



Housing and Youth

June 12, 2019

Housing Instability Webinar Series

Part 1: The Intersection between Health and Housing	Wednesday, November 14, 2018	Click here to view webinar
Part 2: Navigating the Shelter System	Wednesday, December 12, 2018	Click here to view webinar
Part 3: Permanent and Supportive Housing	Wednesday, January 16, 2019	Click here to view webinar
Part 4: Affordable Housing	Wednesday, January 30, 2019	Click here to view webinar
Part 5: Eviction Prevention	Wednesday, February 20, 2019	Click here to view webinar



Developed in partnership
with 1199SEIU Training
and Employment Funds



Upcoming Housing Workshop

Housing and Justice-Involved

Wednesday, June 26th | 9:00am - 11:00am

1283 York Avenue, 3rd Floor, Room A-301

[Click here to Register](#)

All are welcome to attend.

Limited seating for each workshop.

Learning Objectives

Attendees will be able to:

- understand and discuss the state of youth homelessness in NYC
- understand and identify homeless services for youth
- discuss how supportive housing and rapid rehousing programs help address youth homelessness and how to access these programs
- identify strategies on engaging youth around their housing needs
- describe the challenges of maintaining housing for youth and how hospitals can help this population



Agenda

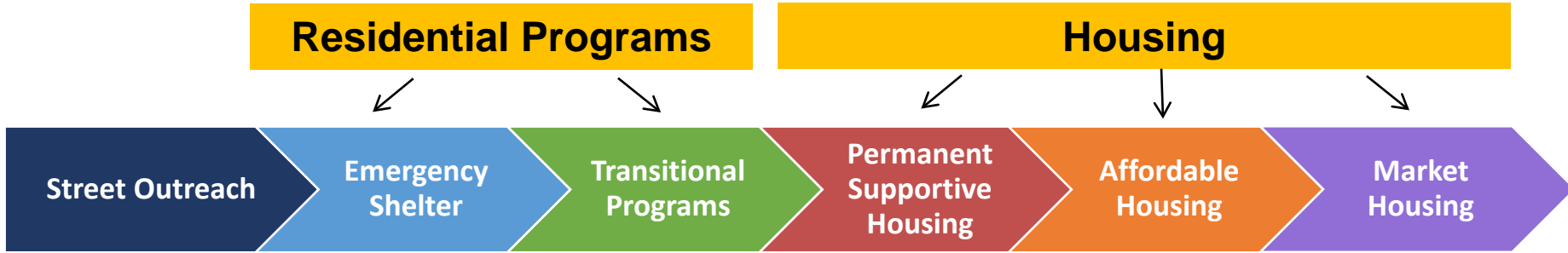


Workshop Agenda	Facilitator(s)	Time
Check-In & Introductions	Patricia	9:00am – 9:10am
Overview of Youth Homelessness and Homeless Services	Bonnie	9:10am - 9:30am
Jericho Project: Housing Formerly Homeless Youth Adults through Supportive Housing	Kieran	9:30am – 9:50am
Break	All	9:50am – 10:00am
Jericho Project: Rapid Re-Housing and Challenges working with Homeless Youth	Constance	10:00am – 10:30am
Q&A / Open Discussion	All	10:30am - 10:50am
Evaluations	All	10:50am – 11:00am

Youth Homelessness in New York City

- Definition: Homeless youth are typically defined as unaccompanied young people ages 12–24 who do not have a permanent place to stay and who are living in shelters, on the streets, in cars or vacant buildings, or are “couch surfing” or living in other unstable circumstances.
- January 22, 2018 Homeless Youth Count
 - 7,374 total homeless youth (24 years and under)
 - 220 unsheltered; 7,154 sheltered
 - 2,142 unaccompanied youth
 - 2,422 parenting youth
 - 2,810 children with parenting youth
- Chapin Hall study
 - Almost all homeless youth were people of color
 - 50% identified at LGBTQ+
 - 20% were pregnant or parenting
 - 50% had been involved in foster care, juvenile detention, prison, or jail

Continuum of Shelter/Housing in New York City



Other

- Jail*
- Nursing Home*
- Hospital*

Street Outreach

Safe Horizon

- 209 West 125th Street, NY, NY 10027
- Brooklyn, Staten Island & Manhattan below 59th Street, call (646) 342–9861
- Queens, Bronx, & Manhattan above 59th Street, call (917) 804–9758

Ali Forney Center (AFC)

- For homeless, runaway, street-based and at-risk LGBTQ youth ages 16-24
- Mobile Outreach program operates out of a van, providing services and delivering supplies to LGBTQ homeless and street-based youth in the evenings and on the weekends throughout the five boroughs.
- Referrals to services;; harm-reduction focused HIV/STI prevention information; escorts to drop-in centers, shelters, public transportation, or emergency health and mental health services; preliminary intake assessments AFC housing and case management services; and provides safer-sex supplies, hygiene supplies, underwear and socks, food and water
- <https://www.aliforneycenter.org/programs/outreach/>

Emergency Shelter

Youth Drop-In Centers

Manhattan

[Ali Forney Center](#)

Open 24 hours, 7 days a week

321W 125th Street, New York NY 10027; (212) 206-0574

[The Door](#)

Mon -Fri: 11am-8pm, Wed: 11am-10pm, Sat: 11am-7pm

555 Broome Street, New York NY 10013; (212) 941-9090

[Safe Horizon Streetwork Harlem](#)

Mon-Tues and Thurs-Sun: 10am-6pm

209 West 125th Street, New York NY 10027; (212) 695-2220

[Safe Horizon Streetwork Lower East Side](#)

33 Essex Street New York, NY 10002

General hours: Mon., Tues., Thurs. and Fri. 1 p.m. - 5 p.m.

Intake Hours: Mon., Tues., Thurs., Fri., from 10:15 a.m. – 11:30 a.m.

Bronx

[Cardinal McCloskey Services](#)

Open 24 hours, 7 days a week

333 East149th Street, Bronx NY 10451; (718) 993-5495

Emergency Shelter

Youth Drop-In Centers

Brooklyn

[SCO Family of Services](#)

Open 24 hours, 7 days a week

398 Grant Avenue, Brooklyn NY 11211; (718) 277-6403

Queens

Sheltering Arms/[Safe Space](#)

Open 24 hours a day, 7 days a week

89-74 162nd Street, 3rd Floor, Jamaica NY 11432; (718) 526-2400 ext. 2077

[Sheltering Arms](#)

1600 Central Avenue, Far Rockaway NY 11691

Monday-Thursday 10am -8pm, Friday 10am-7pm, Saturday 12pm -8pm

(718) 471-6818 x2123

Staten Island

[Project Hospitality](#)

Open 24 hours, 7 days a week

27 Port Richmond Avenue Staten Island NY 10302; 718-876-4752

Emergency Shelter

DYCD Crisis Services Program

Crisis Services Programs offer emergency shelter for runaway and homeless youth up to the age of 21. These voluntary, short-term residential programs provide emergency shelter and crisis intervention services aimed at reuniting youth with their families or, if family reunification is not possible, arranging appropriate transitional and long-term placements.

For more information, call Youth Connect at 800-246-4646.

Emergency Housing

Ali Forney Center Emergency Housing Program

- Shared homelike apartments in Queens and Brooklyn
- Four emergency housing sites with a total of 52 beds
- Waitlist of 200 young people
- Average stays of 1–6 months



Transitional Programs

Transitional Independent Living (TIL)

Transitional Independent Living (TIL) facilities provide homeless youth 16–21 with support and shelter as they work to establish an independent life.

- All TIL Programs are open 24 hours a day, 365 days a year.
- Typically must first visit Crisis Shelter and obtain a referral to TIL facilities.
- Stays up to 18 months (or longer if youth is not yet 18 years old when the 18-month limit is reached).
- Services offered at TILs include:
 - Educational programs
 - Vocational training
 - Job placement assistance
 - Counseling
 - Basic life skills training

Ali Forney Center

- 72 transitional housing beds in shared apartments throughout Manhattan and Brooklyn.
- Young people can reside in our more independent Transitional Housing Programs for up to two years, while they maintain employment, continue their education and prepare for living on their own.

Supportive Housing

NY/NY III (*Scattered-site & Congregate*)

- Population C: Young adults with SMI or Severe Emotional Disturbance who are at risk of homelessness
- NYS OMH: Dr. Elizabeth Sieger, Young Adult Housing Liaison
(212) 330-1672 Elizabeth.Sieger@omh.ny.gov
- CAPS HRA 2010e
- Population I: Young adults aging out of foster care who are at risk of homelessness
- NYC ACS: Paul Williams, Client Support Specialist
(212) 676-6779 Paul.williams@acs.nyc.gov
- CAPS HRA 2010e

NYC 15/15 (*Scattered-site & Congregate*)

- Services funding for Population 3: young adult individuals (ages 18-25 years) who are homeless or at risk of homelessness with high service utilization of DHS, DYCD RHY, or ACS Foster Care and have risk factors
- Population 4 – Young adult families with children or pregnant women 18-25 where the head of household is homeless or at risk of homelessness with high service utilization of DHS, DYCD RHY, or ACS Foster Care and have risk factors
- NYC HRA, CAPS HRA 2010e

Supportive Housing

Empire State Supportive Housing Initiative (ESSHI)

- Youth/Young adults who left foster care within the prior five years and who were in foster care at or over age 16
- Homeless young adults between 18 and 25 years old
- Adults, youth or young adults reentering the community from incarceration or juvenile justice placement, particularly those with disabling conditions;
- Apply directly to the program
 - Soon will go through CAPS

Medicaid Redesign Team (MRT) Health Home Supportive Housing Program

- Enrolled in or eligible for Health Home (2+ chronic illness or SMI or HIV/AIDS and in need of support services)
- High Medicaid utilization (defined differently program to program)
- Apply directly to the program
- [2018 Award Winners](#)

NYC Coordinated Assessment and Placement System (CAPS)

- CAPS is NYC's initiative to meet the HUD requirement of Coordinated Entry to ensure we are serving the most vulnerable clients and placing them into permanent housing
- Beginning with PSH but intent is to expand to other types of housing
- HRA leading CAPS development in PACTWeb
- Coordinated Assessment Survey is the entry point to CAPS
 - Universal assessment tool to determine potential eligibility for housing and/or rental subsidies
 - Required before beginning 2010e
- Standardized Vulnerability Assessment (SVA) prioritizes people as High, Medium or Low based on Medicaid utilization, systems contacts, and functional impairments

Resources

- [DYCD's Youth Connect](#)
 - A resource and referral service for youth, families and community-based organizations (CBO) utilizing web-based strategies and confidential toll-free hotline. Youth Connect's mission is to increase access to and visibility of New York City's opportunities for young people by serving as a one-stop shop for all youth-related resources in NYC.
 - Provides information and assistance to callers in over 180 languages.
 - 1-800-246-4646 or 1-646-343-6800
- [New York City Youth Count 2018](#)
- [A Youth Homelessness System Assessment for New York City by Chapin Hall](#), May 2019

A Youth Homelessness System Assessment for New York City



Housing Formerly Homeless Young Adults

Kieran Ruppert, LMSW



Introduction

- Walton
 - Permanent supportive housing for 89 veterans and young adults
 - We provide services for 33 young adults ages 18-25 who have aged out of foster care or have a history of homelessness
 - These services include referrals to physical/mental health providers, crisis intervention, employment and education goals, etc.
- Me
 - Assistant Director at Walton
 - Ensure we are following OPRE standards, work with the young adults

Permanent Supportive Housing

- Apartments, with leases, where tenants live as long as they are not evicted
 - Pay rent, don't regularly start fights with neighbors
- Supportive services to help tenants retain housing
 - Reminding them to pay rent, providing alternatives to fighting with neighbors
- We can provide referrals to physical and mental health providers as well as detox and rehab facilities
 - Work with young adults on finding employment, exploring school and vocations
- When necessary, call mobile crisis or 911 for medical or emotionally disturbed person

What Young Adults need as they move into housing

- **Understanding of their rights and responsibilities**
 - Difference between shelter and apartment. Lease comes with crucial stability protections but also monthly rent payments
- **Trust and support**
 - As formerly homeless young adults move into housing, they have experienced some degree of trauma and time to build trust and regularity is an important part of their transition into housing (Muller 2013).
 - This means showing them what they can expect, if they break a rule they will receive a letter, if they break a significant rule they could be taken to court, if they show a cry for help staff will respond (Bath 2008).

Supporting Independence

- Studies participants feel like they continue to be treated as children, and they receive mixed messages regarding their need to be increasingly autonomous while following rules (Munson, Stanhome, Small & Atterbury 2017).
- Findings underscore the importance of both listening directly to service users, and developing young adult supportive housing programming expressly designed to meet the unique needs of marginalized young adults transitioning to increased independence and self-sufficiency.
- At Walton, service plans are highly individualized and we similarly have employment/educational incentives based off the service plan where tenants can earn up to \$2000 for meeting goals they set.

Tenants co-supporting each other

- One of the goals of supportive housing is to improve social support networks of tenants. An area of concern is staff replacing the social element which friends should fill. (Goerig, Jurbin, Foster, Boyles, Babiak & Lancee 1992).
- At Walton House we have a young adult peer mentor who facilitates weekly dinners which serve as both harm reduction to put carbs in bodies early on a Friday evening as well as a social gathering.
 - We have found that tenants will become friends and team up on their goals, so two people who want to go through security training are more likely to go together than they would be to attend on their own.

Hospital Role, Stabilize

- Housing Role, maintain stabilization
- Transferring into housing, we ideally want to set them up with primary care physicians to avoid for example tenants going to the ED for a toothache
- We have found pushing tenants to get their annual physical incentivizing it with a movie ticket has been effective
- For more appropriate hospital utilization –suicide attempts, serious physical conditions– coordination is most important
- So, if tenant is let out of hospital after being held in psych unit, we want psych eval, where they are being referred to for outpatient, what barriers exist to tenant attending that outpatient appointment
- If HIPAA paperwork is in order, speaking with case manager from housing to fill them in on what to expect as they may lack the expertise someone from the hospital system should have

Psychiatric and Substance Use Hospitalizations

- Persistent substance users have a psychiatric hospitalization rate more than twice as high as the those who do not use or use infrequently (Safer 2006).
- An important role hospitals can play is routinely testing all hospitalized young adult chronic patients for drug and alcohol abuse.
- Use outside sources to obtain information on substance abuse, since most patients deny abuse.
 - So, evaluate everyone for substance use, if you find out they live in supportive housing, reach out to their case worker. Collaboration is key (McDaniel, Gillspie, Hong, Cunningham & Pergamit 2019).

Resources

- Coordinate with case workers who can go over what is realistic
 - Discharging someone from the psych unit with no interest in medication or therapy is fine, but they should have an idea of what to expect and how soon they will be back in the unit
- ACT Teams, SPOA application

Sources

- Munson, M. R., Stanhope, V., Small, L., & Atterbury, K. (2017). "At times I kinda felt I was in an institution": Supportive housing for transition age youth and young adults. *Children and Youth Services Review*, 73, 430-436.
- Muller, R. T. (2013, August 16). Homelessness as Trauma. *Psychology Today*. doi:<https://www.psychologytoday.com/us/blog/talking-about-trauma/201308/homelessness-trauma-0>
- Safer, D. J. (1987). Substance Abuse by Young Adult Chronic Patients. *Psychiatric Services*, 38(5), 511-514.
- McDaniel, Marla, et al. "Full Report." *Urban Institute*, May 2019, www.urban.org/research/publication/stabilizing-families-supportive-housing/view/full_report.
- Bath, H. (2008). The Three Pillars of Trauma-Informed Care. *Reclaiming Children and Youth*, 17(3), 17-21.
- Goering, P., Durbin, J., Foster, R., Boyles, S., Babiak, T., & Lancee, B. (1992). Social networks of residents in supportive housing. *Community Mental Health Journal*, 28(3), 199-214. doi:10.1007/bf00756817
- <https://www.sciencedirect.com/science/article/pii/S0190740916304716>
- <https://www.psychologytoday.com/us/blog/talking-about-trauma/201308/homelessness-trauma-0>
- https://www.urban.org/research/publication/stabilizing-families-supportive-housing/view/full_report
- <https://www.ncbi.nlm.nih.gov/pubmed/3596487>
- <https://s3-us-west-2.amazonaws.com/cxl/backup/prod/cxl/gklugiewicz/media/507188fa-30b7-8fd4-aa5f-ca6bb629a442.pdf>
- <https://link.springer.com/article/10.1007/BF00756817>

Rapid Rehousing In NYC!

Constance Barry, MSW
Program Director
Jericho Project
New York City



Rapid Rehousing in NYC: The FACTS

Objectives:

What is Rapid Rehousing?

Why RRH works?

Who is Eligible?

Who do we serve?

Important Takeaways

What Medical and Mental Health Hospital
Professionals can do?



What is Rapid Rehousing?

A solution to homelessness

- Core Components of RRH are...

Housing Identification + Rental assistance+ Case Management

- Why RRH?
 - ❖ Housing First: Low barrier
 - ❖ Client driven: Strength based
 - ❖ Cost Effective

Improvement Based on Data

- 1. Reduce the length of time program participants spend homeless
Success: Households in the program move to permanent housing in an average of 30 days or less
- 2. Exit households to permanent housing
Success: At least 80% of households in the program exit to permanent housing
- 3. Limit returns to homelessness within a year of program exit
Success: At least 80% of households that have exited a RRH program to permanent housing should not become homeless again in the next year

Eligibility Criteria for RRH

- You must be under the 50% Area Median Income (AMI)
- You must be literally homeless in shelter or street homeless
- You must be between the ages of 18-24
- For families you must have one child under the age of 18 years old

Key Focus Areas -

- Engagement and Assessment
- Housing and Rental Assistance
- Case Management
- Lifeskills

Who do we serve?

RRH has worked with 240 young adults ages 18-24, coming from emergency shelter or street homelessness

Most reported reasons for homelessness

- due to family discord,
- Their own choice
- Because of their lifestyle/ing LGBTQ
- Sudden Lost of Housing
- Relocation to NYC
- Overcrowding
- Aging out of Foster care/ Group Homes
- Loss of Job or Reduced Income

Race

- 80.6% Black
- 7.3% White
- 6.1% don't know or refused
- 3.6% American Indian
- 2.4% Pacific Islander
- .4% Asian

Gender

58.7% Female

38.1 Male

- Over 65% identify as **LGBTQ**

Top 4 Barriers to housing

- self-reported Mental Health or Substance Abuse history at admission
- disclosed experiencing Domestic Violence
- reported criminal background
- reported having bad credit and 52% reported having no credit at all

Important Facts to consider!!!

“Young adults aged 18-25 years have the highest prevalence of AMI (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%).”- 2017 NIMH

“The prevalence of AMI (Any Mental Illness) was higher among women (22.3%) than men (15.1%).” -2017 NIMH

On a single night in 2016, there were approximately 35,686 unaccompanied homeless youth throughout all of the United States. (HUD, 2017) 89% or 31,862 individuals were youth between the ages of 18 and 24 in 2016. -(HUD, 2017)

Important Takeaways and Challenges with working with homeless youth and Young Adults

- ★ How you message the program-Promoting Shared housing – it's more affordable
- ★ Income instability: Coordination with employment services
- ★ Landlords reluctance to house
- ★ Mental Health and Substance use concerns
- ★ Mediating roommate/landlord conflict
- ★ Educate young adults and landlords on tenant rights
- ★ HOUSING FIRST ISN'T HOUSING ONLY!!
- ★ How you measure success
- ★ Building lifeskills: Contribution forms from Day 1
- ★ Coordinate with other community providers when you, or the young adult, needs additional assistance

- ★ Lack of consistent Communication-cell phone
Lack of Community/family Supports



How can you help?

1. Assessing when patients may be homeless
2. Knowing about housing resources like RRH
3. Coordinating with Housing providers upon discharge from the hospital
4. Completing applications for Supportive Housing when applicable
5. Providing Trauma informed and Strength based care
6. Knowing affirming LGBTQ resources that provide treatment

Thank you !!

Contact Information

Email: Cbarry@jerichoproject.org Website:

www.jerichoproject.org

Intake Contact: [Cheyenne Deshields](#)

Email: Cdeshields@jerichoproject.org

Thank you (and Evaluations!)