

Supportive Housing Gray Matters Behavioral Health Caucus

November 9, 2009
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What is it?
Why do we need it?
How do we get more?

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What is it?

- Permanent Affordable Housing for the very poor— 30% of Area Median Income (AMI)
- Connected to the services and treatment that the residents need
- Connected by referral to the Deep End - Jails, Courts, Hospitals, Shelters, Outreach.
- A step out of emergency systems to stability

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Supportive Housing

Why do we need it?

- Without a safe place to go to, no amount of treatment will work
- It improves the quality of people's lives
- It improves the quality of community life
- Voters will like saving money
- Your preacher will like it

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Supportive Housing

Why do we need it?

- It costs less than the current emergency based delivery systems
 - Jails \$55 to \$70 per day
 - Courts \$1200 per arrest
 - Mental Health Hospital \$362/day
 - Medical Hospital Admission \$2,414
 - Emergency Room Visit \$800/visit
 - Higher rate of hospital readmissions

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Cost savings to the Public

- DCA estimates a need for 18,000 units for persons in emergency or long term care institutions
- DCA says we would be saving \$238 million if we had the 18,000 units—a 26% Savings
- Savings of \$13,000 per unit

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It Works, if you can get it

- The United Way Commission on Homelessness found 95% of persons stayed in the housing or went to better housing.
- It lowers readmissions to hospitals
- It reduces emergency room visits.
- It lowers arrests and jail time
- It improves the effectiveness of healthcare treatments
- **Housing is Healthcare.**

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How do you produce it?

- Supportive Housing comes from the creative combination different sources of:
 - **Capital** at no cost or very low cost
 - **Rent Subsidy** to pay for operations
 - **Services** – Case Management and Supportive Employment that connect people to community resources and independent income

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How do we make a change?

- Prioritize available affordable HUD housing capital for supportive housing
- Add state capital to fill in the gaps
- Prioritize HUD rent subsidies
- Re-organize the delivery of services
- Add services that are connected to housing

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Specific Suggestions

- Expand Medicaid rates and services that meet the service needs—A demonstration project or a carefully designed waiver could pay for all of the services needed.
- Fund Recovery Support Specialists connected to hospitals and housing
- Regional facilitators to pull the resources together
- Private funding partners.

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Specifics Continued

- Data collection and analysis to prove we are making the right investments
- A state GO Bond issue for the housing the new Department needs
- Prioritize the Georgia funds from the National Low Income Housing Trust Fund for Supportive Housing

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Summary

- Treatment works if you can get it
- Treatment is more effective when people are housed
- The current system wastes money without results—jails don't yield recovery
- **Housing is Healthcare**

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