Creating a Continuum of Housing Options for Unaccompanied Women

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Findings from One in Four Initiative

- 100,000 unaccompanied women in US, 58% unsheltered, 40 average age, most not married, half have HS education, most have adverse childhood conditions
- Cancer and heart disease leading cause of death for older, drug overdose for younger women
- 56% have mental health issues/ high HIV
- Housing is key to prevention and access to services (Wenzel)

1 in 4 Findings (2)

- Herrara-66% women age 50 or older have physical disability, chronic health conditions, DV, MH—all these increase with age
- Recommendation: Increase PSH and health care for women 50 and older, increase availability of SA treatment
- Henwood-research shows scattered site is preference for people who are homeless, but women may prefer congregate model

1 in 4 Findings (3)

- Ecker: Building social connectedness/sense of belonging as a philosophy and practice, community integration related to social support, lower integration leads to dissatisfaction
- Tsemberis: “Fluid concept of Housing”, partners, children may rejoin; portable vouchers preferred
- Peer support and integration with primary care
- Employment—needs to be tailored for this population—microenterprises, “meaningful” daily activities

Winston Churchill Trust Study

- Single homeless women without children were not recognized as a separate, did not receive a proportionate allocation of funding
- Gender-specific provision of homeless services did exist in some areas and was essential to help
- Homeless women were likely to be more disconnected from support, suffering trauma through and more complex when seeking help
- Cross-sector funding of health and housing resulted in more flexible and nimble service provision
- Housing First works well for women for whatever target group
- Shared housing addresses the social isolation that Housing First can cause and provides build in peer support for those who do not want to live on their own

Winston Churchill Report (2)

- Private rental a quick pragmatic solution for homeless women however high rents, demand, landlord regulation, and relative ease of eviction made this model of rehousing unsustainable
- Trauma-informed care and built in mental health support showed good outcomes.
- A lack of peers with lived experience in service provision
- The supply of affordable good quality accommodation was a challenge; non profits owning property to rent to their tenants was much in evidence
- A single vulnerability assessment tool to prioritize housing had mixed impact

Advocacy in D.C.

- Promoting housing first single site for women/Promotion of SAMHSA PSH Toolkit
- Advocacy with Coalition for Non-Profit Housing (for production of PSH units, unified RFP, cost-effectiveness document)
- Advocacy with The Way Home Campaign—tenant-based scattered site housing
- DC ICH—appointment of Women's Services Taskforce—needs assessment, DV/PSH overlap, examination of CAHP

2017 DC Women's Needs Assessment Report

- 882 unaccompanied women who are homeless; 72% report at least one mental health indicator, and 86% of women with mental illness and 87% of women with substance use disorders reported past experiences of violence/trauma.
- Two-thirds of women experiencing homelessness who reported histories of violence and trauma reported at least one act of violence against them during this current episode of homelessness
- This recent study affirms the experience of OAH since the organization's beginning; the vast majority of residents are survivors of trauma.

Need for Specialized Housing

- Needs assessments in LA and DC point to need for specialized housing solutions for unaccompanied women
  - Gender-specific lens necessary
  - Safety and security assured
  - Trauma-informed care
  - Choice of single site or scattered site
  - Move towards engagement and attention to basic needs

Access to Services

- Improving access to services and support to begin mainstream services for access to mental health, substance abuse treatment and medical care

- Overcoming barriers to training programs and employment, day program, community activities inhouse activities at the level that each individual needs or will accept

Staff Training

- Helping residents to transition to housing
- Staff awareness resident has transitioned sufficiently to engage
- Helping single site residents engage in meaningful activities in building
- Helping scattered site to identify community resources open to formerly homeless women

Adapting EB and other Practices

- Critical Time Intervention-Coordination with shelter workers, outreach team to assist community adjustment
- Discharge Planning
- Coordination and team meetings with ACT teams and mental health case managers
- Home Health aides for people with physical disabilities and chronic medical conditions

Open Arms Housing Model

Building One (The Dunbar) opened 2009

- Nineteen unit project with 16 efficiency units with kitchen and bath, community rooms, and one bedroom apartments for resident manager and two market rate tenants
- On-site supportive services provided by project manager and peer support specialist counselor
- Significant D.C., HUD, and private funds
- Voluntary in house activities: community meetings, coffee hours, holiday meals, art class

The Dunbar

Open Arms Housing Model (2)

Building Two (Owen House) 0pened Oct. 2015

- Graduates of Dunbar, new DBH clients
- Resident Assistant (one of Dunbar clients) gets stipend
- No on site activities—Residents invited to Dunbar
- Supportive services staff travel to meet with residents

Tenant at Owen

OAH Model (3)

- Scattered sites launched late 2016—DHS Permanent Supportive Housing Program awarded, 45 women housed, 23 more to be housed
- Team of case managers engage residents, assist with housing search, lease-up, transition, linkage to mainstream services, and community ties
- Unified RFP with DHS, Housing Authority, DBH, DHCD for set-asides in preservation projects and new construction, partnership with developers

Four Points LLC/2255 Martin Luther King, Ave., S.E.

Outcomes-2017 (1)

- **Twenty in single sites, Fifty in scattered sites**
- **INCOME /ECONOMIC SELF SUFFICIENCY**
  - Single Sites:
    - 100% - Contribute to their rent/ all receive benefits;
    - 10% employed
  - Scattered Sites:
    - 64% receive benefits.
    - 10 % are gainfully employed,
    - 26% on zero income status - due to ineligibility OR due to the severity of their mental illness.
    - 10% are participating in G.E.D. training
- **COMPLIANCE WITH LEASES**
  - With all 20 housed, 2 clients or 10% are non-compliant with the OAH lease.
  - With 45 housed, 2 clients or 4% non-compliant with their signed leases

Outcomes (2)

- **LINKAGES TO BEHAVIORAL HEALTH SERVICES**
  - SINGLE SITES: 13 OUT OF 20 (65%) are active in services.
  - SCATTERED SITES: 31 out of the 50 clients (62 %) engage in behavioral health services

- **COMMUNITY ACTIVITIES- participation in activities in Dunbar or in clients' respective communities**
  - SINGLE SITES: 100% participation in Dunbar activities (2 or more events)
  - SCATTERED SITES: 30 clients (60%) active in their communities, reunified with

    families, attend church, and other community activities

- **CLIENT SATISFACTION**
  - SINGLE SITES: 81% identified as "very satisfied or satisfied " in a formal annual questionnaire
  - SCATTERED SITES: will distribute client survey in 2018. Informal survey: 41 of 45 suggest satisfactory experience

Advantages of Scattered Sites (1 of 3)

- Staff at scattered unit projects believed that the integration of clients into mainstream housing was important to client recovery.

- Independent housing created a growing sense of responsibility/ongoing support from the service team built trust

- Can manage the independent isolation right from the start

Advantages of Scattered Sites (2 of 3)

- In some sites, the private landlords also had favorable experiences that supported the perspective that this target population can be ‘mainstreamed’

- Staff at valued the opportunity to educate housing authority staff about the special housing needs of the target population

- Quality of housing higher than with congregate facilities

Advantages of Scattered Sites (3 of 3)

- Congregate projects with newly renovated space designed specifically to create interaction among community members were viewed very favorably by client focus group participants

Disadvantages of Scattered Sites (1 of 3)

- Client isolation, units were sometimes far away from staff offices but also from other clients with shared experiences
- No shared common space and infrequent interaction with other clients
- However, could overcome some isolation by holding meetings and support groups in common office space

Disadvantage of Scattered Sites (2 of 3)

- Among service teams who valued close contact with clients, scattered housing created more problems and made it more difficult to reach out to clients
- Those who were [drug] using quickly find other tenants who use
- A vulnerable group less easy to mainstream

Disadvantage of Scattered Sites (3 of 3)

- The most vulnerable group less easy to mainstream
- Travelling long distances to meet with clients was costly and time-consuming
- The geographic distance in some communities did not support independence

Advantages of Single Site (1 of 3)

- Opportunity for daily or regular informal contacts with client and integration with on-site or nearby medical services
- Classes and community events encouraged trust-building, and shared feeling of community among staff and clients
- Projects with new design to create interaction among community members were viewed very favorably by clients

Advantages of Single Site (2 of 3)

- The use of inhouse support services to enhance recovery
- Activities to bring them together more, movies, bingo
- Shared community room with a TV and tables and couches

Advantages of Single Site (3 of 3)

- Offered more client choice; even those using tenant-based vouchers, could join clustered units
- The opportunity to serve clients who had previously failed in independent housing arrangements or would be difficult to place directly into mainstream housing units

Disadvantages of Single Sites

- Client complaints of unkind or unfair program on-site staff
- Having to accommodate behavior of other clients
- Felt more segregated

Advantages of Mixed Housing (1 of 2)

- Flexibility with a range of housing configurations to address the varied and changing needs of clients
- Client choice--alternative options to not have to fit each client at all times into a one-size-fits-all arrangement
- Increases strategies available for finding and retaining housing for individuals

Advantages of Mixed Housing (2 of 2)

- Fexibility to support client moves among types of housing
- Ability to capitalize on incentives for client behavior change, using the natural consequences of possible eviction or desire for greater independence

Future of single site and scattered site housing for unaccompanied women

- Philanthropy tends to focus on women with children or young women ready to work
- Community integration principles do not favor single site or single-sex
- Security may be difficult to ensure in scattered site housing; feelings of community integration may difficult to achieve in single site

Discussion

- Discuss case examples from OAH of women who have been difficult to house in scattered site and single site
- Discuss difference between outcomes
- Role of Consumer choice—ideally that happens at first opportunity for housing

Bibliography

- **Special Issue on 1 in 4 Second National Convening on Unaccompanied Homeless Women**

http://archive.constantcontact.com/fs129/1102575355806/archive/1113914103794.html

The American Abolitionist Round Table

- **PSH: Addressing Homelessness and Health Disparities**

Henwood, Benjamin. Et al

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3908899

Bibliography, cont.

Kresky-Wolff, Larson, O'Brien, and McGraw, Supportive Housing Approaches in the Collaborative Initiative to Help End Chronic Homelessness, Journal of Behavioral Health Services & Research, 2010

Sarah Walters, No Place like Home, Transatlantic Approaches for Helping Homeless Women, Winston Churchill Memorial Trust, 2017