



Crisis Response and Systems Change: Community Profile

Program Name: Housing First Rhode Island

Agency Name: Riverwood Mental Health Services

City, State: Rhode Island

Housing First RI is one of the few state-sponsored Housing First initiatives in the country. Coordinated by Riverwood Mental Health Services, the program provides housing placement and intensive supports to individuals experiencing chronic homelessness in communities across the state. Particularly noteworthy is the way the program was launched and the adaptations it has made over the years to the traditional Housing First service delivery model.

Problem or Challenge

The fundamental problem that Housing First programs address is extreme housing instability. For individuals experiencing chronic homelessness, this instability takes the form of months or years in shelters or on the streets, or, as is often the case, multiple repeated episodes of homelessness interspersed with time spent in hospitals, detox, jails, or short stays with others. Adults most likely to experience chronic homelessness have serious and persistent health issues—mental illness, substance addiction, or a primary health condition—that are made all the worse by the experience of homelessness itself.

Housing First programs are grounded in the principle—supported by evidence—that people need the stability of a home before they can effectively address these issues and get at the root causes of their homelessness. Based on the success of the Housing First approach in several communities across the country, the State of Rhode Island and United Way of Rhode Island created a pilot program in 2006 to test the model and examine its impact on the lives of the people served and on their use of government-funded services. The program turned out to be highly successful and has since expanded from a 40-person pilot in the Providence metro area (Providence, Pawtucket, Central Falls, and Warwick) to serving 180 people in communities that now include Cranston, Woonsocket, Westerly, and Newport.

Solution

Housing First RI targets individuals experiencing chronic homelessness who have severe mental illness and/or substance abuse problems. Participants move into apartments (most privately-owned) within weeks of enrollment. The program is premised on the “Housing First” philosophy: that interventions and social service supports are more effective after individuals are living in their own housing rather than emergency shelters or transitional housing, and that, once in permanent housing, people can begin to regain the confidence and control over their lives they lost when they became homeless. In addition to not requiring that individuals “clean up” in order to qualify, Housing First RI provides individualized support services that address the precise issues that residents are facing. The program is also committed to providing continuous services - so that, even if an individual fails to abide by a lease and is forced to leave a particular home, he or she does not “fail out” of the supportive housing program as a whole.

Implementation Steps and Tips:

How it was launched

In 2004, the United Way of Rhode Island held a series of stakeholder summits and impact group meetings to guide it in setting priorities for its investments. Through this process, it became clear that the issues of housing and homelessness impacted the full range of social issues and were critical to address. The Corporation for Supportive Housing (CSH) offered an idea: create a pilot program to demonstrate the effectiveness of permanent supportive housing in addressing long-term homelessness among single adults. CSH worked with leaders from the United Way of Rhode Island, Rhode Island's Office of Housing and Community Development (OHCD), and Rhode Island Housing to develop a concept for a 40-person supportive housing initiative aimed at piloting a Housing First approach in Rhode Island. The four entities agreed to collaborate to create the pilot and developed a joint memorandum of understanding (MOU) that laid out the program's goals and how it would work. The MOU also delineated the complementary roles of the four partners:

- United Way would fund about a third of the tenant support service cost for the first two years, and pay for the program's evaluation;
- OHCD would fund (subject to appropriation) the remainder of the service cost, and select the Housing First provider through an RFP process;
- CSH would assist the selected provider in identifying housing units and provide technical expertise to the provider and the project's oversight team; and
- Rhode Island Housing (the state's housing finance agency) would assist in identifying housing units and rental assistance options to support the program.

The United Way's commitment of funding served as an important lever in securing General Assembly support for the appropriation of program funding. Initial State funding was \$300,000 per year for two years, administered through OHCD's Housing Resources Commission.

The Housing Resources Commission issued a request for proposals in 2006 for the initiative's service funding. The goal of the RFP was to select an integrated service team to manage the program and deliver intensive services to the program's participants, representing a partnership between a nonprofit community mental health agency and an experienced homeless services provider. The combined State and United Way service funding, totaling approximately \$9,500 per person per year, was designed to cover the cost of case management (with a staff to client ratio of one staff to eight to ten clients), peer support and portions of the cost of a clinical social worker, community-based nursing, psychiatrist, health outreach worker, and health educator, as required.

OHCD selected Riverwood Mental Health Services, which applied in partnership with the Mental Health Association of Rhode Island (MHA operates the local ACCESS street outreach program). Based on the documented success of the initial pilot, OHCD and United Way continued to fund the program, and Riverwood has been able to further expand it through grants from the Rhode Island Department of Behavioral Healthcare, the PATH program, and the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

This service funding has leveraged nearly \$1.4 million in rental subsidies. These subsidies come from a variety of sources, including vouchers through the state's Neighborhood Opportunities Program, Shelter Plus Care, and unit set-asides within subsidized developments owned by local housing authorities and nonprofit organizations. In 2007, Rhode Island Housing established a tenant-based voucher program called Road Home that has been an important source of subsidies for Housing First RI participants.

In 2011, the Rhode Island Foundation provided an additional \$200,000 to the program to support its expansion across the state, the integration into the program of Health Home coordination for participants, and the commissioning of an economic impact study to be conducted over the next three years.

Adaptations to the service delivery model

Traditional Housing First models match clients with housing and an Assertive Community Treatment (ACT) team providing wraparound supports. Housing First RI discovered that the provision of housing and intensive services stabilized about a third of participants within a year, and that this third no longer required the same intensity of services going forward.

The program now uses a hybrid ACT/Critical Time Intervention approach. All participants are provided intensive services for the first 9-12 months. For those who no longer need supports at that level, the services taper off, although the participants still have access to primary health care and access to a psychiatrist as needed. Participants who need the continued support of the ACT team continue to receive it. In this way, Critical Time Intervention enables the team to screen Housing First clients through the provision of intensive services and then determine who does and does not need them for the long term. This enables the program to make better use of staff resources.

Outcomes and Results

A program evaluation of Housing First Rhode Island conducted by Professor Eric Hirsch, Ph.D. of Providence College and Irene Glasser, Ph.D. reported highly positive results. Prior to entering the program, participants were homeless an average of 335 days out of the year and were homeless off and on for an average of 7.6 years. Once in housing, their housing experience proved to be highly stable, with 80 percent of participants still housed after 12 months.

There were also significant cost savings. The year before entering the program, participants used an average of \$31,617 in public services (e.g., emergency room visits and hospital, shelter, jail and detox overnights). For the 12 months after entry into the program, this number dropped to \$8,364. If the cost of supportive services (\$9,500) and a housing subsidy (\$5,643) were added, the total spent is just over \$23,500 per client per year – a cost offset of \$8,110 per person. For the 180 persons now served by the program, this represents a savings of over \$1.45 million each year.

Contact Info for follow-up

Riverwood Mental Health Services: <http://www.riverwoodmhs.com>

United Way of Rhode Island – Housing First RI Program Evaluation: <http://www.uwri.org/live-united/research-reports.asp>