

Bishop Street Apartments

Housing First for Homeless Individuals with Compromised Health

THE NEED

The daily census at Portland shelters includes a number of individuals who have chronic medical conditions in addition to being homeless and struggling with mental health and/or substance abuse issues. Homeless individuals experience relatively short life spans and suffer debilitating conditions at a much earlier age than the general public. Many have developed conditions such as COPD, diabetes, heart disease, and other illnesses that are exacerbated by having no stable living situation and inadequate services and medical interventions. These individuals become high utilizers of medical resources—especially emergency department and in-patient hospitalization—caught in an ongoing cycle that is costly and inhumane.

Without appropriate housing, patients are discharged to shelters, return to shelters, or sleep outside. Living in situations where there is no follow up that might treat recurring symptoms of illness, where they experience inadequate care and neglect, their health simply continues to deteriorate.

Data that confirms the current challenges for shelters and medical providers is included below in the *Research and Evidence Based Practices* section.

PROJECT DESIGN

Housing First

The 30 residents of Bishop Street Apartments will all come from shelters, or will have been sleeping outside or in some other unstable, non-permanent situation. All will have been homeless, with priority given to individuals whose homelessness and instability has lasted years. Individuals will be selected using criteria developed to assess vulnerability and based on specific medical conditions and concerns. We will prioritize those who cannot or have not succeeded in other housing options and those whose needs are the greatest.

All units are subsidized and tenants will pay from 30% of their incomes, down to zero if they have no income. Portland Housing Authority has committed site-based vouchers for Bishop Street. Preble Street staff will provide outreach to potential tenants who may be wary of accepting housing, will assist tenants in filling out applications, and work with Avesta Housing staff to make sure that new tenants understand expectations in the building.

Building Design

The architectural design incorporates 30 efficiency apartments, office space, and common spaces for tenants to use for activities and socializing. The Avesta and Preble Street initial successful housing first project, Logan Place, provides a blueprint for ensuring a needed combination of support and privacy and of independence and community.

Bishop Street Apartments will include outside areas accessible to tenants, a common kitchen for occasional shared meals, and parking for guests and service providers who work with tenants. Since it is

probable that a high percentage of the residents of the building will have some level of mobility issues, all spaces within the building (including all apartments) and on the site will be designed for handicap accessibility.

In addition, to meet the needs of the individuals who are medically compromised, the project will have a medical partner, and the building will include a private medical office and care room to maximize follow-up care and home-based services for the tenants. The design is currently being reviewed by Maine Medical Center staff to make certain that there is adequate support for on-site services.

Staffing and Support

Preble Street will provide housing support and case management staff 24 hours per day with a minimum of three workers at all times. This pattern allows monitoring of the entry, common space, and individual units to ensure safety and to respond to specific tenant concerns while enabling workers to intervene in individual crises as required. Given the challenges of the target population, it is anticipated that many tenants will seek support as they struggle with mental health and/or substance abuse disorders that can require assistance at all times of the day.

A priority for Preble Street case managers will be to encourage all tenants to access mainstream resources, connecting them to health, mental health, and substance abuse services as well as socialization and vocational opportunities. We expect that many tenants will ultimately accept community integration or ACT (Assertive Community Treatment) level support. Although the acceptance of services is not required to live at Bishop Street Apartments, experience with other housing first programs indicates that nearly all tenants will eventually engage with Preble Street in developing individual goals and participating in activities aimed at meeting their goals.

Preble Street staffing includes an experienced master's level program coordinator, master's level supervisors, and team leaders. On-site supervision and 24-hour access to a clinical on-call system ensure that staff receives appropriate supervision and crisis support.

Medical staff will be available on site during specific hours and will coordinate daily with Preble Street case management and supervisory staff to coordinate referrals, follow up, and monitoring of individual tenants who may have health-related concerns. When needed, tenants may receive additional in-home services ranging from help with daily activities to visiting nurses. Medications prescribed to tenants will be maintained by tenants, with medical staff assisting in monitoring use and symptoms and making recommendations and changes as appropriate.

Preble Street will also work with community volunteers and interns to develop on-site activities that will include communal meals, outings, and on-site recreational programming.

Research and Evidence Based Practices

Housing First is one of the few evidence-based practices targeting homeless individuals. Studies of individuals in housing first programs have shown that they are as likely to remain housed as those who enter more restrictive housing systems;¹ and that, when housed, there is an increase in use of key support services and a decrease in use of many costly and inappropriate services such as emergency rooms and police and ambulance transport.² Studies conducted in Maine support these findings;³ in fact, a seven-year follow up on Logan Place tenants indicated that, for almost all, stability was maintained and use of inappropriate community resources decreased.⁴ The only exceptions to decreasing medical costs were formerly homeless individuals whose deteriorating health required a level of care that could only be provided with the type of on-site partnership envisioned for Bishop Street.

¹ US DHHS, SAMHSA, *National Registry of Evidence Based Practices*, 2009; Pearson, C., Montgomery, E., and Locke, G, “ Housing Stability Among Homeless Individuals with Serious mental Illness participating in Housing First” in *Journal of Community Psychiatry*, Vol.37:3, 404-417, 2009.

² US Interagency Council on Homelessness, Research and Evaluation, *Cost-Effectiveness Studies; National Alliance to End Homelessness Report on Housing First*, 2011 Mackelprang, J., Collins, S., and Califaset, S. “Housing First is Associated with Reduced use of Emergency Services” *Prehospital Emergency Care*, Vol.8:4, 46-82, 2014.

² Mondello, M., Bradley, J., Chalmers-McLaughlin, T. Shore, N., *Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis*, 2009; Chalmers-McLaughlin, T. Bradley, J, Schmidt, E. *Cost Study of Logan Place Housing First Program*, 2009

³ Chalmers, McLaughlin and Bradley, J. “Logan Place 7 Years Later: Is it Still Cheaper to Support People in Housing First Settings?” Presentation at the National Housing First Conference, Chicago, 2014.