

SNAPSHOT OF SUPPORTIVE HOUSING RESIDENTS ACROSS ILLINOIS

Study of Supportive Housing in Illinois: First Interim Report
A summary of survey results with 476 tenants

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The Study of Supportive Housing in Illinois is capturing information on 476 supportive housing residents from 11 different counties across the state.

Researchers found that supportive housing residents report high rates of experiences with mental illness, drug and alcohol-related issues, and incarceration. A majority of the residents were homeless or at risk of homelessness the week prior to entering supportive housing and most have a history of homelessness. Over one in four are physically disabled. This history is consistent with high pre-supportive housing public costs.

Most residents have some sort of income, with over one in five residents employed and almost half receiving disability income. A majority of supportive housing residents have lived in supportive housing for over 2 years, and over one fifth have lived in supportive housing for more than 5 years.

The Mid-America Institute on Poverty of Heartland Alliance has been hired by the Supportive Housing Providers Association to study the impact of supportive housing on use of publicly funded services. In particular, the study focuses on the change in service use and the cost of services used by Illinois supportive housing residents 2 years before entering supportive housing and 2 years after. This study will inform policymakers, funders, and others about the importance and cost effectiveness of supportive housing in Illinois. The study began in January 2005 and will end with a final report in December 2008. This snapshot is the first report released on the study, analyzing data collected from residents at the time of study enrollment.

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What is Supportive Housing?

Supportive housing is permanent, affordable housing coupled with supportive services designed to help residents remain housed and achieve long-term housing stability. Individuals and families in supportive housing include people who are homeless and people at risk of homelessness due to serious and persistent issues such as mental illness and substance use. A growing body of research suggests that stabilizing individuals in supportive housing can reduce their use of expensive public crisis services such as emergency rooms, psychiatric hospitals, jails, and substance use treatment programs. Furthermore, these cost decreases may offset a portion of permanent supportive housing expenditures, thus making investment in this housing model attractive to policymakers and others who seek to maximize the value of public resources invested in programs aimed at reducing and eliminating homelessness.¹

The most well-known and detailed study about the cost savings associated with supportive housing is the NY/NY Initiative, which studied the changed use of public services for homeless individuals with a mental illness living in supportive housing. The researchers accessed multiple public databases and formed a control group of individuals with similar characteristics. Comparing the individuals living in supportive housing to the control group that did not, the study found that a homeless person with a mental illness placed in supportive housing reduced their use of publicly funded services by an average of \$12,145 a year.²

Although this exact study is difficult to replicate in other states for numerous reasons including costs and systems issues, other jurisdictions have conducted similar analyses. In Connecticut, researchers studied Medicaid-reimbursed services utilized by supportive housing residents and found that supportive housing tenants reduced their use of inpatient services and increased their use of more appropriate outpatient services.³ Researchers in San Francisco, who looked at Medicaid-reimbursed services and uncompensated care, found that supportive housing residents decreased their use of emergency rooms and inpatient care.⁴

¹ Corporation for Supportive Housing. (n.d.). *Supportive housing and the positive impacts on public care systems*. Retrieved October 19, 2006, from <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=3337>

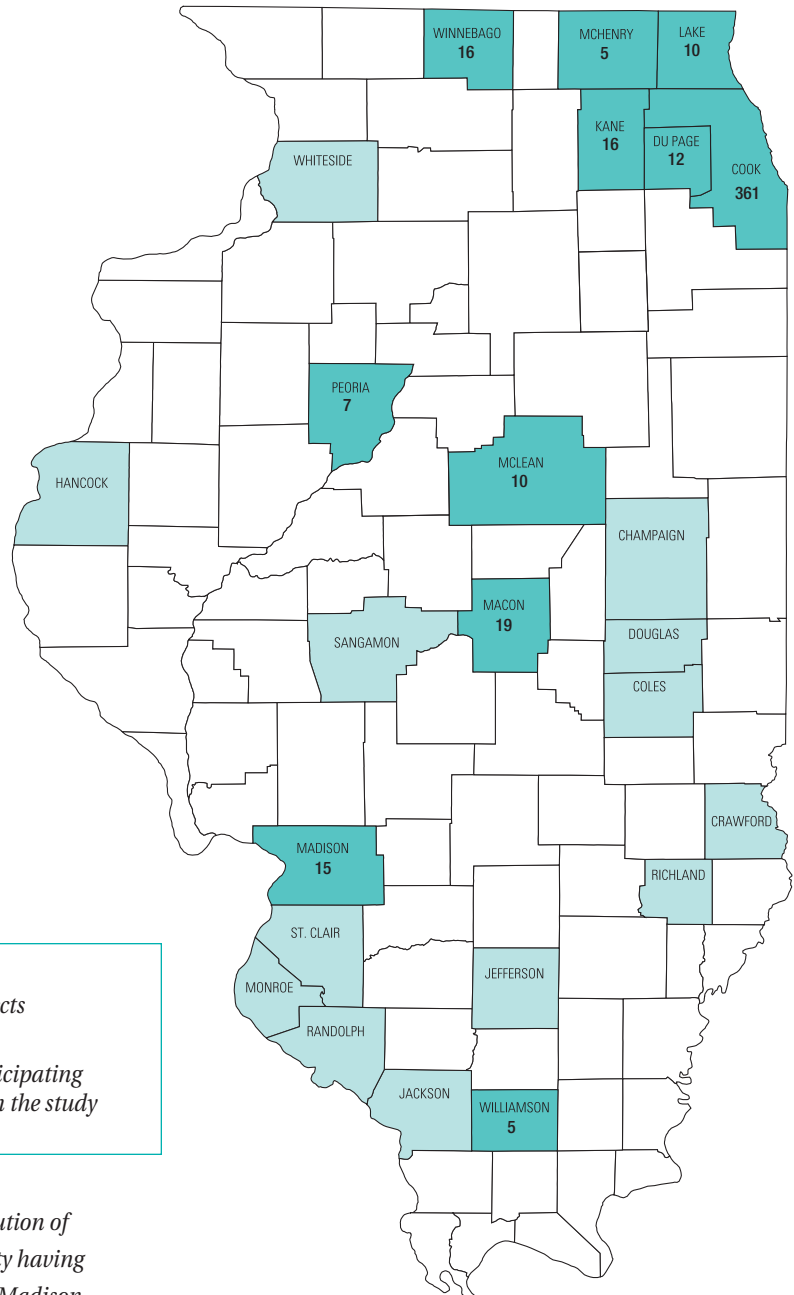
² Cuihane, D. et al. (2002). *The New York/New York Agreement Cost Study: The impact of supportive housing on services use for homeless mentally ill individuals*. Philadelphia: Center for Mental Health Policy and Services Research, University of Pennsylvania.

³ Arthur Andersen, LLP; Center for Mental Health Policy and Services Research, University of Pennsylvania; Kay E. Sherwood; & TWP Consulting. (2000). *Connecticut Supportive Housing Demonstration Program: Final program evaluation report*. New Haven, CT: Corporation for Supportive Housing.

⁴ Proscio, T. (2000). *Supportive housing and its impact on the public health crisis of homelessness*. San Francisco: Goldman School of Public Policy at the University of California at Berkeley.

Geography of Supportive Housing in Illinois

The Illinois Supportive Housing Study includes 476 residents from 11 different counties across the state. While the majority of the sample comes from Cook County, the study sample also includes residents from as far south as Williamson County and as far north as Winnebago County, as well as residents from the collar counties of Chicago. Residents are also represented from three counties in Central Illinois. Currently, 25 counties in Illinois have supportive housing units.



- Counties with current supportive housing projects
- Counties with supportive housing projects participating in the study and number of residents enrolled in the study

The sample is representative of the total distribution of supportive housing in Illinois, with Cook County having the most supportive housing in the state. Kane, Madison, and DuPage counties have the next largest concentrations of supportive housing units in the state and are represented in the sample as well.

Supportive Housing Resident Characteristics*

Fifty-four percent of supportive housing residents are male and 46 percent are female. A majority (70.1 percent) of residents are African American, and one quarter are White. The rest identify as Latino (3.4 percent), Asian (0.4 percent), and Other (0.8 percent).

The average age of supportive housing residents is 46.4 years. A majority of residents (53.2 percent) were between the ages of 31 and 50 at the time of enrollment.

More than 4 in 10 residents report experiencing mental illness. Over one third report having a history of drug abuse and more than one third report having chronic physical health problems. Over one quarter report being physically disabled, and more than one in five has spent time in prison.

Chart 1: Age of Residents (n=476)

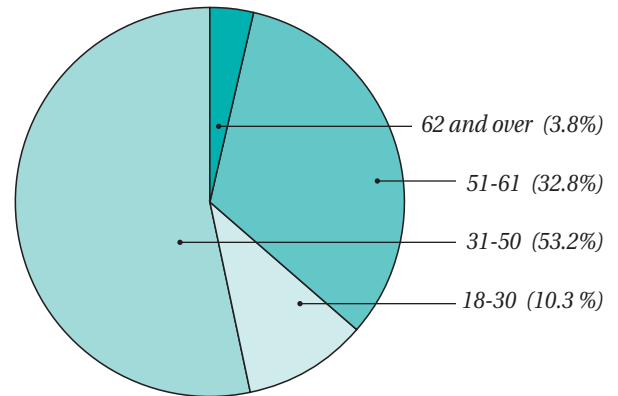


Table 1: Populations Represented (n=476)

Residents Identifying With...	Percent of Sample
<i>Mental illness</i>	43.5%
<i>History of drug-related problems/issues</i>	35.9%
<i>Chronic physical health problems</i>	35.9%
<i>History of alcohol-related problems</i>	31.7%
<i>Physical disability</i>	26.5%
<i>Formerly incarcerated</i>	22.9%
<i>Victim of domestic violence</i>	15.1%
<i>Developmentally disabled</i>	10.7%
<i>Veteran</i>	8.4%
<i>Living with HIV/AIDS</i>	2.1%

* All discussion of supportive housing resident characteristics in this brief refer to the 476 residents enrolled in the study.

Income and Supports of Supportive Housing Residents

Most supportive housing residents (96.2 percent) had some type of income at the time of enrollment. A majority of residents (64.3 percent) receive Food Stamps. Almost half (48.3 percent) receive some type of monthly disability income (SSI or SSDI). Over one third of residents receive Medicaid. Very few residents receive family income supports like TANF (Temporary Assistance for Needy Families) or child support.

Over one in five residents were employed at the time of enrollment. A majority of the employed residents in the sample (59.3 percent) work part time.

Residency in Supportive Housing

At the time of enrollment, the average tenure in supportive housing was 5.7 years and ranged from 1 day of residency to 19 years of residency. Just over one quarter have resided in supportive housing for 1 year or less. More than 7 out of 10 residents have lived in supportive housing for more than a year.

Table 2: Current Sources of Income and Other Supports (n=476)

<i>Income Sources</i>	<i>Percent of Sample</i>
Cash Assistance	
<i>Supplemental Security Income</i>	34.9%
<i>Employment Income</i>	21.0%
<i>Social Security Disability Insurance</i>	18.5%
<i>General Public Assistance</i>	7.4%
<i>Social Security</i>	5.3%
<i>Veteran's Benefits</i>	2.7%
<i>Temporary Assistance for Needy Families</i>	0.8%
<i>Unemployment Benefits</i>	0.8%
Non-Cash Assistance	
<i>Food Stamps</i>	64.3%
<i>Medicaid</i>	38.2%
<i>Medicare</i>	13.2%
<i>Child Support</i>	0.4%

Table 3: Resident Tenure (n=476)

<i>Resident Tenure</i>	<i>Percent of Sample</i>
<i>< 1 month</i>	4.4%
<i>1-2 months</i>	4.4%
<i>3-6 months</i>	6.1%
<i>7-12 months</i>	12.8%
<i>13 months – 24 months</i>	16.6%
<i>25 months – 3 years</i>	16.6%
<i>4 years – 5 years</i>	17.9%
<i>6 years – 7 years</i>	13.0%
<i>8 years – 10 years</i>	5.0%
<i>> 10 years</i>	3.2%

Housing History

Eighty percent of supportive housing residents have a history of homelessness. In the week before they entered supportive housing, a majority of residents (59.5 percent) lived doubled up with family and friends, lived in emergency shelter, or lived in transitional housing. 28.4 percent met the federal definition of homelessness — living in non-housing or living in an emergency shelter — the week before entering supportive housing. Almost one in five had been homeless for at least 4 years.

During their episode(s) of homelessness, nearly one-third (31.7 percent) of residents fit HUD’s definition of chronically homeless. A chronically homeless person is defined by HUD as an unaccompanied individual with a disability who has been continuously homeless for a minimum of 1 year or has experienced at least four episodes of homelessness in the last 3 years. Residents who have a history of mental illness and those who are either age 62 years and above or 30 years and younger were more likely to fit into the category of chronically homeless.

In the week before they entered supportive housing, a majority of residents (59.5 percent) lived doubled up with family and friends, lived in emergency shelter, or lived in transitional housing. Twenty-eight percent met the federal definition of homelessness — living in non-housing or living in an emergency shelter — the week before entering supportive housing.

Some populations were more likely to come from certain housing situations before they moved into supportive housing. Residents age 62 years and above were more likely to have lived with friends and family or lived in their own rental housing before moving into supportive housing. Residents who were formerly incarcerated were less likely to have lived with family and friends, but were more likely to come from a transitional housing program prior to entering supportive housing. Residents who experience mental illness were less likely to come from a transitional housing program, but more likely to have come from a psychiatric facility, hospital, or nursing home before moving into supportive housing.

Table 4: Prior Living Situation (n=465)

<i>Prior Living Situation</i>	<i>Percent of Sample</i>
<i>Living with family/friends</i>	21.7%
<i>Transitional housing</i>	19.1%
<i>Emergency shelter</i>	18.7%
<i>Rental housing</i>	10.1%
<i>Non-housing</i>	9.7%
<i>Substance abuse treatment facility</i>	3.2%
<i>Nursing home</i>	2.6%
<i>Psychiatric facility</i>	2.6%
<i>Jail/prison</i>	1.7%
<i>Hospital</i>	1.3%
<i>Other</i>	8.2%
<i>Unknown</i>	0.6%

Methodology

The study hypothesis is that supportive housing reduces a person's reliance on expensive state-funded emergency services. This study builds on the previous research by focusing on Illinois supportive housing residents who are homeless or at risk of homelessness and on those who have a mental illness and/or who were formerly incarcerated. Using service data provided by the Illinois Department of Human Services, Division of Mental Health and Division of Alcoholism and Substance Abuse, the Illinois Department of Healthcare and Family Services, and the Illinois Department of Corrections, the study will track individuals' reliance on state services during the 2 years before they entered supportive housing, comparing it to their reliance on state services during the 2 years after they entered supportive housing.

Eighteen providers in 11 counties agreed to participate in the study, accounting for 31 supportive housing projects and a total of 1,261 supportive housing units. Resident enrollment in the study began in the beginning of 2006 and lasted 7 months. Researchers made 33 enrollment visits, enrolling 476 residents out of a population of 1,261, a response rate of 39 percent. There were only 49 refusals, a 9 percent refusal rate.

Next Steps

Beginning in early 2007, the researchers will begin receiving residents' service utilization data from the participating state agencies. The next report, to be released by the end of 2007, will focus on residents' service utilization in the 2 years prior to entering supportive housing. The final report, to be released in 2008, will focus on service utilization after the sample entered supportive housing and will also present the final analysis.

For more information on the Study of Supportive Housing in Illinois and to download a copy of this brief, please visit <http://www.heartlandalliance.org/maip/index.html>



Mid-America Institute on Poverty of Heartland Alliance

The Mid-America Institute on Poverty of Heartland Alliance (MAIP) was established in 1989 as a vehicle for achieving systemic policy changes to improve the quality of life for poor and low-income individuals and families. MAIP achieves this through a variety of methods including: conducting research to illuminate issues, evaluating the effectiveness of innovative program models, creating dialogue among players on issues of importance, developing findings-based policy recommendations, and advocating for change with policy makers, administrators, and program implementers.

For more information call 773.336.6075 or email maip@heartlandalliance.org
www.heartlandalliance.org/maip/



Supportive Housing Providers Association

The Supportive Housing Providers Association (SHPA) is a statewide association of organizations who provide supportive housing. SHPA enables increased development of supportive housing and supports organizations that develop and operate permanent supportive housing. The Supportive Housing Providers Association:

- Connects its member organizations, both staff and residents, with each other, with best practices, and with state/national policymakers and funders;
- Educates stakeholders regarding the efficacy and cost-effectiveness of supportive housing; and
- Advocates for increased and integrated resources for supportive housing.

For more information call 773.588.0827
or email supportivehsg@aol.com
www.supportivehousingproviders.org



Corporation for Supportive Housing

(providing technical assistance for the study)

Established in 1992, the Corporation for Supportive Housing Illinois office works to promote the development of supportive housing to end long-term homelessness through three core products and services:

- Capacity building to enhance the supportive housing industry's skills and knowledge, so that the field has a greater ability to deliver high-quality housing and services over the long term;
- Financial and technical assistance to partners to expand the supply, availability, and variety of supportive housing;
- Promoting policy reforms and coordinated systems that make supportive housing easier to develop and operate.

For more information call 312.332.6690
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