



Supportive Housing Services: How to Design them, Fund them, and Run them - Advanced Session:

Presented by
Corporation for Supportive Housing
@ Florida Statewide Conference
October 6, 2008

www.csh.org

Our Mission

CSH helps communities create permanent housing with services to prevent and end homelessness.

CSH Products and Services

- **Project-Specific Financing and Expertise**
to help create supportive housing
- **Capacity Building**
to strengthen and expand the supportive housing industry
- **Public Policy Reform**
to build an efficient system for producing and financing supportive housing

Where We Work

- National office in New York.
- Local Hub offices in California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, Texas, and Washington, DC.
- CSH's national teams assist the supportive housing industry across the U.S. via on-line resources, training and limited consulting

Focus for the Day

- What do we need to think about when planning for services?
- How do we think about budgeting and what affects the budget?
- How do we pay for the service plan?

What is Supportive Housing?

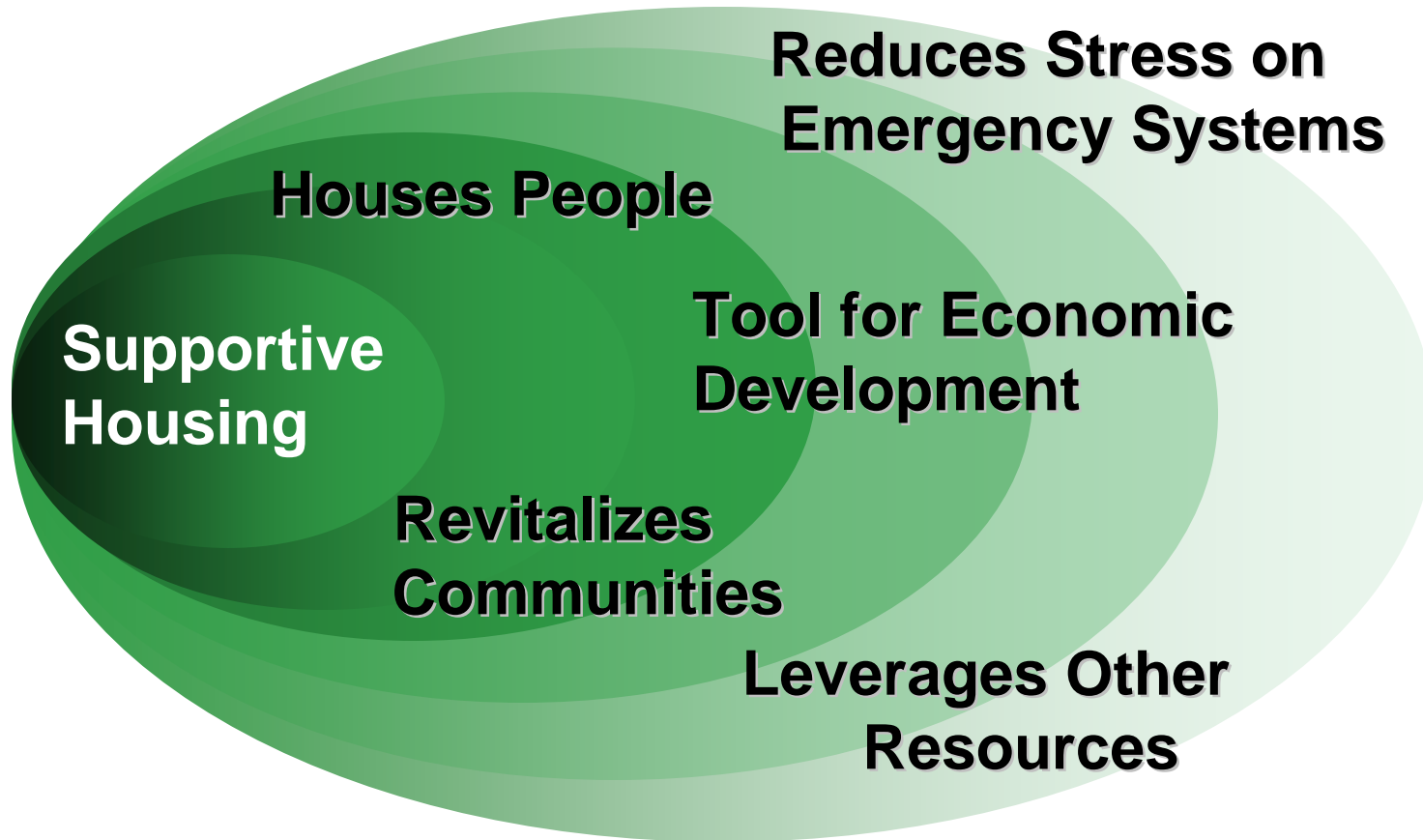
Supportive housing is
permanent, affordable housing
combined with a range of
supportive services
that help
people with special needs
live stable and independent lives.

Supportive Housing is for People Who:

- Are chronically homeless
- Cycle through institutional and emergency systems and are at risk of long-term homelessness
- Are being discharged from institutions and systems of care
- Without housing, cannot access and make effective use of treatment and supportive services



Supportive Housing Leverages Results





Supportive Services in Housing

Services in Supportive Housing

- Services critical in achieving residential stability and maximizing independence:
 - ✓ Assistance with budgeting, paying rent
 - ✓ Access to employment
 - ✓ Tenant involvement
 - ✓ Medication monitoring and management
 - ✓ Daily living skills training or assistance
 - ✓ Medical and health services

Services in Supportive Housing

- Services critical in achieving residential stability and maximizing independence:
 - ✓ Counseling and support in achieving self-identified goals.
 - ✓ Assistance in meeting lease obligations and complying with house rules
 - ✓ Referrals to other services or programs
 - ✓ Conflict-resolution training

Additional Common Services

- Education and vocational training
- Career/job counseling, development and placement
- Child care programs
- Youth programs
- Support/peer support in groups or one-on-one activities, classes, workshops and special events to promote relationship-building, mutual aid, and community enjoyment

Consistent Findings

Housing + Services Make a Difference

- More than 80% of supportive housing tenants are able to maintain housing for at least 12 months
- Most supportive housing tenants engage in services, even when participation is not a condition of tenancy
- Use of the most costly (and restrictive) services in homeless, health care, and criminal justice systems declines
- Nearly any combination of housing + services is more effective than services alone
- “Housing First” models with adequate support services can be effective for people who don’t meet conventional criteria for “housing readiness”

What is Housing First?

- Primary focus on helping people access and sustain permanent housing.
- Consistent with preferences of clients.
- Supportive services are critical to housing stability – and more effective when housing is stable.
- Housing First more effective in meeting needs of some persons experiencing homelessness than traditional services approaches.
- Housing First can be effective with both families and individuals.

Housing First or “Low-Demand” Models

- 3 Essential Components:
 - ✓ Less complex application process for housing - simplify site visits, interviews, documentation, wait lists
 - ✓ Do not require that applicants be “housing ready” in terms of medication, sobriety, money management, etc.
 - ✓ No/few conditions of tenancy that exceed the normal conditions under which any leaseholder would be subject

Are Housing First Models Effective?

- Housing first models lead to higher rates of housing retention.
- There is very little difference in the level of tenant substance use and psychiatric symptoms between housing first and “housing-second” models.
- Participation in services is high in housing first models, but somewhat lower than in models where services are required as a condition of tenancy.
- Tenants report having a better quality of life in housing first models and value the independence.

Research: Pathways to Housing (Tsemberis), Closer to Home (Barrow et al), Analysis of AB2034 Programs in CA (Burt and Anderson), Evaluation of the Collaborative Initiative to End Chronic Homelessness (Rosenheck)

Key Lessons

- The amount of preparation prior to housing needed depends on the type of housing available
 - ✓ Change the housing options instead of focus on preparing people with greatest barriers to housing
 - ✓ Low demand housing models work even for those with most severe psychiatric disorders or substance use problems



Designing Supportive Services Plans

Goal of Service Planning

- A key goal of the supportive services planning process is to determine what services will be provided and by what entity
 - Ideally, provider will offer, either directly or through partnerships, dedicated staff to serve the residents of the housing while leveraging community resources where appropriate and available.

Timeline

- When do you start service planning?
 - You've already started! We did it first with the project concept, continue planning for services throughout the dev process
 - Service planning could have impact on different budgets, building design, partnerships, funding applications...

What's in a Service Plan?

- Introduction to Project
- Target Population
- Service Needs
- Services Program
 - Overview, Partners and Roles, Staffing, Outcomes
- Budget and Staffing Plan

Essential Questions:

What factors drive decisions in service planning?

- What service goals do we want to achieve?
- What is our service philosophy? What are the guiding beliefs? Guiding Values?
- What's our approach to service delivery?
- What are the conditions for occupancy?
- What services are critical for clients to achieve stability and maximum independence?
- What can we provide onsite? What will we provide through linkages/partnerships?

Key Factors

- Great deal of variation in the how, what, where, why and how of services provision from project to project
- Factors that drive decisions about service planning:
 - Target Population
 - Size of Project
 - Housing Model
 - Proximity to other services utilized by tenants
 - Organizational infrastructure and capacity
 - Funder requirements
 - Budget
 - Organizational Mission & Service Philosophy

Population Specific Strategies:

For People who are Chronic Homelessness

- Low demand housing models have these 3 components
 - Less complex application process for housing - simplify site visits, interviews, documentation, wait lists
 - Do not require that applicants be “housing ready” in terms of medication, sobriety, money management, etc.
 - No / few conditions that impinge upon resident autonomy
- The amount of preparation needed before entering housing depends on the type of housing available
 - Change the housing options instead of focus on preparing people with greatest barriers to housing
 - Low demand housing models work even for those with most severe psychiatric disorders or substance use problems

Population Specific Strategies:

For Families

- Design housing units community space to meet the needs of children and youth
- Include age-appropriate and gender-specific activities for children of all ages
- Support the roles of parents
- Give youth opportunities to build skills, exercise leadership, form relationships with caring adults, and help their communities
- Anticipate and address the impact of trauma

Population Specific Strategies:

Housing Tenants with Severe Psychiatric Disorders or Substance Use Problems

- Having mixed populations in buildings
 - Ensures that not all tenants at a site require extensive support or have difficulties meeting terms of their leases
- Offering alternative accommodations at other sites during relapse or crisis
- Screening and structure can create supportive environments for those who agree to participation in treatment
 - This is minority of extremely long-term homeless

Where are the biggest gaps?

- **Co-occurring disorders**

- Homeless people may have less severe mental illness than the primary target populations for MH systems
- Fragmentation for responsibility and funding for substance use, mental health and medical care make it difficult to focus on costs and needs of people who cross system boundaries
- Extremely high costs of health care for people with the most severe substance use problems but eligibility for more effective services may be limited

- **Trauma**

- Victimization in childhood and adulthood emerging as a major factor in homelessness and poor treatment outcomes
- Not recognized factor in targeting most current funding
- Limited capacity for trauma-informed care in current systems

Where are the biggest gaps?

- **Veterans**
 - Very limited coordination / collaboration between VA and state and local mental health systems and limitations on VA homeless programs
- **Re-entry from criminal justice systems**
 - Limited eligibility for HUD homeless programs
 - Challenging to get political support for state and local funding
- **Youth and Families**
 - Less evidence and practice adapting supportive housing financing strategies and understanding cost-effectiveness for youth and families
 - Some Medicaid financing strategies (EPSDT, TCM) are relatively untested



Identifying Funding Sources for Supportive Services

How Services Resources Flow

- Funding generally for:
 - Delivery of particular services
 - Utilization of particular service strategy
 - Addressing needs of particular population
- Service Funding tends to “follow the person”
- Need to look at Federal, State/local and philanthropic sources

Federal Service Funding

- Significant portion of funding for services
- Some funding directly apply to feds
 - Continuum of Care (through local process)
 - Special request for proposals
- Majority of funding flow to local level
 - Alphabet Soup - TANF, Medicaid, SAMHSA, ED, VA, DOL, SSA
 - Departments of Health & Human Services, Social Services, Education/Training, Employment, Workforce Investment Board, Schools

Federal Sources to Consider

- HUD - McKinney Vento Programs
 - Through Continuum of Care
 - Typically limited % and part of larger request
 - Flexible funding
- HUD - HOPWA Program
 - National: Part of housing request
 - Local: Depends on local criteria – may be good source for HIV impacted client services

Federal Sources to Consider

- HUD - CDBG Funding
 - Block grant to local jurisdictions
 - Check Con Plan to see what area spends its \$ on
 - Flexible dollars for services
- HHS – Health Related Funding
 - Ryan White service dollars go through local planning council – services for HIV+
 - Advocacy for line item to fund services in supportive housing
 - Dollars distributed to local/state agencies

Department of Health and Human Services

- Substance Abuse and Mental Health Services Administration (SAMHSA) Mainstream/Block Grants
- SAMHSA Discretionary Grants
- Medicaid
- Projects for Assistance in Transition from Homelessness (PATH)
 - Formula grant program that provides funding to states and territories
 - Some states have chosen to allocate a portion of PATH funding to pay for services in supportive housing for people who are homeless and mentally ill.
- TANF
 - Homeless families or youth
- Health Center Grants for Homeless Populations
 - Health Care for the Homeless
 - Only first 12 months in PSH

- Education for Homeless Children and Youth
 - Formula grant to states
 - Eligible activities are educational activities to facilitate enrollment, attendance and success in school for homeless children and youth.

Department of Labor

- Veterans' Employment Program or Veterans Workforce Investment Programs (VWIA)
 - Program can provide, but is not limited to, training, retraining, job placement assistance and support services, may also be used to support other services that enhance the employability of participants.
- Homeless Veterans' Reintegration Program (HVRP)
 - Reintegrating Veterans into meaningful employment
 - Employment focused case management

Veterans Administration

- HUD-VASH
 - Partnership between HUD and the VA
 - Veterans who are homeless and mentally ill and/or those with substance abuse disorders
 - Combines special set aside of HUD housing choice vouchers with community-oriented outreach, clinical care and case management
- VA Supported Housing Program
 - VA services for homeless Veterans focused on getting them housed and retaining housing

Federal Sources to Consider

- Special RFPs
 - Programs through US Interagency Council on Homelessness, Dept of Agriculture, Education, Labor, Justice, Veterans Affairs, Social Security Admin. and Youth Related Programs
 - Not frequent; often narrow population focus

Local Resources

- HUD Pass thru funds:
 - Check how CDBG & HOME dollars are distributed in your locality (Consolidated Plan)
- General funds
 - Some localities have general revenue funding available for homeless services
 - Typically RFP process to apply

Private Funding

- **Foundation Dollars**
 - Explore both local and national foundations
 - Usually targeted to specific activities, population, or geography
- **Other Private Funding**
 - Grants through banks or corporations
 - Private philanthropy/fundraising

Creative State Approaches

- Illinois
 - Department of Corrections
 - Funding Permanent Supportive Housing for Ex-offenders
 - Challenge: funding ends when parole ends
 - State Departments of Veterans Affairs
 - Using Domiciliary Care per diem to fund permanent supportive housing
 - State Funding for Services in Supportive Housing
 - Line item in Illinois Department of Supportive Services budget that funds permanent supportive housing

Creative State Approaches

- Minnesota
 - Supportive Housing Service Grant program in the Department of Human Services
 - Flexible funding to help counties and PSH providers to leverage other funding and maximize the use of mainstream resources to meet the needs of people experiencing long term homelessness.
 - Regulatory changes that allow Medicaid to be used for services

Creative State Approaches

- New Jersey
 - Long Term Support Program – Supportive Housing Demonstration Program
 - Residential Support Service funds from the Division of Family Development and the Department of Community Affairs

Creative State Approaches

- Washington State
 - Washington Families Fund
 - Service enriched housing for homeless families and pregnant women
 - Public/Private partnership - \$2 million from State, up to \$3 million from private foundations
 - Funds awarded to projects to capitalize supportive services reserve accounts to be drawn down over 10 years (\$1,500 - \$3,000 unit)
 - Goal of serving 600 – 1,000 households over a 10 year period

Creative State Approaches

- California AB2034
 - Integrated Services for Homeless Adults with Severe Mental Illness
 - Funded out of the general fund
 - Not solely for supportive housing, but this is one of it's eligible uses
 - Documenting housing outcomes is an important emphasis with the programs administration
- California Proposition 64:
 - Created operating and service pool funded by 1% tax on income over \$1million

Creative State Approaches

- New York's NY/NY III Agreement
 - Agreement between State and City to fund 9,000 units of PSH over 10 years
 - Focus on 7 target sub-populations for Individuals and Families who are homeless and living with mental illness

Financing the Supports in Supportive Housing

Work in progress ...

- No consistent approach across states
- HUD SHP funding is still a major source in most places – but availability is increasingly limited
- Funding from mental health systems and Medicaid increasingly important
- So far, federal grant funds from HHS and DOL play a small role – and grants are time-limited
- Solutions require policy and systems change at federal, state, and local levels
- Patchwork funding is a very big challenge for supportive housing providers

**For More
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