

Under Pressure: Innovations Within and Beyond the PSH Model

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Alameda County Health

Context

- Evidence for housing retention within Permanent Supportive Housing is definitive – most “external” critiques are ill-founded
- However, “internal” self-reflective dialogue on pressures and systemic issues is critically needed
- Housing First under fire – distinguishing culture warring and bad faith arguments from real pressures
- Session focus is on the service model/philosophy of care, not development/operating costs pressures¹
- Reflections situated within the CA/west coast metro context

¹ [Permanent Supportive Housing as a Solution to Homelessness: The Critical Role of Long-Term Operating Subsidies - Turner Center \(berkeley.edu\)](https://www.berkeley.edu/)

Tensions and Pressure Points

Three Domains

Aging and Medical Fragility

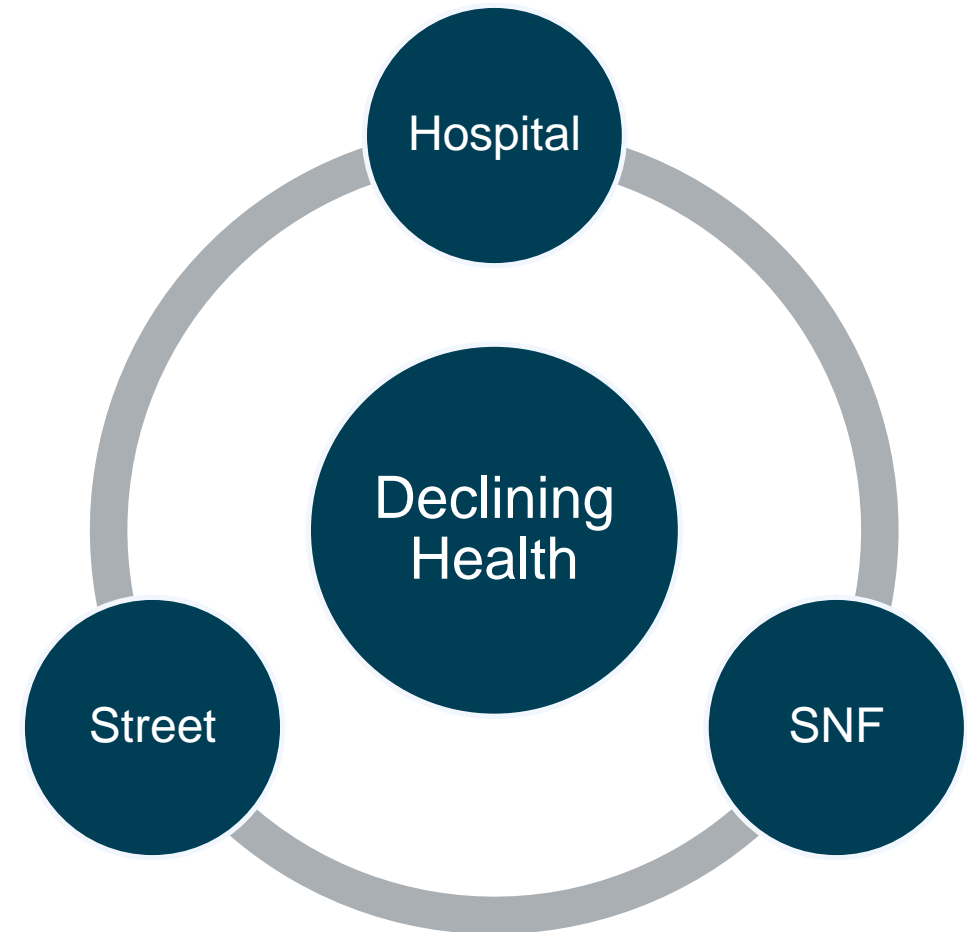
- Housing deprivation is a geriatric accelerator to where “50 is the new 75” (Margot Kushel), leading to premature death for many.
- Older adult homelessness will triple between 2017 and 2030.¹
- In California, 48% of homeless adults are over 50.²
 - 68% have been diagnosed with at least one chronic illness; 43% have at least one ADL limitation; high prevalence of comorbidities
 - One-third are Black versus just 6% of general population evincing stark disparities owing to entrenched structural racism
- In Alameda County, older adults (55+) exit to PH at a higher rate than the overall average
- But they return to homelessness at 6.5% higher rate than the system average (21.6% vs 15.1%), revealing real gaps in our housing system’s ability to serve the breadth of older adults needs.

¹ [New Report Predicts Aging Homeless Population Will Nearly Triple by 2030 - School of Social Policy & Practice \(upenn.edu\)](#)

² [California Statewide Study of People Experiencing Homelessness \(CASPEH\) \(ucsf.edu\)](#)

Aging and Medical Fragility in PSH

- Complex chronic illness and personal care needs are largely invisible to the existing model
- Many of those PSH-eligible cycle through institutional placements (at high public costs), unable to live stably in housing within the community
- Diminished quality of life in more restrictive settings (Skilled Nursing Facilities, Nursing Homes, etc.) often leading to increased morbidity and mortality
- Existing widely available in-home care options prove to be insufficient and more comprehensive care inaccessible



High-Risk Behaviors and Challenges

- HRBCs can be risks to self (overdose, suicide/self-injury) and risks to multiple parties and structures (fires, violence, takeovers, trafficking, etc.)
- Preventative and reactive approaches: clinical, relational/educational, surveillant, restrictive, legal, strategic, design-based, etc.¹
 - E.g., Exclusionary policies (preventative-restrictive), restraining orders or eviction proceedings (reactive-legal), assessments/safety plans (preventative-clinical) may all be used in addressing violence
- Little research tracking housing outcomes across approaches, and some limited translatability of other evidence-based practices within PSH contexts (e.g., safe consumption rooms on site).²
- Complex intersections between addressing HRBCs and limiting self-determination – PSH as sites of social control
- Divergent value and response frameworks among residents based on lived experience (e.g., differing responses to surveillant or restrictive approaches)

¹ [Managing high-risk behaviours and challenges to prevent housing loss in permanent supportive housing: a rapid review \(biomedcentral.com\)](https://www.biomedcentral.com)

² Ibid.

Social Connectedness and Isolation

- Social recovery is fundamental to all recovery, though the homeless sector has had limited integration of recovery philosophy generally and even more limited effectiveness in *social* recovery.
- While demonstrably effective in other domains, PSH shows little evidence for enhanced social integration.
- Social disruption, voucher guilt, and the “uneasy plateau”¹ of social relationships as primary driver of housing retention risks.
- Distinguishing between “unit takeovers” (I.e., victimization) and social connection.
- Services staff often mediating between policy enforcement of the single unit and social connection.²

¹ [Social relationships among persons who have experienced serious mental illness, substance abuse, and homelessness: Implications for recovery - PubMed \(nih.gov\)](#)

² [“The apartment is for you, it’s not for anyone else”: Managing social recovery and risk on the frontlines of single-adult supportive housing. - PMC \(nih.gov\)](#)

Philosophical, Cultural, and Systemic Considerations

The Medicalized Subject

- Individualistic assessment and housing match models
- Diagnosis and trauma history-based vulnerability frameworks
- Systems inattentive to unique cultural, social, and community needs

- White western conceptual framework for housing/living
- Tendency to pathologize existing social relationships (e.g. “takeovers”)
- Forms of tenancy in tension with permeable living within community

“One to a Unit” Ideology

KC's Story: Community First

- KC's reflections on the complicated work of ending homelessness:

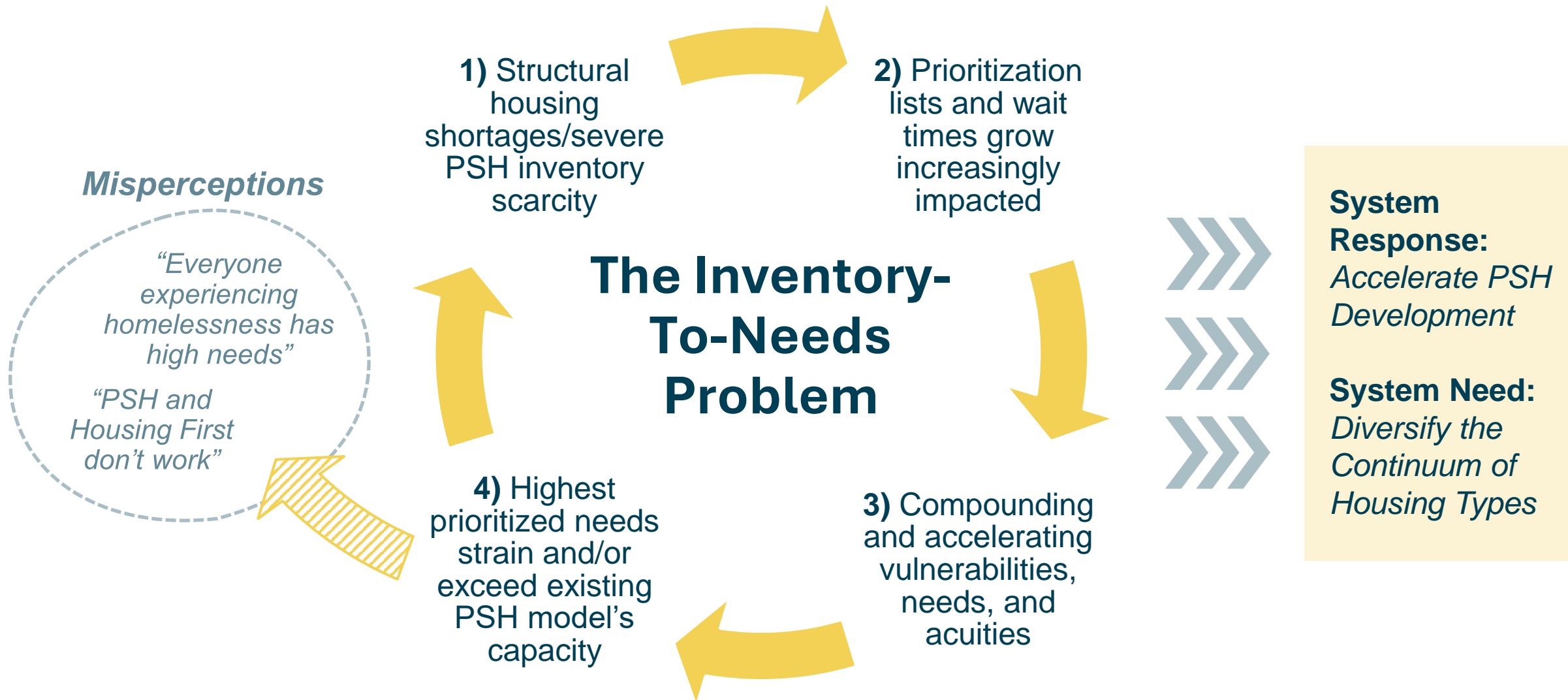
“There are people who mentally cannot be alone...They survive in our homeless communities because **we make room for them.**”
- Priceless Dishware Sets

“If you have a set of priceless dishes, and one plate has a fine hairline crack in it. You know that you don't just give that to anybody sitting at the table. You don't just send it anywhere, or to the kids table, you know. You always end up with that plate because you're the one who knows not to hit it too hard with your knife or not to drop the fork in it. Because...**that plate is part of the set.**”¹



¹[According to Need - 99% Invisible \(99percentinvisible.org\)](https://99percentinvisible.org/)





Innovations Within and Beyond

Alameda County, CA

Supportive Housing Community Land Alliance



From 2020-2023, **1,600 beds were lost in Alameda County** due to the closure of board and care homes.

Los Angeles Times

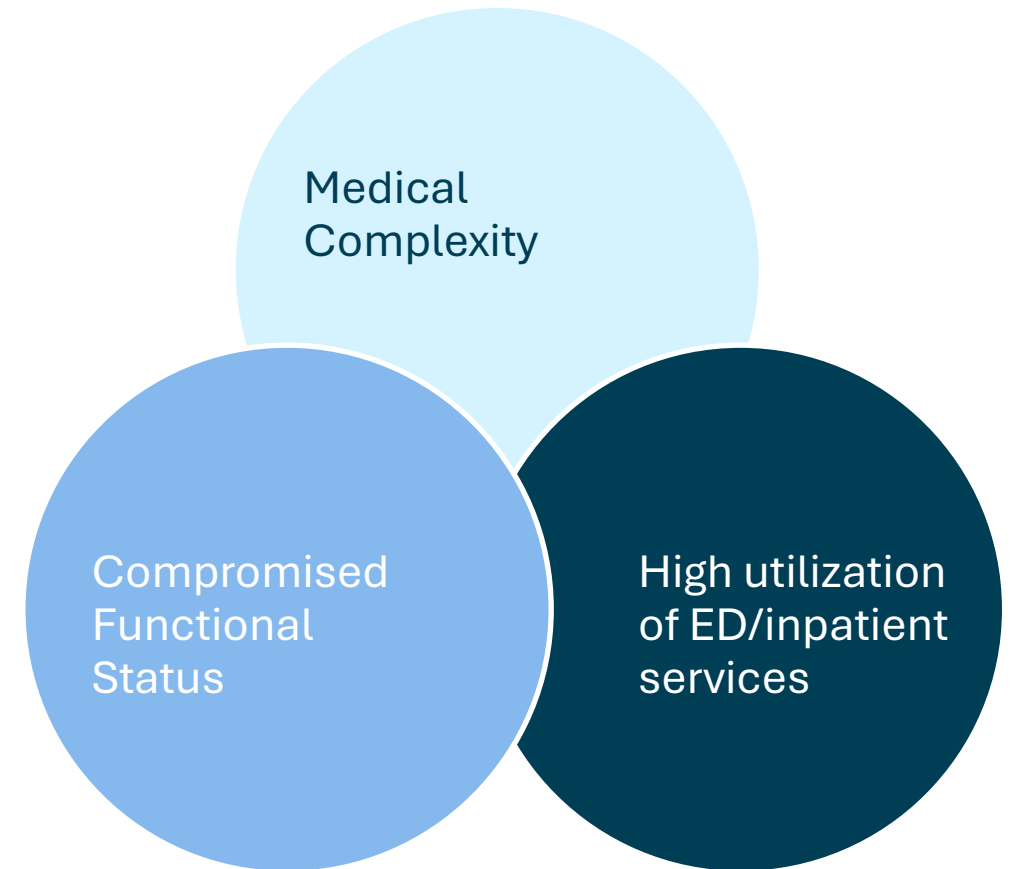
CALIFORNIA

Board and care homes could make a dent in homelessness but remain underfunded, study finds



Creation of the Medically Frail Housing Model: Enhanced Permanent Supportive Housing

- Defined Eligibility Criteria for Medically Frail Residents (must satisfy all)
 - Currently homeless
 - High healthcare utilization: >7 ED visits or >1 hospital admission in the prior year
 - Functionally compromised
 - Complex chronic illness
- Cohorted those qualifying as medically frail at a future Permanent Supportive Housing site (Oak Days)
- Funded through County seed funding and HCBS Waiver matrix



Program Outcomes

- Among individuals who were housed for 180 days or more, OakDays residence was associated with ~80% reduction in:
 - ED visits (psychiatric and medical)
 - Skilled nursing facility admissions
 - Inpatient admissions
- Estimated **\$3.5 million reduction** in healthcare spending for OakDays residents over a 180-day period
- Estimated **\$8.4 million reduction** in healthcare spending for OakDays residents between 1/1/2021 and 12/31/2022

