Health and Housing: A Comprehensive Study of Scattered Site Supportive Housing in New York

City (NYC)

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ABSTRACT

This thesis examines the impact of scattered-site housing on health outcomes for residents, focusing on the efforts of BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services. Through in-depth interviews and data analysis, the study identifies key health-related challenges, including chronic illness, lead exposure, asthma, infectious diseases, overcrowding, and addiction. The findings highlight the holistic strategies employed by these organizations, such as comprehensive support services, case management, advocacy for healthcare access, and community integration. Despite the persistent high healthcare utilization due to chronic conditions, these organizations demonstrate a commitment to improving health and stability for their clients. Policy recommendations include increased funding for support services, better coordination between healthcare providers and housing agencies, expanded access to affordable housing, and data-driven approaches to measuring health outcomes. This research underscores the critical intersection of housing and health, advocating for integrated strategies to foster healthier, more resilient communities.

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Table of Contents

List of Tables

List of Figures

INTRODUCTION

During the 1980s, the issue of visible homelessness emerged as a significant concern within the urban landscape of the United States (Eisenberg 2017, 915). The substantial number of men, women, and children found on the streets and in makeshift shelters across the nation, signaled a significant concern, reminiscent of the challenges faced during the Great Depression in the 1930s (Weitzman et al. 1990, 125). Various hypotheses have been proposed to explain this sudden surge in homelessness during this period, including the discharge of mentally ill individuals from state institutions and the reduction of government-funded housing and social service assistance programs for low-income individuals (Salit et al 1998, 1734) (OpenLab, 2017). Other scholars suggest that the proliferation of crack-cocaine in the mid-1980s exacerbated the situation, particularly impacting Black and Brown single-individuals (OpenLab, 2017). Despite the decline of this epidemic, the strain on the shelter system persisted, underscoring the complex nature of the issue.

While the precise origins of homelessness remain multifaceted, the ramifications of its profound impacts on individual and familial well-being are indisputable. Extensive research underscores the intricate relationship between homelessness and adverse physical and mental health outcomes in the United States (Salit et al., 1998, 1734). Individuals experiencing homelessness experience many barriers to accessing appropriate medical and mental health care (Funk et al. 2022, 458). Consequently, homeless populations experience increased reliance on emergency room services, a dearth of preventative health interventions, service

fragmentation, and inadequate follow-up (Funk et al. 2022, 458). Additionally, exacerbations of chronic disease and cancer often lead to premature disability and prolonged hospital stays for homeless populations (Funk et al. 2022, 458). Homelessness renders individuals and families susceptible to victimization and exploitation, further exacerbating their health challenges (Funk et al. 2022, 458). The circumstances associated with homelessness impede their adoption of healthy lifestyle choices and hinder health promotion efforts (Funk et al. 2022, 458). Concurrently, mental health disorders, in particular alcohol and drug dependence, are prevalent among homeless populations (Onapa et al. 2021, 448). Studies indicate heightened rates of severe mental illness, addiction disorders, and other significant health issues among homeless adults (The Coalition of the Homeless, 2023). Remarkably, a disproportionate number of unsheltered homeless individuals in New York City belong to Black and Hispanic/Latinx communities, emphasizing the intersectionality of homelessness and racial disparities (The Coalition of the Homeless, 2023).

In recent years, communities across the United States have made significant investments in addressing homelessness through permanent supportive housing (PSH) initiatives (Corinth 2017, 69) (Kresky-Wolff et al. 2010, 214). Permanent supportive housing provides consistent housing and medical services for individuals with co-occurring disorders and has been effective in urban areas, with recent applications in rural settings (Weiland, 2016). PSH programs have emerged as vital components of homeless mitigation strategies, offering improved residential stability and access to comprehensive support services, including employment opportunities and health specialists (Spector et al. 2020, 2025). The expansion of PSH has been notable, with the number of available beds increasing significantly from 2007 to

2014, reflecting increased funding from federal, local, and private sources (Corinth 2017, 69).

Recognized as one of the most extensively studied and effective strategies for addressing homelessness among highly vulnerable populations (Henwood et al, 2023, 2), PSH has shown promising outcomes in enhancing housing retention, quality of life, and health outcomes. However, while research underscores the positive impact of PSH on overall quality of life, there remains a need to explore its implications for physical and mental health (Spector et al. 2020, 2052). Understanding this relationship is crucial for a comprehensive understanding of the broader societal benefits derived from PSH initiatives, particularly in the context of reintegrating individuals and families into the socioeconomic fabric of society (Spector et al. 2020, 2053)

Various implementation approaches exist for PSH, with Place-Based Permanent Supportive Housing (PB-PSH) and Scattered-Site Permanent Supportive Housing (SS-PSH) being among the most common (Henwood et al, 2023, 2). SS-PSH has become a popular, innovative, and versatile approach within the framework of PSH. Unlike the more traditional PSH model, where housing units are concentrated in centralized facilities, SS-PSH integrates affordable housing within the broader community and offers more significant advantages to its residents, including better employment prospects and enhanced educational opportunities for both adults and children. (Larsen 1997, 3-4).

For my thesis, I conduct a comprehensive investigation into the Scattered Site Supportive Housing (SSSH) model that will address opportunities and challenges faced by residents in New York City. Through an extensive literature review and three in-depth interviews with various scattered-site agencies in NYC, my study aims to highlight the

advantages and limitations of the SS-PSH model in NYC, particularly in its role in mitigating health disparities. My research will include a thorough literature search on Scattered Site Supportive Housing in New York City and interviews with three prominent SS-PSH agencies. These interactions will provide nuanced insights into the background of their work, the complexities of scattered-site housing, and the associated benefits and challenges with this model.

More specifically, my thesis seeks to answer the following two questions: What are the critical factors within the scattered site supportive housing model (SSSH) in New York City that impact health and wellness among low to moderate-income residents? How can these factors be addressed through policy and programmatic recommendations to improve residents' health and wellness?

A fundamental aspect of this work is to attain a holistic understanding of how we can enhance the well-being of the homeless population through policy recommendations targeting affordable housing using NYC as a case study. I believe that an improved housing model can translate into tangible improvements in health outcomes and serve as a preventative measure against premature mortality, particularly for Black and Brown families. My work will underscore the link between health and housing and allow me to gain insight into the concerns and perspectives of these communities. I will formulate concrete recommendations and solutions that can contribute to the refinement of this housing model for communities outside of NYC including Boston.

LITERATURE REVIEW

    I.   **History of Homelessness in the USA**

Homelessness in the United States is a multifaceted issue with a rich history of

significant developments (National Academy of Sciences, 2018, 19). Globally, it is estimated

that 150 million people are homeless, and 1.8 billion people lack adequate housing (Onapa et

al. 2021, 448). Its modern roots can be traced back to the emergence of organized skid row

communities in the late 19th century, where individuals, predominantly homeless, sought

communal living (Funk et al., 2022, 457). During this era, the absence of robust social programs

left marginalized individuals grappling with many challenges, including substance abuse, mental

health issues, and fractured familial support systems. Consequently, they faced daunting

societal stigma and limited access to essential social services (Funk et al., 2022, 457).

Furthermore, urban cities and centers plagued with overcrowding, poor hygiene, and

rudimentary sanitation, served as breeding grounds for major infectious disease outbreaks

(National Academy of Sciences 2018, 179).

The trajectory of addressing homelessness in the United States took a significant turn

during the Great Depression of the 1930s. This period witnessed the inception of social welfare

programs tailored to alleviate homelessness, marking a critical moment where governmental

intervention became more pronounced (Funk et al., 2022, 457). The Emergency Relief and

Construction Act of 1933, for instance, created the Reconstruction Finance Corporation (RFC) to

provide public funds to corporations for constructing housing for low-income families (National

Academy of Sciences 2018, 179). Additionally, the National Industrial Recovery Act of 1933,

empowered the Public Works Administration to utilize federal funds for slum clearance, low-

cost housing, and subsistence homesteads, resulting in the production of close to 40,000

housing units that year (National Academy of Sciences 2018, 179). These legislative initiatives

marked significant strides in addressing the housing needs of vulnerable populations amidst the

economic turmoil of the era.

However, the momentum of this progress faced setbacks a half century later during the

conservative political climate of the 1980s and 1990s. A decline in governmental interventions

targeting housing and homelessness ensued, impeding the strides made earlier (Funk et al.,

2022, 457). This period marked the emergence of what is now recognized as the modern era of

homelessness, characterized by significant societal shifts (National Academy of Sciences 2018,

176). Major factors contributing to this shift included the gentrification of inner cities, the

deinstitutionalization of the mentally ill, soaring unemployment rates, the emergence of

HIV/AIDS, and insufficient affordable housing options (National Academy of Sciences 2018,

176). Budget cuts to critical agencies such as the U.S Department of Housing and Urban

Development (HUD) and social service organizations further exacerbated the situation,

particularly in the wake of the country's worst recession since the Great Depression (National

Academy of Sciences 2018, 176). Despite these challenges, heightened research scrutiny on

homelessness in the 1980s and 90s underscored its persistent urgency on further addressing

and resolving this issue (Funk et al., 2022, 458).

Demographics of Homelessness

Contemporary research underscores the extensive scale of homelessness in the United

States, with global implications that highlight its profound significance (Sleet et al., 2021, 1).

Demographic analyses reveal stark disparities, notably with African Americans overrepresented among the homeless population, alongside other vulnerable groups such as chronically homeless individuals, veterans, unaccompanied children and youth, homeless families, and older adults (National Academy of Sciences, 2018, 20-23).

In New York City, homelessness has surged to levels not seen since the Great Depression of the 1930s. As of November 2023, the city's main municipal shelters accommodated 92,824 homeless individuals each night, including 33,365 children and 23,945 single adults (Coalition for the Homeless, 2023). Over the past decade, the number of homeless New Yorkers in municipal shelters has risen by 76 percent, with a staggering 106 percent increase among single adults (Coalition for the Homeless, 2023). Eviction, overcrowded housing, domestic violence, job loss, and unsafe living conditions are identified as major factors driving family homelessness (Coalition for the Homeless, 2023). Meanwhile, single adults experiencing homelessness often confront heightened rates of severe mental illness, addiction disorders, and other significant health challenges (Coalition for the Homeless, 2023).

Beyond shelters, thousands of homeless individuals sleep nightly on New York City streets, in subways, and other public areas, a population often underestimated by city surveys (Coalition for the Homeless, 2023). Many of these unsheltered individuals grapple with mental illness or severe health issues, underscoring the complex nature of homelessness in urban environments (Coalition for the Homeless, 2023). Disparities persist among racial and ethnic groups, with Black and Hispanic/Latinx New Yorkers disproportionately affected, constituting a majority of heads of household in shelters (Coalition for the Homeless, 2023).

Understanding these disparities is crucial, illuminating systemic injustices and barriers that perpetuate homelessness among marginalized groups. Addressing these issues requires targeted interventions that integrate housing solutions with comprehensive health and support services (National Academy of Sciences, 2018, 20-23). As the exploration of homelessness deepens, it becomes increasingly imperative to examine its profound impacts on the health and well-being of individuals and communities alike.

Physical Health and Homelessness

Homelessness poses significant challenges to the physical health of individuals, as evidenced by numerous studies (Schanzer et al. 2007; Richards & Kuhn 2022). The absence of stable housing subjects' homeless individuals to harsh environmental conditions, including extreme weather and violence, exacerbating their vulnerability to various health ailments (National Academy of Sciences 2018, 24; Sleet et al. 2021, 1). Furthermore, limited access to high-quality healthcare services compounds their health struggles (National Academy of Sciences 2018, 24; Sleet et al. 2021, 1). Studies have revealed elevated rates of chronic conditions among the homeless population, encompassing asthma, HIV/AIDS, tuberculosis, hypertension, diabetes, and chronic obstructive pulmonary disease (National Academy of Sciences 2018, 25; Onapa et al. 2021, 448). The transient nature of homelessness amplifies the risk of exposure to infectious diseases, as demonstrated by the prevalence of tuberculosis among homeless individuals in shelters (National Academy of Sciences, 2018, 25).

Moreover, mortality rates are notably higher among individuals experiencing unsheltered homelessness compared to those in sheltered settings (Richards & Kuhn, 2022).

Unsheltered populations frequently encounter poor adult health outcomes, with studies

demonstrating increased odds of fair or poor physical health even after controlling for

sociodemographic factors (Richards & Kuhn, 2022). Communicable diseases pose a significant

concern, particularly among unsheltered individuals, with heightened risks of tuberculosis

observed among street dwellers compared to housed and other homeless groups (Richards &

Kuhn, 2022). These findings underscore the critical need for comprehensive interventions

addressing the multifaceted health challenges faced by individuals experiencing homelessness,

emphasizing the urgency of providing stable housing and accessible healthcare services to

mitigate adverse health outcomes.

Mental Health and Homelessness

In addition to its toll on physical health, homelessness also takes a significant toll on the

mental well-being of individuals (National Academy of Sciences, 2018, 24; Sleet et al. 2021, 1;

Onapa et al. 2021, 448). The stressors associated with homelessness, such as uncertainty about

shelter, exposure to violence, and social isolation, contribute to high rates of mental illness

among this population (National Academy of Sciences, 2018, 24; Sleet et al. 2021, 1). Substance

abuse disorders, including alcoholism, are prevalent among homeless individuals and often

serve as coping mechanisms for underlying mental health issues (National Academy of Sciences,

2018, 25). Moreover, the stigma and discrimination faced by homeless individuals exacerbate

feelings of worthlessness and despair, further perpetuating mental health challenges (Sleet et

al. 2021, 1). Research indicates that homeless individuals are at heightened risk of developing

conditions such as depression, anxiety, and post-traumatic stress disorder (National Academy of Sciences, 2018, 24; Onapa et al. 2021, 448).

II.   History of Permanent Supportive Housing (PSH)

The concept of permanent supportive housing (PSH) has emerged as a pivotal strategy in the United States to address the needs of chronically homeless individuals with disabling conditions (Corinth, 2017, 69). PSH integrates permanent housing with supportive services tailored to help formerly homeless individuals maintain housing stability and address various needs (Corinth, 2017, 69). Originating from efforts in the late 1970s and early 1980s to serve mentally ill individuals who were homeless or residing in substandard Single Room Occupancy (SRO) buildings, nonprofit organizations emerged to rehabilitate housing and provide on-site services (Been et al. 2008, 2; Furman Center NYU 2008, 2). During the 1970s, New York City experienced a contraction of its low-income housing stock, primarily due to property abandonment, gentrification, reduced federal funding for housing construction, and the deinstitutionalization of psychiatric patients from New York State hospitals. Between 1955 and 1992, the State's in-patient psychiatric hospital population fell from more than 90,000 to less than 13,000, leading to thousands of mentally ill individuals being discharged without adequate social support (Been et al. 2008, 2). The displacement of permanent tenants from SRO units became so severe that in 1973, Mayor Lindsay established the Mayor's Office of SRO Housing to address the needs of SRO tenants and monitor substandard living conditions (Been et al. 2008, 2).

In response to a mushrooming homeless population and a mandate to find shelter for everyone in need, the city realized that SROs represented a crucial component of an overall homeless housing strategy (Been et al. 2008, 2). As visionary nonprofit housing developers began to develop supportive housing projects during the early 1980s, the Mayor's Office of SRO Housing responded by creating the SRO Loan Program, reflecting a recognition that the loss of SRO units led directly to increases in homelessness (Been et al. 2008, 2). Between 1982 and 1987, New York City's average daily shelter population increased dramatically, leading to efforts on SRO conversion and demolition initiated in 1985 (Been et al. 2008, 2). However, despite initial successes, the legislation was overturned on appeal in 1989, prompting renewed efforts to combat homelessness through supportive housing initiatives (Been et al. 2008, 2). The SRO Loan Program, along with federal programs like the McKinney Homeless Housing Assistance Program and the Low-Income Housing Tax Credit Program, played instrumental roles in financing supportive housing developments throughout New York City, attracting a new group of nonprofit housing developers to the cause (Been et al. 2008, 2).

These efforts set the stage for the blossoming of supportive housing projects throughout New York and around the country during the 1990s, with over 45,000 units of supportive housing in New York City alone by the end of 2012 (Been et al. 2008, 2). Despite the success of supportive housing initiatives, challenges remain, including a shortage of suitable land for development and community resistance to hosting supportive housing, reflecting fears about potential neighborhood impacts (Been et al. 2008, 3). Thus, while supportive housing represents a significant advancement in homeless assistance, overcoming barriers to its

implementation remains essential in effectively addressing homelessness in communities

across New York and beyond.

Effect of PSH on Health Outcomes

Transitioning from the historical and structural aspects of permanent supportive

housing (PSH), it becomes evident that PSH not only addresses the immediate housing needs of

chronically homeless individuals but also has profound implications for their health outcomes.

PSH, primarily designed to combat chronic homelessness by providing stable housing alongside

tailored supportive services, addresses the multifaceted challenges faced by individuals

experiencing chronic homelessness (Funk et al., 2022, 39). These challenges range from

difficulties in managing basic necessities like finding housing, arranging utilities, and paying rent

to more complex issues such as mental health disorders and substance abuse (Funk et al., 2022,

39). Research underscores that without adequate support services, individuals with chronic

problems may struggle to sustain their housing even when initially provided (Funk et al., 2022,

39). Furthermore, observational studies reveal that PSH exhibits high annual retention rates,

indicating its efficacy in keeping formerly homeless individuals off the streets for extended

periods (Funk et al., 2022, 41). While specific evidence regarding the direct impact of PSH on

health outcomes remains emerging, a comprehensive body of research indicates promising

findings. Supportive housing initiatives have been shown to assist people with disabilities in

maintaining stable housing, leading to reduced utilization of emergency health services and

decreased likelihood of incarceration (Dohler et al., 2016, 1). Additionally, supportive housing

facilitates access to better healthcare for individuals with disabilities, aids seniors in aging in

place within their communities, and supports families in keeping their children out of foster care, thereby fostering family stability and overall well-being (Dohler et al., 2016, 1). Moreover, research highlights short-term healthcare cost savings associated with supportive housing, including reduced emergency department visits and decreased psychiatric inpatient events, underscoring the significant impact of PSH on health outcomes and healthcare utilization (NCSL, 2023; DeLia et al., 2021, 201).

III.   Scattered-Site Supportive Housing Origins

Based on the expansive literature and international examples reviewed, scattered-site supportive housing (SSSH) programs demonstrate significant variability in implementation and impact across different regions and countries (Barth 2024). While specific national or global databases documenting the exact number of SSSH units are lacking, insights from various sources underscore the prevalence and effectiveness of such programs in addressing chronic homelessness. For instance, in the United States, cities like New York and Chicago prominently feature SSSH initiatives, reflecting urban concentrations where housing needs are acute (Barnes 2012, 5). Internationally, initiatives such as London's Housing First Europe Hub and Canada's Canadian Housing First Network - Community of Interest (CHFN-COI) highlight concerted efforts to promote Housing First (HF) models, which emphasize stable housing as a foundation for health and community integration (Housing First 2024). Research from Canada's At Home / Chez Soi project and other international studies consistently demonstrate that HF programs significantly enhance housing stability, quality of life, and community functioning for individuals with chronic homelessness and complex needs (ENNet 2023). These findings underscore the

global applicability and efficacy of SSSH and HF models in addressing the multifaceted challenges of homelessness, advocating for tailored interventions that integrate housing stability with comprehensive health and social support services.

Scattered Site Supportive Housing (SSSH) stands as a pivotal component within New York City's landscape of supportive housing initiatives, thanks to the concerted effort by the Office of Supportive and Affordable Housing and Services (OSAHS) to address the urgent need for permanent housing solutions among formerly homeless individuals and families (OSAHS). Collaborating closely with various divisions of the Human Resources Administration (HRA) and other governmental and non-governmental service providers, OSAHS develops new housing programs and facilitates referrals for applicants, with the overarching goal of enabling individuals to attain maximum functional capacity within safe and supportive environments (OSAHS). At the forefront of these endeavors lies Mayor de Blasio's New York City 15/15 Supportive Housing initiative, wherein OSAHS serves as the coordinating entity alongside the Department of Health and Mental Hygiene (DOHMH) and the Department of Housing Preservation and Development (HPD) (OSAHS).

The origins of Scattered Site Supportive Housing trace back to its emergence in 1990 as a pioneering initiative aimed at providing permanent housing for individuals living with HIV/AIDS (Coalition for the Homeless 2023). As of March 2024, New York State hosts 62,299 open supportive housing units, with nearly two-thirds located in New York City alone (40,472 units or 65%) (Barth 2024). These units include a mix of congregate and scattered-site models, with New York City accounting for a higher proportion of congregate units compared to the rest of the state (Barth, 2024). This innovative approach dispersed affordable housing units

throughout the city, notably concentrating in neighborhoods such as Harlem and the Bronx

(Coalition for the Homeless 2023). Unlike traditional centralized PSH models, SS PSH offers

residents enhanced access to employment opportunities and educational resources by situating

apartments across the community (Larsen 1997, 3-4). Upon placement in these apartments,

residents receive bi-monthly support from case workers, who provide a comprehensive array of

services addressing their physical and emotional needs (Coalition for the Homeless 2023).

Despite the perceived success of this holistic housing approach, concerns regarding its efficacy

and suitability have been voiced by city and governmental agencies, as well as residents,

emphasizing the ongoing dialogue and evaluation surrounding supportive housing models

(Brand 2022).

Supportive Housing Units

	Congregate	Scattered Site	Total
Statewide Total	31,402	30,897	62,299
NYC (subtotal)	23,125	17,347	40,472
Balance of State (subtotal)	8,277	13,550	21,827

Get the data · Created with Datawrapper

Figure 1: Supportive Housing Units in NYC (Source: Barth 2024)

Pros and Cons of Scattered-Site Living

While scattered site housing is undoubtedly essential in helping mitigate the homeless

and poverty crisis in the United States, it is essential to acknowledge that the full scope of its

impact requires further investigation. Research on the challenges and drawbacks of this model

highlights several critical issues that necessitate revision to improve its residents' housing and

health outcomes (Brand 2022). Research with supportive housing tenants, activists, legal experts, and nonprofit organizations has revealed a concerning pattern of deteriorating buildings owned by negligent landlords placing tenants in hazardous and uncomfortable living conditions (Brand 2022). Outdated scattered-site contracts that lag current market rents mean nonprofit organizations working under SSH programs support some of the city's most substandard housing (Brand 2022). Moreover, the prevalence of funding constraints means that, in some cases, different families are grouped in a single apartment (Brand 2022). This can be especially problematic for individuals dealing with mental illness, domestic violence, and/or substance use issues (Brand 2022). For my thesis, I plan to explore these issues and constraints to help me facilitate policy recommendations targeted at improving the health and wellness of individuals and families living under this model.

On the other hand, organizations like Praxis Housing and The Fortune Society, both nonprofit housing organizations, highlight success stories through case studies, showcasing how SSH not only provides shelter but also cultivates communities, grants access to healthcare, education, and resources, and promotes improved family dynamics (Praxis 2023). Through their work assessing residential preferences under the SSH model, they found that residents expressed feelings of relief, safety, security, and stability under this model. The Fortune Society emphasizes the importance of a holistic approach, considering mental, emotional, and physical health in housing solutions (David. 2018).

While scattered-site housing undeniably plays a pivotal role in addressing homelessness and poverty in the United States, its comprehensive impact demands a closer look. Existing research, exemplified by Brand (2022), underscores critical challenges and drawbacks

associated with this model, revealing issues such as deteriorating buildings, outdated contracts, and funding constraints that compromise the well-being of residents. This exploration of the negatives becomes the foundation for my thesis, where I aim to delve into these conflicts to formulate policy recommendations geared toward enhancing the health of individuals and families within SSH models.

Notably, a critical distinction emerges between the narratives in scholarly literature and those in mainstream media or blogs. While newspapers and blogs often highlight the pitfalls of SSH programs, scholarly articles on the impact of these models of residential health and wellness present success stories through rigorous case studies and evaluations. The credibility of scholarly literature, grounded in systematic assessments and empirical evidence, stands in contrast to anecdotal reports that may "lack rigor and depth". It raises a critical concern: the scarcity of scholarly attention to the potential health-related issues within the SSH model might contribute to an incomplete understanding of its challenges and benefits.

The conflicting perspectives surrounding scattered site housing models underscore the complexity of addressing homelessness and housing insecurity. My research seeks to delve deeper into these perspectives to ascertain whether scattered site housing truly serves as a reliable solution for housing homeless and low-income priority populations in terms of improved health, or if it inadvertently exacerbates tenants' issues. By engaging with agency staff, valuable insights can be gleaned into the efficacy of these housing models, leading to recommendations for potential improvements (Funk et al., 2022, 39). Moreover, the intersection between homelessness and physical and mental health emphasizes the pressing need for comprehensive support systems and interventions. Recognizing these disparities is

essential as it unveils systemic injustices and barriers perpetuating homelessness among

marginalized groups (National Academy of Sciences, 2018, 20-23). This understanding sets the

stage for the development of targeted interventions addressing both housing and health needs,

thereby mitigating adverse health outcomes associated with homelessness and fostering

sustainable solutions for affected individuals and communities.

SCATTERED SITE ORGANIZATIONS IN NYC

In New York City, the state of scattered-site housing reflects a concerted effort by the

Office of Supportive and Affordable Housing and Services (OSAHS) to address the pressing need

for permanent housing solutions among formerly homeless individuals and families. OSAHS

collaborates closely with various divisions of the Human Resources Administration (HRA) and

other governmental and non-governmental service providers to develop new housing programs

and facilitate referrals for applicants, aiming to enable individuals to achieve maximum

functional capacity within safe and supportive environments. At the forefront of these efforts is

Mayor de Blasio's New York City 15/15 Supportive Housing initiative, in which OSAHS serves as

the coordinating entity alongside the Department of Health and Mental Hygiene (DOHMH) and

the Department of Housing Preservation and Development (HPD).

Scattered-site housing, a vital component of supportive housing initiatives in NYC,

involves apartments dispersed throughout the city within different buildings owned by private

landlords. Non-profit providers play a crucial role by securing safe and affordable units for

tenants while also providing the necessary social services support. Under this arrangement,

tenants hold sub-leases with the non-profit providers and contribute 30% of their income

towards rent and utilities. Each rented apartment is accompanied by a subsidy managed by the

non-profit provider to ensure affordability. Social services staff are available around the clock, visiting tenants in their apartments and maintaining offices conveniently located for accessibility. Funding for scattered-site contracts is predominantly sourced from City or State agencies, reflecting a collaborative effort to expand affordable and supportive housing options for vulnerable populations across New York City.

METHODS

The focal point of this research is a comprehensive examination of how scattered-site housing organizations in New York City conceptualize and integrate health-related factors into their housing initiatives. My literature review explores the history of homelessness in the United States and government intervention, the relationship between health and housing (with a focus on both mental and physical health), and how this relationship specifically impacts vulnerable populations. Additionally, I investigate the history of permanent supportive housing (PSH), its origins and various forms with a particular focus on scattered-site supportive housing, and its role in alleviating homelessness in the United States. I analyze existing literature on scattered-site housing, discussing its advantages and disadvantages, and highlighting the mixed reviews from organizations and tenants about this housing program. I also acknowledge the gaps in the literature that this research aims to address.

For my qualitative research, I conduct in-depth interviews with staff members from three prominent scattered-site PSH agencies in New York City: ACMH Inc. Case Management and Housing, Brooklyn Community Housing and Services, and BronxWorks. These interviews provide valuable insights into how these organizations implement and evaluate health-related initiatives within their programs.

For my research, I connected with three key individuals from scattered-site supportive agencies in NYC: ACMH Inc. Case Management and Housing, Brooklyn Community Housing and Services (BCHS), and BronxWorks. Their roles in overseeing these programs made them invaluable sources of information. I conducted interviews with these staff members to gain deeper insights and enrich my thesis.

The semi-structured interviews provided a nuanced understanding of the potential benefits and drawbacks of the SSH model in addressing housing and health disparities among residents. My questions focused on the effectiveness of scattered-site housing in improving health outcomes, the challenges faced by the agencies, and the strategies used to support residents.

These organizations have demonstrated significant dedication to housing vulnerable populations and addressing their health needs, making them noteworthy subjects for examination within the context of scattered-site housing provision in New York City.

The interviews consisted of open-ended questions designed to elicit detailed responses about the implementation and impact of the SSH model. Topics included housing stability, access to healthcare, and the overall well-being of residents. To ensure consistency and depth, I used a survey instrument as a guide during the interviews, which is included in the appendix of this thesis.

By employing this method, I aimed to capture a comprehensive understanding of how scattered-site housing impacts residents' health outcomes, highlighting both successes and areas for improvement. The insights gained contributed to a nuanced analysis of the SSH model's efficacy in addressing homelessness and health disparities in NYC.

ACMH INC.

ACMH Inc. stands as a beacon of hope and support for individuals facing mental health challenges across Manhattan, Queens, and the Bronx. With a history spanning over 45 years, ACMH has been steadfast in its mission to empower those in need by providing comprehensive services and a nurturing environment. At the heart of their endeavor lies a commitment to fostering independence, safety, and a sense of community among their clients. One of ACMH's core initiatives is their Permanent Supportive Housing program, which has been operating since 1993. This program offers a vital combination of financial subsidies and case management support to individuals with serious mental illness, enabling them to secure and maintain stable housing within their communities. By addressing the fundamental need for safe and stable housing, ACMH helps individuals lay the foundation for a brighter future.

ACMH's reach extends far beyond housing assistance. Through a diverse range of services, including outreach, care coordination, peer support, and rehabilitation, they provide tailored support to adults with serious mental illness. Their approach is holistic, addressing clients' strengths, needs, goals, and choices to create personalized plans for success. From medication monitoring to vocational readiness skills building, ACMH equips individuals with the tools and resources they need to thrive. Furthermore, ACMH's commitment to community extends to crisis intervention and respite services. With locations in Washington Heights and the East Village, their Crisis Residence offers a supportive environment for individuals experiencing mental health crises, providing round-the-clock peer support and a home-like setting for recovery.

ACMH Inc. operates two vital programs that provide scattered-site Permanent Supportive Housing (PSH) to its clients/patients. The Treatment Apartment Programs support 90 individuals across Manhattan and Queens by delivering rehabilitative services in licensed scattered-site apartments regulated by the New York State Office of Mental Health (OMH). In this program, clients receive tailored support within their home environments, including training for independent living, with an Emergency Pager system ensuring access to mental health professionals. Similarly, the Supported Apartment Program manages 258 scattered-site apartment beds across Manhattan, Queens, and the Bronx, offering affordable permanent housing with rent subsidies from the State of New York. Staff conduct regular home visits to provide services based on personalized support plans, while an Emergency On-Call system provides round-the-clock access to mental health professionals. ACMH is dedicated to delivering comprehensive and accessible supportive housing solutions to individuals grappling with mental illness, fostering stability and self-sufficiency within the community.

BROOKLYN COMMUNITY HOUSING AND SERVICES

Brooklyn Community Housing and Services (BCHS) is dedicated to combating homelessness in Brooklyn by providing secure and hygienic supportive housing for over 1,000 formerly homeless and at-risk women, children, and men annually. Their mission is to empower individuals to lead productive and independent lives, imbued with dignity and hope. Founded in 1978 by concerned citizens and clergy from Downtown Brooklyn, BCHS has remained steadfast in its commitment to end homelessness and foster socially rich, racially just, and economically vital communities. A distinctive aspect of BCHS is its emphasis on fostering a sense of

community among its formerly homeless residents. Recognizing that many individuals have been marginalized by their circumstances, BCHS focuses not only on housing and direct services but also on relearning interpersonal skills crucial for lasting independence. Through comprehensive programs and personalized support plans, BCHS helps residents develop healthy relationships, advocate for themselves, and cultivate networks of personal support.

BCHS's Scattered-Site Permanent Supportive Housing program places 135 individuals with serious mental illnesses into private apartments throughout Brooklyn. This pioneering program, established in 1980, offers intensive support including case management, daily living skills training, substance abuse counseling, mental health counseling, medication management, vocational training, health services, and recreational activities. Residents also benefit from regular support groups and community events organized by BCHS. The program offers two types of housing: transitional and permanent. Transitional housing provides intensive support to individuals with significant service needs, with the aim of transitioning them towards greater independence. Permanent housing, on the other hand, allows individuals to live either alone or with a roommate, receiving regular but less intensive support. Notably, over 95% of residents in both transitional and permanent programs maintained their housing successfully or progressed towards greater independence in the past year.

BCHS's innovative approach and excellence in providing supportive housing have garnered widespread recognition and accolades. Awards such as the Fannie Mae Foundation's Maxwell Award and the Corporation for Supportive Housing's Eastern Region Finalist Award highlight BCHS's dedication to excellence in low-income housing development and supportive housing. Additionally, BCHS's program model has attracted attention from housing officials

worldwide, underscoring its impact and effectiveness in addressing homelessness and supporting vulnerable populations.

BRONXWORKS

BronxWorks is dedicated to enhancing the economic and social well-being of individuals and families in the Bronx community, spanning from toddlers to seniors. Through a holistic approach, they provide essential services including food, shelter, education, and support to empower their neighbors and foster a stronger community. Upholding the highest ethical and performance standards, BronxWorks operates with the fundamental belief that every person deserves dignity and respect, irrespective of their current circumstances or past experiences.

One of BronxWorks' key initiatives is its supportive housing program, which offers housing and care management services across various sites in the Bronx. These programs encompass both congregate and scattered-site supportive housing options, catering to individuals and households in need. Referrals to these programs are made through New York City and State agencies for eligible candidates. Embracing the Housing First model, BronxWorks recognizes stable housing as the crucial first step towards addressing broader life challenges faced by homeless individuals.

Under the HUD Scattered-Site Supportive Housing program, BronxWorks provides housing and social service support to formerly chronically homeless individuals, funded by the U.S. Department of Housing and Urban Development (HUD). Case managers conduct regular home visits, offering long-term support services, care, and benefit coordination to facilitate overall wellness and stability. Housing referrals for this program are directly received from New

York City agencies. Furthermore, BronxWorks operates the Stable Homes to Health program, offering supportive housing services to 20 formerly homeless individuals through a scattered-site model funded by the New York State Department of Health. Case managers engage in home visits and weekly telephonic check-ins, providing essential support services aimed at promoting stable housing and healthy lifestyles among program participants. Through these initiatives, BronxWorks exemplifies its commitment to addressing homelessness and supporting vulnerable individuals in building stable and fulfilling lives within the Bronx community.

For this research, I connected with key individuals from ACMH Inc. Case Management and Housing, Brooklyn Community Housing and Services, and BronxWorks to gain deeper insights. These organizations were selected as they represent a segment of the diverse landscape of scattered-site housing services in NYC, which integrates health considerations into their housing models. Although these three are not the only housing organizations that take health into account, they provide a valuable perspective on the SSH model.

Interviews were conducted with staff members overseeing these programs, using a semi-structured format to facilitate a nuanced understanding of the potential benefits and drawbacks of the SSH model in addressing housing and health disparities among residents. Initially, I reached out to ten organizations, but due to time constraints and limited responses, I was able to interview only three. Despite not being the major players, these organizations reflect the practices of scattered-site housing services in NYC. Their efforts in assessing residents' health needs, connecting them to mental health and social services, and monitoring health outcomes are indicative of the broader field. This methodology provides a focused yet representative sample of the SSH model's impact on health and housing outcomes in NYC.

The subsequent analysis will involve comparing the interview findings with the existing literature to offer a comprehensive synthesis. I will examine how my participants consider health in their work and relate their perspectives to the literature. Part of my discussion will highlight the pros and cons of this model on resident health, comparing it with the findings from my literature review. Another part of my discussion will explore how these organizations interpret and conceptualize health within their programs. Based on these insights, I will formulate potential policy recommendations to enhance the efficacy of the SSH model. I acknowledge the potential for bias in the responses due to the organizations' advocacy for supportive housing and recognize the limitation of both my population size and not directly engaging with residents. I will use these insights in my thesis to analyze the impact of SSH on residents' health.

RESULTS AND DISCUSSION

Summary of Main Findings:

To provide a comprehensive understanding of the logistical process involved in conducting this study, it is essential to review the actual methods and steps taken during the interviews. Initially, I reached out to potential participants—key staff members from various scattered-site organizations, totaling ten in number. I both emailed and called these agencies to explain my research and purpose in including them in my thesis. Although I was able to interview representatives from three organizations—ACMH Inc., Brooklyn Community Housing and Services, and BronxWorks—the other organizations did not respond. Considering the demanding nature of affordable housing work, it is understandable that only a few organizations were able to engage. Additionally, given the sensitive nature of my thesis in assessing these organizations' commitment to improving health through housing initiatives, some organizations may have felt apprehensive about participating.

Upon receiving consent from the participating organizations, I scheduled semi-structured interviews, conducted via Zoom. Each interview lasted approximately one to one and a half hours and was audio-recorded and stored on my personal OneDrive, ensuring accurate data capture while maintaining participant confidentiality. Participants were given the option to use pseudonyms if they preferred anonymity. This approach allowed for a flexible yet structured interaction, enabling me to gather nuanced insights into the intersection of health and housing within the Supportive Scattered-Site Housing model. The data collected from these interviews was then systematically analyzed to identify key themes, contributing valuable perspectives to the broader discourse on supportive housing and health outcomes.

27

In exploring the critical factors within the scattered-site supportive housing (SSSH) model in New York City that impact health and wellness among low to moderate-income residents, three key themes emerged from interviews with participants: health and housing integration, access to healthcare services, and community support and holistic services. Under the first theme, health and housing integration, participants emphasized the significant influence that stability and quality of housing have on health outcomes. Secure, well-maintained housing environments were widely acknowledged to reduce stress and contribute to better physical and mental health. Integrated services within the SSSH model, particularly medication management and health monitoring practices, were also seen as crucial in promoting residents' health and preventing hospitalizations.

Access to healthcare services emerged as another critical theme, highlighting the challenges residents face in navigating their health and wellness. Participants identified several barriers, including limited healthcare facilities, complex healthcare systems, and insufficient insurance coverage. To address these challenges, participants suggested strategies such as enhanced case management and stronger partnerships with healthcare providers. The importance of community support and holistic services was also emphasized. Participants discussed how broader support networks and community integration efforts contribute to residents' health and well-being. Community support was seen as essential in fostering a sense of belonging and reducing social isolation. Subthemes included community integration initiatives, which promote social connections, and program expansion and collaboration, which enhance the scope and effectiveness of support services.

The final theme focused on the necessity of policy advocacy to address systemic barriers impacting health and wellness in supportive housing. Participants stressed the need for policies that promote affordable housing, enhance healthcare access, and support integrated service models. Advocacy efforts were seen as crucial in driving systemic changes that would improve the quality of life for scattered-site residents. The importance of collaborative efforts between housing providers, healthcare systems, and policymakers to achieve these goals was also highlighted.

The significance of these themes is paramount in addressing the research question: What are the critical factors within the scattered-site supportive housing (SSSH) model in New York City that impact health and wellness among low to moderate-income residents? The themes of health and housing integration, access to healthcare services, and community support and holistic services collectively highlight the multifaceted nature of the SSSH model. Understanding the impact of housing stability and quality underscores the need for secure, well-maintained environments as foundational to residents' overall health. Challenges in accessing healthcare services point to critical gaps that must be bridged through targeted interventions, such as enhanced case management and stronger partnerships with healthcare providers. Community support and holistic services illustrate the essential role of social connections and comprehensive support systems in fostering well-being. Finally, policy advocacy and systemic change emphasize the necessity for broader structural reforms to eliminate barriers and promote sustainable health improvements. In the following discussion, I will more closely analyze each of these themes, delving deeper into participants' responses.

I.   HEALTH AND HOUSING INTEGRATION

THEMES	SUB THEMES	DESCRIPTION	ANALYSIS
Health and Housing Integration	Impact of Stable Housing on Health	Participants emphasized the significant influence that stability and quality of housing have on health outcomes. Secure, well-maintained housing environments were widely acknowledged to reduce stress and contribute to better physical and mental health. Integrated services within the SSSH model, particularly medication management and health monitoring practices, were also seen as crucial in promoting residents' health and preventing hospitalizations	**Health Deterioration without Stable Housing:** Diana highlights how clients who have experienced chronic homelessness often suffer from untreated health conditions, leading to kidney and liver failure, even after being housed. Carlos emphasizes that homelessness leads to shortened life expectancy and exacerbates co-occurring disorders due to lack of nutrition, care, and a warm home environment. **Barriers to Accessing Healthcare:** Diana discusses how clients may struggle to access healthcare even after being housed due to fear, lack of awareness, or past trauma. Jeff points out that individuals without stable housing often delay seeking medical attention until their health issues become emergencies, leading to worse outcomes. **Impact of Stress on Health:** Jeff highlights the detrimental impact of stress associated with homelessness on physical, mental, and emotional health. Diana mentions the stress of living without stable housing and its detrimental effects on overall well-being. **Housing Discrimination and Overworked Agencies:** Diana discusses challenges related to housing discrimination against voucher holders and the strain it puts on agencies like BronxWorks, leading to overwork and frustration. Carlos mentions writing housing proposals for homeless populations and the challenges they face in addressing housing instability and discrimination. **Essential Role of Permanent Supportive Housing (PSH):** Jeff emphasizes the critical role of PSH in providing stability and access to healthcare, contrasting it with the instability and health risks associated with homelessness. **Need for Holistic Support Services:** Diana underscores the need for comprehensive support services beyond shelter, including access to healthcare, medication management, and addressing social determinants of health. Jeff mentions the importance of addressing social determinants of health and providing holistic support services to individuals experiencing homelessness.
	Management of Chronic Illness	The management of chronic illnesses	**BronxWorks**: Intake Package: Includes basic information such as

		within the supportive housing model is multifaceted and complex. The organization and management of medical information play a critical role in supporting the health and well-being of residents	contact details, history of domestic violence, and individual capabilities. Homelessness Verification Packet: Verifies chronic homelessness through case history and care history. Housing Package (2010E): Includes psychosocial evaluations, psych evaluations, and vital documents like birth certificates, state IDs, and SSI verification. Medication Management: Assess whether clients require medication management and if they can live independently without on-site assistance. **ACMH Inc.:** HRA 2010E Application: This application includes a psychosocial evaluation detailing the individual's life history, medical diagnoses, and behavioral health diagnoses. In-person Screening: Conducted to assess the individual's fit within the ACMH model. Electronic Health Record: Tracks diagnoses, both mental and physical, as well as medication regimes. Weekly Clinical Conference: Reviews client progress, medication adherence, and makes recommendations based on medical appointments and results. Medication Adherence Support: Provides support for medication adherence, including assisting clients with prescriptions, addressing concerns, and helping them communicate with healthcare providers. **Brooklyn Community Housing and Services:** Comprehensive Needs Assessment: Conducted in partnership with residents to understand their needs and progress. Regular Interval Reassessment: Revisits needs assessment at regular intervals to ensure ongoing support. Private Funding for Additional Services: Secures private funding for additional clinical services, recreational activities, and therapies to address residents' pronounced needs. Weekly Clinical Reviews: Conducted by skilled clinical consultants to review residents' health-related progress and interventions.

Table 1: Theme 1 Summary of Findings; Health and Housing Integration

IMPACT OF STABLE HOUSING ON HEALTH

While stable housing can help reduce residents' health disparities, it is not a panacea. Carlos and Diana pointed out that patients still suffer from numerous health complications even after securing housing, proving that housing, although necessary and effective, does not guarantee positive health outcomes. Participants explained that residents accustomed to sacrificing their health for survival during prolonged periods of homelessness often face a delayed response in addressing their health needs even after being housed. Diana remarked, "These clients have survived so many years struggling in the streets, surviving, that the minute they are housed, it makes me feel as if their bodies are just like, in a way, collapsed. Yes, we are helping connect them to medical providers, advocacy support, care coordination, and all of that. BUT, because their condition has gone untreated for such a long time, a lot of these clients end up with kidney failure, liver failure, and by the time they are housed, you know, we've seen a lot of clients pass away from the conditions they came in with."(Diana Peralta, Maya Nunez, February 2024). This indicates that, beyond stable housing, continuous encouragement and support from case managers, healthcare providers, and accompanying staff are essential to ensure residents seek and maintain medical care.

A significant barrier to health improvement, even after receiving housing, is the ingrained neglect of health and wellness for other pressing needs, such as securing food, shelter, or money. Participants pointed out as well that barriers such as fear, lack of awareness, and past trauma can prevent clients from seeking necessary medical care. Jeff noted that stress associated with homelessness and the transition to housing can further exacerbate health issues, stating, "When you have to worry about if you are going to have another meal, where

you are going to sleep, is someone going to be violent towards me because I am homeless, living with that worry and stress every day is horrible for your health." (Jeff Nemetsky, Maya Nunez, February 2024) Chronic stress and the transition from homelessness to housing can impede individuals' ability to maintain stability and good health.

Additionally, individuals with a history of addiction or long-term substance abuse may be hesitant and resistant to receiving care, as society often criminalizes drug use rather than facilitating rehabilitation. Despite the presence of drug rehabilitation programs within housing initiatives designed to connect patients to necessary services, the stigma around drug use and misuse remains a substantial barrier. This stigma discourages individuals from seeking medical attention due to fear of policing and judgment. Diana from Bronx Works highlighted the challenge of ensuring that patients trust and understand the rehabilitative nature of these programs, which aim to support sobriety rather than perpetuate the criminalization experience they have faced in the past.

MANAGEMENT OF CHRONIC ILLNESS

The management of chronic illnesses within the supportive housing model is multifaceted and complex. The organization and management of medical information play a critical role in supporting the health and well-being of residents. BronxWorks employs a thorough intake and verification process, gathering extensive documentation to ensure clients meet the criteria for housing. This process includes multiple forms and assessments, such as the 2010E form, an intake chronic homelessness verification form, and a Whole Housing Package form, to verify chronic homelessness and disabilities. Without these forms, or the proper

identification to fill out these forms, individuals interested in participating in scattered-site

living have lower odds of acquiring a unit. By focusing on a detailed intake process, BronxWorks

ensures a holistic understanding of each client's medical and personal background, crucial for

providing tailored support. In contrast, Brooklyn Community Housing and Services places more

emphasis on the ongoing management and accessibility of medical information rather than the

initial intake process. Their primary focus is on organizing and making medical records

accessible and understandable to residents, enabling them to take charge of their own health

care. This approach highlights the importance of ongoing support and engagement with

medical information, facilitating residents' ability to navigate their healthcare needs effectively.

The ACMH Inc., intake and verification process were not discussed during the interview.

BronxWorks collects extensive medical and personal information during the intake

process, emphasizing the need for thorough documentation to qualify clients for housing. This

detailed approach ensures that all relevant medical histories and psychosocial evaluations are

accounted for, allowing for a comprehensive understanding of each client's health needs.

Brooklyn Community Housing and Services manages medical information through case records

and computerized systems, ensuring confidentiality and accessibility. Their system is designed

to make medical information easily accessible to residents, helping them understand and

manage their health conditions. This includes providing access to diagnoses and assisting clients

with navigating online medical portals, thus empowering residents to take an active role in their

health management.

Support and assistance with medical information are pivotal aspects of both

organizations' operations. BronxWorks helps clients obtain necessary documents and

determine appropriate housing based on their medical needs and capabilities, emphasizing

medication management to ensure clients can manage their medication independently if

required. Brooklyn Community Housing and Services provides ongoing support to help

residents understand their medical information, including potential side effects and proper

medication use. By simplifying complex medical information, they enable residents to make

informed decisions about their health, contributing to better health outcomes and overall well-

being.

II.   ACCESS TO HEALTHCARE SERVICES

THEMES	SUB THEMES	DESCRIPTION	ANALYSIS
Access to Health Care Services	Barriers to Healthcare Access	Challenges residents face in navigating their health and wellness. Participants identified several barriers, including limited healthcare facilities, complex healthcare systems, and insufficient insurance coverage. To address these challenges, participants suggested strategies such as enhanced case management and stronger partnerships with healthcare providers	**Transition and Adjustment Issues:** Diana underscores the challenges individuals face in transitioning from street life or shelter environments to scattered-site housing. This transition involves adjusting to independent living, including responsibilities such as cleaning, budgeting, and managing household tasks. Carlos emphasizes the difficulties in getting individuals appointments for necessary services, exacerbated by long waitlists and limited availability of healthcare professionals, particularly in the context of the pandemic. **Budgeting and Financial Strain:** Diana discusses the financial challenges individuals may encounter, particularly those on fixed incomes such as SSI recipients. Budgeting for rent, utilities, and other expenses can be difficult, leading to financial strain and difficulty meeting basic needs. Jeff highlights the high cost of housing and affordability issues, which place financial pressure on both nonprofit providers and residents. Limited government funding and rising housing costs make it challenging to secure affordable housing options for residents. **Service Accessibility and Flexibility:** Carlos notes the strain on resources and staffing levels within community-based mental health services, resulting in longer waitlists and limited availability of appointments. This impacts residents' ability to access necessary healthcare services in a timely manner. Jeff discusses the lack of flexibility in the continuum of care, particularly the shortage of transitional supportive housing options for individuals with higher levels of need. The focus on permanent supportive housing (PSH) overlooks the need for transitional care options, leading to challenges in

			meeting the diverse needs of individuals with mental health diagnoses. **Systemic and Policy Challenges:** Diana and Jeff both highlight systemic challenges related to funding, policy, and government support. These challenges include insufficient funding for transitional supportive housing, limited resources for mental health services, and policy decisions that overlook the nuanced needs of individuals with mental health diagnoses. Jeff critiques the oversimplification of mental health policy and the lack of balance between community-based care and institutionalized settings. He suggests that a more flexible and nuanced approach is needed to address the diverse range of needs within the mental health system. **Client Support and Relationship Building:** Diana discusses the importance of building trust and rapport with clients, particularly those who have experienced trauma or substance use issues. Establishing trust takes time and patience, and clients may face challenges in engaging with services due to past experiences or ongoing struggles. Jeff emphasizes the need for personalized support and service delivery based on individual needs and circumstances. This includes addressing barriers to engagement, providing ongoing support, and ensuring that services are accessible and responsive to clients' needs.
	Addressing Health related Issues: Lead, Asthma, Infectious Disease, Overcrowding, Addiction,	The responses from Diana, Carlos, and Jeff indicate a multifaceted approach to addressing health-related issues in their housing programs. Common themes include providing information and training on lead and infectious diseases, managing asthma and allergens, preventing overcrowding, and supporting clients with addiction through various resources and	**Diana (BronxWorks)** <u>Lead</u>: Information and Awareness: Providing clients with brochures and information on lead policies and regulations. Environmental Reviews: Conducting reviews on units before client move-in to ensure safety from lead and other hazards. <u>Asthma</u>: Program Offerings: Various programs focusing on chronic conditions like diabetes and high blood pressure, though asthma-specific initiatives are limited. Health Workshops: Offering workshops on chronic conditions as needed. <u>Infectious Diseases</u>: Training and Updates: Providing training on current health alerts (e.g., overdose rates, shingles outbreaks). Awareness Campaigns: Distributing information on infectious diseases like Hepatitis A, B, and C. <u>Overcrowding</u>: Housing Configuration: Ensuring each family has its own kitchen, bathroom, and bedroom to prevent overcrowding. A<u>ddiction</u>: Support and Resources: Providing Narcan training and connecting clients to detox centers and rehabs. **Carlos (ACMH Inc.)** <u>Lead</u>: Leased Apartments: Following NYC guidelines where landlords must disclose lead information to tenants. <u>Asthma</u>: Allergen Management: Following up on care and replacing items that may cause allergens in units.

		counseling. Each organization tailors its response to these issues based on its specific housing model and resources.	Infectious Diseases: Isolation and PPE: Providing PPE and voluntary isolation options for tenants with infectious diseases like COVID-19. HIV Precautions: Training tenants on HIV precautions to avoid contamination. Overcrowding: Adequate Space: Ensuring apartments are spacious and follow state guidelines to prevent overcrowding. Addiction: Substance Abuse Support: Collaborating with substance abuse providers and supporting relapse as part of recovery. Narcan Training: Training staff and clients in Narcan delivery and safe substance use practices. **Jeff (Brooklyn Community Housing and Services)** Lead: Compliance: Ensuring all housing is free from lead paint issues and landlords provide proof of safety. Asthma: Needs Assessment: Including asthma in the health needs assessment for residents. Infectious Diseases: General Response: Addressing issues related to infectious diseases as part of their health protocols. Overcrowding: Prevention: Taking measures to prevent overcrowding in housing units. Addiction: In-House Counseling: Having substance abuse counselors on staff for in-house support.

Table 2: Theme 2 Summary of findings: Access to Health Care Services

BARRIERS TO HEALTHCARE ACCESS

Several barriers impede access to healthcare even after individuals are housed. Diana

highlights that fear, lack of awareness, or past trauma can prevent clients from seeking

necessary medical care. Many clients have endured prolonged periods of neglecting their

health and wellness in favor of securing more immediate needs such as food and shelter. This

ingrained behavior, coupled with past negative experiences with healthcare systems, creates a

significant psychological barrier to seeking care. Jeff echoes this sentiment, noting that the

stress associated with homelessness and the transition to housing can further exacerbate

health issues. The uncertainty and instability of homelessness create a constant state of

vigilance and stress, which does not simply disappear upon securing housing. Instead, the

lingering effects of chronic stress can continue to affect physical, mental, and emotional health, making it challenging for individuals to maintain stability and good health.

The stress associated with homelessness has a detrimental impact on overall well-being. Jeff emphasizes that the chronic stress of living without stable housing negatively affects physical, mental, and emotional health. The constant worry about basic survival needs, exposure to violence, and lack of a safe, stable environment contribute to a significant stress burden. Even after transitioning to housing, the residual stress can impede individuals' ability to engage with healthcare services effectively. Diana also highlights the significant stressors faced by those transitioning to housing, which can create a sense of disorientation and insecurity, further complicating their ability to manage health conditions.

Housing discrimination against voucher holders presents a substantial barrier, as discussed by Diana. This discrimination often forces clients into substandard living conditions or prolongs their homelessness, exacerbating health issues. Agencies like BronxWorks face immense challenges in navigating these discriminatory practices, contributing to overwork and frustration among staff. Carlos highlights the difficulties in writing housing proposals for homeless populations, emphasizing the systemic challenges in addressing housing instability and discrimination. He notes, "What is our value and how can we prove it to these management care companies that will be giving us money to provide these services?" (Carlos Garcia, Maya Nunez, February 2024). For the past ten years, Carlos has been tracking various health complications commonly experienced by his clients in hopes of raising more capital for his organization. The goal is to connect residents to services, but without data collection or proof that housing helps alleviate health disparities, the funds they receive are insufficient to

support their populations. These issues underline the broader systemic and policy barriers that must be addressed to improve housing and health outcomes.

The critical role of Permanent Supportive Housing (PSH) in providing stability and access to healthcare cannot be overstated. Jeff emphasizes that PSH offers a stark contrast to the instability and health risks associated with homelessness. By providing secure, long-term housing solutions, PSH helps mitigate the adverse health effects of chronic homelessness, offering a stable foundation for residents to build healthier lives. This stability is essential for improving health outcomes and underscores the necessity of expanding PSH programs to meet the needs of homeless populations.

The interviews highlight the necessity of comprehensive support services beyond just providing shelter. Diana underscores the importance of addressing social determinants of health, including access to healthcare, medication management, and food security. These factors are crucial for the overall well-being of residents and must be integrated into supportive housing programs. Jeff also emphasizes the need for holistic support services to address the diverse needs of individuals experiencing homelessness. This holistic approach, which includes mental health services, substance abuse treatment, and social support networks, is essential for fostering long-term stability and well-being. Without such comprehensive support, residents are less likely to achieve and maintain positive health outcomes, even with stable housing.

Overall, the barriers to accessing healthcare for residents of scattered-site supportive housing are multifaceted, encompassing psychological, systemic, and practical challenges. Addressing these barriers requires a holistic, integrated approach that combines stable housing

with comprehensive support services, policy advocacy, and efforts to eliminate discrimination and systemic inequities.

ADDRESSING HEALTH RELATED HOUSING ISSUES

The interview responses from Diana, Carlos, and Jeff reveal that each organization-BronxWorks, ACMH INC., and Brooklyn Community Housing and Services, adopts a comprehensive and multi-pronged approach to addressing various health-related issues within their housing programs. These issues, which include lead exposure, asthma, infectious disease, overcrowding, and addiction, are acknowledged as critical determinants of health outcomes. The organizations implement targeted strategies to mitigate these risks and support their resident's health and well-being.

<u>Lead</u>

Lead exposure is a significant concern, particularly in older housing units. BronxWorks proactively provides clients with informational brochures on lead policies and conducts environmental reviews of units before moving in to ensure they are free from lead hazards. ACMH Inc. follows NYC guidelines, requiring landlords to disclose lead information to tenants, thus ensuring compliance with safety regulations. Similarly, Brooklyn Community Housing and Services mandates that all housing units are free from lead paint issues, with landlords providing proof of safety. These measures collectively highlight a strong commitment to preventing lead exposure and protecting residents' health.

<u>Asthma</u>

Asthma and allergen management are also prioritized, albeit with varying levels of focus. BronxWorks offers health workshops on chronic conditions, although specific programs

for asthma are limited. They emphasize managing conditions such as diabetes and high blood pressure through targeted programs. ACMH Inc. follows up on care related to allergens, ensuring that items causing allergies are replaced promptly. Brooklyn Community Housing and Services includes asthma in their health needs assessments, identifying and addressing respiratory health issues as part of their comprehensive care plans. These efforts underscore the importance of environmental health in preventing and managing asthma among residents.

Infectious Disease

Infectious diseases pose a significant risk in community housing settings. BronxWorks provides training and updates on current health alerts, such as overdose rates and shingles outbreaks, and disseminates information on infectious diseases like Hepatitis A, B, and C. ACMH Inc. offers personal protective equipment (PPE) and voluntary isolation options for tenants with infectious diseases, such as COVID-19, and provides training on HIV precautions. Brooklyn Community Housing and Services integrates responses to infectious diseases into their general health protocols, ensuring a robust and adaptive approach to emerging health threats. These practices reflect a proactive stance in preventing and managing infectious diseases, thereby safeguarding the health of residents.

Overcrowding

Overcrowding is addressed through strategic housing configurations and adherence to space guidelines. BronxWorks ensures that each family has its own kitchen, bathroom, and bedroom, working with landlords to prevent overcrowding and potential eviction. ACMH Inc. guarantees that apartments are spacious and comply with state guidelines, thereby avoiding the negative health impacts associated with overcrowded living conditions. Brooklyn

Community Housing and Services also takes measures to prevent overcrowding, recognizing its detrimental effects on health and well-being. These measures contribute to creating a healthier living environment and reducing stress and health risks associated with overcrowding.

Addiction

Addiction is a prevalent issue among vulnerable populations, and the organizations provide extensive support to address it. BronxWorks offers Narcan training and connects clients to detox centers and rehabs, maintaining a policy that addiction should not lead to disenrollment from the program. ACMH Inc. collaborates with substance abuse providers, supports relapse as part of recovery, and trains staff and clients in Narcan delivery and safe substance use practices. Brooklyn Community Housing and Services employs in-house substance abuse counselors to provide direct support. These comprehensive support systems demonstrate a commitment to addressing addiction through education, treatment, and compassionate care.

The organizations' multifaceted and holistic approaches to managing health-related housing issues underscore their dedication to improving health outcomes for their residents. By addressing lead exposure, asthma, infectious diseases, overcrowding, and addiction through targeted interventions and support systems, BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services play a crucial role in mitigating health risks and enhancing the quality of life for families experiencing homelessness. They create and foster an environment where it is acceptable to manage health complications that residents may have been discriminated against or marginalized for before joining these organizations. These organizations are not only committed to addressing these problems but also to creating safe spaces for their clients

experiencing these challenges. It involves both the practical aspects of scheduling

appointments and prescribing medication, as well as the social act of creating a safe

environment where residents feel heard, respected, and can trust their providers. This

demonstrates how health is conceptualized in these organizations as not just a physical and

biological issue but also a social and communal one. These efforts highlight the critical

intersection between housing and health and the importance of comprehensive strategies in

fostering healthier, more resilient communities.

HEALTHCARE UTILIZATION AND RISK MANAGEMENT

The responses from Diana, Carlos, and Jeff illuminate the different strategies employed

by BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services to monitor and

manage healthcare utilization costs, emergency department usage, hospital stays, and

hospitalization rates. These strategies are crucial for improving health outcomes and managing

the financial and operational sustainability of their programs.

Data Collection and Monitoring

BronxWorks demonstrates a detailed approach to tracking healthcare utilization using

Medicaid utilization records and the RIO Database, which provides real-time updates on client

hospital visits. This meticulous data collection allows BronxWorks to monitor healthcare usage

patterns closely and address any emerging issues promptly. ACMH Inc. focuses on conduct11

calls, assessing their necessity to prevent overuse, and conducting monthly evaluations to

improve emergency response efficiency. This proactive monitoring helps ACMH reduce

unnecessary emergency services usage. Brooklyn Community Housing and Services

acknowledges the importance of monitoring healthcare utilization, though specific

43

methodologies are not detailed. This broad acknowledgment indicates an awareness of the issue but suggests a need for more explicit strategies or tools.

<u>Impact of Chronic Illness</u>

Chronic illness presents a significant challenge within these housing programs, deeply influencing healthcare utilization data. BronxWorks emphasizes that many clients have chronic conditions that persistently affect their healthcare needs, resulting in high utilization rates. Diana notes that funders often misunderstand this reality, expecting reductions in utilization that are unrealistic given the chronic nature of clients' conditions. She states, "The expectation that because they have housing their medical utilization is going to go down is not realistic. Sickle cell disease, Parkinson's, MS—there is no cure, and these will only progress and decompensate the individual no matter how proactive they are in treatment and seeing their providers. They are only being managed temporarily. The client is always dealing with a lot of pain and they are going back and forth to the hospital. The numbers will say it doesn't work, but it isn't that it doesn't work, it is just that this is the situation, and every client has a different situation. To expect numbers will go down for this client so they should go down for other clients…that's not how it works."(Diana Peralta, Maya Nunez, February 2024).

Diana highlights the unrealistic expectations placed on scattered-site housing agencies to meet specific quotas to receive funding. Miscommunication and misunderstanding between funders and on-ground providers can exacerbate health disparities and undermine scattered-site housing organizations' mission to use shelter to mitigate health complications. ACMH Inc. brings attention to the issue of clients being prematurely discharged from hospitals, which contributes to high readmission rates and further strains their healthcare system. Carlos speaks

on efforts by Ann Sullivan from The Office of Mental Health, noting that "hospitals have to contact you before they discharge a patient, and they have to be collaborative with you." Despite these efforts, there remains friction between healthcare providers and scattered-site housing specialists. Carlos explains, "We've had instances where patients were discharged prematurely and had to go right back to the hospital…not safe." This systemic issue underscores the need for improved discharge planning and post-hospitalization support. Brooklyn Community Housing and Services acknowledges the impact of chronic illness on healthcare utilization but does not provide specific insights, indicating a broader understanding but less focus on detailed chronic illness management.

<u>Staff Training and Response</u>

Effective staff training and response mechanisms are critical for managing healthcare utilization and improving client outcomes. BronxWorks ensures that case managers follow up after hospital visits to provide continuity of care and manage health conditions more effectively. This follow-up care helps prevent re-admissions and promotes better health management. ACMH Inc. prioritizes training staff to handle situations without unnecessarily calling 911, thus reducing emergency department usage. They also collaborate with hospitals to ensure clients are not discharged prematurely and are stable before returning to their housing units. This collaborative approach helps minimize re-admissions and supports clients' health. Brooklyn Community Housing and Services acknowledges the importance of these strategies but does not detail specific staff training or response protocols, suggesting a need for more explicit and structured approaches.

The varied strategies employed by BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services highlight the complexity of managing healthcare utilization in supportive housing programs. BronxWorks' detailed monitoring and realistic expectations, ACMH Inc. 's emphasis on minimizing unnecessary emergency calls and premature discharges, and Brooklyn Community Housing and Services' broad integration of healthcare considerations demonstrate diverse approaches to addressing these critical issues. These findings underscore the importance of tailored strategies, effective monitoring, and realistic goal setting in improving health outcomes and managing healthcare utilization in supportive housing contexts.

III.   COMMUNITY SUPPORT AND HOLISTIC SERVICES PROVIDED BY HOUSING ORGANIZATIONS

THEMES	SUB THEMES	DESCRIPTION	ANALYSIS
Community Support and Holistic Services	Comprehensive Support Services: Advocacy and Support for Healthcare Access, Food and Nutrition Support, Case Management Follow-up, Holistic Health Approach,	Beyond addressing and managing residents' health histories, BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services implement a wide range of comprehensive support services that tackle various aspects of their clients' lives. These services are designed to ensure not only the physical well-being of the residents but also their overall stability and quality of life.	**Advocacy and Support Services:** Both Diana and Carlos stress the role of case management in advocating for clients' healthcare needs and addressing barriers to accessing services. Case managers provide transportation assistance, help with recertification for benefits like SNAP, and facilitate home visits to ensure clients' well-being. Jeff emphasizes the importance of services tailored to individual needs within scattered-site housing, including case management, skills training, and peer support. These services aim to empower individuals to manage their health and daily living independently. **Holistic Approach to Health:** Diana and Carlos discuss the holistic approach to healthcare within scattered-site housing, which includes addressing both physical and mental health needs. Case managers and program specialists work with clients to manage chronic conditions, adhere to medication regimes, and attend appointments, ultimately reducing hospitalizations. Jeff highlights the positive health outcomes associated with scattered-site housing, including fewer hospital stays, longer life expectancy, and improved overall well-being. Scattered-site housing facilitates integration into the community, promoting independence and ownership of one's circumstances. **Continuum of Care:** Jeff emphasizes the continuum of care provided by scattered-site housing, which encompasses shelter, transitional housing, and permanent supportive housing. This continuum allows for

| | | | tailored support based on individuals' needs and circumstances, with the ultimate goal of transitioning to independent living. Diana and Carlos also discuss the continuum of care within their respective organizations, offering both permanent and transitional scattered-site housing options to meet the diverse needs of clients. **Food and Nutrition Support:** BronxWorks (Diana): Providing Health Bucks for access to fresh produce. Assistance with food shopping and meal preparation. Emergency food vouchers and gift cards for food markets. ACMH Inc. (Carlos): Not specifically mentioned. Brooklyn Community Housing and Services (Jeff): Not specifically mentioned. |
| | Program Expansion and Community Integration: Community and Client Support Systems & Societal and Policy Advocacy | Broader support networks and community integration efforts that contribute to residents' health and well-being. | **Program Expansion and Community Integration:** Bronxworks: Program Expansion, Partnership with Breaking Ground, Community Resources. ACMH: Smoking Cessation Initiatives, Medication Adherence. Brooklyn: Broader Advocacy, Section 8 and Housing Policy. **Community and Client Support Services:** Bronxworks: Comprehensive Support Services. ACMH: Relationship with Providers. Brooklyn: Policy Advocacy for Client Support. **Societal and Policy Advocacy:** Bronxworks: Community Collaboration. ACMH: Peer Mentorship. Brooklyn: Advocacy for Systemic Change, Economic Impact on Homelessness.

By comparing these responses, it becomes clear that each organization has a distinct approach to addressing additional health-related considerations. Bronxworks focuses on direct support services and community integration, ACMH emphasizes specific health interventions and training, while Brooklyn advocates for broader systemic and policy changes. These differences highlight the varied strategies employed to support the health and well-being of their clients. |

Table 3: Theme 3 Summary of Findings; Community Support and Holistic Services Provided by Housing Organizations

Beyond addressing and managing residents' health histories, BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services implement a wide range of comprehensive support services that tackle various aspects of their clients' lives. These services are designed to ensure not only the physical well-being of the residents but also their overall stability and quality of life.

COMPREHENSIVE SUPPORT SERVICES

Advocacy and Support for Healthcare Access

Each organization employs robust strategies to advocate for and support healthcare access for their clients. BronxWorks, as noted by Diana, provides extensive advocacy for client healthcare needs, including assistance with transportation to medical appointments, SNAP and Medicaid recertification, and home visits to ensure well-being. ACMH Inc., highlighted by Carlos, tracks health outcomes to demonstrate the value of supportive housing, builds managed care programs to fund healthcare services, and develops support and recovery plans billed to Medicaid. Brooklyn Community Housing and Services, as discussed by Jeff, employs a nurse to provide consultations, health and wellness sessions, and accompany clients to appointments, facilitating better access to healthcare. These efforts underscore the organizations' commitment to ensuring that clients receive the necessary medical care and support.

Food and Nutrition Support

Food and nutrition support are crucial components of holistic healthcare. BronxWorks offers substantial support through programs like Health Bucks, emergency food vouchers, and assistance with food shopping and meal preparation. This focus on nutrition underscores the importance of addressing basic needs to improve overall health and stability. While ACMH Inc. and Brooklyn Community Housing and Services did not specifically mention food and nutrition support in their responses, this highlights potential areas for enhancement in their holistic care approaches. Ensuring that clients have access to nutritious food is fundamental to their overall health and well-being.

<u>Case Management and Follow-Up</u>

Effective case management is critical for ensuring that clients' health and daily living needs are met. BronxWorks conducts biweekly home visits, follows up on hospital discharges, manages medication, and provides comprehensive support to help clients adjust to independent living. ACMH Inc. develops support and recovery plans as part of their case management efforts, ensuring that clients receive coordinated and continuous care. Brooklyn Community Housing and Services leverages their nursing staff to enhance case management, ensuring clients attend necessary medical appointments and receive the care they need. These case management strategies are essential for maintaining clients' health and promoting their independence.

<u>Holistic Health Approach</u>

The integration of health and housing services is evident across all organizations. BronxWorks adopts a holistic approach, addressing food security, healthcare access, and daily living skills. ACMH Inc. integrates housing and healthcare services through managed care models and Medicaid billing, ensuring that clients receive comprehensive support. Brooklyn Community Housing and Services focuses on health and wellness through nursing support and client trust-building to encourage health appointment attendance. These comprehensive approaches ensure that residents receive the necessary support to maintain their health and stability.

PROGRAM EXPANSION AND COMMUNITY INTEGRATION

The responses from Diana, Carlos, and Jeff reveal a diverse array of health-related initiatives aimed at enhancing the well-being of residents within their respective housing programs.

BronxWorks emphasizes significant program expansion and community integration. Diana highlights the opening of new programs and supportive housing buildings in the Bronx, demonstrating a commitment to broadening their reach and impact. This expansion is bolstered by partnerships, such as the collaboration with Breaking Ground for medication management and emergency preparedness, which underscores the importance of community resources and collaboration. In contrast, ACMH Inc. focuses on specific health interventions like smoking cessation programs and medication adherence training. Carlos notes the importance of these targeted health initiatives in supporting clients' overall health management. Brooklyn Community Housing and Services, on the other hand, adopts a broader advocacy approach. Jeff emphasizes policy changes to address systemic issues such as economic inequality and systemic racism, which contribute to homelessness. This advocacy extends to changes in the Section 8 voucher program and supportive housing criteria, highlighting a commitment to structural reforms that can lead to lasting improvements in housing and health outcomes.

Community and Client Support Services

Each organization demonstrates a commitment to providing comprehensive support services to their clients, tailored to their specific operational models. BronxWorks offers a wide range of services, from providing school supplies for children to referrals for methadone clinics and community programs like after-school swimming. This holistic approach aims to address various aspects of clients' lives, contributing to overall well-being. ACMH Inc. emphasizes the importance of developing strong relationships with healthcare providers to ensure comprehensive care, reflecting a strategy that relies on external partnerships to enhance service delivery. Brooklyn Community Housing and Services focuses on policy advocacy to

increase support for vulnerable populations. Jeff's emphasis on advocating for policy changes to improve support for those with serious psychiatric diagnoses highlights a commitment to addressing systemic barriers that affect client health and stability.

Societal and Policy Advocacy

The organizations' approaches to societal and policy advocacy further illustrate their diverse strategies in addressing health-related issues. BronxWorks focuses on community collaboration, working with local organizations to provide resources and support to clients. This approach highlights the importance of leveraging community assets to enhance service delivery. ACMH Inc. employs peer mentorship as a support strategy, recognizing the value of lived experiences in helping clients navigate their health and housing needs. Brooklyn Community Housing and Services takes a macro approach, advocating for systemic changes to address the root causes of homelessness. Jeff's underscores the economic impact on homelessness and the need for economic fairness and housing policy reforms underscores a strategic focus on long-term solutions to structural issues.

While each organization employs different strategies, common themes include advocacy for healthcare access, comprehensive case management, and a holistic approach to health. BronxWorks emphasizes direct advocacy and support, ACMH Inc. focuses on managed care models and systematic outcome tracking, and Brooklyn Community Housing and Services leverages nursing support for health and wellness. Differences in food and nutrition support highlight potential areas for enhancement, particularly for ACMH Inc. and Brooklyn Community Housing and Services. The relationship between health and housing is deeply intertwined, and addressing health within housing programs requires a comprehensive, holistic approach. The

strategies employed by BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services demonstrate the importance of integrated support services in promoting the health and well-being of residents. By addressing barriers to healthcare access, providing robust case management, and adopting a holistic approach, these organizations play a crucial role in improving health outcomes for individuals experiencing homelessness.

SUMMARY

This research explores the multifaceted approaches adopted by BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services in addressing health-related housing issues. The key findings from each theme reveal that these organizations employ comprehensive strategies to manage health risks, advocate for healthcare access, and provide holistic support services to their clients. They address critical health challenges such as lead exposure, asthma, infectious diseases, overcrowding, and addiction through targeted interventions. Additionally, they incorporate robust case management, community integration, and advocacy efforts to support their clients' overall well-being. These findings demonstrate how supportive housing organizations can mitigate health risks and improve health outcomes for individuals experiencing homelessness. The organizations' strategies highlight the importance of a holistic approach that integrates housing and healthcare services, emphasizing both the physical and social aspects of health.

Future research could explore the long-term impact of these holistic approaches on health outcomes and housing stability. Additionally, examining the effectiveness of specific interventions, such as smoking cessation programs or peer mentorship, could provide deeper

insights into best practices. A critical area for future research is the collection of concrete data to evaluate these programs on specific important health metrics. By designing a follow-up study that tracks health outcomes such as chronic disease management, mental health status, and substance abuse recovery rates, researchers could directly assess the efficacy of these interventions. Policy implications of these findings include the need for increased funding and support for supportive housing programs, the importance of policy advocacy to address systemic barriers, and the potential benefits of integrating healthcare and housing services more closely. Addressing these areas could lead to more effective strategies for improving health outcomes and reducing homelessness.

POLICY RECOMMENDATIONS

    I.   **Increase Funding and Support for Holistic Health Services**

The findings from the research underscore the critical need for comprehensive support

services that encompass both the physical and psychological health needs of residents.

Scattered-site supportive housing (SSH) agencies in New York City are uniquely positioned to

offer these services. However, they often face funding constraints that limit their ability to

provide the necessary healthcare access, case management, and support systems required for

improved health outcomes. By increasing funding for holistic health services, these

organizations can more effectively address the multifaceted health needs of their residents.

Scattered-site agencies can advocate for increased government and private funding to support

the integration of comprehensive health services within their programs. This should include

dedicated funds for mental health services, chronic disease management, addiction treatment,

and health education programs. To secure this funding, SSH agencies need to demonstrate that

stable housing correlates with reduced hospitalizations and better health outcomes. However,

as highlighted in the interviews, the relationship between housing stability and health

outcomes is complex, with lower hospitalization rates not always indicating better health and

vice versa. Scattered-site housing agencies should develop robust methods to monitor and

report health outcomes systematically.

Standardize Health Outcome Monitoring

To enhance the effectiveness of scattered-site housing (SSH) agencies in securing

funding, it is essential to demonstrate positive health outcomes consistently. Currently, the

varied methods used by different organizations to collect, organize, and manage residents'

personal information and health records lead to discrepancies in the funding they receive.

Implementing a standardized approach to health outcome monitoring across all SSH agencies

could provide more consistent and compelling evidence of the impact of stable housing on

health. This standardization would also allow for a clearer analysis of the number of individuals

housed through scattered-site agencies. A unified health care monitoring system would not

only streamline the tracking of residents' social, physical, and health needs but also facilitate

easier access to client information for providers, case managers, and healthcare professionals.

Such a system would help prevent miscommunication, ensure continuity of care, and hold

residents accountable for meeting their housing requirements.

Promoting the development of a centralized system for collecting and managing health

data across all SSH agencies in NYC would standardize the metrics and methods used to track

health outcomes, thereby reducing biases in funding decisions. By collaborating to create a

centralized database, SSH agencies can present a united front that highlights their collective

impact on resident health. This collaboration would enable agencies to refer clients to services

better suited to their needs, leveraging the strengths of different organizations. For instance, an

agency with extensive experience in administering Narcan could support another experiencing

high overdose rates through partnership.

Furthermore, SSH agencies can advocate for revised funding eligibility metrics that

account for a broader range of health outcomes, including social, mental, and emotional well-

being, rather than just hospitalization rates. This broader understanding acknowledges that

reintegration into society has a significant influence on individuals' health, potentially more so than attending routine medical appointments.

<u>Addressing Current Metrics and Advocacy</u>

Interviews revealed that the current metrics used to determine funding eligibility might not accurately reflect the health outcomes of residents in scattered-site housing. For instance, lower hospitalization rates do not necessarily indicate better health, as some residents may avoid hospital visits despite needing care. Conversely, higher hospitalization rates may sometimes reflect better access to necessary medical services rather than poor health. SSH agencies face the challenge of explaining this to funders and private investors, who often focus on quantitative metrics rather than the context behind the numbers. With housing program providers and specialists dedicating significant effort to ensure residents are housed and healthy, there is often insufficient time to communicate these nuances to funders. SSH agencies should engage in advocacy to challenge and refine the metrics used by funders to evaluate health outcomes. By presenting evidence from their comprehensive data collection efforts, they can argue for funding criteria that more accurately capture the complexities of health among their residents. This may include metrics that consider quality of life, access to preventive care, and long-term health improvements, rather than solely focusing on hospitalization rates.

To facilitate this advocacy, SSH agencies could propose annual visits for funders to see the residents and speak to the community they invest in, fostering a deeper understanding of the impact of their investments. Additionally, creating and hiring a cohort of individuals to serve as intermediaries between funders and housing case managers could enhance communication.

This approach would ensure that residents' health needs are accurately understood, assessed, and captured, leading to more informed and effective funding decisions.

II. **Enhance Coordination Between Healthcare Providers and Housing Organizations**

The research highlights the critical role of effective discharge planning and follow-up care in reducing hospital readmissions and ensuring continuity of care. Improved coordination between healthcare providers and housing organizations can address the challenges of premature discharges and better support clients' ongoing health needs. Scattered-site supportive housing addresses both housing security and health disparities, necessitating the involvement of multiple stakeholders to provide comprehensive support to vulnerable populations. To achieve this, policies should mandate enhanced communication and collaboration between healthcare providers and housing organizations. This includes creating standardized protocols for hospital discharge planning, regular follow-up care, and integrated care plans that involve both medical and housing support teams. By doing so, the multifaceted responsibilities of housing specialists, program directors, and other staff members can be better coordinated, distributing the workload more effectively and improving overall service delivery.

Comprehensive Stakeholder Involvement

Currently, housing specialists, program directors, and other staff members in scattered-site housing programs bear multiple responsibilities. They must build and maintain relationships with clients, secure funding, expand their reach to vulnerable applicants, and collaborate with hospitals to understand and support residents' health conditions. This extensive range of duties often leads to staff feeling overworked and underpaid, especially

when working with populations that have experienced significant instability and trauma. Improved coordination mandates can help distribute these responsibilities more evenly among all stakeholders. Mandating improved communication between all stakeholders ensures accountability for their respective roles in supporting clients' health and housing needs. This includes healthcare providers, housing organizations, and community partners working together to ensure comprehensive care for residents. By developing clear protocols and expectations for each party, the burden on individual staff members can be alleviated, leading to better outcomes for both staff and clients.

Strengthening Follow-Up Care

Follow-up care is a crucial component of successful scattered-site housing programs. While these programs primarily focus on housing, they also significantly impact health outcomes. If agencies are required to demonstrate their effectiveness in reducing hospital and ER visits to receive more funding, strengthening the follow-up care component becomes essential. Many residents may have hesitations towards medicine or doctors due to their past experiences and the instability they have faced. Building trust and providing continuous support can help them better manage their health conditions. SSH agencies should consider implementing enhanced follow-up care by creating a dedicated team responsible for ongoing health support. This team would work closely with residents to ensure they understand their health conditions, follow medical advice, and feel supported in their healthcare journey. While this initiative would require additional funding, it is crucial for addressing the lack of security and stability these individuals have experienced. More robust follow-up care can improve

health outcomes, reduce hospital readmissions, and ultimately support the overall mission of scattered-site housing programs.

These policy recommendations aim to improve the coordination between healthcare providers and housing organizations by mandating better communication and collaboration. By involving more stakeholders and strengthening follow-up care, scattered-site supportive housing programs can more effectively address the health and housing needs of their residents. Enhanced coordination and comprehensive support systems will not only benefit residents but also create a more sustainable and effective model for scattered-site housing initiatives in NYC.

CONCLUSION

This thesis has explored the intersection of scattered-site housing and health outcomes, shedding light on the multifaceted challenges and innovative strategies employed by organizations such as BronxWorks, ACMH Inc., and Brooklyn Community Housing and Services. Through comprehensive interviews and analysis, several key findings emerged that address the core research question: How does scattered-site housing influence health outcomes for residents?

The findings reveal that these organizations adopt a holistic approach to managing health-related housing issues. They proactively address lead exposure, asthma, infectious diseases, overcrowding, and addiction, demonstrating their commitment to mitigating health risks and enhancing the quality of life for their residents. Additionally, they provide extensive support services, including advocacy for healthcare access, food and nutrition programs, case management, and continuous health outcome tracking. These efforts highlight the critical role of integrated support systems in promoting health and stability among residents.

The data underscores the pervasive impact of chronic illness on healthcare utilization within these programs. High utilization rates persist due to the chronic nature of many clients' conditions, challenging the unrealistic expectations of funders. The need for improved discharge planning and post-hospitalization support was also evident, pointing to systemic issues within the healthcare system that exacerbate health disparities for this vulnerable population.

Based on these findings, several policy recommendations are proposed to enhance the support provided by scattered-site housing programs. First, increasing funding and resources for comprehensive support services is crucial. Second, improving coordination between healthcare providers and housing agencies can ensure more effective care transitions and better health outcomes. Third, implementing and expanding data-driven approaches to measure health outcomes will enable organizations to demonstrate their impact and secure necessary funding. Future research should continue to investigate the long-term health impacts of supportive housing, particularly focusing on the effectiveness of various interventions and support services. Additionally, exploring the perspectives of residents themselves can provide valuable insights into the lived experiences and needs of this population.

The relationship between housing and health is deeply intertwined, requiring comprehensive, integrated strategies to address the complex needs of residents. By adopting holistic approaches, leveraging community resources, and advocating for systemic change, scattered-site housing programs can significantly improve health outcomes and contribute to the well-being of individuals experiencing homelessness. This thesis contributes to the growing body of evidence supporting the critical role of supportive housing in fostering healthier, more resilient communities.

Moreover, the findings and implications of this study may extend beyond the specific context studied and offer valuable insights for other major cities facing significant affordable housing challenges, such as Boston. Boston, like many other urban areas, is grappling with high construction costs, restrictive zoning laws, and an aging housing stock, which collectively

impede the development and preservation of affordable housing (Minott and Orbach 2023).

The city's efforts to address these issues through initiatives like the Housing a Changing City: Boston 2030 plan, which aims to create 69,000 new housing units by 2030, including 16,000 income-restricted units, illustrate the potential for similar holistic approaches to be applied in other contexts (City of Boston 2022).

Future research could explore the long-term impact of these holistic approaches on health outcomes and housing stability in various urban environments, providing a broader understanding of best practices. Additionally, constructing follow-up studies to collect concrete data on specific health metrics would be invaluable in evaluating the efficacy of these programs and informing policy decisions aimed at improving health outcomes and reducing homelessness across diverse urban settings.

BIBLIOGRAPHY

Barnes, Steve. 2012. "Review of Trends, Policies, Practices, and Implications of Scattered-Site
Housing." Wellesley Institute, 4-11. https://www.wellesleyinstitute.com/wp-
content/uploads/2012/07/Scattered-Site-Housing-Final.pdf

Barth, Rachel. 2024. "The State of Supportive Housing." The Network. '
https://storymaps.arcgis.com/stories/d51aa52864324e99a673e09e7fb1a0ab

Brand, David. 2022. "Dilapidated Apartments, Lousy Landlords Plague NYC's Sprawling

'Scattered-Site' Supportive Housing Network." CityLimits.
https://citylimits.org/2022/03/02/dilapidated-apartments-lousy-landlords-plague-nycs-
sprawling-scattered-site-supportive-housing-network/

City of Boston. 2022. "Housing a Changing City: Boston 2030." *City of Boston*.

https://www.boston.gov/finance/housing-changing-city-boston-2030

Coalition for the Homeless. 2023. "New York City Homeless: The Basic Facts."

https://www.coalitionforthehomeless.org/

Corinth, Kevin. 2017. "The Impact of Permanent Supportive Housing on Homeless Populations."

Journal of Housing Economics, 35: 69-84. https://doi.org/10.1016/j.jhe.2017.01.006

DeLia, Derek, Jose Nova, Sujoy Chakravarty, Emmy Tiderington, Taiisa Kelly, and Joel Cantor.

2021. "Effects on Permanent Supportive Housing on Health Care Utilization and
Spending among New Jersey Medicaid Enrollees Experiencing Homelessness." Medicaid
Care, 59(4): 199-205. https://journals.lww.com/lww-medicalcare/pages/default.aspx

Dohler, Ehren, Peggy Bailey, Douglass Rice, and Hannah Katch. 2016. "Supportive Housing Helps

Vulnerable People Live and Thrive in the Community." Center on Budget and Policy
Priorities. https://www.cbpp.org/research/supportive-housing-helps-vulnerable-people-
live-and-thrive-in-the-community

Edidin, Jennifer, Zoe Ganim, Scott Hunter, and Niranjan Karnik. 2011. "The Mental and Physical

Health of Homeless Youth: A Literature Review." Child Psychiatry Human Development,
43: 354-375. DOI 10.1007/s10578-011-0270-1

EENet. 2023. "Evidence as a Glance: Pathways Scattered Site Housing First vs. Single Site

Supportive Housing." 1-13. https://kmb.camh.ca/eenet/resources/evidence-at-a-glance-pathways-scattered-site-housing-first-vs-single-site-supportive-housing

Eisenberg, Ariel. 2017. "A Shelter Can Tip the Scales Sometimes: Disinvestment, Gentrification,

and the Neighborhood Politics of Homelessness in 1980s New York City." Journal of Urban History, 43(6): 915-931. DOI: 10.1177/0096144217714762

Funk, M. Amy, Neil Greene, Kate Dill, and Pia Valvassori. 2022. "The Impact of Homelessness on

Mortality of Individuals Living in the United States." Journal of Health Care for the Poor and Underserved, 33: 457-477. DOI: https://doi.org/10.1353/hpu.2022.0035

Furman Center. 2008. "The Impact of Supportive Housing on Surrounding Neighborhoods:

Evidence from New York City." New York University, 1-8. https://furmancenter.org/files/FurmanCenterPolicyBriefonSupportiveHousing_LowRes.pdf

Garcia, Carlos. Interviewed by Maya Nunez. February 2024.

Goodman, Sarena, Peter Messeri, and Brendan O'Flaherty. 2016. "Homelessness Prevention in

New York City: On Average, It Works." Journal of Housing Economics, 31: 14-34. doi: 10.1016/j.jhe.2015.12.001

Henwood, F. Benjamin, Randall Kuhn, Howard Padwa, Roya Ijadi-Maghsoodi, Gisele Corletto,

Alex Lawton, Jessie Chien, Ricky Bluthenthal, Michael Cousineau, Melissa Chinchilla, Bikki Tran Smith, Katherine Vickery, Taylor Harris, Maria Patanwala, Whitney Akabike, and Lillian Gelberg. 2023. "Investigating the Comparative Effectiveness of Place-Based and Scattered-Site Permanent Supportive Housing for People Experiencing Homelessness During the COVID-19 Pandemic Protocols for a Mixed Methods, Prospective Longitudinal Study." JMIR Research Protocols, 12: 1-1. doi: 10.2196/46782

Housing First. 2024. "WEBINAR: Comparing Models of Permanent Housing: Scattered Site

Housing First versus Single Site Supportive Housing." https://housingfirsteurope.eu/event/webinar-comparing-models-of-permanent-housing-scattered-site-housing-first-versus-single-site-supportive-housing/

Hunter, B. Sarah, Adam Scherling, Ryan McBain, Matthew Cefalu, Brian Brinscombe, William

McConnell, and Priya Batra. 2021. "Health Service Utilization and Cost Outcomes from a Permanent Supportive Housing Program." RAND Corporation, 1-52. https://www.rand.org/pubs/research_reports/RRA374-2.html

Lim, Sungwoo, Tejinder Singh, Gerod Hall, Sarah Walters, and Hannah Gould. 2018. "Impact of a

New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families." Health Services Research, 53(3): 3437-3454. DOI: 10.1111/1475-6773.12849

Martinez, Tia, and Martha Burt. 2006. "Impact of Permanent Supportive Housing on the Use of

Acute Care Health Services by Homeless Adults." Psychiatric Services, 57(7): 992-999. doi: 10.1176/ps.2006.57.7.992

Minott, Owen and Rebecca Orbach. 2023. "A Snapshot of Housing Supply and Affordability

Challenges in Boston." *Bipartisan Policy Center*. https://bipartisanpolicy.org/report/housing-supply-affordability-challenges-boston/

National Academies of Sciences, Engineering, and Medicine. 2018. "Permanent Supportive

Housing." 1-227. https://nap.nationalacademies.org/catalog/25133/permanent-supportive-housing-evaluating-the-evidence-for-improving-health-outcomes

NCSL. 2023. "Addressing Health Outcomes Through Supportive Housing." NCSL.

https://www.ncsl.org/health/addressing-health-outcomes-through-supportive-housing#:~:text=Research%20on%20supportive%20housing%20suggests,events%20and%20behavioral%20health%20hospitalizations

Nemetsky, Jeff. Interviewed by Maya Nunez. February 2024.

Nooshin, Nikko, Marjan Motamed, Mohammad Nikko, Verena Strehlau, Erika Neilson, Sahoo

Saddicha, and Michael Krausz. 2015. "Chronic Physical Health Conditions Among Homeless." Journal of Health Disparities Research and Practice, 8(1): 81-97. http://digitalscholarship.unlv.edu/jhdrp/

Nunez, Ralph. 2001. "Family Homelessness in New York City: A Case Study." Oxford University

Press, 116(3): 367-379. https://www.jstor.org/stable/798021

Office of Mental Health. 2022. "Scattered Site Supportive Housing for Homeless Adults."

https://omh.ny.gov/omhweb/rfp/2022/sssh-ha/scattered_site_homeless_housing_2022.pdf

Onapa, Hebaat, Christopher Sharpley, Vicki Bitsika, Mary McMillan, Katie MacLure, Lee Smith,

and Linda Agnew. 2021. "The Physical and Mental Health Effects of Housing Homeless People: A Systematic Review." Health and Social Care Community, 30: 448-468. DOI: 10.1111/hsc.13486

OpenLab. 2017. "History of NYC Homeless."

https://openlab.citytech.cuny.edu/research-project/history-of-nyc-homeless/

Peralta, Diana. Interviewed by Maya Nunez. February 2024.

Ranmal, Rita, Adam Tinson, and Louise Marshall. 2021. "How do Health Inequalities Intersect

with Housing and Homelessness?" European Journal of Homelessness, 15(3): 63-71. https://www.feantsaresearch.org/public/user/Observatory/2021/EJH_15-3/Final/EJH_15-3_A4.pdf

Richards, Jessica, and Randall Kuhn. 2023. "Unsheltered Homelessness and Health: A Literature

Review." AJPM FOCUS, 2(1): 1-12. https://www.cbpp.org/research/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community

Routhier, Giselle. 2017. "Family Homelessness in NYC." Coalition for the Homeless. 1-16.

https://www.coalitionforthehomeless.org/family-homelessness-in-nyc/

Salit, Sharon, Evelyn Kuhn, Arthur Hartz, Jade Vu, Andrew L. Mosso. 1998. "Hospitalization

Costs Associated with Homelessness in New York City." The New England Journal of Medicine, 338(24): 1734-1740. DOI: 10.1056/NEJM199806113382406

Appendix

<u>INTERVIEW GUIDE QUESTIONS</u>
- Tell me a little about yourself, and how you came to occupy your role at **name org**?
- Why is scattered-site housing so important to you and what would you say are some of the benefits of this model?
- What about some of the drawbacks or challenges to this model? Could you point to/ highlight a few challenges within this model that you think could be revised to better suit residents?
- Do you collect information/ What information do you collect from your residents/ clients before/while moving them into one of your SS buildings?
- What do you think about the relationship between health and housing?
- How does your organization acknowledge and address concepts of health within your housing program?
- I understand that all of the families you work with are struggling with some sort of physical and/or mental illness and hold very vulnerable positions… How do(es) you/**insert organization** consider and organize these families' medical information?
  - How is this information organized within your organizations and do your residents have access to this information if they want it?
- How do you and/or an insert **organization** consider residents' health in your/ their work?
- What aspects of health do you and/or **the organization** consider once you've entered a family into one of your scattered-site buildings… Can you take me through that process?

<u>HEALTH AND HOUSING QUESTIONS</u>
Research has shown the effect that poor housing has on health outcomes.
- How does/ Does your organization consider issues of lead? Issues of asthma? Issues of infectious diseases? Issues of overcrowding? Issues of addiction?
- How does/ Does your organization consider aspects of healthcare utilization costs? Emergency department usage? Hospital stays? Hospitalization rates?
  - Are there any other health-related considerations that your organization considers that I am missing and that you would like to share with me?
- What are the partnerships or collaborations with health professionals or agencies to support resident health?

<u>WORST-CASE SCENARIO QUESTION</u>
- If health is not a part of your mission, then what is? What is the day-to-day challenge that your program considers to be the most influential for housing these families and individuals?