



State Strategies to Increase Access to Supportive Housing

- **Supportive Housing Overview**
 - Marcella Maguire, director of health systems integration, Corporation for Supportive Housing
- **Colorado**
 - Cathy Alderman, chief communications and public policy officer, Colorado Coalition for the Homeless
- **Georgia**
 - Maxwell Ruppensburg, director of the Office of Supportive Housing within the Georgia Department of Behavioral Health and Developmental Disabilities.
- **Q&A**



Agenda



Marcella A. Maguire, Ph.D.

Director, Health Systems Integration, CSH

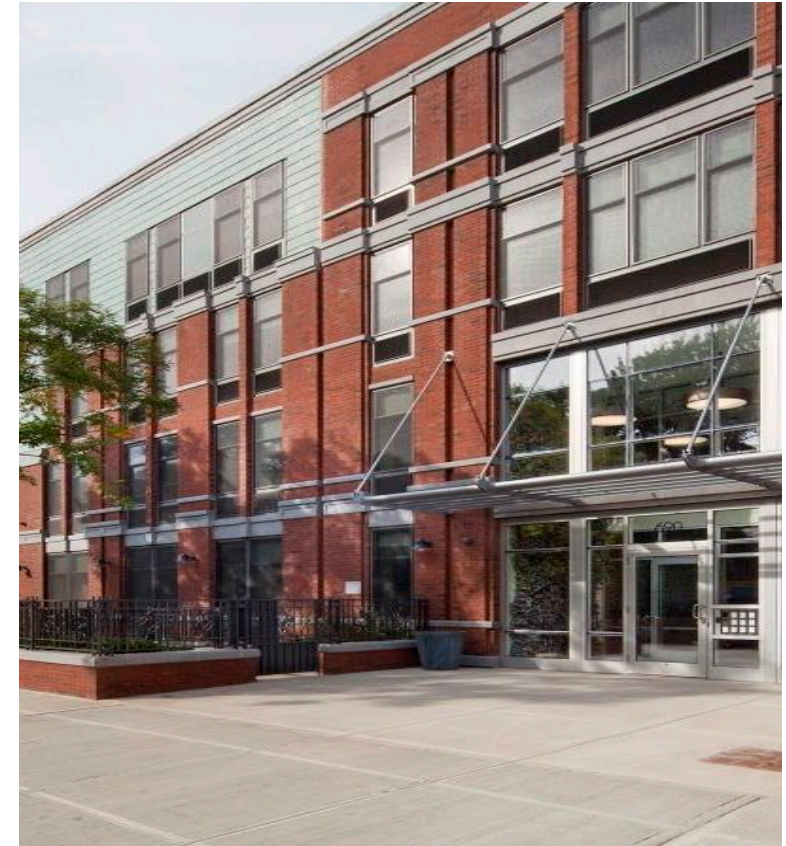
Advancing Housing Solutions That...



Improve lives of
vulnerable people



Maximize
public resources



Build strong,
healthy communities

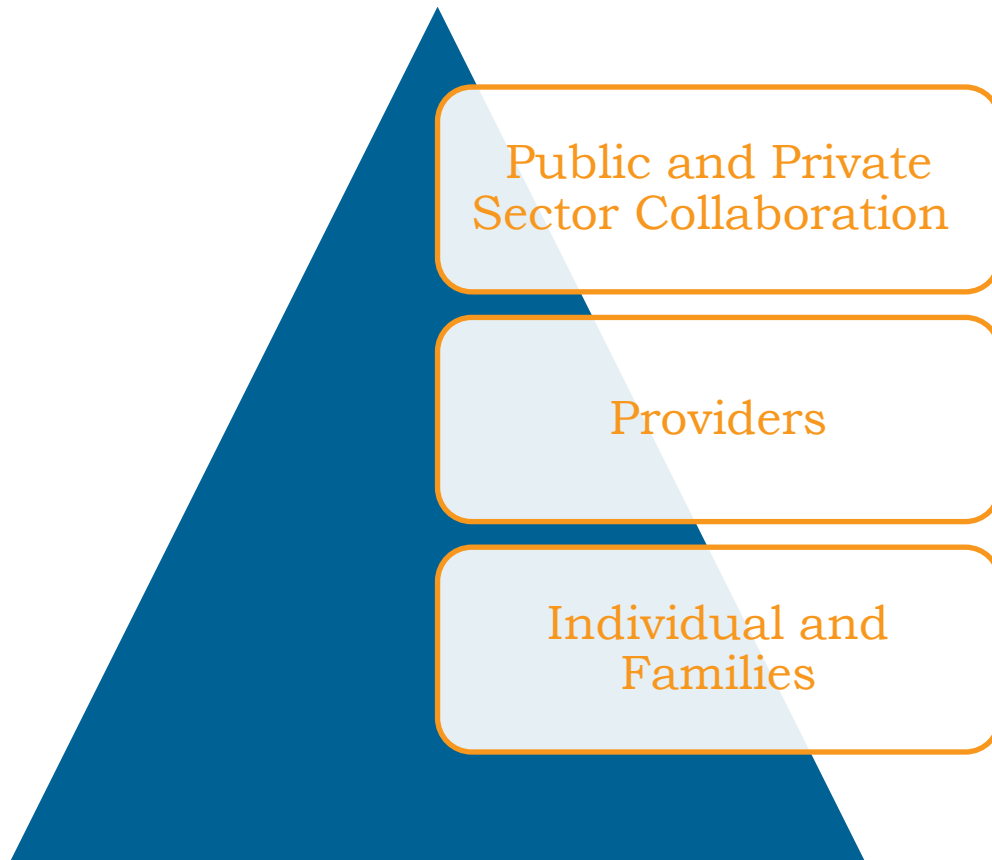
Maximizing Public Resources

CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.

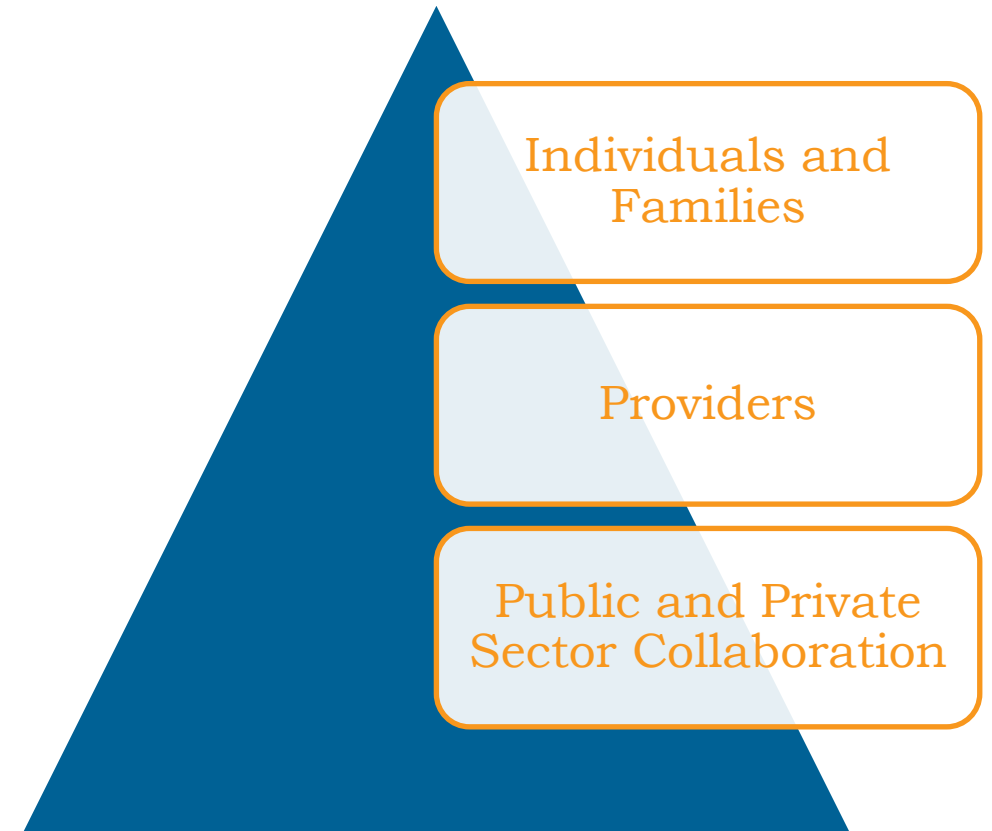


Navigating Multiple Sectors: *Where Does the Burden of Coordination Lie?*

- **Current Reality**

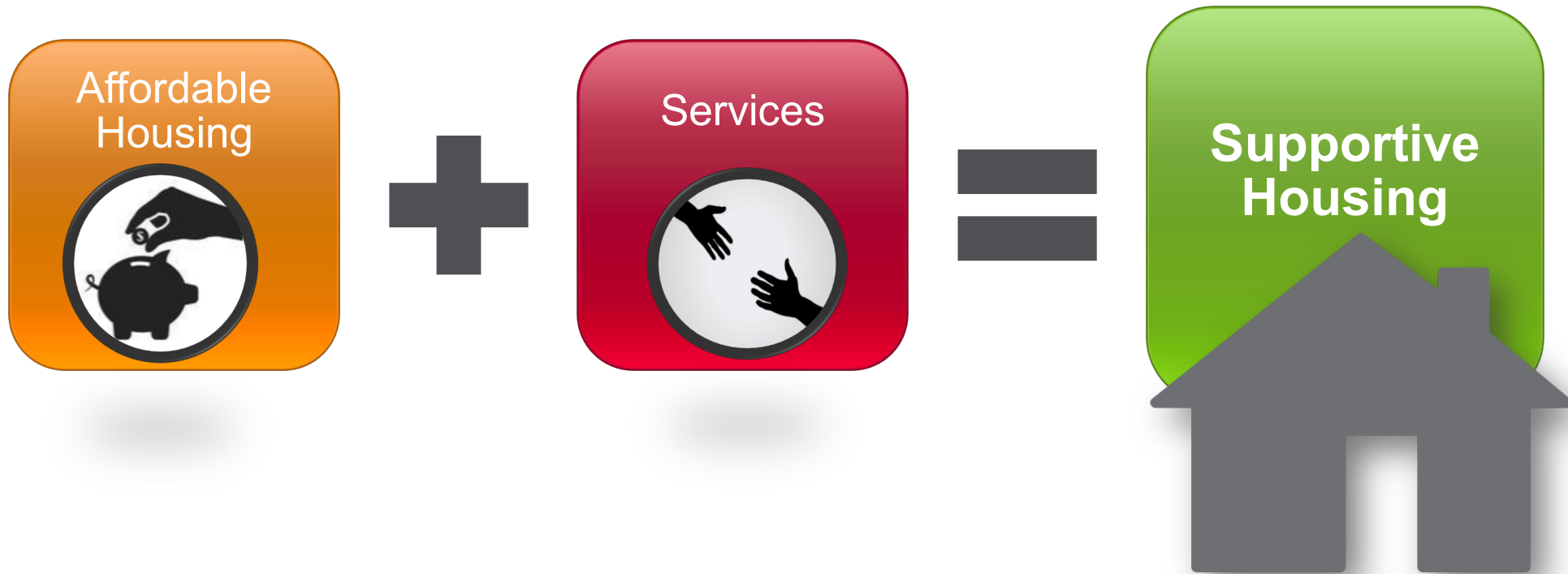


- **Future Vision**



Supportive Housing is the Solution

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.



How do you
describe
Supportive
Housing?

Supportive Housing is...

Housing + Supportive Services + Property Management + Community



Permanent



Affordable



Independent



Flexible



Voluntary



Tenant-Centered

Targets
households with
multiple barriers
to stable
community living

Supportive Housing is for people who are...



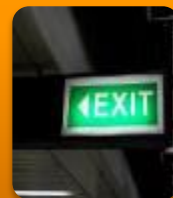
Chronically
homeless



At risk of
homelessness



Cycling through
systems



Exiting institutions
including Nursing
Homes

Supportive Housing Outcomes

Supportive Housing Generates
Significant Cost Savings to Public
Systems, including decreased use of...



Homeless shelters



Hospitals



Emergency rooms



Jails and prisons



Supportive Housing Outcomes

Supportive Housing Benefits Communities.



Improves the safety of
neighborhoods



Beautifies city blocks



Increases or stabilizes
property values over time

Key Components of Supportive Housing

1

Targets
households with
multiple barriers

2

Provides unit with
lease

3

Housing is
affordable

4

Engages tenants
in flexible,
voluntary services

5

Coordinates
among key
partners

6

Supports
connecting with
community

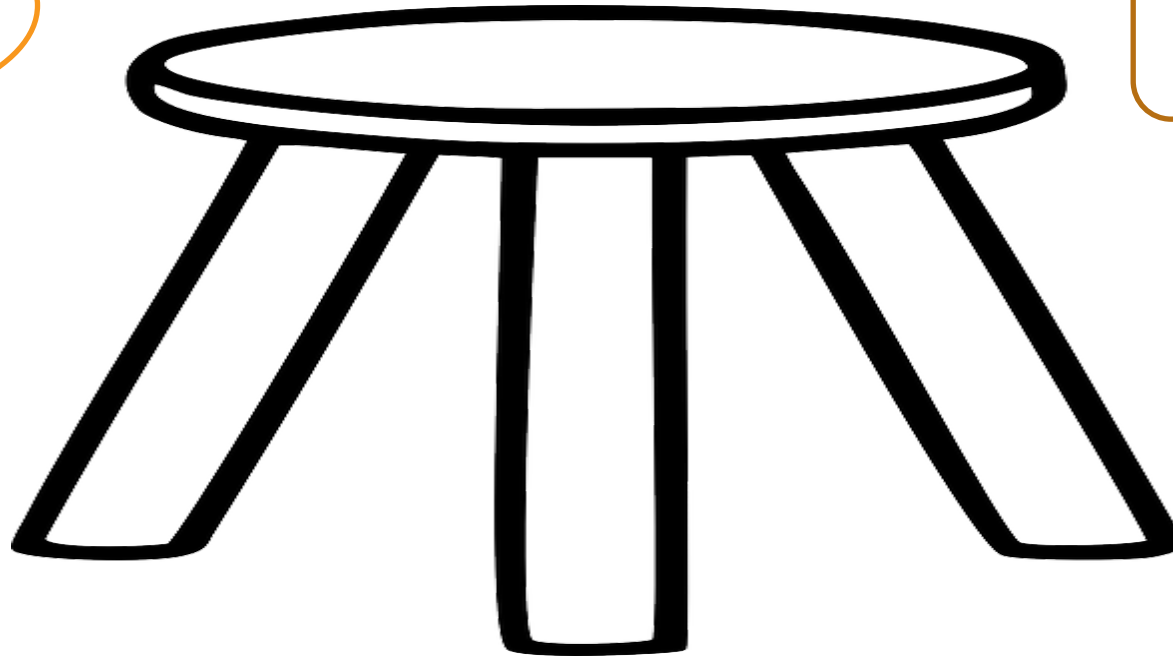
The 3 legged stool of Supportive Housing Financing

CAPITAL

Building the property

OPERATING

**Keeping the rent
affordable**



SERVICES

In Home Services

Housing is
affordable.

Sources of Affordability



Continuum of Care

- Formerly Shelter + Care (S+C) and Supportive Housing Program (SHP)

Housing
Opportunities for
Persons with AIDS
(HOPWA)

Veterans
Administration
Supportive
Housing (VASH)

Housing Choice
Voucher (HCV)

HOME Tenant
Based Rental
Assistance (TBRA)

State/Local rental
subsidy program

Tenant paid rent

Others...

Services are flexible, voluntary and assertive offering Whole Person Care Coordination

Sources of Services Funding



Medicaid
Benefit

SAMHSA
Block grants

Veterans
Administration
Services

HUD
Supportive
Services

Philanthropy

State/Local
Services
funds

Others...



SUMMARY OF COVID RELIEF FUNDING WASHINGTON

Housing and Urban Development							Health and Human Services					Treasury	
CARES ACT				American Rescue Plan Act						FY21 Federal Budget			
CDBG ₁		ESG ₃		Home ARP ₅		Emergency Housing Vouchers ₆	HCBS FMAP Bump Plan ₇	Health Center Support ₈	Mental Health Block Grant ₉	SUD Block Grant ₁₀	Mental Health Block Grant ₁₁	SUD Block Grant	Emergency Rental Assistance Program ₁₂
State	LOCAL ₁	State	LOCAL ₄	State	LOCAL	24 Local HAs							
\$38 m	\$61 m ₂	\$56.3 m	\$59.7 m	\$23.4 m	\$74.6 m	2443 vouchers	\$524 M	\$213 m for	\$33.2 m	\$30.5 m	\$19.2 m	\$35.4 m	\$510 m
\$99.5 m		\$116 m		\$98.1 m				27 Health Centers					

1: https://www.hud.gov/program_offices/comm_planning/budget/fy20

2: The Community Development Block Grant (CDBG) Entitlement Program provides annual grants on a formula basis to entitled cities and counties. In WA there are 31 counties receiving grants including Seattle, King, Snohomish, Pierce, Spokane, Tacoma.

3: https://www.hud.gov/program_offices/comm_planning/budget/fy20

4: Emergency Solutions Grant or ESG is a formula grant program. Eligible recipients generally consist of metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2. In WA there are 6 jurisdictions receiving funds besides the state. Those jurisdictions are Seattle, King, Snohomish, Spokane, Pierce, Tacoma.

5: <https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP.pdf>

6: <https://www.hud.gov/EHV>

7: <https://www.hca.wa.gov/assets/WA-State-ARPA-spending-plan.pdf>

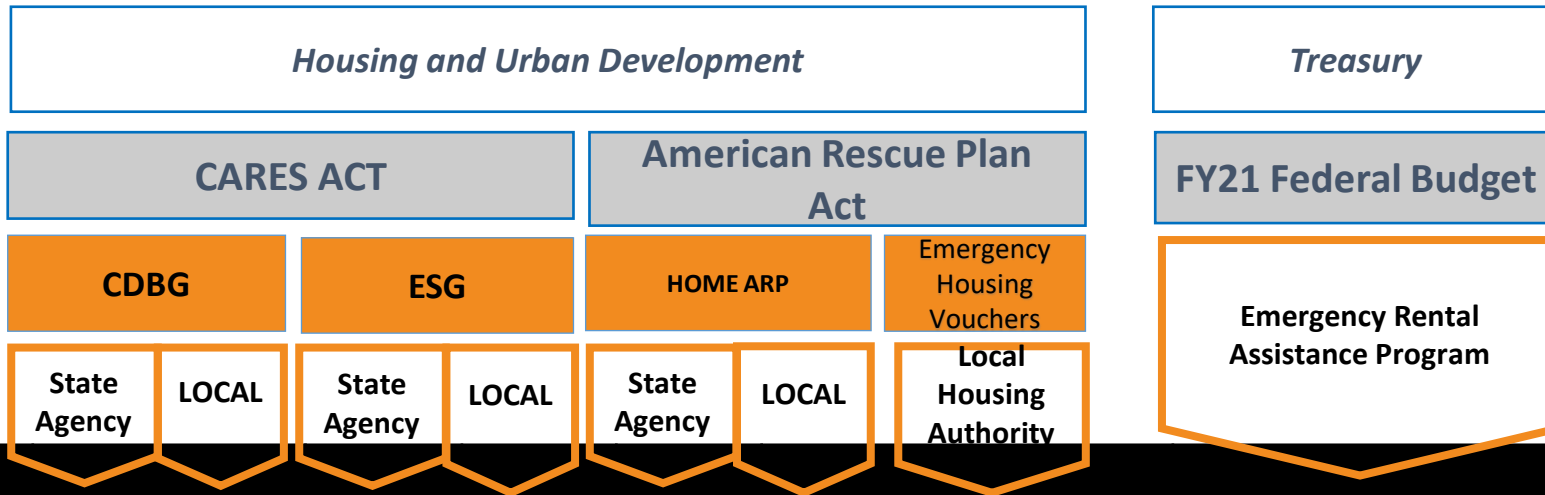
8: <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/awards/wa>

9: <https://www.samhsa.gov/grants/block-grants/mhbg-american-rescue-plan>

10: <https://www.samhsa.gov/grants/block-grants/sabg-american-rescue-plan>

11: <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa-fy21.pdf> This SAMHSA lists all CARES Act and ARPA funds for each state and is the source for the information in this column and the next column.

12: <https://home.treasury.gov/system/files/136/Emergency-Rental-Assistance-Payments-to-States-and-Eligible-Units-of-Local-Government.pdf>. This includes payment to the state and payments to 13 counties and cities including King County, Snohomish County, Seattle City, Pierce County and Clark County.



Possible Uses of Funding	\$38 m	\$61 m	\$56.3 m	\$59.7 m	\$23.4 m	\$74.6 m	2443 Vouchers statewide	\$510 m
Develop New Units	✓	✓			✓	✓		
Supportive Services	✓	✓	✓	✓	✓	✓		
Behavioral Health Services					✓	✓		
Housing Support Services	✓	✓	✓	✓	✓	✓		✓
Acquire, Develop, Convert, Rehab Units to PSH	✓	✓			✓	✓		
Tenant-Based Rental Assistance			✓	✓	✓	✓	✓	✓
Security Deposit Assistance					✓	✓		

**ALLOWED USES
OF COVID
RELIEF FUNDING
IN
HOUSING**



Health and Human Services

American Rescue Plan Act

FY21 Federal Budget

HCBS
FMAP
Bump

Health
Center
Support

Mental
Health
Block
Grant

SUD
Block
Grant

Mental
Health Block
Grant

SUD Block
Grant

Possible Uses of Funding	\$524 m	\$213 m	\$33.2	\$30.5	\$19.2	\$35.4
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Housing Support Services	✓		✓	✓	✓	✓
Acquire, Develop, Convert, Rehab Units to PSH						
Tenant-Based Rental Assistance			✓	✓	✓	✓
Security Deposit Assistance	✓	✓	✓	✓	✓	✓

ALLOWED

USES OF COVID

RELIEF FUNDING

Services

TIMEFRAMES for USES OF COVID RELIEF FUNDING IN WASHINGTON



Housing and Urban Development								Health and Human Services				Treasury	
CARES ACT				American Rescue Plan Act						FY21 Federal Budget			
CDBG		ESG		HOME ARP		Emergency Housing Vouchers	HCBS FMAP Bump	Health Centers	Mental Health Block Grant	SUD Block Grant	Mental Health Block Grant	SUD Block Grant	ERA Program
State	LOCAL	State	LOCAL	State	LOCAL	LOCAL							
\$38 m	\$61 m ₂	\$56.3 m	\$59.7 m	\$23.4 m	\$74.6 m	2443 statewide	\$524 m	\$213 m	\$33.2 m	\$30.5 m	\$19.2 m	\$35.4 m	\$510 m
3 years after period of performance ₁		24 months after grant agreement signed ₂		9/30/2030 ₃		9/30/23 ₄	3/31/24 ₅	3/31/23 ₆	9/30/25		3/14/23		9/30/25 ₇
Commerce		Commerce		8 awards AND the state ₈			Washington State Health Care Authority	27 Health Centers ₉	Behavioral Health and Recovery			Commerce	

- <https://www.hud.gov/sites/dfiles/CPD/documents/CDBG-CV Notice Federal Register Publication 2002-08.pdf>
- <https://www.hud.gov/sites/dfiles/OCHCO/documents/20-08cpdn.pdf>
- <https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf>
- <https://www.hud.gov/sites/dfiles/PIH/documents/PIH2021-15.pdf>
- <https://www.dhhs.nh.gov/ombp/medicaid/documents/hcbsarpplan721.pdf>
- <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan>
- https://home.treasury.gov/system/files/136/ERA2_Grant_Award_Terms_572021.pdf
- <https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP.pdf>
- <https://bphc.hrsa.gov/program-opportunities/american-rescue-plan/awards/wa>

THANK YOU!

Follow up at Marcella.Maguire@csh.org

Twitter- @cella65



stay connected



csh.org

Breaking the Homelessness-Jail Cycle with Housing First

Results from the Denver Supportive Housing Social Impact
Bond Initiative



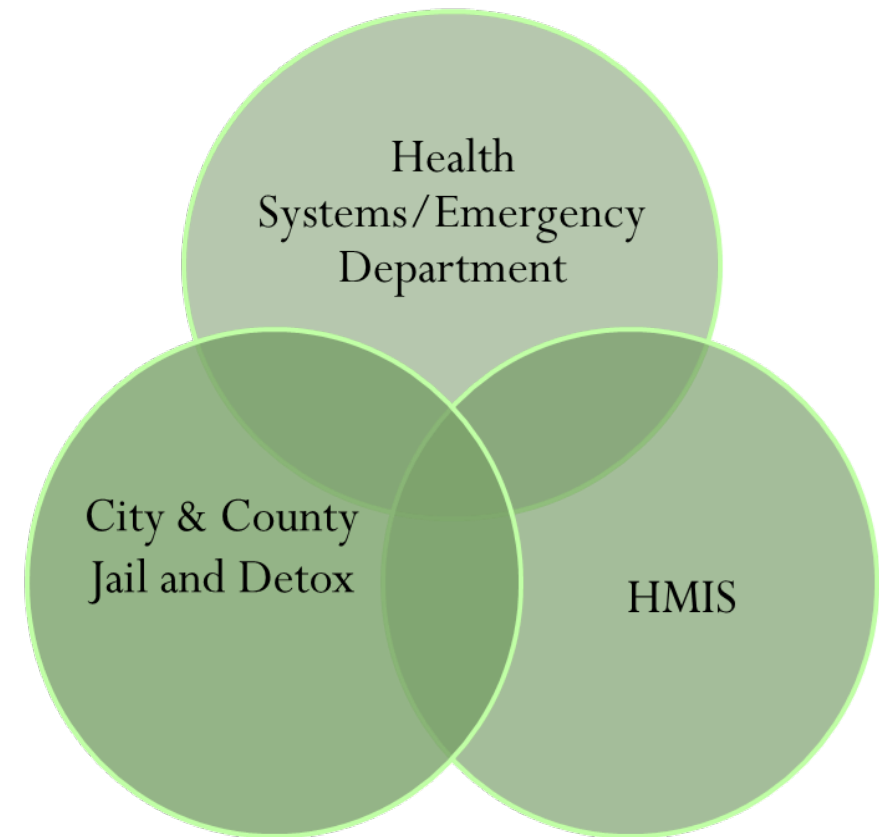
Denver SIB – The BASICS

Goal	Addresses the underlying causes of homelessness, including mental illness and substance abuse, while also reducing costs in the criminal justice and emergency health systems in the City of Denver by providing housing and supportive case management services to individuals experiencing homelessness.
Project Dates	2016-2021
Target Population	250 individuals who frequently use the city's emergency services in Denver, including police, jail, the courts and emergency rooms. (250 of which cost \$7 million per year)
Outcomes Funding	\$8.6 initial investment across 8 investors; \$11.4M max repayment
Outcome Payor	City of Denver
PFS Funding Use	Services, limited housing related costs
Service Model	Modified Assertive Community Treatment (ACT); 2 providers
Evaluation	Randomized Control Trial led by Urban Institute, paid for by City of Denver (outside PFS transaction)
Success metrics	Stable housing + jail day reduction

Why this group?

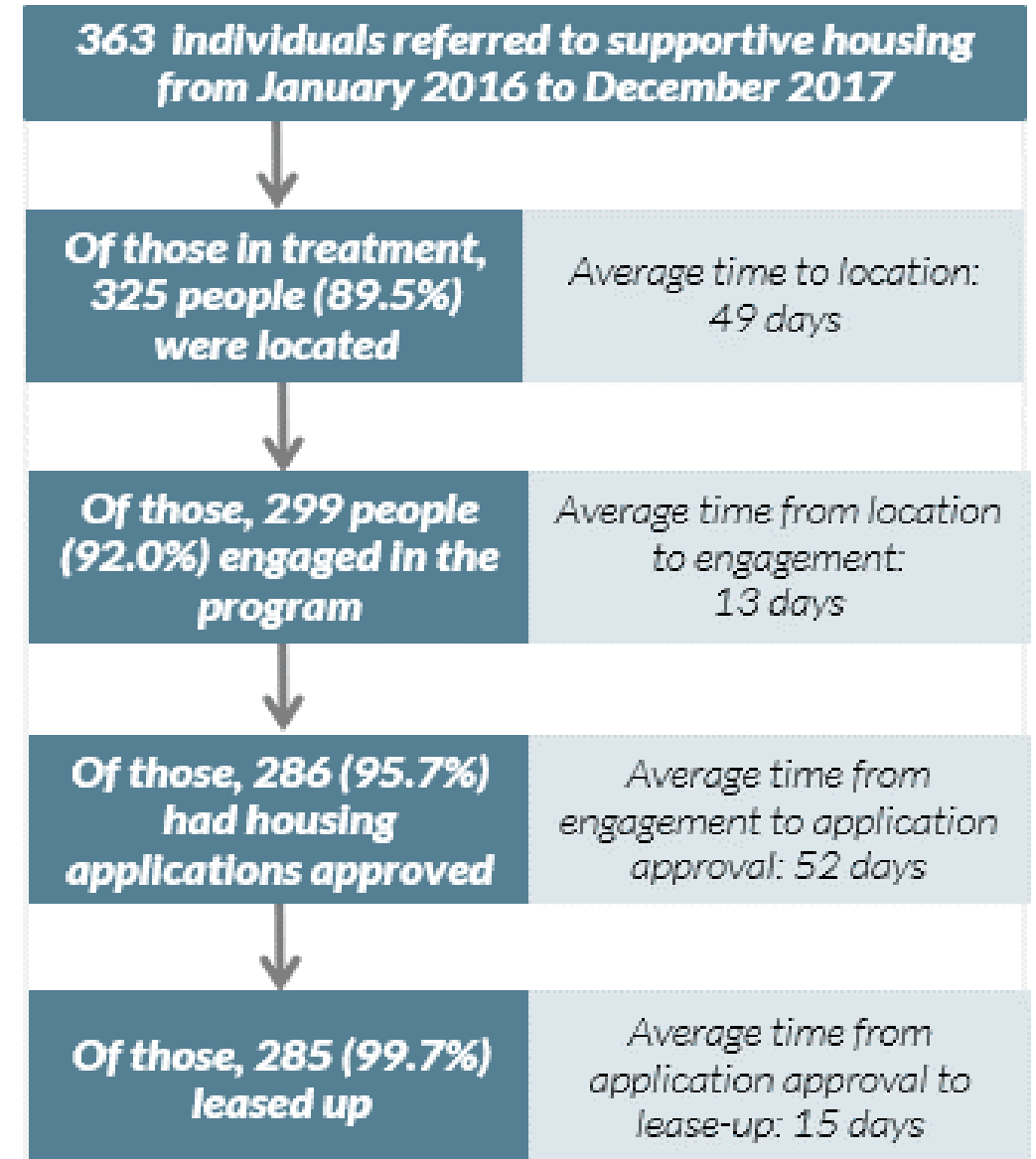
- Each year, 250 chronically homeless individuals account for:
 - 14,000 days in jail
 - 2,200 visits to detox
 - 1,500 arrests
 - 500 emergency room visits
- Each year, the average cost to taxpayers per individual is \$29,000, resulting from jail days, police encounters, court costs, detox, ER and other medical visits.
- Each year, the City spends approximately \$7 million on 250 individuals to cover the expenses above.

DATA SYSTEMS & MATCHING



Engagement

- The evaluation implemented a randomized controlled trial of **724 individuals** who were eligible for the initiative.
 - 363 were randomized to the treatment group.
 - 361 were randomized to the control group.
- Of those in the treatment group, 79 percent (285 people) were located, engaged, and housed.



Significant Behavioral Health Concerns

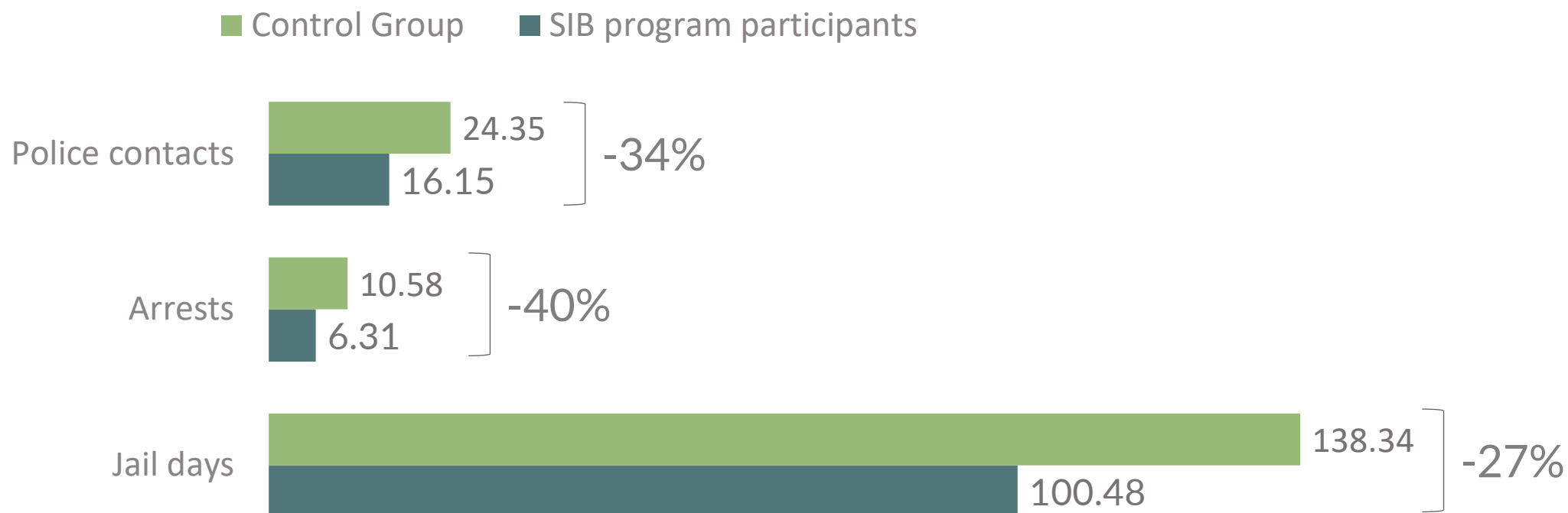
	SIB Participant Jail Health Records (n=307)
Mental Health Diagnosis	
Any Mental Health Diagnosis	56%
Anxiety	18%
Depression	23%
Schizophrenia & Other Psychotic Disorders	27%
Developmental Disorder	5%
PTSD	15%
Bipolar	26%
Other Mental Health Disorders	6%
Substance Use Diagnosis	
Any Substance Use Diagnosis	75%
Alcohol	55%
Cocaine	21%
Opioids	14%
Other Substance	36%
Smoking	72%

Housing Stability

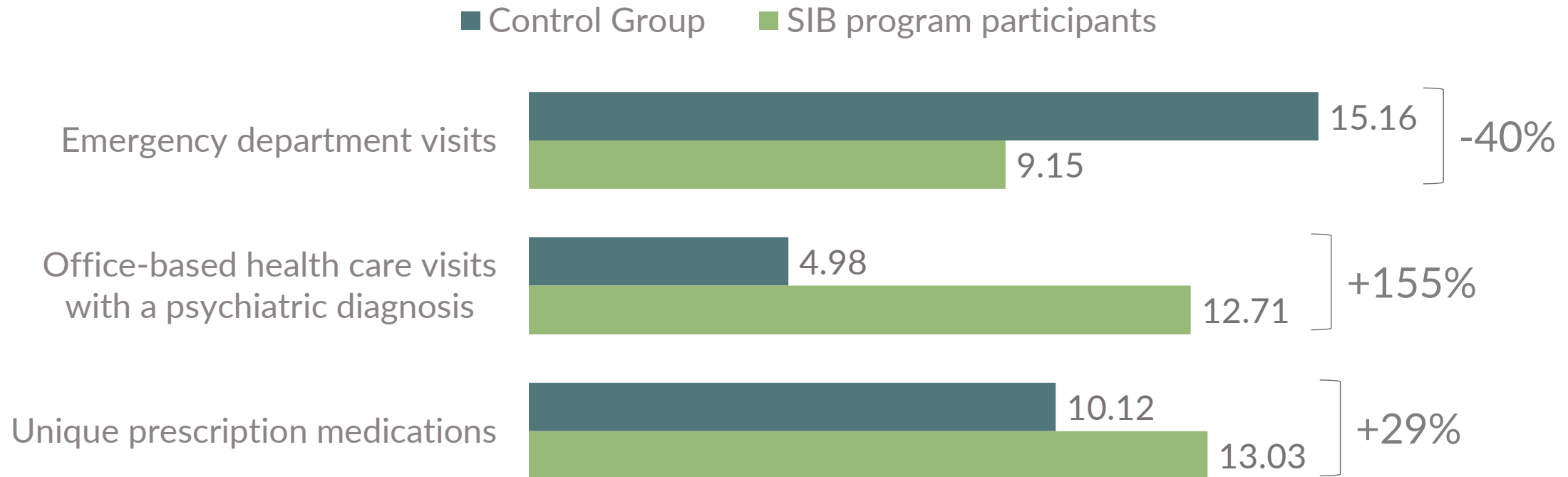
- After accessing supportive housing, participants maintained high housing stability rates.
- At one year, **86 percent** of living participants remained in stable housing at one year; at two years, 81 percent remained in housing; at three years, 77 percent remained in housing

	1 Year after Entering Housing		2 Years after Entering Housing		3 Years after Entering Housing	
	N	Share	N	Share	N	Share
Still in SIB housing	234	83%	204	75%	165	68%
Never exited	227	80%	185	68%	142	58%
Reentered housing	7	2%	19	7%	23	9%
Other permanent housing	0	0%	0	0%	2	1%
Deaths	11	4%	21	8%	28	12%
Unplanned exits	45	16%	67	25%	71	29%
Still housed, among living participants		86%		81%		77%

People in supportive housing had fewer interactions with the criminal justice system on average than people receiving usual services.



People in supportive housing used less emergency health care and received more office-based care on average than people receiving usual services.

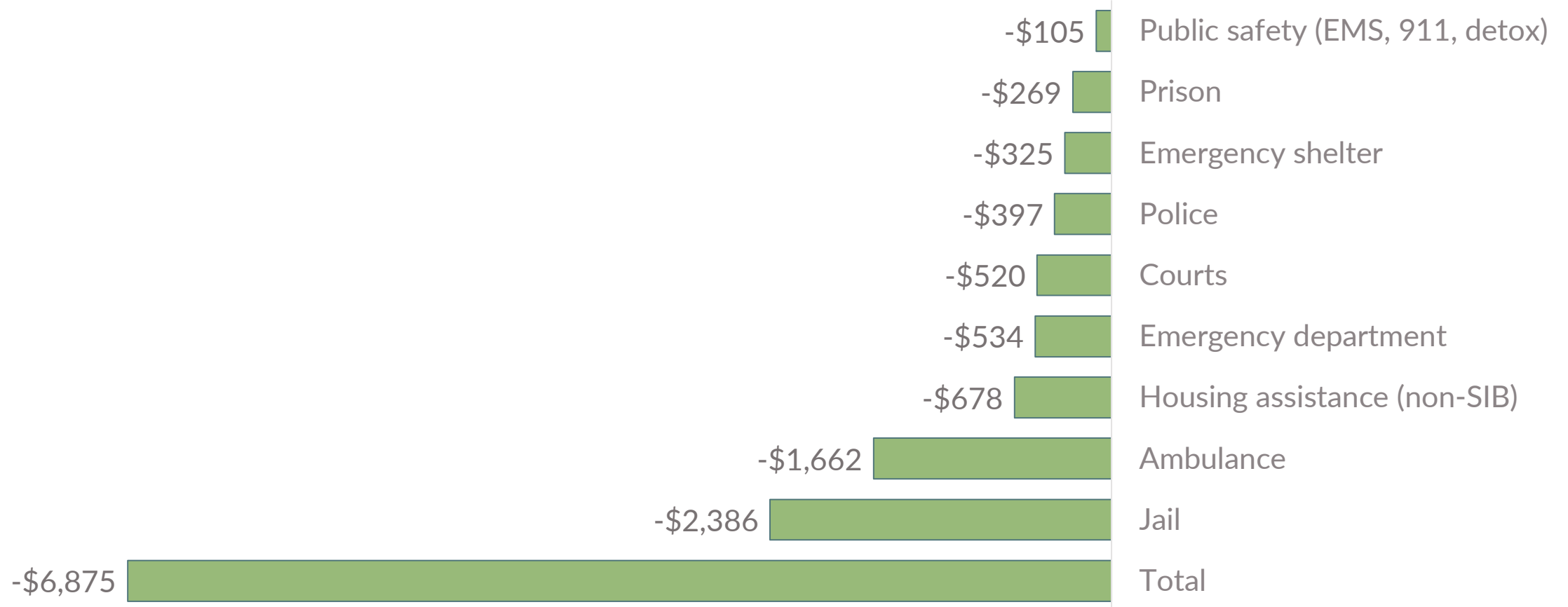


Impact on Public Safety

- In the three years after referral to the program, people who were referred to supportive housing services had four fewer visits to a detoxification facility (a **65 percent** reduction) than those who received services as usual in the community.
- Participants in supportive housing also had fewer EMS responses from the public safety system, though the differences were not statistically significant.

	Intent-to-Treat Regression Adjusted			Treatment-on-the-Treated IV Regression Adjusted		
	Treatment group mean	Control group mean	Difference	Treated mean	Control group mean	Difference
Detox Responses	2.38	6.75	-4.37*** (1.36)	1.20	6.74	-5.54*** (1.74)
EMS Responses	8.08	9.59	-1.51 (1.53)	7.67	9.59	-1.92 (1.95)

Approximately half of the total per person cost of the Denver SIB was offset by avoided costs for emergency public services.



What's next after SIB → Denver Housing to Health (H2H) Pay for Success Project (SIPPRA Project)

The Federal Social Impact Partnerships to Pay for Results Act (SIPPRA) (passed 2018) – awarded Aug 2021

Eligible participants are individuals with a record of at least eight arrests over the past three years; and a documented case of transiency at the time of their last arrest (i.e. homelessness), and are at high risk for avoidable and high-cost health services paid through Medicaid

Through the SIPPRA grant, Treasury will pay for reductions in Medicaid and Medicare usage among H2H participants

Size:

- 125+ individuals who are chronically homeless

Duration:

- 7 years of SIB funding, additional time for evaluation and payment

Services:

- Assertive Community Treatment (ACT) (ratio of ~ 1 case manager to 10 individuals)
- Connection to preventative health + additional services

Homelessness Resolution Efforts in Colorado

■ American Rescue Plan Act Funds

- [Affordable Housing](#) Transformational Task Force /SubPanel - \$400m
- [Behavioral Health](#) Transformational Task Force /SubPanel - \$450m
- Governor's [Proposal](#) for Homelessness Resolution – “Safe and Healthy Communities” - \$200m
- Emergency Housing Vouchers aligning with HCPF and OBH Funds

■ National Academy of State Health Policy Technical Assistance Grant

- Two-year Institute to address challenges related to sustainable financing of health and housing programs.
- Includes ensuring equitable access to housing-related services, demonstrating return on investment, collecting and sharing data among agencies and providers, determining effective governance structures for cross-sector housing and health initiatives, and measuring program outcomes.

■ Behavioral Health Administration

- CDHS, HCPF, and DOLA are working to adopt changes in licensing and reimbursement policy with the aim of opening new avenues for supportive services funding in the upcoming BHA



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Georgia Housing Voucher Program

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

*National Conference of State Legislatures
March 2, 2022*

Office of Supportive Housing
Maxwell Ruppersburg, Director, MPA, PMP



Office of Supportive Housing



Georgia
Housing
Voucher
Program



PATH
Program

OSH Mission:

“House, support, and sustain individuals in need who have severe and persistent mental illness in order to prevent homelessness and promote independence and long-term recovery, in collaboration with our network of partners, efficiently and effectively.”

Georgia Housing Voucher Program (GHVP) Model

Supportive Housing System Phases

1. Outreach

- Individual is connected to a provider or presents for intake.
- Individual is identified at DBHDD Hospital.
- Individual receives outreach in correctional facility.
- PATH outreach occurs.

2. Assessment

- Determination of eligibility.
- Completion of NSH survey.
- If not eligible, individual is referred to other resources.

3. Application

- Completion of referral process for GHVP.
- Forms and document submission.
- Results in FO review of referral and issuance of voucher if appropriate.

4. Housing Search

- Housing search supported by provider begins.
- Individual exercises choice.
- Unit must accept vouchers and meet standards.

5. Leasing

- Lease signing and final paperwork gathered.
- Inspection scheduled and conducted prior to move-in.
- Furnishing and utility startup via Bridge Funding.
- Landlord enrollment.

6. Stability

- Individual receives ongoing housing support services.
- Optional treatment services.
- Program fidelity monitoring and evaluation.

GHVP Program Summary

- State-funded housing voucher program administered by Georgia's state behavioral health authority (DBHDD).
- Result of 2009 Olmstead settlement between DOJ and State of Georgia. State still under DOJ monitoring.
- Independent, tenant-based, permanent supportive housing.
- Accessed through DBHDD's statewide provider network.
- Housing First and Evidence-Based Practices PSH model.

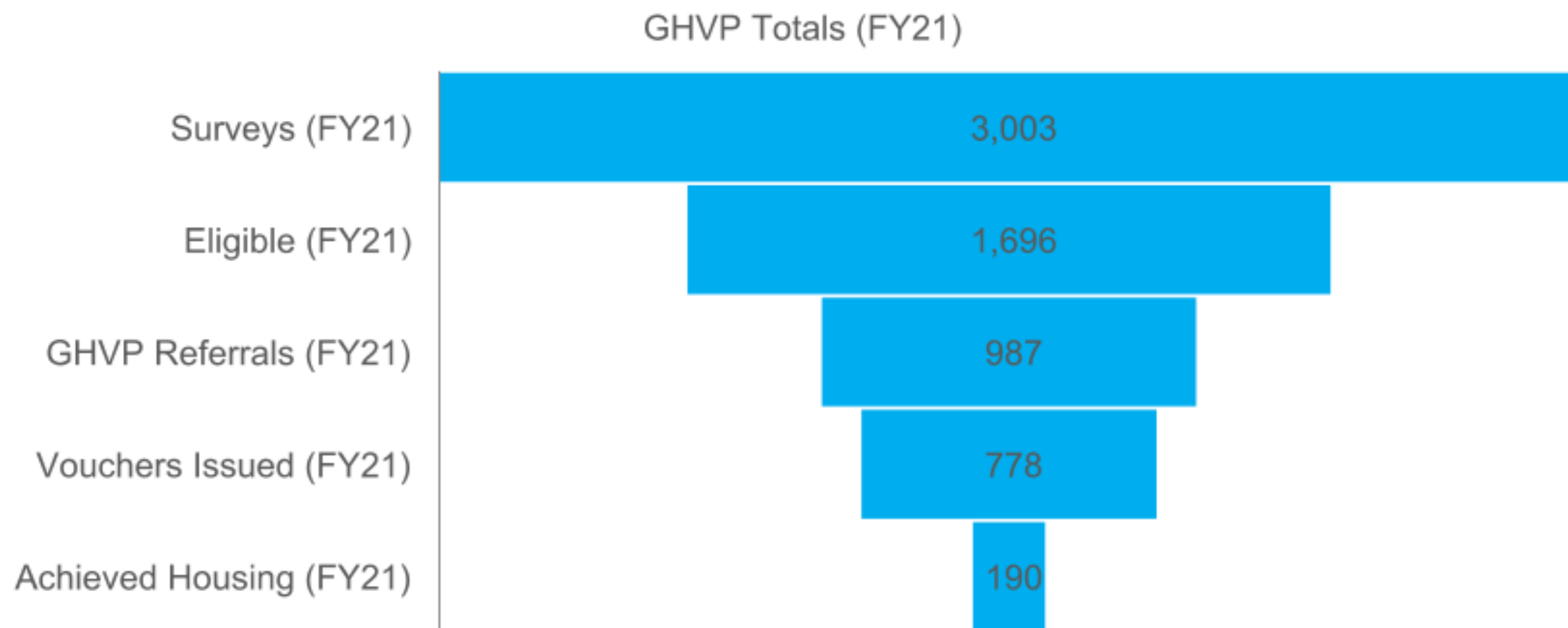
GHVP Program Population

- Georgia residents 18 years or older in all 159 counties
- Household income under 50% Area Median Income (AMI)
- Diagnosis of Serious and Persistent Mental Illness (SPMI)
- Currently experiencing homelessness or in a transitional setting
- Meets one of below criteria
 - Chronically homeless (Definition from HUD)
 - Currently being served in DBHDD state psychiatric hospital
 - 3 or more hospitalizations or residential program visits in last 12 months
 - 3 or more ER visits in last 12 months
 - Exiting correctional system in last 90 days
 - Has a forensic status w/ DBHDD (incarcerated, preparing to be released)

GHVP Figures and Timeframes

- Individuals currently in housing: approx. 1,900 individuals
- Timeframe from referral to voucher issuance: <10 days
- Voucher conversion rate (FY21 vouchers): 37% conversion
- Median voucher conversion timeframe: 85 days to lease
- Voucher expiration: 120 days (increase from 60)

GHVP Totals (FY21)



GHVP Financial Figures

- State-funded Budget (FY22): \$20.6 Million
- Average annual subsidy cost per household: \$8,000
- Annual cost of housing supports per household: \$3,000*
- Rental costs:
 - Participants not intended to pay more than 30% of income.
 - Payment Standards from HUD SAFMRs, CoCs, or local PHA standards.
 - Some participants have no income and GHVP pays 100% of the rent.
 - GHVP does not cover ongoing utility costs unless built into rent (a challenge)

*Expected to decline as Medicaid billing increases.

GHVP Bridge Funding

- Bridge Funding Program available to GHVP participants once approved for a voucher.
 - \$2,500 in one-time “startup” funding for each household to cover application fees, deposits, furniture, household goods, clothes, etc.
 - \$1,500 in Temporary Shelter (hotel/motel) while in search phase.
 - \$1,000 in Eviction Prevention in case tenant damages/debts occur.
 - Does not provide for ongoing expenses, e.g. utilities.
- Bridge payments made via DBHDD provider on behalf of individual and DBHDD reimburses provider agencies.

Housing Support Program Description

- Ensures **all** GHVP voucher recipients receive ongoing support to:
 - Locate voucher-eligible housing
 - Navigate program requirements and processes
 - Maintain housing stability, connection to service system, and benefits
 - Promote independence, wellness, and recovery
- Monthly in-person wellness visits once housed. Twice monthly during first 3 months after becoming housed.
- Comprised of multiple Medicaid-billable supports/services
- Required component of GHVP. Treatment still not required.

Coverage across system with Housing Supports

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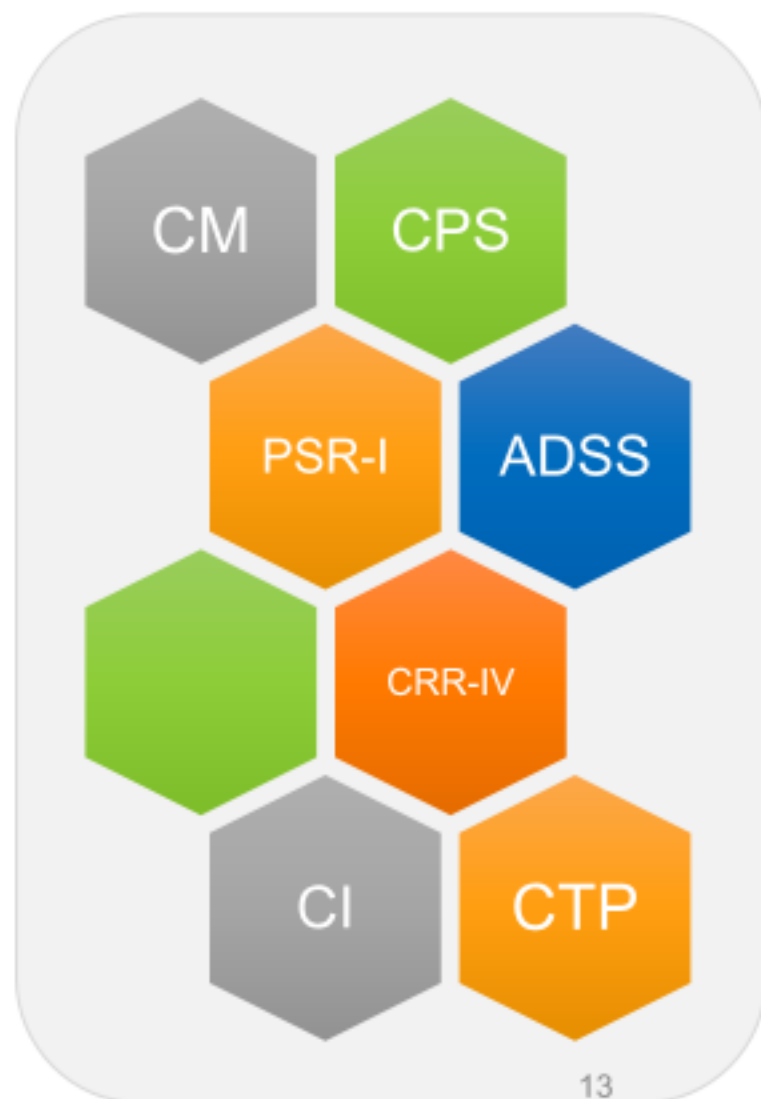
Clinical Provider (required)

Clinical Provider (optional)

Housing Support Provider (required)

Housing Support Program Medicaid-Billable Activities

- Combination of unbundled Medicaid-billable services make up the support program.
- Providers can bill for the following:
 - Case Management (CM)
 - MH and/or SUD Peer Supports (PS)
 - Psychosocial Rehabilitation – Individual (PSR-I)
 - Addictive Disease Support Services (ADSS)
 - Crisis Intervention
 - Community Residential Rehabilitation (CRR-IV)
 - Community Transition Planning (CTP)



State **Barriers** and Opportunities

- Lack of housing options for voucher recipients.
- National average 1-BR rent increase of 16% in 2021.
 - 22% in Georgia
- Low voucher acceptance/participation by properties.
- Lack of transitional housing options for those without shelter.
- Access to SSI/Medicaid benefits can take months.
- Households without income/benefits have fewer options.
 - GHVP does not pay for ongoing utilities like Housing Choice Voucher.
- Mental health care may face lower reimbursement rates.

State Barriers and Opportunities

- Create flexible funding programs (Bridge Funding)
- Incentives and mandates to increase housing options
 - Landlord Risk Mitigation Programs to provide risk coverage
 - Incentives like “hold fees” or lease-signing bonuses for properties
 - State/local regulations to improve voucher acceptance
- Integration of service systems and access points
 - Integration of statewide service assessments
 - Data-sharing and care coordination between behavioral health and homeless service systems
- Promoting access to federal benefits, e.g. via programs like SOAR.
 - SSI/SSDI Outreach, Access, and Recovery (SOAR) program from SAMHSA
- Assess mental health coverage and parity in your state.

Partnerships

- HUD HCV Preferential Access
- State's Housing Finance Authority
- Continuums of Care
- Hospital systems
- County jail and state prison re-entry initiatives
- Advocates
- Housing First Pathways Institute

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



Additional NCSL Resources

- [Housing & Homelessness Legislation Database](#)
- [Safe, Affordable Housing Can Increase Health and Reduce State Costs](#)
- [Connecting Housing and Health Through Medicaid](#)

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Thank You!