The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals

A Summary of:
The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York/New York Initiative Conducted by Dennis P. Culhane, Stephen Metraux and Trevor Hadley Center for Mental Health Policy and Services Research, University of Pennsylvania
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by

Dennis P. Culhane, Stephen Metraux and Trevor Hadley
Center for Mental Health Policy and Services Research, University of Pennsylvania

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Summary written by Ted Houghton
for the Corporation for Supportive Housing

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The Author

Ted Houghton is a consultant to nonprofit organizations working in homelessness, employment, and related human services. Previously, he oversaw housing placement and helped to develop policy at the New York City Department of Homeless Services and at the Coalition for the Homeless. He also works in music and film.

The Corporation for Supportive Housing

Founded in 1991, the Corporation for Supportive Housing (CSH) is a national financial and technical assistance intermediary dedicated to helping nonprofit organizations develop and operate service-enriched permanent housing for homeless and at-risk families and individuals with special needs, including mental illness, HIV/AIDS and substance use issues. CSH currently carries out its programs in eight states and localities with offices in: California, Connecticut, Illinois, Michigan, Minnesota, New Jersey, New York, and Ohio. As a local intermediary, CSH convenes community-based stakeholders, brings relevant research and data to the table, works with networks of providers and government from planning through implementation and makes grants and loans. Its goals are to expand the supply of supportive housing, build new constituencies and local capacity for reform, help networks take advantage of funding opportunities, and provide assessment of the efficacy of new initiatives.
I. Introduction

A research team from the Center for Mental Health Policy and Services Research, University of Pennsylvania, has published the most comprehensive study to date on the effects of homelessness and service-enriched housing on mentally ill individuals’ use of publicly funded services. Five years in the making, the study measures for the first time the full extent of homeless mentally ill individuals’ dependence on an array of publicly funded emergency service systems. The study also ascertains the degree to which this dependence is reduced by placement into service-enriched housing. And by comparing precise measurements of the cost of the service use to that of the housing, the study has determined exactly how much the public saves by placing homeless mentally ill people into service-enriched housing, and how little this housing ultimately costs.

The study tracked 4,679 homeless people with psychiatric disabilities who were placed into service-enriched housing created by the 1990 New York/New York Agreement to House Homeless Mentally Ill Individuals, a joint initiative between New York City and New York State that created and continues to maintain 3,615 units of affordable housing supported with clinical and social services. The researchers first examined these individuals’ use of emergency shelters, psychiatric hospitals, medical services, prisons and jails in the two years before and in the two years after they were placed into the housing. They then compared their service use in these two time periods to the service use of control groups of homeless individuals with similar characteristics who had not been placed into NY/NY housing. Collaborating with eight different government agencies, the researchers were able to establish the cost of each type of service use, as well as the cost of constructing, operating and providing services in NY/NY housing. The researchers completed the study by comparing these costs and savings to determine the true cost to the public of providing service-enriched housing to homeless mentally ill individuals.

II. Key Findings

The study found that:

- A homeless mentally ill person in New York City uses an average of $40,449 of publicly funded services over the course of a year.*
- Once placed into service-enriched housing, a homeless mentally ill individual reduces his or her use of publicly funded services by an average of $12,145 per year.

* All figures are stated in 1999 dollars.
Accounting for the natural turnover that occurs as some of the residents move out of service-enriched housing, these service reduction savings translate into $16,282 per year for each unit of housing constructed.

The reduction in service use pays for 95% of the costs of building, operating and providing services in supportive housing, and 90% of the costs of all types of service-enriched housing in New York City.

Closely examining these service reductions in detail, the study also found that:

- $14,413 of the service reduction savings resulted from a 33% decrease in the use of medical and mental health services directly attributable to service-enriched housing.
- Much of these savings resulted from NY/NY residents' experiencing fewer and shorter hospitalizations in state psychiatric centers, with the average individual's hospital use declining 49% for every housing unit constructed.
- On average, shelter use decreased by over 60%, saving an additional $3,779 a year for each housing unit constructed.
- The cost of supportive housing, the most common model of NY/NY housing, was considerably less than that of other models created by the initiative, requiring an annual outlay of just $995 per unit.

III. NY/NY Housing

The study used as its initial data set the 4,679 individuals who had been placed into housing created by the New York/New York Agreement to House Homeless Mentally Ill Individuals in the period between July 1, 1989 and June 30, 1997. The NY/NY Agreement was the most visible and significant attempt to alleviate the enormous increase in demand for emergency shelter and psychiatric treatment services that had occurred in New York City over the previous ten years. The original Agreement was signed by representatives of the city and state governments in 1990, although the term of the Agreement was backdated by a year to account for housing development that had already been initiated by both sides while negotiations were still under way.

Working with over 50 nonprofit groups in all five boroughs of New York City, the state and city governments created 3,615 units of service-enriched housing for homeless mentally ill individuals over a nine-year period. The NY/NY Agreement funded the construction of 3,092 units of both permanent and transitional housing models with different levels of clinical and social
services, as well as 523 rental subsidies in existing housing. Permanent housing models included supportive single room residences, or supportive SROs, and scattered-site supportive housing apartments, all of which offered voluntary on-site or community-based case management, clinical and social services; as well as 18-month transitional housing programs licensed by the State Office of Mental Health called community residences that provide more intensive, mandated clinical and rehabilitative services. A licensed hybrid model called the CR/SRO provides single room apartments in permanent housing with a higher level of on-site mandated services than that found in the supportive SRO model, while at the same time offering more independence than what is usually found in the community residences.

In order to be eligible for NY/NY housing, residents must have a diagnosis of severe and persistent mental illness, defined as schizophrenia, major depression or bipolar disorder. Residents must also have spent a recent period of time homeless in municipal shelters or on the street.

IV. Comparison of Service Use Before and After Housing Placement

The researchers relied on data that had already been collected by the government agencies that provide the majority of specialized services to homeless mentally ill individuals, beginning with data on the 4,679 individuals placed into NY/NY housing collected by the New York City Human Resources Administration (HRA) Office of Health and Mental Health Services. These data were merged with other administrative data collected by seven other government agencies. The researchers then compared the service use records of the 4,679 individuals in the two years before they were placed into NY/NY housing, when they were homeless, to their records of service use in the two years after they had been placed into housing. This comparison recorded the effect only of the placement into NY/NY housing; the actual length of stay of each individual placement is unknown, as is whether, upon moving, the individual retained stable housing. Data from HRA shows that over 70% of the individuals placed remain in NY/NY housing after one year, and that the average length of stay is 17.9 months over two years.

Reviewing the service use records of the 4,679 individuals during the two years before and the two years after their placements into NY/NY housing, the researchers observed sharp reductions in the individuals’ use of an array of services. The study found that after the homeless mentally ill individuals were placed into NY/NY housing:

- Use of emergency shelters dropped 85%, from an average of 68.5 days per year per person, to less than 10 days per year.
- Use of state psychiatric centers decreased 60%, from an average of 28.6 days per year per person before placement into housing, to less than 12 days after the placement.
- Use of publicly funded acute hospitals, for both psychiatric and medical treatment, dropped from 8.25 days to just 1.65 days per person per year.
- Hospitalization in Veterans Administration and private voluntary hospitals also dropped after placement into housing, by 59% and 39.9%, respectively.
- Use of Medicaid-reimbursed outpatient services almost doubled as a result of housing placement, from an average of 31.1 days per person per year to 60.8 days annually.
- Use of state prisons and city jails, while involving only a small portion of those placed into NY/NY housing, both dropped precipitously, by 74% and 40%, respectively.

V. Reductions Analyzed and Adjusted with Control Groups and Regression Analysis

While these results document real reductions experienced by actual individuals, not all of the reductions in service use can be attributed solely to placement into NY/NY housing. To obtain a more accurate, more conservative estimate of the effect of the housing placements, the researchers constructed a control group of homeless shelter users with similar characteristics to those placed who for one reason or another did not move into NY/NY housing.

Each individual who was placed into NY/NY housing was matched to an individual from the control group on the basis of three factors. First, they were paired on the basis of demographic similarities, matching gender and race, as well as ensuring that ages were within five years of each other. Secondly, they were matched on the basis of having similar mental illness and substance abuse diagnoses. Finally, the matched pairs were also required to have similar patterns of service use in the two-year period in which they were both homeless.

By comparing the changes in service use that occurred among the NY/NY residents before and after housing placement to changes in service use experienced by the individuals in the control groups, the researchers were able to estimate the portion of the reductions that can be ascribed solely to NY/NY housing. Even after accounting for service reductions unrelated
to the housing, these adjusted reductions follow a similar pattern to the raw reductions enumerated above, with some changes. The researchers found that:

- Placement into NY/NY housing is alone responsible for reducing emergency shelter use by 60%, from an average of 68.5 days per person per year to 27 days per person per year.

- NY/NY housing alone reduces use of state psychiatric centers by 50%, from an average of 28.6 days per person per year to 14.5 days per person per year.

- Adjusted reductions in the use of publicly funded hospitals were considerably more modest than actual reductions, but still substantial, showing a 21% drop due to housing placement.

- Adjusted reductions of both voluntary and Veterans hospital use were 24%.

- Adjusted use of outpatient services showed a 75% increase attributable solely to housing placement.

- Adjusted use of jails remained virtually the same as the raw reductions, with a 38% reduction, while state prison use declined further when other factors were taken into account, showing that NY/NY housing reduces use of prisons by 85%.

While the service reductions experienced by those individuals who were actually placed are concrete, these adjusted measurements of service use changes represent a more accurate estimate of the reductions that could be expected if the NY/NY housing program were to be expanded further.

**VI. Cost Savings Associated with Reductions in Service Use**

After measuring precisely the extent to which use of emergency services is reduced by placement into NY/NY housing, the researchers collaborated with government agencies to establish the per diem costs of providing these services in order to determine the cost savings associated with the housing. Using these figures, the study shows that before placement into NY/NY housing, a homeless mentally ill person spent an average of four and a half months in a variety of institutional settings over the course of a year, at a cost of $40,449 annually. The study breaks down the service usage and costs in the table on the following page.
Summary of Mean Two-Year Pre-NY/NY Intervention Period Services Use Across Seven Service Providers

<table>
<thead>
<tr>
<th>Data Set</th>
<th>Mean Days Used- (2 Yrs Pre-NY/NY)</th>
<th>Per Diem Cost (1999 $)</th>
<th>Cost (2 Yrs)</th>
<th>Annualized Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Homeless Services</td>
<td>137.0</td>
<td>$ 68</td>
<td>$ 9,316</td>
<td>$ 4,658</td>
</tr>
<tr>
<td>Office of Mental Health</td>
<td>57.3</td>
<td>$ 437</td>
<td>$ 25,040</td>
<td>$ 12,520</td>
</tr>
<tr>
<td>Health &amp; Hospitals Corporation</td>
<td>16.5</td>
<td>$ 755</td>
<td>$ 12,458</td>
<td>$ 6,229</td>
</tr>
<tr>
<td>Medicaid – Inpatient</td>
<td>35.3</td>
<td>$ 657</td>
<td>$ 23,192</td>
<td>$ 11,596</td>
</tr>
<tr>
<td>Medicaid – Outpatient (visits)</td>
<td>62.2</td>
<td>$ 84</td>
<td>$ 5,225</td>
<td>$ 2,612</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>7.8</td>
<td>$ 467</td>
<td>$ 3,643</td>
<td>$ 1,821</td>
</tr>
<tr>
<td>Dept. of Correctional Services</td>
<td>9.3</td>
<td>$ 79</td>
<td>$ 735</td>
<td>$ 367</td>
</tr>
<tr>
<td>Dept. of Correction</td>
<td>10.0</td>
<td>$ 129</td>
<td>$ 1,290</td>
<td>$ 645</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>$ 80,898</td>
<td>$ 40,449</td>
</tr>
</tbody>
</table>

These figures are based on an average; many of the homeless mentally ill individuals tracked by the study spent twice as many days, or more, in any one of the service systems than is indicated by the average.

Applying the same per diem costs to the adjusted service reductions calculated in Section V, and assuming year-round occupancy of the housing, the study then determined the amount of public funds saved as a direct result of a NY/NY housing placement. The reductions are itemized in the following table:

Cost Reductions by Service System

<table>
<thead>
<tr>
<th>Service System</th>
<th>Annualized Cost Reductions Per Housing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Homeless Services</td>
<td>$ 3,779</td>
</tr>
<tr>
<td>Office of Mental Health</td>
<td>$ 8,260</td>
</tr>
<tr>
<td>Health &amp; Hospitals Corporation</td>
<td>$ 1,771</td>
</tr>
<tr>
<td>Medicaid – Inpatient</td>
<td>$ 3,787</td>
</tr>
<tr>
<td>Medicaid – Outpatient (visits)</td>
<td>$ 2,657</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>$ 595</td>
</tr>
<tr>
<td>Dept. of Correctional Services</td>
<td>$ 418</td>
</tr>
<tr>
<td>Dept. of Correction</td>
<td>$ 328</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 16,282</td>
</tr>
</tbody>
</table>
The vast majority of the service use reductions were in health services, which accounted for 72% of the cost reductions. Approximately 23% of the cost reductions resulted from a decline in shelter use; another 5% came from reduced incarcerations. The reductions resulted from not only a reduced incidence of hospitalizations and other temporary stays, but also a significant reduction in the average length of stay during these episodes.

VII. Comparing Service Reduction Savings to Housing Costs

The substantial savings associated with placement into NY/NY housing confirm that the housing significantly reduces formerly homeless mentally ill residents’ dependence on emergency services. The increased reliance on outpatient services also suggests that mentally ill individuals are better able and more inclined to use mainstream medical and mental health services on a regular basis once placed into the housing.

But NY/NY housing requires public funding to construct and operate, as do the supportive and clinical services necessary to make it effective. Working with the city and state agencies responsible for funding the development of NY/NY housing, the researchers were able to determine the total costs associated with creating, maintaining and serving the housing. They then compared these costs to the savings directly attributable to the housing, to establish the true cost to the public of the NY/NY Agreement.

The study found that, on average, the debt service, operating and social service costs of NY/NY housing equal $18,190 per unit per year. Development costs and service programs vary greatly from project to project, with some housing models costing more to build and maintain than others. Variations of the community residence model, which comprise 38% of the NY/NY housing units created, cost on average $19,662 a year per unit. The supportive housing models used for the remainder of the housing are less expensive, costing an average of $17,277 per unit per year to build and operate.

Subtracting the savings in service use reductions that the NY/NY housing makes possible from the cost of constructing, operating and providing services in the housing, the study found that:

- On average, a unit of NY/NY housing costs the public $1,908 per year.
- The average NY/NY supportive housing unit costs $995 per year.
- The 3,615 units of housing created by the NY/NY Agreement together cost $6.9 million annually.
VIII. Costs and Savings Calculated Per Placement

Calculating the savings from service use reductions and the costs of creating NY/NY housing on a per unit basis is useful to government administrators who must allocate funding for housing construction and provide contracts for services to those residences. But it is also useful to measure the costs and savings of the NY/NY Agreement as it affects each individual placed into and served by the housing. Using the same adjusted service reduction numbers and housing costs, but calculated on a per placement basis, the study found that:

- The service reductions resulting from NY/NY housing save the public $12,145 annually for each individual placed.
- NY/NY housing costs $13,570 per placement per year, meaning that, on average, it costs $1,425 to place one homeless mentally ill individual into NY/NY housing for a year.
- A homeless mentally ill person placed into supportive housing built by the NY/NY Agreement costs an average of $744 per year.

IX. Policy Implications

Although policy-makers and administrators of social service agencies have long known that homelessness seriously impacts state and local government spending for all types of emergency and acute care services, the NY/NY cost study is the first research that has documented these costs using the real service utilization records of actual homeless people, and then integrated those records across multiple service systems. The University of Pennsylvania research confirms that the price of homelessness is very high—$40,449 per homeless person per year, primarily in expenditures for psychiatric hospital care, inpatient hospital care, and emergency shelter care.

More important to public policy, the study shows for the first time how remarkably effective service-enriched housing can be for this population. In the before-and-after housing comparison conducted by the researchers, the net costs to taxpayers of the overall New York/New York housing program were found to be no more than $1,908 per unit per year, and in 62% of the units less than $1,000 per unit per year. The results of the study have clear implications for the implementation of homeless services and affordable housing programs in the future: For almost the same amount of public funds spent every year on psychiatric and medical care, emergency shelter, and other services for severely mentally ill homeless people, these individuals can be placed into service-enriched housing.
The study also provides clear evidence that the NY/NY Agreement improved the quality of life of the people who were placed into the housing by measuring the steep reductions in their use of episodic emergency services and recording their increased use of case management services and mainstream medical and psychiatric care.

The type of service-enriched housing pioneered by the participating providers of the NY/NY Agreement is now found in urban and suburban areas across the country. “Supportive housing” is changing the way government officials, service providers, neighbors and advocates for homeless people think about solutions to homelessness. The results of the University of Pennsylvania’s cost study of the NY/NY Agreement should stimulate a cross-system perspective among policy-makers and taxpayers and give encouragement to those working on behalf of homeless people with severe mental illness. As this study demonstrates, service-enriched housing is a cost-effective response to homelessness. It therefore presents a powerful argument for executives at all levels of government to coordinate with each other in targeting increased resources to continue the all-important task of providing supportive housing for homeless mentally ill individuals.

X. The Study Partnership

The New York/New York cost study is the result of a partnership between the researchers, the government agencies that provided data, and a group of five funders, including the Corporation for Supportive Housing (CSH), which also played a role in bringing the partnership together and facilitating its activities. The principal investigator for the research is Dennis P. Culhane, Ph.D. Coauthors of the study are Stephen Metraux, M.A., and Trevor Hadley, Ph.D. The research team is based at the Center for Mental Health Policy and Services Research, University of Pennsylvania, where Dr. Culhane and Dr. Hadley began formulating a study of the cost of homelessness nearly a decade ago. CSH worked with them throughout the development and implementation of the NY/NY cost study, helping to raise funding, establish data use agreements with the government partners, and make the findings available.

The participating government agencies are:

- The New York City Human Resources Administration (HRA) Office of Health and Mental Health Services, which monitors and facilitates placements into NY/NY housing;
- The New York City Department of Homeless Services (DHS), which operates the New York City emergency shelter system and maintains individual records of shelter use;
The New York State Office of Mental Health (OMH), which operates state psychiatric hospitals and maintains records of individuals’ admissions and stays in state psychiatric centers;

- The New York State Department of Health (DOH), which administers the state’s Medicaid program and maintains individually identifiable records of Medicaid-reimbursed inpatient and outpatient health care claims;

- The New York City Health and Hospitals Corporation (HHC), which operates the city’s public hospitals and maintains records of individuals’ inpatient hospital stays;

- The U.S. Department of Veterans Affairs (VA), which operates hospitals nationwide and maintains individual records of inpatient stays in the VA hospital system;

- The New York State Department of Correctional Services (DCS), which operates state prisons as well as the probation and parole systems for the state corrections system and maintains individual records of prison stays, probation and parole utilization, criminal arrests and convictions; and

- The New York City Department of Correction (DOC), which operates the city’s jail system and maintains individual records of people incarcerated.

The New York City Department of Housing Preservation and Development (HPD) was also an important partner in this study. HPD funded and oversaw development of much of the permanent housing created under the NY/NY Agreement, and provided essential information about the cost of building and operating the city’s NY/NY housing. OMH, which oversaw the state’s share of NY/NY housing development, also provided housing construction and operating cost information. The City Department of Mental Health, Mental Retardation and Alcoholism Services also provided service cost information.

Funding for the New York/New York Agreement cost study was provided by the Fannie Mae Foundation, the United Hospital Fund of New York, the Conrad N. Hilton Foundation, the Rhodebeck Charitable Trust, and the Corporation for Supportive Housing.
In advancing our mission, the Corporation for Supportive Housing publishes reports, studies and manuals aimed at helping nonprofits and government develop new and better ways to meet the health, housing and employment needs of those at the fringes of society.

Family Matters: A Guide to Developing Family Supportive Housing
Written by Ellen Hart Shegos. 2001; 346 pages.
Price: $15 or download PDF files for FREE at www.csh.org.

This manual is designed for service providers and housing developers who want to tackle the challenge of developing permanent supportive housing for chronically homeless families. The manual provides information on the development process from project conception through construction and rent-up. It also discusses alternatives to new construction such as leased housing. It contains practical tools to guide decision making about housing models, picking partners and service strategies.

A Description and History of The New York/New York Agreement to House Homeless Mentally Ill Individuals
Written by Ted Houghton. 2001; 61 pages.
Price: $5 or download PDF file for FREE at www.csh.org.

This document provides a description and history of the New York/New York Agreement to House Homeless Mentally Ill Individuals, signed in 1990 by the City and State of New York.

The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals
Written by Ted Houghton. 2001; 14 pages.
Price: $5 or download PDF file for FREE at www.csh.org.


Price: $15 or download PDF files for FREE at www.csh.org.

This manual offers some basic information about the laws that pertain to supportive housing and sets out ways to identify and think through issues so as to make better use of professional counsel. It also offers reasonable approaches to resolving common dilemmas.

Keeping the Door Open to People with Drug Problems – Volumes I, II and III
Written by Wendy Fleischer, Juliane Dressner, Nina Herzog and Alison Hong. 2001; 180 pages.
Price: $5 Each or download PDF files for FREE at www.csh.org.

This three-part guide offers employment program managers and staff encouragement, strategies and tips for serving people with drug problems. The guide is divided into three volumes to make it easy to read for busy practitioners. Volume I is written with managers in mind. It focuses on the systems needed to train, manage and support staff in a program serving people with drug problems. Volume II is targeted to employment program staff. It covers basic information about drug addiction and treatment, and offers tips for working with people, including sample dialogues and forms. Volume III is focused on employment programs operating in public housing. It discusses the related housing policies and regulations, and some of the challenges and opportunities provided by the public housing context.

The Network: Health, Housing and Integrated Services Best Practices and Lessons Learned
Written by Gerald Lenoir. 2000; 191 pages.
Price: $5 or download PDF file for FREE at www.csh.org

This report summarizes the principles, policies, procedures and practices used by housing and service providers that have proven to be effective in serving health, housing and integrated services tenants where they live.

Closer to Home: Interim Housing for Long-Term Shelter Residents: A Study of the Kelly Hotel
Written by Susan M. Barrow, Ph.D. and Gloria Soto Rodriguez. 2000; 65 pages.
Price: $5 or download PDF file for FREE at www.csh.org

Evidence that a subgroup of homeless individuals have become long-term residents of NYC shelters has spurred a search for new approaches to engaging them in services and providing appropriate housing alternatives. The Kelly Hotel Transitional Living Community, developed by the Center for Urban Community Services with first-year funding from the Corporation for Supportive Housing, is one pioneering effort to help mentally ill long-term shelter residents obtain housing.

Forming an Effective Supportive Housing Consortia: Providing Services in Supportive Housing; and Developing and Managing Supportive Housing
Written by Tony Proscio. 2000; 136 pages.

These three manuals are designed to assist local communities and service and housing organizations to better understand the local planning consortium, service delivery and funding, and supportive housing development and financing.

Landlord, Service Provider…and Employer: Hiring and Promoting Tenants at Lakefront SRO
Price: $5 or download PDF file for FREE at www.csh.org

This essay provides a close look at Lakefront SRO's program of in-house tenant employment, as a guide for other supportive housing programs that either hire their own tenants or might want to do so. The lessons of Landlord, Service Provider…and Employer are also of potential interest to affordable housing programs whose tenants could become valuable employees given sufficient encouragement, training and clear policies.

The Next Wave: Employing People with Multiple Barriers to Work: Policy Lessons from the Next Step: Jobs Initiative
Price: $5 or download PDF file for FREE at www.csh.org

The Next Step: Jobs initiative tested the premise that a range of employment services targeted to supportive housing tenants can help them access employment. It used supportive housing as the focal point for deploying a range of services to address the multiple barriers to employment that tenants face. It also capitalizes on the residual stability and sense of community that supportive housing offers.

Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing – California Edition
Price: $15 or download PDF files for FREE at www.csh.org

This manual offers some basic information about the laws that pertain to supportive housing and sets out ways to identify and think through issues so as to make better use of professional counsel. It also offers reasonable approaches to resolving common dilemmas.

Supportive Housing and Its Impact on the Public Health Crisis of Homelessness
Written by Tony Proscio. 2000; 40 pages.
Price: $5 or download PDF file for FREE at www.csh.org

This publication announces the results of research done between 1996 and 2000 on more than 200 people who have lived at the Canon Kip Community House and the Lyric Hotel in California. It also looks at pre-occupancy and post-occupancy use of emergency rooms and inpatient care.
Vocationalizing the Home Front: Promising Practices in Place-Based Employment
Written by Paul Parkhill. 2000; 79 pages.
Price: $5 or download PDF file for FREE at www.csh.org
Accessibility; inclusiveness; flexibility; coordinated, integrated approach to services; high-quality, long-term employment; and linkages to private and public sectors are hallmarks of a new place-based strategy to help people with multiple barriers to work find and keep employment. The 21 place-based employment programs featured in this report represent some of the most comprehensive and innovative approaches to employing persons who are homeless, former and current substance abusers, individuals with HIV-AIDS, those with physical and psychiatric disabilities and other challenges.

Connecticut Supportive Housing Demonstration Program – Program Evaluation Report
Commissioned by CSH. Prepared by Arthur Andersen LLP, University of Pennsylvania Health System, Department of Psychiatry, Center for Mental Health Policy and Services Research, Kay E. Sherwood, TWR Consulting.
Executive Summary Price: $5 Complete Report Price: $15
This report evaluates the Statewide Connecticut Demonstration Program which created nearly 300 units of supportive housing in nine developments across the state in terms of tenant satisfaction, community impact—both economic and aesthetic—property values and use of services once tenants were stably housed.

The Next Step: Jobs Initiative Cost-Effectiveness Analysis
Written by David A. Long with Heather Doyle and Jean M. Amendolia.
The report constitutes early findings from a cost-effectiveness evaluation by Abt Associates of the Next Step: Jobs initiative, which provided targeted services aimed at increasing supportive housing tenants’ employment opportunities.

Under One Roof: Lessons Learned from Co-locating
Overnight, Transitional and Permanent Housing at Deborah’s Place II
Commissioned by CSH, written by Tony Proscio.
This case study examines Deborah’s Place II in Chicago, which combines three levels of care and service at one site with the aim of allowing homeless single women with mental illness and other disabilities to move towards the greatest independence possible, without losing the support they need to remain stable.

Work in Progress 2: An Interim Report on Next Step: Jobs
Commissioned by CSH, written by Tony Proscio.
Work in Progress 2 describes the early progress of the Next Step: Jobs initiative in helping supportive housing providers “vocationalize” their residences—that is, to make working and the opportunity to work part of the daily routine and normal expectation of many, even most, residents.

A Time to Build Up
Commissioned by CSH, written by Kitty Barnes.
1998; 44 pages. Price: $5
A Time to Build Up is a narrative account of the lessons learned from the first two years of the three-year CSH New York Capacity Building Program. Developed as a demonstration project, the Program’s immediate aim is to help participating agencies build their organizational infrastructure so that they are better able to plan, develop and maintain housing, with services for people with special needs.

Next Door: A Concept Paper for Place-Based Employment Initiatives
Written by Juliane Dresner, Wendy Fleischer and Kay E. Sherwood.
1998; 61 pages. Price: $5
This report explores the applicability of place-based employment strategies tested in supportive housing to other buildings and neighborhoods in need of enhanced employment opportunities for local residents. Funded by the Rockefeller Foundation, the report explores transferring the lessons learned from a three-year supportive housing employment program to the neighborhoods “next door.”

Not a Solo Act: Creating Successful Partnerships to Develop and Operate Supportive Housing
Written by Sue Reynolds in collaboration with Lisa Hamburger of CSH.
1997; 146 pages. Price: $15
Since the development and operation of supportive housing requires expertise in housing development, support service delivery and tenant-sensitive property management, nonprofit sponsors are rarely able to “go it alone.” This how-to manual is a guide to creating successful collaborations between two or more organizations in order to effectively and efficiently fill these disparate roles.

Work in Progress…An Interim Report from the Next Step: Jobs Initiative
1997; 54 pages. Price: $5
This report provides interim findings from CSH's Next Step: Jobs initiative, a three-city Rockefeller Foundation-funded demonstration program aimed at increasing tenant employment in supportive housing. It reflects insights offered by tenants and staff from 20 organizations based in Chicago, New York City and the San Francisco Bay Area who participated in a mid-program conference in October 1996.

Closer to Home: An Evaluation of Interim Housing for Homeless Adults
Commissioned by CSH, written by Susan M. Barrow, Ph.D. and Gloria Soto Rodriguez of the New York State Psychiatric Institute.
1996; 103 pages. Price: $15
This evaluation examines low-demand interim housing programs, which were developed by nonprofits concerned about how to help homeless people living on the streets who are not yet ready to live in permanent housing. Funded by the Conrad N. Hilton Foundation, this report is a 15-month study of six New York interim housing programs.

In Our Back Yard
Commissioned by CSH, directed and produced by Lucas Platt.
1996; 18 minutes. Price: $10 nonprofits/$15 all others.
This educational video is aimed at helping nonprofit sponsors explain supportive housing to members of the community, government representatives, funders and the media. It features projects and tenants in New York, Chicago and San Francisco and interviews a broad spectrum of supporters, including police, neighbors, merchants, politicians, tenants and nonprofit providers.

Design Manual for Service Enriched Single Room Occupancy Residences
Produced by Gran Sultan Associates in collaboration with CSH.
This manual was developed by the architectural firm Gran Sultan Associates in collaboration with CSH and the New York State Office of Mental Health to illustrate an adaptable prototype for single room occupancy residences for people with chronic mental illnesses. Included are eight prototype building designs, a layout for a central kitchen, recommendations on materials, finishes and building systems, and other information of interest to supportive housing providers, architects and funding agencies.

Employing the Formerly Homeless: Adding Employment to the Mix of Housing and Services
Commissioned by CSH, written by Basil Whiting.
1994; 73 pages. Price: $5
Funded by the Rockefeller Foundation, this report explores the advisability of implementing a national employment demonstration program for the tenants of supportive housing. The paper is based on a series of interviews with organizations engaged in housing, social service and employment projects in New York City, the San Francisco Bay Area, Washington, DC, Chicago and Minneapolis/St. Paul, as well as a body of literature on programs aimed at alleviating the plight of homelessness.

Miracle on 43rd Street
August 3, 1997 and December 26, 1999
60 Minutes feature on supportive housing as embodied in the Times Square and the Prince George residences in New York City.
To purchase VHS copies, call 1-800-848-3256; for transcripts, call 1-800-777-8398.

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Mission Statement

The Corporation for Supportive Housing supports the expansion of permanent housing opportunities linked to comprehensive services for persons who face persistent mental health, substance use, and other chronic health challenges, and are at risk of homelessness, so that they are able to live with stability, autonomy and dignity, and reach for their full potential.

We work through collaborations with private, nonprofit and government partners, and strive to address the needs of, and hold ourselves accountable to, the tenants of supportive housing.