THE CITY OF NORFOLK
COMMUNITY SERVICES BOARD

H2 Summit

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Community Services Boards

CSBs are the public providers of mental health, substance use, and intellectual/developmental services for those most vulnerable and least likely to be served in the private sector.

My perspective:

- Persons we serve should have housing that is safe, affordable, legal, and of their choosing.
- Persons we serve should have access to supportive services to maintain their housing, but live in the least restrictive situation possible.
- The ability to continue to receive housing is not contingent on willingness to receive a particular clinical service.
- "Housing Stabilization" is a housing service, not a treatment service.

Why the CSB?

Because Housing *is* Healthcare

When persons have housing, the socioeconomic pressures related to housing insecurity that are negatively impacting their *physical and behavioral health* begin to become mitigated.

This directly impacts the person and provides a more appropriate baseline for providing treatment.

Impact on Behavioral & Primary Health Conditions

- **Mental Health**: What is the biochemical disorder that needs to be treated with pharmacotherapy? What are the therapeutic strategies to address depression, anxiety, and thought disorders? How much of the symptomology is related to housing stress?

- **Substance Use:** Is it realistic for a person to stop or reduce substance use and associated risk behaviors while under the extreme stress of homelessness?

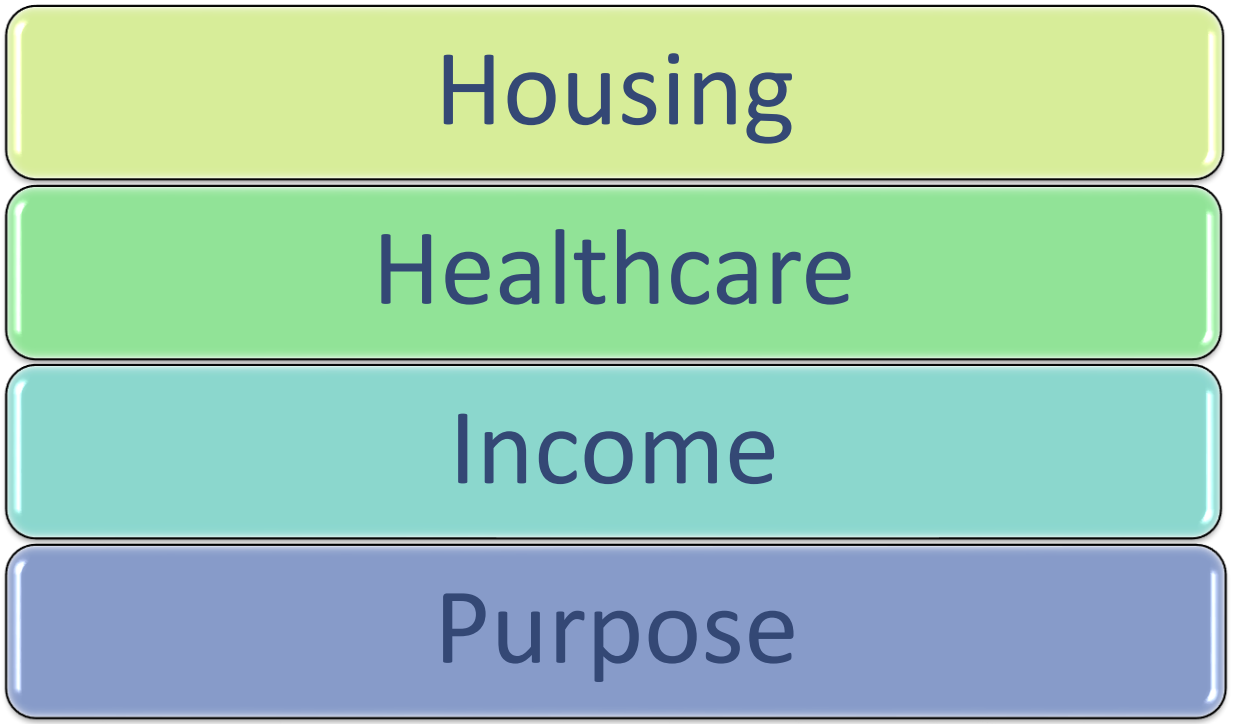
- **Primary Health:** Can you make healthy food choices when eating at food kitchen or dependent on fast food? Can you manage your diabetes when you can not safely store your needles and insulin?

Making the Change to a Housing is Healthcare Perspective

- Established a Housing & Homeless services unit outside of the clinical areas of the CSB.
  - Took 2 existing grants (PATH and Shelter + Care) and 1 existing housing partnership and began to assertively seek new grants and opportunities.
  - Renegotiated use of funds with grantors and internally to support housing stabilization.
  - Took one case management position and converted to Housing Stabilization Specialist.

Making the Change

- Established priorities for the community services board as a layer onto the array of clinical and treatment services provided.



Partners & Funders Involved

- HUD: Approved funding one Housing Stabilization Specialist with $ that was historically unspent in the Shelter + Care program.

- NRHA: Agreed to assume ROI, providing stable support for the bricks and mortar units. Is also providing creative options for increasing access to affordable housing.

- SAMHSA (through DBHDS CABHI grant): Providing the Road2Home project.

- DBHDS: Providing 32 PSH units for R2H and 8 units for Keys.

Other Internal Strategies

- SA Case Management – One case manager who specializes in clients who need to address housing.
- MH Case Management – Specialized positions, 5 are housing specialized case managers.
- Mental Health Skill-Building Services – 2 positions to provide behavioral supports and training for persons in housing.
- PACT – Renewed focus on housing quality & independent, less restrictive housing options.
- GAP – Assertively pursue GAP for persons with no benefits, while working on other resources (SSI, SSDI, etc.).

Internal Tools

- Created a form to justify any time a consumer is planning to move to a more restrictive housing arrangement. (the ED must approve)
- Discharges from jail or hospital to a restrictive (ALF, etc.) setting are challenged and justified before approved.
- Persons living in restrictive housing that can live independently are identified.
- Housing quality "checklist" is conducted any time public funds are used to pay rent.
- Case managers expected to go into the homes of clients at least quarterly.
- Infestations are assertively addressed, bedbugs…
- Case managers expected to assist clients in assertively applying for the complex array of affordable housing in the community.
- Staff provided increased access to training in fair housing, housing quality standards, infestation prevention and remediation.

And we are no where near done…

We will continue to pursue:

- Additional affordable housing opportunities
- Better ways to track housing status of consumers
- Ways to fund and create housing stabilization specialists
- Ways to fund and integrate peer support in housing
- Additional housing training for CSB staff
- Trainings for consumers on affordable housing options & tenancy rights.

Progress doesn't happen alone. The CofC, Office to End Homelessness, Virginia Supportive Housing, the City of Norfolk, DBHDS, HPR-V, NRHA, and others are integral to our work.

Current Projects with DBHDS

Through the next slides, we will review the Road2Home and Keys Regional Projects provided by Norfolk and Hampton Newport News CSBs.

Road2Home:

NCSB Site – Norfolk, Chesapeake, Western Tidewater

HNNCSB Site – Hampton and Newport News

KEYS:

NCSB Site – Southside and Eastern Shore

HNNCSB Site - Peninsula

CABHI Road2Home Teams

SAMHSA Collaborative Agreement to Benefit Homeless Individuals (CABHI) grant was awarded to DBHDS in 2015 to increase permanent supportive housing to the target population in the Commonwealth.

Target population: Chronically homeless with behavioral health disorders and veterans with behavioral health disorders, including PTSD.

Two sub-recipient partners: Norfolk CSB and Hampton Newport News CSB

Supportive Component: Road2Home Teams

Team Leader
Housing Specialist
Outreach Specialists
Benefits Specialist
Employment Specialist
Peer Specialists
MH/SA Integration Specialists

Housing Component

DBHDS PSH funding, CoC PSH, and Rapid Re-housing.

Served **102** chronically homeless individuals in the Southeastern Virginia CoC and Hampton Newport News since January 2016.

Keys Project

Permanent Supportive Housing partnership targeting census reduction at Eastern State Hospital

- Housing Subsidies + Housing Stabilization Services

DBHDS contracts with Hampton Newport News CSB who sub-contracts with Norfolk CSB.

Each CSB assists individuals with moving from state hospital into rental housing in the community with clinical and rehabilitative services provided by the home CSB in the region.

- Current capacity 16 individuals.

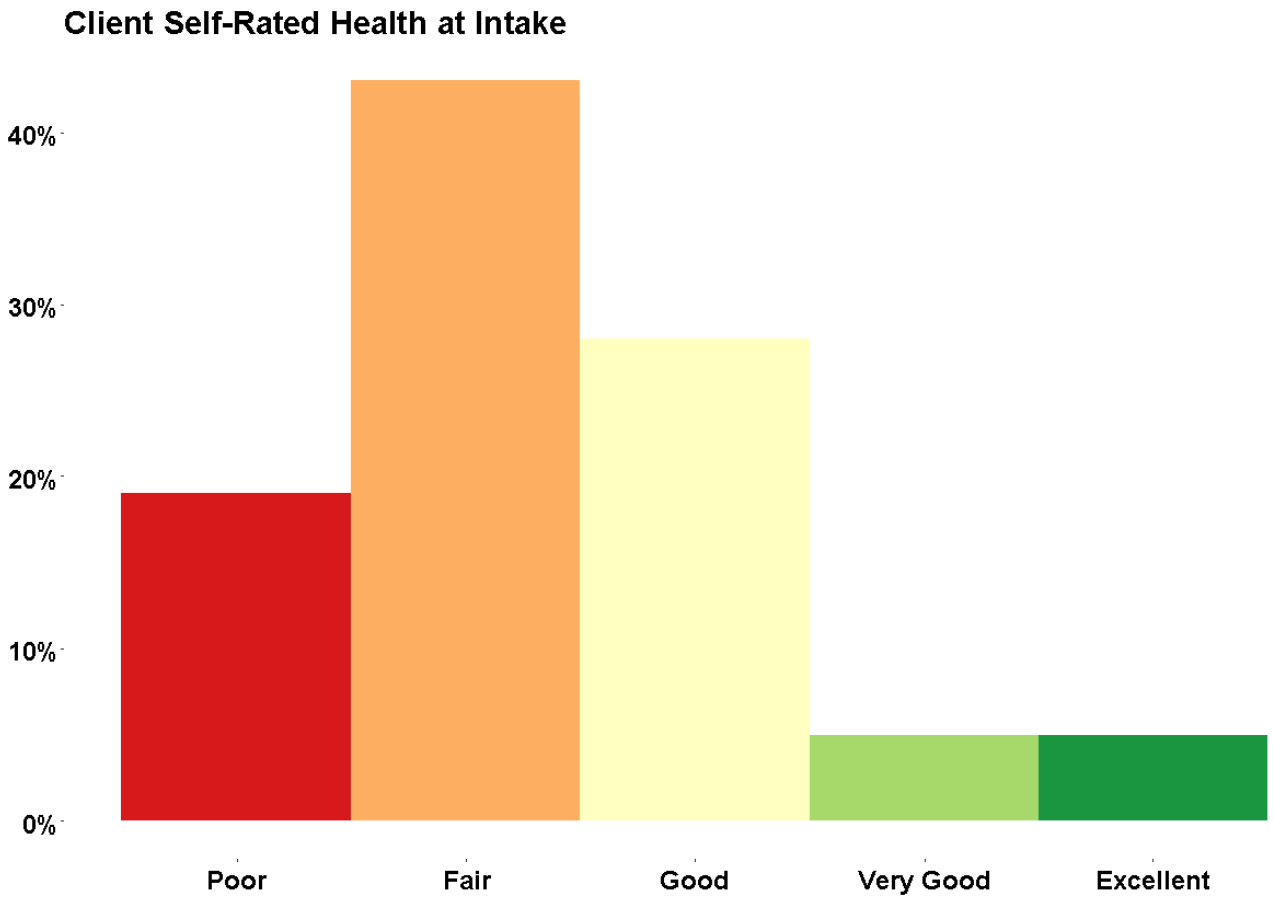
Measuring Outcomes - GPRA

GPRA

- Self-report tool administered at intake and 6-months post-housing that measures client:
  - physical health
  - mental health symptoms
  - substance use
  - employment
  - income

Lets look at the R2H cohort so far…

Physical Health

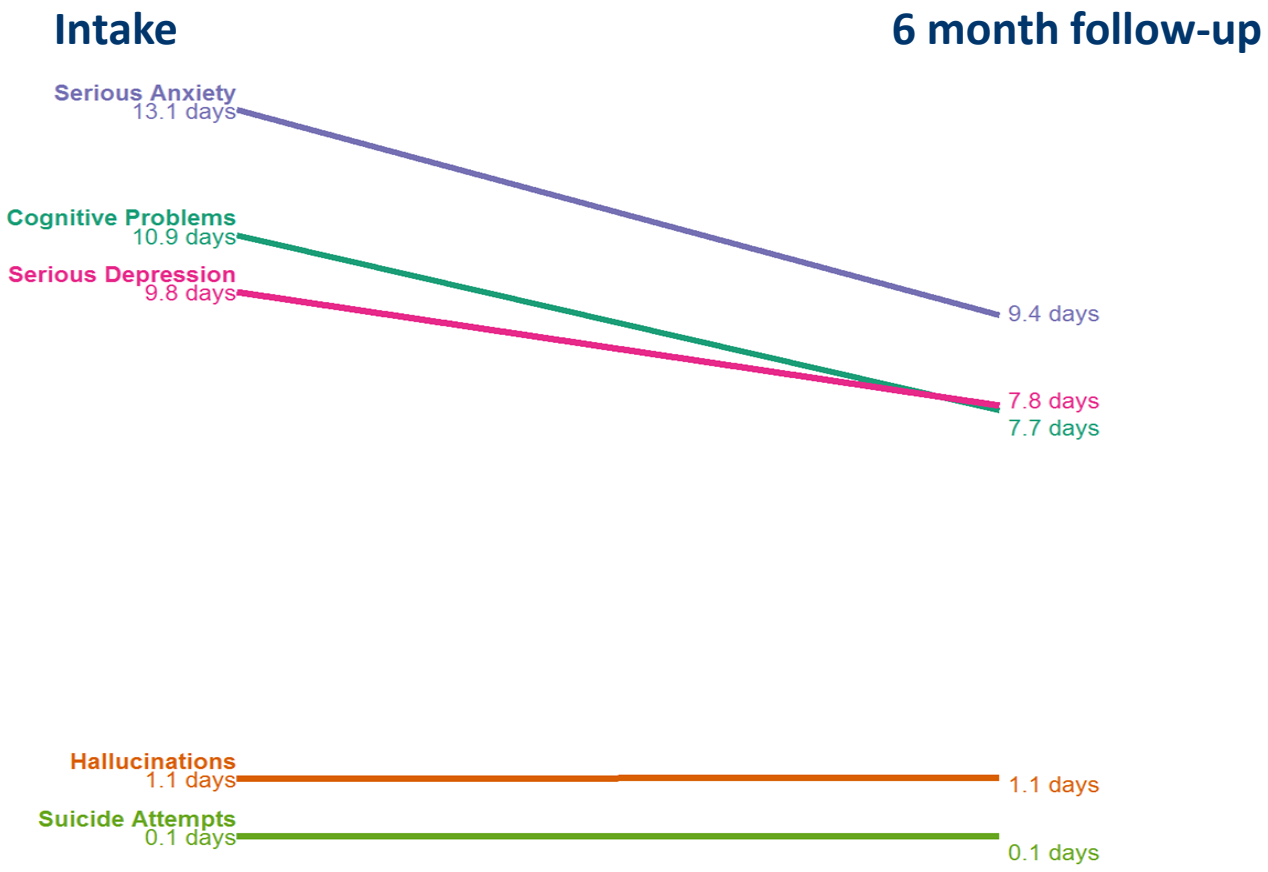


31% of clients reported better health at 6-month follow-up

Self-Reported Mental Health Symptoms at PSH Intake

In the past 30 days, not due to your use of alcohol or drugs, have you experienced:	Intake
Serious depression	66%
Serious anxiety or tension	73%
Hallucinations	13%
Trouble understanding, concentrating, or remembering?	59%
Attempted suicide?	5%

Self-Reported Mental Health Symptoms

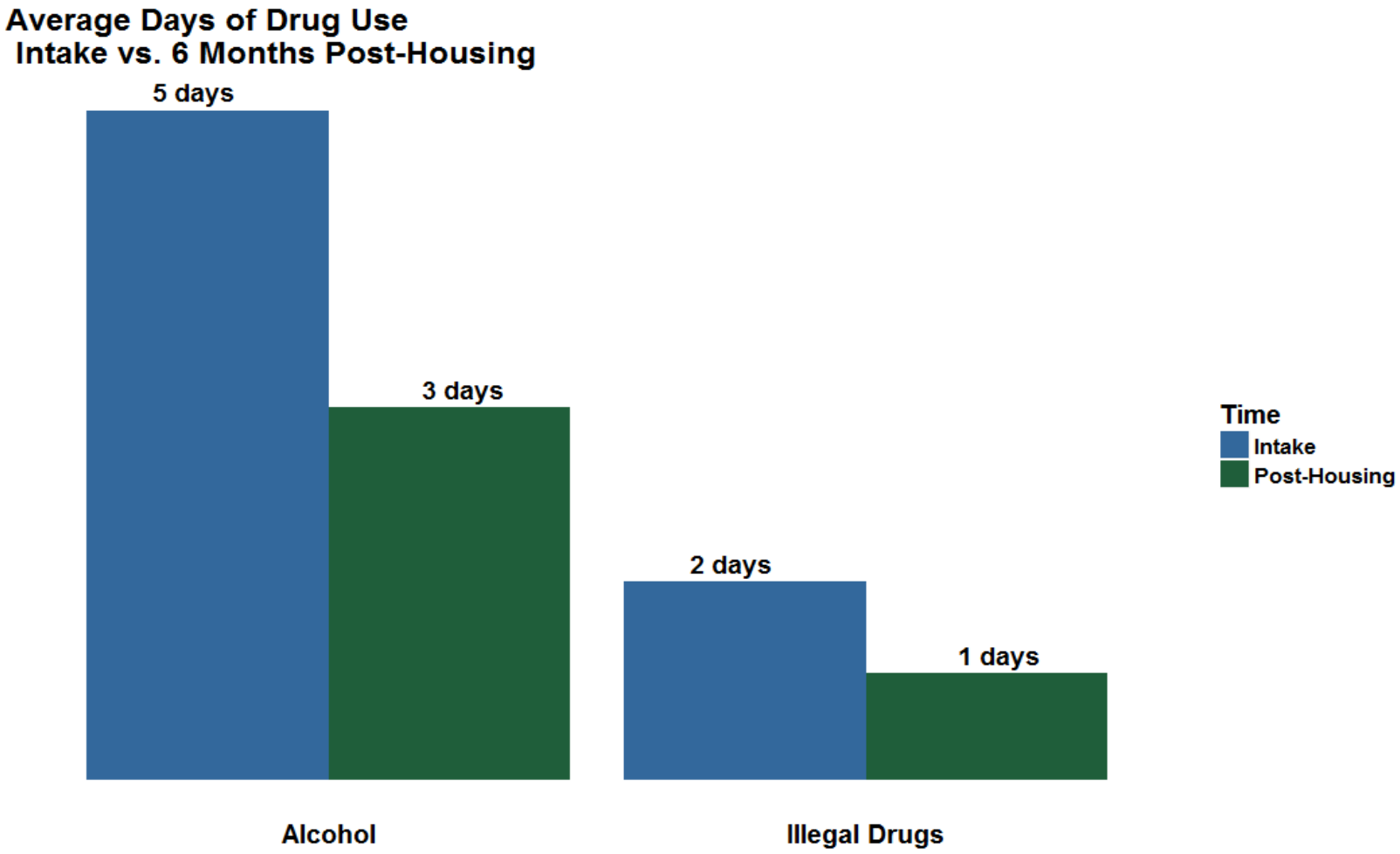


Trauma

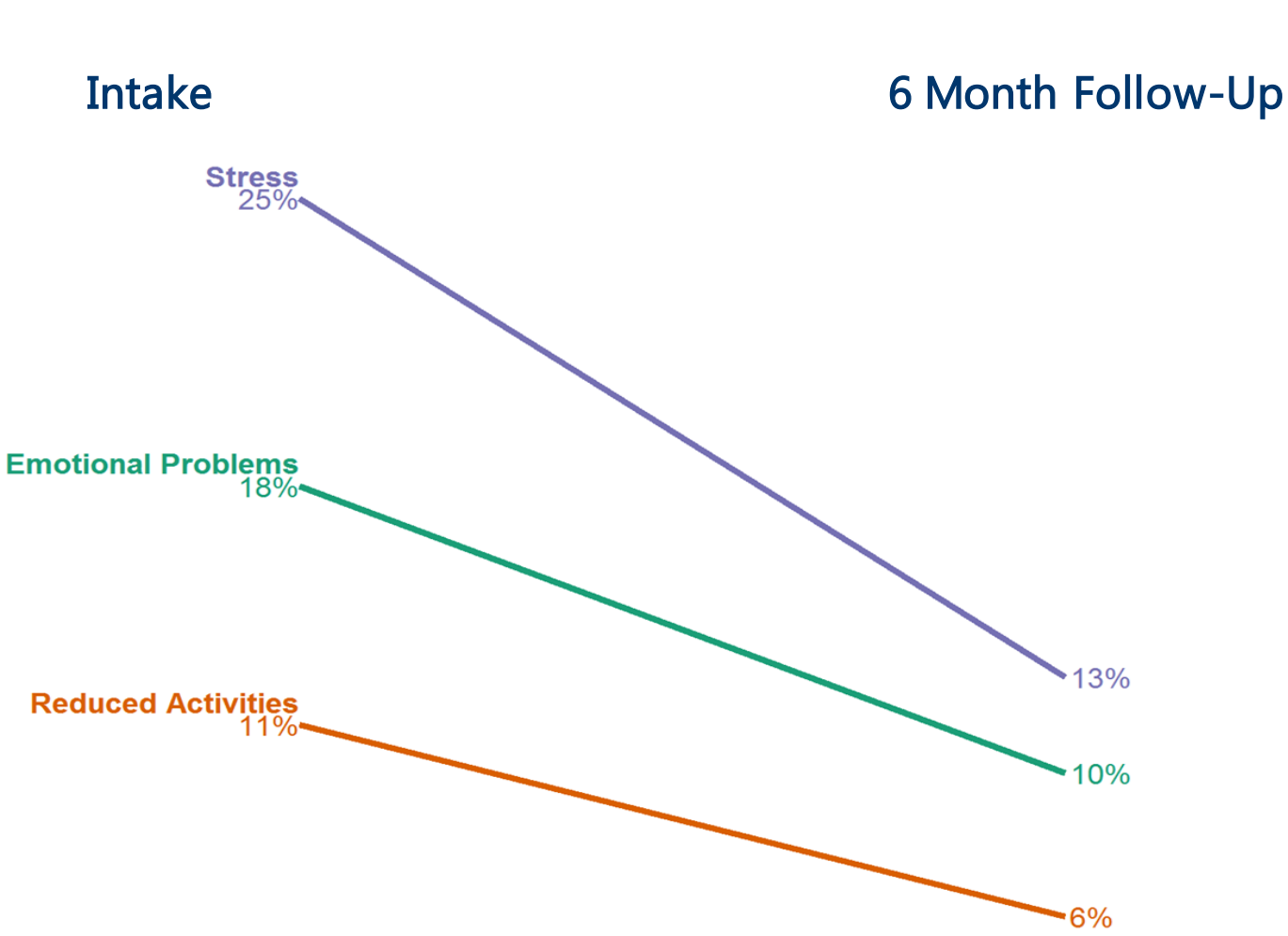
66% = Self-reported trauma history

- **74%** have nightmares about the trauma
- **94%** try hard not to think about the trauma, or avoid triggering situations
- **79%** were constantly on guard, watchful, or easily startled
- **69%** felt numb and detached from others, activities, or their surroundings

Self-Reported Substance Use



Impact of Decreasing Substance Abuse



Employment

- 39% of clients report that they are not in the workforce *due to disability*.
- Employment rate for unemployed consumers increased by 71% (from 7 to 12) after 6 months in housing.

Income & Benefits

Typical client increased their monthly income:
Intake average = $401
6-month average = $631
(57% increase)

Rate of insured clients increased from
25% to 28%

Rate of clients receiving SSI/SSDI increased from
21% to 25%

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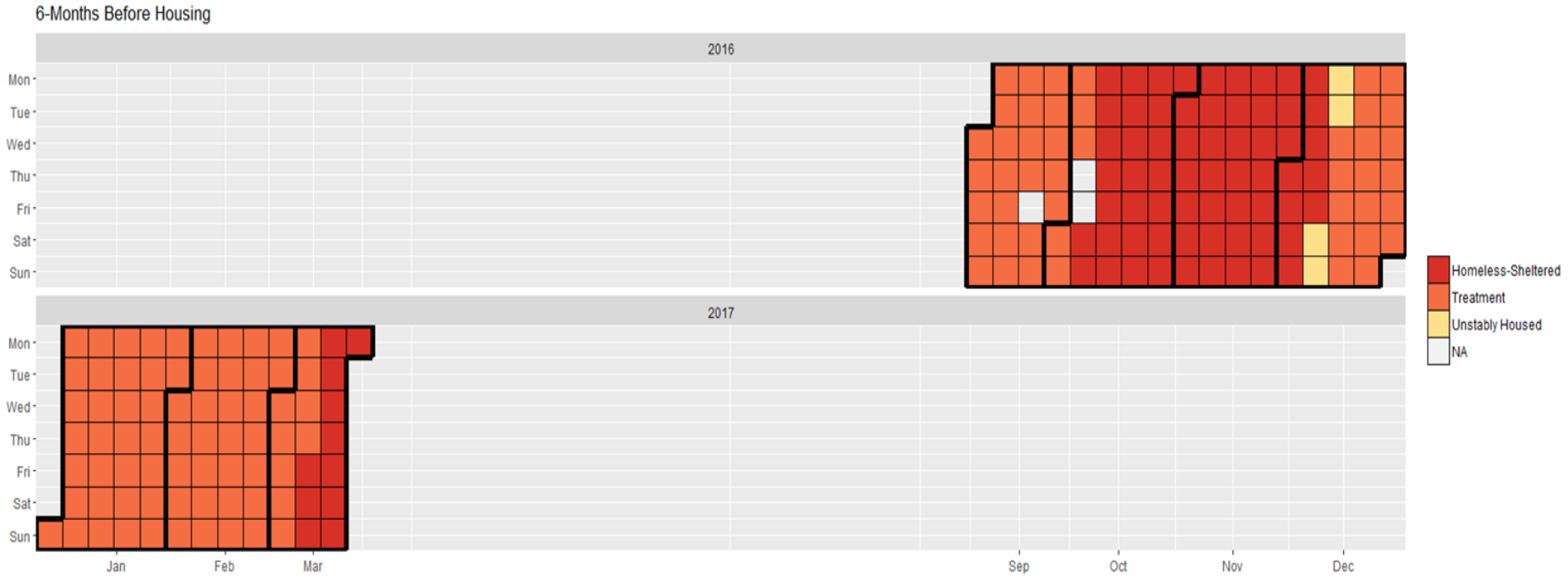
6-Months Before Housing
2016
2017
Mon
Tue
Wed
Thu
Fri
Sat
Sun
Jan
Feb
Mar
Sep
Oct
Nov
Dec
Homeless-Sheltered
Treatment
Unstably Housed
NA

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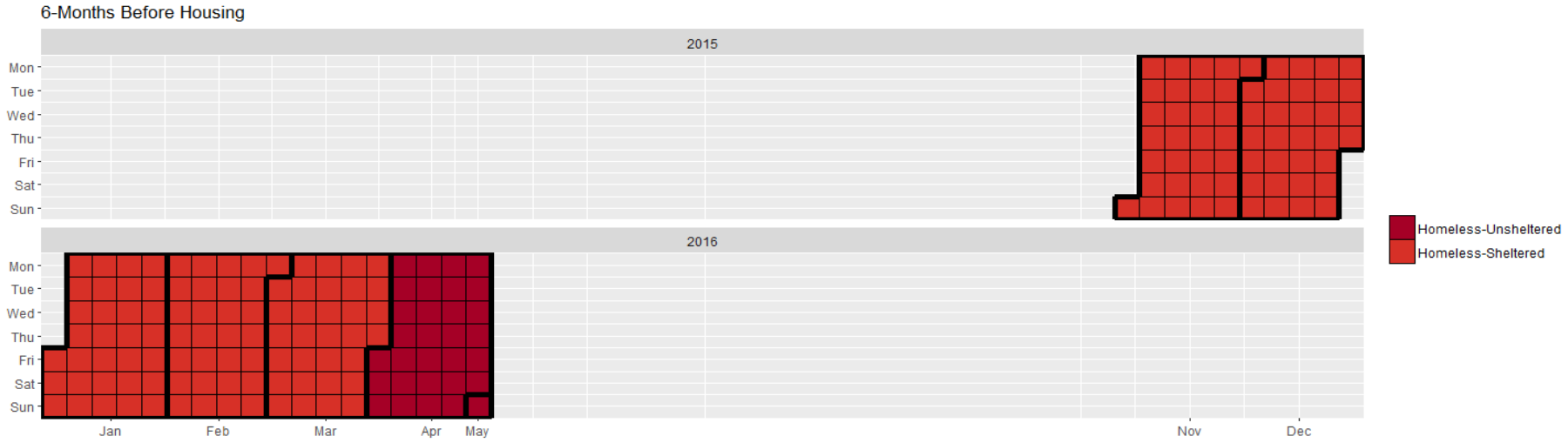
6-Months Before Housing
2015
Mon
Tue
Wed
Thu
Fri
Sat
Sun
2016
Mon
Tue
Wed
Thu
Fri
Sat
Sun
Jan
Feb
Mar
Apr
May
Nov
Dec
Homeless-Unsheltered
Homeless-Sheltered

Housing Stability

96%
Stably Housed

102 served to date.

- 91% are still in their PSH unit.
- 96% are either still in a PSH unit or have been discharged to other stable housing

Thank you

Final Thought & Questions