Table of Contents

INTRODUCTION AND ACKNOWLEDGMENTS

In July of 2004, the Arlington County Department of Human Services (DHS) contracted with the Technical Assistance Collaborative, Inc. (TAC) to assist County officials to develop a multi-pronged, proactive strategy to expand affordable, accessible, community-based supportive housing, including specific recommendations for DHS to best leverage Local Public Assistance Cost Allocation Plan (LPACAP) funding for this purpose.

The scope of work included seven components:

1. Assess need for affordable housing and support services;
2. Research supportive housing best practices and models;
3. Evaluate and recommend support services strategies and funding opportunities;
4. Create supportive housing financial strategies;
5. Develop a *Comprehensive Supportive Housing Plan*;
6. Develop a Communications Plan; and
7. Provide consultation to specific supportive housing projects.

Over a six-month period, TAC conducted a comprehensive analysis of resources that are being utilized at the state and local levels to meet the affordable housing and related service needs for low-income people with disabilities in Arlington County. During this time, TAC made a significant effort to involve as many Arlington County supportive housing stakeholders and citizens as possible in the development of the supportive housing strategy. This effort included: 59 separate interviews (40 on-site and 19 via telephone) with 65 different stakeholders; six focus groups with DHS consumers including current and potential tenants of supportive housing; three meetings with the Advisory Committee (three on-site and one via conference call); as well as presentations at the Consolidated Plan Forum, Community Service Board meetings and Housing Commission meetings. TAC also conducted numerous meetings and teleconferences with Arlington County staff.

TAC is pleased to submit this *Comprehensive Supportive Housing Plan* containing specific recommendations to expand affordable, accessible, community-based supportive housing in Arlington County. This plan is the result of a truly collaborative process that involved hundreds of individuals and organizations. A complete list of stakeholders who played a role in the creation of this plan is included in Appendix A. TAC would like to extend a special thanks to: Marsha Allgeier, DHS Director; Cynthia Stevens, DHS Supportive Housing Coordinator; Ken Aughenbaugh, Housing Division Chief at the Department of Community Planning, Housing, and Development; and Fran Lunney, Coordinator of Housing Planning at the Department of Community Planning, Housing and Development.

TAC would also like to thank the members of the Advisory Committee for their hard work, diligent reading, and their invaluable help and support during the process of preparing this plan. The following individuals served on the Advisory Committee:

Advisory Committee

Marikay Crangle	Dept. of Human Services, Behavioral Healthcare Division
David Cristeal	Dept. of Community Planning, Housing, and Development, Housing Division
Siobhan Grayson	Dept. of Human Services, Child and Family Services Division
Bob Hynes	Disability Advisory Board
Dave Liebson	Housing Commission
Anna Maynard	Dept. of Human Services, Aging and Disability Services Division
Diane Mehlinger	Health Center Commission
Emilia Richichi	Community Services Board
Cynthia Stevens	Dept. of Human Services, Supportive Housing
Tony Turnage	Dept. of Human Services, Economic Independence Division

EXECUTIVE SUMMARY

Overview

The Arlington County Department of Human Services (DHS) has an overall mission to maintain a healthy, stable, and safe community by focusing on prevention and promoting independence and self-sufficiency. Decent, safe, affordable, and accessible housing is central to this mission, including research-based "best practices" that are creating new models of supportive housing across the country.

Through a federal revenue maximization effort called Local Public Assistance Cost Allocation Plan (LPACAP), DHS has set aside approximately $8.2 million in non-recurring capital funds and $1.075 million in ongoing funds to expand the creation of supportive housing for special needs populations served by DHS. The availability of these funds provided DHS with a unique opportunity to develop a comprehensive plan to expand state-of-the-art supportive housing in Arlington County.

In July of 2004, DHS contracted with the Technical Assistance Collaborative Inc. (TAC) to assist with the development and implementation of new supportive housing. The scope of TAC's work included assessing the need for supportive housing, researching supportive housing "best practices" and models, evaluating and recommending supportive housing financing and services strategies and funding opportunities, the development of a Comprehensive Supportive Housing Plan and consultation on specific supportive housing projects.

As the result of this work, TAC has recommended the implementation of a Five Year Supportive Housing Initiative in Arlington County. This initiative will create and sustain a supportive housing "pipeline" which will produce 375-425 additional units of supportive housing. These units are in addition to 77 new supportive housing units already committed in 5 projects, including: Arlington Assisted Living Residence (39 units); Columbia Grove (8 units); Views at Clarendon (6 units); Milestones I and II HUD McKinney/Vento Homeless Assistance rent subsidies (15 units); and The Gates of Ballston (9 units). These 77 committed units involve a substantial investment of LPACAP non-recurring capital and ongoing funding. The strategies recommended by TAC in the Comprehensive Supportive Housing Plan were developed to maximize the leveraging of all remaining LPACAP resources.

The Permanent Supportive Housing Model – A Best Practice

During the 1980's supportive housing – often described as community-based housing with on-site support services – began to be recognized as an effective housing strategy for people with special needs. In recent years, a new model of supportive housing – permanent supportive housing – has emerged as an evidence-based and effective practice in the supportive housing field. Permanent supportive housing refers to integrated permanent housing (typically rental apartments) linked with flexible community based services that are available to tenants when they need them but are not mandated as a condition of occupancy.

A growing body of knowledge, including recent cost studies, documents both the success and cost effectiveness of permanent supportive housing. Studies have also demonstrated that permanent supportive housing has a positive – as opposed to the often feared negative – effect on neighborhood property values. Despite its demonstrated success, the permanent supportive housing approach often challenges traditional thinking and may involve changes in housing and services philosophies, policies, and practices for vulnerable populations with special needs.

TAC has recommended that Arlington County include the permanent supportive housing model within a broader Supportive Housing Typology that also includes Transitional Housing and Residential Service models. These two other supportive housing approaches will continue to provide valuable housing and supportive services to Arlington County residents with special needs.

Supportive Housing Needs

Unfortunately, no statistically reliable methodologies have been developed to assess a community's need for supportive housing. DHS has identified almost 400 individuals who currently or in the near future are expected to need supportive housing. These individuals are known to DHS because of their degree of disability, their need for community supports, and the fact that they are already receiving (or waiting for) some form of community services and supports.

Using DHS's supportive housing needs assessment as a clearly identified component of the overall need, TAC extracted Arlington County-specific information from other sources [e.g., Social Security Administration Supplemental Security Income (SSI) data; Census data; and Virginia's reported prevalence data for certain disability populations]. These data show that Arlington County is different from other jurisdictions in the domains of age, disability, household composition, income, and percentage of residents receiving SSI benefits. These differences might result in lower proportionate rates of eligibility for public benefits and services than would be found in other Virginia communities or nationally.

Using very conservative assumptions from the sources of data available, TAC has estimated that about 900 people with disabilities in Arlington County need and could benefit from supportive housing developed through this plan. This estimate does not include: (1) people with disabilities who have housing problems and may need subsidized housing but who do not need supportive housing; and (2) people already living in supportive housing. While this identified need is not expected to be met within the first five years of Arlington County's supportive housing initiative, the estimate validates and expands on DHS's needs estimate – confirming that there are substantial bona fide needs among all of Arlington County's disability populations for supportive housing.

Supportive Housing Resource Opportunities and Barriers

Taking into consideration the commitments already in place for 77 supportive housing units, DHS has confirmed that $3.1 million of LPACAP capital funding and $475,000 in ongoing funds remain uncommitted. These resources are needed to directly fund as well as leverage

other funding for supportive housing capital, supportive housing subsidies, and supportive services for future supportive housing development.

To create the new supportive housing units, TAC identified an array of housing capital and housing subsidy resources. These resources include: County Affordable Housing Investment Funds (AHIF) or units produced from these funds; State of Virginia housing programs, including new state programs to encourage the development of supportive housing; HUD supportive housing program funds; and affordable units produced through the Arlington County Site Plan process.

Supportive housing best practices make it clear that a project-based rent subsidy is needed to ensure long-term affordability for each supportive housing unit created. Unfortunately, because of federal law, Arlington County has a very limited supply of Section 8 Housing Choice vouchers that can be targeted for supportive housing project-based assistance. To address this shortfall, TAC recommends that Arlington County consider adopting a Section 8 "look alike" project based component to the Arlington County Housing Grants program to be targeted to supportive housing.

Despite the apparent complexity of capital and project-based subsidy resources potentially available for supportive housing development, the supportive services component of supportive housing is even more challenging. Arlington County does offer a diverse set of service types and providers from which people with disabilities may choose and receive community services and supports. Arlington County also makes the most of available federal and state resources, and has been very generous in the amount of County levy funding provided for human services. Some of the service resources are available across all disability types, and some are specific to certain defined disability groups.

However, most existing supportive services funding streams in Arlington County – and in the Commonwealth of Virginia – are not currently configured to be used in supportive housing. Arlington County is also located in a large metroplex covering two states and the District of Columbia – an area that differs in many respects from the rest of the Commonwealth of Virginia. Many of the Commonwealth's services delivery and funding policies reflect the more rural and lower cost portions of Virginia, with the result that Arlington County experiences impediments to service delivery more serious than in other parts of the state.

Medicaid is the major payer for supportive services in Virginia. Medicaid policies also tend to drive how other funding sources are used, including those most frequently used for supportive housing. TAC has identified seven barriers and impediments in Virginia's Medicaid program that affect certain priority populations, particularly people with mental retardation and developmental disabilities, elders with disabilities, and people with physical disabilities. It will take state action, often in concert with federal approvals, to make the necessary changes. TAC recommends that Arlington County DHS work with local and statewide advocacy organizations to: (a) develop a unified advocacy agenda with regard to these state issues; and (b) assess feasibility and set priorities for state legislative and administrative action.

Housing Strategies

TAC recommends that Arlington County establish a Five-Year Supportive Housing Initiative that would produce 375 – 425 new supportive housing units. These units would be in addition to the 77 units already committed. To create and sustain this supportive housing pipeline, TAC recommends the following three basic housing strategies:

Housing Strategy 1: Encourage small-scale supportive housing project development for various sub-populations. This strategy would use LPACAP funds for predevelopment assistance and capital subsidies to effectively leverage U.S. Department of Housing and Urban Development (HUD) supportive housing funding, including McKinney/Vento, Section 8 project-based assistance, Section 811 and Section 202 funds. This strategy would create 115 supportive housing units over a five-year period and could accommodate the development of a 20+ unit Single Person Efficiency (SPE) project.

Housing Strategy 2: Establish a supportive housing goal based on a portion of Committed Affordable Rental Units supported by County funds that would be designated as supportive housing and linked to the County's Housing Grants Program subsidies. This strategy would create 185-235 supportive housing units over a five-year period.

Housing Strategy 3: Establish a supportive housing goal based on a portion of affordable rental units negotiated through the County's Site Plan process that would be set aside as supportive housing and linked with Section 8 project-based rental assistance and the County's Housing Grants Program. This strategy would create up to 75 supportive housing units over a five-year period.

Use of LPACAP One-Time Capital Funding

TAC recommends that the remaining $3.1 million in LPACAP one-time capital funds be invested in the following four activities to leverage the creation of these units:

1. TAC recommends a $1 million investment in LPACAP funds that could potentially bring approximately $4 million of capital and operating funds from HUD's Section 811 and/or 202 programs to Arlington County for the development of at least 30 units of small scale supportive housing. (Strategy 1 above)
2. TAC recommends that $1.15 million of LPACAP funds be used as a catalyst to create 35 additional small-scale supportive housing units, including the possible development of an SPE property. (Strategy 2 above)
3. TAC recommends that $800,000 in LPACAP funds be used as a capital incentive targeting owners of existing projects with County-funded Committed Affordable Units. (Strategy 3 above)
4. TAC recommends that $50,000 in LPACAP funds be used to support the replication of the Wisconsin ARC Pooled Charitable Trust model of supportive housing. In this emerging best practice, a non-profit organization pools family assets or family home(s) in a trust. The LPACAP funding could support some of the legal analysis of the trust laws in Virginia to determine the feasibility of replication in Arlington County. (Complementary Housing Strategy)

Supportive Services Strategies

TAC recommends seven strategies for DHS services designed to support and facilitate the supportive housing development strategies. These strategies are intended as much as possible to be cross-system, multi-disability and multi-funding stream services.

Services Strategy 1: TAC recommends that $200,000 of ongoing LPACAP funds be used to establish a unified Supportive Housing Services Coordination Unit. The Supportive Housing Services Coordination Unit would (1) convene service staff and/or contractors for each tenant moving into and remaining in permanent supportive housing; (2) assist in developing a service plan and delivery approaches that are consistent with maintaining successful tenancy; and (3) intervene in crises or other tenancy-threatening events to engineer new levels or types of service necessary to prevent loss of tenancy.

Services Strategy 2: TAC recommends that $40,000 of ongoing LPACAP funds be used during the first year of implementation to assist DHS develop and maintain a Supportive Housing Clearinghouse. These one-time funds would be obtained from the $200,000 in LPACAP funding in Strategy #1 – a portion of which will not be needed during the first year of implementation.

Services Strategy 3: TAC recommends that DHS segment $225,000 of ongoing LPACAP funds into a flexible pool of services funding to be used to fill gaps in current services funding or capacity essential to assisting individual consumers to be successful in supportive housing.

Services Strategy 4: TAC recommends that DHS enhance and improve Community Support Team services for consumers with mental illness or co-occurring mental illness and substance abuse.

Services Strategy 5**:** TAC recommends that DHS continue its basic model for transition age youth augmented by access to the supply of new supportive housing units and services from the Supportive Housing Services Coordination Unit.

Services Strategy 6: TAC recommends that Arlington County re-contract its residential services programs by issuing an open, competitive request for proposals (RFP) for existing group home programs. The RFP process presents an opportunity to "challenge" providers to make the best possible use of existing congregate housing stock while expanding the number of people served and increasing Medicaid reimbursements.

Services Strategy 7: TAC recommends using $50,000 of ongoing LPACAP resources each year to support implementation and management of the supportive housing initiative through staff and provider training, enhanced administrative oversight and new quality management and quality improvement activities.

The seven recommendations attempt to make best use of the limited funds to facilitate the implementation of supportive housing, but do not attempt to supplant either existing service

funding or compensate for the fact that state funding policies and priorities need to be changed.

Conclusion

The future success of Arlington County's supportive housing agenda will rest on the entire community's understanding of an important lesson learned by other jurisdictions – that creating supportive housing is a difficult endeavor. Supportive housing integrates multiple housing and support services funding streams for the most vulnerable low income households. Creating new supportive housing also means changing the status quo in communities – a change process that can be difficult.

However, the changes within government funded housing and human services sectors and the community at large that result from the implementation of supportive housing are also very positive and important. New collaborations and partnerships among housing and services providers are created both at the funding level and at the direct services level. These partnerships add great value to public sector activities and help create a shared vision and mission across systems that serve the lowest income households with special needs.

For the community at large, supportive housing can become a source of pride and accomplishment, as Arlington County officials, housing and services providers, citizens and neighborhoods strive together to include all people – regardless of their income or their disability – in their definition of community. Over the past six months, TAC has experienced first hand Arlington County's culture of collaboration, its strong sense of community, and its commitment to affordable housing, supportive housing and the service needs of the most vulnerable people. With these values firmly in place, Arlington County's supportive housing goals can and will be achieved.

CHAPTER ONE:
SUPPORTIVE HOUSING IN ARLINGTON COUNTY

The Arlington County Department of Human Services (DHS) has an overall mission to maintain a healthy, stable, and safe community by focusing on prevention and promoting independence and self-sufficiency. DHS understands that decent, safe, affordable, and accessible housing is central to this mission. DHS is also aware that research-based "best practices" have advanced the creation of new models of supportive housing across the country. Supportive housing is decent, safe, and affordable housing linked with supportive services for people with special needs.

Through a federal revenue maximization effort called Local Public Assistance Cost Allocation Plan (LPACAP), DHS has set aside approximately $8.2 million in non-recurring capital funds and $1.075 million in ongoing funds to expand the creation of supportive housing for special needs populations served by DHS. The availability of these funds provided DHS with an important opportunity to develop a comprehensive plan to expand state-of-the-art supportive housing in Arlington County. In July of 2004, DHS requested that the Technical Assistance Collaborative, Inc. (TAC) assist County officials to develop a multi-pronged, proactive strategy to address the critical issue of affordable, accessible community-based supportive housing, including positioning DHS to best leverage the new LPACAP funding for this purpose.

Current federal and state policy developments should lend support to Arlington County's supportive housing policy goals. The 1999 U.S. Supreme Court's *Olmstead* decision reinforced important legal principles within federal disability laws regarding the rights of people with disabilities to live in integrated community-based housing rather than in restrictive settings. New federal policies created in response to the *Olmstead* decision have resulted in two separate U.S. Department of Health and Human Services (HHS) *Real Choice System Change Grants* being awarded to the Commonwealth of Virginia. These grants are intended to promote fundamental health and human services system changes at the state and local level to expand community living opportunities for people with disabilities.

The federal government has also adopted the goal of ending chronic homelessness by 2012 and has called for the creation of 150,000 new units of permanent supportive housing. Both HHS and the U.S. Department of Housing and Urban Development (HUD) have promoted this supportive housing policy goal through discretionary funding and legislative proposals filed during the last session of Congress. Despite current budget constraints at the federal, state, and local level, supportive housing stakeholders inside and outside of government are taking a fresh look at how current dollars are used and what new strategies can be implemented to improve levels of collaboration within government to expand supportive housing.

Like most other jurisdictions, Arlington County is facing mounting pressures to provide affordable housing and community services for increasingly complex and high-risk consumers, while at the same time facing resource limitations to making housing affordable

and to provide the necessary range of community services and supports. However, unlike many other jurisdictions, Arlington County is fortunate to have LPACAP capital funding and a small amount of ongoing LPACAP funding for community services, which can be used to create additional supportive housing opportunities. Arlington County is to be commended for its decision to commit LPACAP funding to expand supportive housing for citizens with the most serious disabilities with the lowest incomes in the County.

Arlington County is also committed to being a diverse and inclusive community. This commitment was illustrated last year through *Arlington County's Goals and Targets for Affordable Housing* – an important affordable housing planning document approved by the County Board in December of 2003. The development of those goals and targets was achieved through extensive public discussion, and commits the County to continuously research best practices across the country, develop and implement new housing strategies, and seek out new partners. The goals adopted in this Comprehensive Supportive Housing Plan reinforce specific housing needs and goals identified in *Arlington County's Goals and Targets for Affordable Housing*. Thus, the strategies recommended in this plan will also help contribute to the success of Arlington County's overall affordable housing agenda.

In preparing this plan, TAC focused on two key questions:

1. To what extent do current human service and housing policies foster the development of decent, safe, affordable, and accessible housing that meets the preferences and needs of people in need of supportive housing in Arlington County?

2. How can Arlington County best position itself to take maximum advantage of available housing and services resources, best practices, and public policies to expand the supply of supportive housing for Arlington County residents in need?

In order to answer these questions TAC undertook the following activities:

- Assessment of the current and future need for supportive housing among Arlington County residents;
- Creation of an inventory of supportive housing in Arlington County;
- Interviews with key stakeholders in the housing and service delivery systems including local and state government officials, disability and housing advocates and self-advocates, family members, and housing and service providers;
- Focus groups with current and potential tenants of supportive housing;
- Review of critical housing policy and program documents including the County's HUD-mandated Consolidated Plan and other county housing policy and program documents;
- Assessment of service delivery policies, including a review of Virginia's Medicaid Plan and Home and Community-Based Services waivers; and
- A review of projects in the housing development "pipeline" that might potentially be supported with LPACAP funds.

The assessment and recommended strategies that make up the substance of this plan are organized as follows:

- Chapter One – Supportive Housing in Arlington County
- Chapter Two – Need for Supportive Housing
- Chapter Three – Analysis of Housing and Services Resources
- Chapter Four – Housing Strategies
- Chapter Five – Service Strategies
- Appendices – Eight Appendices, including replicable best practice examples from other states and localities

I. Background on Supportive Housing

Researchers and practitioners have demonstrated repeatedly that people with disabilities and other people with special needs can live successfully in homes of their own in the community.[1] To succeed, they need decent, safe, affordable, and accessible housing that also provides access to the array of community-based supports and services they want and need to live as independently as possible. This type of housing is often referred to as supportive housing.

In the 1980s, supportive housing began to be recognized as an effective housing strategy for people with special needs. At that time, the term was used to describe a new type of housing that usually had on-site services available to residents but not required as a condition of tenancy. The first supportive housing projects were elderly housing with one or more services components added to address the special needs of certain residents who needed extra support in order to continue to live in independently. Culpepper Gardens in Arlington County is an example of the success of this type of supportive elderly housing.

The term "supported housing" as opposed to "supportive housing" also emerged in the 1980s and had its origins in the mental health community. Supported housing was used to differentiate a new housing approach – rental housing linked with voluntary community-based supports – from older residential treatment models that were often time-limited and made housing conditional on participation in a services program. The policy emphasis in the mental health supported housing model was on integration, flexibility, and choice – all principles that help reduce the stigma and discrimination associated with serious mental illness. Other terms frequently used to describe permanent housing linked with supports for people with various types of disabilities (people with mental retardation/developmental

[1] *Supportive Housing and Its Impact on the Public Health Crisis of Homelessness*. Corporation for Supportive Housing, May 2000;
Making a Difference: Interim Status Report of the McKinney Research Demonstration Program for Homeless Mentally Ill Adults. Center for Mental Health Services, *1994;*
Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. Sam Tsemberis and Ronda F. Eisenberg, Psychiatric Services, Volume 51, No. 4, April 2000.

disabilities, people with physical disabilities, etc.) are "consumer -controlled housing," "special needs housing," "service-enriched housing," and "independent housing."

Several programs administered by HUD targeted to people with disabilities also use the term supportive housing. However, not all HUD supportive housing programs are identical. For example, the Section 811 Supportive Housing for Persons with Disabilities program was created by Congress in 1990 to provide permanent supportive housing. HUD's rules are clear that in Section 811-funded housing, all residents have leases and all supportive services are voluntary. HUD's McKinney/Vento Homeless Assistance supportive housing programs, [i.e., the Supportive Housing Program (SHP) and the Shelter Plus Care program (S+C)], have less clarity about the relationship of the supportive services to the housing setting, although HUD considers the housing permanent.

Historically, the use of the term "supportive" vs. "supported" to describe housing linked with services was considered important because of the desire to draw a clear distinction between older "restrictive" congregate models of housing and newer models that gave residents tenancy rights. Most housing advocates and self-advocates now agree that these terms cause more confusion than clarity, particularly when it comes to understanding how the housing actually operates. Perhaps because of all this history, no single "official" definition of the term supportive housing has ever been adopted.

II. The Permanent Supportive Housing Model

During recent years, a new term has been adopted by supportive housing leaders and many practitioners to: (1) provide the clarity lacking in other terms; and (2) carefully define the model that has emerged as the best practice in the supportive housing field. This term is ***permanent supportive housing***. It was created and is used to make a clear distinction between housing that is a person's permanent home versus other supportive housing settings that provide both housing and supports but are either time limited or require mandatory participation in a services program as a condition of continued occupancy.

Permanent supportive housing refers to integrated permanent housing (typically rental apartments) linked with flexible community-based services that are available to tenants when they need them but are not mandated as a condition of occupancy. The permanent supportive housing model is based on a philosophy that supports consumer choice and empowerment, rights and responsibilities of tenancy, and appropriate, flexible, accessible, and available supports that meet each consumer's changing needs (see Appendix B for a listing of helpful websites).

An acceptable definition of permanent supportive housing is:

- **Housing that is:**
  → Safe and secure;
  → Affordable to consumers;[2] and
  → Permanent, with continued occupancy as long as the consumer pays the rent and complies with the terms of the lease or applicable landlord/tenant laws.

LINKED WITH

- **Support Services that are:**
  → Flexible and responsive to the needs of the individual;
  → Available when needed by the consumer; and
  → Accessible where the tenant lives, if necessary.

III. Proven Effectiveness of Permanent Supportive Housing

A growing body of knowledge has documented the effectiveness of permanent supportive housing and helped generate the systems changes needed to create it. A recent study conducted by Dennis Culhane, Stephen Metraux, and Trevor Hadley of the Center for Mental Health Policy and Services Research at the University of Pennsylvania[3] found that homeless people with disabilities who moved to permanent supportive housing experienced marked reductions in shelter use, hospitalizations (regardless of type), length of stay per hospitalization, and time incarcerated. Prior to living in permanent supportive housing, homeless people with severe mental illnesses in the study used an average of $40,449 per person per year in such services. Living in permanent supportive housing was associated with a per person reduction in service use of $16,282. Permanent supportive housing also reduces human services system costs when compared to traditional residential services programs, because the capital and/or rental subsidy costs associated with permanent supportive housing are covered through affordable housing programs rather than service system funding streams (see Appendix C for a bibliography of supportive housing materials).

Recent studies also document the effectiveness of permanent supportive housing. A Corporation for Supportive Housing study in Connecticut[4] compared Medicaid costs for residents for six-month periods prior to and after their move into permanent supportive housing. Costs for mental health and substance abuse treatments decreased by $760 per service user while costs for in-patient and nursing home services decreased by $10,900. This

[2] Under current federal guidelines, housing is considered affordable for a low-income household when the cost of monthly rent plus utilities does not exceed 30 percent of monthly household income.
[3] *The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative.* Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, Center for Mental Health Policy and Services research, University of Pennsylvania, Fannie Mae Foundation, May 2001.
[4] The Connecticut Corporation for Supportive Housing study is available online at www.csh.org.

study also documented that supportive housing has a positive – as opposed to the often feared negative – effect on neighborhood property values.

Despite its demonstrated effectiveness, the permanent supportive housing approach often challenges traditional thinking and may involve changes in housing and services philosophy, policies, and practices for vulnerable low-income populations with special needs (see Table 1 below). These systems change can occur over time as permanent supportive housing becomes a reality in the community and meets consumer needs in a more effective manner.

Table 1
Paradigm Shift in Supportive Housing

Residential Services Paradigm	Permanent Supportive Housing Paradigm
Residential treatment settings	Home
Placement with some choice	Choice
Role as patient, client	Role as tenant, citizen
Staff control	Consumer control
Grouping by disability	Social integration
Learning in transitional, preparatory setting	In vivo learning in real life settings
Standardized levels of service	Individualized, flexible, supports
Most facilitative environment	Least restrictive environment
Housing costs covered by health and human services systems	Housing costs covered by affordable housing programs

IV. Recommended Arlington County Supportive Housing Typology

Arlington County's current supportive housing typology and DHS services policies use the term "supportive housing" very broadly to cover an array of housing settings that incorporate support services. Very little can be learned about how the housing operates from the current typology, and the terms used may not be consistently applied across all subpopulations targeted for supportive housing. For these reasons, Arlington County requested TAC to recommend a Supportive Housing Typology that would guide future supportive housing activity in the County.

TAC recommends that Arlington County utilize a new Supportive Housing Typology that is consistent with the approach used in recent national studies of supportive housing (see Appendix D for Recommended Supportive Housing Typology). Based on the range of principles and dimensions within supportive housing, TAC's typology clearly differentiates the permanent supportive housing model from other types of supportive housing that may exist in the County. The purpose of TAC's recommended typology is to: (1) provide consistent definitions of three basic types of supportive housing based on key operational principles related to the housing and services approaches; (2) assist DHS staff and other supportive housing providers to apply these definitions to each supportive housing program in Arlington County's current inventory; and (3) provide a framework for defining Arlington County's unmet supportive housing needs.

TAC's recommended typology includes three types of supportive housing:

A. Permanent Supportive Housing;
B. Transitional Housing; and
C. Residential Services Programs, which could include sub-categories for Group Homes and Assisted Living Facilities.

TAC believes that the recommended typology can be very helpful for the future administration and management of Arlington County's supportive housing supply. The typology creates simple and logical categories within the supportive housing "universe" based on how the housing and services are provided. It will also help County DHS staff, housing providers, services providers and other key stakeholders understand and assess key operational components of each supportive housing project or activity (e.g., whether supportive housing residents will have rights of tenancy, or have an obligation to accept supportive services as a condition of the housing, if there are time limits imposed on tenure in the housing, etc.).

A. Permanent Supportive Housing

The typology is based on certain key principles/dimensions that are required in order for any supportive housing unit to be classified as *Permanent Supportive Housing*. These requirements are essential because they are derived from the fundamental idea that people who live in permanent supportive housing should be considered tenants rather than "residents" of a program. These required permanent supportive housing principles/dimensions are consistent with both research and best practices in the field and are outlined in Table 2 below.

Table 2
Required Supportive Housing Principles/Dimensions

Principles/Dimensions of Housing	**Required for Permanent Supportive Housing Programs**
Relationship of Housing to Services	Services are linked to the housing but are considered voluntary. Services are not mandated as a condition of residency in the housing.
Permanency, Tenure, and Applicability of Landlord/Tenant Laws	Housing is considered permanent. Landlord/tenant law governs operation of the housing. Tenants have leases or rental agreements.
Supportive Services	County agrees to directly provide, or to fund or to otherwise facilitate the delivery of supportive services to tenants. However, participation in supportive services is entirely voluntary and is not made a condition of tenancy. Services may be delivered on-site or off-site.
Control of Dwelling/Privacy	Tenant controls access to the dwelling unit by others in accordance with applicable landlord/tenant law.

These permanent supportive housing dimensions are also important because Arlington County will be creating set-asides of supportive housing units within various affordable housing properties developed in the County by non-profit and for-profit developers. For

both legal and administrative reasons, set-aside supportive housing units should operate in the same manner as all of the other rental units in the property.

B. Transitional Housing

Within Arlington County's current supportive housing supply not all of the supportive housing is permanent. Some of the housing is considered transitional because of the expectation that the resident will move on to a more permanent housing setting after they have benefited from the transitional housing program. Therefore, *Transitional Housing* is included as the second type of housing within TAC's recommended typology.

There are two required principles/dimensions that apply to Transitional Housing. The first is time limits. Transitional housing is by definition time-limited, although some emerging models withdraw the services over time but permit the resident to remain in the housing unit. While there may be some flexibility regarding time limits, the basic goal of Transitional Housing is for the individual or household to eventually assume the responsibilities of permanent housing. It is this characteristic of Transitional Housing that typically distinguishes it from Permanent Supportive Housing as well as most other Residential Services programs. In addition to time limits, Transitional Housing must also have a program of supportive services that is specifically designed to help residents build the skills necessary to transition successfully to permanent housing.

C. Residential Services Programs

In TAC's recommended typology all remaining supportive housing not otherwise classified as Permanent Supportive Housing or Transitional Housing is included in a *Residential Services Programs* category. This category is by necessity more loosely defined – but can be further refined by the descriptions of each housing and services program that DHS will incorporate in Arlington County's Current Supportive Housing Resources Inventory (See Appendix E). [DHS may want to separate Residential Services Programs into sub-categories such as Group Homes and Assisted Living Facilities. However, in some instances, group-living settings are defined more by the specific sub-population served and the services program rather than by common terminology.

For example, group homes for people with mental retardation or developmental disabilities may be defined very differently (i.e., ICF/MR) than group homes for people with mental illness. Oxford Houses are group housing for people in recovery from substance abuse and have some aspects of transitional housing and permanent housing. Even within disability sub-populations, not all group homes are necessarily the same. For example, some mental health group homes may be considered transitional while others may be more permanent.

It is also important to note that some Residential Services Programs may have some characteristics of Permanent Supportive Housing (i.e., may be scattered-site, may offer tenant's some control over their own unit of housing) and/or may have some characteristics of Transitional Housing (i.e., resident is expected to eventually move). For this reason, TAC recommends that the specific characteristics of each supportive housing program be described in Arlington County's Supportive Housing Resources document (see Appendix E) to be maintained by DHS.

D. Using the Typology

TAC recommends that the typology be used by DHS and Arlington County's current supportive housing providers to assess and potentially re-classify all of Arlington County's current supportive housing resources listed in the Supportive Housing Resources document in Appendix E. While this activity is underway, the Typology should also be used to classify all new supportive housing units created from this point forward. The goal, obviously, is to ensure that the County's existing supply of supportive housing is completely integrated with new supportive housing units into one comprehensive supportive housing inventory based on the new typology. Once this process is completed, Arlington County DHS staff will have more information to determine whether sub-categories within the Residential Services Programs category are feasible, and can amend the new typology if appropriate.

TAC also recommends that Arlington County not classify crisis residential services or health-related respite programs as supportive housing. Generally speaking, these programs are not considered supportive housing and are more appropriately classified as very short-term respite facilities.

V. When Does Housing with Supports Become Supportive Housing?

Many people, either on a short-term or long-term basis, receive support services in their homes. For example, an elderly person with disabilities may receive home health services twice a week. A person with a mental disability may have a mental health worker visit them at home several times a month. Does the fact that a person receives services in their home automatically qualify that housing as supportive housing?

This is a provocative question, but the simple answer is no – not all people receiving services in their home are living in housing designated as supportive housing. So when does housing with supports become supportive housing? Increasingly, supportive housing practitioners are using the "but for" test to determine: (1) what housing is supportive housing; and (2) who should be offered the opportunity to live in supportive housing.

The "but for" test works as follows:

> *A person is a candidate for supportive housing if, "but for the supportive services to be provided," the person would not likely be able to succeed in the housing. Housing specifically set aside for this population that includes a formalized link with supportive services is considered supportive housing.*

Clearly, the "but for" test can oversimplifies the issue. But it helps shed light on the reasons why supportive housing is created and why permanent supportive housing has been so successful. Not every person who is disabled needs or wants supportive housing, but for those that do, it is the structural link to the services that matters. It is the need for and access to services that promote and support success in the housing that defines supportive housing.

There are also more systematic approaches to defining which housing is supportive housing. For example:

- Supportive housing can be designated through a supportive housing philanthropic initiative. Examples include the permanent supportive housing created through the Robert Wood Johnson Foundation's Program on Chronic Mental Illness and the supportive housing being created through the Bill and Melinda Gates Foundation's Sound Families program in Washington State.

- Supportive housing can be designated through government policy. Examples include all HUD supportive housing programs as well as the supportive housing to be created through the Arlington County Comprehensive Supportive Housing Plan.

VI. The Future Success of Arlington County's Supportive Housing Initiative

In the four chapters that follow, TAC recommends an array of strategies to expand supportive housing in Arlington County over the next five years. In their entirety, these strategies constitute an Arlington County Five-Year Supportive Housing Initiative. This initiative is a significant undertaking intended to create a "pipeline" of supportive housing production to address high priority needs for supportive housing. Many of these households have already been identified by the County.

TAC recommends that Arlington County's Supportive Housing Initiative create and sustain a supportive housing "pipeline" that will produce 375-425 additional units of supportive housing during the next five years. The pipeline analogy is important because: (1) it presumes a steady supply of future supportive housing units being put into the housing development pipeline; and (2) it presumes a steady supply of new units coming out of the pipeline for occupancy once they are completed. It should be noted that it can take several years to go from the first stages of housing development (e.g., raising pre-development funds, locating sites, applying for funds, etc.) to the end of the pipeline, when units are ready for occupancy. It will take less time for strategies that link rent subsidies to existing properties. Regardless of the approach used to create the units, once supportive housing units begin to be occupied, a "pipeline" strategy presumes a steady supply of new units becoming available over a defined period of time.

The future success of Arlington County's supportive housing agenda may rest on the entire community's understanding of an important lesson learned by other jurisdictions – that creating supportive housing is a difficult endeavor. It is difficult for two reasons:

1. Supportive housing integrates multiple housing and support services funding streams for the most vulnerable, extremely low-income households. Supportive housing funding components can include: (1) capital funding for housing acquisition and rehabilitation or new construction; (2) ongoing rent or operating subsidy funding to ensure housing affordability; and (3) supportive services funding. Identifying and aggregating these funding streams is more difficult than simply funding affordable housing.
2. Expanding supportive housing means changing the status quo in communities, and any change process can be difficult. As previously noted, however, there are significant public benefits associated with permanent supportive housing. These

benefits are helping to create and sustain the permanent supportive housing movement across the country.

The changes within government funded housing and human services sectors and also the community at large that result from the implementation of supportive housing are also very positive and important. For example, new and successful collaborations and partnerships among housing and services providers are formed as a result of creating permanent supportive housing – both at the funding level and at the direct services level. Practitioners in both the housing and services sectors speak of the value and sense of mission that these activities create and sustain. For the community at large, supportive housing can become a source of pride and accomplishment, as County officials, housing and services providers, citizens and neighborhoods strive together to include all people – regardless of their income or their disability – within the definition of community. Most important, supportive housing offers the most vulnerable people in our communities a place to call home.

In our work over the past six months, TAC has experienced first hand Arlington County's culture of collaboration, your strong sense of community, and your commitment to affordable housing and supportive housing. TAC believes that with these values firmly in place, Arlington County's supportive housing goals can and will be achieved.

CHAPTER TWO:
NEED FOR SUPPORTIVE HOUSING

I. Introduction

A. Identified Need

Arlington County Department of Human Services (DHS) has identified almost 400 individuals who currently or in the near future are expected to need supportive housing. These individuals are known to Arlington County DHS because of their degree of disability, their need for community supports, and the fact that they are already receiving (or waiting for) some form of community services and supports under the auspices of DHS. The fact that Arlington County has a well developed crisis and information/referral system means that most of the citizens with a current supportive housing need are already known to County DHS staff. These 400 people provide a solid foundation for supportive housing strategic plan implementation since their level of functioning and community support needs can be accurately matched with units that will be coming out of the supportive housing pipeline in the near future.

B. Projected Need

Using DHS's March 2003 supportive housing needs assessment information as a clearly identified component of the overall need, TAC extracted Arlington County-specific information from other sources (e.g., Social Security Administration Supplemental Security Income data; Census data; and Virginia's reported prevalence data for certain disability populations) to develop an overall estimate of Arlington County's need for supportive housing in the next five years. Based on these sources of data, TAC has estimated that about 900 people with disabilities need and could benefit from supportive housing developed through this plan.

There are no reliable methods for calculating with certainty the need for supportive housing among all the populations served by DHS. Thus, in addition to analysis of available SSI data on Arlington county residents, the estimation of need for supportive housing includes the application of state or national disability prevalence rates, statewide SSI disability data, and other disability information to the much smaller population bases in Arlington County. The accuracy of this use of state or national figures depends on the people living in Arlington County being statistically similar to the sample or larger population bases from which the disability or other need indicators are derived. As will be described below, Arlington County is <u>not</u> similar to national or state data bases in a number of important respects. This means that the predictive value of abstract indicators will not be as powerful for Arlington County as they would be for other, more typical communities. Nonetheless, these indicators provide a relatively reliable method for estimating the ranges of need for supportive housing in support of DHS longer-term strategic planning.

It should be noted that the supportive housing needs identified in this report: (1) do not include people with disabilities who have housing problems and may need subsidized housing but who do not need supportive housing; and (2) do not account for people already

living in supportive housing. Once DHS determines the exact number of DHS clients currently living in supportive housing (estimated by TAC to be approximately 125 – 150 individuals), this figure should be subtracted from the needs estimates included here to determine the unmet need for supportive housing. This report estimates the need for supportive housing only for individuals with disabilities severe enough to warrant the intensity of services represented by supportive housing who are the defined priority service populations of the Arlington County DHS.

II. Overview of Arlington County Demographic Characteristics

General Federal Census Information

Table 3 below provides a summary of the general demographic information discussed here. All of these data have been extracted from the U.S. Bureau of the Census Quick Facts for calendar year 2000.

Table 3
Arlington County Demographic Characteristics, 2000

Characteristic	Arlington County	Virginia	United States
Total population	189,453	7,386,330	281.4 M
Percent of Virginia's population	2.54%		
Population per square mile	7,323	178.8	79.6
Percent under 5 years old	5.50%	6.50%	6.80%
Percent under 18 years old	16.50%	24.60%	25.70%
Percent over 65 years old	9.40%	11.20%	12.40%
Percent with disability	14.30%	15.60%	17.70%
Homeownership rate	43.30%	68.10%	66.20%
Living in same house 95 – 2000	39.30%	52.20%	54.10%
Persons per household	2.15%	2.54%	2.59%
Living in multi-unit structures	59.10%	21.50%	26.40%
Median Household Income	$63,001	$46,677	$41,994
Median value of owner-occupied unit	$262,400	$125,400	$119,600
Percent people below poverty (1999)	7.80%	9.60%	12.40%

Arlington County's population of about 189,000 people comprises 2.5 percent of Virginia's total population. Arlington County's land area of 26 square miles is less than one tenth of a percent of Virginia's total land area, while the County's population density of 7,323 people per square mile is almost 4,000 percent higher than the average population density in Virginia. This very high population density results in part from the fact that Arlington County has a relatively high proportion of multi-family and renter-occupied housing stock.

The fact that Arlington County is a high-renter and high multi-family community is reflected in the general population statistics. Seventy-four percent of Arlington County's population is between the ages of 19 and 65, compared to the statewide figure of 64 percent between the ages of 19 and 65. Arlington County has proportionately fewer children 18 and under

(16.5 percent) than the state (24.6 percent), and also has a lower proportion of elders (9.4 percent versus 11.2 percent). Given these percentages, it is not surprising that the average number of people per household is somewhat lower in Arlington County than the average for Virginia (2.15 percent versus 2.54 percent, respectively).

Taken all together, these census data suggest that Arlington County is different from other jurisdictions in the domains of age, disability, household composition, and income. These factors might result in lower proportionate rates of eligibility or meeting priority population criteria for public benefits and services among the Arlington County population than would be found in other Virginia communities or nationally.

Arlington County Disability Estimates

From the 2000 Census data it can be seen that Arlington County's disability rate of 14.3 percent (of total population over age five) is lower than Virginia's disability rate of 16.6 percent, and is also lower than the national disability rate of 17.7 percent. Table 4 below summarizes 2000 Census data on the types of disabilities reported by people age 21 to 64 in Arlington County.

Table 4
Disabilities Reported by People Aged 21 to 64 in Arlington County, 2000[5]

	Number	Percent
Total Adults age 21 to 64	132,683	
Number with one type of disability	9,908	7.5%
Sensory Disability	1,095	0.8%
Physical Disability	1,151	1.1%
Mental Disability	1,074[7]	0.8%
Self-care disability	123	0.1%
Go-outside-home disability	1,017	0.8%
Employment disability[6]	5,088	3.8%
With two or more types of disabilities	8,898	6.7%
Total adults with one or more disability	18,806	14.2%

Cornell University has provided TAC with an analysis of recent American Community Survey data which confirms that people with disabilities in Virginia are disproportionately represented among the lowest income households.

Specifically, Cornell has informed TAC that people with disabilities (as defined by the Census) comprise almost 50 percent of all the single person households in Virginia with incomes below 30 percent of the median income.

[5] Census Bureau disability categories are not the same as Social Security Administration disability categories, so it is not possible to crosswalk or compare between the two different sets of numbers. The source of this disability-specific data was the Arlington County Planning Division of the Arlington County Department of Community Planning Housing, and Development.
[6] Note: there may be some duplication between this category and the other single disability categories.
[7] This census data does not distinguish between mental health and mental retardation/developmental disability types of disabilities.

III. Supplemental Security Income Data

The number of non-elderly people with disabilities that qualify for Supplemental Security Income (SSI) disability payments is considered to be one relatively accurate proxy measure of the need for both public sector human services and affordable housing. The Social Security Administration reports that in December 2003 Arlington County had a total of 1,884 SSI recipients – or just over 1 percent of the population. Of these individuals, 814 of were in the elderly (65+) category, and 1,070 were in the blind and disabled category. 105 of the SSI non-elderly recipients were reported to be less than 18 years of age, and 728 were reported to be between 18 and 64 years of age. It should be noted that once people turn 65 the Social Security Administration no longer records whether they also have a disability. Thus, some proportion of the 814 SSI recipients in the 65+ category may have a disability (e.g., mental retardation/developmental disabilities, physical disabilities, mental illness) but these disabilities are not identified or repeated in the SSI data.

Information about specific disabilities within this SSI-Disability category specific to Arlington County is not available at this time. However, using SSI data from the Commonwealth of Virginia for the 728 disabled people in the 18-64 age group, it can be estimated that about 62 percent of these individuals, or 451 people, have a disability resulting from a mental disorder. Of these, about one third (about 150 people ages 18 to 64) have mental retardation and the remaining two thirds (300 people ages 18 to 64) have other mental disorders (including mental illness and other non-MR mental disabilities).[8] The remaining 38 percent of the age 18 to 64 SSI disability category have physical health disabilities. This SSI disability data is reiterated in the sections below that estimate supportive housing need for each of the defined priority services categories under Arlington County DHS.

Unfortunately, not every non-elderly disabled adult who qualifies for SSI actually receives SSI. SSI utilization rates for Arlington County show a substantially smaller share of the poverty population accessing SSI than the average for the Commonwealth of Virginia or neighboring counties.

[8] Neither the census data nor the SSI disability data provide a clear delineation of people with developmental disabilities other than mental retardation or people with traumatic brain injury.

Table 5
Comparison of SSI Utilization in Arlington County to Virginia and Northern Virginia Counties, 2003[9]

Population Category	Arlington County	Fairfax County	Prince William County	Commonwealth of Virginia
Total population	187,873	1,000,405	325,324	7,386,330
Pop < 18	30,999	254,103	98,898	1,817,037
Pop 18-64	139,213	667,270	210,810	4,742,024
Pop 65+	17,660	79,032	15,616	827,269
Total SSI	1,884	8,098	1,873	133,731
% of population	1.003%	0.809%	0.576%	1.811%
SSI-aged	814	3,959	476	22,183
% of population	0.4333%	0.3957%	0.1463%	0.3003%
SSI-Blind/Disabled	1,070	4,139	1397	111,548
% of population	0.5695%	0.4137%	0.4294%	1.5102%
SSI:18-64	728	2,737	938	76,567
% of population	0.3875%	0.2736%	0.2883%	1.0366%

Arlington County does have a higher proportion of the total population enrolled in SSI than either Fairfax County (0.81 percent) or Prince William County (0.58 percent). However, Arlington County has a much higher poverty rate (7.8 percent) than either Fairfax (4.5 percent) or Prince William (4.4 percent) Counties. When adjusted for these poverty rates (as shown in Table 6 below), only 12.9 percent of the people in poverty in Arlington County receive SSI, compared to 19 percent state-wide, 18 percent in Fairfax County and 13.1 percent in Prince William County.

The fact that proportionately fewer people in poverty in Arlington County are receiving SSI than in the Commonwealth or in the comparison Counties suggests that there may be people with disabilities in Arlington County who qualify for SSI but are not receiving it. As will be seen below, prevalence data also suggests that the number of adults with disabilities in Arlington County is substantially higher than the number receiving SSI. This issue has implications for the estimates of need for supportive housing as well as for the potential to increase Medicaid enrollments and revenues.

[9] *SSI Annual Statistical Report*, Social Security Administration, 2004.

Table 6
Poverty and SSI Rates in Virginia and Northern Virginia Counties, 2000

Population Category	Arlington County	Fairfax County	Prince William County	Commonwealth of Virginia
Poverty Rate	7.80%	4.50%	4.40%	9.60%
Number in Poverty	14,654	45,018	14,314	709,088
Total SSI[10]	1,884	8,098	1,873	133,731
Percent SSI of Poverty	12.856%	17.988%	13.085%	18.860%

IV. Estimated Need for Supportive Housing among the DHS Target Populations

Most jurisdictions employ statistical prevalence data to estimate the one-year probability that individuals in a community that will meet one or more definitions of disability. However, it should be emphasized that the prevalence figures estimate the number of people who are likely to have a certain condition, not how many are low income and are likely to seek services related to that condition from the public sector. In the following sections, prevalence data is analyzed in concert with the SSI disability data (where available) and other relevant information to provide as careful as possible estimate of the number of people with special needs in Arlington County who need and qualify for supportive housing.

Commonwealth of Virginia Prevalence Data

For mental illness, serious emotional disability, substance abuse, and mental retardation the Commonwealth of Virginia has published prevalence estimates specific to Arlington County.[11] These are displayed in Table 7 below.

Table 7
Arlington County Prevalence Estimates, 1999

Disability Category	Estimated Number of Individuals
People with serious mental Illness (5.4% of 18+)	7,966
Youth with serious emotional disturbance (9% of age 10 - 19)	1,454
Mental retardation	
Mild (0.37% - 0.59% of total population)	688 to 1,066
Moderate (0.2% of total population)	361
Severe (0.13% of total population)	235
Profound (0.04% of total population)	72
Substance abuse	
Drug dependence (1.11% of 10+ population)	1,998
Alcohol dependence (3.03% of 10+ population)	5,454
Drug and alcohol dependence combined (4.14% of total population)	7,452

[10] TAC was unable to obtain SSI figures for a comparable 2000 period, so 2003 data were used. It is unlikely that this would significantly alter the basic analysis of the percentage of people in poverty who receive SSI.
[11] All the prevalence estimates presented in this Table are taken from the ***Comprehensive State Plan: 2000 – 2006*** of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

A. People with Serious Mental Illness (Including Co-Occurring Disorders)

Based on the prevalence data, Arlington County can expect that just fewer than 8,000 adults residing in the County will have schizophrenia, bi-polar disorder, or serious clinical depression over the course of a year. Based on experience in other jurisdictions, about 10 percent, or approximately 800 individuals, are likely to stay in the County and become long-term consumers of public mental health services. Based on national estimates, it is likely that one half of these individuals also have some substance use or abuse issues. However, not all of these individuals can be expected to need or choose supportive housing.

Applying the SSI data, it can be expected that approximately 250 Arlington County adults (34 percent) have a total and permanent disability related to mental illness and are receiving SSI income payments. This sub-group can be considered to be a high priority for access to supportive housing.[12]

Arlington County has also identified at least 140 people with serious mental illness who are homeless. Many of these homeless individuals are likely to have not yet established eligibility for SSI or Medicaid. DHS staff have identified 70 people with mental illness who are currently prime candidates for supportive housing. These 70 people are likely to be included in either the SSI or the homeless groupings. Finally, DHS, the Community Services Board (CSB) and NAMI-Northern Virginia have identified at least ten individuals currently residing in the state hospital (and therefore not receiving SSI) who could return to the community if appropriate living arrangements were available. There is likely to be some overlap or duplication among these sub-groups.

Based on experience in other jurisdictions, it can be estimated that at least one half of the 250 people with mental illness receiving SSI will need and choose supportive housing. These 125 people with serious mental illness who are receiving SSI, plus the 140 individuals who are homeless and the 10 awaiting community placement from the hospital total 275 individuals. **The estimated 275 people comprise the highest priority demand population for supportive housing among people with serious mental illness in Arlington County.**

B. Youth with Serious Emotional Disturbance

The Commonwealth of Virginia estimates that almost 1,500 youth between the ages of 10 and 19 in Arlington County have serious emotional disturbance. Most of these youth either live at home, or are in foster care and/or in some form of residential treatment setting. It is when these youth turn 18 or 19 that they become a priority population for supportive housing strategies. Assuming that these youth are evenly distributed in the age intervals between 10 and 19, one would expect about one ninth, or 11 percent, would turn 18 each year. This means that about 190 youth with serious emotional disturbance per year become 18 years old and are the maximum number of youth likely to need transition-oriented mental health and substance abuse services plus some form of housing option.

[12] As noted above, these SSI data do not include people over 65 with mental illness. However, people over 65 with mental illness are included in the general prevalence estimates calculated by the Commonwealth of Virginia.

Experience in other jurisdictions suggests that about one tenth of these youth (about 20 youth per year) will remain in Arlington County and seek public sector services. DHS staff have identified six to eight youth per year (30 to 40 youth over five years) from this group who are the highest priority for supportive housing because they are transitioning from out-of-county residential treatment settings. The CSB has identified six transition age youth in immediate need of supportive housing, which is consistent with the staff estimate discussed above. **Thus, TAC concurs with DHS estimates that at least 30 to 40 youth will need and qualify for supportive housing services within the next five years.**

C. People with Mental Retardation

The Commonwealth of Virginia estimates there are between 1,376 and 1,734 individuals of all ages with mental retardation in Arlington County. Of these, 688 to 1,066 are estimated to have mild mental retardation, 596 individuals are estimated to have moderate to severe mental retardation, and 72 individuals are estimated to have profound mental retardation. An unknown proportion of these individuals currently live at home with parents who are aging.

If Arlington County is similar to national data, then 21.9 percent of the 728 non-elderly adult SSI recipients, or 159 individuals, would be disabled as a result of mental retardation.[13] In addition, the CSB has identified six priority consumers with mental retardation who are not eligible for Medicaid and who need supportive housing.

Based on experience from other jurisdictions, about one third of the 596 individuals with moderate to severe mental retardation, about 200 individuals, are the most likely demand component for supportive housing. The estimated 72 individuals with profound mental retardation are somewhat more likely to need ICF/MR or equivalent level of care. The individuals with mild mental retardation are, with some exceptions, likely to be able to remain supported at home or in independent living situations, perhaps with rental subsidies and limited supports

D. People with Developmental Disabilities

In the absence of state data, some jurisdictions have used a figure of 0.2 percent of the population to estimate the number of people with other developmental disabilities. In Arlington County, this would result in 376 people, of whom about 74 percent, or 278 people, would be non-elderly adults (ages 18 – 64). It is not known what proportion of these individuals qualify for SSI and Medicaid. If one assumes that people with developmental disabilities have approximately the same proportionate need for supportive housing as do people with mental retardation, then one third of this group may be appropriate for supportive housing. **Thus, TAC estimates that approximately 90 people with other developmental disabilities may need and qualify for supportive housing in Arlington County.**

[13] In the Commonwealth of Virginia this proportion is closer to 30 percent of SSI recipients age 18 to 64 with mental retardation. Given other data presented in this Chapter, it is somewhat likely that the proportion of people with metal retardation and receiving SSI in Arlington County is lower than the statewide proportion.

E. People with Substance Abuse

The Commonwealth of Virginia prevalence figures for Arlington County estimate a total of 7,452 people (over the age of 10) dependent on alcohol or drugs, of whom 5,454 (73 percent) are estimated to be alcohol-dependent, and 1,998 (27 percent) are estimated to be drug dependent.[14] Based on experience in other jurisdictions, about one tenth of people with substance abuse can be expected to present for services in the public sector.

There are two categories of individuals with substance abuse considered to be among the priority populations for supportive housing. These are: (a) people with co-occurring mental illness and substance abuse; and (b) people with substance abuse who are chronically homeless. The needs of people with co-occurring mental illness and substance abuse are accounted for in the supportive housing needs estimate for people with mental illness above.

Arlington County's Continuum of Care plan identifies 184 homeless individuals who meet the federal definition for chronic homelessness.[15] If Arlington County is similar to national homeless data, then about 30 percent of these 184 chronically homeless individuals, or 55 people, will have chronic substance abuse as their primary disability.[16] **TAC estimates that these 55 people with substance abuse who are chronically homeless are most likely to need and qualify for supportive housing.**

In addition, the CSB has identified five mothers with children who need transitional housing as part of their treatment and recovery from substance abuse. **These five families are included as a priority service population for supportive housing.** It should be noted that there are no reliable statistical methods for estimating the number of homeless families with children that qualify for supportive housing because of substance abuse. The Homeless Management Information System (HMIS) being implemented by Arlington County should begin providing some reliable data on this population group in the near future.

F. People with Co-Occurring Mental Illness and Substance Abuse

The supported housing needs of these individuals have already been factored in the estimates of need in Section A (serious mental illness).

G. People with Disabilities who are Homeless

Arlington County DHS reports that about 600 unduplicated single adults accessed the homeless shelter system in Arlington County in 2003. Of these, 184 unduplicated individuals meet the federal criteria for chronic homelessness. About 90 of these homeless

[14] A recent federal Center for Substance Abuse Treatment (CSAT) household survey estimated that 9 percent of people over 12 years of age in Arlington County abuse (as opposed to being dependent on) alcohol and/or drugs.

[15] According to the U.S. Department of Housing and Urban Development, an individual is chronically homeless if he/she has a disabling condition and has been continuously homeless (i.e., sleeping in a place not meant for human habitation – such as the street – and/or in an emergency shelter) for a year or more OR has had at least four episodes of homelessness in the past three years.

[16] See *Helping America's Homeless.* Burt, Martha, et al. The Urban Institute Press. Washington, DC. 2001.

individuals are reported to be un-sheltered.[17] These 184 chronically homeless people represent a high priority target population for Arlington County's Comprehensive Supportive Housing Strategic Plan. These 184 individuals are represented in the estimated supportive housing needs in Sections A and E, and thus have not been added as a separate need population here.

H. Victims of Domestic Violence

Arlington County has also identified 60 homeless families that are reported to be victims of domestic violence. It is not reported whether any of these homeless families with children have one or more family members with a disability. Thus, these families are not included at this point in the estimates of need for supportive housing for people with disabilities in Arlington County.[18] However, these families, and particularly those who are victims of domestic violence, are a high priority for rental assistance and some form of case management and other supports, and thus could be served through some of the same approaches that are included in this plan.

I. People with Physical Disabilities

According to the 2000 U.S. Census, there are 26,934 people in Arlington County over the age of five with some form of disability (14.3 percent of the population over 5). Recent data[19] indicates that approximately 6.5 percent of adults (9,000) between the ages of 18 and 65 in Virginia[20] report a disability that "prevents them from working or limits the kind or amount of work they can do."[21] These data do not indicate what proportion of these individuals have a permanent disability that would qualify for SSI or SSDI and do not differentiate between people with physical disabilities and people with mental or cognitive disabilities.

The Social Security Administration indicates that there were 728 people between the ages of 18 and 64 in Arlington County in 2003 who received SSI disability payments. Subtracting the estimated percentages that have mental or cognitive disabilities (60 percent of the total SSI/DI population), it can be estimated that 321 of these SSI recipients have a physical disability. **TAC estimates that approximately one third of these,[22] or 107 people, would need and qualify for supportive housing.**

J. People with Traumatic Brain Injury

The Commonwealth of Virginia's Traumatic Brain Injury (TBI) Program staff report that there are 1,921 people per year in Virginia disabled as a result of TBI. Assuming that the

[17] These data are extracted from the Arlington County 2003 Continuum of Care Plan.
[18] As noted above, the Homeless Management Information System will soon be providing more timely and reliable data on the characteristics and housing and service needs of these individuals and families.
[19] Data from the Current Population Survey conducted under the auspices of the Bureau of Labor Statistics and analyzed and published by Cornell University.
[20] This data is not available for Arlington County.
[21] The national percentage of adults reporting this level of disability is 7.5%.
[22] This is the same estimate as is used for people with mental retardation and people with developmental disabilities.

proportion of TBI disability rates is constant within the population of Virginia, it can be estimated that 48 people with disabilities associated with TBI reside in Arlington County (2.5 percent of Virginia's people with disability associated with TBI). Further investigation is necessary to determine what proportion of this group might need and benefit from supportive housing provided through County resources. For the purposes of this needs estimate it is assumed that these individuals – to the extent that they are receiving SSI – are included in the physical disability group estimates described above.

K. Elders

There are approximately 17,800 elders (9.4 percent of the total population) residing in Arlington County. National data suggest that 95 percent of elders remain independent and live in their own homes throughout their lifetimes. Of the approximately 5 percent of elders that reside in care facilities, approximately one-half are typically in nursing home level of care facilities, and one-half are in rest home or assisted living-type facilities. It is these 2.5 percent of elders needing some form of out-of-home assisted living that are the most likely demand component for supportive housing in Arlington County.

The Social Security Administration reported that there were 13,685 Old Age, Survivors, and Disability Insurance (OASDI) beneficiaries residing in Arlington County in 2003. Just fewer than six percent of elders living in Arlington County (1,051) had incomes at or below the SSI level.

It is well known that the baby-boomer generation is beginning to turn 60 this year, and that by 2025 there will be a large bubble of elders in the population. The number and proportion of those over 85 (people with highest need for services and/or residential alternatives) will be increasing at the fastest rate between 2015 and 2025. Given the relative age distributions and renter-to-homeownership ratio in Arlington County, it is difficult to predict what proportion of the elders and almost-elders currently residing in Arlington County will remain and age in place. Nor is it possible to predict whether Arlington County will see the same trend in people over 85 as is projected for the rest of the United States. Finally, there are reliable estimates of the proportion of elders who also have mental retardation/developmental disabilities, mental illness, substance abuse or dependence, or other disabilities. These are included in the general prevalence estimates, but are not in distinct categories separate from the non-elderly disabled population groupings. When planning for supportive housing for elders, it will be important to be cognizant of these disability characteristics as well as the needs for services directly associated with the aging process. Some of these elders with disabilities have already been identified as candidates for residency at Oak Springs.

Over the next five years it should be possible for DHS to conduct a more detailed analysis of these demographic trends, and to incorporate more accurate projections in the next supportive housing plan. **For this current Plan, it is assumed that approximately 440 elders (2.5 percent of the elder population) have sufficiently low incomes and support needs to benefit from supportive housing strategies, and will be served in assisted**[23]

[23] Arlington County already employs a supportive housing model for elders in Culpepper Gardens and other elderly housing sites.

living facilities supported with auxiliary grants. A very small proportion of these (reported to be about 20 individuals this year, or 100 over five years) could benefit from specialized supportive housing models designed for people with Alzheimer's disease or other forms of dementia.

V. Summary of the Estimated Need for Affordable Supportive Housing for People with Disabilities in Arlington County

Table 8 on page 17 contains a summary of the information presented in this Chapter about estimated need for supportive housing in Arlington County. TAC estimates that as many as 915 households could need supportive housing over the next five years. Column A summarizes the supportive housing need already identified and documented by the Arlington County DHS. Column B summarizes the estimated demand population for affordable supportive housing derived from statistical prevalence estimates, SSI, and related data.

The estimates shown in Table 8 validate and expand on DHS's own quantification of need and confirm that there are substantial bona fide needs among all of Arlington County's disability populations for supportive housing. It should be emphasized that the identified need is not expected to be met within the first five years of Arlington County's supportive housing initiative. Recognizing fiscal realities and prudent use of scarce public dollars, Arlington County DHS will be required to priorities and targets for matching the supply of available housing stock and service resources to those individuals with the highest priority need for supportive housing. The information should also assist DHS to: (a) stimulate supportive housing production that matches identified need; (b) assure equity of access to affordable supportive housing resources among the various target populations; and (c) set priorities for the linkage of service populations and community service resources to the newly created housing.

Table 8
Summary of Estimated Need for Affordable Supportive Housing for People with Disabilities in Arlington County[24]

Category	(A) Need identified by Arlington County 3/29/03	(B) Estimated Demand Population	Comments
Adults with serious mental illness	214[25]	275	125 SSI including co-occurring MA/SA 140 homeless
Youth with serious emotional disturbance	26	30	6 - 8 per year reported to need housing with services to return to County after placement
People with mental retardation (MR)	71	200	159 SSI between 19-64 413 SSI total
People with developmental disabilities (non-MR)	Included in mental retardation population	90	
People with substance abuse	Included with serious mental illness	• 55 chronic homeless • 5 mothers with children	
Single adult homeless	Included with serious mental illness, and co-occurring	NA	Included in other categories
Family homelessness (including domestic violence)	Not included	Not Included	60 domestic violence parallel to, but not included in, the needs estimates
People with physical disabilities	77	160	
People with traumatic brain injury	Not included	N/A	More data needed – probably captured in the category of people with physical disabilities
Elders	Not identified as a separate category in 3/29/03	100	Supportive Elderly Housing (e.g., HUD Section 202) or Assisted Living Facility model
Total	**388**	**≈ 915**	

[24] Arlington County has identified 50 families with minor children in which either the parent(s) of one or more of the children have a mental, cognitive, or physical disability. These families and individuals are assumed to be included in the disability sub-populations included in this table.
[25] Includes 28 elders with serious mental illness not included in the demand population estimates but likely included in the estimates of need for the elder population.

CHAPTER THREE:
ANALYSIS OF HOUSING AND SERVICES RESOURCES

I. Housing Resources Available for Supportive Housing

A. Three Funding Components of Supportive Housing

Because supportive housing integrates affordable housing and support services for extremely low-income people with disabilities, it has more funding components than other types of housing. Depending on how the housing is provided, there are either two or three separate funding components in supportive housing projects:

- Housing Capital Funding
- Housing Subsidies
- Supportive Services

Housing Capital Funding

Housing capital funds are the type of funds used when supportive housing providers purchase, rehabilitate, or newly construct supportive housing. This one-time funding needed to "capitalize" new supportive housing development comes primarily from government housing programs. Often as many as five to seven different types (sources) of capital funding are needed to make supportive housing developments financially feasible. It is important to note that capital funds are typically not used if supportive housing is simply provided through a monthly rent subsidy with a private landlord.[26]

Housing Subsidies

Ongoing housing subsidy funding is needed for all supportive housing units to ensure that the housing is affordable and remains affordable to the lowest-income supportive housing residents. According to federal housing affordability guidelines, low-income households below 50 percent of median income should pay approximately 30 percent of their monthly income for housing costs.[27] For people receiving Supplemental Security Income (SSI) in Virginia, paying 30 percent of income for rent means a monthly rent of approximately $165-$170.

[26]Low-interest loans, such as those provided by the Virginia Housing Development Authority (VHDA), are often used to fund affordable housing. These loans must be repaid by the owner of the housing through rents collected from the tenants. Thus, if these loan funds are used in supportive housing developments, rents must be set at a higher level to accommodate the loan repayment obligation. Nonetheless, low-interest loans are an important component of affordable housing finance.

[27] Under some rent subsidy programs, tenants may pay as much as 40 percent of income towards housing costs.

Obviously, $165 - $170 per month is far below the Arlington County rental market, where the new HUD Section 8 Fair Market Rent for a one-bedroom apartment is now $1,012. A monthly rent subsidy (e.g., a Section 8 voucher, an Arlington County Housing Grant, a HUD Shelter Plus Care rent subsidy) is needed to pay the difference between the amount of rent the tenant should pay and the rent for the unit.

Even when non-profit groups develop supportive housing, the rent that the non-profit charges must cover the monthly cost of operating the housing – including the cost of insurance, property management and taxes, maintenance, utilities, etc. paid by the owner.[28] These operating costs are also much higher than the $165 - $170 per month that SSI recipients can afford to pay for rent. To cover the difference between monthly operating costs and what a low-income household living in supportive housing can afford to pay, HUD has created several supportive housing operating subsidies, including the Project Rental Assistance Contract (PRAC) that comes with the Section 811 program and the operating subsidy paid through the McKinney/Vento Supportive Housing Program.

The last words on housing subsidies are simple ones – each unit of supportive housing created or provided in Arlington County needs to have some type of ongoing housing subsidy to ensure affordability for the lowest income residents of supportive housing.

Supportive Services

Supportive services are the "support" in supportive housing. Without them, the housing is the same as any other subsidized housing. In supportive housing, the support services are intrinsically linked to the housing in some way – although, as was noted in Chapter One, services in permanent supportive housing cannot be mandated as a condition of tenancy. Supportive housing services will vary greatly depending on who is living in the housing. For example, in a 100-unit rental project with 10 one-bedroom units set aside for supportive housing, five residents may be receiving mental retardation services and five residents may be receiving mental health services.

All supportive housing residents should have one service in common – and that is housing related services. Housing related services include help with rent paying obligations, landlord issues, understanding the obligations of tenancy, etc. For transitional housing residents, housing related services should include skill building to ensure a successful transition to permanent housing.

Supportive housing services may be provided in many ways – including services provided on-site in the housing, off-site at another location, or a combination of on-site and off-site services. In some instances, services may be provided by a mobile service team.

Before outlining the housing capital, subsidy, and supportive services resources potentially available for new supportive housing projects in Arlington County, it is important to review the supportive housing project commitments recently made by DHS. In some instances,

[28] If a non-profit has a mortgage on the supportive housing, the costs associated with paying the principal and interest on the mortgage are considered amortization costs, and not operating costs.

and in particular with respect to the LPACAP funding, these project commitments affect the amount of funding that remains available to commit to new supportive housing activities.

B. Existing Project Commitments

As of December 2, 2004, DHS has committed to provide some type of financial support to create a total of 77 targeted supportive housing units in five properties. Below is a brief discussion of these commitments.

1. **Arlington Assisted Living Residence (a.k.a. Oak Springs):** This project will create 39 units of affordable assisted living. Using LPACAP funds, the County has already purchased the building for $2,628,345. The County plans to use LPACAP funds to conduct a moderate rehabilitation of the building, which is estimated to cost approximately $1,701,482 ($43,628 per unit), depending upon the success of the project to access other capital funding. The rehabilitation cost figure is an estimate based on detailed design drawings not final costs agreed to by a general contractor. Thus, the total LPACAP capital funding needed is currently estimated at $4,329,827 ($111,021 per unit). In addition, there is a $500,000 annual gap in service funding according to DHS preliminary supportive services budget projections. DHS plans to fund this annual service gap with recurring LPACAP funds.

2. **Columbia Grove:** Columbia Grove is a 210-unit mixed-income apartment complex with 105 affordable units and 105 market rent units. DHS staff are working collaboratively with the Columbia Grove developer (Arlington Partnership for Affordable Housing) and the Arlington County Department of Community Planning, Housing and Development to target eight of Columbia Grove's one-bedroom affordable units for supportive housing. Because the affordable unit rents are now set at 50 percent and 60 percent of the area median income, they are not affordable to supportive housing residents without additional subsidies. DHS has agreed to commit $530,318 of LPACAP capital funds ($66,290 per unit) to lower the rents on the eight units to a level affordable to DHS clients ($250 per month). [Note: DHS expects the $250 per month rent figure to be an average rent based on the fact that some residents will have incomes somewhat higher than the SSI level.] The LPACAP amount was determined through a net present value calculation of writing the rents down for a period of 30 years. DHS staff and the developer are currently negotiating the final terms of the agreement.

3. **Views at Clarendon:** The Views at Clarendon is a proposed 116 unit mixed-income apartment. Seventy of these units were planned to be affordable to households earning up to 60 percent of the area median income. DHS staff is working collaboratively with the non-profit developer (First Baptist Church of Clarendon Development Corp.) and the Arlington County Department of Community Planning, Housing and Development to target six of these affordable units for supportive housing. The developer will use either Section 8 project-based vouchers or LPACAP funds to lower rents to an amount not greater than $275 per month. [Note: DHS expects the $275 per month rent figure to be an average rent based on the fact that some residents will have incomes somewhat higher than the SSI level.] The term of this targeting is 15 years.

4. **Milestones I and II:** Milestones I and II are permanent supportive housing programs targeted to serve homeless persons with serious mental illness (SMI) and/or dually diagnosed individuals. These permanent supportive housing programs provide a total of 15 units of permanent supportive housing. Arlington County collaborates actively with Arlington Partnership for Affordable Housing (APAH) to provide the apartments. The nine unit Milestones I project is fully occupied. DHS is currently negotiating with APAH to startup the six units in Milestones II. The programs are supported by 15 sponsor-based Shelter Plus Care rental subsidies funded through HUD's McKinney/Vento homeless assistance programs. All participants are required to pay 30 percent of their gross income toward rent and the remaining rental balance is paid for with the Shelter Plus Care rental subsidy. Arlington County's Department of Human Services also collaborates with a local service provider to provide support services to assist Milestones tenants.

5. **The Gates of Ballston:** The Gates of Ballston is a mixed-income apartment complex that consists of 465 rental units. Three hundred and forty eight (348) of these units will be affordable to households earning up to 60 percent of area median income. DHS staff is working collaboratively with the non-profit developer (AHC, Inc.) and the Arlington County Department of Community Planning, Housing and Development to target a minimum of nine (9) of these affordable units for supportive housing to DHS clients. A recent County Board resolution required the developer to use Section 8 project-based vouchers in these nine units, if available, so that supportive housing tenants will pay no more than 30 percent of their income for rent. If vouchers are not available, LPACAP funds will be used to lower rents to an amount not greater than $275 per month. [Note: DHS expects the $275 per month rent figure to be an average rent based on the fact that some residents will have incomes somewhat higher than the SSI level.]

In summary, as shown in Table 9 below, according to budget information provided by DHS staff, the financial costs to support these five supportive housing projects is currently estimated at $4,860,145 of LPACAP funds for capital subsidies (approximately $4.33 million for Oak Springs and $530,000 for Columbia Grove), an additional $500,000 annually from the recurring LPACAP funds to support services at Oak Springs, 15 Section 8 project-based vouchers (the Views at Clarendon and the Gates of Ballston) and 15 Shelter Plus Care subsidies. These project commitments will create 77 new supportive housing units. DHS has also committed $100,000 in recurring LPACAP funds to provide in home supports and priority DHS clients in need of immediate support.

Table 9
Existing Project Commitments

Supportive Housing Units	Capital Subsidies	Operating Subsidies	Supportive Services
77 units	$4,860,145 of LPACAP funds	• 15 Section 8 project-based subsidies • 15 Shelter Plus Care subsidies	$600,000 annually in recurring LPACAP funds

Based on these commitments, DHS has confirmed that approximately $3.1 million of one-time LPACAP capital funds and $475,000 of recurring LPACAP funds are available for new supportive housing activities.

C. Analysis of Housing Capital and Rent/Operating Subsidy Resources Available for New Projects

TAC has determined that the following local, state, and federal housing resources are potentially available to fund Arlington's Five-Year Supportive Housing Initiative. Notations have been made to indicate whether the program provides housing capital funding, rent or operating subsidy funding, loan funding, etc.

LPACAP Funds: Based on the commitments outlined above, DHS has an estimated $3.1 million of uncommitted one-time LPACAP funds and $475,000 in uncommitted recurring LPACAP funds.[29] **TAC believes the challenge for Arlington County is to maximize the use of these remaining LPACAP funds as well as leverage other County and state housing resources, County supported affordable housing activity, and HUD supportive housing funding to create and sustain a pipeline of new supportive housing activity over the next five years (Capital and Services funding).**

Section 8 Housing Choice Voucher Project-Based Assistance: Under HUD's Section 8 Housing Choice Voucher program administered by DHS, tenants receive a rent subsidy that permits tenants to pay no more than 30-40 percent of their income for rent. Up to 20 percent of DHS's Section 8 vouchers can now be converted to project-based vouchers, which means they can be "committed" to units in rental projects. This federal policy makes the Section 8 project-based program potentially ideal for supportive housing development. HUD rules expected to be finalized by June 2005 will allow Section 8 project-based supportive housing owners to maintain a separate waiting list and more targeted tenant selection preferences. These new rules will likely remove the only remaining barriers to using Section 8 project-based vouchers for supportive housing.

[29] DHS staff is currently researching the source of these LPACAP funds and any federal requirements that they may have for developers and projects. According to the County attorney, LPACAP funds are considered County funds and do not have any specific requirements.

DHS and TAC have determined that under HUD rules, Arlington County could convert up to 288 Section 8 vouchers to be used for project-based assistance (1,439 total vouchers x 20% = 288). However, Arlington County has already made commitments for 65 project-based vouchers, which leaves a total of 223 vouchers (288 – 65 = 223), which theoretically could be used as project-based assistance and committed to future projects, including supportive housing.[30]

Given that there are competing demands in Arlington County for the use of Section 8 project-based assistance, **TAC recommends that at least 50 percent of the future project-based assistance capacity (or 112 vouchers) be targeted to supportive housing. Of these 112 vouchers targeted for supportive housing, DHS has already made commitments of 15 Section project-based assistance vouchers to two projects (i.e., the Views at Clarendon and the Gates of Ballston) discussed above. Therefore, 97 Section 8 PBA vouchers remain available for future supportive housing. Based on voucher turnover of approximately 40 units per year, TAC believes that DHS could comfortably project-base 20 supportive housing units per year (Rent subsidy funding).**

HUD McKinney/Vento Homeless Assistance Funds: HUD's McKinney/Vento Homeless Assistance programs are almost exclusively dedicated to supportive housing and are exclusively dedicated to people who meet HUD's definition of homeless.[31] Tenants participating in McKinney/Vento funded programs pay no more than 30 percent of their income towards rent – thus, guaranteeing housing affordability for the lowest-income households. New HUD McKinney/Vento Homeless Assistance funds are potentially available to Arlington County each year through a competitive Super Notice of Funding Availability (SuperNOFA) published by HUD in the late winter or spring. Arlington County has successfully competed for these funds during the past few years, obtaining a total of 15 HUD Shelter Plus Care rent subsidies used in the DHS Milestones program. **According to TAC's analysis, if federal McKinney/Vento appropriations policies remain in place for federal Fiscal Year 2005 and beyond, Arlington County's Continuum of Care could access approximately 10 new Shelter Plus Care rent subsidies per year (Rent subsidy funding).**

Arlington Housing Grants Program: Arlington County's Housing Grants program is similar, although not identical, to HUD's Section 8 voucher program. Households receive a rent subsidy and pay a limited amount of their income towards rent. According to DHS staff, the Housing Grants program currently supports 640 households, including 202 disabled households. The average housing grant is $435, although the average for disabled households is almost $500 due to their extremely low incomes. According to DHS staff, "turnover" in the Housing Grants program is 16-18 households per month or approximately 200 subsidies per year – a much higher rate than DHS Section 8 program. Currently, unlike

[30] Most of DHS's Section 8 vouchers are leased and, therefore, are not currently available to be converted to project-based assistance. However, under HUD's rules, DHS can use future Section 8 voucher turnover to fulfill project-based commitments. Based on a review of DHS turnover history TAC projects that DHS will have sufficient turnover vouchers to fulfill project-based commitments recommended in this Comprehensive Supportive Housing Plan.

[31] Simply stated, HUD's homeless definition does not cover households "at risk" of homelessness.

the Section 8 voucher program, Arlington County's Housing Grants program does not have a project-based component. This fact limits the utility of the Housing Grants program for supportive housing development activities, since developers are likely to prefer the Section 8 project-based vouchers. For this reason, **TAC recommends that Arlington County consider adopting a project-based component to the Housing Grants program to be targeted to supportive housing. As much as possible, the Housing Grants project-based component should be a Section 8 project-based "look-alike" program so that supportive housing tenants receive identical housing benefits and to avoid the possibility that developers would prefer one subsidy resource over the other (Rent subsidy funding).**

Arlington County Affordable Housing Investment Fund (AHIF): This fund is Arlington County's main financing program for the development of affordable housing. AHIF is comprised of combination of federal HOME Investment Partnership funds and local County funds. AHIF comprises approximately $4 million of resources annually to support the development of affordable housing in Arlington County. The program provides low-interest, secondary loans to developers to create affordable housing (both rental and homeownership). In the past, the County's Housing Division has exercised some flexibility in providing permanent supportive housing projects with more favorable loan terms (i.e., deferred loans with 0 percent interest) recognizing the difficulty in making these type of projects financially feasible. AHIF loans are usually conditioned on an affordability term of at least 30 years. Rental units funded by AHIF resources are typically made affordable to households at 60 percent of the area median income (AMI) but may be written down to as low as 50 percent of AMI. AHIF resources are often combined with other affordable housing financing programs such as low-income housing tax credits, tax-exempt and taxable bond financing, and private mortgage financing. **TAC recommends that Arlington County target a portion of AHIF-funded units to supportive housing. The affordable units supported by AHIF funds are those discussed later in the County Funded Committed Affordable Rental Units pipeline. (Loan and capital funding)**

HUD Section 811/Section 202 Programs: HUD's Section 811 Supportive Housing for Persons with Disabilities and the Section 202 Supportive Housing for the Elderly programs are the two other HUD programs dedicated to supportive housing. These programs provide development capital as well as an ongoing monthly operating subsidy (known as a Project-Based Rental Assistance Contract, or PRAC) to create supportive housing for people who are disabled and elderly. The funding is available only to non-profit organizations and is highly competitive. Section 811/202 funds are made available each year during the late winter or early spring through HUD's SuperNOFA. According to HUD, the Richmond Field office service area (which includes Arlington County) had the following funding available during the 2004 SuperNOFA:

Section 811:	26 units	$1,930,071 for Capital Advances	5 Yr. PRAC
Section 202:	89 units	$6,848,225 for Capital Advances	5 Yr. PRAC

Despite being very competitive, these two HUD programs represent important resources needed to build a successful supportive housing pipeline, particularly the Section 811 program. For several reasons, non-profit developers in Arlington County have not taken full advantage of the Section 811 program. This is unfortunate, since Section 811 can provide

more than 50 percent of the capital funding and the entire operating subsidy funding for supportive housing. In the future, **TAC recommends that DHS work in collaboration with non-profit partners to develop competitive Section 811 supportive housing projects to submit to HUD for funding.** [NOTE: Unfortunately, new HUD policies prohibit Section 202 funds from being used to create new Assisted Living Facilities. Until such time as HUD changes this policy, the Section 202 program is not available to create supportive housing for elderly households in Arlington County. However, new Section 202 elderly developments could still help address the shortage of subsidized elderly housing in Arlington County.] **(Capital funding and operating subsidy funding)**

Virginia Housing Development Authority Programs: The Virginia Housing Development Authority (VHDA) administers several capital financing programs that support the development of affordable rental housing throughout Virginia. Developers of larger multi-family projects also supported by County AHIF funds take advantage of many of these programs. Recently, VHDA has worked to make their funding programs more responsive to first-time developers and supportive housing projects. As part of this effort, VHDA has formed the Housing Initiatives Team comprised of members with experience in multi-family and single family housing development. The Housing Initiatives Team provides technical assistance to assist first-time developers in applying for VHDA financing as well as assistance throughout the predevelopment process. Below is a brief description of VHDA's primary multi-family housing programs:

- The **Virginia Housing Fund (VHF)/Sponsoring Partnerships and Revitalizing Communities (SPARC) Multi-Family Loan Program** provides below market interest rate loans with an amortization option of up to 30 years. For most localities, the maximum loan amount is $950,000 per project with the exception of several Northern Virginia areas. $10 million of VHF funds are dedicated to multi-family development each year. The SPARC loans are currently set at a 5 percent interest rate. VHDA has targeted four areas to use SPARC funds – housing for the homeless, housing for people with disabilities, preservation of affordable housing, and community revitalization efforts. **Because of this targeting, TAC recommends that DHS work with its development partners to use SPARC loans on permanent supportive housing projects (small or large scale) when deemed to be beneficial (Loan funding).**

- **Bond Funded Loan Programs** (taxable or two forms of tax exempt) are VHDA's primary lending mechanism for multi-family development. VHDA typically refers to these programs as conventional financing **(Loan funding).**

- The **Low Income Housing Tax Credit** (LIHTC). The LIHTC Program offers federal income tax credit to owners that develop affordable rental housing. VHDA administers the LIHTC program in Virginia. The funding is made available once a year in January on a competitive basis. As part of its Qualified Allocation Plan, VHDA established a set-aside of 3 percent of its annual tax credit allocation in a non-competitive pool for use exclusively by developers of rental properties for people with disabilities. Mixed-income projects with a supportive housing component are not currently eligible to take advantage of this set-aside for the

supportive housing component. Despite this barrier, VHDA is committed to working with interested developers to use this special set-aside. TAC recommends that DHS target VHDA's tax credit set-aside for supportive housing projects that have a different number of units (20+) to cover the costs associated with tax credit syndication **(Capital funding).**

Commonwealth Priority Housing Fund: The Virginia Department of Housing and Community Development (DHCD) established the Commonwealth Priority Housing Fund in 2003. DHCD has targeted funds for gap-financing in the form of grants or deferred loans up to $500,000 to assist hard-to-develop housing projects that target special needs housing, housing for people with disabilities, and housing for the elderly. Funds will be available until they are exhausted. **TAC recommends that DHS work with the development community to identify one or two affordable housing rental projects with a targeted housing for people with disabilities to access these one-time State development funds (Capital funding).**

HOME Investment Partnership Program (Commonwealth of Virginia): DHCD recently announced that $1 million of HOME funds will be made available over the next two years to support the development of permanent supportive housing for the chronically homeless throughout Virginia. Entitlement communities such as Arlington County will be eligible for these funds. **TAC recommends that DHS take advantage of these targeted funds through its efforts to create permanent supportive housing through its Continuum of Care planning process including combining them with S+C project-based subsidies (Capital and loan funding).**

Federal Home Loan Bank's Affordable Housing Program: The Federal Home Loan Banks (FHLBs) are wholesale banks, places where community financial institutions turn for funds. There are 12 banks in the Federal Home Loan Bank system including the Federal Home Loan Bank of Atlanta that covers Virginia as well as other Southeastern states. The Affordable Housing Program (AHP) provides below-market loans or grants for affordable housing activities. At least 20 percent of the units must be occupied and affordable to very low-income households (households earning less than 50 percent of median income). There are at least two funding rounds each year. Because of the scoring criteria established by FHLB, supportive housing projects that serve extremely low-income households tend to be very competitive for AHP funds. **TAC recommends that DHS work with developers to strategically take advantage of these funds to fill development gaps within selected projects (Capital and loan funding).**

D. Units in Arlington County's Affordable Housing "Pipeline"

There are important affordable housing activities underway in Arlington County that can also help to expand supportive housing. Arlington County has a long and extremely successful track record in affordable housing. This track record is the outcome of the County's continuing leadership on this issue, excellent housing staff, the dedicated work of affordable housing advocates, an emphasis on long-range planning, and strong community support for the development and preservation of affordable housing. Given its location and

housing market conditions, Arlington County citizens continue to benefit greatly from their focus on this important issue.

Because of the County's strong emphasis on affordable housing, there are opportunities to expand supportive housing in Arlington County that do not exist in most other localities. These opportunities are presented through County-funded Committee Affordable Units and Affordable Units negotiated through the County Site Plan process.

County Funded Committed Affordable Rental Units: Each year, Arlington County provides financial assistance through the AHIF program for the acquisition, development, or rehabilitation of affordable housing for low- and moderate-income households. The sources of AHIF are a combination of funds from the HOME Investment Partnership Program and the County. These units have below market rents that are affordable for households at 50-60 percent of median income. Most of the projects that create Committed Affordable Units take advantage of one or more of the VHDA and/or DHCD capital and loan programs noted above. **TAC recommends that a portion of these committed affordable units be targeted to expand the supply of supportive housing in Arlington County. This goal can be achieved by providing a project-based rent subsidy to ensure affordability for persons with incomes in the SSI range.**

Affordable Units Negotiated through the Site Plan Process: Projects seeking County Site Plan approval are developments not currently allowed by right in the Zoning Ordinance and/or General Land Use Plan. These projects undergo a major public review and decision-making process before being formally approved by the County Board. Affordable units, including some that could be specifically targeted for supportive housing, can be negotiated through the Site Plan process. These units have below market rents that are affordable for households at 50-60 percent of median income. **TAC recommends that a portion of these negotiated affordable units be targeted specifically to expand the supply of supportive housing in Arlington County. This goal can be achieved by providing a rent subsidy to ensure affordability for persons with incomes in the SSI range.** [NOTE: Some affordable housing projects in Arlington County will obtain County AHIF funding for Committed Affordable Units and also go through the County Site Plan process.]

Although all of the housing resources discussed above are relatively scarce and are highly competitive to access, TAC believes that Arlington County is well positioned to take maximum advantage of these resources in the development of a supportive housing pipeline. The strategic use of LPACAP funds to leverage other capital resources as well as the creation of a project-based Housing Grants Program are critically important resources and will significantly increase Arlington County's likelihood of success leveraging additional capital funding.

II. Supportive Services Resources Available for Supportive Housing: Opportunities and Impediments

Despite the apparent complexity of capital and loan funding and housing subsidy resources potentially available for supportive housing in Virginia, the supportive services component

of supportive housing is even more challenging. Supportive services resources are a challenge because:

- As with housing resources, there are never enough services resources to meet all the needs, and in all probability never will be enough resources to meet the need. This means that both housing and services funders and providers are always working from the perspective of scarcity and rationing of resources to those most in need.

- However, unlike affordable housing resources that have at least some "new" funding each year, there is almost no "new" funding available for supportive services. This fact explains why the recurring LPACAP funding is so valuable.

- Most existing supportive services funding streams in Arlington County - and in the Commonwealth of Virginia - are not currently configured to be used in supportive housing. Reconfiguring these funds is possible, but difficult given categorical funding mandates, federal and state performance requirements, and the expectations of advocates, families, providers and other stakeholders.

- Arlington County is located in a large metroplex covering two states and the District of Columbia, which differs in many respects from the rest of the Commonwealth of Virginia. Many of the Commonwealth's services delivery and funding policies reflect the more rural and lower cost portions of Virginia, with the result that Arlington County experiences impediments to service delivery more serious than in other parts of the state. Most importantly the cost of doing business is higher.

A. Opportunities: Current Arlington County Service Resources

Despite inherent limitations listed above, Arlington County offers a diverse set of service types and providers from which people with disabilities may choose and receive community services and supports. Arlington County makes the most of available federal and state resources, and has been very generous in the amount of County levy funding provided for human services. Some of the service resources are available across all disability types, and some are specific to certain defined disability groups. These services are summarized below.

Arlington Employment Center: This is a designated "One Stop" Center under the federal Workforce Investment Act. The One Stop Center provides a range of employment related services such as job search, training and re-training, and referral to vocational rehabilitation.

Public Assistance Services: These are statewide programs administered by DHS, and include Temporary Assistance for Needy Families (TANF), Food Stamps, Medicaid eligibility determination, Auxiliary Grants (SSI supplements) for certain people living in licensed Assisted Living Facilities, and emergency assistance.

Crisis Assistance Bureau: This Bureau provides information and referral, counseling, benefits acquisition assistance, and emergency needs funding for any citizen of Arlington in crisis. The Bureau is frequently the front door to other Arlington County programs.

Homeless Services: Homeless services include the single adult shelters, shelter services for women (including those affected by domestic violence), and other homeless services provided through the Arlington County Continuum of Care. Some of these programs are funded through HUD.

Family Health Services: These are public health related resources such as early child health services, immunizations, and family planning. The Public Health Division of DHS also provides a communicable disease (HIV/AIDS, STD and tuberculosis) liaison to the homeless shelters.

Aging Services: Aging services include nursing case management and in-home supports such as home delivered meals, assistance with activities of daily living (e.g., bathing, dressing, personal care), other related homemaking tasks, and senior adult mental health services, adult day services, transportation, money management, and guardianship assistance.

Mental Retardation/Developmental Disability (MR/DD) Services: These include service coordination (case management), vocational services, and family supports. Medicaid Home and Community Based waiver funds plus some county funds are used to contract with local providers for residential services programs with a capacity to serve 98 adults with mental retardation/developmental disability.

Physical Disability Services: These include case management and limited community supports for people with physical disabilities and people with traumatic brain injuries. The ENDependence Center, an independent living center for people with disabilities, is funded by DHS and is a primary source of advocacy and community support for people with physical disabilities.

Mental Health Services: Arlington County has a variety of direct and contracted mental health services for adults and youth. Mental health services include outpatient clinic services, medication management, psychiatric evaluations, supportive employment, crisis response and stabilization, case management, and Program of Assertive Community Treatment (PACT) team services. Two local non-profit organizations provide a total of 39 beds of residential services for adults with serious mental illness. Residential treatment services for youth are purchased on an as-needed basis, primarily from out-of-county residential treatment providers.

Substance Abuse Services: DHS provides outpatient counseling and substance abuse treatment services, services for people with substance abuse in the detention center, case management, and contracted transitional residential treatment services. The County also fosters the development of Oxford House programs: self-managed housing arrangements for consumers in recovery from substance abuse.

Child and Family Services: DHS provides a wide array of child and family services, including prevention and early intervention, mental health and substance abuse for youth, child protective services, family preservation, placement when necessary in foster care or other out-of-family settings, and alternatives to residential treatment and foster care.

B. Funding for Existing Arlington County Human Services

Many of the services listed above are funded by the federal Medicaid program through Virginia's Department of Medical Assistance Services (DMAS). Other sources of funds include state and County general fund (tax levy) dollars and several federal block grants (e.g., Mental Health Services Block Grant, Substance Abuse Prevention and Treatment Block Grant, Social Services Block Grant). There are also a variety of children's services funding streams from federal and state sources, some of which are blended into the Comprehensive Services for At-Risk Youth (CSA) service funding category. Auxiliary Grants for certain people living in assisted living facilities (ALFs) are another source of state funds for services within Arlington County.

Medicaid is the major payer for services at both the state level and within Arlington County, and thus Medicaid funding policies tend to drive how other funding sources are used in the system. Virginia's Medicaid plan covers both routine "in-plan" services types and also includes waivers for certain types of home- and community-based services.

In-plan services include:

- Outpatient mental health services;
- Mental health medication management ;
- Home health for people with physical health care needs (under limited circumstances);
- Case management and service coordination across multiple disabilities (but again with limitations); and
- Rehabilitation services for people with serious mental illness. These are called State Plan Option (SPO) services and include community-based skills training related to community living.

Virginia's **Medicaid waivers** of importance to the supportive housing initiative are:

- The Mental Retardation (MR) Home and Community-Based Services waiver, which funds home and community-based service options for people with mental retardation who meet Virginia's Intermediate Care Facility/Mental Retardation (ICF/MR) level of care criteria. The services are typically provided in congregate residential and/or day services settings, and include habilitation and rehabilitation supports and skills development related to activities of daily living. Specialty services related to speech, personal care, feeding, mobility, and physical well-being are also included as covered services in the MR waiver.[32]
- The Elderly and Disabled (E&D) Home and Community-Based Services waiver covers elders or people meeting the Medicaid criteria for permanent and total disability who meet Virginia's level of care criteria for nursing home facilities. This waiver provides Medicaid reimbursement for personal care, and adult day health and respite care for eligible recipients.

[32] Arlington has 65 existing slots plus 9 new slots allocated to the County under the MR Waiver.

- The Consumer Directed Personal Attendant Waiver (CD-PAS) waiver, which covers a very small number of elders and people with disabilities (90 statewide "slots")who meet Virginia's nursing facility level of care requirements and who elect to hire and direct their own personal care and in-home support services.

C. Impediments Related to the Arlington County System of Services and Supports

As noted above, Arlington County makes every effort to maximize available federal and state resources, and contributes substantial local County levy dollars to the human services system of care. People with disabilities living in or moving towards supportive housing have a number of opportunities to receive the services and supports they need and choose to assure successful tenure in the community.

However, TAC has identified a number of impediments related to the various funding streams that constitute real barriers to the implementation of new supportive housing strategies for certain priority service populations. These impediments cannot be corrected by or within Arlington County alone. For the most part, it will take state action, often in concert with federal approvals, to make the necessary changes.

The major barriers and impediments include:

1. **Each of the three Medicaid waivers listed above is tied to Virginia's very restrictive level of care criteria for nursing facilities.** This means that only people at the very highest end of the disability/need scale can meet the medical necessity or level of care criteria to enroll in one of the waiver programs. For people with physical disabilities or elders the restrictions often result in people having to move into congregate assisted living facilities in order to receive an Auxiliary Grant subsidy to cover part of the costs of care.

2. **Each of the waiver programs identified above is accessed based on available "slots" as opposed to actual need for services.** If there are no slots available, people have to be put on a waiting list for services. Thus, even though the waivers provide funding for essential community services for people with disabilities, these cannot be accessed unless a "slot" is available. In some state and local jurisdictions the wait for a home- and community-based waiver slot for a person with mental retardation now exceeds 15 years. Some states (most recently North Carolina) have moved to an "aggregate budgeting" approach that allows jurisdictions to add new consumers if there are funds available, without regard to the number of slots that may have been approved by the federal government in the past.

3. **Virginia's Medicaid Home and Community Based Services (HCBS) Waiver for Mental Retardation has a number of flaws that limit its utility for Arlington County,[33] including the following:**

[33] Several providers have reported that they will not accept HCBS slots, which is making it difficult for Arlington County DHS to implement the new slots awarded this year.

- **All service plans are calculated on an hour-of-service basis rather than a per diem rate**. This inhibits flexibility and provides some incentives to increase hours just to cover costs. A per diem rate would be more flexible and could save costs.
- **Virginia's Department of Medical Assistance Services (DMAS) will not approve individual plans with more than a certain number of hours.** Even though there is no federally required or approved fixed limit on hours of per person costs in Virginia's waiver approved by federal Medicaid officials, DMAS has implemented a de facto policy that limits approvals above a certain number of hours per day. People with very high service needs tend to be excluded from the waiver because of this de facto policy.
- **DMAS will not allow the hours in individual service plans to be pooled between two or more consumers, even if they are living together in the same unit**. This inhibits flexibility and could increase the per-consumer costs of services because of parallel as opposed to shared service delivery approaches. It also makes it impossible to piece together plans that provide for overnight awake coverage. Pooling hours among two or more consumers, which has been done in Massachusetts and Maryland, could permit overnight staffing where appropriate.
- **The hourly rate established by DMAS for MR waiver services is reported to be too low to attract and keep qualified staff.** A Northern Virginia differential has been considered but not yet implemented for all service types covered under the waiver.

4. **Unlike many states, Virginia has no Medicaid elderly-assisted living waiver.** Virginia's previous assisted living waiver was withdrawn by Virginia in 2000, and has not been replaced with either new waiver approaches or Medicaid in-plan services (such as personal care, adult foster care, geriatric day care, etc.). Other states (e.g., Arkansas, Illinois, Massachusetts, New York, Maine) have made good use of Medicaid Assisted Living Waivers to expand supportive housing models for elders and people with disabilities.

5. **Virginia's very restrictive nursing home level of care criteria and consequent over-reliance on assisted living facilities (ALFs) has resulted in the use of state Auxiliary Grants (SSI state supplements) as opposed to Medicaid to pay for this level of care. The amount of the Auxiliary Grant is too low (particularly in Northern Virginia, even with the Northern Virginia Auxiliary Grant differential) to sustain the necessary level and skills of staffing.** In addition, the Auxiliary Grants are tied to licensed ALFs, not to the consumers living in the facilities. An individual's service and living expenses are subsidized through an Auxiliary Grant while in the ALF, but this subsidy is lost if the individual chooses to move into permanent supportive housing or other unlicensed community setting.[34] This fact provides an additional disincentive to community-based care for elders and people with disabilities.

[34] The individual could keep an Auxiliary Grant supplement if he/she moves between licensed ALFs.

6. **There is currently no personal care option in the Virginia Medicaid plan.** In other states (e.g., New York, Massachusetts) the personal care option is used successfully for self-directed personal attendant services for people with disabilities. The personal care option can also be helpful as part of a self-directed or agency-directed plan of in-home care for elders at risk of nursing home placement. Virginia's current consumer-directed personal attendant services (CD-PAS) waiver is too limited to address the overall need for personal care/personal attendant services for people with disabilities living in supportive housing. The best option would be to add the personal care option to the state Medicaid Plan. Absent this option, the personal attendant waiver should be significantly expanded and made more flexible to foster a variety of approaches to self-direction.

7. **Virginia's Medicaid Rehabilitation Option services (in Virginia called "State Plan Option [SPO])" services for people with serious mental illness living in the community provides reasonable rates of reimbursement for necessary skills building and related community support services in the community. However, much has been learned about evidence-based and promising practices since the Virginia Medicaid SPO plan was approved by the federal government.** Several states (e.g., Georgia, North Carolina, Maine, District of Columbia, Hawaii) have received approval for new Medicaid rehabilitation option plan amendments in recent years that provide reimbursement for modern intensive case management and community support team models; expand coverage for substance abuse services; provide reimbursement for crisis response services; expand services for youth in the community as alternatives to residential treatment; and add peer supports as a covered service. The new service definitions, provider qualifications, and related requirements in Georgia, North Carolina, Maine, Hawaii and the District of Columbia are specifically designed to work well for people with mental illness or co-occurring mental illness and substance abuse living in permanent supportive housing.

TAC recommends that Arlington County DHS work with local and statewide advocacy organizations to: (a) develop a unified advocacy agenda with regard to these state issues; and (b) assess feasibility and set priorities for state legislative and administrative action. With the Comprehensive Supportive Housing Plan in place, Arlington County will be well-positioned to lead such an effort, which can be framed in part around current federal policies as noted in the federal Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grants and the federal goal of ending chronic homelessness through new permanent supportive housing.

TAC recommends four main elements to the advocacy strategy related to state Medicaid policies. The **first** should be to implement small technical state policy changes in the MR and E&D waivers that will make them feasible for use in Arlington County.[35] These changes might include a rate differential, per diem as opposed to hourly budgeting of

[35] These small technical changes will not require federal approval of new waivers or plan amendments, but the Centers for Medicare and Medicaid Services (CMS) will review new fee schedules, and does have to approve new rate setting approaches if substantially changed. The other Medicaid changes recommended in this paragraph will require full CMS review and approval.

services, and aggregate as opposed to slot-based budgeting at the County level. The **second** element would be to attain improvements to Virginia's SPO Medicaid rehabilitation plan. This will require DMAS to submit a new plan amendment to CMS for approval. The **third** element would be to add personal care as an optional service in Virginia's Medicaid state plan. The **fourth** element would be to prepare and submit a new assisted living waiver as an alternative to using ALFs with Auxiliary Grants as the only possible source of funding.

Another approach with regard to Medicaid waivers would be to recommend a sub-state waiver for Arlington County alone or for a group of northern Virginia counties. This strategy has recently been successful in the Piedmont area of North Carolina. Other states (e.g., Texas, California, Colorado) have also been successful with sub-state waivers. To do a sub-state waiver, Arlington County would probably have to accept some financial risk for the services and the eligible clientele. However, the waiver would give the County significant flexibility in how the funds are used, which should be sufficient to manage the risk. The state might be more willing to proceed with a sub-state waiver, since there would be no financial risk at the state level.

The above advocacy strategies would solve many of the funding and service barriers now present in the system of community services and supports in Arlington County. As noted above, these strategies cannot be implemented without state action, and it would be difficult, if not wrong from a policy perspective, for Arlington County to continue to subsidize the state because it fails to adequately fund these services. The fact that many other states have approved similar Medicaid strategies, plus the degree of support for Medicaid improvements evidenced by stakeholders and statewide advocates during the supportive housing strategic planning process, should increase Arlington County's chances for success with these advocacy efforts.

D. Use of Recurring LPACAP Funds for Services

As can be seen from the above discussion, the gaps and impediments in Arlington County's services for people with disabilities are primarily caused by state funding policies and priorities, and thus can only be addressed and corrected by action at the state level. These impediments to provision of evidence-based community services for people with disabilities and people who are homeless affect all citizens of Virginia, not just those residing in Arlington County. These state issues compound the already difficult problem of trying to ration scarce community service resources across numerous priority consumers with legitimate needs for services and supports.

In Chapter Five, TAC makes a number of recommendations related to the use of $475,000 in recurring LPACAP funds for services for priority consumers moving into supportive housing sponsored by Arlington County DHS. TAC recognizes that $475,000 is insufficient to compensate for the gaps in services resources and barriers to service access described above. TAC also understands that Arlington cannot and should not use LPACAP funds to relieve the state of its obligation to fund services more adequately.

TAC's recommendations for use of the limited amount of recurring LPACAP funds focus on three objectives. These are:

1. To develop sufficient service coordination infrastructure and capacity dedicated to the supportive housing initiative to assure that all tenants in or moving towards supportive housing have access to whatever tenancy-related community services and supports are necessary to sustain successful tenancy;
2. To develop and implement evidence-based service resources and delivery mechanisms that will be able to be reimbursed under the Medicaid and related policy changes described above, and which provide services mechanisms necessary to implement supportive housing services coordination strategies in Arlington County; and
3. Pending changes and improvements in state funding policies and priorities, to provide temporary, gap-filling funding for priority consumer services for which there is no other current funding source.

CHAPTER FOUR:
HOUSING STRATEGIES

I. Overview of Housing Strategies

TAC recommends that Arlington County establish a Five-Year Supportive Housing Initiative that would produce 375 – 425 new supportive housing units. These units would be in addition to the 77 units already committed. The initiative would draw on the affordable housing and support services resources identified in Chapter Three. The housing component of this initiative would rely on three basic strategies discussed in this Chapter to create and sustain a "pipeline" of new supportive housing that would be initiated over the five-year period. The services strategies are discussed in Chapter Five.

Using the three housing strategies, TAC believes that Arlington County has an excellent opportunity to create a supportive housing pipeline that would produce 375-425 new supportive housing units[36] linked with new and existing models of supportive services**.** It should be noted that these strategies are predicated on having the same basic level of housing and supportive services resources available in the future that are available today, unless otherwise noted in the discussion.

To create and sustain this supportive housing pipeline, TAC recommends the following three basic housing strategies:

Housing Strategy 1: Encourage small-scale supportive housing project development for various sub-populations. This strategy would use LPACAP funds for predevelopment assistance and capital subsidies to effectively leverage HUD supportive housing funding, including McKinney/Vento, Section 8 project-based assistance, Section 811 and Section 202 funds. **This strategy would create 115 supportive housing units over a five-year period and could accommodate the development of a 20+ unit Single Person Efficiency (SPE) project.**

Housing Strategy 2: Establish a supportive housing goal based on a portion of Committed Affordable Rental Units supported by County funds that would be designated as supportive housing and linked to the County's Housing Grants Program subsidies. **This strategy would create 185-235 supportive housing units over a five-year period.**

Housing Strategy 3: Establish a supportive housing goal based on a portion of affordable rental units negotiated through the County Site Plan process that would be set aside as supportive housing and linked with Section 8 project-based rental assistance and the County's Housing Grants Program. **This strategy would create up to 75 supportive housing units over a five-year period.**

[36] These units are in addition to the 77 units already committed.

The discussion below describes how the supportive housing pipeline will be created including the capital and subsidy resources to be targeted. It also provides a vision for the housing itself, describing what type of housing will be created and how it will operate. However, because many of these projects are not yet "on the drawing board", these descriptions should be treated as hypothetical examples based on TAC's knowledge of the resources to be used to create the housing and the Arlington County housing market.

It is extremely important to point out that virtually all of the rental housing to be created and used for supportive housing will be "generic" rental housing – that is, it will look just like any other housing that exists in Arlington County. These units will not be "facilities" but rather homes for people who need supportive housing. Some of the housing will be barrier-free to accommodate the needs of people with mobility/sensory impairments, just as some of the supply of rental housing in Arlington County is now barrier-free. Some of the units may be small (SPE) to accommodate single individuals who do not want or need the burden of a larger rental apartment.

It is the actual support services to be linked to the rental housing that will make it supportive housing – not the real estate itself. For example, a rental unit that is the home of two people with mental illness in 2005 may very well become the home of two transition-age youth in 2008 should the individuals with mental illness chose to move to another unit, move out of the County for personal reasons, or have some other change in circumstances. Not every unit will be suitable for every purpose, just as not every vacant apartment is suitable for every family looking for rental housing. It will be the responsibility of DHS to determine the best use of each property as the properties become available – taking into consideration many factors including location, design of the premises, proximity to other units for "clustering" purposes, extra bedroom(s) available for on-site staff, extra apartments for overnight staff, whether a unit can accommodate supportive housing tenants who want to live with roommates, and other factors.

Before turning to a detailed discussion of the specifics of the three housing strategies, it is important to highlight TAC's recommendations concerning the best use of LPACAP funds and the various rental subsidy programs (i.e., Section 8 project-based assistance and Housing Grants).

II. Analysis of Best Use of Remaining LPACAP Funds in Housing Strategies 1-3

Of the approximately $8.2 million of one-time LPACAP capital funding set aside to expand supportive housing, TAC and DHS have estimated that $3.1 million remains available for new projects. The challenge for Arlington County is to maximize the use of these remaining LPACAP funds as well as leverage the other housing resources and funding streams listed in Chapter Three to create and sustain a pipeline of new supportive housing activity over the next five years.

In analyzing the best use of the remaining LPACAP funds, TAC identified several priority needs for LPACAP funds to best support a supportive housing pipeline strategy:

First, TAC believes that it is very important for DHS to use some LPACAP funds to leverage HUD Section 811 and/or Section 202 supportive housing program funds. **TAC is therefore recommending a $1 million investment in LPACAP funds that could potentially bring approximately $4 million of capital and operating funds from the Section 811 and/or Section 202 programs to Arlington County. (Housing Strategy 1)**

Second, TAC recognizes the need for DHS to have the flexibility to develop a variety of housing options within a supportive housing pipeline to effectively respond to the diversity of housing needs within DHS service populations. HUD's programs, and the rental units produced through the county's affordable housing activities, may not create models of housing appropriate for every sub-population identified. **To address this need, TAC recommends that an additional $1.15 million of LPACAP funds be used as a catalyst to create additional small-scale supportive housing projects, including the possibility of developing an SPE property. For numerous reasons small-scale properties are more difficult to create through other mechanisms.[37] LPACAP funds are the only resource available to spur this type of supportive housing development. In addition to the $1.15 million mentioned above, TAC is also recommending the creation of a small scale pre-development fund using $100,000 of LPACAP capital (Housing Strategy 1).**

Third, TAC recognizes the potential need to provide a relatively small amount of LPACAP capital funding to Arlington County developers/owners as an incentive to accept project-based Housing Grants subsidies linked to County-funded Committed Affordable Units or as a condition that would apply to affordable units negotiated through the County's Site Plan process. **Toward this end, TAC recommends that the remaining LPACAP funds of $800,000 be used as a capital incentive targeting owners of existing projects with County-funded Committed Affordable Units (Housing Strategy 2).**

In summary, TAC recommends that $2.25 million of the $3.1 million in LPACAP capital funds be used to leverage small-scale supportive housing development, and $800,000 to leverage County-funded Committed Affordable Units. {NOTE: The use of the remaining $50,000 in LPACAP funding for replication of The ARC of Wisconsin pooled charitable trust model is discussed on page 64.] TAC believes that investing in small scale development gives DHS greater flexibility in creating a variety of supportive housing options to meet the needs of its diverse service populations. LPACAP funds can be used to facilitate a structured approach to small-scale development that would include: (1) LPACAP funding for predevelopment; (2) LPACAP development capital as well as other sources; and (3) project-based rental assistance. This type of small scale housing is not currently being created in Arlington's County's difficult real estate development environment.

There are insufficient LPACAP funds to provide a capital incentive to all developers/owners of Committed Affordable Units under Housing Strategy 2 and Housing Strategy 3 to accept

[37] For example, the County's relatively small pro-rata calculation for funding in HUD's Continuum of Care competition means that only 10 project-based S+C subsidies can be funded each year – an insufficient amount of resources to develop an SPE. HUD's Section 811 program will not support the creation of transitional housing. County-funded affordable rental units in larger developments may not be appropriate for some DHS clients with the most severe disabilities.

commitments of project-based Section 8 or Housing Grant subsidies to create supportive housing. For this reason, TAC is recommending that the remaining LPACAP funds ($800,000) first be targeted to owners of existing projects with County-funded Committed Affordable Units. Should additional LPACAP capital funding become available, TAC recommends that it also be targeted for this purpose and/or used to leverage additional small scale supportive housing development under Housing Strategy 1. Small capital grants of $10,000 - $20,000 per unit should be sufficient to attract developers of Committed Affordable Units and secure the commitment through the project's financing to accept the project-based subsidy.

III. Analysis of Best Use of Rental Subsidies

As stated in Chapter Three, Arlington County has three possible sources of rental assistance (HUD Section 8 project-based rental assistance, HUD McKinney/Vento Shelter Plus Care, and Arlington County Housing Grants) to ensure that all supportive housing units are affordable to people with the lowest incomes. There are not enough units within the two HUD programs to sustain a supportive housing strategy over a five year period, even if all of the Section 8 project-based assistance capacity of 223 units is utilized. It is clear that the Housing Grants program will be needed to supplement the HUD resources if a substantial number of new supportive units are to be created.

While Arlington County is indeed fortunate to have the Housing Grants program, it also has its limitations with respect to a supportive housing pipeline. First, the Housing Grants program in its current form does not have a project-based component and, therefore, cannot currently be used to make multi-year project-based commitments. Second, the Housing Grants program may pay less of a subsidy to a developer/owner than either the Section 8 or Shelter Plus Care programs.

TAC recommends that Arlington County modify the Housing Grants Program to include a "look-alike" project-based supportive housing component modeled after Section 8, which would be targeted to units in the Arlington County supportive housing pipeline. The project-based component would include the option of entering into a long-term contract (i.e., five- to ten-year initial contract with the County's option to extend) with an owner of rental housing to set aside a specific number of units to be dedicated to supportive housing and subsidized through the Housing Grants Program. These project-based Housing Grants subsidies would be used in a targeted fashion to create permanent supportive housing.

However, should a project-based Housing Grants program not be created, TAC recommends the following approach for the use of HUD Section 8, HUD Shelter Plus Care, and the existing Housing Grants Program:

- **TAC recommends that the County's limited supply of Section 8 project-based assistance and Shelter Plus Care rent subsidies (which can set rents at 100 percent and 110 percent of the Fair Market Rent) be dedicated to: (1) small-scale supportive housing developed with LPACAP capital funds described in Strategy #1 above; and (2) supportive housing units negotiated through the County's Site**

Plan process included in Housing Strategy 3 above. TAC believes that the higher rents and longer-term commitments that can be made with Section 8 project-based assistance and S+C may be necessary to leverage supportive housing units from developers using the site plan approval process. Small-scale projects developed with LPACAP funding may need Section 8 project-based set at 110 percent rents in order to be financially feasible.

- **If a project-based Housing Grants program cannot be made available for supportive housing, TAC recommends that the current Housing Grants program should be used to support the ongoing rental assistance costs associated with supportive housing units developed through the County-funded pipeline of Committed Affordable Units.** This recommendation is based on two considerations: (1) Committed Affordable Units are created by non-profit developers who receive other commitments of county capital funding through AHIF. These developers have a greater incentive to accept the linkage of Housing Grants for supportive housing purposes; and (2) Non-profit developers are likely to have had experience with the Housing Grants program and may be less concerned about the program's limitations. Nonetheless, a project-based Housing Grants program is still the preferred approach.

The detailed discussions of Housing Strategies 1 – 3 presented below incorporate the specific recommendations for the use of LPACAP capital resources and rent subsidies discussed above.

IV. Housing Strategy 1 – Small-Scale Supportive Housing Development

TAC recommends that Arlington County DHS encourage small-scale supportive housing project development for various sub-populations using LPACAP funds (predevelopment assistance and capital subsidies) to effectively leverage HUD supportive housing funding, including McKinney/Vento Shelter Plus Care subsidies, Section 8 project-based assistance, Section 811 funding and (if HUD's prohibition on Assisted Living Facilities is eliminated) Section 202 funds**.** This strategy would create 115 supportive housing units over a five-year period and could accommodate the development of a 20+ unit Single Person Efficiency project.

This housing strategy will be the most challenging for Arlington County to implement but also may be the most important. Not all supportive housing can be sited in the large rental housing complexes that form the basis for Strategies 2 and 3. Some supportive housing should be located in smaller-scale settings, including single family homes, smaller rental housing complexes of 4-12 units, or possibly a small Single Person Efficiency-type project if a suitable property can be identified. This strategy also supports the possibility that: (1) vacant land could be identified that would be suitable for small-scale housing development; and (2) vacant or deteriorating buildings could be identified as possible properties for rehabilitation as supportive housing.

Because of the extremely high underlying land values in Arlington County, TAC recommends that any county-owned or controlled land and/or buildings potentially available be considered as suitable for small-scale supportive housing development

through Housing Strategy 1. With the availability of low/no cost land or buildings, the other resources identified for this strategy can easily be leveraged.

A. The Vision for the Supportive Housing Created Through Housing Strategy 1

The vision for the housing to be created through Housing Strategy 1 could include the purchase of larger single family homes that, if needed, could be modified or used as group homes or as shared housing that could be either transitional or permanent (see page 61 for discussion of shared housing). If shared housing is preferred for supportive services programmatic reasons, each resident should have their own bedroom. A small rental project consisting of 20+ efficiency apartments could also be created – either through rehabilitation or new construction. Two small-scale four-unit buildings could be developed on one site (an ideal model for Section 811 funding) including one apartment set aside for staff. Some of the units created through this strategy would be efficiency, one-bedroom, and two-bedroom units. However, if small single family homes are purchased and rehabilitated, three- to four-bedroom supportive housing properties are also possible.

Residents of the housing developed under this strategy would pay no more than 40 percent of their income for rent and most would pay 30 percent of income ($165-$170 per month currently for persons receiving SSI). TAC recommends that all residents also have leases or occupancy agreements. Group homes developed through this strategy using HUD's Section 811 Supportive Housing Program would be required to use a lease. A month-to-month occupancy agreement consistent with local landlord/tenant law could permit this supply of housing to be used as transitional housing.

B. The Four Components of Housing Strategy 1

Component #1 – TAC recommends that DHS facilitate an application by a non-profit organization for Section 811 funds each year for the next five years. TAC expects that with the appropriate pre-development support to the non-profit sector, as many as three projects would be funded over the five-year period. Depending on the availability of sites suitable for small-scale housing development, the Section 811 program could provide up to 24 units of one-bedroom rental housing on one-site. If Arlington County determines it is appropriate, a five- to six-person Group Home could also be developed. TAC estimates that Section 811 resources could create at least 30 supportive housing units for people with disabilities over the next five years

To help obtain these HUD supportive housing funds, TAC recommends that DHS set aside $1,000,000 of LPACAP funds to combine with Section 811 projects. This DHS investment of LPACAP funds would help to leverage the HUD development capital (approximately $2.5 million or $75,000-$100,000 per unit dependent upon cost limits) Operating subsidy funds would also be provided by HUD through a five-year renewable Project Rental Assistance Contract worth approximately $1.2-1.5 million for 30 units over the initial five-year term. In all, the DHS investment would bring approximately $4 million of additional HUD supportive housing resources to the County.

TAC recommends that DHS systematically recruit and work with potential non-profit sponsors of Section 811 projects by actively soliciting developers to apply for 811 funding through a Request for Proposals (RFP). The RFP would offer capital resources, predevelopment assistance, and technical assistance to one non-profit agency selected each year. This RFP process should be scheduled annually (by early fall at the latest) to give DHS the time needed to evaluate responses effectively, make a conditional award of the LPACAP capital funding, and assist the selected developer(s) in their application for Section 811 funds. The Section 811 NOFA is typically published by HUD in early spring and applications are usually due in the early summer. DHS with the active assistance of the County's Housing Division could develop a joint proposal review process with clear threshold and ranking criteria to guide the systematic evaluation and selection of potential projects to be submitted to HUD.

Component #2 – TAC recommends that the Arlington County's Continuum of Care pursue five-year project-based S+C subsidies in an effort to create more dedicated small-scale supportive housing projects. As mentioned earlier in the resources section, TAC estimates that Arlington County can access up to 10 Shelter Plus Care units per year over the next five years – for a total of 50 units – based on its HUD pro rata need, fair market rents, and current HUD policies. TAC recommends that DHS staff work with non-profit developers to identify appropriate sites as well as additional capital subsidies that would be needed to make these projects feasible. For example, a grant or deferred loan from Virginia DHCD's targeted HOME funds to support housing for the chronic homeless could be combined with the Federal Home Loan Bank's Affordable Housing program grant and County AHIF funds to provide the capital to complete the financing for S+C project-based supportive housing.

If additional capital subsidies are not feasible, these S+C project-based rent subsidies should be targeted to larger projects with committed affordable rental units supported by County funds.

Component #3 – In addition to HUD's Section 811 and S+C programs, TAC also recommends that DHS sponsor the development of three to four small-scale rental projects. These projects will range from 4-12 units in size creating an additional 35 units over a five-year period. This strategy could also accommodate the financing of a small 20+ unit SRO project. TAC recommends targeting $1.15 million of LPACAP funds ($32,000 - $37,000 per unit) in capital subsidies to support these units. To ensure affordability and lower the capital subsidy needed, TAC recommends that these projects must be supported by Section 8 project-based assistance or possibly the S+C project-based subsidies referenced above.

During the past six months, TAC learned that this type of project is not being created by the development community. TAC feels that these projects are needed but can only be created if DHS systematically acts as a catalyst offering capital subsidies (LPACAP), Section 8 project-based assistance, predevelopment assistance (LPACAP), and follow-up technical assistance. DHS, with the active assistance of the County's Housing Division, could develop an RFP and joint review process with clear threshold and ranking criteria to guide the systematic evaluation and selection of projects. These small-scale supportive housing

projects could target a number of identified needs for supportive housing among certain disability sub-populations.

Component # 4 – In an effort to support non-profit developers in pursuing these small projects, and to promote innovation in Arlington County's supportive housing approach, TAC also recommends that DHS use LPACAP funds to support a variety of predevelopment activities. First, TAC recommends that DHS create a predevelopment fund of approximately $100,000 to support a variety of predevelopment activities (i.e., searching for appropriate sites, environmental testing, architectural costs, etc.). As much as possible, this predevelopment assistance should complement the predevelopment program of the Housing Division of the County's Department of Community Planning, Housing, and Development. For example, it could be targeted to smaller non-profits who typically do not receive pre-development funding from the County. DHS should work collaboratively with Arlington's Housing Division to establish a joint evaluation process for awarding these predevelopment funds. Ideally, the predevelopment assistance could subsequently be "recaptured" through the project's permanent housing financing and used for another project. Predevelopment requests should be managed through the same competitive RFP and joint review process mentioned above. DHS should develop a strict process to evaluate the viability of projects that request funds to ensure that these funds act as a catalyst in creating new supportive housing units.

In addition to predevelopment assistance, DHS and Housing Division staff should provide technical assistance throughout the predevelopment process. TAC recommends that DHS and the Housing Division work collaboratively to provide technical assistance that focuses on assisting developers in accessing other divisions of County government, such as assisting developers to identify tax foreclosed properties, Arlington County surplus land or underutilized public property that may be able to be packaged to create permanent supportive housing.

V. Housing Strategy 2 – Creating Supportive Housing with Committed Affordable Rental Units Supported by County Funds

Under Housing Strategy 2, TAC recommends that Arlington County establish a five-year goal of 185-235 supportive housing units through the targeting of Committed Affordable Rental Units supported by County AHIF funds. Supportive housing units would not necessarily be created in each project seeking County AHIF funding. However, TAC recommends that one-fifth of the goal be met each year from projects receiving County funds. Based on approximately 20 percent of the new Committed Affordable Units being designated each year as supportive housing, TAC estimates that approximately 185 supportive housing units could be created over a five-year period. An additional 50 supportive housing units could be obtained by marketing to existing Committed Affordable Unit owners to convert a small percentage of this affordable housing stock to supportive housing. **TAC recommends that all new and existing supportive housing units created by targeting Committed Affordable Units be linked to either tenant-based or project-based County Housing Grants Program subsidies.**

According to *Arlington County's Goals and Targets for Affordable Housing* (December 2003), this amount of supportive housing should be achievable over a five-year period. The County projected that it could create 185 affordable rental units each year at 60 percent of the area median income (AMI) rents or less with County capital subsidies, or a total of 925 units over five years. TAC recognizes that these units represent the primary pipeline of new affordable rental units being created by the County and believes it is appropriate that a fair share of these units be dedicated to supportive housing for the County's most vulnerable low-income citizens.

As stated above, to reach the five-year goal of 235 units, owners of existing Committed Affordable Units must be targeted to create an additional 50 units. **TAC recommends that DHS actively market/solicit projects with existing Committed Affordable Units supported by County funds to dedicate a specific number of these units as targeted supportive housing units.** DHS marketing efforts should focus on mission-driven non-profit multi-family rental housing owners. DHS should work closely with Arlington's Housing Division in this marketing effort to identify and engage owners with attractive, well managed rental housing.

TAC recognizes that these existing Committed Affordable Units will need to be affordable to people with disabilities and thus should have some type of rent subsidy. Based on the analysis of the best use of rental subsidy funding presented above, TAC recommends that the County's Housing Grants Program or possibly project-based S+C subsidies – rather than Section 8 project-based assistance subsidies – be strategically linked to existing Committed Affordable Units. However, DHS staff may need the incentive of a longer-term project-based contract (e.g. a new five-year renewable project-based Housing Grant) as well the County's moral authority to target existing units as permanent supportive housing.

In a "best case" scenario, there would also be a clear benefit to provide a capital subsidy of approxi$10,000 - $20,000 per unit from LPACAP funds to provide the proper incentive for new and existing developers of Committed Affordable Units to designate units as supportive housing. **Therefore, TAC recommends targeting $800,000 of LPACAP capital resources to provide incentives to owners of existing housing of Committed Affordable Units. If additional LPACAP capital funds become available at a later date, TAC recommends that they be used: (1) as an incentive to target Committed Affordable Units as supportive housing; and/or (2) as additional capital to leverage small scale development in Housing Strategy 1.**

The Vision for the Supportive Housing Created through Housing Strategy 2

The supportive housing created through Housing Strategy 2 would primarily be permanent supportive housing, although with an appropriate month-to-month occupancy agreement it may be possible to use Committed Affordable Units as transitional housing. The units would be located primarily in larger multi-family rental housing developments, much like the Committed Affordable Units that are currently in the County's supply. The units could be efficiency, one-, two- or three-bedroom units depending on the needs DHS has identified. For example, two-bedroom units could accommodate one supportive housing tenant and live-in staff such as a personal care attendant, or an overnight staff person. A three-bedroom unit could accommodate two related or unrelated people in need of supportive

housing plus overnight staff or three unrelated supportive housing residents who receive mobile supports. Two- and three-bedroom units could accommodate transitional housing for families or for youth aging out of foster care. Units could be "clustered" together to provide more efficiency for staff. One unit in a cluster could be used entirely for staff[38] if an intensive level of on-site supportive services is needed.

All supportive housing residents residing in Committed Affordable Units provided through Housing Strategy 2 would pay no more than 40 percent of their income for rent and most would pay 30 percent (currently $165-$170 per month for persons receiving SSI). All units used as permanent supportive housing would have leases that provide the rights of tenancy. A month-to-month occupancy agreement consistent with local landlord/tenant law would permit this supply of housing to be used as transitional housing, based on the concurrence of the owner/property manager.

VI. Housing Strategy 3 – Units Negotiated Through the County Site Plan Process

Under Strategy 3, TAC recommends that Arlington County establish a five year goal of 75 supportive housing units being negotiated through the County's Site Plan process. These units would be rental units linked with Section 8 project-based rental assistance and the County's Housing Grants Program. TAC estimates that this strategy could create up to 75 supportive housing units over a five-year period.

In December of 2003, the Arlington County Board, recognizing that the County must be proactive in providing affordable housing, adopted *Arlington County's Goals and Targets for Affordable Housing*. The development of these goals was seen as a critical step in the County's multi-year effort to preserve and expand affordable housing. Balanced Assistance Goal #1 of that document envisions use of the Arlington County Site Plan process to help expand housing for people with disabilities.

According to recent figures provided by DHS and the Arlington County Planning Division, of the site plan projects approved and already in construction, 43 percent are rental housing and 57 percent are condominiums. As of September of 2004, 57 percent of projects approved but not yet in construction are rental housing (2,851 units) and 43 percent are condominiums (2,174 units). According to discussions with Arlington County's Housing Division, because of dynamics in the current real estate market it is expected that the number of affordable condominium units produced will exceed the number of affordable rental units provided through the site plan process.

Affordable condominium properties are one component of Arlington County's effort to foster a diverse and inclusive community. However, the ongoing costs (i.e., monthly condo fees and periodic assessments for capital improvements) of condominium ownership make condominium units less feasible to target for supportive housing. Localities that have attempted to take advantage of the affordable condominium market have learned that non-profit owners have had great difficulty financing these ongoing expenses.

[38] Units occupied exclusively by staff could not be subsidized with Section 8 assistance.

It is realistic to assume that Arlington County's Site Plan process will continue to create some number of affordable rental housing units. TAC recommends that a five-year, 75-unit goal be created to ensure that a reasonable proportion of these rental units be designated as permanent supportive housing. If the site plan approval process produces approximately 500 affordable rental units over the next five years, the 75-unit target for supportive housing would be consistent with the 15 percent goal adopted for persons with disabilities in *Arlington County's Goals and Targets for Affordable Housing*. This goal would not necessarily be applied to each rental project obtaining site plan approval, but the goal could be met over the five-year period.

These supportive housing units will need to be affordable to people with disabilities and thus should have some type of rental subsidy commitment. Based on the analysis above, **TAC recommends that Section 8 project-based assistance should be targeted to projects receiving Site Plan Approval with negotiated supportive housing units to the extent possible (a "look alike" project-based Housing Grant subsidy could also be used if available).** The Section 8 project-based assistance rents provide a built in financial incentive offering up to 110 percent of the Fair Market Rent (e.g., $1,113 for a one-bedroom unit), significantly higher than the 60 percent AMI rent level. This higher rent level could still meet Section 8 "rent reasonableness" requirements and could be an added incentive for developers. **If Section 8 project-based assistance vouchers are not available, TAC recommends using project-based Housing Grant subsidies.**

The Vision for the Supportive Housing Created through Housing Strategy 3

The supportive housing created through Housing Strategy 3 would also primarily be permanent supportive housing. If transitional housing is planned for affordable units receiving site plan approval, TAC recommends that the County's Housing Grants Program be used rather than Section 8 project-based vouchers, which cannot be used for transitional housing purposes. As in Housing Strategy 2, the units could be located primarily in larger multi-family rental housing developments. The units could be efficiency, one-, two- or three-bedroom units depending on the needs DHS has identified. The same unit configurations referenced in Strategy 2 above could apply (i.e., clustered units, shared units) to the units produced through the site plan process.

All supportive housing residents residing in these targeted supportive housing units provided through Housing Strategy 3 would pay approximately 30 percent of their income for rent (currently $165-$170 for persons receiving SSI). All units used as permanent supportive housing would have leases that provide the rights of tenancy. A month-to-month occupancy agreement consistent with local landlord/tenant law would permit this supply of housing to be used as transitional housing, based on the concurrence of the owner/property manager.

VII. Arlington County's Supportive Housing Initiative – A "Best Practice" Replication

Taken as a whole, these three basic strategies are a replication of the Structured Supportive Housing Initiative "best practice" that TAC has identified as feasible for replication in Arlington County. Housing Strategy 1 ensures that small-scale supportive housing production will provide DHS with a variety of permanent supportive housing options as well

as leaving open the possibility for new congregate or group settings should DHS determine they are needed to address the unique needs of certain sub-populations. Housing Strategy 2 and Housing Strategy 3 will produce a regular supply of new supportive housing units that are generated as a component of Arlington County's broader affordable housing goals and targets. Depending on the type of rent subsidy[39] and supportive services provided, these rental units could operate either as transitional housing or as permanent supportive housing. A Summary of Housing Strategies 1-3 is provided in Table 10 on page 63.

[39] Section 8 rent subsidies can only be used to provide permanent housing.

Table 10
Summary of Housing Strategies #1 – 3

	Supportive Housing Units	Capital Subsidies	Operating Subsidies
Housing Strategy 1 – Small-Scale Supportive Housing Development			
McKinney/Vento Projects	50 units	State and County Resources Predevelopment funding	50 Shelter Plus Care project-based subsidies
Section 811 Development Projects	30 units	$1 million LPACAP funds Predevelopment funding	30 Section 811 PRAC subsidies
Other Small-Scale Supportive Housing Projects	35 units	$1.15 million LPACAP funds Predevelopment funding	35 Section 8 project-based subsidies
Housing Strategy 2 – Affordable Rental Units Supported by County Funds	185 – 235 units	$800,000 of LPACAP funds targeted to existing projects Possibility of future LPACAP funds to attract developers	185 – 235 project-based Housing Grants subsidies
Housing Strategy 3 – Affordable Rental Units Negotiated through the County Site Plan Process	up to 75 units	Possibility of future LPACAP funds to attract developers	62 Section 8 project-based subsidies 13 project-based Housing Grants subsidies
Summary Supportive Housing Initiative	**375 – 425 units**	**LPACAP funds: $2.95 million plus $100,000 in predevelopment funds** **Future LPACAP funds (if available)**	• **97 Section 8 project-based subsidies** • **197 – 248 project-based Housing Grants subsidies** • **50 project-based Shelter Plus Care subsidies** • **30 Section 811 PRAC subsidies**

VIII. Complementary Housing Strategies

In addition to the three basic strategies recommended above, TAC is recommending four complementary housing strategies that are based on the "best practices" identified as replicable in Arlington County. TAC has deemed these strategies to be complementary because, in most instances, they can be used in conjunction with the 375-425 supportive housing units produced in Strategies #1 – 3 described above.

A. Pooled Charitable Housing Trust

TAC also recommends that DHS dedicate $50,000 of one-time LPACAP funds to support the replication of the Wisconsin Arc Pooled Charitable Trust program (please refer to the Best Practices Examples in Appendix F). In this emerging best practice, a non-profit organization pools family assets or family home(s) in a trust. The non-profit is responsible for owning and/or managing the housing on behalf of a disabled person who lives in the home alone or with other disabled persons. Beyond the life of the disabled person, the housing could remain in the trust to be made available to other low-income people with disabilities if the family so desires.

This program may hold great promise for the future of Arlington County's supportive housing agenda if there are a sufficient number of families interested in dedicating some of their assets – including the family home – to ensure housing for their disabled family member. The LPACAP funding could support some of the legal analysis of the trust laws in Virginia that is needed to determine whether the Wisconsin model could be replicated in Arlington County. However, prior to this legal analysis, TAC recommends that Arlington County officials conduct a survey to gauge the amount of interests among parents and family members of people with disabilities to developing such a program. The interest and willingness of families is critical to the investment of these funds, since much of the work done in Wisconsin to develop this approach was un-funded volunteer work from families with expertise in real estate, finance, and the Wisconsin trust laws.

B. Shared Housing/Unrelated Disabled Households Model

TAC recommends that the DHS Section 8 voucher program include policies that proactively market and encourage the use of non-traditional living situations through the shared housing and unrelated disabled households[40] models permitted by HUD Section 8 regulations and guidance (see Appendix F for more information). TAC understands that Arlington's Section 8 voucher program currently includes a policy allowing for certain special housing types, such as shared housing, as a reasonable accommodation for people with disabilities. Under the shared housing model, a Section 8 voucher is given to one household that may then choose to use the voucher in a roommate situation, which could be another person with a voucher, or a person without any rental assistance. For example, a person with a disability could receive a voucher and share a two-bedroom apartment with a non-disabled roommate who does not have a voucher. In this situation, the voucher subsidy would be applied towards the voucher-holder's share of the rent (presumably 50 percent of the rent charged

[40] HUD Section 8 regulations and policies use the term "households" to refer to both individual voucher holders and families with voucher.

by the owner) rather than the rent for the entire unit. TAC recommends the DHS Section 8 program continue to maintain this policy working with service providers and advocates to proactively market this option for people with disabilities. It is important to note that, according to HUD regulations, DHS would not be required to offer the shared housing model to non-disabled Section 8 households – only to disabled households[41] as a reasonable accommodation.

Although in practice, the unrelated disabled household model seems similar in that it allows people with disabilities to share housing with other people with disabilities, it is structured differently. According to Section 8 regulations, the definition of a disabled household includes two or more unrelated disabled adults living together (with or without a needed live-in aide). Using this definition, one Section 8 voucher can be given to a household that is comprised of adults with disabilities who are not related to each other. By facilitating the use of vouchers by unrelated disabled individuals who become one household for Section 8 purposes, DHS could maximize its Section 8 voucher budget authority while serving a greater number of people at a lower cost.

TAC understands that Arlington's Section 8 program currently recognizes unrelated disabled households in administering the Section 8 program. TAC recommends that Arlington continue to maintain and expand the use of unrelated disabled households by working with service providers and advocates to proactively marketing this type of living situation with people with disabilities who have a Section 8 voucher. This effort will better serve the individual housing needs of disabled persons who may choose to live in a roommate situation as well as maximizing Arlington's Section 8 budget authority. For additional information, please refer to the Best Practices Examples in Appendix F for a description of a successful effort in Anne Arundel County, Maryland.

C. Housing First

TAC recommends that DHS pursue the establishment of "housing first" project(s) providing permanent supportive housing to chronically homeless individuals in Arlington. The housing first approach is designed to move people who are chronically homeless directly from the streets, shelters, or hospitals into permanent supportive housing. The model is based on the idea that vulnerable and at-risk homeless individuals are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or residential programs. With permanent housing, these homeless individuals can begin to regain the self-confidence and control over their lives they lost when they became homeless.

For over ten years, the housing first methodology has proven to be a practical means of ending homelessness. The housing first approach can either be set up as a tenant-based strategy, providing a mobile rent subsidy (typically either Section 8 vouchers or Shelter Plus Care subsidies) to the homeless person, or a project-based strategy where a specific unit is provided to the homeless person. In both settings, supportive services are offered to the tenant, but are not a condition of tenancy. For additional information, please refer to the

[41] According to HUD regulations, disabled households are defined as a family whose head, spouse, or sole member is an adult with a disability.

Best Practices Examples in Appendix F where two very successful programs are described – Pathways to Housing (tenant-based model) in New York City and Direct Access to Housing (project-based model) in San Francisco. TAC recommends that Arlington County working with a development partner to pursue a Housing First project-based model as one of its small-scale permanent supportive housing projects recommended in Strategy #1 described above. TAC further recommends that Arlington County take advantage of the Virginia Department of Housing and Community Development's HOME set-aside for permanent supportive housing serving chronically homeless individuals. The residents of the housing should be offered supportive services from a Program of Assertive Community Treatment (PACT) team providing 24 hour/ 7 day per week supports in order to be successful.

D. Adopt Bridge Subsidy Policies Within DHS Housing Grants Program

TAC recommends that DHS adopt Bridge Subsidy policies within its Housing Grants Program to facilitate the movement of participants of the Housing Grants Program to the Section 8 Housing Choice Voucher program. Bridge Subsidy policies applicable to the Housing Grants program would include the following:

1.) Participants of the Housing Grants Program would be <u>required</u> to apply for the Section 8 Housing Choice Voucher program and maintain their position on the Section 8 waiting list (currently the program encourages but does not require that a participant apply for Section 8 assistance);
2.) Units being considered for support under the Housing Grants Program undergo an inspection identical to HUD's Housing Quality Inspection used by the Section 8 program; and
3.) Landlords that accept a tenant with a voucher from the Housing Grants Program would agree to accept a Section 8 voucher when one becomes available.

In addition to facilitating the movement of people from the Housing Grants Program to the Section 8 program, these bridge-like policies can also help the Arlington County use their Section 8 vouchers more quickly because people obtaining the Section 8 voucher would be "leasing in place." The DHS Section 8 program may also help facilitate the Section 8 application process for Housing Grants participants as well as provide reasonable accommodation (if appropriate because of disability) to Housing Grants participants when needed to qualify under Section 8 screening criteria.

Table 11
Summary of Complementary Housing Strategies

Complementary Housing Strategies	Supportive Housing Units	Capital Subsidies	Operating Subsidies
• Proactively support the use of the Shared Housing/ Unrelated Disabled Household Models in Arlington County's Section 8 Program. • Encourage the development of the Housing First Project(s) to serve chronically homeless individuals in Arlington County. • Adopt Bridge Subsidy Policies within DHS Housing Grants Program.	Supportive housing units produced in Strategies 1-3 described above	$50,000 to support the Pooled Charitable Housing Trust	None

CHAPTER FIVE:
RECOMMENDED SERVICE STRATEGIES

I. Introduction: General Approach to Service Delivery Models and Resources

As new supportive housing units become available for occupancy, it will be essential to match service funding with the people who will occupy the supportive housing in a way that meets these individuals' needs and choices, and in ways designed to foster successful tenancy. The permanent supportive housing developed under this Plan will primarily be scattered-site with independent apartments. Some supportive housing units may be shared, and some units may be clustered in larger developments, but permanent supportive housing with rights of tenancy will be the basic model for housing. This means that for the most part the service delivery model will be:

- Mobile, as opposed to site-based;
- Consumer driven, as opposed to site or program driven;
- Competent to serve a variety of disability populations across a variety of funding streams; and
- Able to facilitate consumer access to a variety of mainstream benefits and community resources in addition to those delivered or contracted by DHS.

DHS has already identified almost 400 discrete individuals who are a priority to occupy the supportive housing units as they become available. Many of these individuals are already receiving services of some kind, albeit not always the amount or type of services desired. Some of these existing services can assist people to prepare for transition into permanent supportive housing, and can continue to support them once they have moved. However, it will be necessary for DHS to reconfigure and redeploy existing service resources to provide the mobile and flexible supports necessary to assure successful tenancy and community living.

Continued improvement of existing services within the DHS systems of care is both necessary and desired. Conversion and re-deployment of resources is necessary because it is likely that new service resources will continue to be scarce, even if the Medicaid and related policy changes described in Chapter Three are attained. Conversion of current service models is also desirable because DHS is intent on implementing evidence-based and promising practices across its multiple systems of care. Permanent supportive housing is a cost effective evidence-based paradigm that works best in systems of care that employ evidence-based community service and support practices. The principles of habilitation and rehabilitation, recovery, resiliency, consumer-direction, and independent community living are the drivers of service system change at the program and clinical levels as well as in the housing arena. Thus, current Arlington County service modalities will evolve and change towards best practice models where appropriate to meet County policy goals and to support tenants in permanent supportive housing.

One key element of the service strategies associated with the supportive housing strategic plan will be the use of recurring LPACAP funds. TAC has assumed that $475,000 of ongoing LPACAP funds will be dedicated to the services strategies recommended in this section. However, we must emphasize that the LPACAP ongoing funds are not sufficient to resolve the gaps in funding and related financial impediments identified in Chapter Three. Arlington County already uses substantial local funds to compensate for gaps in state funding, and this reduces the pressure on the state to change its funding policies and priorities. Thus, our recommendations for use of ongoing LPACAP funds are directed toward service delivery system and infrastructure development necessary to assure service coordination for tenants in supportive housing and to leverage existing and new resources when these become available.

II. Specific Supportive Housing Service Strategies

Successful implementation of supportive housing service strategies in Arlington County depends on:

- Maximum Medicaid and SSI participation for priority consumers who will become tenants of supportive housing;
- Maximum access to other mainstream benefits such as Food Stamps, TANF, etc.;
- Maximum access to other County and community-based services, such as Comprehensive Services Act (CSA)-funded services for transition age youth up to age 21, employment and vocational rehabilitation services through the County's One-Stop Center, and tuition waivers for education;
- Maximum use of auxiliary grants in combination with Medicaid for ALF level of care;
- Where applicable, use of HUD Section 811/202 operating subsidies for site-based service coordination; and
- Maximum use of Section 8 and Housing Grant subsidies to ensure that services funding is not used for housing costs and that affordability is not a barrier to permanent housing and community tenure.

TAC recommends seven strategies for DHS services designed to support and facilitate the supportive housing development strategies outlined in Chapter Four. The services strategies all depend to a greater or lesser degree on constant and successful advocacy with state officials and the Legislature to attain the policy and funding changes outlined in Chapter Three. These seven service system strategies are:

Service Strategy 1: Create a Supportive Housing Coordination Unit to provide supportive housing services coordination within DHS. The unit will provide supportive housing services coordination for all DHS consumers living in supportive housing regardless of their disability;

Service Strategy 2: Establish an up-to-date clearinghouse of affordable and accessible housing resources for priority DHS supportive housing consumers;

Service Strategy 3: Establish a flexible pool of funding to temporarily pay for services that cannot currently be paid for with current mainstream federal/state/county program resources for tenants in supportive housing;

Service Strategy 4: Expand and enhance mental health community support teams, and have these teams, in concert with the Program for Assertive Community Treatment (PACT) team, become the primary service/support system for adults with mental illness or co-occurring mental illness and substance abuse (including those who are homeless or chronically homeless);

Service Strategy 5: Employ currently available sources of funds to develop supportive housing services for transition age youth;

Service Strategy 6: In the course of re-contracting for mental health and MR/DD residential services, consider strategies to provide financial incentives to providers to convert programs and/or expand capacity to serve people in permanent supportive housing and to increase Medicaid revenues for community-based services;

Service Strategy 7: Enhance DHS capacity for supportive housing administration, training and quality improvement.

These recommended strategies are intended as to foster cross-system, multi-disability and multi-funding stream services. However, this cross-disability approach is not intended to diminish the degree of clinical and programmatic expertise necessary to appropriately meet the service needs and choices of people with specific disabilities. It is expected that the skills and interests of program staff to move towards cross-disability service modalities will develop over time, and will be enhanced by working with the supportive housing coordination function within DHS. This evolutionary approach is discussed in greater detail below.

III. Service Strategy 1: Establish a Unified Supportive Housing Services Coordination Unit

TAC recommends that DHS commit $200,000 of ongoing LPACAP funds to establish a centralized, cross-disability unit with specific responsibility for supportive housing services coordination. This unit would be lead by a senior Supportive Housing Services Coordinator. The organizational reporting relationship would be determined by the DHS Director. Additional supportive housing coordination staff are likely to be necessary by the end of the first year of implementation. LPACAP funds are expected to be necessary to implement the supportive housing service coordination unit, but as will be discussed below, there is some potential to receive Medicaid reimbursement for some of the functions to be provided by this staff unit.

A fundamental principle of supportive housing is that, in most cases, the housing itself can serve people with a variety of different disabilities, needs and service choices. With the notable exception of barrier-free housing, the services and supports that individual tenants in the housing need and choose are what make the environment unique, not the design, construction or amenities of the tenant's unit. Even transitional or congregate housing

settings can be suitable for a variety of different service populations. Because the housing component is generic or multi-use by design, supportive housing presents many opportunities for cross- or multi-disability service strategies. These strategies have the potential over time to assist the County to be more responsive to individual consumer needs and choices while at the same time being more efficient and cost effective.

In the context of opportunities for cross disability service modalities, it is recognized that individuals with specific disabilities have certain differing programmatic and clinical needs, and respond best to individually tailored practice approaches. Also, people with differing disabilities are eligible for different types of services through a variety of categorical funding streams and service access criteria. In addition, there are certain evidence based or promising practices that are designed solely for people with defined clinical diagnoses and functional needs. In supportive housing service models, these client population and service modality differences must be represented and respected as individualized service plans are developed and service delivery approaches are implemented.

The common thread – the unifying force that binds all these differing service needs and approaches together is housing-specific services: housing search and lease negotiation; tenancy supports; tenant-landlord negotiations; eviction prevention; etc. This unifying force is intended in the future to foster appropriate communication, collaboration, cross-training and cross credentialing among the providers and practitioners serving Arlington County's priority disability populations.

The recommended unified housing support coordination approach for Arlington County is also based on the realities of "getting from here to there" with respect to systems change. The entire system of housing services and supports will be undergoing change, but that change is evolutionary rather than revolutionary. The pace of evolution will be based on a number of factors, including:

- The timing of new housing units becoming available for occupancy;
- The implementation of service policy and financing changes at the state and federal levels;
- The opportunities for change presented by County DHS business practices (e.g., the cycle for re-bidding and re-contracting certain DHS services); and
- Internal and external forces that influence service population priorities and their attendant housing and service options (e.g., the federal initiative to end chronic homelessness).

Based on these environmental factors, and the realities of implementing system change in complex and interactive systems of care and financing schemes, TAC recommends that DHS hire or appoint a senior staff person to function as the Supportive Housing Services Coordinator. We recommend that the Supportive Housing Services Coordinator be located centrally on the Table of Organization of DHS. Locating this position centrally within DHS serves three purposes. First, it assumes close linkage with the DHS Housing Coordinator and emphasizes that the essential functions are housing-related. Second, it emphasizes the cross-disability nature of the supportive housing initiative. Third, it emphasizes the

importance of flexible service team-building around individual tenant needs and choices utilizing existing mainstream service resources within Arlington County.

This Supportive Housing Services Coordinator's job description and performance objectives would include:

- Provision of direct hands-on housing-related services to the first tenants in supportive housing;
- Assisting prospective tenants to prepare for moving in and assuming the rights and obligations of tenancy;
- Assuring success of the supportive housing strategy from a tenancy perspective;
- Convening teams of other services and supports providers/practitioners around individual tenant service needs and choices; and
- Bridging service delivery among the various service components within the County.

The Supportive Housing Services Coordinator would also recruit, train, and supervise at least two additional supportive housing coordination staff as the supply of supportive housing expands.

The Supportive Housing Services Coordinator would be responsible for housing related services, but each tenant would also have a provider or team of providers of her/his own choice responsible for her/his clinical and programmatic services and supports in the community. Each tenant in supportive housing should, by definition, have sufficient level of care needs to warrant assignment of a "clinical home" within the DHS service system. Just as the supportive housing team coordinator is responsible for the success of the consumer's tenancy, the "clinical home" is responsible for her/his recovery/resiliency and well being. The Supportive Housing Services Coordinator would function as convener and participant in housing supports and related service planning for each supportive tenant, in much the same way as a case manager might serve as convener of an ISP team meeting for an individual served under a home- and community-based service waiver.

Arlington County has been successful in the past in forming teams around specific issues for specific priority consumers needing attention from and access to multiple service units within DHS (e.g., implementation of welfare reform and elderly supportive housing approaches). The Supportive Housing Services Coordinator strategy would re-create this successful team formation model for the tenants of newly-created supportive housing units in essentially the same way: by drawing on appropriate resources from within DHS and "wrapping" those resources around the specific needs and choices of the priority consumers who move into supportive housing. It should be noted that resources to be drawn upon for team formation would not have to be limited to the disability-specific service units within DHS. Staff from the Crisis Assistance Bureau (CAB), the One Stop employment center, and other DHS units or contracted providers could also be included on an as-needed basis.

The Supportive Housing Services Coordination Unit should have the authority to: (1) convene service staff and/or contractors for each tenant moving into and remaining in permanent supportive housing; (2) assist in developing a service plan and delivery approaches that are consistent with maintaining successful tenancy; and (3) intervene in crises or other tenancy-threatening events to engineer new levels or types of service

necessary to prevent loss of tenancy. To be effective in the supportive housing services coordination enterprise, the various services divisions, staff and contractors will have to be respectful of the role and authority of the services coordination unit related to tenancy, and responsive in the delivery of tenant-specific services necessary to sustain tenancy.

Implementation Examples – Service Strategy 1

The Milestones program is one example of how the supportive housing services coordination function would work to link priority consumers to permanent supportive housing; sustain tenancy in that housing; and link the tenants to mainstream service resources within DHS. DHS's Homeless Services Coordinator functions as the de facto supportive housing services coordinator for the formerly homeless tenants moving into Milestones Shelter Plus Care units. In this role, the homeless coordinator must work with and depend on existing DHS case management and other resources to provide the services necessary to sustain successful tenancy.[42]

Example One

Consumers with mental retardation unable to access Medicaid home-and community-based waiver services might receive supports in a supportive housing unit from a team of mental retardation support specialists funded with state/county funds,[43] and the Supportive Housing Services Coordinator could participate in the team as the housing support specialist. The mental retardation specialists on the team would address individualized needs for habilitation and skills training related to community living, and the supportive housing coordinator would work with the team to develop a supportive housing services plan that is responsive to the fact that the person is living in supportive housing. Other members of the team might include a DHS targeted case manager and staff of the consumer's supportive employment or day habilitation program. The Supportive Housing Services Coordinator would primarily focus on housing issues for the consumer, but also would identify service related issues that could affect each tenant's success in supportive housing. The individual might need more skill building related to money management or housekeeping to succeed as a tenant, so the supportive housing team coordinator could request that these receive greater attention in service delivery activities.

[42] As noted elsewhere in this report, TAC recommends that the Milestones project become part of the supportive housing services coordination function.
[43] Pending changes in Virginia's Medicaid plan and/or waivers.

Example Two

Adults with mental illness or co-occurring mental illness and substance abuse who meet priority consumer criteria are likely have the PACT team or Team A or B be their clinical home and primary service provider. Priority consumers in this group selected for tenancy in supportive housing would have the Supportive Housing Services Coordinator added to their service team. As part of the team the Coordinator would assist the consumer to: choose among supportive housing options; prepare for moving; initiate and train for successful tenancy; and intervene if necessary to sustain the tenancy. The Coordinator would also work with the clinical team to assure that the individual service plans include the services and supports necessary for consumers build and sustain the skills and knowledge necessary to maintain tenancy in supportive housing. The clinical team would be responsible for notifying the Supportive Housing Services Coordinator if a housing issue arises, or if the consumer is facing a clinical or functional situation that could affect successful tenancy.

Prospectively, the Columbia Grove project will provide an excellent opportunity to model how the supportive housing services coordination function will work across different disabilities, service modalities, benefit and service entitlements and eligibilities, and available funding streams. The following are two theoretical examples of how the supportive housing services coordination could work for different populations with access to different services resources:

The eight one-bedroom units that will become available at Columbia Grove are intended to serve at least three sets of priority service populations: people with mental retardation; people with mental illness; and youth transitioning into the adult service system from foster care or residential treatment. Under TAC's recommended model, the newly appointed Supportive Housing Services Coordinator would take the lead in convening services staff associated with each of these groups to:

- Assist to identify which priority consumers will be offered the opportunity to move into Columbia Grove;
- Work with each tenant and their "clinical home" services team[44] to develop the services plan and make sure this service plan includes supports related to sustaining successful tenancy;
- Work with each of these consumers and their families (if applicable) to be sure that they are making informed choices, and to develop a transition plan to prepare each prospective tenant for the move;
- Work with the landlord and housing management staff of Columbia Grove to inform them about the tenants who will be residing there, and the arrangements for communications and services back-up as appropriate for each tenant;

[44] The term "team" in this context could mean an individual case manager or in-home supports/habilitation staff person or personal attendant if that is the services delivery modality used for particular tenants.

- Facilitate the actual move into the housing;
- Follow up with both the tenant and the landlord/housing manager to make sure the housing arrangements are working well for all parties;
- Follow up periodically with each individual's services team to assure that potential issues related to tenancy are identified and averted; and
- Intervene immediately to negotiate with the tenant and landlord or other parties to prevent eviction or other loss of tenancy, loss of subsidy, or other factors that could put tenancy at risk.

When fully occupied, the eight units at Columbia Grove will house eight unique individuals, each with differing services needs and choices, and each receiving services from differing DHS staff and/or contractors. The unifying thread will be the Supportive Housing Services Coordinator, who will work consistently with all of the tenants and all of the services providers to assure that the supportive housing is successful for both the tenants and the landlord.

Staffing Model and Budget Implications – Service Strategy 1

As noted above, TAC recommends that DHS recruit a senior level Supportive Housing Services Coordinator. This person would initially perform hands-on supportive housing services coordination functions within DHS for tenants moving into supportive housing. At the same time, the Coordinator would build the foundation for supportive housing service coordination functions through development of the inter-divisional service access and coordination protocols necessary to assure appropriate tenant selection and prioritization as well as services delivery. As the Arlington County supportive housing system matures, the Supportive Housing Services Coordination Unit's modeling of evidence-based service coordination will result in these practices becoming standard practice in the system.

At least two staff are recommended to be added to this new unit as the supportive housing production pipeline begins to produce more units. These staff should be in place early enough during implementation to assist with tenant prioritization and selection; transition planning; and tenancy supports during rent-up. TAC recommends that the Supportive Housing Services Coordinator be appointed as soon as possible, which may argue for recruiting someone from within DHS' existing staff complement. The second staff person should be hired within the first year of implementation, and the third staff person should be hired during year two, depending on the number of units projected to become available during that period and the additional planning and implementation tasks assigned to the unit. These additional staff could also be drawn from existing staff within DHS or its contractors; could have disability-specific as well as generic housing-related services expertise; and could qualify under some circumstances to bill Medicaid for reimbursement of some of their tenant-specific activities.[45] However, all three Supportive Housing Service Coordination Unit staff would have to function across disabilities and would have to focus primarily on tenancy supports and their coordination with other services received by the supportive housing tenants.

[45] Medicaid administrative claiming, targeted case management and SPO services are the most likely sources of reimbursement absent changes in the current Medicaid home and community services waivers.

TAC estimates that the salary costs of these three people would be in the range of $150,000 per year plus benefits ($70,000 for the coordinator; $40,000 each for the two junior staff). LPACAP funds or other non-reimbursed state/County general fund dollars are likely to be necessary to fund these positions, at least initially. DHS should take whatever steps are necessary to attain Medicaid reimbursement for a portion of this group's services once the staffing has been implemented and the direct tenant support can be documented. The costs of benefits and overhead, plus administrative support will have to be added to these budget figures.

For planning purposes TAC has assumed that the total commitment of LPACAP ongoing funds to this unit will be $200,000 per year for the first two years of strategic plan implementation. Because of the pace of hiring for the unit, not all of these funds will be needed for staff in the first year to 18 months. As noted below, TAC recommends that $40,000 of LPACAP funds be committed to the Supportive Housing Clearinghouse during the first year of implementation, and then be used for staffing in the Supportive Housing Services Coordination Unit thereafter. However, these are just estimates, and some of the costs for supportive housing coordination could be offset by Medicaid revenues in the future. Thus, TAC recommends that any uncommitted or unspent LPACAP funds be redeployed into the flexible services funding pool whenever possible (see Strategy 3 below).

Staff of the Supportive Housing Services Coordination unit will need to have sufficient time and capacity to address both move-in and ongoing tenancy issues for consumers in supportive housing. While there is more to be accomplished and thus more staff time required at the beginning of the tenancy process, there is still a need for regular contact with the tenants, the landlords, and the service provision teams. From experience in other jurisdictions, TAC estimates that a ratio of about 1:50 is appropriate. Thus, a three-person team could work with about 150 tenants for both tenancy initiation and ongoing tenancy supports for up to a year following initial occupancy.[46]

In addition to direct supportive housing services coordination and tenancy supports functions, the unit staff will be:

- Breaking new ground in terms of working with housing developers and landlords and working to model the supportive housing service coordination approach and coordinate services within and among the DHS services components;
- Imparting knowledge about housing and tenancy issues to direct service staff and contractors throughout DHS, who in turn should be expected to increase their capacity to handle routine housing matters with and on behalf of their assigned consumers;
- Providing information to community stakeholders about supportive housing for people with disabilities; and
- Developing and maintaining a central database of available affordable and specialized supportive housing units (see Recommendation #2).

[46] TAC does not assume that this unit will grow to an eight person unit service 400 supportive housing tenants at a continuous ratio of 50:1. See the budget discussion under #3.

Future Supportive Housing Services Coordination Unit Budget and Staffing Considerations – Service Strategy 1

TAC expects that the implementation of the supportive housing strategic plan and the Supportive Housing Services Coordination unit will – over time – increase the housing-specific expertise and capacity of all services outlets (direct and contracted) within the DHS system. This approach is intended to reduce the demands for supportive housing services coordination from the new unit while at the same time benefiting a wider range of DHS consumers than those served within the supportive housing initiative. TAC expects that the Supportive Housing Services Coordination Unit staff will spend part of its time imparting housing knowledge to other direct and contracted services staff, and that the pay-off of this investment will be more efficient supportive housing services coordination competency for the entire system of care in Arlington County.

At the same time, it is hoped that Arlington County and its allies are successful with the Virginia Legislature and state administrative officials in attaining some of the policy and funding improvements recommended in Chapter Three of this report. Each of these changes, if implemented, will provide greater opportunities to obtain reimbursement for services in supportive housing. The changes could also result in greater reimbursements for the functions and activities of the Supportive Housing Services Coordination Unit. The opportunities for expansion of services through increased Medicaid and other federal/state funding resources will influence the ways that DHS may decide to expand the unit beyond its initial capacity to serve about 150 priority supportive housing tenants.

For example, improvements in the Medicaid MR and Aged and Disabled Waivers could reduce anticipated future demand on the Supportive Housing Services Coordination unit through expanded capacity of the MRDD, physical disability, and aging services systems to be reimbursed for the costs of providing supports coordination related to permanent supportive housing. And, if the Medicaid plan is changed to expand opportunities for administrative claiming, case management and community supports, staff might be added to the Supportive Housing Services Coordination unit with minimal additional cost to the County.

It is also possible that Congress and the federal government could authorize and fund one or more new federal initiatives such as the Ending Long-Term Homelessness Services Initiative (ELHSI) or the Samaritan Initiative.[47] Either or both of these initiatives could provide competitive federal grant funding for exactly the types of supportive housing services coordination and supports proposed by Arlington County under this strategic plan, and thus could potentially reduce the reliance on LPACAP or other County general fund dollars in the future.

The combination of cross disability experience with the supportive housing initiative, plus potentially improved reimbursement opportunities as outlined above, could provide a stimulus and financial incentives for DHS to take the next steps towards developing true cross disability housing and community support teams for certain tenants in permanent

[47] Note: similar legislation was filed in the last session of Congress.

supportive housing. This type of team is consistent with the long-term vision of the Arlington County DHS for fully integrated community service delivery approaches, and could be the most cost-effective way to expand and maintain the supportive housing initiative into the future.

DHS will reach a point about two years into implementation of the supportive housing strategic plan at which sufficient information will be available to make the next set of decisions about staffing and funding the Supportive Housing Services Coordination Unit. This information will include: more concrete predictions of the schedule for supportive housing units to become available for occupancy; more exact assessments of the tenancy support and community services to be needed by tenants in the supportive housing; and realistic expectations related to the potential for beneficial changes in federal and state funding policies and priorities. The three initial staff of the Supportive Housing Services Coordination Unit, and all the various direct service providers and practitioners that work in concert with the Unit, will have learned a great deal from the first 150 tenants in supportive housing. They will be have identified which service strategies work and which strategies need to improve; and they will be able to define which cross-disability approaches are most promising and which elements of single disability expertise must be maintained. This experience and knowledge gained through the first two years of implementation will guide DHS decision-making about future staffing and service delivery organization for the Supportive Housing Service Coordination Unit and for other related components of DHS' system of community services and supports.

IV. Services Strategy 2: Permanent Supportive Housing Clearinghouse

TAC recommends that $40,000 of the ongoing LPACAP funds be used during the first year of implementation to assist DHS develop and maintain a Supportive Housing Clearinghouse listing available supportive housing units in Arlington County. This database should be constantly maintained to assure that both newly created housing units and vacancies in affordable, specialized and accessible (barrier-free and visitable units) are listed in Arlington County Current Supportive Housing Resources (Appendix E) and targeted for occupancy to priority DHS supportive housing consumers.

TAC understands that the Commonwealth of Virginia is establishing a registry of accessible and affordable housing units. However, this registry will not contain up-to-date information on vacancies, and thus does not address Arlington County's policy of assuring that units created with County support and participation are made available to Arlington County consumers on a priority basis. There are also nationwide efforts to assist people to find and acquire affordable housing (for example, see www.socialserve.com). The Arlington County Supportive Housing Coordination staff can link to and use these state and national resources, but they must maintain more accurate and up-to-date information on housing opportunities within the County.

In addition to the information included in *Arlington County Current Supportive Housing Resources*, TAC recommends that the Supportive Housing Clearinghouse make note of the following more detailed information for posted vacant supportive housing units:

- Security deposit policies;
- Marketing or leasing agent if different from property manager;
- Specification of unit size, rental or occupancy price, utilities, amenities, and other costs (condo fees, etc.);
- Special features such as barrier-free, adaptable or visitable design;
- Priority consumer targeting criteria, if any; and
- Distance to public transportation.

TAC assumes that all Arlington County supportive housing properties will have Housing Grants, Shelter Plus Care subsidies, or Section 8 vouchers. However, if feasible the Clearinghouse could maintain up-to-date information on non-Arlington County sponsored properties for which the owner/landlord will accept Housing Grants and/or Section 8 rental subsidies, and/or which have other special features. In addition, the County could require owners of all County-funded barrier-free units or Committed Affordable Units within Site Plan Approval Projects to list vacancies through the Clearinghouse for 30 to 60 days before marketing these units more generally to the public. The Clearinghouse database should have the capacity to maintain and make this type of information available. TAC has provided examples of this type of supportive housing clearinghouse in Appendix F (Best Practices Examples).

TAC has recommended at total of $200,000 in ongoing LPACAP funds for the Supportive Housing Service Coordination Unit. At least $40,000 of these funds will not be needed for staff salaries during the first year of operations, and thus could be used to pay for the development costs (design consultation, protocol development, initial data collection and database construction, staffing and oversight of the design and implementation process) for the Supportive Housing Clearinghouse.

V. Service Strategy 3: Flexible Pool of Funding

TAC recommends that DHS segment $225,000 of ongoing LPACAP funds[48] into a flexible services pool to be used to fill gaps in current services funding or capacity essential to assisting individual consumers be successful in supportive housing.

In Chapter Three, TAC identified several gaps and impediments in supportive service resources that require state and/or federal action to correct. It is unrealistic to believe that these limitations and other impediments will be corrected soon, or that all gaps in services funding can be closed through state or federal action. Nor do we expect that all people will ultimately be eligible for Medicaid or that Medicaid and other third party funding sources will pay for all necessary services and supports. **Thus, TAC recommends that DHS administer the flexible funding pool in a manner similar to the way a housing bridge subsidy is administered. That is, the funding would be used: (a) only when all other potential sources of funds are not available or appropriate to fund a specific service**

[48] DHS and Arlington County could decide to use state/county general funds (and possibly block grant funds) in addition to LPACAP funds for this flexible funding pool. And in fact, DHS already uses some of its existing funds for crisis response and service gap-filling on an as needed basis. For the purposes of this report, TAC has assumed that these other state/county general fund dollars are fully committed to other consumers and services, and thus are not currently available to re-deployment into a flexible services funding pool.

for a specific consumer; and (b) only when there is a realistic plan for converting funding for the gap-filling services to some other more permanent reimbursement source in the foreseeable future.

The fact that only very minimal LPACAP funds are available for gap-filling services makes it important that the funds do not become a substitute for the failure of the state to fund essential services. Three or four priority consumers could use $225,000 worth of services per year for many years into the future, and while that might be helpful to the individual consumers, it would have no effect on improving the overall system of care for the many priority consumers needing gap-filling resources in Arlington County. **While it is tempting to use the funds to meet currently identified individual consumer needs, both the CSB and DHS are aware that they must keep focused on the bigger picture. This means using the ongoing LPACAP funds as much as possible to temporarily bridge gaps and facilitate movement into supportive housing, while at the same time continuing to advocate for the necessary changes at the state level.**

A portion of the ongoing LPACAP funds in this flexible funding pool could be used to increase the supply of trained personal attendants and other related in-home support staff who can be selected to assist individual consumers in supportive housing or other living arrangements. One model for implementing this type of initiative in other jurisdictions has been to contract with an independent living center (such as the ENDependence center) or other community provider (e.g., home health or home chore agency) with a commitment to and experience with self-directed care as well as with managing pools of in-home support staff.

Service strategies for people with disabilities are becoming increasingly focused on self-directed care. Self directed care is considered to be a promising best practice,[49] and has been the primary mode of service delivery for people with physical disabilities for many years. Many states (Massachusetts, New York, Rhode Island, etc.) have used Medicaid personal care service definitions as the primary source of reimbursement for self directed personal care. In Virginia, independent living centers foster this model with Department of Labor funding, but as noted in Chapter Three there is no Medicaid personal care plan option in Virginia.

Establishing a pool of staff from which consumers can select their own personal attendant can also be used to expand other in-home service and support opportunities for people with disabilities. Many people moving into supportive housing, and also elders aging in place and requiring additional services, can benefit from this type of staff model regardless of whether they prefer self direction or prefer agency-based services. The lack of staff able to perform these types of service functions is often an impediment to in-home service delivery, even if funds are available to pay for the service. This type of in-home support staff is typically competent to work with a variety of people with different disabilities, and thus is ideal as one component of cross-disability supportive housing services models.

[49] For example, see ***Consumer Directed Health Care: How Well does it Work?*** National Council on Disability, October 26, 2004.

TAC does not recommend restricting the flexible gap-filling services pool for one or more discrete disability populations under DHS. It is important for DHS to be able to draw on these funds in any case and for any consumers for whom special funding is necessary to facilitate movement into supportive housing. However, the idiosyncrasies of Virginia's Medicaid in-plan services and waivers disproportionately affect community service provision for people with mental retardation or another developmental disability; people with physical disabilities, and people with disabilities who are over 65. **Thus, TAC recommends that special efforts be made within DHS to assure priority use of flexible funding pool resources for people with MRDD, physical disabilities, or disabilities associated with aging**.

VI. Service Strategy 4: Enhancement of Community Support Team Services for Consumers with Mental Illness or Co-Occurring Mental Illness and Substance Abuse

TAC recommends that DHS enhance community support team services. Arlington County DHS already has a Program of Assertive Community Treatment (PACT) team and is enhancing its community support teams for mental health and substance abuse consumers (Team A and Team B). These teams are considered to be the most likely sources of community services and supports, and as such key elements of community support teams, for individuals within these priority populations living in supportive housing. Some of the priority consumers enrolled with these teams already have Housing Grants or Section 8 voucher rental subsidies. The PACT team is an evidence-based model that has been shown to be appropriate and effective for people with serious mental illness or co-occurring disorders living in supportive housing, including those with long-term histories of homelessness or institutionalization. The community support team model, such as is being developed with Teams A and B, has also proven to be successful for these priority consumer groups in supportive housing.

Under the supportive housing services coordination strategy described above, people with mental illness or co-occurring disorders would continue to be served by, or be enrolled with, either the PACT team or Team A or B.[50] The Supportive Housing Services Coordinator would become part of the team for those individuals selected for supportive housing.

The PACT team and Teams A and B already have full caseloads, so DHS may need to consider re-assignments of staff or consumers to make sure tenants in the supportive housing receive the necessary levels of care from the teams.[51] In Virginia, the Medicaid Rehabilitation Option (State Plan Option or SPO) will pay for many of the types of services typically provided by the teams for people with serious mental illness or co-occurring disorders in supportive housing. Arlington County has done a good job increasing Medicaid SPO revenue generation for both in-house and contracted services. Continuing to increase the Medicaid SPO revenues will be the primary source of funding to increase the capacity of the teams to serve people both in new supportive housing and in the community.

[50] At the discretion of DHS, one or more contracted providers could be the lead provider/"clinical home" for some of these priority consumers in supportive housing. The supportive housing team coordinator would still become part of the service team for these consumers.

[51] There is some natural turn-over of clientele enrolled with the teams, and this turnover could be sufficient to allow for new supportive housing consumers to be enrolled with the teams.

Not all consumers moving into supportive housing will be eligible for Medicaid, but if they are Medicaid eligible, most of the mental health priority consumers in supportive housing should meet the level of care criteria for SPO services. It is also possible for consumers enrolled in Teams A and B to have clinic services such as medication management and psychiatric evaluations reimbursed by Medicaid. Still, there will be some consumers and some services for which Medicaid reimbursement is not available. Thus, although TAC recommends targeting the flexible funding pool as much as possible to people with other disabilities, some small amount of the flexible funding pool should remain available for "gap-filling" and one-time service costs that are not otherwise reimbursable by Medicaid for this group.

VII. Service Strategy 5: Supportive Housing for Transition Age Youth

TAC recommends that DHS continue its basic model for transitioning age youth with access to the supply of new supportive housing units and services from the services coordinator unit. Arlington County DHS staff have identified about six to eight youth (age 18 to 21) per year who will need supportive housing to facilitate transition from out-of-county residential or foster care placements into the County adult service system. There are also about 20 youth per year who are transitioning from foster care or residential treatment to independence, but still need assistance with housing and supports during the transition period. Staff have identified supportive housing models that: (a) work effectively with this clientele; (b) are reimbursed with existing sources of funds such as Medicaid, CSA and Chaffee Grants; (c) are capable of transitioning to adult housing subsidies and service modalities; and (d) require no investment of ongoing LPACAP funds other than the services coordination provided by the Supportive Housing Service Coordination Unit.

This model has the following components:

1. Identified priority transition age youth would be assisted to access shared housing with other similar youth (i.e., three youth share a three bedroom apartment, just as other youth this age might do while attending college, beginning independent employment, etc.)
2. Site-based staff would not be used, but staff-intensive housing and community support services would be provided by a two-person team (two licensed social workers or similar level of staffing) who could serve an active caseload of up to 30 youth. This service could be reimbursed up to age 21 with CSA funds. Additional funding could come from Medicaid Early Periodic Screening and Diagnostic Treatment or other Medicaid in-plan services.[52]
3. The youth would attend community college using tuition waivers, and/or would receive vocational assistance through the Arlington County One Stop Center.
4. The Supportive Housing Services Coordination Unit would serve these youth in the same manner as other priority consumer groups in Arlington County.
5. The youth housing support team should be capable of billing Medicaid SPO for youth who remain for clinical/transition reasons after age 21.

[52] It is assumed that these youth meet the SSI-DI criteria for youth with disability, or otherwise have been found eligible for Medicaid.

VIII. Service Strategy 6: Re-Contracting Residential Services

TAC recommends that Arlington County issue an open, competitive request for proposals (RFP) for the four existing mental health group homes. This RFP process presents an opportunity to "challenge" bidders to make the best possible use of existing congregate housing stock while expanding the number of people served and increasing Medicaid reimbursements. For example, bidders might be encouraged to show how they will facilitate movement of some existing residents to new supportive housing created under this initiative, thereby making space available for people needing transitional congregate services. This approach could at the same time increase Medicaid revenues through SPO billings, etc. TAC has provided an example of this approach as one of the best practice models in Appendix F.

On the mental health side, this strategy has the potential to increase the amount of Medicaid revenues available for supportive housing-related services. It might also provide a basis for the County to request new funding from the state to support the movement of people from the state hospital into community settings.

At least one of the providers of residential services for people with mental illness is also a major provider of residential services to people with mental retardation or other developmental disabilities. Thus, the re-contracting process could directly or indirectly affect the MR/DD programs as well as the mental health programs.

The fact that there is some cross-over in providers of residential services, and that DHS will be gaining experience re-contracting the mental health programs, presents an opportunity to conduct a more thorough review of the MRDD residential programs as well. For example, there may be some current residents of MRDD residential programs who are ready for and choose movement to permanent supportive housing. This could free up some residential services capacity for people on the waiting list. It may also be possible to create financial incentives for providers to have staff participate in the recommended pool of in-home community support staff described under recommendation number 3, which could expand the over-all service capacity of the DHS system in Arlington County.

Clearly, major improvements to – or expansion of – Arlington County's MR/DD community service capacity are dependent on changes in the state Medicaid plan and waivers. However, in the context of re-contracting, and with the availability of the limited pool of flexible LPACAP services funding, DHS and its contracted partners may be able to expand some services and enhance the supportive housing initiative while awaiting positive state action on the Medicaid front.

IX. Service Strategy 7: Administration, Training, and Quality Management

TAC recommends using $50,000 of ongoing LPACAP resources each year to support implementation and management of the supportive housing initiative through staff and provider training, enhanced administrative oversight and new quality management and quality improvement activities.

Implementation of the supportive housing strategic plan, with all its attendant changes in service delivery approaches and financing, will require substantial management oversight over the next five years. This is an initiative that cuts across all DHS administrative and service delivery components, and as such must be fully integrated into DHS's management structure. Other jurisdictions have learned that implementation of supportive housing strategies and all the attendant service system changes has been hindered by insufficient administrative resources, or by segregating supportive housing implementation from other ongoing operations within the organization. The supportive housing system must become a major element of DHS's administrative capacity and focus, and not just be tacked on to existing functional units or administrative staff.

The Senior Housing Coordinator position already in place is essential to lead and facilitate the overall effort, but will not be sufficient for successful implementation, oversight and quality management of the implementation process. This position will be augmented by the three staff in the Supportive Housing Services Coordination Unit, but these staff will have substantial direct consumer contact responsibilities as well as system implementation tasks to perform. New resources must be added to assist with implementation, but the degree to which Arlington County DHS integrates the supportive housing plan into its ongoing operations will be the most important determinant of the success of the project.

Momentum for the change process could be slowed if problems arise or unintended consequences occur. As the change process goes forward, the lessons learned must also be used to adjust and correct implementation strategies going forward. And, Arlington County DHS will want hard evidence and documentation of its experiences and successes with consumer outcomes, system improvements, and cost-efficiencies to build into the process for the next five-year strategic plan.

There will also need to be ongoing efforts and resources associated with training staff and providers associated with the supportive housing efforts. Many staff will be required to learn new knowledge content and develop new skills to participate in the supportive housing teams and other service efforts. Other County and provider staff will also need to be aware and supportive of the overall effort and new service modalities. And, there is likely to be staff turnover, so re-training will also be a necessary component.

The small amount of LPACAP resources recommended by TAC for implementation management and oversight is indicative of how important it is to integrate supportive housing implementation into the day-to-day operations of the Department. Nonetheless, current administrative funding within DHS is not sufficient, nor is it flexible enough at this point, to pay for all the staff training, information collection and interpretation, specialized planning, and other elements of the implementation process. Also, if these LPACAP funds are not needed for administration, training and quality improvement functions, they can be redeployed into the flexible services funding pool or other priorities associated with the supportive housing initiative.

X. Use of LPACAP Funds

TAC has made funding recommendations totaling $475,000 in ongoing LPACAP to support the implementation of the supportive housing initiative. The recommendations are

summarized in Table 12 below. These funds are minimal, and clearly are insufficient to fund all the services and supports necessary to assure successful community living and tenancy in supportive housing. Thus, the recommendations attempt to make best use of the limited funds to facilitate implementation, but do not attempt to supplant either existing service funding or compensate for the fact that state funding policies and priorities need to be changed.

Table 12
TAC Recommendations for Service System Strategies related to Supportive Housing for DHS Consumers

Strategy	Potential Use of LPACAP funds	Other Potential Sources of Funding
1. Supportive Housing Services Coordination Unit	Yes $200,000[53]	Medicaid TCM and SPO
2. Supportive Housing Clearinghouse	No (Included in #1 above)	None
3. Flexible pool of funding	Yes $225,000	State/County GF, block grants, etc.
4. Enhance Team A and B	No	Medicaid SPO, TCM, clinic option
5. Transition age youth	No	Medicaid SPO, TCM, Chafee grants, CSA funding
6. Re-contract residential services	No	Medicaid Waivers, personal care, SPO, TCM. Other Medicaid
7. Administration, training and quality improvement	Yes $50,000	State/County general funds
Total	**$475,000**	

In Table 13 below, TAC provides some examples of how the Supportive Housing Service Coordination model and service delivery funding options could work with priority consumer types identified by the Community Services Board and the Supportive Housing Advisory Committee.

[53] This level of funding may not be needed, particularly in year one, so some amount of the funds could potentially be moved into the flexible services fund category.

Table 13

Arlington County Priority Service Populations
Scenarios[54] Related to Service Delivery Options under the Supportive Housing Strategic Plan

Priority Service Population	Supportive Housing? Other Service Model?	Priority Consumers for Supportive Housing Service Coordination?	Primary Services Model – DHS "Clinical Home"	Primary Funding Sources	Funding Issues – Future Changes Needed
People with serious mental illness and challenging behaviors – may have co-occurring SA	Yes – Permanent supportive housing	Yes – assigned to SH services coordination unit for tenancy supports	DHS/PACT Team	Medicaid	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these consumers
Homeless people with mental illness or co-occurring MH and SA disorders	Yes – permanent supportive housing	Yes – assigned to SH services coordination unit for tenancy supports	DHS/PACT or community support team(s)	Medicaid	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these consumers

[54] Scenarios Suggested by the Arlington County CSB and the Advisory Committee.

Priority Service Population	Permanent Supportive Housing, Transitional Housing, or Residential Services	Priority Consumers for Supportive Housing Service Coordination?	Primary Services Model – DHS "Clinical Home"	Primary Funding Sources	Funding Issues – Future Changes Needed
People with serious mental retardation with physical and/or behavioral challenges	Permanent supportive housing or, residential services if ICF level of care (Could move to vacant group home beds if available and appropriate)	No	DHS targeted case manager Residential services provider	Medicaid HCBS waiver	Need increased MR waiver slots and improved reimbursements, etc.
People with mental retardation - developmental disabilities not meeting ICF level of care	Permanent supportive housing	Yes – assigned to SH services coordination unit for tenancy supports	DHS or provider habilitation/in-home support staff, targeted case manager	Medicaid, state/county, LPACAP	Need addition of personal care option to Medicaid state plan, plus improvements to waivers and addition of Independence Plus waiver
Adults with substance abuse only – not chronically homeless	Oxford house is preferred option	No	Case Management, outpatient service	State/County – SA Block grant	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these consumers

Priority Service Population	Permanent Supportive Housing, Transitional Housing, or Residential Services	Priority Consumers for Supportive Housing Service Coordination?	Primary Services Model – DHS "Clinical Home"	Primary Funding Sources	Funding Issues – Future Changes Needed
Adults with substance abuse who are chronically homeless	Permanent supportive housing Possible SPE Property	Yes	DHS SA case management and outpatient counseling	State/County and SAPT Block Grant	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these adults
Adult substance abusing women with children	Transitional housing if homeless or at risk of homelessness	Yes	Case management, clinic service, perhaps CSA/youth services	Medicaid, TANF, substance abuse block grant (priority set-aside category)	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these women and their children

Priority Service Population	Permanent Supportive Housing, Transitional Housing, or Residential Services	Priority Consumers for Supportive Housing Service Coordination?	Primary Services Model – DHS "Clinical Home"	Primary Funding Sources	Funding Issues – Future Changes Needed
Youth with mental health and/or SA transitioning to adult system – likely from residential treatment or foster care	Yes – Permanent supportive housing	Yes – assigned to SH services coordination unit for tenancy supports	DHS Youth services case management	Medicaid, CSA, Chafee grants	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these youth
Youth transitioning to independence from foster care or other out-of-home placement	Transitional housing	Yes – through transition process	DHS CFY case management	Medicaid, CSA	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these youth
Adults with mental illness but not homeless or at risk of homelessness or multiple hospitalizations	Independent living with rental subsidy	No	DHS community support team, clinic, medication management	Medicaid, state/county general funds	Future improvements in MA rehabilitation option services will expand the types of services available in supportive housing for these consumers

Appendix A

SUMMARY OF TAC'S INTERVIEW ACTIVITIES

Summary of TAC's Interview Activities

1) On-site interviews (40)
2) Focus Groups/Group Meetings (12)
3) Phone Interviews (19)

TOTAL: 71 Interviews

1) On-site interviews conducted in August-December, 2004

Agency	Name
Affordable Housing Advocate	John Antonelli
AHC, Inc.	Walter Webdale
ARC of Northern Virginia	Nancy Mercer
Arlington New Directions Coalition	Charlie Rinker
Arlington Partnership for Affordable Housing	Douglas Peterson
Arlington Street People's Assistance Network	Lora Rinker
Arlington-Alexandria Coalition for the Homeless	Ed Rea and Mark Moreau
Commission on Aging	Erica Wood
Community Residences, Inc.	Garth Granrud
Community Services Board	Carol Skelly and Joanne McKey
Concerned Parents/Arlington Adult Services	Rusty Garth
Dept. of Community Planning, Housing and Development, Director	Susan Bell
Dept. of Community Planning, Housing and Development, Housing Division	Derek DuBard and David Cristeal
Dept. of Community Planning, Housing and Development, Housing Division	Ken Aughenbaugh
Dept. of Human Services, Aging and Disability Services	Odile Saddi and Terri Lynch
Dept. of Human Services, Child and Family Services Division	Valerie Cuffee
Dept. of Human Services, Deputy Director	Susanne Eisner
Dept. of Human Services, Director	Marsha Allgeier
Dept. of Human Services, Director's Office	Cynthia Stevens
Dept. of Human Services, Economic Independence	Lynda Schoenbeck
Dept. of Human Services, Homeless Programs	Tony Turnage
Dept. of Human Services, Mental Health and Substance Abuse Services	Marikay Crangle
Dept. of Human Services, Mental Health and Substance Abuse Services	Cindy Kemp
Dept. of Human Services, Mental Health and Substance Abuse Services	Alan Orenstein
Dept. of Human Services, Mental Retardation/Developmental Disabilities Services	Bob Villa
Dept. of Human Services, Public Assistance (Housing Grants)	Walter Zaumseil
Dept. of Human Services, Public Health Division	Tom Maddox

Agency	Name
Dept. of Human Services, Section 8	Peggy Pimentel
Disability Advocate	Bob Hynes
ENDependence Center of Northern Virginia	Michael Cooper and Doris Ray
Family Focus, Inc.	Patricia Harris
Fellowship Health Resources, Inc.	Lyanne Trumbull
Highland Associates	Dave DeCamp
Jackson-Family Homes	Tricia Delano
Pathway Homes	Joel McNair
Residential Program Center	Mary Savoy-Baucum
Silverwood Associates	Mark Silverwood
The Arlington Community Temporary Shelter	Linda Dunphy
Umbrella Services	Phillis Cooke
Wesley Housing Development Corporation	Al Smuzynski and Susan Parrot
Total On-Site Interviews = 40	

2) Focus Groups/Group Meetings conducted on-site in September-November 2004

Focus Groups	
ARC Focus Group	September 15, 2004
Clarendon Clubhouse Focus Group	September 15, 2004
Drewry Outpatient Mental Health Focus Group	September 15, 2004
ENDependence Center Focus Group	September 15, 2004
Residential Program Center Life Skills Focus Group	September 14, 2004
Substance Abuse/Mental Illness Focus Group	September 14, 2004
Total Focus Groups = 6	

Group Meetings	
Advisory Committee (conference call and meeting)	October 6 and November 3, 2004
Community Services Board	September 15, 2004
Consolidated Plan Forum	October 16, 2004
Housing Commission	September 16 and 22, 2004
Total Group Meetings = 6	

3) Phone interviews

Agency	Name
Affordable Housing Advocate	Dave Leibsen
Alliance for Housing Solutions	Joe Wholey
Community Living Alternatives	Silva Bey
Community Systems	Susan Green
Culpepper Garden	Kate Kesteloot-Scarbrough
Dept. of Community Planning, Housing and Development, Housing Division	Fran Lunney

Agency	Name
Dept. of Human Services, Child and Family Services Division	Siobhan Grayson
Dept. of Human Services, Crisis Assistance Bureau	Jane Burr
ENDependence Center of Northern Virginia	Doris Ray
Former CSB Member	Kathy McNamara
Health Center Commission, Chair	Dianne Mehlinger
Housing Commission, Chair	Susan Retz
Housing Committee of the Commission on Aging	Judy Basham
National Alliance for Mental Illness - Arlington	Betsy Greer
Paradigm Companies	Stanley Sloter
RPJ Housing	Herb Cooper-Levy
Virginia Dept. of Mental Health, Mental Retardation, and Substance Abuse Services	Lee Price
Virginia Dept. of Rehabilitative Services	Denise Goode
Virginia Housing Development Authority	Bill Fuller
Total Phone Interviews = 19	

Appendix B

HELPFUL WEBSITES

Helpful Websites:

Technical Assistance Collaborative
www.tacinc.org
TAC is a national non-profit organization that works to achieve positive outcomes on behalf of people with disabilities, people who are homeless, and people with other special needs by providing state-of-the-art information, capacity building, and technical expertise to organizations and policymakers in the areas of mental health, substance abuse, human services, and affordable housing.

Corporation for Supportive Housing
www.csh.org
CSH supports the expansion of permanent housing opportunities linked to comprehensive services for persons who face persistent: mental health; substance abuse; and other chronic health challenges, and are at risk of homelessness, so that they are able to live with: stability; autonomy; and dignity, and reach for their full potential.

National Low Income Housing Coalition
www.nlihc.org
The National Low Income Housing Coalition is dedicated solely to ending America's affordable housing crisis. NLIHC educates, organizes and advocates to ensure decent, affordable housing within healthy neighborhoods for everyone.

National Alliance to End Homelessness
www.endhomelessness.org
The National Alliance to End Homelessness is a nonprofit organization whose mission is to mobilize the nonprofit, public and private sectors of society in an alliance to end homelessness.

Housing Assistance Council
www.ruralhome.org
A nonprofit corporation headquartered in Washington, D.C., the Housing Assistance Council (HAC) has been helping local organizations build affordable homes in rural America since 1971. HAC emphasizes local solutions, empowerment of the poor, reduced dependence, and self-help strategies. HAC assists in the development of both single- and multi-family homes and promotes homeownership for working low-income rural families through a self-help, "sweat equity" construction method. The Housing Assistance Council offers services to public, nonprofit, and private organizations throughout the rural United States.

National Resource Center on Homelessness and Mental Illness
www.nrchmi.samhsa.gov
The National Resource Center on Homelessness and Mental Illness is the only national center specifically focused on the effective organization and delivery of services for people who are homeless and have serious mental illnesses. The Resource Center's activities enable the Center for Mental Health Services (CMHS) to facilitate service systems change through field-based knowledge development, synthesis, exchange, and adoption of effective practices.

Center on Budget and Policy Priorities
www.cbpp.org
The Center on Budget and Policy Priorities is one of the nation's premier policy organizations working at the federal and state levels on fiscal policy and public programs that affect low- and moderate-income families and individuals.

The Center conducts research and analysis to inform public debates over proposed budget and tax policies and to help ensure that the needs of low-income families and individuals are considered in these debates. We also develop policy options to alleviate poverty, particularly among working families.

Consortium for Citizens with Disabilities Housing Task Force
www.c-c-d.org/tf-housing.htm
The CCD Housing Task Force works with Congress and the Department of Housing and Urban Development (HUD) to increase access to decent, safe and affordable housing for all people with disabilities and to protect the rights guaranteed under the Fair Housing Act.

US Interagency Council on Homelessness
www.ich.gov
Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals. The major activities of the Council include:
1) Planning and coordinating the Federal government's activities and programs to assist homeless people, and making or recommending policy changes to improve such assistance;
2) Monitoring and evaluating assistance to homeless persons provided by all levels of government and the private sector;
3) Ensuring that technical assistance is provided to help community and other organizations effectively assist homeless persons; and
4) Disseminating information on Federal resources available to assist the homeless population.
National Cooperative Bank Development Corporation

American Association of Homes and Services for the Aging (AAHSA)
www.aahsa.org
The American Association of Homes and Services for the Aging (AAHSA) is committed to advancing the vision of healthy, affordable, ethical aging services for America.

National Center for Assisted Living
www.ncal.org
The National Center For Assisted Living (NCAL) is the assisted living voice of the American Health Care Association (AHCA), the nation's largest organization representing long term care. Through our national federation of state affiliates, NCAL supports lobbying efforts at the state level. While NCAL primarily focuses on federal issues, we provide the support our state affiliates need to impact policy decisions regarding assisted living issues.

Assisted Living On-Line
www.assistedlivingonline.com
Assisted Living On-Line.com features assisted living and senior communities from across the U.S. and Canada. ALOL provided detailed and descriptive information about each featured senior community to assist in the selection of an assisted living or senior housing option.

Appendix C

BIBLIOGRAPHY OF SUPPORTIVE HOUSING MATERIALS

Bibliography

Housing

Authors: Bernstein, N.

Title: **Once Again, Trying Housing as a Cure for Homelessness.**

Source: New York, NY: The New York Times, June 23, 2002. (Newspaper: 4 pages)

Abstract: This article describes New York City's ambitious new policy to deal with people who are homeless, giving an old idea a whole new life. The idea is to subsidize more housing so the number of homeless will drop. If the plan succeeds it will move 9,250 homeless families from city shelters to subsidized housing over the next year, nearly triple the number placed this year, and be well above the 1990 peak. Much of the increase will come from giving more of the scarce subsidized apartments to homeless mothers and children and fewer to other needy people. That change is a significant marker of shifting attitudes in the history of the city's homeless policy. This idea is back, with fresh vigor, not only in New York City but nationwide. More sophisticated research, the expensive growth of an improved, service-rich shelter system, and the galloping rise in family homelessness in the welfare-to-work era have made it inescapable, say veterans of homeless policy debates (authors).

Authors: Blanch, A.K., Carling, P.J., Ridgway, P.

Title: **Normal Housing with Specialized Supports: A Psychiatric Rehabilitation Approach to Living in the Community.**

Source: Rehabilitation Psychology 33(1): 47-55, 1988. (Journal Article: 9 pages)

Abstract: This article presents a conceptual and historical overview of residential services for individuals with psychiatric disability and challenges the appropriateness and effectiveness of the "continuum of services" model. The authors propose that the goal of residential services should be to assist all people with psychiatric disabilities to choose, get, and keep normal housing and that rehabilitation technology is currently available to accomplish this goal. Data are presented that indicate that despite high costs, most state mental health systems are continuing to make large scale investments in facility-based residential programs (authors).

Authors: Bridgman, R.

Title: **Housing Chronically Homeless Women: "Inside" a Safe Haven.**

Source: Housing Policy Debate 13(1): 51-81, 2002. (Journal Article: 31 pages)

Abstract: This article examines an innovative safe haven model for providing services targeted at hard-to-serve clients - chronically homeless, mentally ill women. This model is designed as an unlimited stay and low-demand environment, with high support from staff. This article challenges conventional static understandings of the concepts of "private" and "public" and explores issues related to spatial privacy and communality, sense of ownership, ideas about the safe haven being both a home and a hostel, planning for flexibility, accountability to public funders, and accommodation of individual needs (authors).

Authors: Brown, M.A., Wheeler, T.

Title: **Supported Housing for the Most Disabled: Suggestions for Providers.**

Source: Psychosocial Rehabilitation Journal 13(4): 59-68, 1990. (Journal Article: 10 pages)

Abstract: This article describes supported housing services provided to individuals targeted by the Oregon Mental Health Division as most at risk of psychiatric hospitalization. The authors believe that the process of engaging clients and building relationships is the key to the program's effectiveness. Eight skills and supports, such as managing money, structuring time, and setting limits, are outlined, as is a process for determining the correct mix of skill development and modification of the environment for each person. Information on staff skills and attitudes and organizational support is also provided. Case vignettes are used to provide a sense of the process of serving supported housing clients (authors).

Authors: Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J.

Title: **Helping America's Homeless: Emergency Shelter or Affordable Housing?**

Source: Washington, DC: Urban Institute Press, 2001. (Book: 355 pages)

Abstract: This book, based largely on findings from the National Survey of Homeless Assistance Providers and Clients (NSHAPC), provides a wide overview of homelessness, homeless services, and recommendations on what actions need to be taken to alleviate the problem. Chapter topics include: how many people are homeless; homeless families, singles, and others; alcohol, drug, and mental health problems among those who are homeless; issues in child and youth homelessness; patterns of homeless; comparing homeless subgroups within community types; factors associated with homeless status; homeless programs in 1996 compared to programs in the late 1980s; and program structures and continuums of care.

Authors: Carling, P.J., Curtis, L.C.

Title: **Implementing Supported Housing: Current Trends and Future Directions.**

Source: New Directions in Mental Health Services 74: 79-94, 1997. (Journal Article: 16 pages)

Abstract: This article summarizes the supported housing approach to responding to the housing and support needs of people with psychiatric disabilities. The authors describe the critical elements of supported housing and summarize the major implementation challenges that agencies and practitioners face. The authors describe the history of dissemination of the supported housing approach into national and state mental health policies and into local communities, and describe the four emerging models for implementing supported housing. Also included are key strategic decisions to consider in implementing supported housing. The authors conclude by summarizing the most critical challenges that mental health systems, organizations, and practitioners will face in the future (authors).

Authors: Center on Budget and Policy Priorities.

Title: **Research Evidence Suggests that Housing Subsidies Can Help Long-Term Welfare Recipients Find and Retain Jobs.**

Source: Washington, DC: Center on Budget and Policy Priorities, 2000. (Report: 4 pages)

Abstract: This brief report discusses the impact of housing subsidies on the success of welfare recipients to find and maintain employment. The research indicates that government housing subsidies can help to promote work among long-term welfare recipients when they are combined with a well designed welfare reform program. The report explores the policy implications of these findings.

Authors: Cho, R., Gary, D., Ball, L., Ladov, M.

Title: **A Guide to Reentry Supportive Housing: A Three Part Primer for Non-profit Supportive Housing Developers, Social Services Providers, and Their Government Partners.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 30 pages)

Abstract: This guide is intended to provide supportive housing providers with a basic introduction to community reentry supportive housing, that is, supportive housing targeted towards formerly incarcerated individuals or ex-offenders, including those living with special needs. The objectives of this guide are: to provide a basic understanding of the need for supportive housing targeted towards returning prisoners; to provide a general overview of the criminal justice system (its values, function, and practice) as relates to the community reentry of ex-offenders; and to discuss crucial issues surrounding both the partners (project sponsors) and the people (target population) involved in community reentry supportive housing (authors).

Authors: Cohen, M.D., Somers, S.

Title: **Supported Housing: Insights from the Robert Wood Johnson Foundation Program on Chronic Mental Illness.**

Source: Psychosocial Rehabilitation Journal 13(4): 43-50, 1990. (Journal Article: 8 pages)

Abstract: This article discusses the Robert Wood Johnson Foundation national demonstration program for persons with chronic mental illness. It presents an analysis of organizational, administrative and political changes that have occurred within mental health systems participating in the Program. The authors discuss the housing development process and the need for systems integration (i.e., housing and support services). The need for states, local governments, and mental health providers to work collaboratively to develop comprehensive approaches to housing persons with chronic mental illness is addressed.

Authors: Corporation for Supportive Housing.

Title: **An Introduction to Supportive Housing.**

Source: New York, NY: Corporation for Supportive Housing, 1996. (Guide: 12 pages)

Abstract: The guide examines the problem of homelessness and possible solutions; supportive housing definition, questions and answers; the effect on communities; how supportive housing breaks the cycle of homelessness; and cost effectiveness. Several specific case studies are described and supportive housing studies are discussed.

Authors: Corporation for Supportive Housing.

Title: **Supportive Housing for Youth: A Background of the Issues in the Design and Development of Supportive Housing for Homeless Youth**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Report: 50 pages)

Abstract: This report provides an initial assessment of the scope and breadth of the needs of homeless and at-risk youth, and highlights several promising residential program models. It concludes with some preliminary systems change recommendations. This exploration is based primarily on conversations and visits with youth providers in five markets. Though literature from other localities has been reviewed, this work was not meant as a complete national survey. Rather, the research presented is a background to the major issues facing some young adults today and some innovative program models that have been developed to address their needs (authors).

Authors: Culhane, D.P., Metraux, S., Hadley, T.

Title: **Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.**

Source: Housing Policy Debate 13(1): 107-163, 2002. (Journal Article: 56 pages)

Abstract: This article assesses the impact of public investment in supportive housing for people who are homeless with severe mental disabilities. Data on 4,679 people placed in such housing in New York City between 1989 and 1997 were merged with data on the utilization of public shelters, public and private hospitals, and correctional facilities. A series of matched controls, people who were homeless but not placed in housing, were similarly tracked. Regression results reveal that persons placed in supportive housing experience marked reductions in shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated (authors).

Authors: Dolbeare, C.

Title: **Out of Reach: The Gap Between Housing Costs and Income of Poor People in the United States.**

Source: Washington, DC: National Low Income Housing Coalition, 1999. (Report: 14 pages)

Abstract: Millions of households in the U.S. cannot afford to pay for decent housing. This document was produced in an effort to provide information to policymakers and advocates on the extent of the affordability problem. It contains income and rental housing cost data for the fifty states and District of Columbia by state, metropolitan area, and county or, in the case of New England, town. For each, it calculates the income that renter households need to afford rental housing and estimates how many of these households cannot afford to pay the Fair Market Rent (FMR). It

also calculates what they would need to earn to pay the rent and keep their housing cost at 30 percent of their income, the generally accepted standard for affordability established by Congress and HUD.

Authors: Herr, S.S. and Pincus, S.M.

Title: **A Way to Go Home: Supportive Housing and Housing Assistance Preferences for the Homeless.**

Source: Stetson Law Review 13(2): 345-399, 1994. (Journal Article: 54 pages)

Abstract: This article examines the role Public Housing Agencies (PHAs) can play in providing permanent solutions to homelessness. Interestingly, new rules about public housing have given PHAs the latitude to move away from giving preferences to "worst-case" scenarios. According to the authors, PHAs sometimes have trouble in reconciling the objective of maintaining housing projects that are socially and economically viable. To balance these objectives, the authors contend that PHAs could selectively recruit homeless people already involved in service programs. The authors also review major supportive housing programs and call on communities to attack the root causes of homelessness by providing more services.

Authors: Hogan, M.F., Carling, P.J.

Title: **Normal Housing: A Key Element of a Supported Housing Approach for People with Psychiatric Disabilities.**

Source: Community Mental Health Journal 28(3): 215-226, 1992. (Journal Article: 12 pages)

Abstract: This article summarizes current thinking in the field about the types of housing environments which are most relevant both to the overall goal of community integration, and to the variety of specific support needs of individuals with psychiatric disabilities. Within the context of a "supported housing" approach, which focuses on maximizing consumers choices and preferences, using integrated regular housing stock, and making full array of community supports available, the authors propose a number of specific criteria which can be useful to community mental health organizations in planning for, or selecting housing (authors).

Authors: HomeBase, The Center for Common Concerns.

Title: **Transitional Housing: A Bridge to Stability and Self-Sufficiency.**

Source: San Francisco, CA: HomeBase, The Center for Common Concerns, 1998. (Report: 163 pages)

Abstract: This report was developed in response to requests for information and technical assistance from local governments, service providers, advocates, churches, and community groups looking to develop or enhance transitional housing programs in their communities. This report both introduces communities to the questions to be considered in pursuing transitional housing as a strategy to address homelessness and it lays out concrete recommendations for how to design and operate these programs (authors).

Authors: Hutchings, G.P., Emery, B.D., Aronson, L.P. (eds).

Title: **Housing for Persons with Psychiatric Disabilities: Best Practices for a Changing Environment.**

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1996. (Toolkit: 180 pages)

Abstract: This toolkit examines key issues in housing for persons with psychiatric disabilities in eight topic areas: (1) planning; (2) finance; (3) development; (4) rental assistance; (5) consumer preference; (6) managed care; (7) services and supports; and (8) rights and roles of landlords. The authors identify best practices in housing and supports that can be customized to meet the unique needs of particular communities.

Authors: Millennial Housing Commission.

Title: **Meeting Our Nation's Housing Challenges.**

Source: Washington, DC: Millennial Housing Commission, 2002. (Report: 130 pages)

Abstract: This report presents facts and figures describing the current state of housing in the US, particularly for low income families; explores why affordable housing is important with relationship to family stability and childhood outcomes, neighborhood quality, household wealth, and economic growth; and offers detailed recommendations to address the nation's housing challenges. While the findings and recommendations obviously reflect the great diversity of philosophy and experience represented, some fundamental precepts are agreed on. First, that housing matters, and second, that there is simply not enough affordable housing (authors).

Authors: Newman, S., Ridgely, M.S.

Title: **Organization and Delivery of Independent Housing to Persons with Chronic Mental Illness.**

Source: Administration and Policy in Mental Health 21(3): 199-215, 1994. (Journal Article: 17 pages)

Abstract: This article provides insights into alternative approaches to organizing -- and in some cases reconceptualizing -- mental health systems. Housing development and delivery are highlighted. It is based on research conducted as part of the national evaluation of the Robert Wood Johnson Program on Chronic Mental Illness (PCMI). The authors focus on four features of the organization and delivery of housing to chronically mentally ill individuals: (1) the structure of the housing development entity; (2) linkages between the housing and mental health systems; (3) targeting of tenant applicants for independent housing; and (4) special issues in providing housing assistance to the homeless mentally ill (authors).

Authors: Newman, S.J.

Title: **Housing and Mental Illness: A Critical Review of the Literature.**

Source: Washington, DC: The Urban Institute, 2001. (Literature Review: 81 pages)

Abstract: This book presents a critical review of the last 25 years of research on the role of housing and neighborhoods in the lives of persons with serious mental illness. Only studies with specific measures of housing and neighborhood attributes are included. This review is similarly limited to research that provides a description of the specific service context of study subjects, particularly the nature and extent of service availability and use. The author found that the majority of the studies suffer from one or more methodological weaknesses. These include unsystematic samples, poor documentation of measures or methods, selectivity bias, and potential endogeneity in key relationships. In addition, a number of the analyses are not grounded in a conceptual framework that can be tested. Further, most studies rely on correctional analysis, which cannot establish causation. As a result much remains unknown. In spite of these weaknesses, some tentative findings can be distilled, as well as hypotheses worth exploring using more rigorous research designs and methods (author).

Authors: AIDS Housing of Washington.

Title: **Put Your House in Order: Securing Your Supportive Housing Program's Future through Effective Asset Management.**

Source: Seattle, WA: AIDS Housing of Washington, 2002. (Report: 79 pages)

Abstract: This guide is intended for anyone with a role in managing supportive housing. By supportive housing the authors mean residences targeted to persons with special needs such as HIV/AIDS, mental illness, substance abuse, and other conditions that frequently occur with homelessness. Typically, such settings combine housing with supportive services to stabilize and insure the well-being of residents. This guide is particularly useful for groups who own real estate that is used to house and support special populations in this manner. Groups who lease property for their housing program will find this guide to be an education in long-term issues to anticipate, should they buy real estate in the future. Others who may have an interest in this guide are property managers associated with supportive housing and contract mangers or underwriters working for institutions with financial investments in supportive housing (authors).

Authors: Bazelon Center for Mental Health Law.

Title: **What "Fair Housing" Means for People with Disabilities.**

Source: Washington, DC: Bazelon Center for Mental Health Law, 2003. (Guide: 48 pages)

Abstract: This guide is completely updated from the 1999 edition, and explains in plain language how three federal laws protect the housing rights of people with mental or physical disabilities. The authors cover such topics as: discrimination when applying for housing; discrimination during tenancy; accessibility requirements; reasonable accommodations; and how to challenge discrimination.

Authors: Beyond Shelter.

Title: **The "Housing First" Program for Homeless Families: Methodology Manual.**

Source: Los Angeles, CA: Beyond Shelter, Inc., 1998. (Manual: 158 pages)

Abstract: This methodology manual provides a step-by-step guide to adapting Beyond Shelter's Housing First Program, which essentially bypasses completely or limits transitional housing and instead moves families who are homeless directly to permanent housing with supportive services provided after the move. The manual is targeted to program developers, directors and front-line staff working with families who are homeless.

Authors: Corporation for Supportive Housing.

Title: **Financing the Support in Supportive Housing (DRAFT).**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Unpublished Paper: 73 pages)

Abstract: This report includes a rationale for using Medicaid as a strategy for financing the services in supportive housing, an overview of what has been learned about using Medicaid in supportive housing, and describes the basics of the Medicaid program including eligibility, covered services, and the rules that govern which providers can obtain Medicaid reimbursement for the services they deliver. It also looks more closely at some strategies for using Medicaid to pay for services in supportive housing, and includes a description of the federal framework as well as examples from several states. Finally, the report describes the experiences of some supportive housing providers who have used Medicaid to pay for a portion of the costs of the services they deliver.

Authors: Goldman, H., Rachuba, L., Van Tosh, L.

Title: **Methods for Assessing Consumer Preferences for Housing and Support Services.**

Source: Baltimore, MD: The Housing Center, University of Maryland, 1993. (Report: 24 pages)

Abstract: The growing consumer movement has placed the assessment of consumer preferences for housing and supports at the center stage of planning for community mental health services. Research suggests that allowing consumers to choose where they want to live, with the supports they need and prefer, will help improve their housing stability and quality of life. While assessment of consumer preferences is rapidly becoming standard operating procedure, very little is known about the validity and reliability of these assessments. This paper provides an overview of current methods, discusses the validity and reliability of current instrumentation, and concludes with a proposal for new methods development (authors).

Authors: O'Hara, A., Day, S.

Title: **Olmstead and Supportive Housing: A Vision for the Future.**

Source: Lawrenceville, NJ: Center for Health Care Strategies, 2001. (Report: 29 pages)

Abstract: The Supreme Court's Olmstead v. L.C. decision of 1999 had major implications for consumers, multiple state and federal agencies, and health care providers. This report offers a basic primer on supportive housing, as well as a thorough review of states' current Olmstead planning efforts in this area. The authors hope that this report will help spur more state and local stakeholders to expand community-based supportive housing opportunities for people with disabilities (authors).

Authors: O'Hara, A., Miller, E.

Title: **Going It Alone: The Struggle to Expand Housing Opportunities for People with Disabilities.**

Source: Boston, MA: Technical Assistance Collaborative and the Consortium for Citizens with Disabilities Housing Task Force, 2000. (Report: 64 pages)

Abstract: The goal of this report is to assess and document what is and is not working in local communities to expand affordable housing opportunities for people with disabilities. The purpose of this work was three-fold: (1) to document the barriers which have constrained the disability community's housing efforts; (2) to identify existing examples of communities that have moved most successfully towards "best practices" to expand both homeownership and rental housing options for people with disabilities; and (3) to assess the need for a comprehensive program of housing technical assistance targeted to the disability community. The results of this analysis are presented as eight major findings, and the authors provide policy recommendations based on these findings.

Authors: Rafferty Zedlewski, S.

Title: **The Importance of Housing Benefits to Welfare Success.**

Source: Washington, DC: The Brookings Institution, 2002. (Report: 9 pages)

Abstract: This brief analyzes data from the Urban Institute's 1999 National Survey of America's Families on current and former welfare recipients to assess the importance of housing benefits for welfare success. The data show that despite reporting significantly more personal challenges that make employment difficult, poor families that had left welfare but received housing assistance did better at work than those without it. Also, families leaving welfare tend to retain housing benefits, unlike other work supports such as food stamps and Medicaid. The brief concludes that housing assistance can clearly make a difference in moving families from welfare to work (authors).

Authors: Reynolds, S.

Title: **Not a Solo Act: Creating Successful Partnerships to Develop and Operate Supportive Housing.**

Source: New York, NY: Corporation for Supportive Housing, 1997. (Report: 146 pages)

Abstract: Since the development and operation of supportive housing requires expertise in housing development, support service delivery and tenant-sensitive property management, nonprofit sponsors are rarely able to "go it alone." This how-to manual is a guide to creating successful collaborations between two or more organizations in order to effectively and efficiently fill these disparate roles. It provides worksheets and sample legal documents to help groups maximize their potential for success.

Authors: Ridgway, P., Zipple, A.M.

Title: **The Paradigm Shift in Residential Services: From the Linear Continuum to Supported Housing Approaches.**

Source: Psychosocial Rehabilitation Journal 13(4): 11-31, 1990. (Journal Article: 21 pages)

Abstract: The field of residential services has used the residential continuum as its predominant model or paradigm for the last decade. The old paradigm is breaking down under pressures that demand attention to basic housing needs. This article describes the basic concepts inherent in the paradigm shift that is moving the field toward supported housing models (authors).

Authors: Straka, D., Tempel, C., Lipson, K.

Title: **TANF Funding for Services in Supportive Housing for Homeless Families and Young Adults.**

Source: New York, NY: Corporation for Supportive Housing, 2001. (Report: 25 pages)

Abstract: This report sets forth a legal and policy analysis to support a model approach to using federal and state welfare funds to finance essential services for homeless families, families at risk of becoming homeless, homeless youth and young adults aging out of foster care, who face multiple barriers to stability and self-sufficiency. Many states have available large sums of money in the form of a federal Temporary Assistance for Needy Families (TANF) block grant surplus and a potential shortfall in State Maintenance of Effort (MOE) expenditures. These funds are well-suited to fill the gap in financing for supportive housing for homeless families, those at risk of homelessness, and young adults who would otherwise become homeless. In the fifth year of welfare reform, the time is ripe to implement family and young adult supportive housing initiatives (authors).

Authors: Tanzman, B.

Title: **An Overview of Surveys of Mental Health Consumers' Preferences for Housing and Support Services.**

Source: Hospital and Community Psychiatry 44(5): 450-455, 1993. (Journal Article: 6 pages)

Abstract: The author examined the methodology and results of studies that surveyed mentally ill clients' preferences related to housing and support services to gain an overview of demographic characteristics, current and preferred housing situations, and preferred types of staff supports and social and material supports in a nationally representative sample of clients. Consumers consistently reported that they would prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner, and not to live with other mental health consumers. Consumers reported a strong preference for outreach staff support that is available on call; few respondents wanted to live with staff. Consumers also emphasized the importance of material supports such as money, rent subsidies, telephones, and transportation for successful community living.

Authors: Tanzman, B.

Title: **Researching the Preferences of People With Psychiatric Disabilities For Housing and Support: A Practical Guide.**

Source: Burlington, VT: Center for Community Change Through Housing and Support, 1993. (Monograph: 165 pages)

Abstract: This manual is designed to be a guide for systematically collecting information about the housing, support and service preferences of people with psychiatric disabilities. Using actual studies as case highlights, this monograph provides a discussion of the purposes of gathering preference information, ways in which this information can be collected, and how different groups and systems have made use of preference findings (author).

Authors: Technical Assistance Collaborative, Inc.

Title: **Piecing it All Together in Your Community: Playing the Housing Game.**

Source: Boston, MA: Technical Assistance Collaborative, Inc., 1999. (Guide: 59 pages)

Abstract: This guide provides useful information to help the disability community understand the Department of Housing and Urban Development's (HUD) Consolidated Plan (ConPlan) and learn how to best advocate for safe, affordable, and decent housing. The guide describes the ConPlan, outlines what is included in a ConPlan, describes HUD's other strategic plans, such as the Continuum of Care and the Public Housing Agency Plan, and how they relate to the ConPlan, suggest how the disability community can become involved, and offers strategies that work.

Authors: Technical Assistance Collaborative.

Title: **Permanent Housing and HUD's Continuum of Care.**

Source: Opening Doors: Issue 13, March 2001. (Newsletter: 16 pages)

Abstract: This issue of Opening Doors discusses the entire Continuum of Care strategy, from the process of developing one to the planning of its strategy to the application for funding. The focus is on permanent housing and the Continuum of Care, and the opportunities to develop and expand permanent housing opportunities for homeless people with disabilities through the continuum. The Continuum of Care is the vehicle for obtaining federal homeless assistance funding for communities and it stresses local decision making and preferences. This Opening Doors has information for every Continuum, including: what is the Continuum of Care?; how do I get involved in my local Continuum?; what technical assistance is available?; and the recent Congressional push for increased permanent housing opportunities (authors).

Authors: Technical Assistance Collaborative.

Title: **Permanent Supportive Housing: A Proven Solution to Homelessness.**

Source: Opening Doors 20: January 2003. (Newsletter: 16 pages)

Abstract: This issue examines the federal government's recent focus on chronic homelessness and provides important research, data, and a concrete solution: permanent supportive housing. Permanent supportive housing is an effective solution for people with disabilities who have experienced long term homelessness. This type of housing is defined as decent, safe, and affordable community-based housing that provides residents with rights of tenancy and is linked to voluntary and flexible supports and services. Because so many people with disabilities experience chronic homelessness, it is important for the disability community to know more about the emerging federal policies, which are intended to end chronic homelessness in ten years. This issue provides specific recommendations directed to key federal programs that could provide the foundation for a significant expansion of permanent supportive housing. This issue also highlights national efforts that are working to end long term homelessness, establish a national housing trust fund, and create permanent supportive housing.

Authors: Technical Assistance Collaborative.

Title: **Creating Housing and Supports for People Who Have Serious Mental Illnesses.**

Source: Rockville, MD: Center for Mental Health Services, 1994. (Monograph: 74 pages)

Abstract: This monograph, commissioned by the Center for Mental Health Services, provides a historical perspective and offers practical advice on developing supported housing for people with serious mental illnesses. Topics include: developing a plan bringing key organizations together; housing management; planning for supportive services; basic financing; and mechanisms for coordination. Case studies state projects in Connecticut and Massachusetts, as well as community projects in Lasalle County, Illinois; Baltimore, Maryland; and Philadelphia, Pennsylvania are also included.

Authors: Turner, L., O'Hara, A.

Title: **Supported Housing and Services: A View From the Field.**

Source: The Housing Center Bulletin 3(3): 1-9, 1995. (Newsletter: 10 pages)

Abstract: This article discusses supported housing and its purposes: (1) to assure consumers of mental health services access to affordable, decent and permanent housing of their choice;(2) to provide a flexible and responsive system of community supports that can assist consumers in maintaining independence and a positive quality of life in the community. The authors' technical assistance experiences in helping systems to implement successful supported housing programs are discussed. Common core services in supported housing programs and the process of developing these services are explored from the point of view of service providers.

Authors: Witheridge, T.F.

Title: **Assertive Community Treatment as a Supported Housing Approach.**

Source: Psychosocial Rehabilitation Journal 13(4): 69-75, 1990. (Journal Article: 7 pages)

Abstract: This article examines the contributions of the assertive community treatment field to the development of a supported housing approach. The author highlights some of the residential strategies used by assertive community treatment workers, recommending continued experimentation at the local level. The article concludes with a description of the Thresholds Bridge Program in Chicago and a case illustration of the use of supported housing by that inner-city service provider (author).

Authors: Anderson, T.L., Shannon, C., Schyb, I., Goldstein, P.

Title: **Welfare Reform and Housing: Assessing the Impact to Substance Abuse.**

Source: Journal of Drug Issues 32(1): 265-295, 2002. (Journal Article: 32 pages)

Abstract: This article studies the effects of terminating the addiction disability on the housing status of former addiction disability recipients, and explores how disruptions in living situations increased risks for drug and alcohol use, criminal participation and victimization. The authors utilize insights from both individualistic and structural theories of housing or homelessness. A qualitative analysis, featuring in-depth interviews with 101 nonrandomly selected former recipients, revealed that disability benefits promoted housing autonomy, successful cohabitation, and overall housing stability. The termination of benefits, at a time of diminishing social services and a housing market explosion, increased various types of homelessness for respondents and dependency of family and friends. Such negative living outcomes, in turn, further escalated the risk of drug and alcohol use, criminal participation and victimization. Individual-level factors also complicated the matter. Implications for research and policy are discussed (authors).

Authors: Barrow, S.M., Soto, G.

Title: **Closer To Home: An Evaluation of Interim Housing for Homeless Adults.**

Source: New York, NY: Corporation for Supportive Housing, 1996. (Report: 105 pages)

Abstract: This report presents the results of a 15-month study of a model of interim housing designed to provide temporary accommodations for homeless people living in public places and to facilitate their transition into long-term housing. The study focuses on how six agencies serving New York City's "street" homeless have implemented interim housing to help their clients gain access to housing that suits their preferences and needs. The interim housing programs examined here consist of shared apartments and single or double rooms in SROs and YMCAs. Although the sites vary in administrative structure and in the amenities and service they offer, the interim accommodations all provide greater privacy, stability and protection than the streets, op-in centers or church shelters. They also give programs a means to engage clients who are ambivalent about services and enhance their interest in seeking housing. A baseline resident profile form is included (authors).

Authors: Beyond Shelter, Inc.

Title: **Housing First: Ending and Preventing Family Homelessness.**

Source: Los Angeles, CA: Beyond Shelter, Inc., 2003. (Program Description: 6 pages)

Abstract: This program description highlights Beyond Shelter, Inc., an organization which implements a housing-first approach to ending homelessness. It has assisted more than two thousand families who are homeless to rebuild their lives through affordable housing in residential neighborhoods throughout Los Angeles county. The process by which families are served, research design, demographics and findings of housing-first research, in correlation with Beyond Shelter, Inc., organization are also discussed (authors).

Authors: Corporation for Supportive Housing.

Title: **Supportive Housing for Youth: A Background of the Issues in the Design and Development of Supportive Housing for Homeless Youth.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Report: 50 pages)

Abstract: This report provides an initial assessment of the scope and breadth of the needs of homeless and at-risk youth, and highlights several promising residential program models. It concludes with some preliminary systems change recommendations. This exploration is based primarily on conversations and visits with youth providers in five markets. Though literature from other localities has been reviewed, this work was not meant as a complete national survey. Rather, the research presented is a background to the major issues facing some young adults today and some innovative program models that have been developed to address their needs (authors).

Authors: Culhane, D.P., Metraux, S., Hadley, T.

Title: **The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative.**

Source: Washington, DC: Fannie Mae Foundation, 2001. (Report: 62 pages)

Abstract: The study reported here examines services use by persons with severe mental illness (SMI) who are formerly homeless before and after being placed into a large supportive housing program in New York City. Administrative data from large public medical, psychiatric, criminal justice, and shelter service providers were used to assess an aggregate level of services demand for pre- and post-placement periods for this study group and for a set of controls. The extent to which reductions in these services are present and can be attributable to a supportive housing placement stand to foster broader insight into both services use patterns among homeless people with SMI and the effectiveness of supportive housing, especially in terms of cost (authors).

Authors: Emerson-Davis Family Development Center.

Title: **Supportive Residential Services to Reunite Homeless Mentally Ill Single Parents with their Children.**

Source: Psychiatric Services 51(11): 1433-1435, 2000. (Journal Article: 3 pages)

Abstract: This article outlines the Emerson-Davis Family Development Center in Brooklyn, New York City, which was opened in May, 1994. This residence is a renovated former college dormitory, where single parents separated from their families because of their mental illness and homelessness were reunited with their children and provided a healthy and safe home of their own. The article describes the staff, funding, program innovations, service delivery and community involvement associated with Emerson, and concludes that the family reunification process leads to gains for most participants, especially the children, even when reunification is not successful. Emerson services cost only 71 percent of traditional New York City shelter and foster care, and offers substantially more therapeutic and rehabilitative alternatives (authors).

Authors: Family Housing Fund.

Title: **The Supportive Housing Continuum: A Model for Housing Homeless Families.**

Source: Minneapolis, MN: Family Housing Fund, 1999. (Report: 30 pages)

Abstract: The Twin Cities are experiencing a growing problem with family homelessness. The primary response has been the development of transitional housing to provide a bridge for families between emergency shelters and permanent housing. The transitional housing programs provide families with a housing unit, usually for a period of six to 24 months, along with supportive services. This report proposes the development of a more comprehensive system of supportive housing that combines affordable housing with services for homeless families. While transitional housing is one type of supportive housing, a comprehensive supportive housing system encompasses a wider range of programs, including housing with very intensive services to meet the needs of severely troubled families (author).

Authors: Galster, G., Pettit, K., Santiago, A., Tatian, P.

Title: **The Impact of Supportive Housing on Neighborhood Crime Rates.**

Source: Journal of Urban Affairs 24(3): 289-314, 2002. (Journal Article: 26 pages)

Abstract: In this article, quantitative and qualitative methods are employed to investigate the extent to which proximity to 14 supportive housing facilities in Denver, CO, affect crime rates. The authors used focus groups with homeowners living near supportive housing as context for interpreting the economic results. The authors' findings suggest that developers who pay close attention to facility scale and siting can avoid negative neighborhood impacts and render their supportive housing invisible to the neighborhood. Implications for structuring local regulations and public education regarding supportive housing facilities follow (authors).

Authors: National Alliance to End Homelessness, Inc.

Title: **Tools to End Homelessness Among Families: Best Practice. Community Care Grant Program.**

Source: Washington, DC: National Alliance to End Homelessness, Inc., 2003. (Program Description: 4 pages)

Abstract: This program description outlines the history and background, program structure, eligibility, program services, and housing access of the Community Care Grant Program, which helps families access housing without ever entering a homeless shelter program, and offers transitional, intensive case management services to ensure the family stabilizes in housing. Case management, funding and outcomes from 1998-2002, and recommendations are also discussed (authors).

Authors: Rog, D.J., Gilbert-Mongelli, A.M., Lundy, E.

Title: **The Family Unification Program Final Evaluation Report.**

Source: Washington, DC: Child Welfare League of America Press, 1998. (Report: 62 pages)

Abstract: The intent of the Family Unification Program (FUP) is to reunify children with their parents or to prevent the out-of-home placement of children by providing timely housing assistance coordinated wth child welfare services. Results show 85% of the families participating in the FUP were still housed after 12 months. Overall, FUP families made significant strides toward becoming reunified or being preserved as a family. Upon closure of the child welfare case 62% of the families needing reunification had all of their children returned to them, and 90% of the at risk families were able to keep all of their children. The authors conclude that FUP is a promising model because families who remained residentially stable were more likely to keep their children or have their children return home.

Authors: Rog, D.J., Holupka, C.S., Brito, M.C.

Title: **The Impact of Housing on Health: Examining Supportive Housing for Individuals with Mental Illness.**

Source: Current Issues in Public Health 2: 153-160, 1996. (Journal Article: 8 pages)

Abstract: This article begins by reviewing the research on the relationship between homelessness and health, followed by a review of the housing literature for individuals who have serious mental illness. The authors examine the impact of supportive housing, residential stability and rehospitalization, and quality of life. Factors moderating the impact of supportive housing are also discussed, including consumer preference, housing quality, and housing characteristics.

Authors: Rog.,D.J., Gutman, M.

Title: **The Homeless Families Program: A Summary of Key Findings.**

Source: In Isaacs, S.L., and Knickman, J.R. (eds.), To Improve Health and Health Care. Indianapolis, IN: Jossey-Bass Inc., 1997. (Book Chapter: 23 pages)

Abstract: This chapter presents findings from the formal evaluation of the Homeless Families Program (HFP), which was jointly funded by the Robert Wood Johnson Foundation and the Department of Housing and Urban Development. The chapter offers insights into the problems faced by homeless families as well as the obstacles faced by program managers trying to bring about system reform. The authors also discuss the challenges involved in designing and implementing "enriched services" accompanying housing for the homeless. The authors state that gains in residential stability achieved by the families in the HFP are encouraging, but families' reliance on federal support for their basic needs and their lack of progress in employment raise questions about how long their situations will remain stable.

Authors: Sard, B., Harrison, T.

Title: **The Increasing Use of TANF and State Matching Funds to Provide Housing Assistance to Families Moving from Welfare to Work - 2001 Supplement.**

Source: Washington, DC: Center on Budget and Policy Priorities, 2001. (Report: 18 pages)

Abstract: The paper "The Increasing Use of TANF and State Matching Funds to Provide Housing Assistance to Families Moving from Welfare to Work" provides a detailed look at eight state and local programs that use federal TANF or state MOE funds to provide housing assistance to families attempting to make the transition from welfare to work. It also explains the issues that states and counties should consider in deciding which funding sources to use for particular housing programs. Since that paper was published, four additional states and localities, Michigan, Pennsylvania, Virginia, and Denver, CO have initiated housing programs using TANF funds. This supplemental paper first reviews HHS' relevant guidance and states' ability to transfer TANF funds to the Social Services Block Grant. It then explores the six new state and local initiatives that use TANF or MOE funds to help subsidize families' ongoing housing costs. These recent efforts provide further evidence that an increasing number of state and local governments are recognizing the importance of addressing families' housing needs as part of state welfare reform efforts (authors).

Authors: Straka, D., Tempel, C., Lipson, K.

Title: **TANF Funding for Services in Supportive Housing for Homeless Families and Young Adults.**

Source: New York, NY: Corporation for Supportive Housing, 2001. (Report: 25 pages)

Abstract: This report sets forth a legal and policy analysis to support a model approach to using federal and state welfare funds to finance essential services for homeless families, families at risk of becoming homeless, homeless youth and young adults aging out of foster care, who face multiple barriers to stability and self-sufficiency. Many states have available large sums of money in the form of a federal Temporary Assistance for Needy Families (TANF) block grant surplus and a potential shortfall in State Maintenance of Effort (MOE) expenditures. These funds are well-suited to fill the gap in financing for supportive housing for homeless families, those at risk of homelessness, and young adults who would otherwise become homeless. In the fifth year of welfare reform, the time is ripe to implement family and young adult supportive housing initiatives (authors).

Authors: Technical Assistance Collaborative.

Title: **HUD's HOME Program: Can It Really Work for People with Disabilities?**

Source: Opening Doors: Issue 16, December 2001. (Newsletter: 12 pages)

Abstract: The HOME Investments Partnership (HOME) Program is the largest federal program available exclusively to create new affordable housing. This issue of Opening Doors is designed to help the disability community learn more about the HOME program, how it works, and how it can be used to expand affordable housing for people with disabilities (authors).

Authors: Technical Assistance Collaborative.

Title: **Section 8 Made Simple: Using the Housing Choice Voucher Program to Assist People With Disabilities.**

Source: Boston, MA: Technical Assistance Collaborative, 2002. (Report: 98 pages)

Abstract: This report covers the United States Department of Housing and Urban Development's Section 8 Housing Choice Voucher Program in detail, including: overview of the Section 8 Program; how the Section 8 Program is administered; eligibility, applications, and waiting list process; screening, verification, and appeals; determining the total tenant payment and the Section 8 rent subsidy; getting a Section 8 voucher and obtaining housing; keeping a Section 8 voucher; reasonable accommodation and reasonable modification; Section 8 project-based assistance; and Section 8 homeownership assistance.

Authors: Tsemberis, S.

Title: **From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities.**

Source: Journal of Community Psychology 27(2): 225-241, 1999. (Journal Article: 17 pages)

Abstract: This article describes a supported housing program that provides immediate access to permanent independent housing to individuals who are homeless and have psychiatric disabilities. Following housing placement, assertive community treatment (ACT) teams provide treatment, support, and other needed services. The residential stability of tenants in this supported housing program was compared to that of tenants in a linear residential treatment program that serves the same population, but uses a step-by-step sequence of placements moving to supervised independent living. The 139 tenants of the supported housing program achieved a housing retention rate of 84.2% over a three-year period while the rate for 2,864 residents of the comparison program was only 59.6% over a two-year period. Additional data from direct interviews with the supported housing tenants were used to identify factors that predicted client participation in, and satisfaction with, particular services received (author).

Authors: Tsemberis, S., Asmussen, S.

Title: **From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model.**

Source: Alcoholism Treatment Quarterly 17(1/2): 113-131, 1999. (Journal Article: 19 pages)

Abstract: This article describes essential elements of the Consumer Preference Supported Housing (CPSH) Model of homelessness prevention in use at Pathways to Housing, Inc. in New York City. This intervention prevents homelessness by engaging and housing homeless substance abusers with psychiatric disabilities whom other programs have rejected as "treatment resistant" or "not housing ready." The CPSH model is built on the belief that housing is a basic right for all people. As opposed to the housing continuum model, housing is based on consumer choice and is not connected to compliance or treatment. Housing is provided immediately, and there are separate criteria for housing and treatment needs. Support services are aimed at integration of mental health and substance abuse services (authors).

Authors: Tsemberis, S., Eisenberg, R.F.

Title: **Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities.**

Source: Psychiatric Services 51(4): 487-493, 2000. (Journal Article: 7 pages)

Abstract: This study examined the effectiveness of the Pathways to Housing supported housing program over a five-year period. Unlike most housing programs that offer services in a linear, step-by-step continuum, the Pathways program in New York City provides immediate access to independent scatter-site apartments for individuals with psychiatric disabilities who are homeless and living on the street. The authors concluded that the Pathways supported housing program provides a model for effectively housing individuals who are homeless and living on the streets. The program's housing retention rate over a five-year period challenges many widely held clinical assumption about the relationship between the symptoms and the functional ability of an individual. Clients with severe psychiatric disabilities and addictions are capable of obtaining and maintaining independent housing when provided with the opportunity and necessary supports (authors).

Elderly Housing/Assisted Living

Authors: Schuetz, J.

Title: **Making Affordable Assisted Living a Reality**

Source: Fannie Mae Foundation's *Housing Facts & Findings* 5(3): 1, 4-6, 2003. (Newsletter article: 4 pages)

Abstract: This article examines how advocates and developers can work with state and local governments to make assisted living affordable.

Authors: The Assisted Living Workgroup (ALW)

Title: **Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulation and Operation**

Source: Washington, DC: NCB Development Corporation (NCBDC) and the Consumer Consortium on Assisted Living (CCAL), 2003. (Report: 381 pages)

Abstract: The Assisted Living Workgroup (ALW), a broad-based coalition of consumer advocates, assisted living providers, health care professionals, aging organizations, and regulatory agencies, spent 18 months drafting recommendations for improving quality of care in assisted living in response to a request from the Senate Special Committee on Aging. NCBDC was a participant in all aspects of the ALW, serving as a participant, a Steering Committee member, and a co-chair of the Affordability Topic Group.

Authors: Jenkins, R.

Title: **Bringing Home Affordable Assisted Living**

Source: Assisted Living Today 9(7): 32-34, 2002. (Journal Article, 3 pages)

Abstract: This article presents a discussion on how the Coming Home program offers technical and other assistance for development of low-cost properties.

Authors: Stires, D.

Title: **The Gray Charade**

Source: Smart Money: 138-145, 1999. (Journal Article, 8 pages)

Abstract: The author presents his thoughts on the empty promise of assisted living. He cites facilities that fail to care for residents as their needs increase. Frequently, these facilities discharge seniors once they require more care or leave them with little choice but to move out. This SmartMoney article encourages providers and prospective residents to take a closer look at the philosophy of "aging in place," what is promised and what is being delivered.

Authors: Kapp, M. and Wilson, K. B.

Title: **Assisted Living and Negotiated Risk: Reconciling Protection and Autonomy**

Source: Journal of Ethics, Law, and Aging, 1(1): 5-13, 1995 (Journal Article, 9 pages)

Abstract: The authors explore the concept of negotiated risk by presenting hypothetical scenarios that illustrate various practical applications of this progressive, ethical idea. This paper delves into the issue of promoting optimum health standards, while preserving personal dignity.

Authors: Manard, B.

Title: **Assisted Living For Changing Needs**

Source: Health Progress, 1999 (Journal Article)

Abstract: The author has written a comprehensive overview of the assisted living industry. Starting with a brief history of long-term care, and covering everything from practical approaches to program issues to housing that nurtures the human spirit, the author provides advice on how to create mission-driven assisted living.

Authors: Edelstein, S.

Title: **Assisted Living: Recent Developments and Issues for Older Consumers**

Source: Stanford Law and Policy Review, 9(2): 1998. (Journal Article)

Abstract: The author takes a critical look at the concept of "aging in place" and the accuracy of the term.

Authors: Nolan, D.

Title: **Iowa Coming Home Program's "Monitoring for Quality Care in Assisted Living"**

Source: Washington, DC: NCB Development Corporation (NCBDC), 2003. (Report, 11 pages)

Abstract: This report summarizes the findings of an evaluation of the Iowa *Coming Home Program's* "Monitoring for Quality Care in Assisted Living" (MQCAL) pilot project. The purpose of the evaluation was to determine: 1) the effectiveness of consumer-driven quality measures developed and implemented under the MQCAL project; 2) the reliability and validity of consumers, families and employees as reporters and evaluators; and 3) the effectiveness of using a cooperative quality monitoring model for driving improvements in Iowa's assisted living programs (ALPs). The pilot program was implemented by the Iowa Department of Elder Affairs (IDEA) under a grant and with technical assistance from NCB Development Corporation's *Coming Home Program* during fiscal years 2000-2001.

Authors: Mollica, R.

Title: **State Assisted Living Policy 2002**

Source: Portland, ME: National Academy for State Health Policy, 2002. (Report: 10 pages)

Abstract: The author examines current regulations and Medicaid reimbursement policies for assisted living facilities in each of the 50 states. The report includes detailed comparisons of state policy and a summary of each state's assisted living regulations.

Authors: Schuetz, J.

Title: **Affordable Assisted Living: Surveying the Possibilities**

Source: Cambridge, MA: The Joint Center of Housing Studies, Harvard University, 2003. (Report: 112 pages)

Abstract: This report outlines the issues surrounding the development of affordable assisted living for low-income seniors. The author investigates the demand for affordable assisted living and the challenges of subsidizing the development and maintenance of housing programs for seniors. The author argues that affordable assisted living for lower income seniors provides not only a more comfortable environment than institutional care, but also a more cost-effective one. States should coordinate funding and initiatives, develop flexible facility regulation, and facilitate the appropriate application of Medicaid funds for assisted living.

Authors: Hawes, C. and Phillips, C.

Title: **High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results from a National Survey**

Source: College Station, TX: Texas A&M University System Health Science Center, 2000.

Abstract: The most rapidly growing form of senior housing in recent years has been a form of supportive housing or residential long-term care known as assisted living. This growth has been a response to several factors, including the aging of the population, the preferences of the elderly for settings other than nursing homes, the availability of private financing for development and construction of assisted living facilities (ALFs), and public policies aimed at containing use of nursing homes. This report presents data on 41% of the ALFs nationwide and on the residents and staff in those facilities. These are the facilities among all ALFs that offer the highest levels of services and

privacy. This report was prepared under contracts between the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy (ASPE) and Research Triangle Institute.

Authors: Waidmann, T and Thomas, S.

Title: **Estimates of the Risk of Long-Term Care: Assisted Living and Nursing Home Facilities**

Source: Washington, DC: The Urban Institute, 2003. (Report, 24 pages)

Abstract: The importance of assisted living facilities (ALF) in meeting the long-term care needs of the older population has grown significantly in recent years. This report examines the characteristics of persons entering assisted living and nursing facilities in a multivariate context to determine what factors are independently associated with the risk of moving from community dwelling to these settings, and whether the factors associated with ALF transitions are different from those associated with traditional nursing home admission. The authors seek to determine whether assisted living facilities can be considered an alternative type of institution to traditional nursing facilities, serving individuals with similar profiles, or whether an entirely different set of factors leads individuals to move to these settings. This report was prepared for the Office of Disability, Aging, and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Authors: Spillman, B., Liu, K., and McGilliard, C.

Title: **Trends in Residential Long Term Care: Use of Nursing Homes and Assisted Living and Characteristics of Facilities and Residents**

Source: Washington, DC: The Urban Institute, 2002. (Report, 31 pages)

Abstract: The authors use data from the Medicare Current Beneficiary Survey (MCBS), which represents the full Medicare population, regardless of living arrangement, to describe characteristics of elderly residents of both types of facility and the characteristics of the facilities. The sample is limited to beneficiaries age 65 or older. The authors compare the characteristics of the two populations and types of facilities and explore changes in those Characteristics between 1992 and 1998. Individual characteristics examined include measures of health, activities of daily living, and age of individuals in nursing homes and assisted living facilities. The size, ownership and service package of the facilities are also compared.

Authors: Spillman, B.

Title: **Changes in Elderly Disability Rates: Implications for Healthcare Utilization and Costs**

Source: Washington, DC: The Urban Institute, 2002. (Report, 42 pages)

Abstract: In this study, the 1984 to 1999 National Long-Term Care Survey (NLTCS) and the Medicare Current Beneficiary Survey (MCBS) were used to understand the nature of recent declines in elderly disability rates and their implications for health care utilization and costs. Understanding the structure of the decline will give insight into the reasons for the overall decline, the likelihood that disability rates will continue to fall in the future, and its potential impact on health care spending. This project is a first step in understanding the policy implications of the changes that we are observing in elderly disability rates. This report was prepared for the Office of Disability, Aging, and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Authors: Hawes, C. and Phillips, C.

Title: **A National Study of Assisted Living for the Frail Elderly: Final Summary Report**

Source: College Station, TX: Texas A&M University System Health Science Center, 2000. (Report)

Abstract: The purpose of this project is to analyze the role of assisted living within the current long-term care system from the perspective of consumers, owners/operators, workers, regulators, investors and other stakeholders, and to issue a report on its current status and future directions. The study addresses several broad policy-relevant issues, including supply and demand trends; barriers; how closely practice parallels philosophy; the impact of key features on outcomes; and quality and accountability. This report was prepared under contracts between the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy (ASPE) and Research Triangle Institute.

Authors: Smith, G., O'Keeffe, J., Carpenter, L., Doty, P., Kennedy, G., Burwell, B., Mollica, R., and Williams, L.

Title: **Understanding Medicaid Home and Community Services: A Primer**

Source: Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy (ASPE), 2000. (Report: 246 pages)

Abstract: This Primer is designed to encourage use of the Medicaid program in a manner that minimizes reliance on institutions and maximizes community integration in a cost-effective manner. Its intended audience is policymakers and others who wish to understand how Medicaid can be used— and is being used—to expand access to a broad range of home and community services and supports, and to promote consumer choice and control. In addition to comprehensive explanations of program features states can implement to achieve these goals, the Primer presents examples of state programs that have taken advantage of Medicaid's flexibility to expand home and community services for people of all ages with disabilities.

Authors: United States General Accounting Office

Title: **Consumer Protection and Quality-of-Care Issues in Assisted Living**

Source: Washington, DC, United States General Accounting Office, GAO HEHS 09-93, 1997 (Report, 41 pages)

Abstract: There is rising concern that the rapid growth in the assisted living industry may be outpacing many states' ability to monitor and regulate care. To determine whether an assisted living facility is appropriate for them, prospective residents rely on information provided by the facility, including contracts that set forth residents' rights and provider responsibilities. These contracts are often vague and confusing. This U.S. General Accounting Office report discusses state management of quality-of-care issues, and the need to provide prospective residents with accurate and adequate information for the decision-making process.

Authors: Leutz, W.

Title: **Policy choices for Medicaid and Medicare waivers**

Source: The Gerontologist 39(1): 86-93, 1999. (Journal Article, 8 pages)

Abstract: This article reviews the authority and processes for issuing Medicare and Medicaid waivers, highlights waiver-based differences in states' home- and community-based (HCB) service systems, and critiques emerging efforts to capitate, integrate, and privatize the long-term care system. Potential pitfalls relate to payment rates, risk, service substitution, accountability, and drains on HCB infrastructure. Before merging HCB services into larger prepaid systems, policy makers are advised to examine implementation challenges, resist ad hoc fixes, clarify HCB entitlements, and strengthen current infrastructure.

Authors: Wiener, J. and Stevenson, D.

Title: **Long-Term Care for the Elderly: Profiles of Thirteen States**

Source: Washington, DC: The Urban Institute, 1999. (Report, 87 pages)

Abstract: This report focuses on long-term care for the elderly in each of the 13 states that have received intensive examination in the Assessing the New Federalism study: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. In particular, this report summarizes efforts within these states to control the rate of increase in Medicaid long-term care expenditures for the elderly.

Authors: Wilson, K.

Title: **Assisted Living: Reconceptualizing Regulation to Meet Consumers' Needs and Preferences**

Source: Washington, DC: American Association of Retired Persons, Public Policy Institute, 1996 (Book: 149 pages)

Abstract: The author outlines a potential framework for an outcome-oriented regulatory process for assisting living settings for frail and cognitively impaired adults. In theory, a consumer-focused, outcome-oriented system would not focus on how things are done, since process compliance often fails to serve as a satisfactory proxy for achieving the desired outcomes. Instead, such an approach would focus on whether defined results--including direct measures of tenant satisfaction--are being achieved. To encourage discussion based on the reality of day-to-day implementation issues, the framework offers specific examples of how such a system might be operationalized to define minimum standards and consumer-oriented outcome goals; measure tenant satisfaction with services, environment, and autonomy; show how vulnerable consumers would be protected; establish monitoring scopes and frequencies; quantify and assess responsibility for outcomes; and design a system to improve providers' performance if their efforts are judged ineffective or deficient.

Authors: **Mollica, R. and Jenkins, R.**

Title: **State Assisted Living Practices and Options: A Guide for State Policy Makers**

Source: The Coming Home Program (Publication: 92 pages)

Abstract: Creating a policy environment that will encourage the development of affordable assisted living in rural areas is the goal of the Coming Home Program. There are three major policy factors that impact operators' willingness and capacity to develop and operate affordable assisted living: 1) state regulations, 2) state reimbursement mechanisms, and 3) state housing finance programs. This guide is the first product in the Coming Home Program's effort to provide technical assistance to policy makers in these three areas. This publication was funded under a grant from The Robert Wood Johnson Foundation

Appendix D

RECOMMENDED SUPPORTIVE HOUSING TYPOLOGY

Arlington County Supportive Housing Typology

Principles/Dimensions of Housing	Permanent Supportive Housing	Transitional Housing	Residential Services Programs (Group Homes, Assisted Living)
Relationship of Housing to Services	Services are linked to the housing but are considered voluntary. Services are not mandated as a condition of residency in the housing. ***Required for Permanent Supportive Housing***	Participation in services is a condition of residency in the housing.	Participation in services is a condition of residency in the housing.
Choice	Residents are able to choose their living arrangements (i.e. choice of unit rather than a housing "placement," chose to live alone, chose to live with roommate(s) chosen by them, etc.)	Resident may or may not have a choice of unit. Resident may or may not have a choice of roommate(s) /housemate(s).	Resident may or may not have a choice of unit. Resident may or may not have a choice of roommate(s) /housemate(s).
Community Integration	Housing setting is consistent with community norms for standard rental housing and helps advance community integration goals for people with special needs.	Housing setting may or may not be consistent with community norms for standard rental housing.	Housing setting may or may not be consistent with community norms for standard rental housing units.
Permanency, Tenure, and Applicability of Landlord/Tenant laws	Housing is considered permanent. Landlord/tenant law governs operation of the housing. Residents have leases or rental agreements. ***Required for Permanent Supportive Housing***	Housing is considered transitional. Time limits apply. Standard landlord/tenant laws may not apply. Residents typically do not have a standard lease or rental agreement but may have a program agreement of some type. There typically are programmatic or service-related time limits/accomplishments which determine length of stay. ***Required for Transitional Housing***	Housing may or may not be permanent. Standard landlord/tenant laws do not apply. Residents typically do not have a lease or rental agreement. Tenure in housing may be related to clinical or service related determinations.

Principles/Dimensions of Housing	Permanent Supportive Housing	Transitional Housing	Residential Services Programs (Group Homes, Assisted Living)
Supportive Services	County agrees to directly provide, or to fund or to otherwise facilitate the delivery of supportive services to residents. However, participation in supportive services is entirely voluntary and is not made a condition of residency. Services may be delivered on-site or off-site. ***Required for Permanent Supportive Housing***	There is a specific program of supportive services that, at a minimum, are designed to help residents build the skills necessary to transition successfully to permanent housing. Services may be delivered on-site or off-site. ***Required for Transitional Housing***	There is a specifically designed supportive services program that is intrinsic to the housing setting. Residents must agree to accept some or all of these services in order to continue to reside in the housing. At least some of these services are site-based.
Control of Dwelling/Privacy	Resident controls access to the dwelling unit by others in accordance with landlord tenant law. ***Required for Permanent Supportive Housing***	Resident may or may not have control over access to the dwelling unit.	Resident typically does not have control over access to the dwelling unit.

Appendix E

ARLINGTON COUNTY CURRENT SUPPORTIVE HOUSING RESOURCES

Arlington County Current Supportive Housing Resources

A. *Housing Name*	*B.* *Type of Housing*[55]	*C.* *Owner/ Manager of Property*[56]	*D.* *Service Provider Name*	*E.* *Population Served*[57]	*F.* *Capacity:Units; Slots; People*	*G.* *Accessible Units*	*H.* *Services Funding*[58]	*I.* *Housing Funding*[59]	*J.* *Additional Information*
13th Street Assisted Living Facility (ALF)			DHS	MH	8 consumers				All bedrooms are shared, and a counselor is available 24-hours a day.
Adopt-A-Family			Arlington-Alexandria Coalition for the Homeless	HM, Fam					Transitional housing.
Buchanan St. Townhouses			DHS	MH, (women only)	3 consumers				Consumers must have Medicaid and be eligible to receive Support Services to be considered.
Carlin Springs Transitional Home			Community Residences	HM, MH	4 consumers				Transitional housing.
Cleveland Cheshire Home				PwD	6 units/1BR	6 units		HUD202, disabled	
Columbia Grove		Paradigm Management	DHS	PwD	8 units (potential)			LPACAP	Columbia Grove is currently under development. It will be an affordable housing project with a total of 210 units of one and two bedroom apartments.
Community Living Alternatives			Community Living Alternatives	MR/DD	4 consumers/ 2 units				
Community Residences			Community Residences	MR/DD	8 consumers				1 ICF/MR.
Community Residences			Community Residences	MR/DD	36 consumers/ 7 group homes				
Community Residences			Community Residences	MR/DD	9 consumers/ 3 units				
Community Residences			Community Residences	MR/DD	12 consumers/ 2 ICF				To be opened in FY05.
Community Systems			Community Systems	MR/DD	5 consumers/ 2 group homes				
Community Systems			Community Systems	MR/DD	2 consumers/ group home				
Culpepper Garden I		Culpepper Garden	DHS (?)	Eld, PwD	210 units/Eff.	0 units		HUD Section 236	
Culpepper Garden II		Culpepper Garden	DHS (?)	Eld, PwD	63 units/1BR	6 units		HUD 202	
Culpepper Garden III		Culpepper Garden	DHS (?)	Eld, PwD	73 units/1BR	0 units		HUD202	
Elizabeth's House			Borromeo Housing	Fam, HM	20 consumers				Transitional housing.

[55] Code: PSH, Transitional, Other (i.e. Group Home, Congregate, ALF)
[56] If property is leased, indicate when lease expires
[57] Code: MR/DD = Mental Retardation/Developmental Disabilities; MH= Mental Health; PwD = People with Disabilities (not targeted to specific disability subpopulation); PhysDis = Physical Disabilities; Youth; Eld = Elders; Fam = Family; DV = Domestic Violence; HM = Homeless (More than one code can be used per property), SA = Substance abuse
[58] Code: Medicaid Only; Medicaid Plus other funds; State; County; HUD McKinney; LPACAP; Auxiliary Grants;
[59] Code: HUD202; HUD811; HUD McKinney; Section 8 PBA, VHDA; County AHIF; LPACAP; Housing Grants; CDBG, Section 236, PRAC

A. *Housing Name*	*B.* *Type of Housing*[55]	*C.* *Owner/ Manager of Property*[56]	*D.* *Service Provider Name*	*E.* *Population Served*[57]	*F.* *Capacity:Units; Slots; People*	*G.* *Accessible Units*	*H.* *Services Funding*[58]	*I.* *Housing Funding*[59]	*J.* *Additional Information*
Elmwood House				Eld	50 units/1BR	0 units		HUD202	
Emergency Winter Shelter			Arlington Street People's Assistance Program (A-SPAN)	HM	40 consumers				
Fillmore Street Assisted Living Facility (ALF)			DHS	MH	7 consumers				All bedrooms are shared, except one, and a counselor is available 24-hours a day.
Hartwood Foundation, Inc.			Hartwood Foundation, Inc.	MR/DD	1 consumer				Respite facility.
HOPE Program		Arlington Partnership for Affordable Housing	DHS	MH	4 consumers				Set-aside units in multi-family rental housing.
Hunter's Park Elderly Building								DHS (AHIF and Section 8 PBV)	Retain service coordinators on staff.
Independence House			DHS/Vanguard Services	HM, SA	16 consumers				Transitional housing.
Intensive Supported Living Service			Fellowship Health Resources, Inc.	MH	2BR/ 3BR				This housing offers two and three bedroom apartments and town homes. Staff is available on site during waking hours. Rent is $200/month.
Ivy St. Townhouses			DHS	MH	3 consumers (men only)				Consumers must have Medicaid and be eligible to receive Support Services to be considered. There is no live-in, on-site supervision. Each consumer is assigned a support services staff person, who assists them with daily living skills.
Job Discovery, Inc.			Job Discovery, Inc.		4 consumers				Group home.
Lockwood House				Eld, PwD	100 units/ Eff/ 1 BR/ 2BR	10 units		HUD202	
Milestones		Arlington Housing Corporation (AHC)	DHS	HM, PwD	8 1BR units/ 1 2BR unit			HUD McKinney S+C	Set-aside units in multi-family rental housing.
Nelson Cheshire Home		Community Residences		PwD	7 units/ 1BR	6 units		HUD811	
Oak Springs			DHS	PwD	39 units			LPACAP	The Oak Springs project is under development.
Patrick Henry Apartments			Fellowship Health Resources, Inc.	MR/DD	5 consumers/ 3 units				
Re-Entry Program			Vanguard Services	HM	4 consumers				
Residential Program Center			Volunteers of America	HM	44 consumers				Emergency shelter.
Roosevelt Street Group Home			DHS	MH	6 units	6 units/1BR		HUD811	Group home.

A. *Housing Name*	*B.* *Type of Housing*[55]	*C.* *Owner/ Manager of Property*[56]	*D.* *Service Provider Name*	*E.* *Population Served*[57]	*F.* *Capacity:Units; Slots; People*	*G.* *Accessible Units*	*H.* *Services Funding*[58]	*I.* *Housing Funding*[59]	*J.* *Additional Information*
Safe Haven			Community Residences	HM, MH, SA	5 consumers				Transitional housing.
South 7th Street Group Home				PwD	6 units/Eff.	6 units		HUD811	
St. John's Community Services			St. John's Community Services	MR/DD	2 consumers/Group homes				Group homes in Fairfax.
Sullivan House			Arlington-Alexandria Coalition for the Homeless	HM, Fam	50 consumers				Emergency shelter.
TACTS Domestic Violence Shelter			Arlington Community Temporary Shelter	HM, Fam	16 consumers				Emergency shelter.
TACTS Emergency Shelter			Arlington Community Temporary Shelter	HM, Fam	11 consumers				Emergency shelter.
TACTS Transitional Housing			Arlington Community Temporary Shelter	HM, Fam	15 consumers				Transitional housing.
Vaughn Ball Group Home			DHS		8 consumers/ 8 1BR				
Volunteers of America, Chesapeake			Volunteers of America		8 consumers/ 2 group homes				
			Behavioral Health Care	MH	70 consumers			DHS Bureau of Assistance Auxiliary grants	

Appendix F

BEST PRACTICES EXAMPLES

Best Practices Examples for Arlington County Department of Human Services

Strategies

1) **Housing Support Teams**
2) **Linkages to Set Aside Units through Accessible Unit/Vacancy Clearinghouse**
3) **Shared Housing and Unrelated Disabled Households**
4) **Housing First**
5) **Permanent Housing for Families with Transitional Services**
6) **Pooled Charitable Housing Trusts**
7) **Structured Supportive Housing Initiatives**
8) **Challenge Grants**

Strategy #1 – Housing Support Teams

Recognizing the need for specific housing-related support services for people with special needs, some communities utilize the Housing Support Team (HST) model. HSTs are specific human service staff that have extensive experience in the delivery of housing services and have a thorough understanding of the affordable housing delivery system – its key players, policies, and planning activities. HSTs are sometimes structured to be cross disability – providing housing related support services to any person with a disability or special need, rather than one specific sub-population.

The type of housing-related support services that can be provided by HSTs often includes helping consumers search for housing [e.g., completing housing applications (including Section 8 and public housing applications, if applicable); negotiating with landlords and Public Housing Agencies; etc.], and providing ongoing stabilization services once the consumer is housed. These services could include assistance with: paying rent; locating community amenities; buying furnishings and needed household goods; and maintaining the cleanliness of the apartment. In addition, HSTs often work with consumers to address housing problems when they arise. For example, HSTs can provide assistance with tenant-landlord mediation, including the utilization of the protections included in the fair housing laws, to resolve any issues and/or prevent eviction.

Housing-Related Support Services, Massachusetts Housing Options Program

The Massachusetts Department of Housing and Community Development (DHCD), a statewide PHA, works in partnership with six other state health and human service agencies to target Section 8 vouchers to homeless people with disabilities in the Greater Boston area through the Housing Options Program (HOP). Initially funded through a set-aside of 170 vouchers made available through a HUD Notice of Funding Availability, HOP brings together the housing resources needed by homeless people with disabilities and a range of support services. These services are funded by the Department of Mental Health, Department of Mental Retardation, Massachusetts Rehabilitation Commission, and two offices within the Department of Public Health (the bureaus of Substance Abuse Services and HIV/AIDS). This program has proven to be such a success that DHCD set aside an additional 170 vouchers for HOP.

This success of this program derives from the high level of collaboration from all of the agencies involved and the existence of a lead agency, JRI Health, which provides housing-related support services. Supported with funding from each participating state agency, JRI Health provides overall

coordination of all HOP activities, minimizes the administrative burden, and ensures that HOP offers a seamless system of housing and supports for homeless people with disabilities.

JRI Health screens applicants for initial program eligibility with regards to homeless status, income, and current household composition. All applicants sign a Program Participation Agreement that lays out the expectations of the program. Participating in ongoing supportive services is not mandatory and the rental assistance is not contingent upon the receipt of services. However, the expectations are stipulated to encourage the ongoing acceptance of services. After the initial screening, JRI Health provides intensive assistance with housing search – including negotiating with landlords, identifying funds for security deposits, transportation, filling out housing applications, etc. – as well as ongoing stabilization services to assist with housing-related tasks after move-in. Within a few months after move-in, JRI Health coordinates with existing case managers from the involved state human service agencies to ensure that the participant's transition into permanent housing is seamless.

Contact:
Mary Anne Morrison
Director, Bureau of Federal Rental Assistance
Massachusetts Department of Housing and Community Development
100 Cambridge Street, Suite 300
Boston, MA 02114
(617) 573-1208
mary.anne.morrison@state.ma.us

State of Hawaii Housing Support Teams

The State of Hawaii's Adult Mental Health Division (AMHD) has partnered with Steadfast Housing Development Corporation (SHDC), a private non-profit housing organization that administers a state-funded rental subsidy on behalf of AMHD and also provides Housing Support Team (HST) services through an AMHD contract. The HSTs offer participants housing-related support services (such as assistance locating appropriate units in the community; working with landlords to negotiate rents, utilities, and leases; compiling necessary income and eligibility paperwork; etc.), and – with permission – contacts case managers if clinical assistance is needed by a consumer. However, participation in the rental subsidy program is not contingent on the receipt of supportive services.

Contact:
Bernie Miranda
State of Hawaii Adult Mental Health Division
3675 Kilauea Avenue
Honolulu, HI 96816
(808) 733-8287
bfmirand@health.state.hi.us

Strategy #2 – Linkages to Set Aside Units through Accessible Unit/Vacancy Clearinghouse

A vacancy clearinghouse serves as a mechanism to link affordable housing units set aside for households that meet specific eligibility criteria to those eligible households. These criteria could include income levels, disability status, need for accessible features, etc. For example, some communities operate clearinghouses that target populations such as homeless families or people

with disabilities or want to link accessible units to people with disabilities in need of accessible housing.

A clearinghouse is particularly useful for communities with affordable housing set-aside requirements for government-funded units. The clearinghouse system expedites the link between the household searching for housing and the vacant unit thereby decreasing the amount of time that a property owner has to advertise.

Sometimes a third party, such as a non-profit organization, administers a vacancy clearinghouse. However, some communities have utilized the local housing and community development department as the lead agency for the project. The clearinghouse may take the form of an online resource or an internally managed database.

City of Boston Homeless Set-Aside Units and Vacancy Clearinghouse

Since 1997, the City of Boston has maintained a policy that requires rental housing developments with ten units or greater to include a minimum set-aside of 10 percent of the rental housing units for homeless households and/or individuals with an income no greater than 30 percent of the median income. To date, over 350 homeless set-aside units have been developed as a result of this initiative.

The policy states that initial rents for the homeless set-aside units can not exceed 30 percent of the median income for a household earning 30 percent of the area median income adjusted for household size. As a result, all set-aside units must be underwritten in order to serve this population. Boston's housing development agency, the Department of Neighborhood Development (DND), works closely with housing developers to identify sources of funding to help underwrite the units set aside for homeless households. Historically, DND has utilized Section 8 and Housing Opportunities for Persons With AIDS (HOPWA) project-based assistance resources to provide operating subsidies for the set-aside units.

In addition, Boston requires that developers/owners adopt tenant screening and selection criteria that recognizes the unique circumstances of homeless households (i.e., appropriately mitigates negative aspects associated with homelessness and/or the household's past housing history). When set-aside units "turn over" the units must continue to be targeted to homeless households.

To minimize the amount of time that a set-aside unit is vacant and ensure that the unit is filled with the appropriate targeted household, DND has contracted with HomeStart, Inc. – a Boston-based non-profit housing organization – to operate a vacancy clearinghouse that matches people who are homeless with these set-aside housing units. As such, HomeStart monitors leasing activity, conducts outreach to property management companies, streamlines the tenant application process and provides information and outreach to potential applicants and referral sources for the set-aside units. In order to ensure the success of the clearinghouse, accurate data must be maintained on the set-aside units. As such, as a requirement for receiving funds from the City, the property owner must notify HomeStart when a vacancy in a set-aside unit is anticipated or has occurred.

HomeStart also has capacity to provide limited stabilization services to homeless households for up to one year after placement in housing. HomeStart, which primarily serves the single adult population, has subcontracted with Homes for Families, a collaboration of family shelter providers, for the provision of outreach and stabilization to homeless families.

Contact:
Naomi Sweitzer (for information on the Vacancy Clearinghouse)
Assistant Director
HomeStart, Inc.
105 Chauncy Street
Boston, MA 02111
(617) 542-0338
Sweitzer@homestart.org

Elizabeth Doyle (for information on the homeless set-aside policy)
City of Boston Department of Neighborhood Development
26 Court Street
8th Floor
Boston, MA 02108
(617) 635-0247
elizabeth.doyle.pfd@ci.boston.ma.us

Mass Access Accessible Housing Registry

In 1990, the Massachusetts legislature enacted the Housing Bill of Rights for Persons with Disabilities. This legislation is similar to the federal fair housing laws in that it established accessibility and adaptability requirements in residential new construction. Included in this legislation was the requirement a "central registry" of accessible and adaptable housing be established, now known as the Mass Access Housing Registry computer database. This database includes every accessible and adaptable residential unit in Massachusetts, including subsidized and market rate units of all sizes. Mass Access not only tracks units that are wheelchair accessible or adaptable, but also those units that are accessible to people with sensory disabilities and other disabilities. In 2000, the Mass Access database included 2,406 developments, 206,851 total units, and 11,362 accessible units. In 2000, 421 vacancies were reported to Mass Access; 63 percent of these had subsidized rents, 26 percent were market rate units.

The primary objective of Mass Access is to help with the housing search process and to "match" vacant accessible units to people who need them. Mass Access provides a housing seeker with 1) a list of currently vacant accessible and adaptable units across the state; and/or 2) a list of units in the particular cities or towns they prefer. The housing seeker can designate a number of variables for the housing search such as location, bedroom size, rent level, and accessibility features. The service is free to consumers as well as housing managers. There is no limit to the number of contacts an individual or agency can have with the system. The system has been successful in "matching" housing seekers with vacant units. In 2000, 97 percent of the vacancies reported were successfully leased.

The database is administered by Citizens Housing and Planning Association (CHAPA), a non-profit statewide housing organization, under contract with the state's vocational rehabilitation agency, the Massachusetts Rehabilitation Commission. CHAPA was selected as the administrator through a public bidding process and has good relationships with both the real estate/housing and disability communities. CHAPA's responsibilities include posting vacancy listings daily as well as conducting an annual update with housing managers. As part of the annual process, managers are asked to provide updated information about their development such as any units that have been rehabilitated, changes in rents or financing, etc.

Until recently, the Mass Access information was available to people with disabilities, their advocates, and families primarily through a network of local Independent Living Centers (ILCs). Housing seekers would contact their local ILC and receive the requested information over the phone or through the mail. Recently, Mass Access also became available online at no cost. The website (www.massaccesshousingregistry.org) includes several new features including housing fact sheets and information regarding the opening of Section 8 waiting lists across Massachusetts.

Contact:
Aaron Gornstein
Citizens' Housing and Planning Association
18 Tremont Street, Suite 401
Boston, MA 02108
(617) 742-0820
(800) 466-3111
massaccess@chapa.org

Strategy #3 – Shared Housing and Unrelated Disabled Households

Many individuals with disabilities currently reside in special housing situations and/or may prefer to share housing rather than live alone. To meet the needs of people with disabilities, it is important that PHAs establish Section 8 policies that include these housing settings. To this end, PHAs must allow Section 8 Housing Choice vouchers to be used in certain "non-traditional" living situations – such as "special housing types" and "unrelated disabled households" – if requested by a person with a disability. An example of a special housing type is shared housing. Under the shared housing model, a Section 8 voucher is given to one household that may then choose to use the voucher in a roommate situation, which could be another person with a voucher, or a person without any rental assistance. For example, a person with a disability could receive a voucher and share a two-bedroom apartment with a roommate who does not have a voucher. Another example of shared housing could include two people with separate vouchers sharing a two bedroom unit.

Although in practice, the unrelated disabled household model seems similar in that it allows people with disabilities to share housing with other people with disabilities, it is structured differently. According to Section 8 regulations, the definition of a disabled household includes two or more unrelated disabled adults living together (with or without a needed live-in aide). Using this definition, one Section 8 voucher can be given to a household that is comprised of people with disabilities that are not related to each other. By facilitating the use of vouchers by unrelated disabled individuals in one household, a PHA can maximize its Section 8 voucher budget authority while serving a greater number of people at a lower cost.

Anne Arundel County, Maryland
In 1997, the Housing Commission of Anne Arundel County (HCAAC) in Maryland applied for and received 200 Section 8 vouchers targeted to people with disabilities. Through a partnership with the Arc of Anne Arundel County (serving people with mental retardation) and OMNI House (serving people with mental illness), HCAAC worked to effectively utilize these targeted vouchers by emphasizing the flexible use of the definition of "disabled household" and leasing vouchers in housing owned by service providers. The success of this partnership has encouraged HCAAC to pursue partnerships with other disability service providers in the community.

HCAAC used its discretionary authority to amend its Section 8 Administrative Plan to permit two or more unrelated people with disabilities living together to be considered a household. In this situation, the household shares one voucher (assigned to a designated Head of Household) and the number of people in the household determines the voucher unit size. There is usually one lease with the owner with every adult tenant's name on it. In this situation, the subsidy and total tenant payment is calculated based on the total household income. Only one elderly/disability deduction is allowed per family; thus, even though there is more than one person with a disability living in the unit, the deduction only applies once.

The program has been very successful. There are currently over 240 disabled households using Section 8 vouchers administered by HCAAC (including both vouchers set aside for people with disabilities and regular vouchers). These households include over 620 adults with disabilities. HCAAC attributes their success to their willingness to be creative in their program design and also their partnerships with local organizations that serve people with disabilities.

Contact:
Clifton Martin
Operations Director
Housing Commission of Anne Arundel County
P.O. Box 817
Glen Burnie, MD 21060-2817
(410) 222-6200 x104
ccmartin@hcaac.org

Strategy #4 – Housing First

A housing first approach is designed to move people who are homeless directly from the streets, shelters or hospitals into permanent homes. The model is based on the idea that vulnerable and at-risk homeless families and individuals are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or residential programs. With permanent housing, these families and individuals can begin to regain the self-confidence and control over their lives they lost when they became homeless. For over ten years, the housing first methodology has proven to be a practical means of ending homelessness.

Pathways to Housing, New York City
Founded in 1992, Pathways to Housing offers scattered-site permanent housing to homeless individuals with psychiatric disabilities and addictions. Despite the challenges this population presents, Pathways is unique in that it does not require of its residents: "graduation" from other transitional programs, sobriety, or acceptance of supportive services. The vast majority of consumers are moved directly from the streets into permanent, private market housing. The program uses Assertive Community Treatment (ACT) teams to deliver services to consumers in their homes. The ACT teams help consumers to obtain housing and meet other basic needs, access mental health and substance abuse services, increase social skills, and increase employment opportunities. The program currently serves over 400 people and is being expanded to other cities, including Washington, DC.

Pathways to Housing is designed to end homelessness for people living on the streets with concurrent mental illness and addiction. In order to be eligible for the program, an individual must be homeless, must have a psychiatric disability that compromises their ability to function, and must be willing to meet with a service coordinator twice a month during the first year of tenancy. Most consumers also participate in a representative payee program offered through Pathways and take advantage of the ACT services.

Pathways to Housing staff assist consumers in locating and selecting private market rental housing. The housing department keeps logs of new vacancies and the over 200 landlords they work with, and works to negotiate leases and complete Section 8 applications. Unit rents are subsidized with rental subsidies through the Section 8 Housing Choice Voucher program and the Shelter Plus Care program. Landlords are amenable to renting to Pathways' consumers because they get guaranteed rental payments. Tenants pay 30 percent of their income towards rent, and Pathways pays the remaining amount if the consumer does not have a Section 8 voucher.

The agency also leases two transitional apartments for use by consumers who have been accepted into the program, but have not yet found an apartment of their own. The average length of stay in these units is 15 days.

Contact:
Sam Tsemberis
Pathways to Housing
55 West 125th Street, 10th Floor
New York, NY 10027
(212) 289-0000
info@pathwaystohousing.org

Direct Access to Housing, San Francisco Department of Health

Direct Access to Housing (DAH) was developed by the San Francisco Department of Public Health (DPH) as a "low threshold" program that accepts single adults into permanent housing directly from the streets, shelter, acute hospital or long-term care facilities. Residents are accepted into the program with active substance abuse disorders, serious mental health conditions, and/or complex medical problems. The program "master leases" vacant or underused buildings from private landlords, renovates them to provide space for services and activities, and develops on-site programs to provide case management, advocacy, and other supportive services for tenants who choose to use them.

DAH currently provides permanent housing with on-site supportive services for approximately 400 formerly homeless adults, most of whom have concurrent mental health, substance use, and chronic medical conditions. Eligibility for DAH requires that applicants be homeless residents of San Francisco with extremely low incomes. By selecting tenants by referral from a diverse set of local agencies and institutions that serve homeless disabled individuals, the program targets people released from institutional, acute care, or transitional settings with a history of rotating through the social services and/or criminal justice system without prolonged stabilization in their housing or health status. While long-term homelessness was not an explicit DAH focus, the other criteria ensured DAH would include people with long histories on the streets or in shelters.

Approximately 80 percent of DAH residents receive SSI and Medi-Cal (California's Medicaid system) benefits. The buildings also receive revenue from tenant rent. Residents pay 50 percent of their income towards rent not exceeding a ceiling of $745/month. To date, no resident has paid more than $400/month towards rent. Total cost to provide permanent housing and support services in DAH buildings is approximately $1,200 per month per resident. The average rent received from residents is $300 per month, therefore, requiring a $900 per month subsidy from governmental sources.

Since opening the first DAH site in 1998, over two-thirds of the residents have remained housed in the DAH program. Of the people who have left the facility approximately one-third have left to market rate housing (some with Section 8 vouchers), to other supportive housing or to housing with family or friends. Fifteen percent of move-outs have been to higher level facilities such as skilled nursing facilities, acute hospital or residential care facilities.

Contact:
Josh Bamberger, MD
Medical Director, Housing and Urban Health
San Francisco Department of Public Health
101 Grove St., Rm. 318
San Francisco, CA 94102
(415) 554-2664
josh.bamberger@sfdph.org

Strategy #5 – Permanent Housing for Families with Transitional Services

Many low-income households just need housing units with rents that are affordable to them, within their limited incomes. Many of these households also need support services in order to both locate and access this housing, as well as to maintain residential stability. However, over time, certain groups, such as homeless families, may not require ongoing support services while still needing affordable housing. Recognizing the unique needs of these individuals, some communities have developed permanent housing that provides transitional services. In these models, services are provided to help transition families into permanent housing and ensure that they are residentially stable. When the services are no longer needed, the family is able to continue living in the subsidized housing unit.

Community Housing Program and Brookside Terrace

The Community Housing Program model is a set-aside of units in publicly financed housing developments. The program involves a collaboration of several Massachusetts state agencies, quasi-public agencies and non-profit service providers. The original developments were built with state and federal funding. In 1995, the first site, Brookside Terrace, was selected to set aside twenty units for homeless families with substance histories (the program site currently uses 16 units). Project-based Shelter Plus Care subsidies were acquired to make the units affordable. Services are provided by a non-profit organization and funded through the Department of Public Health's Bureau of Substance Abuse Services and through linkages to services in the community.

In 1997, the program was expanded to five additional sites. Shelter Plus Care project-based subsidies were acquired for these additional 53 units. These units are self-contained and spread throughout the housing developments. The Shelter Plus Care subsidies are administered by the

State Department of Housing and Community Development – the statewide public housing authority. Tenants pay 30 percent of income for rent.

The program is targeted to families with a parent that has issues with chronic substance use. The program is designed to assist the parents while keeping the families intact. Services are centered on the relational model of substance abuse recovery and involve peer-oriented approach to recovery. Additional services include development of independent living skills and educational support. As the families "graduate" from the substance abuse recovery services, they are still able to remain in their housing.

Over the years, many families have been able to secure a Section 8 voucher and/or increase their income substantially so that the Shelter Plus Care rent subsidies are no longer necessary. These families have been able to remain in their housing unit and continue to access any needed support services.

Contact:
Leslie Gleason
Massachusetts Department of Housing and Community Development
100 Cambridge Street, Suite 300
Boston, MA 02114
(617) 573-1208
(617) 573-1209
leslie.gleason@state.ma.us

Strategy #6 – Pooled Charitable Housing Trusts

Many families who have minor and/or adult children with disabilities want to explore the possibility of using family assets – possibly including the family home – to secure long-term affordable housing for their family member without violating the legal requirements of federal Medicaid and Supplemental Security Income (SSI) programs. Families also want to ensure that these housing arrangements will be sustainable for their family member over the long-term if other family members can no longer be involved. These goals are extremely difficult to achieve, particularly when they are pursued one family at a time.

The creation of a Pooled Charitable Housing Trust is an "emerging" best practice that can help achieve this goal for many families without "reinventing the wheel" one family at a time. Created in conformance with state trust laws and federal Medicaid and SSI benefit requirements, a Pooled Charitable Housing Trust can be used in conjunction with a non-profit housing organization responsible for owning and/or managing the housing on behalf of an adult person with a disability who lives in the housing – either alone or with others. Because state trust laws are complicated and can vary from state to state, families who begin to explore this option on their own often cannot get the information they need to make an informed decision. Even with excellent legal information, families can quickly run into other barriers that seem insurmountable, including the need for an effective housing organization that will manage and maintain the housing over the long term on behalf of their family member.

Depending on state laws in Virginia, a Pooled Charitable Housing Trust could be used by families in Arlington County to place family assets or a family home in a trust. A committed non-profit

organization could be identified to hold and manage the real estate so that a designated individual with a disability would be assured of permanent housing. Beyond the life of the disabled person, the housing could remain in the trust to be made available to other low-income people with disabilities who need it, if the family so desired.

Wisconsin Initiatives in Sustainable Housing (WISH)

Wisconsin Initiatives in Sustainable Housing (WISH) is a statewide, non-profit organization dedicated to expanding and preserving the stock of affordable, community-based housing for people with disabilities in Wisconsin. Through a $150,000 three-year demonstration project grant from the Joseph P. Kennedy, Jr. Foundation, WISH has created what may be the first pooled, charitable, statewide housing trust in the United States to hold and manage houses for the benefit of people with disabilities who need long-term, affordable housing. WISH was established in 2002 and its board of directors is controlled by people with disabilities and their family members. WISH is committed to owning and managing affordable housing for people with disabilities in three ways:

- Direct ownership and management of affordable, community-based housing for people with disabilities. This housing could be acquired from: family members; private landlords; developers; or residential agencies who wish to focus on providing support services and separate this from the role of owning and managing their consumers' housing.
- Providing responsive property management services to: owners of rental housing used by people with disabilities; homeowners with disabilities; and condo associations that include people with disabilities.
- Managing and overseeing a pooled, housing trust that can hold housing reserved for use by named beneficiaries with disabilities.

Because WISH was created with specific features responding to Wisconsin trust laws, it is not "perfectly replicable" in any other state. However, the outcomes of the work involved in the creation of WISH and its approach, including the housing, services and legal questions and issues successfully explored by family members and advocates, could inform Arlington County families regarding the effectiveness of this approach in Virginia. WISH has also created "model" documents and administrative practices that could be modified for use in other states.

Contact:

Lisa A. Mills, Ph.D.
Executive Director
Wisconsin Initiatives in Sustainable Housing, Inc.
(608) 819-0722
(888)-894-9646
wishinc@juno.com

Strategy #7 – Structured Supportive Housing Initiatives

Many non-profit organizations across the country have developed permanent supportive housing projects by combining capital for housing development, rental subsidies to ensure affordability for the lowest-income people, and supportive services commitments from government or non-profit organizations. These efforts are most effective when they are done through a structured supportive housing initiative using approaches to the housing development, rental subsidy, and supportive

services components that are replicated from project to project. Structured supportive housing initiatives can include projects, which are 100 percent supportive housing as well as mixed income integrated models with small set-asides of supportive housing units.

While the actual supportive housing units made available in a structured initiative may vary greatly from project to project, the basic approach to the addressing the housing capital, subsidy, and services resources does not vary. Structured supportive housing initiatives achieve many goals including: (1) creating and maintaining a focus on expanding supportive housing over the long term; (2) encouraging housing owners/developers to participate in the creation of supportive housing because they know what to expect from project to project; and (3) helping to establish and maintain a systematic approach to supportive housing between government housing and supportive services agencies.

Structured supportive housing initiatives can involve many sources of capital, subsidy, and supportive services funding. However, one common element for addressing housing affordability is the use of strategies that ensure the use of on-going rent subsidies so that the units produced will be affordable to people with SSI level incomes. [NOTE: People with extremely low incomes from SSI should pay no more than 30-40 percent of income towards housing costs, which is typically less than $200 per month.] Without this rent or operating subsidy, rents in "affordable" housing produced by most government housing programs are unlikely to be affordable to people receiving SSI or other disability benefits.

The Section 8 Housing Choice Voucher program can be used to provide subsidized rents in specific buildings — known as "project-based" rental assistance. This option has been available to PHAs for many years, although recent changes to the Section 8 rules make project-basing much more feasible for PHAs. The Section 8 rules now allow a PHA to commit a portion of its Section 8 voucher funding to project-based assistance. In other words, project-based assistance means that the voucher is committed or "tied" to one or more units in a specific building for a specific time. Committing the voucher to the property guarantees the owner that Section 8 subsidy funding will be used in the property. The PHA then refers eligible applicants to reside in those units.

Community Housing Network and the Ohio Department of Mental Health

Community Housing Network (CHN) is a non-profit developer, owner, and manager of permanent supportive housing rented to people with mental illness, addiction disorders, and histories of homelessness. All CHN consumers are extremely low-income and have disabilities and many are formerly homeless. Based in Columbus, Ohio, CHN has provided housing with specialized property management services and rent subsidies to people with disabilities since 1987. Currently, CHN has developed and own over 800 apartments in 160 locations throughout Columbus and Franklin County.

CHN has utilized a variety of strategies to create permanent supportive housing for people with disabilities. In particular, CHN has relied on two resources made available through the State of Ohio Department of Mental Health (ODMH) to help expand permanent supportive housing throughout the state. These resources include capital funding made available for supportive housing development by ODMH as well as ODMH rental subsidy funds provided through their Housing Assistance Program (HAP).

ODMH makes capital funding available to CHN on a scheduled basis, which means that CHN has a predictable and reliable "flow" of capital funding for housing development. Because ODMH also provides CHN with HAP project-based and tenant-based "bridge subsidies," CHN is able to commit these subsidies to specific projects during the development process. Once the supportive housing project is completed and occupied, CHN, working in partnership with their local PHA, "converts" the HAP subsidies to Section 8 project-based assistance. By combining the ODMH funds for "bricks and mortar" with this flexible project based rental subsidy approach, CHN has been able to ensure that each new supportive housing property they own and manage is affordable to people with disabilities with extremely low incomes, even if Section 8 project-based subsidies are not immediately from the PHA.

Contact:
Susan Weaver
Executive Director
Community Housing Network
957 East Broad Street
Columbus, OH 43205
(614) 251-1700 x 106
sweaver@chninc.org

State of Connecticut and the Corporation for Supportive Housing (CSH)

Beginning in 1995, CSH's Connecticut program developed a mixed income, mixed population structured production program in partnership with state housing and human services agencies that produced approximately 300 units of supportive housing across the state. The state dedicated capital funding for housing (primarily HOME, Bond Financing, and Tax Credit Equity) that was combined with either Section 8 or Shelter Plus Care project-based subsidies and dedicated supportive services funding provided through a coordinated application process. The supportive services funding was specifically set aside for on-site service coordinators to be available for each project.

Nine projects were developed that ranged in size from 25 to 40 units, and included units for low-income working people and units set aside for homeless people with disabilities. Ten percent of the units in each project are barrier-free. While service coordinators were targeted to work with formerly homeless residents, in practice, they were also available to assist other residents of the project who might need information or referral to a community-based agency. This flexible approach of linking residents of integrated supportive housing with needed supports is a critical aspect of the success of the CSH Connecticut initiative. A second CSH Connecticut initiative now underway – the Supportive Housing Pilots Initiative – has a goal of 500 additional units and is using the state's Section 8 project-based assistance program to ensure affordability for people with incomes below 30 percent of median income.

Contact:
Janice Elliott
Corporation for Supportive Housing
129 Church Street, Suite 815
New Haven, CT 06510-2005
(203) 789-0826
janice.elliott@csh.org

Strategy #8 – Challenge Grants

Challenge grants or contracts are used for three interrelated purposes: (1) to challenge providers to make better use of their existing residential service capacity and potentially convert some of that capacity to supportive housing approaches; (2) to increase the potential to bring in Medicaid and other third party revenues to support a larger cohort of consumers and their needed and chosen community services and supports; and (3) to provide financial incentives and flexibility to providers to reward their success in expanding services to priority consumers and attaining policy objectives.

Typically, a request for proposal (RFP) process is used to initiate a challenge grant or contracting process. Through the RFP, providers are challenged to propose approaches they would use to create movement in their existing residential services capacity – movement that results in independent supportive housing for some number of current consumers and access to freed-up residential treatment capacity for high-risk consumers needing that level of care. The RFP would also ask providers to describe how they would use existing or new staff resources to support consumers in independent living; how they would increase Medicaid and other revenues to pay for these community supports; and how they would use bridge subsidies or existing rental assistance resources to facilitate consumer access to affordable independent living settings. Providers that are successful in bidding on the RFP, and then are successful in implementing new supportive housing strategies, would share in the financial rewards of this initiative. In some cases the challenge grant or contract process has provided for performance incentive payments to the providers; in other cases the grant/contract allows providers to keep revenues over a certain defined threshold as long as other performance objectives are met.

Oakland County (Michigan) Challenge Grant Program

During the early 1990s, in response to one of the highest per-capita rates of institutionalization for people with mental illness and mental retardation in Michigan, a Challenge Grant was issued asking providers to submit proposals to use mental health funding to create supportive housing and fund community-based supports for the people who would be discharged from the state hospital. The "challenge" component of the grant was for providers to also include housing and supports for a specific number of people at-risk of institutionalization currently living in the community. In addition to the in-patient savings, providers were encouraged to maximize the use of Medicaid funding to create Assertive Community Treatment Teams for both discharged and at-risk groups. Providers having existing group home capacity were challenged to make the best use of residential services capacity for consumers needing that level of care, or to convert the capacity to a supportive independent living model.

The provider selected utilized scattered-site rental housing in the community for the housing component of the program, plus a few units of the transitional housing units owned by the provider.[60] "Bridge" rental subsides (funded with mental health service funds) were used to cover housing costs above the tenant rent share until program participants could obtain Section 8 vouchers from area PHAs. Under the "bridge subsidy" model, program participants are required to apply for Section 8 assistance with the help of their case manager. Section 8 inspection and rent guidelines also apply to the "bridge subsidy."

[60] It should be noted that very few of either the state hospital consumers or the high-risk community consumers actually needed or used the transitional residential services capacity of the provider.

The program recognized that Section 8 lists are often closed, and anticipated that it would take several years for the Section 8 voucher program to "kick-in." Tenants pay a slightly higher percentage of their income for rent under the "bridge subsidy" approach, as an incentive to convert their subsidy to Section 8. The "bridge" approach was modeled after similar programs used in the Connecticut, Ohio, and Oregon.

The "bridge subsidy" approach was subsequently made a formal program within the Community Mental Health Authority, and assisted several hundred of individuals with serious mental illness to obtain affordable housing – and ultimately Section 8 vouchers. Vouchers were provided by several local PHAs who agreed, after a sustained advocacy effort, to apply for Section 8 vouchers set aside by Congress for people with disabilities.

The challenge grant approach was successful in this case because it engendered competition among existing community providers with residential services capacity to think about new ways to use their capacity to serve larger numbers of high priority consumers and to increase the amount of Medicaid revenues for this population. The provider that won this competition and was successful implementing the challenge grant increased its revenues and operating margins while at the same time accomplishing specific policy goals on behalf of the County behavioral health authority. High priority consumers received better community services and supports in more desirable independent living settings, and existing group home utilization was minimized.

Contact:
Sandra Lindsey
Former Executive Director Oakland County Community Mental Health Authority
Chief Executive Officer
Saginaw County Community Mental Health
500 Hancock Street
Saginaw, MI 48602.
(989) 797-3501

Appendix G

ARLINGTON COUNTY SUPPORTIVE HOUSING INITIATIVE IMPLEMENTATION GUIDE

Arlington County's Supportive Housing Initiative: Implementation Guide Appendix G

This Section provides some basic guidance to Arlington County in implementing the Supportive Housing Initiative over the five year period.

Year 1

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage HUD Section 811 resources.

- Work with a non-profit sponsor to submit a competitive application for Section 811 funding through HUD's annual funding round.

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage McKinney-Vento permanent housing resources.

- Work with a non-profit sponsor to submit a new permanent supportive housing project supported by project-based Shelter Plus Care assistance as the number one priority within Arlington County's Continuum of Care application.

- Access the Commonwealth Priority Housing Fund for **at least two permanent supportive housing projects** serving Arlington County.

- Access DHCD's HOME setaside funds for permanent supportive housing for homeless individuals and families for **at least one permanent supportive housing project** serving Arlington County.

- Award section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Develop a Project-Based Housing Grants Program modifying needed County regulations in order to be able to effectively implement this new program during the first year of the Supportive Housing Initiative.

- Target project-based Housing Grants assistance to permanent supportive housing units created through the committed affordable rental units supported by County funds or the Affordable Housing Guidelines for Site Plan projects.

- Evaluate and monitor the number of permanent supportive housing units created through the committed affordable rental units supported by County funds (i.e. Strategy #2).

- Evaluate and monitor the number of permanent supportive housing units created through the Affordable Housing Guidelines for Site Plan projects (i.e. Strategy #3).

Year 2

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage McKinney-Vento permanent housing resources.

- Work with a non-profit sponsor to submit a new permanent supportive housing project supported by project-based Shelter Plus Care assistance as the number one priority within Arlington County's Continuum of Care application.

- Award section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Access to the greatest extent possible any new State housing resources targeted for permanent supportive housing to ensure that Arlington County receives its "fair share" of State housing resources.

- Award Section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Target project-based housing grants assistance to permanent supportive housing units created through the committed affordable rental units supported by County funds or the Affordable Housing Guidelines for Site Plan projects.

- Evaluate and monitor the number of permanent supportive housing units created through the committed affordable rental units supported by County funds (i.e. Strategy #2).

- Evaluate and monitor the number of permanent supportive housing units created through the Affordable Housing Guidelines for Site Plan projects (i.e. Strategy #3).

Year 3

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage HUD Section 811 resources.

- Work with a non-profit sponsor to submit a competitive application for Section 811 funding through HUD's annual funding round.

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage McKinney-Vento permanent housing resources.

- Work with a non-profit sponsor to submit a new permanent supportive housing project supported by project-based Shelter Plus Care assistance as the number one priority within Arlington County's Continuum of Care application.

- Award section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Access to the greatest extent possible any new State housing resources targeted for permanent supportive housing to ensure that Arlington County receives its "fair share" of State housing resources.

- Award Section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Target project-based housing grants assistance to permanent supportive housing units created through the committed affordable rental units supported by County funds or the Affordable Housing Guidelines for Site Plan projects.

- Evaluate and monitor the number of permanent supportive housing units created through the committed affordable rental units supported by County funds (i.e. Strategy #2).

- Evaluate and monitor the number of permanent supportive housing units created through the Affordable Housing Guidelines for Site Plan projects (i.e. Strategy #3).

Year 4

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage McKinney-Vento permanent housing resources.

- Work with a non-profit sponsor to submit a new permanent supportive housing project supported by project-based Shelter Plus Care assistance as the number one priority within Arlington County's Continuum of Care application.

- Award section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Access to the greatest extent possible any new State housing resources targeted for permanent supportive housing to ensure that Arlington County receives its "fair share" of State housing resources.

- Award Section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Target project-based housing grants assistance to permanent supportive housing units created through the committed affordable rental units supported by County funds or the Affordable Housing Guidelines for Site Plan projects.

- Evaluate and monitor the number of permanent supportive housing units created through the committed affordable rental units supported by County funds (i.e. Strategy #2).

- Evaluate and monitor the number of permanent supportive housing units created through the Affordable Housing Guidelines for Site Plan projects (i.e. Strategy #3).

Year 5

- Award predevelopment and development financing (LPACAP funds) as well as provide technical assistance to project sponsor in order to leverage HUD Section 811 resources.

- Work with a non-profit sponsor to submit a competitive application for Section 811 funding through HUD's annual funding round.

- Award predevelopment and development financing (LPACAP funds) as well as technical assistance to project sponsor in order to leverage McKinney-Vento permanent housing resources.

- Work with a non-profit sponsor to submit a new permanent supportive housing project supported by project-based Shelter Plus Care assistance as the number one priority within Arlington County's Continuum of Care application.

- Award Section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Access to the extent possible any new State housing resources targeted for permanent supportive housing to ensure that Arlington County receives its fair share of State housing resources.

- Award Section 8 project-based assistance (approximately 20 units available through turn over) to permanent supportive housing units created either through small scale supportive housing development or the Affordable Housing Guidelines for Site Plan projects.

- Target project-based housing grants assistance to permanent supportive housing units created through the committed affordable rental units supported by County funds or the Affordable Housing Guidelines for Site Plan projects.

- Evaluate and monitor the number of permanent supportive housing units created through the committed affordable rental units supported by County funds (i.e. Strategy #2).

- Evaluate and monitor the number of permanent supportive housing units created through the Affordable Housing Guidelines for Site Plan projects (i.e. Strategy #3).

Appendix H

SUPPORTIVE HOUSING FINANCING STRATEGIES

Arlington County's Supportive Housing Initiative
Financial Strategies
Appendix H

I. Analysis of Financial Impact of using a Project-Based Housing Grants Program to support the Development of a Permanent Supportive Housing Pipeline

Within its recommendations, TAC proposed the creation of a "look alike" Project-Based Housing Grants Program that has to the extent possible the same features as the Section 8 Project-Based Assistance (PBA) Program. TAC further recommended that Arlington County project-base a range of 197 to 248 Housing Grant subsidies to support the Arlington County's Supportive Housing Initiative.

TAC recommends that a Project-Based Housing Grants Program have the same flexibility as the Section 8 PBA program. For example, the new Project Based Housing Grants program could allow contract rents to be set as high as 110% of the Fair Market Rents (FMR) or restrict rents if desirable (i.e. 60% AMI rent level). A Section 8 "look alike" Project Based Housing Grant will also lessen the need for future LPACAP funds to act as a financial incentive to layer Project Based Housing Grants with affordable units.

TAC understands that there will be a financial impact associated with creating a Project-Based Housing Grants Program. To inform Arlington County policy makers, TAC is providing an analysis of the financial impact of four (4) possible Project-Based Housing Grant models. Each model outlines the basic assumptions, a summary of the calculations and the annual financial impact.

This analysis calculates the ***additional*** cost – over and above the current cost of providing a Housing Grant to a disabled household under current program rules. These additional costs will vary depending on (1) the actual rents charged for the supportive housing units developed; and (2) whether current Housing Grants tenant rent policies or Section 8 tenant rent policies are used. Please note that, for the purposes of comparison, Models B and D use current Housing Grant tenant rent share policies and that Models A and C use current Section 8 tenant rent policies. *While these models are used purely for the purposes of illustrating the budgetary impact of various project based Housing Grants approaches, TAC is not recommending that Arlington County permit disabled tenants living in supportive housing to pay more than 30 percent of income for rent.*

- Model A is a Section 8 "look a like" model and assumes that Housing Grants residents pay no more than 30 percent of income for rent. Model A calculates the additional cost associated with using this Section 8 "look a like" approach for supportive housing units leased at 60 percent of AMI rents.

- Model B uses current Housing Grants policies with respect to tenant rents and calculates the increased cost to the Housing Grants program for supportive housing units leased at 60 percent of AMI rents.

- Model C is a Section 8 "look a like" model and assumes that Housing Grants residents pay no more than 30 percent of income for rent. Model C calculates the additional cost

associated with using this Section 8 "look a like" approach for supportive housing units leased at 110 percent of the Section 8 FMR.

- Model D uses current Housing Grants policies with respect to tenant rents and calculates the increased cost to the Housing Grants program for supportive housing units leased at 110 percent of Section 8 Fair Market Rents.

Model A: 60% AMI Rent/ 30% of Tenant Income

Assumptions
Contract Rent Set at 60% of AMI: $913 for a 0 BR unit and $978 for a 1BR unit.[61]

Tenant Rent: $169 which is 30% of $564 which is the current monthly SSI income for a single person.

Current Average Housing Grant for Disabled Households: $459 per month.[62]

Need for Project-Based Housing Grants: 197-248 subsidies.[63]

40% of the units will be 0 BR and 60% of units will be 1 BR.

Model A Calculations

- The additional amount of funding per unit needed to bridge the gap between the current average Housing Grant for a person with a disability and amount needed to support a person in a 60% AMI 0BR unit is $285 ($913 - $169 = $744 - $459 = $285).
- The additional amount of funding per unit needed to bridge the gap between the average Housing Grant for a person with a disability and amount needed to support a person in a 60% AMI 1BR unit is $350 ($978 - $169 = $809 - $459 = $350).
- Based on the assumptions above, the additional annualized increase in funding for the Housing Grants Program is estimated at between $765,780 (197 units) and $964,380 (248 units).
    - 197 units is calculated as follows: 79 0 BR Units multiplied by $285 = $22,515 plus 118 1 BR units multiplied by $350 = $41,300 for a total of 63,815 per month and approximately $765,780 annually.
    - 248 units is calculated as follows: 99 0 BR Units multiplied by $285 = $28,215 plus 149 1 BR units multiplied by $350 = $52,150 for a total of 80,365 per month and approximately $964,380 annually.

Annual Financial Impact – The annual financial impact of Model A is estimated between $765,780 and $964,380.

[61] Based on Arlington County's 2004 60% AMI Rents.
[62] Based on data from the Arlington County Housing Grants Program as of 10/04.
[63] Range of Project-Based Housing Grant Subsidies needed to support the Permanent Supportive Housing Pipeline proposed by TAC.

Model B: 60% AMI Rent/ Current Housing Grants Rent Calculation

Assumptions
Contract Rent Set at 60% of AMI: $913 for a 0 BR unit and $978 for a 1BR unit.

Housing Grant Amount: $653.03 for a 0 BR unit and $714.78 for a 1 BR unit.[64]

Tenant Rent: $259.97 for a 0 BR unit and $263.28 for a 1BR unit (approximately 46% of tenant income. These figures are determined by subtracting the Housing Grant amount from the contract rent.

Average Housing Grant for Disabled Households: $459 per month.

Need for Project-Based Housing Grants: 197-248 subsidies.

40% of the units will be 0 BR and 60% of units will be 1 BR.

Calculations for Model B

- The additional amount of funding per unit needed to bridge the gap between the average Housing Grant for a person with a disability and amount needed to support a person in a 60% AMI 0BR unit is $194.03 expressed to $194 ($913 - $259.97 = $653.03 - $459 = $194.03).
- The additional amount of funding per unit needed to bridge the gap between the average Housing Grant for a person with a disability and amount needed to support a person in a 60% AMI 1BR unit is $255.78 expressed to $256 ($978 - $263.22 = $714.78 - $459 = $255.78).
- Based on the assumptions above, the additional annualized increase in funding for the Housing Grants Program is estimated at between $546,408 (197 units) to $688,200 (248 units).
    - 197 units is calculated as follows: 79 0 BR Units multiplied by $194 = $15,326 plus 118 1 BR units multiplied by $256 = $30,208 for a total of $45,534 per month and approximately $546,408 annually.
    - 248 units is calculated as follows: 99 0 BR Units multiplied by $194 = $19,206 plus 149 1 BR units multiplied by $256 = $38,144 for a total of $57,350 per month and approximately $688,200 annually.

Annual Financial Impact – The annual financial impact of Model B is estimated between $546,408 and $688,200.

[64] Based on calculations provided by the Arlington County Housing Grants Program.

Model C: 110% FMR Rent/ 30% of Tenant Income

Assumptions
Contract Rent Set at 110% of FMR: $1,006.50 for a 0BR unit and $1,149.50 for a 1 BR unit.[65]

Tenant Rent: $169 which is 30% of $564 which is the current monthly SSI income for a single person.

Average Housing Grant for Disabled Households: $459 per month.[66]

Need for Project-Based Housing Grants: 197-248 subsidies.[67]

40% of the units will be 0 BR and 60% of units will be 1 BR.

Calculation

- The additional amount of funding per unit needed to bridge the gap between the average Housing Grant for a person with a disability and amount needed to support a person in a 110% FMR 0BR unit is $378.50 expressed to $378 ($1,006.50 - $169 = $837.50 - $459 = $378.50 expressed to $378).
- The additional amount of funding per unit needed to bridge the gap between the average housing grant for a person with a disability and amount needed to support a person in a 110% FMR 1BR unit is $521.50 expressed to $521 ($1,149.50 - $169 = $980.50 - $459 = $521.50 expressed to $521).
- Based on the assumptions above, the annualized increase in funding for the Housing Grants Program is estimated at between $1,096,080 (197 units) to $1,380,612 (248 units).
    - 197 units is calculated as follows: 79 0 BR Units multiplied by $378 = $29,862 plus 118 1 BR units multiplied by $521 = $61,478 for a total of $91,340 per month and approximately $1,096,080 annually.
    - 248 units is calculated as follows: 99 0 BR Units multiplied by $378 = $37,422 plus 149 1 BR units multiplied by $521 = $77,629 for a total of $115,051 per month and approximately $1,380,612 annually.

Annual Financial Impact – The annual financial impact of Model C is estimated between $1,096,080 and $1,380,612.

[65] Based on Arlington County's 2005 FMR Rents.
[66] Based on data from the Arlington County Housing Grants Program as of 10/04.
[67] Range of Project-Based Housing Grant Subsidies needed to support the Permanent Supportive Housing Pipeline proposed by TAC.

Model D: 110% FMR Rent/ Current Housing Grants Rent Calculation

Assumptions

Contract Rent Set at 110% of Section 8 FMR: $1,006.50 for a 0BR unit and $1,149.50 for a 1 BR unit.[68]

Housing Grant Amount: $717.14 for a 0 BR and $819.02 for a 1 BR.[69]

Tenant Rent: $289.36 (approx. 51.30% of tenant's income) for a 0 BR unit and $330.48 (approx. 58.59% of tenant's income) for a 1BR unit. These figures are determined by subtracting the housing grant amount from the contract rent.

Average Housing Grant for Disabled Households: $459 per month.[70]

Need for Project-Based Housing Grants: 197-248 subsidies.[71]

40% of the units will be 0 BR and 60% of units will be 1 BR.

Calculation

- The additional amount of funding per unit needed to bridge the gap between the average Housing Grant for a person with a disability and amount needed to support a person in a 110% Section 8 FMR 0BR unit is $258.14 expressed to $258 ($1,006.50 - $289.36 - $459 = $258.14).
- The additional amount of funding per unit needed to bridge the gap between the average Housing Grant for a person with a disability and amount needed to support a person in a 110% Section 8 FMR 1BR unit is $360.02 expressed to $360 ($1,149.50 - $330.48 - $459 = $360.02 expressed to $360).
- Based on the assumptions above, the annualized increase in funding for the Housing Grants Program is estimated at between $754,344 (197 units) to $950,184 (248 units).
    - 197 units is calculated as follows: 79 0 BR Units multiplied by $258 = $20,382 plus 118 1 BR units multiplied by $360 = $42,480 for a total of $62,862 per month and approximately $754,344 annually.
    - 248 units is calculated as follows: 99 0 BR Units multiplied by $258 = $25,542 plus 149 1 BR units multiplied by $360 = $53,640 for a total of $79,182 per month and approximately $950,184 annually

Annual Financial Impact – The annual financial impact of Model D is estimated between $754,344 and $950,184.

[68] Based on Arlington County's 2005 FMR Rents.
[69] Based on calculations provided by the Arlington County Housing Grants Program.
[70] Based on data from the Arlington County Housing Grants Program as of 10/04.
[71] Range of Project-Based Housing Grant Subsidies needed to support the Permanent Supportive Housing Pipeline proposed by TAC.

II. Section 811 Financing Model

Section 811 Model - 12 unit Permanent Supportive Housing Project							
Operating Assumptions							
	1	2		1	2		
Rental Income				# units			
60% AMI	978	1174		0	0		
Disabled Units	500	600		12	0		
Market (110% of FMR)	1150	1305		0	0		
Expenses Assumptions			Total	12	0		
1	5,000						
2	5,500						
Operating							
Rental Income							
30% of 60% AMI	0						
811 Supported Rents	72,000						
Market	0						
Total Income	72,000						
Vacancy (5%)	3,600						
Total Income	68,400						
Expenses							
1 bedroom	60,000						
2 bedroom	0						
Services:	0						
Subtotal Expenses	60,000						
NOI	8,400						
Available for Debt Service Coverage	7,000						
					Term	Rate	Amort.
Maximum Supportable Debt	87,679.41				30	7.0%	30
(No Conventional Debt allowed with Section 811 Program)							
Required DSC	1.20						
New Construction Costs							
	Avg. Costs	# units	Total				
1 Bedroom	180,000	12	2,160,000				
2 Bedroom	190,000	0	0				
Total Development Cost			2,160,000				
Sources		Per unit					
FHLB AHP Direct Subsidy	160,000	13,333	(Deferred Loan)				
LPACAP Funds	450,000	37,500	(Grant)				
Commonwealth Priority Housing Fund	500,000	41,667	(Deferred Loan)				
811 Capital Advance	1,050,000	87,500					
Subtotal Sources	2,160,000	180,000					
Gap	0						

III. McKinney-Vento Shelter Plus Care (project-based) Financing Model

McKinney-Vento Funded - 8 unit Permanent Supportive Housing Project							
Operating Assumptions							
Bed Room Type:	1	2		1	2		
Rental Income				# units			
60% AMI	978	1174		0	0		
Homeless/ Disabled Units w/ S+C assistance	1045	1187		6	2	(S+C Rents	
Market (set at 110% of FMR)	1150	1305		0	0	set at current FMR)	
Expenses Assumptions			Total:	6	2		
1 BR	5,000						
2 BR	5,500						
Operating Costs							
Rental Income							
30% of 60% AMI	0						
30% 40% AMI	103,728						
Market	0						
Total Income	103,728						
Vacancy (5%)	5,186						
Total Income	98,542						
Expenses							
1 bedroom	30,000						
2 bedroom	11,000						
Services:	10,000		(service coordination only)				
Subtotal Expenses	51,000						
NOI	47,542						
Available for Debt Service Coverage	39,618						
					Term	Rate	Amort.
Maximum Supportable Debt	615,008.76				30	5.0%	30
Required DSC (Lender Requirement)	1.20						
New Construction Costs							
	Avg. Costs	# units	Total				
1 Bedroom	180,000	6	1,080,000				
2 Bedroom	190,000	2	380,000				
Total Development Cost			1,460,000				
Sources		Per unit					
lington County Funds/FHLB AHP Direct Subsidy	65,000	8,125	(Deferred Loan)				
LPACAP	$ 280,000	35,000	(Grant)				
HOME (VA DHCD, Homeless Setaside)	500,000	62,500	(Deferred Loan)				
Virginia Housing Fund/SPARC Program Debt	615,009	76,876					
Subtotal Sources	1,460,009	182,501					
Gap Surplus	9						

IV. Section 8 Project-Based Assistance Financing Model (small scale supportive housing)

Section 8 Project-Based Rental Assistance Model - 10 unit Permanent Supportive Housing Project							
Operating Assumptions							
Bed Room Type:	1	2		1	2		
Rental Income				# units			
60% AMI	978	1174		0	0		
Homeless/ Disabled Units w/ Section 8 PBA	1150	1306		10	0	(Section 8 PBA	
Market (set at 110% of FMR)	1150	1305		0	0	Assistance set at	
						110% of current	
Expenses Assumptions			Total:	10	0	FMR)	
1 BR	5,000						
2 BR	5,500						
Operating Costs							
Rental Income							
30% of 60% AMI	0						
30% 40% AMI	138,000						
Market	0						
Total Income	138,000						
Vacancy (5%)	6,900						
Total Income	131,100						
Expenses							
1 bedroom	50,000						
2 bedroom	0						
Services:	10,000		(service coordination only)				
Subtotal Expenses	60,000						
NOI	71,100						
Available for Debt Service Coverage	59,250						
					Term	Rate	Amort.
Maximum Supportable Debt	919,765.48				30	5.0%	30
Required DSC (Lender Requirement)	1.20						
New Construction Costs							
	Avg. Costs	# units	Total				
1 Bedroom	180,000	10	1,800,000				
2 Bedroom	190,000	0	0				
Total Development Cost			1,800,000				
Sources		Per unit					
Arlington County Funds/FHLB AHP Direct Subsidy	30,000	3,000	(Deferred Loan)				
LPACAP	$ 350,000	35,000	(Grant)				
HOME (VA DHCD, Homeless Setaside)	500,000	50,000	(Deferred Loan)				
Virginia Housing Fund/SPARC Program Debt	919,765	91,977					
Subtotal Sources	1,799,765	179,977					
Gap Surplus	-235						