

Why do people need help remaining in housing?

The Alaska Mental Health Trust supports programs that serve people with mental illness, chronic alcohol addictions, developmental disabilities, and Alzheimer's disease and related dementia, including conditions like traumatic brain injury. Often, a disabling condition limits a person's ability to perform everyday tasks that most people take for granted. Creating order and habits in a person's life that lead to stability can be a challenge if one's thinking is not clear or is impacted by disability or substance abuse. Activities such as time management, shopping, cleaning, self-care, hygiene, social connections and money management can be impacted.

These issues are compounded by the lack of affordable housing throughout Alaska; especially supported housing for tenants who experience disabling conditions.

What is supported housing? Supported housing and *housing first* are an important component of a person's health plan that uses careful management of the building and services to stabilize residents, and maintain safety of staff, residents, neighbors and communities.

How are residents selected?

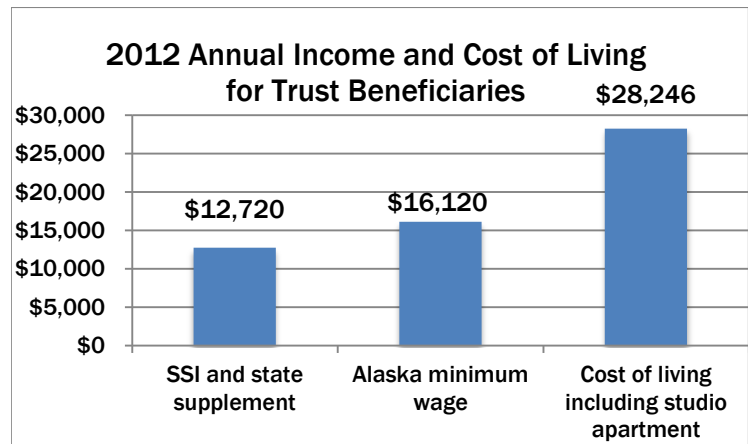
Anchorage has worked on a plan to address the housing shortage and homelessness of people with disabling conditions for the past 7 years. The plans under two administrations have called for new units of supported housing for people with disabilities who are homeless to address the incidence of deaths related to exposure (21 deaths over a one-year period between 2009-2010).

- **All potential residents are screened** and assessed for safety of themselves and others, need for housing, motivation, and a willingness to improve life areas.
- **What does "seriously mentally ill" mean?** The term means that the person experiencing a mental illness will likely be in recovery for a long time and the illness has impacted functioning in a number of life areas.
- **People from the following populations may be selected as residents:**
 - Persons recovering from mental illness. Some may have history of a co-occurring substance use disorder.
 - Persons residing in group community housing and who are ready to try a more independent housing setting.
 - Previously homeless individuals with mental illness who are coming out of area shelters.
 - People exiting API who need supported housing.
 - Peer counselors in recovery and in the workforce who may not have been able to locate affordable housing.

What staffing and monitoring are used in supported housing?

On-site, around the clock staff members are able to assist residents:

- Case manager - assists with a plan for self-care – paperwork, connection to medical/health services, problem solves with resident. Daily/weekly interactions or as needed.
- Residential support - daily interactions, multiple times per day. Assistance developing daily schedules, creating time management habits and establishing routines leading to good self-care
- Monitoring staff - a minimum of two staff members are on site at all times with on-call back up available. One person is stationed at the door to greet and oversee persons entering and exiting the building. Cameras and monitoring equipment are used to promote safety.
- Other professionals - clinicians, nurses and physicians support on-site staff members through clinic visits, consultation and on-call availability. Over time, residents become responsible and able to follow up on appointments, work or social opportunities with the goal of healthy community integration for the resident.



How is a program site selected?

The following are considerations that go into selecting a program site and building:

- *Housing first* is a voluntary program and builds on a philosophy that the opportunity to secure safe housing is a right that all of us enjoy rather than a condition of participating in a social service program or treatment.
- Tenants can leave the building as they need or desire. A building with easily monitored access is desirable.
- Straight “line of site” or views of the hallways are desirable. Long straight hallways are frequently used so a staff member can see easily down the hallway.
- Housing with nearby community amenities is desired. Many residents will take advantage of community resources for daily activities and even vocational assistance leading to employment for some.
- Access to public transportation is needed for residents who typically do not drive.
- Proximity to shopping and basic necessities or services.
- House rules, visitor policies and methods such as safe living plans (voluntarily agreed upon by tenant and landlord) are used to maintain the safety and order of the facility.
- Housing that is similar to other housing in the neighborhood.
- Rooms with amenities desired by tenants – kitchenettes and social/group meeting areas that promote positive social interaction.

What about the size?

Housing *First* programs require robust social services on-site. In order to staff the program properly, a certain number of units need to be in location for the project to be sustainable.

- Projects across the country are typically in the 70- to 75-unit range.
- Alaska projects to date have been under 50. Karluk Manor (46 units) and Fairbanks *housing first* (47 units) are two recent supported housing programs developed in cooperation with The Trust.
- Alaska Housing Finance Corporation has a program that makes projects possible by assisting with funding for the buildings, management and augmented social services resources.

Does *housing first* and supported housing really work?

- *Housing first* has been generally accepted on the national level as being associated with longer stays in housing (**retention rates of 84% across three programs studied in 2009**).ⁱ Longer stays in housing means more stability and positive reintegration into society – **stable relationships and responsible renters**.
- In a recent study of a Seattle program, participants experienced a **30% reduction in alcohol use** after 12 monthsⁱⁱ.
- Anchorage has seen a marked reduction in deaths due to cold weather exposure since the addition of supported *housing first* units in the community.
- *Housing first* programs generally use an intensive outreach to the neighborhoods and business community, becoming a **community partner and a component of public safety**.
- *Housing first* is a fundamental approach used with many different populations: people with mental illness, people with chronic alcohol addictions and families

What is next?

In keeping with the Anchorage 10 Year Plan on Homelessness (2005), and Mayor Sullivan’s Homeless Leadership Team (2009), more units continue to be added to Anchorage’s supported housing stock as opportunities for projects become available to address the increases in homelessness and to reduce the demand on local shelter systems.

To learn more about The Trust’s Affordable Appropriate Housing Focus Area visit <http://tinyurl.com/c6ssurg>.

ⁱ Pearson, C, Montgomery, A.E., Locke, G (2009) Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs, Journal of Community Psychology 37(3) 404-417. Online: WileyInterScience www.interscience.wiley.com

ⁱⁱ Larimer, M.E, Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W.G., & Marlatt, G.A (2009) Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems, Journal of the American Medical Association, Vol.301(13).