# Past, Present and Future of Permanent Supportive Housing in Connecticut

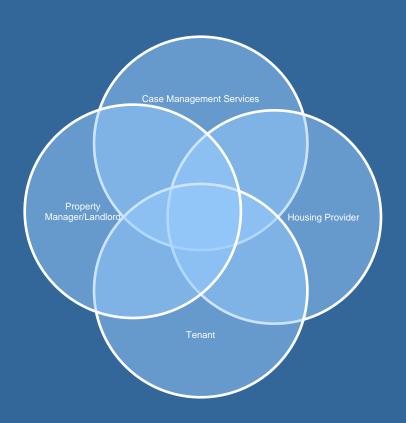
May 2016

## Permanent Supportive Housing

Affordable Housing + Individualized Supports = Permanent Supportive Housing

- Individualized Supports
  - Case Management, Peer Support
  - Employment, Education
  - Daily Living Skills
  - Social and Family Connections
  - Access to Medical, Mental Health, Substance Use Care
  - Recovery from mental health and substance use issues

### **Successful Permanent Supportive Housing**



## 7 Dimensions of SAMHSA Evidenced Based Practices Permanent Supportive Housing

- Choice in housing and living arrangements
- Separation of housing and services
- Decent, safe, and affordable housing
- Community integration
- Rights of tenancy
- Access to housing and privacy
- Flexible, voluntary, and recovery-focused services

## Overview of Permanent Supportive Housing in CT

- Interagency Council on Housing and Homelessness
- Supportive Housing funded through State agencies:
  - Development funding
    - CT Housing Finance Authority
    - Department of Economic and Community Development
  - Rental Subsidy
    - Department of Housing
    - Department of Mental Health and Addiction Services (HUD funding)
  - Supportive Services
    - Department of Children and Families
    - Department of Mental Health and Addiction Services
    - Department of Social Services

## **Interagency Council on Supportive Housing and Homelessness**

- Established in April 2004 by Governor Rowland
- The Council is composed of representatives from:
  - State of CT Office of Policy & Management (OPM)
  - State of CT Judicial Branch, Court Support Service Division (CSSD)
  - Connecticut Housing Finance Authority (CHFA)
  - Department of Children & Families (DCF)
  - Department of Correction (DOC)
  - Department of Developmental Services (DDS)
  - Department of Housing (DOH)
  - Department of Mental Health & Addiction Services (DMHAS)
  - Department of Social Services (DSS)
  - Department of Veterans Affairs (DVA)
  - Corporation for Supportive Housing (CSH)

## Historical Overview of Permanent Supportive Housing in CT

- Demonstration Program 281 units (development)
  - The first building, Liberty Commons in Middletown, opened in May 1996
  - Combined Low Income Housing Tax Credit and HUD funded Rental Assistance (formerly Shelter Plus Care)
- <u>Permanent Supportive Housing (development and scattered-site)</u>
  - Approximately 2500 housing vouchers statewide to house individuals and families experiencing homelessness who are diagnosed with a behavioral health disorder
  - Combines, Low Income Housing Tax Credit, Section 8, Rental Assistance (formerly Shelter Plus Care), State-funded Rental Assistance Program (RAP)

## Connecticut Permanent Supportive Housing Demonstration Program

- 25-40 apartments each
- 9 projects, 281 units, 6 communities
- Coordinated financing—public-private
- Interagency Agreement







### **HUD Rental Assistance**

- DMHAS is the grantee for approximately 1600 Rental Assistance subsidized units
- The RA funding includes single and scattered site units
- The RA funding provides housing subsidies to individuals and families

### **Key Champions in CT Initiatives**

#### **Demonstration Projects**

- Philanthropy helped gain attention of Governor
- Governor formed Interagency Committee which was charged with creating a housing plan
- Department of Mental Health and Addiction Services – was HUD grantee for all Shelter Plus Care (now Rental Assistance) subsidies for all 9 projects
- Department of Social Services Commissioner spearheaded interagency council, educated legislative leaders

### **Key Champions in CT Initiatives**

#### Permanent Supportive Housing Programs

- State of CT Governor made supportive housing one of his top priorities
- Commissioners of State Agencies
  - Department of Developmental Disabilities
  - Department of Housing
  - Department of Mental Health and Addiction Services
  - Department of Social Services
- Members of the Interagency Council on Homelessness and Supportive Housing
- Mental health and supportive housing advocates

## Other Key Champions in CT

- Interagency Council Permanent Supportive Housing is centerpiece of work
- Reaching Home Campaign broad-based advocacy effort; has secured champions in business, philanthropic, faith and health sectors
- Corporation for Supportive Housing advances solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities

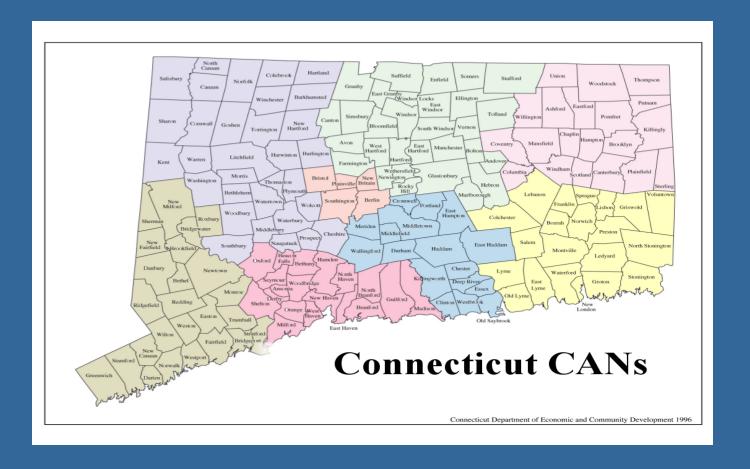
## Permanent Supportive Housing Infrastructure

- Production & Preservation
  - 5,000+ units statewide
  - Maximize resources-federal, state, private
- Build supportive housing industry
  - 40+ service providers
  - Strengthened housing-service partnerships
- Strategic approach to advocacy/policy reform
  - Interagency collaboration and coordination
  - Reaching Home Campaign
  - Corporation for Supportive Housing

### **Coordinated Access Networks**

- Coordinated Access Network responsible for coordinated entry into homeless and housing services
- Client-centric focus goal is for community resources to come together around the client
- CAN Collaboration CAN providers work together f to coordinate homeless and housing resources to help people exit homelessness
- Service Regions Department of Housing, Department of Mental Health and Addiction Services and CT Coalition to End Homelessness developed a map of eight Coordinated Access Networks

### **Coordinated Access Networks**



## **DMHAS Housing Principles**

#### Housing First

- Focuses on helping individuals and families access and sustain permanent rental housing as quickly as possible
- Provides a variety of services that are delivered to promote housing stability and individual well-being on an as-needed and entirely voluntary basis
- A standard lease agreement to housing as opposed to mandated therapy or services compliance

### **DMHAS Funded Initiatives**

#### Housing Assistance Fund

- DMHAS provides temporary rental assistance to persons experiencing homelessness who are diagnosed with a behavioral health disorder who are on a wait list for permanent housing
- DMHAS provides security deposit loan to persons experiencing homelessness who are diagnosed with a behavioral health disorder to secure permanent housing

## CT Collaborative on Re-Entry (formerly FUSE)

- Program targets individuals, diagnosed with mental illness or chronic substance abuse, who cycle through the homeless service and corrections systems
- Data is matched from Department of Correction (DOC) and Homeless Management Information System (HMIS) to identify individuals who cycle repeatedly in and out of correctional settings and emergency shelter system
- Started as 30 unit pilot in 3 areas of the state, has grown to 190 units in New Haven, Bridgeport, Hartford and New London County
- Housing subsidies provided by Housing Authority of New Haven, Bridgeport Housing Authority and the Department of Housing

### **Social Innovation Fund**

- Data is merged from Department of Social Services (DSS) and Homeless Management Information System (HMIS) to identify individuals who experiencing homelessness who have accrued > \$20,000 annually in Medicaid costs
- 150 RAP vouchers, 10 vouchers from various other housing subsidies
- New Haven, Bridgeport, Hartford and New London

- DMHAS and CSH created an Assessment & Acuity Index to assist case managers with assessing tenants' needs, developing service plans, future housing and service needs
- Acuity Index addresses:
  - Housing
  - Income Benefits, Health, and Supportive Services and Resources
  - Parenting and Child Services

- DMHAS provides on-going trainings to case management and supervisors of PSH
- Seven Core Courses
  - Housing Based Case Management
  - Service Planning
  - Addressing Substance Abuse with PSH Tenants
  - Assessment and Acuity Scale
  - Motivational Interviewing
  - CT Fair Housing and Tenant Selection

- DMHAS, CSH and a group of Peer Reviewers conduct annual reviews of permanent supportive housing throughout CT
- Each visit entails:
  - Review of Policies and Procedures
  - Chart review (current tenants, discharged tenants)
  - Review of Housing First philosophies
  - Verification of Target Population
  - Tenant Focus Group and Surveys
  - Interviews with Staff (line staff and supervisor)

#### 7 Domains:

- Facilitated Access to Housing and Services
- Tenant Involvement
- Housing Quality & Safety
- Client-Centered Services & Tenant Engagement
- Services that Promote Recovery, Wellness and Community Integration
- Focus on Housing Stability
- Building Internal Quality Assurance Practices, Key Staffing and Coordination

### **Tenant Satisfaction**

- Tenants were most likely to agree with the statement: "I have a case manager who is helpful." (scored 4.5 on a 5 point scale)
- Tenants were most likely to disagree with the statement "I will keep my apartment whether I participate in services or not." (scored 3.8 on a 5 point scale –omitted questions 21 & 22 which relate to children due to data quality issues)
- Tenants most frequently (41%) reported that they would like to have contact with their case manager 4 or more times per month.

## **Overall Findings**

- Tenants overwhelmingly provided positive feedback during focus groups
- Most agencies are serving tenants with complex needs including active substance use, untreated psychiatric disabilities, and chronic medical conditions
- Most agencies are working closely with tenants to provide supports as needed while striving to help them achieve maximum independence

### **Progress Report**

- Production goes statewide
  - 5,000+ units
  - Half of CT communities have permanent supportive housing
  - Housing that "fits" the local community
    - Build/renovate apartments
    - Utilize existing private rental housing
- PSH programs have expanded population focus over the last 20 years

## **Consistent Findings**

#### Housing and Supportive 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
- There is a decline in the usage of the most costly services in the homeless, health care and criminal justice systems
- Nearly any combination of housing and services is more effective than services alone

## **Building Capacity**

#### Interested Parties

- Service Providers
- Housing Developers, non-profit and for profit agencies
- Housing Authorities
- Property Managers

#### Methods

- Training Supportive Housing Institute
- Monitoring of SH programs
- Direct Technical Assistance
- Pre-development Financing

## Future of Permanent Supportive Housing

- Federal and state governments in fiscal crisis
  - Permanent Supportive Housing remains a focus
    State of CT Governor and State Agencies
  - Strong advocacy groups
  - Success of current supportive housing
  - Continuing to expand programs and initiatives