



Supportive Housing Discussion Group (Archived)

Housing is the Best Medicine: Supportive Housing and Social Determinants of Health.CSH

This paper examines the connection between supportive housing and health and the strategies needed to bring housing solutions to improve the overall health of the most vulnerable while building strong, healthy communities.

[Social_Determinants_of_Health_FINAL.pdf](#)



Document by [Pascale Leone](#)

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On november 19, 2014 at 16:57 - 70 views, 4 replies, 4 followers

Supportive Housing

Thanks for sharing Pascale! The report makes a great point about prioritizing supportive housing for the most costly and medically vulnerable individuals. What are peoples thoughts on strategies or models for prioritizing and targeting costly and medically vulnerable populations for supportive housing?

By [Emily Engel](#), about 1 year ago

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Pascale, excellent document and thank you for sharing this with us. Supported Housing is one of the most important Housing Models of our time and with the development of Managed Care, PPS & Safety Net Providers we can assist individuals and their families to remain within their communities and decrease the use of extended stays within hospitals, or recidivism of homelessness and/or other costly interventions by providing a continuum of care through the developing medical and behavioral health networks. Counties across the State of NY can utilize Supported Housing Providers by tapping into their HUD Continuum of Care Committees, in addition to the various State and other Federal Funds available to create Supported Housing with the essential service components. Affordable Housing Agencies can partner with Supported Housing Providers and expand housing to provide housing for individuals and their families eligible for low income housing along with others who have special medical and behavioral health needs. All the best!

By [Tom Zimmerman](#), about 1 year ago

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Great points Tom!

By [Pascale Leone](#), about 1 year ago

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Transitional low demand "Housing First" (so-called "damp", ie not "sober/dry") may be worth investing in, but - despite the research- I'm not sure we have the political will for that. I am not sure if utilizing HUD COCs is likely to yield expanded capacity - as the Mc Kinney Vento/ HEARTH Act funding "pie" has not expanded to support increase capacity- even if the medically vulnerable and costly individual met HUDs definition of chronic homelessness. Making the case for "medically-neccessary" transitional housing subsidies within the HARP package would be ideal, but a challenge. I would love to learn more about OTDA or other housing development resources that are not exclusively tied to homelessness or fragile housing status, but set-asides for individuals with a least common denominator of multiple, inadequately managed chronic medical conditions. Can DSRIPs use any unused hospital space for such purpose?

By [Michel Cole](#), about 1 year ago

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