



Supportive Housing: Services, Partnerships

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Corporation for Supportive Housing
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www.csh.org

CSH's Mission

The Corporation for Supportive Housing is a national nonprofit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness.

Where We Work

- National headquarters in New York City with other national staff in Arizona, California, Connecticut, Illinois, Minnesota, Ohio, Oregon, and the District of Columbia
- Local “hub” offices in Rhode Island, Connecticut, New York, New Jersey, Ohio, Indiana, Michigan, Illinois, Minnesota, California, Texas, and the District of Columbia/Maryland
- Targeted initiatives and consulting in other states and jurisdictions

CSH Products and Services

- Public policy reform and systems change
- Housing development and support service technical assistance to partners
- Loans and grants to assist in the creation of supportive housing
- Training and capacity building to strengthen the supportive housing industry

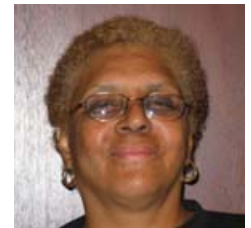
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Supportive Housing Services: Types and Financing

Who is Supportive Housing For?

People who:

- Are chronically homeless
- Face persistent obstacles to maintaining housing, such as mental health issues, substance use issues, other chronic medical issues, and other challenges.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness
- Are being discharged from institutions and systems of care such as jails and hospitals
- Without housing, cannot access and make effective use of treatment and supportive services



Services Make the Difference

- Flexible, voluntary*
- Counseling
- Health and mental health services
- Alcohol and substance use services
- Independent living skills
- Community-building activities
- Vocational counseling and job placement

Supportive Service Types

- Clinical
 - Mental health treatment, primary care, chemical dependency treatment
- Social
 - Case management, family support services, job and education support, income (SSI, SSDI) support, peer mentoring
- Residential
 - 24 hour desk support (sometimes), resident meetings, recreational and other “quality of life” services

Service Levels

- Low
 - Regular case management (highest client to staff ratio), referrals to other services, some financial assistance
- Medium
 - Regular case management, referrals for clinical services OR some may be on site, but not all
- High
 - Regular case management connected to clinical services – ACT or ACT like model low client to staff ratio

Service Cost Assumptions/Variations

- The cost will vary according to whether it's a single or scattered site project
- Location (Urban, Suburban, Rural)
- Household Size (family or individual) also changes the cost
- Service level based on tenant population

In the end, sources will really drive the budgeting

How much?

Individuals

- Low
\$5,000 – \$7,500
- High
\$11,000 – \$15,000

Families

- Low
\$7,000 - \$9,500
- High
\$12,500 - \$17,000

Mainstream Services & Funding

- More money available from mainstream than in targeted programs
- More reliable for sustaining programs after time-limited grants
- Make HUD funding available for housing
- Link tenants and services to Systems of Care

Financing Strategies

- Billing for reimbursement under entitlement programs (e.g. Medicaid/OHP)
- Direct federal grants from programs not targeted to homeless people or people with HIV/AIDS
- State or local government decisions to allocate block grant funds for services
- Re-investing savings from reduced costs in other systems

Understanding Requirements of Potential Sources

- Eligibility determination / verification
- Staff credentials and skills required
- Service planning
- Record-keeping
- Performance
- Financial and administrative systems for billing / cost reporting
- Frequency of application / grant-writing costs
- Cash flow

Service Sources

- Medicaid/OHP
- Mental Health, Substance Abuse Block Grant
- PATH – Project in Assistance to Transition from Homelessness
- FQHC's – Health Care for the Homeless & Community Health Centers
- McKinney – SHP
- Criminal Justice Funds – State and Federal Re-entry
- Community Services Block Grant

Service Sources

- Veteran's Administration
- TANF
- Ryan White, Title I and II
- HOPWA
- TLP – Transitional Living Program
- Department of Labor – WIA
- Senior services

Most all of these pass through the state and then the County and/or community action agencies

Medicaid

- Federal Financial Participation (FFP) matches “state” (non-federal fund) contributions (approx 50/50)
- Federal rules and waivers administered by Health Care Financing Agency (HCFA)
- State Medicaid Plan : contract between state and federal government
- Basic health services + State Options

State Medicaid Plan Defines:

- Optional benefits
- “Medical necessity”
- Who is eligible to provide services to be reimbursed under Medicaid
- Where services must be provided
- Billing structure requirements

Medicaid Eligibility - Consumers

- Generally tied to eligibility for SSI or TANF
- Low income parents and children are often eligible even if not receiving welfare benefits – but often they do not apply
- States can extend eligibility for people who qualify for SSI (based on disability level) but have earnings from work

Medicaid eligibility issues

- Very low income adults without children are usually not covered unless eligible for SSI based on disability level
- Adults with disabilities attributable to substance abuse often excluded from Medicaid, in spite of significant health problems

Challenges to consider

- Tenants are not likely eligible for Medicaid if not receiving SSI
- Requires service planning and documentation based on diagnoses and “medical necessity” rather than goals and aspirations of tenant and community
- Record-keeping systems must support encounter level data
- Skills and credentials required for billing are not the same as those needed for effective engagement and community-building

One Example for Block Grants – MH and SA

Formula Funding	Fiscal Year 2009/2010
Substance Abuse Prevention and Treatment Block Grant:	\$16,861,926
Community Mental Health Services Block Grant:	\$4,768,537
Projects for Assistance in Transition from Homelessness (PATH):	\$545,000
Protection and Advocacy Formula Grant:	\$424,900
National All Schedules Prescription Electronic Reporting (NASPER):	\$0
Subtotal of Formula Funding:	\$22,600,363
Discretionary Funding	Fiscal Year 2009/2010
Mental Health:	\$6,119,126
Substance Abuse Prevention:	\$5,325,434
Substance Abuse Treatment:	\$3,546,287
Subtotal of Discretionary Funding:	\$14,990,847
Total Mental Health Funds:	\$11,857,563
Total Substance Abuse Funds:	\$25,733,647
Total Funds:	\$37,591,210

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Developing Partnerships with Service Providers

Exercise – Role Play

Property Owner/Manager

Mission oriented & interested in PSH, but have only done affordable projects

Willing to set aside 6 units in an 18 unit building that is being rehabbed

Not sure about a “hard to house” population

Service Provider

Has 150 homeless and special needs people seeking services in a given year

Is capable of billing for OHP, but not all clients are eligible

Target population is re-entry with co-occurring disorders

Desperately wants housing for clientele

Deciding on the partners

Factors to Consider:

- Capacity
- Mission
- Resources
- Other Compatibility ?

Deciding on Partners

How?

- Visit each other's sites and offices
- Arrange a series of meetings to further explore compatibility
- Write down agreed upon concrete project goals which balance the interests of the parties
- Work on preliminary project tasks together
- Fill out a "Coordination Assessment" form – available here:
<http://documents.csh.org/documents/pubs/CoordinationAssessmentToolFINAL.pdf>

Tools

- MOU's
- Agreed upon guiding principles
- Careful selection, training, support and supervision of property management staff
- Careful selection, training, support and supervision of services staff
- Written job descriptions clearly delineating roles and emphasizing collaborative problem-solving with other staff.
- Established way of communicating roles, responsibilities and procedures to tenants.

More Tools

- Regularly-scheduled required meetings between owner/sponsor, tenant council, social service provider and property manager.
- Social service staff and property management staff are given parallel status and authority and have access to the same information.
- Written procedure for resolving disagreements between the various stakeholders

Other Considerations for MOU

- Fair Housing & State Laws
- Selection Criteria
- Managing different waitlists
- Maintenance and Health and Safety Checks
- Confidentiality – ROI's



CSH Resources for Suburban and Smaller Towns and Cities



Small Towns Toolkit:

www.csh.org/ctsmalltowns

The screenshot shows a Microsoft Internet Explorer browser window displaying the website for the Corporation for Supportive Housing (CSH). The browser's address bar shows the URL <http://www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=3717>. The website header features the CSH logo with the tagline "supportive housing it works" and the text "Corporation for Supportive Housing". Navigation links include "Home", "Login", and "Profile". A menu bar contains "Connecticut", "Rhode Island", "What's New", "Resources", "Housing Directory", and "Local Programs". Below this, a secondary menu lists "Intranet Options >>", "CSHnet Home", "People at CSH", "National Units", "Loans and Grants", and "Computer Help". The main content area is titled "Welcome to the Small Towns Toolkit – a guide to creating supportive housing in suburban and small towns." and includes a photograph of a white house with a porch and a gazebo. A sidebar on the left lists various resources under the heading "Small Towns Toolkit", including "Intro to Supportive Housing", "Building Community Support", "Community Support Tools", "Media Support", "Educational Materials", "Government Support", "Legal Issues", "Project Development", "Partnerships in SH", "Financing Supportive Housing", "Site Selection", "Scattered Site Resources", "Pilots Development Guide", and "CT Demo Evaluation Report 10 Year Plan". The browser's taskbar at the bottom shows several open applications, including Microsoft Outlook, Internet Explorer, and Microsoft Office PowerPoint.



“The day I walked into Hudson View Commons with the keys to my own apartment was the first time I could see light at the end of a long, dark tunnel. Each day that light becomes brighter and brighter. Supportive housing is a true stepping stone.”

**Mark Stavola, Tenant
Broad Park, CT**

Thank you!

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