

State of Illinois
Nursing Home Safety Task Force
December 15, 2009

Written Testimony



Heartland Alliance for Human Needs & Human Rights

Thank you to the Nursing Home Safety Task Force and the Chair, Michael Gelder, for the opportunity to speak today about this important issue. My name is Doug Schenkelberg, and I represent Heartland Alliance for Human Needs & Human Rights, a service-based human rights organization that attends to the needs and right of the most vulnerable in our society. Each year, Heartland Alliance works with more than 200,000 individuals through the provision of health care, housing, economic security, and legal protection programs.

The Task Force has heard testimony at a previous public hearing from the Supportive Housing Provider Association, of which Heartland Alliance is a member, about the effectiveness – both in terms of providing quality housing and services and cost – of supportive housing for those dealing with mental health issues and other barriers. As a provider of place-based and scattered site supportive housing services, I would like to speak to the capacity of our organization has to help address the issue of unnecessary institutionalization of vulnerable populations.

Heartland Alliance currently operates close over 200 units of place-based supportive housing in Chicago. These properties provide a stable, permanent base for those dealing with multiple barriers, including mental illness. In addition, Heartland operates a myriad of scattered-site supportive housing programs for specific populations, including people that are HIV positive, those dealing with mental health issues, and those dealing with substance abuse.

The combination of these scattered site programs, many of which are designed to transition individuals and families who have experienced homelessness from the shelter system to permanent housing, and our place-based supportive housing portfolio creates a continuum of housing opportunities for those with multiple barriers to self-sufficiency. These alternatives to the nursing home setting affirm the dignity of the individual and provide true support that allows for integration into the community and greater independence.

All of these programs are at capacity, many with waiting lists. The only limitation to expanding the number of units we have that serve those in need of supportive housing is the lack of resources. As noted by the Supportive Housing Providers Association, many of the resources for creating and running supportive housing come from the federal government, but utilization of those resources is typically impossible without some financial support from the state.

Heartland Alliance welcomes, as I am sure our peer organizations do, the opportunity to provide appropriate housing opportunities for those dealing with mental health problems and other barriers. We have the capacity to build more permanent supportive housing and to create and run more scattered site programs that meet the specific needs of different vulnerable populations. We encourage this task force to strongly recommend increased financial resources for supportive

housing to fundamentally address the needs of the nursing home population that would be better served through community integration.

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Responses to Questions Posed by the Task Force

Heartland Alliance for Human Needs & Human Rights



At the December 15, Public Hearing of the Nursing Home Safety Task Force, the following questions were posed by task force members to Heartland Alliance during our testimony.

Note: As stated in Heartland's testimony to the task force, our agency operates a variety of supportive housing programs. In the answers below, specific programs are referenced. Heartland would be happy to supply program descriptions for each of our supportive housing programs if that is of interest.

1) Do/Can supportive housing residents in Heartland Alliance's programs receive external mental health treatment? If so, what process does Heartland Alliance have for handling external treatment?

The Families Building Community (FBC) and Supportive Housing Services (SHS) Teams have Clinical Case Managers (MSW trained) who provide one-on-one therapeutic services to program participants. FBC also has a partnership through the Family Assertive Community Treatment (FACT) program with Beacon Therapeutic.

We refer to external agencies in the community if there are mental health needs that are better met by community providers. If participants enter the program with a mental health provider, we encourage those relationships to continue. We will sign a release of information with the participant to be able to talk with the provider if service coordination is needed.

2) For programs that serve people re-entering from the prison system, what assessment tools does Heartland Alliance have/use to ensure they are a good fit for our supportive housing programs?

We have an assessment process for all participants entering the program. The same assessment is used for all potential participants. The assessment covers history with the criminal justice system. Upon completion of the assessment, the team discusses the service needs of the participant so that when s/he enters the program the team is ready to work with the participant in meeting their service goals.

For our place-based supportive housing programs, we have specific restrictions on housing individuals convicted of arson or that are listed as a registered sex offender.

3) Does Heartland Alliance provide all services to residents? If not, what services does Heartland Alliance not provide and what agreements are in place for external referrals?

The services staff provide include:

- Case management
- Substance abuse counseling
- Employment counseling and placement
- Financial literacy
- Clinical services – including one-on-one therapeutic services and group counseling sessions
- Eviction diversion services
- Residential management – including understanding landlord-tenant laws and maintaining the terms of a lease

We make internal referrals for domestic violence and trauma services to our Violence Recovery Services and for employment services to programs through our Workforce Development programs. We have linkage agreements with community providers if participants have other service needs.

4) In terms of accepting an individual/family into a supportive housing program, under what circumstances would Heartland Alliance turn someone away (outside of them not fitting with the specific program criteria, e.g. income requirements)? What assessment tools does Heartland Alliance use?

We have one assessment tool that is used with FBC, Stable Futures, FBC Expansion and SHS. The instance in which an applicant would not be accepted into the program would be if they had a serious mental illness which would prevent them from living independently. We would then make a referral to a more appropriate program.

5) If a resident of a supportive housing program commits or is involved in a violent act, what are our reporting procedures for relevant external parties?

We would contact the police if needed. An internal incident report would be filed. In our supportive housing buildings, we discuss safety planning with participants and at staff meetings we have discussed how to ensure staff and participant safety during an emergency.

6) Are all of Heartland Alliance's buildings accessible to people with disabilities?

Yes. All our developments are accessible to people with disabilities.

7) Costs – Does Heartland Alliance have per person cost breakdown for providing services for specific populations?

The cost per person for services varies by funding source, but with our current IDHS funding at our place-based supportive housing programs, our per person cost is about \$1500/person annually.

For families, using a combination federal, state, and city service funding, the cost per household (excluding rent) is approximately \$15,000 annually. If you consider an average family size of 3, that averages to \$5,000/person annually.

8) If funding is available, what is the ramp up period for putting a supportive housing program in place?

60-90 days