



MAKING THE CONNECTION

Improving health outcomes by providing housing and support
to individuals experiencing homelessness,
mental illness and substance use

MAKING THE CONNECTION

Housing Matters to Health

In Pennsylvania's urban, suburban, and rural communities, a group of individuals bounce from the streets and the woods to emergency shelters and to hospital emergency rooms. They are living with mental illness, opiate and other substance use disorders, and chronic health conditions — never receiving the support they need to end this vicious cycle.

Permanent supportive housing is an evidence-based model that ends the cycle of homelessness for these vulnerable individuals and prevents continued unnecessary hospitalization and institutionalization.

Pennsylvania needs more affordable housing plus wrap-around services to keep people stably housed. This model is called permanent supportive housing. Many states have put in place mechanisms to use Medicaid to pay for the services component of the permanent supportive housing model. Proper leverage of Medicaid reimbursement for these services could increase opportunities for people who are experiencing homelessness and are also struggling with complex health needs.

Over the course of one year in Pennsylvania, over **20,000 adults were experiencing homelessness and also struggling with a mental illness, substance use disorder, or other chronic health condition**. Over 11,000 adults were struggling with two or more chronic health conditions, adding to the complexity of their needs and required care.¹ These 11,000 people could benefit from permanent supportive housing to end their homelessness, stabilize their health, and reduce and prevent frequent and avoidable use of high cost health care services.

11,000

Minimum number of people in Pennsylvania with two or more chronic health conditions who could benefit from permanent supportive housing to end their homelessness, stabilize their health, and reduce frequent and preventable use of high cost services.

¹ Visit <https://housingalliancepa.org/makingtheconnection/> and the document called "Making the Connection: Appendix B – Methodology" for a description of our methodology to collecting this data. These numbers represent conservative estimates.

What is Permanent Supportive Housing?

According to the US Substance Abuse and Mental Health Services Administration (SAMHSA), as its name implies, permanent supportive housing is:

- 1 Permanent – Housing is **not time-limited**. Tenants may live in their homes as long as they wish and as long as they continue to meet the basic obligations of tenancy, such as paying rent. They may also move on to another independent living arrangement.
- 2 Supportive – Tenants have access to the **support services** that they need and want to retain housing; and
- 3 Housing – Tenants have a **private and secure place** to make their home, just like other members of the community, with the same rights and responsibilities.

In addition, other key components of permanent supportive housing include the following. The housing itself is ideally integrated to provide tenants the opportunity to **interact with neighbors who do not have disabilities**. Participation in services is voluntary, providing tenants with **choice in the support services** they receive. Services may change as tenant's needs for less or more intensive services changes over time. Housing is affordable, with tenants paying **no more than 30 percent of their income** toward rent and utilities.²

The purpose of permanent supportive housing is to provide the tenant with the same rules and rights afforded to others and to provide an opportunity for the person to live a full and integrated life in the community.

Studies have shown that providing housing with supports is cost effective when other societal costs of homelessness and mental illnesses—such as emergency room visits, hospitalizations, and incarceration—are taken into account (Culhane et al., 2002; Rosenheck et al., 2003).

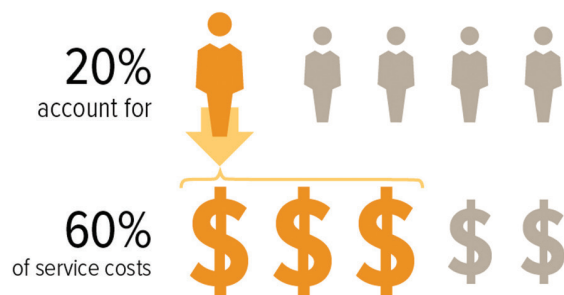
“By providing comprehensive, individualized services there is much better quality in care—and better outcomes.”

– Matt Tice, Clinical Director, Pathways to Housing PA

2 "Permanent Supportive Housing Evidence-Based Practices (EBP KIT)." SAMSA.gov. July 2010. <https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>

Small Group Accounted for Largest Share of Health Care, Corrections, & Other Costs

Costs of health care, corrections, and homeless services used by people with disabilities who were homeless for a long time



Source: Stephen Poulin *et al.*, "Service Use and Costs for Persons Experiencing Chronic Homelessness in Philadelphia: A Population-Based Study," *Psychiatric Services*, November 2010, Vol. 61, No. 11, pp. 1093-1098.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Just **five percent** of Medicaid beneficiaries account for **54 percent** of total Medicaid expenditures and **one percent** of Medicaid beneficiaries account for **25 percent** of total Medicaid beneficiaries. An extremely heterogeneous group with varying medical, behavioral, and psycho-social needs, they are likely to experience high levels of costly but preventable service utilization and care patterns and costs are potentially impactable.³

The recommendation

Pennsylvania should **create a Supportive Housing Services Benefit** for individuals who experience homelessness or severe housing instability and who have any mental health condition, substance use disorder and / or chronic health condition.

The Supportive Housing Services Benefit would make it possible for those entities that bill Medicaid to receive reimbursement for providing housing focused services, also called "pre-tenancy and tenancy support services."⁴

A Supportive Housing Services Benefit would ensure:

- 1 Clear program eligibility — Currently it is difficult to understand eligibility requirements for multiple types of programs
- 2 The availability of a comprehensive set of services that are flexible to meet the individual's unique needs — Currently some services are available within some programs and some are not. In order for permanent supportive housing to be most effective for the individual being served, it is essential that a flexible array of services be available to meet each individual's needs.

3 "Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs." Medicaid.gov. 2019. <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/beneficiaries-with-complex-needs/index.html>

4 Visit <https://housingalliancepa.org/makingtheconnection/> and our document called "Making the Connection – Appendix A – List of Pre-Tenancy and Tenancy Support Services" for a list of the "housing-focused" services that are possible for Medicaid to cover. With one limited exception as of the publication of this document, the federal government has not approved the use of Medicaid dollars for "bricks and mortar" or housing subsidy costs. There is however significant precedent for a state to seek approval for a waiver or some other type of mechanism to fund the "housing-focused" services.

STORIES FROM CONSUMERS AND CASE AND SUPPORT WORKERS

The Housing Alliance of Pennsylvania traveled around the state to talk to people about their experiences with supportive services and what that has meant for their lives. These stories help to make the case for why supportive housing works.

After talking with agencies that serve hundreds of people living with mental illness, substance use disorder and/or chronic health conditions, the Housing Alliance identified leaders who told their stories. These stories help us understand the effectiveness of permanent supportive housing, the critical nature of the services provided, and that more resources for supportive services and permanent supportive housing are needed.

The following are a selection of stories from around the state that show how supportive services have made a significant difference. These stories include interviews with consumers and testimonials from case and support workers.

Anja Eltgroth

Client and Peer Counselor with Hopeworx – Norristown, PA

Anja is an artist in residence and peer counselor at Hopeworx in Norristown. She comes to Hopeworx as someone who experiences serious mental illness and has been fighting to live independently. As Anja has worked to manage her illness, she believes that stable housing is the key to her success. In the past she lost her housing due to lack of income while she was hospitalized for her condition. As a result, she was forced to move in with friends in another county, which disrupted her treatment and increased her health care expenditures significantly.

Now, back in her own community, she has found stable housing but struggles to pay the rent. The

cost of rent is nearly all of her income. The services provided to her help her to manage her housing to the best of her ability, but she continues to see more assistance to be able to stay put. As she puts it, “I am battling to hang on to the stability that I need to stay in treatment.” Disruption in treatment for Anja could mean more hospitalization and loss of housing again.

Anja works to get feedback from Hopeworx clients about their experiences with in-patient and out-patient treatment by distributing and collecting surveys. She also creates art from recycled materials as part of the Hopeworx Artist Studio. Her pieces have won awards in county wide art shows.



“ If you are a person who is a borderline case who may need a little help for a little while, that is way less expensive than waiting until you are so broken that you need a lot of help forever.”

— Anja Eltgroth

Allen Gilbert

Client with Bell Socialization – York, Pennsylvania

Allen suffered from severe mental illness and disability throughout his life. He was living in shelter in 2006 when he met a case worker from Bell Socialization who recommended him for a supportive housing setting.

After joining Bell Socialization, he has been permanently housed since 2006. As part of the community social setting of Bell Socialization, he met someone who now lives with him as a

partner. They both receive visits from case workers regularly who help them with daily tasks like managing a household budget, shopping, and going to doctor appointments.

Allen is actively engaged as a volunteer with the organization and also participates in arts programs where he works on his pencil drawings. His works were recently featured in an art show at Bell Socialization.

Crystal

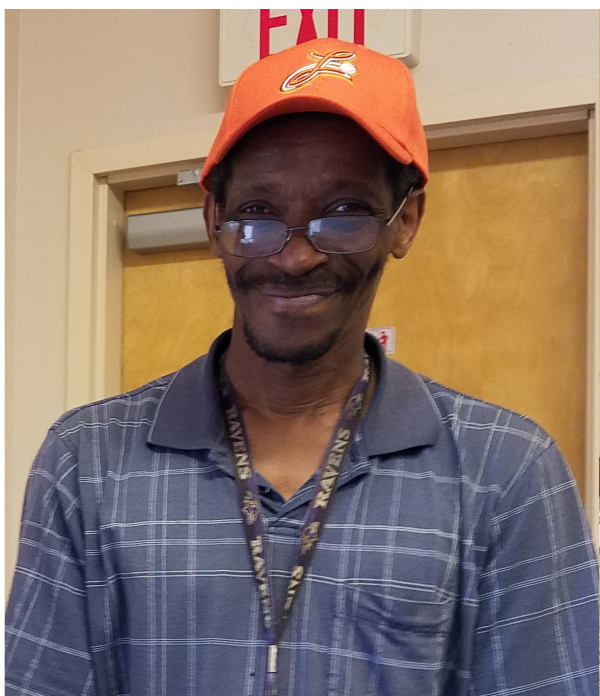
Client with Bell Socialization - York, PA

After her husband died, Crystal had difficulty maintaining her mental or physical health. She was not able to maintain her home and pay for the taxes, so she lost her home to a sheriff's sale. She rented a basement apartment from a friend for a while, but after the friend could no longer help her, she ended up at a women's shelter.

At the shelter she was connected to Bell Socialization who recommended her for supportive housing. She wanted to live somewhere close to her doctors, as she had previously been walking

several miles to see her doctors. Bell Socialization found her an apartment that when she went for the first walk through she said, "It touched my heart."

She has been living there ever since and receives support from case workers for her medical appointments and other needs. She now volunteers with Bell Socialization doing outreach to others who are in similar situations. Crystal said that Bell gave her the stability and security to "open her wings."



Left: Allen Gilbert; Crystal

Jackie

Client with Southwestern PA Human Services Care Center - Uniontown, PA

Jackie has been involved in services for 10 years. She was connected to housing supportive services by her therapist. Ed takes Jackie to the store and helps with her meal planning and prepare for emergencies and generally plan ahead. Jackie has her own apartment. It small but nice and clean. When Ed and Jackie first started working together Jackie needed some help with budgeting but now she is able to manage her bills all on her own. Since getting her own housing, “it has helped me all the way around. It is very much a blessing.” She is now better able to stay on her medication, she attends a local church and she is now working to get off of SSI and back to work through a local organization. She being trained on how to run a cash register and answer the phone. “Ed’s program helps more than any other program because I have to get my medicine every two weeks and he comes and takes me to the store.”

In the past, Jackie struggled to take her medication consistently and that affected her mental health and her ability to live independently. She is now diligent about keeping her medical appointments. Jackie gives credit to these programs as why she is doing so well. Jackie said, “I would be a lot worse off. I wouldn’t be able to pay my bills, get my medication, I would be back in the hospital.” Before getting, involved with Ed, Jackie was in and out of a mental hospital.

She was getting confusing information from the hospital and doctors but once she got into a safe place to stay with supports she has been stable and has not been in the hospital since 2008. “I used to be very depressed, but I ain’t so depressed now. I more comfortable with myself and everything that is going down.”

BG

Client living at Fayette Apartments (PSH) – Uniontown, PA

BG is 52 and has been living at the Fayette Apartments for 4 years. Before experiencing homelessness, BG was living with his younger brother but then his brother passed away. BG just could not maintain the family home so the bank took it. Sometimes BG could stay with friends and could wash clothes sometimes but mostly he was

outside living in a canvass tent with his dog Sadie in the mountains.

Prior to losing his home BG’s health was bad. His right foot is permanently discolored from a brown recluse spider bite and has no feeling due to neuropathy as well as other health issues. Another



“I would be a lot worse off. I wouldn’t be able to pay my bills, get my medication, I would be back in the hospital.”

- Jackie

resident who knew he was homeless told BG about the Fayette Apartments. He had to get letters from people to prove he was homeless because he never stayed in the shelter—they do not allow dogs. BG shared he would still be homeless if he could not have Sadie with him. Luckily, his home now lets him keep Sadie and the staff all love her. Sadie is a 17 year-old rat terrier.

“It was blessing to get in here. I still say I am blessed every day to wake up with a roof over my head.”

BG is working on getting his disability and says he has been getting healthier since moving in. His teeth were bad and he got them all pulled; he is

on a good diet, meets with a nutritionist regularly, and has lost 26 pounds; and he gets rides to all his doctor appointments. “There is always someone to help me out.”

BG shared when he first moved in he did not unpack for six months until he knew for sure that nothing was going to change. For the first few months that BG lived at the Fayette Apartments, he would not even sleep in the bed. He would sleep in the recliner in the living room because he felt like this was too good to be true. “I love my apartment. I wouldn’t trade it for the world.” BG still keeps his old canvass tent in a box as a reminder of how lucky he is.

Jade

Client with Horizon House, Philadelphia, PA

Jade has been in a supportive housing apartment with Horizon House for 19 years. She began struggling with mental illness as a college student at Penn State. She came home from college and was not able to stay with family as a result. After entering a women’s shelter, an aunt helped her to get connected to Horizon House and to receive the services she needed for her mental illness. Jade

said, “I was lucky that I didn’t have to spend much time being homeless.”

She is now very connected to the community at her building and through Horizon House. She is taking online college courses now and hopes to become an author. She also hopes to become a professional advocate for others who suffer from mental illness.



“It was blessing to get in here. I still say I am blessed every day to wake up with a roof over my head.”

—BG

Left: Jade

Neil

Client with Horizon House, Philadelphia, PA

Neil became homeless as a result of serious mental illness and substance use disorder. He experienced homelessness for years and had a very difficult life. He was once jailed for 10 days after being arrested for singing on a city bus, and sometimes slept on the streets for missing curfew at shelters where he was staying.

He got connected to Horizon House's supportive housing program through a shelter where he was staying and things began to turn around. A doctor at Horizon House discovered that he was a victim of identity theft, which helped him to get his ID's in order and to get signed up for medical care.

He says that being in his own apartment gave him the time and space to "evaluate" his life and make

better choices. He likes being able to "close the door and turn the outside world off." He is now actively involved in political advocacy which he

finds empowering. He works as a volunteer with Project Home and One PA.

Neil said, "The tragedy of homelessness is that we feel people have given up on us, and then pride gets in the way of getting help." He is glad that there are organizations like Horizon House that break down those barriers and get people the help they need. Neil added, "This is a blessed country where no one should be homeless."

He is currently waiting to hear back about a full time job working in construction.

Linda

Client with Pathways - Philadelphia, PA

In her twenties, after experiencing extreme trauma from the loss of her 7-year-old daughter, Linda succumbed to addiction. She said that many times in the decades to follow, she hoped that she would die of an overdose, but could not bring herself to end her life intentionally. She felt that she had no one in the world.

Linda eventually found herself in a homeless shelter at 4th and Arch Streets in Philadelphia where she had an intake meeting with a staff person from Pathways. Within a month she was placed in her own apartment in a supportive housing setting. She

received wrap around services to help her recover from her addiction and deal with several serious health issues.

Since then, she has struggled with her health, but has refrained from using drugs. Her case workers help her with shopping, going to NA meetings, and working with her health care providers. Pathways case workers took her to and from surgery and cared for her during a brief hospitalization. She was very grateful to have a home to return to where she could heal. "I don't know what I would do without them," Linda said.



"The tragedy of homelessness is that we feel people have given up on us, and then pride gets in the way of getting help."

- Neil (left)

Right: Linda



Stephen

Client with Pathways - Philadelphia, PA

Stephen experienced homeless for six years while he struggled to maintain his health care regimen to control HIV. He bounced from shelter to shelter until he was connected to Pathways who placed him in a supportive housing program. He loves his neighborhood and is connected to a community as

a part of the supportive housing case workers who help him. He receives dietary counseling to help him maintain a heart condition that caused him to have three heart attacks. He now feels healthy and is very engaged with outreach to the community to others who live with HIV.

Jolene

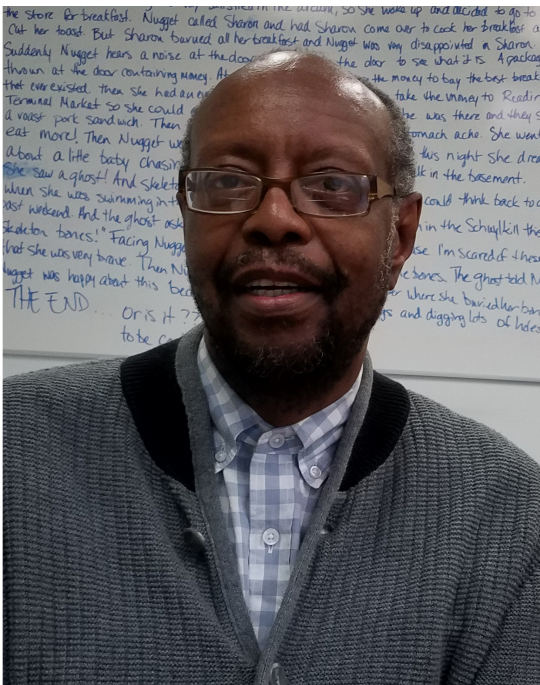
Client with Pathways - Philadelphia, PA

Jolene is a mother of five and was previously a homeowner. Though she was pregnant as a teenager, she prided herself in always being self-sufficient and being a mom. Unfortunately, she lost several family members close together and her support system fell apart. The trauma of the death of close family members led her to turn to drugs to deal with depression. Her marriage ended and she found herself living on the streets of North Philadelphia where she was entirely consumed by addiction.

She met a Pathways outreach worker at Prevention Point, but was not ready at the time to seek treatment. Unfortunately, a few months later, she was hit by a car as a pedestrian and was severely

injured in the accident including serious head trauma. The Pathways case worker was the only person who came to visit her in the hospital. As a result of conversations with that case worker, she decided to seek treatment for her addiction.

She was placed in a supportive housing setting after leaving the hospital and is now nearly fully recovered. She regained contact with her oldest daughter who also has a substance use disorder, and she tries to encourage her to get help. She is feeling healthy and began taking college courses online through the Philadelphia Public Library. She hopes to complete her college education with a degree in Psychology and work with others who have dealt with similar trauma as herself.



Left: Stephen; Jolene.

Michelle

Client with Southwestern PA Human Services Care Center - Greensburg, PA

Not long ago Michelle had a very average life. As women in her mid 40's she worked, had her own apartment, and owned her own car. Then Michelle suffered from the onset of a mental health disorder and needed to be hospitalized for an extended period. During her hospitalization, Michelle lost her job, her car, and her home. When Michelle was ready to come back into the community she was placed in a group home but she did not do well in that housing. She was then connected to SPHS. Michelle explained, "I felt hopeless in my situation going from completely independent and employed to having none of that. I was directionless but I wanted to be independent again."

Since being involved in services, Michelle has been able to move back to independence. She is back working again part-time and is in school full-time to become a social worker. Michelle knows that she would not have been able to go back to school if it were not for the housing assistance "it would be financially out of reach."

Her case worker, Kaitlin, still visits once a month and they talk about issues with the apartment and reviews with Michelle the supports she has to make sure everything is on track. Kaitlin helped Michelle get the proper documentation for an

emotional support animal and then they went to the shelter together to get her cat.

When asked what Michelle wanted others to know why these services are important she shared, "the stability of knowing I have on home and have support and help and can have my own routine—all of that would not be possible without stable housing."

"Stable housing is so crucial to having everything else fall into place. Starting from having nothing is really daunting so having this option has made all the difference in my life."

For Kaitlin the most important thing about Michelle's story is that she was normal and then suddenly hospitalized in her 40's. This can happen to anyone. Kaitlin also shared "it is awesome to be a part of her success. She has a job, school, and her own home."

Amanda

Staff Person and former client with Neighborhood Living Program, WPIC - Pittsburgh, PA

Amanda is a RRH case manager who herself is an addict in recovery. Amanda was in high school is when she started drinking. She shared that she often felt lots of fear and anxiety but when she drank it was like a switch and all that went away. Amanda says she had goals and dreams, went to college, got good grades, made dean's list but she also started to drink more and more.

She eventually dropped out of college when she only had 6 credits left because she was overwhelmed by anxiety. Her solution to anxiety was too drink and get high. It started on the weekends and crept into the week. Her habit

escalated to cocaine and by her late 20's she was using heroine.

She had a few jobs in the mental health field but as time progressed it became more challenging. Amanda was using, had a strained relationship with her family, was seeking to go to rehab when she discovered she was pregnant.

She struggled with addiction the first few years of her son's life because she felt that Methadone made her a "zombie." Eventually she was connected to Neighborhood Living Program because she needed to live some place than other

with her mother and she needed to get off the methadone so she could be fully present in her life. “I wanted more for my life and my son.” Amanda went to rehab one more time after that and that was the last time. She has been sober since.

“[This program] was the world to me... first of all because I may have been able to be housed with my mom but would I have stayed sober? Absolutely not. I love my mom. She did ever thing she could, but she is a product of addiction too. My dad was an alcoholic and she was a sick person too just like me, just a different type...Had I not had the option to be on my own, I would have been on the streets and I would have never

gotten sober and my son would never had a chance at a decent life.”

Amanda started working again, went back to school, and in 2015 got her degree. When she graduated, her service coordinator had a party for her and at her party she started talking to one of the program directors. They talked about how beneficial it was to have someone with lived experience to be a service coordinator because you can’t understand unless you really lived it.

Amanda has been sober for 6 years and a service coordinator helping people struggling with homelessness and addiction for 2 years.

Virginia

Client with Cumberland County Housing Authority - Carlisle, PA

Virginia is 53 and she enrolled in housing program with her son in 2016. Virginia’s suffers from physical disabilities and her case workers feel there is some mental illness. She has been fighting to get her SSDI approved, for 9 years now.

After living in a car with her adult son in 2015, she connected to Patrice Pickering at Homeless Assistance Program. She eventually came in and signed up for support.

“It’s scary living in your car... our van became illegal to be on the street” they got called on by state police for being broken down in parking lot, they had to sell their home (car) for \$120.

Her son has multiple mental illness diagnosis as well including ADHD, OCD, ODD, and learning disabilities. She describes him as “26 going on 15.” She shared that “just being home was enough that he could control his personalities” so it has been life-saving to them both.

She lives in a complex now, low income housing; she shared her feelings that unaffordable housing is an epidemic. Virginia said “the biggest crisis she can imagine is losing her housing.”

She shared that “having housing calms your nerves... you didn’t even want to eat otherwise.”

Nancy

Client with Cumberland County Housing Authority - Carlisle, PA

Nancy is 55 and has been enrolled in supportive housing program since 2015. She has a diagnosis of Serious Mental Illness and has suffered from addiction. She came to Carlisle about 6 years ago, and was living in her car. She began receiving counseling at Merakey and they helped connect her to Housing Assistance.

She said, “once you get your feet stable in housing, you can really take off. Coming here is a lifeline.”

She had 6 kids she who were raised by their father

after she left home due to her addiction. She was experienced trauma in the homeless system included being raped years ago when in a shelter.

She said she used to look at people on the corner and wonder why don’t they work... she understands how complicated it all is. You don’t know their journey or their struggle.

As she discussed before, Nancy is now still a volunteer and “can give back to her community because of this stability.”

Matt Tice

Clinical Director, Pathways to Housing PA

Matt Tice is the Clinical Director for Pathways to Housing PA. Pathways to Housing PA was founded to positively transform the lives of people experiencing mental health challenges and chronic homelessness by supporting self-directed recovery and community inclusion. As an alternative to a system of emergency shelter and transitional housing progressions, our model is simple: provide housing first, and then combine that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment.

Matt works manages the teams who work directly with clients in Philadelphia. The clients they work with suffer from severe substance use disorder and many of them also have serious mental illness. In the experience of these teams, they find that a comprehensive suite of services that can be tailored to the individual is the only way get good outcomes for their clients. They really need to flexibility to work with each person as an individual to keep them in stable housing, and subsequently help them to get treatment,

employment, and community engagement.

Matt told the story of Justine, a transgender woman from the Kensington neighborhood of Philadelphia. When she came to Pathways, she was a severe drug user who failed at treatment multiple times and was resistant to the idea of going back. However, after finding a way to keep her in stable housing, the team was able to work with her to engage in treatment that worked for her.

The team worked with her to help manage the issues she faced as transgender woman such as harassment while she was participating in treatment and finding appropriate medical care. Now she is active in a 12 Step program and is having success with medically assisted treatment. She has become an activist in the LGBTQ community and does outreach to others to encourage them to enter treatment.

Matt pointed out that, “By providing comprehensive, individualized services there is much better quality in care—and better outcomes.”



Michelle Doyle,
Recovery Specialist,
Gateway Rehabilitation,
(Left) and Gale
Schwartz, Associate
Director, Policy &
Strategic Initiatives,
Housing Alliance of PA
(right)

ACKNOWLEDGEMENTS

The Housing Alliance of Pennsylvania wishes to thank the individuals profiled in this report who told us their stories, Anja, Allen, Crystal, Jackie, BG, Jade, Neil, Linda, Stephen, Jolen, Michelle, Amanda, Virginia, Nancy, and Matt. We would also like to thank the agencies that supported their clients in telling their stories: Bell Socialization, Cumberland County Housing Authority, Fayette Apartments (PSH), Horizon House, Hopeworx, Neighborhood Living Program – WPIC, Pathways to Housing PA, Southwestern PA Human Services Care Center.

We thank the Pennsylvania Health Access Network (PHAN) for their partnership in creating this report.

And we thank the following individuals who provided us with data on homelessness and health conditions:

Greg Barchuk, Montgomery County Department of Health & Human Services

George Beegle, Beaver County

Kelly Blechertas, York County Planning Commission

Stefanie D. Bodman, Bucks County Housing Services Department

Krissy Dimitrovski, Erie County Department of Human Services

Barbara Gomb, Commission on Economic Opportunity, People Helping People

Hilary Haake, Chester County Department of Community Development

Andy Halfhill, Allegheny County Department of Human Services

Jason Harnish, Lancaster County Homelessness Coalition

Lisa Karle, Erie County Department of Human Services

Justin Marino, United Neighborhood Centers of Northeastern Pennsylvania

George Payne, The Redevelopment Authority of the City of Harrisburg/Capital Area Coalition on Homelessness

David A. Weathington, Philadelphia Office of Homeless Services



Housing Alliance
of Pennsylvania

About Housing Alliance of Pennsylvania

We are a statewide coalition working to provide leadership and a common voice for policies, practices and resources to ensure that all Pennsylvanians, especially those with low incomes, have access to safe, decent and affordable homes. We promote common-sense solutions to balance Pennsylvania's housing market and increase the supply of safe, decent homes for low-income people.