear back. Throughout all this, if you are staying in a shelter, you are expected to be actively looking for housing. Shelters are rarely for long term habitation.

## Definitions, updates, useful information:

Point in Time Count – how homeless individuals are counted, which helps determine funding for resource allocation - <https://www.hudexchange.info/programs/hdx/guides/pit-hic/#general-pit-guides-and-tools>

VI-SPDAT – Vulnerability Index Service Prioritization Decision Assistance Tool - <http://www.cthmis.com/info/detail/vi-spdatt> (scroll to the bottom to see the form)

Chronic homelessness definition - <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>

Code blue (AKA executive order No. 151 or NYS regulation 304.18) – homeless assistance during inclement weather <https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO151.pdf>

Sanctions – are complicated... <https://www2.monroecounty.gov/files/hs/DHS%20101%20March%202017.pdf>

What are DSRIP and FLPPS:  
<https://flpps.org/About/What-is-DSRIP>

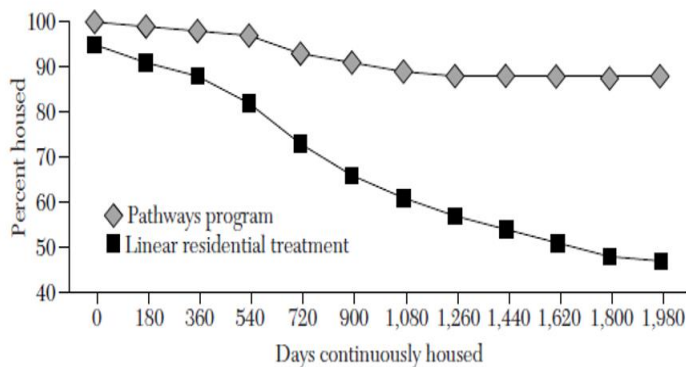
**There is not enough affordable housing to meet the need in Rochester, or much of the country.**

**“The new paradigm of supported housing posits that having a home in a community is a right for persons...and that a stable home is a prerequisite for effective treatment and psychosocial rehabilitation.”**

**–Ridgeway and Zippel, 1990**

**Figure 1**

Survival model of housing tenure for residents in the Pathways supported housing program and in linear residential treatment settings



**EXHIBIT 4**

Residents' Self-Reported Survey Outcomes Before And After Moving Into Supportive Housing

Outcome	Year before moving in	First year after moving in
<b>USE OF HEALTH CARE SERVICES</b>		
At least one hospitalization	65%	26%**
Average number of hospitalizations*	2.5	0.6**
At least one ED visit	62%	48%**
Average number of ED visits*	2.8	1.9
Had a designated primary care provider	73%	89%**
<b>ACCESS TO CARE AND WELL-BEING</b>		
Had unmet physical health needs	79%	48%**
Had unmet mental health needs	45	17**
Physical health was fair or poor	80	54**
Mental health was fair or poor	80	63**
Was "not too happy" in life	59	14**

Learn more: <https://www.csh.org/supportive-housing-101/data/>

## HOUSING FIRST

In the 1970s, a shift began from a model of supported treatment for homeless individuals to a model focused on the right to a home first and foremost. This model became known as Supported Housing, or Housing First.

Housing First is a harm reduction model that prioritizes providing housing to people without requirements for abstinence or chronic disease control. The model was developed by outreach workers who saw the importance of addressing basic necessities and enabling self-determination as the first step in the path out of homelessness and as a platform from which to pursue other goals in health and employment.

Of the early projects, **Tsemberis and Eisenberg wrote the first comparison paper in 2000 between the linear residential treatment model and the supported housing model showing that 88% of those in the supported housing model remained housed after 5 years compared to only 47% in the linear treatment model** (Figure 1). Over the decade and a half since this publication, a number of RCTs have continued to demonstrate similar levels of statistically significant housing retention, quality of life, and health benefits from Housing First models across the USA and Canada.

In addition, Housing First has repeatedly been shown to decrease ED usage and hospitalization and improve health (Exhibit 4, box below). From a monetary standpoint, the most modest estimates report that housing homeless individuals costs ~\$100/mo when accounting for the cost savings (Culhane 2002). Other reports have estimated that programs may actual save >\$2000 per person per month on taxpayer funded service costs (Larimer 2009). In Medicaid specifically, housing is estimated to have saved >\$8000 per person per year (Wright 2016).

Decrease jail time by ~6mo – Clifasefi 2012  
Variable impacts on Mental Health, potential decrease in hospitalization and symptoms – Patterson 2013, Greenwood 2005, Culhane 2002  
Decrease Substance Use – Collins 2012, Padgett 2011, O-Connell 2013, Larimer 2009  
Improved community integration – Yanos 2004



# “Americans Want to Believe Jobs are the Solution to Poverty. They’re Not.”

<https://www.nytimes.com/2018/09/11/magazine/americans-jobs-poverty-homeless.html>

“When Americans see a homeless man cocooned in blankets, we often wonder how he failed. When the French see the same man, they wonder how the state failed him.”

“While [homelessness] is often attributed to clipped social safety nets, issues surrounding mental health, and financial instability, homelessness overwhelmingly stems from a lack of affordable housing.” – Penguin and Random House Booklist on Homelessness

*Evicted*, By: Matthew Desmond  
*Tell them who I am*, By: Elliot Liebow  
*Rachel and her children*, By: Jonathan Kozol

READ!



## SO WHAT CAN YOU DO?

Learn more about Supported Housing in NYS:

- Gov Cuomo 2016 – build 20,000 beds over next 15yr via \$10.4billion investment in affordable housing, homeless housing, and homeless services.  
<https://www.nyaprs.org/public-policy>
- List of supported housing initiatives  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/supported\\_housing\\_initiatives.htm](https://www.health.ny.gov/health_care/medicaid/redesign/supported_housing_initiatives.htm)
  - OMH (Office of Mental Health) rental subsidies
  - OASAS (Office of Alcoholism and Substance Abuse Services) rental subsidies and supports (In Rochester: Providence and East House)
  - DePaul – Single site, scattered site, CR-SRO, apartment treatment programs, affordable  
<https://www.depaul.org/affordable-housing/>
- HHAP (Homeless Housing and Assistance Program) – Funding option <http://otda.ny.gov/contracts/2018/HHAP/>
- MHANY (Healthy Minds for a Healthy New York) – 2017 Housing agenda (don't stop supporting housing – 92.9million on housing) <https://mhanys.org/advocacy-policy/legislative-agenda/>

## Advocate!

National –

The Corporation for Supportive Housing:

<https://www.csh.org/supportive-housing-101/speak-up/>

NYS –

Bring it Home Coalition:

(see website or social media for local campaign updates)

<http://aclnys.org/advocacy/bring-it-home-coalition/>

Tell your US and State legislators your story:

<https://www.elections.ny.gov/district-map/district-map.html>

Since the 1980s, researchers from all different fields have been reporting on the lack of housing as a key factor in the health of various communities. It is time to do something meaningful about it.