

GA Supported - Permanent Supportive Housing (PSH)
Making a Difference in the Lives of Vulnerable Norfolk Citizens
By Sarah Fuller – Norfolk CSB
Provided to the CJ Workgroup for SJ47
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Norfolk Road2Home – SMI PSH – Primary Intervention Ending Homelessness

Housed 47 Homeless Adults with Serious Mental Illness. Norfolk was provided 32 PSH slots initially and expanded to 64 slots July 2017. Clients continue to be identified and housed. Here are a few stories of overcoming significant historical barriers to change lives with PSH. PSH not only has ended homelessness for these persons but has also improved connections with family, improved medical care, increased participation in behavioral health to address mental health and/or substance use disorders, decreased criminal justice involvement, improved medical care for chronic conditions, and provided hope for a future for many who previously had no hope that they could reclaim their lives.

MB 914620 was chronically homeless, no income, no benefits, and having frequent ER visits and admissions to the hospital. Spent one year incarcerated. He suffered from two strokes that left him with ambulatory issues and was staying at NEST Winter Shelter. NEST had difficulty accommodating his health needs but did allow him to stay. Engaged with R2H in March of 2016 and housed in April 2016. He gained access to Social Security and Medicaid benefits with R2H assistance. Since being housed, he has had some health set backs (leg amputated) which required two inpatient admissions, but the number of ER visits has diminished significantly. He has home health care 40 hours a week, and despite his health set backs has been living independently in housing since April 2016.

QA 915997 initially engaged with R2H staff at Norfolk Project Homeless Connect in January 2016. Client had one inpatient psychiatric hospitalization prior to his engagement and spent time in local and regional jail between 2012 and 2016. Client began working closer with R2H staff In May of 2016, and was housed July 1, 2016. Client has obtained and continues to maintain employment at a local restaurant. He has reengaged with his family and now has visitation with his children.

JW 908903 began working with Road2Home in May 2016. He had SSI benefits and Medicaid at intake for mental health disorder. In 2014-2015 he had multiple criminal justice encounters and jail time. Prior to being housed, he was hospitalized for chest pains in June 2016 and stabilized. He moved into housing in July 2016. He has remained stable in housing since that time. He was connected to SNAP in June 2016, SA outpatient and primary care in August 2016, began mental health treatment in Oct 2016, and has had his legal rights restored. He voted for the first time this November.

Norfolk KEYS PSH Project – Primary Intervention Decreasing State Hospital Utilization.

Initially funded for 8 units, expanded to 26 units in July 2017. As of Nov 21, 2017, 13 are in housing, 2 in hotels while searching for apartments, and 3 are accepted but waiting for state hospital or NGRI release.

Overcoming long or frequent histories of state hospitalization and for some additional periods of time in local or regional jail – with providing for most their first ever opportunity to live in their own apartment with flexible supports – is a massive systems change for Virginia and an investment in community integration that can turn the tide of dependency on the state hospitals. This is a critical intervention for persons who have spent time in jail and state hospitals – with chronically undertreated illnesses and chronic unstable access to stable supportive housing.

Pre-PSH Statistics for the Keys Housed and Keys Approved 17 Clients:

Data Item	Total (all 17 Keys clients)	Avg Per Person (Total/17)
Historical Times Arrested	98	5.8
Historical Days in Jail (estimated using court records)	12,175	716 (just over 2 years)
Historical State Hospital Admissions	92	5.4
Historical Days in State Hospital	9,991	587 (1.6 years)

Take-aways from these two Norfolk projects:

- 1) Persons with not yet completely stabilized behavioral health conditions CAN be housed with flexible housing stabilization supports in their own apartments, and begin to succeed.
- 2) Persons with chronic histories of homeless can be housed rapidly when the CSB has access to their own voucher funding and supports – where previous attempts through the typical resources have failed.
- 3) Many persons with long histories of state hospitalizations, local institutional-type housing, and/or periods languishing in jail can do better in their own housing with the right supports.
- 4) The key to success is access to CSB controlled “voucher funding” and staffing to provide flexible supports. The less bureaucracy the client needs to navigate to live in safe, affordable, and supportive housing – the more successful we can be with persons who have failed multiple times with the traditional system resources. This is about when the client is ready to say yes to housing – not when the system is ready to accept them.
- 5) Like the success we have had with GAP insurance, these clients don’t believe that they can have their own housing and begin to have hope and participate in their own recovery when we prove that is not true. This program is a successful investment in a better system in Virginia.

The Norfolk CSB is grateful to the General Assembly for providing funding to create systems change and providing hope to our vulnerable citizens.