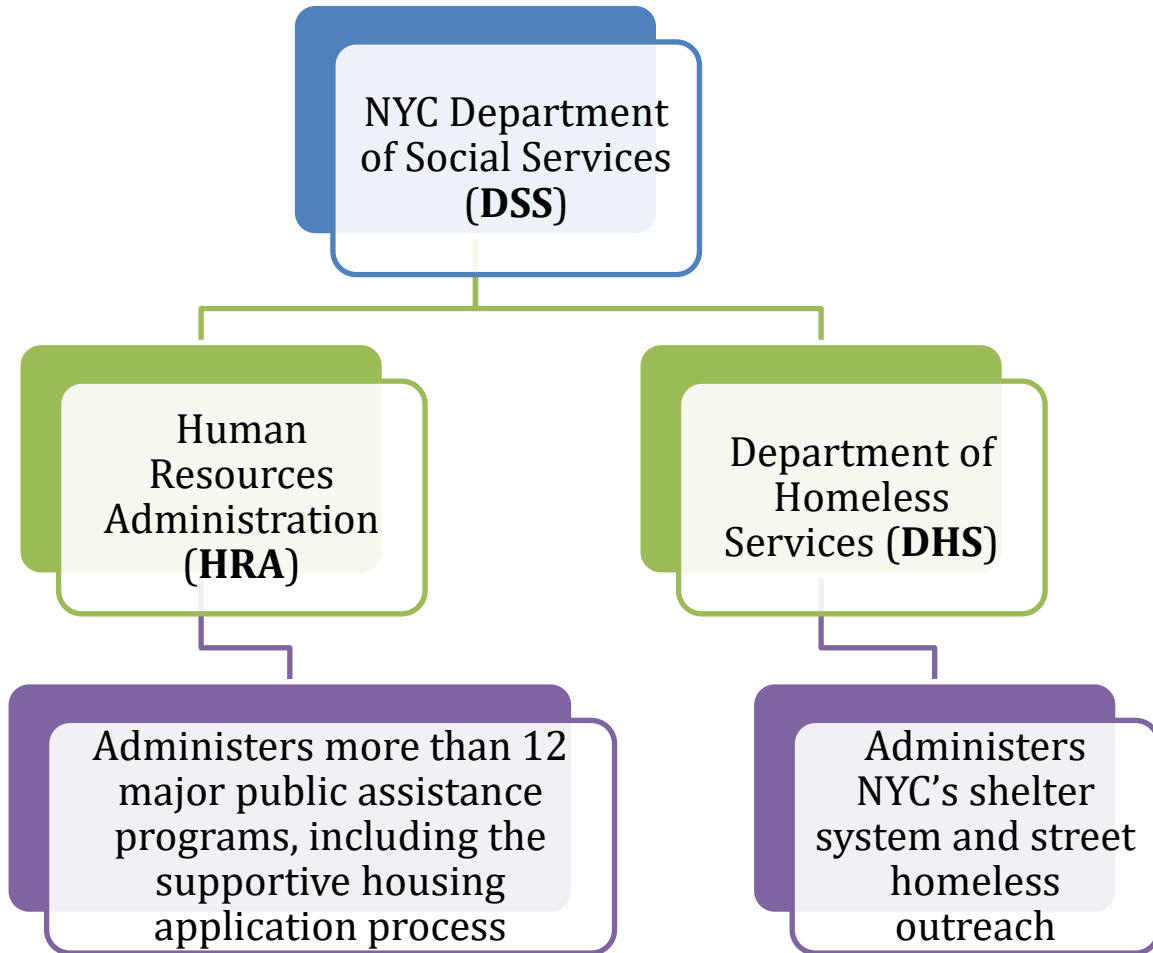


Overcoming Supportive Housing Placement Challenges

Society for Social Work Research Annual Conference
January 2025

Edith Kealey, PhD
Angela Ghesquiere, PhD
NYC Department of Social Services
Office of Evaluation and Research

Introduction



- DSS-HRA-DHS provides critical support to over 3 million New Yorkers annually.
- The Office of Evaluation and Research (OER), located in the DSS Office of Research and Policy Innovation, is responsible for policy analysis, research, and program evaluation across DSS-HRA-DHS.
- OER uses a broad range of quantitative and qualitative methods to address:
 - Questions posed by executive and program area leadership.
 - Pilot programs and other priority initiatives.
 - Mandated deliverables (e.g., grant agreements, City Council legislation).

Program Background

- Permanent supportive housing (PSH) integrates affordable housing with supports for vulnerable families and individuals who are homeless or at risk for homelessness.
- Over two decades of research finds that PSH promotes housing stability, improves health outcomes, and reduces time in institutional settings. *(Select references on last slide.)*
- New York City has committed substantial resources to implementing and expanding PSH and is working to streamline the PSH entry process. However, not everyone who is eligible for PSH utilizes it.
- Key stakeholders in this effort from the NYC Department of Social Services (DSS) include the Department of Homeless Services (DHS) and the Human Resources Administration's Office of Supportive and Affordable Housing Services (OSAHS).



Study Aims

To inform future efforts to increase PSH uptake, the DSS Office of Evaluation and Research (OER) conducted a multi-phase, mixed methods study focused on disconnects that occur *after clients are referred to an available PSH unit*:

- The client misses the initial meeting with the housing provider (“no-shows”).
- The client rejects the unit (“declines”).
- The housing provider rejects the client after initial acceptance (“delinks”).

How many clients disconnect from the supportive housing process at key transition points?

Do trends vary by client or case characteristics?

What are the key reasons for disconnects according to staff and clients?

What recommendations do staff and clients have for decreasing disconnects?

Methods

- Data sources
 - Administrative data from the Coordinated Assessment and Placement System (CAPS; NYC's coordinated entry system for people experiencing or at risk of homelessness), detailed placement tracking spreadsheets maintained by OSAHS, and the DHS case management system (CARES).
 - Semi-structured group and individual interviews at 10 locations (6 single adult shelters, two families with children shelters, and 3 low-barrier sites), selected in consultation with DHS and OSAHS based on volume of PSH referrals/placements.
- Sample
 - *For no shows*: all clients approved for PSH in CY2021 (n=8,115), tracking outcomes through 3/31/2023.
 - *For declines/delinks*: all clients referred to PSH between 7/1/2022 – 6/30/2023 (n=1,959).
 - Interviews conducted with leadership and staff (n=56) and shelter/low-barrier site residents (n=7).
- Analytic Approach
 - Quantitative data analyzed at the client level using descriptive statistics and bivariate analyses.
 - Interview notes transcribed and analyzed using structured coding frames.

DETAILED FINDINGS

No-shows are common, but a small group accounts for a disproportionate share. Older adults and women are more likely to have repeated no-shows.

8,115 clients with supportive housing approvals in CY2021

- 53% (n=4,280) referred for PSH.
- Among those referred...

...43% (n=1,876) had at least one no-show.

- Number of no-shows ranged from 1 to 21, averaging 2.1.
- 54% (n=1,003) had exactly 1 no-show.
- 7% (n=136) had 5+ no-shows, representing 25% of all no-show *appointments*.

...58% (n=2,486) moved into a PSH unit. This included:

- 72% (n=1,722) of clients without a no-show.
- 45% (n=446) of clients with 1 no-show.
- 28% (n=38) of clients with 5+ no-shows.

- The share of women with 5+ no-shows was 4%, compared to 2% among men (a statistically significant difference, although numbers are small).
- Clients with 5+ no-shows averaged 51.9 years of age, almost 7 years older than those with 0 no-shows.

Declines / delinks are also common, with clients particularly likely to decline older units.

1,642 clients accepted to supportive housing placement in FY2023.

- 82% moved into unit.
- 12% declined unit.
- 6% delinked by provider.

Among those connected to a unit...

- Women and those who lived in an institutional setting prior to shelter were more likely to both decline and to be delinked.
- Families with children, those with longer shelter stays, and clients who lived in private housing prior to shelter were more likely to decline a unit.

Unit type was one of the strongest predictors of client declines.

- Among clients connected to a new unit, 90% moved in, compared to 69% of those assigned to older (re-rental) units.

- The most common reason for *declines* was that the client found or preferred a different type of housing (30%).
- The most common reasons for *delinkages* was that the client was or became ineligible for supportive housing (33%), followed by documentation issues (24%)

Staff reported client disconnects are rarely a surprise, and often due to concerns about the unit or supportive housing, or ambivalence about permanent housing.

The client wants to know if it is shared* or a studio ... Men will take anything. Women will ask how big the space.

I think of a client that only wants very specific areas in Manhattan.

They think someone is coming to their door every 5 minutes [and] don't want to pay rent for a living experience that is similar to the shelter.

Some don't want supportive housing: people in their business, staff in the building they live at...they know that supportive housing is for the mentally ill.

Newer clients are willing to take anything to get out of her so they can leave faster. Those that have been around longer get accommodated to the place...they get comfortable.

A lot of our clients have been in group homes, foster care, jail. And if you're asking them to be responsible at 50 years old, they don't want to go.

Clients echoed the importance of unit type and location, and expressed concerns about shared space.

I look at the community first, I don't want to put myself in a high-risk situation. If it's an environment I don't feel comfortable in, I don't want to be there.

My whole life is in Brooklyn, my family, my daughter's school, my job... As soon as I heard that that the unit was in the Bronx, I declined.

I want a living room, bedroom, and kitchen. I don't want a box. I almost moved [but] there was no oven. That's for teenagers.

My boyfriend deals with supportive housing, he's in a shared apartment with 2 other guys. One is at work every day, the other is a junkie. This guy owed someone \$20, they were banging on the door saying they were gonna shoot up the place.

At this moment right now, I cannot really say I can jump into something. I'll ask if I can install locks, I get double talk. I don't want someone taking what little I have.

Staff emphasized the importance of communication and consistency in recommendations for improving the supportive housing process.

- Use a whole team approach: Case managers, housing specialists, and operations staff can all support clients.
- Provide as much information as possible about supportive housing services and units to set expectations and engage clients.
 - Emphasize the difference between supportive housing and shelter.
- Standardize viewing procedures and house rules so that shelter staff can prepare clients.

Have monthly housing conferences [at the shelter] run by the housing specialist and case manager.

Have a pre-meeting with whoever they have the best rapport with...emphasize that it's permanent, services are optional, it's not a handholding thing.

We let [the clients] know [providers] want to see if you will answer questions, tell the truth, work with them. We tell them they ask everyone the same questions.

Recommendations (cont'd)

- Support flexibility during the process: Offer remote and in-person viewing options, allow staff to accompany clients to viewings.
- Promote clear and consistent communication among HRA, housing providers, and shelter staff.

Allow [staff] to sit in on interviews. The more support the candidate has, the more successful they will be.

Someone should be able to see the unit first [via Zoom].

Getting the case managers and housing providers working together, like to reschedule.

Communication is key in preparing someone for the interview.

Limitations

- Generalizability of findings:
 - Interviewed staff and residents at DHS-contracted providers that connect to PSH; experiences may differ at other settings (e.g., hospitals).
 - Challenging to identify individuals at a given site who had experienced PSH disconnects, leading to small number of interviews: Experiences of others may differ.
 - Right to Shelter in NYC means that most of those eligible for PSH are not experiencing street homelessness: Findings may not apply to PSH in other jurisdictions.
- Data challenges:
 - Placement tracking data entered by a range of staff at several providers, with varying levels of detail.

Select Bibliography

Burt M, Wilkins C, and Mauch D, Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan, Office of Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, January 6, 2011. Accessed online at <https://aspe.hhs.gov/pdf-report/medicaid-and-permanent-supportive-housing-chronically-homeless-literature-synthesis-and-environmental-scan>.

Gouse I, Walters A Miller-Archie A, Singh T, Lim S. Evaluation of New York/New York III permanent supportive housing program. Evaluation and Program Planning, Volume 97, 2023,102245. doi.org/10.1016/j.evalprogplan.2023.102245.

Raven MC, Niedzwiecki MJ, Kushel M. A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. Health Serv Res. 2020; 55: 797–806. doi.org/10.1111/1475-6773.13553.