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National Council for Behavioral Health

How to Fund and Build a Strong Supportive Housing Program

December 5, 2013



- Value of supportive housing for individuals and families affected by behavioral health issues
- Models to Consider
- Development Process
- Financing Options





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Value of Supportive Housing for Behavioral Health Clients



What is Supportive Housing?



- Supportive housing combines affordable housing with services that help people facing the most complex challenges live with stability, autonomy and dignity
- One-third of the homeless population has a serious mental illness (SMI)
- Homeless individuals with SMI often face barriers to affordable housing and treatment
- Supportive Housing offers a level of accessibility to care and service flexibility that the mainstream behavioral health system is often unable to match in a clinic setting



Trends



- Housing First
- Greater integration of affordable housing and supportive housing (Olmstead/community integration)
- Use of Medicaid
- Residents involved in Medicaid funded Care Coordination from Health Homes
- Housing for new populations
 - High Medicaid Utilizers
 - People living with HIV/AIDS
 - Those with criminal justice involvement
 - Young adults aging out of foster care



Impact

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Impact on individuals:

 Improved quality of life, improved health, reduced involvement in criminal justice system, increased employment, etc.

Impact on systems:

 Cost effective, closes revolving door

Impact on communities:

 Economic development, increased property values



Cost Saving

- "Cost to society" went from \$63,808 when homeless to \$16,913 when housed—a 26.5% reduction.
- Costs for shelter and jails went from \$38,351 in the 24 months prior to receiving supportive housing intervention to \$9,143 in the 24 months after receiving supportive housing—a 76% reduction.
- Costs for mental health inpatient services were reduced by 23%.
- A study of 4,679 homeless, mentally ill New York City residents from 1989 to 1997 found that a mentally ill person on the streets of New York City costs taxpayers \$40,451 a year – in 1999 dollars. Supportive housing reduces these annual costs by a net \$16,282 per housing unit.





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Supportive Housing Models



Program Model

- Affordable, permanent housing
- A safe, secure, and supportive environment
 - Tenants often have experienced violence and other trauma
 - A well-designed, secure, well maintained building promotes recovery
- Support services that are individualized, accessible and flexible
 - Includes referrals and linkages with community resources
 - Can include: assistance with ADLs, money management, employment assistance, counseling, access to health and behavioral health care
- Focus on tenant involvement in the building and the wider community
 - House meetings
 - Recreational activities
 - Tenant advisory councils



Behavioral Health Vision

- Supportive housing supports recovery by promoting client choice, self-determination and encouraging access to treatment services
- Supportive housing reduces isolation and promotes housing stability and community integration. SH reduces the use of homeless shelters, hospitals, jails, and other institutional settings.
- Use of evidence based practices such as supported employment, wellness self-management, and integrated dual disorder treatment promote recovery and wellness.



Program Components

- Rental Subsidies (Shelter Plus Care, VASH for Veterans, HUD Fair Market Rental (FMR) rates, Section 8, etc.);
- Client Contributions of 30% of gross monthly income toward Rent;
- Housing Counseling services on-site, including evenings and weekends;
- Job development and post-employment counseling; and
- Clinical Supervision for all direct service staff



Program Scale

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Rural Areas and Small Cities:

 Minimum is typically ten units of housing, usually in one or two small clusters

Larger Cities:

 Generally, a minimum of 25 units of housing; apartments are either located in small clusters and rented from private landlords, or in a single site.



Congregate or Scattered Site

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Congregate housing:

MENTAL HEALTH FIRST AID

- Large, public grants obtained to build or renovate;
- Special needs populations housed;
- Often involves a provider/developer partnership:
 - emerging national trend—provider negotiates with a private developer to secure approx. 10-25% of a building's apartments for its special needs population.
 - "main-streaming" approach to truly integrating individuals with special needs into low-moderate housing in a fully independent and integrated social setting

Scatter-site housing:

- Renting at Fair Market Rates from private landlords supports local economic development.
- Preserves multi-unit residential building stock via a reliable cash flow for landlords.





Design Considerations

- Target population single men, single women, families, including non-traditional family constellations, young adults (18-24 years of age), seniors, people with disabilities
 - Could be two or more populations within one site
- Target community
- Program model
- Program scale
- Site ownership- single site owned by your agency, owned by another not-for-profit agency, owned by a private developer;
- Site control- operated by your agency directly, leased units from a private landlord or Community Development Housing Organization – CHDO, such as a Neighborhood Preservation Corp. or Rural Preservation Corp., or secured through a long-term lease with a private developer



Housing Model

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What is the vision for the program?

- Mixed models populations (note: there are often more problems with the undiagnosed "regulars")
- Mixed Model incomes (market rate, middle rate, and special needs)
- 100% Special Needs





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Development Process Including Building a Strong Team



Transforming Communities

- Often a catalyst for community revitalization
- Repurposing real estate often delinquent and troublesome into beautiful sustainable housing for community members, including those living with histories of homelessness and special needs
- Work within strategic plans and community needs
- Creative approaches long-term land leases, purchasing, rezoning, renovation or demo, or a combination, etc.



How-To for Newer Developers

- Determine desire and ability (assessment assistance available)
- Develop a Team (architect, consultant, legal, etc.)
- Determine Ability or Appetite for Guarantees
 - Work independently
 - Joint Venture with for or not-for profit for construction only or long-term



Repurposing State Land

- Building 74 at Creedmoor State Mental Hospital in Queens, NY
 - A large abandoned and neglected former inpatient facility transformed into three distinct properties operated by three different not-for-profit organizations







A Wonderful Place to Live

- Building 74
 - TSI, Federation, ACMH













Before and After

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 Buildings N and J at Kings County Hospital in Brooklyn. Two large unsalvageable buildings were demolished and replaced with two sustainable mixed model housing residences.









CAMBA Gardens

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Rent-up Underway





Things to Know About

- Key Challenges:
 - Funding Availability
 - Funding Requirements (income and rent levels, etc.)
 - Economies of scale:
 - Not the best option for smaller developments
 - Self-Pay and Rental Subsidy availability
 - Site and Design

Key Matters

- Market need must be demonstrated.
- Timing:
 - Interest rates and construction costs must be feasible.
- Must meet the most stringent of regulations, including being subject to serving certain income levels and percentages of very low income residents.
- Design, use, and target population are subject to funder review and approval.

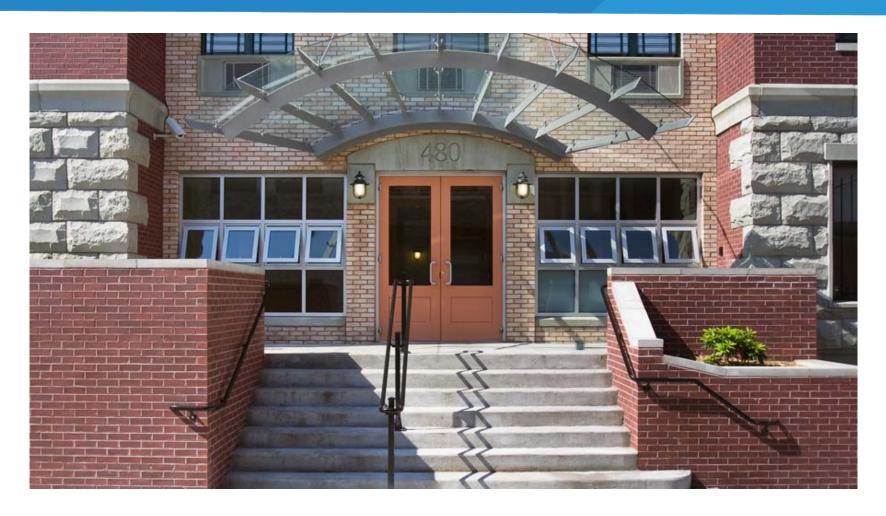


Funding Sources

	Basic Information	Requirements	Other
Private Activity Tax Exempt Bonds	Fully Amortizing, full recourse, a percentage of project reserved for low income	50% Test 95-5	Must meet criteria of bonding authority and rules and regulations of program as governed by IRS.
Second Mortgages	Can be amortizing or deferred	Vary – often require specific income perimeters	Competitive. Limited availability.
LIHTC	Equity	Requires tenants to earn 60% or less of Area Median Income	Regulated and monitored by allocating authority and investors.
Other Subsidy	Varies	Typically highly competitive	Typically has requirements for income and homelessness, etc.

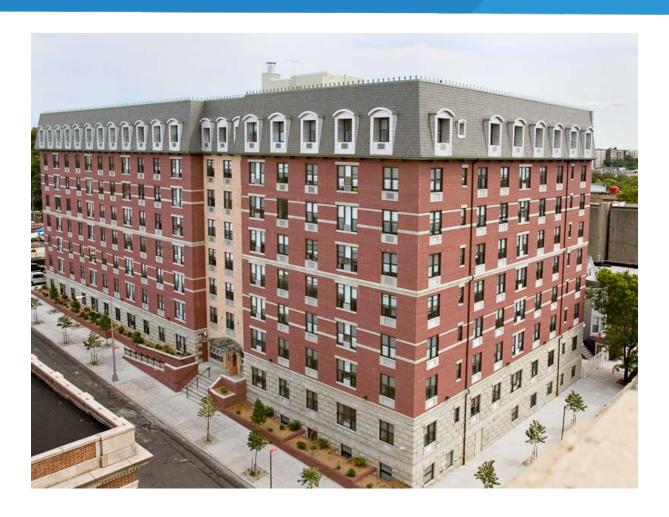


Wonderful Places to Live





Silverleaf Hall



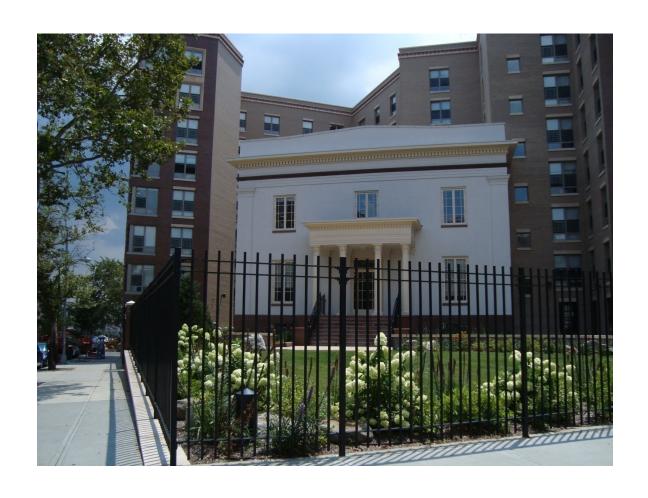


Jasper Hall





Cedars





Cedars





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Financing Resources



Potential Financing Sources

- Private Activity Tax Exempt Bonds Subject to Volume Cap
- Low Income Housing Tax Credits; both 4% as-of-right and 9% competitive
- Private financing
- HOME and other subsidies
- Local and State Subsidies
- Federal Home Loan Bank
- Other tax credit products including New Market, Green Brownfields, etc.
- EB 5
- Other



The Housing Solution

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Meeting the Health Care Reform Challenge:

- •Safe and affordable housing for vulnerable populations:
 - Improves outcomes and supports the Triple Aim
 - Enhances your agency's value proposition within the managed care environment by facilitating lower cost care delivery
 - Facilitates network coordination



SAE Housing Assistance

- PSH program design and development
- Capital planning support
- Grant writing
- \$24 million in the past 4 years for supportive housing projects.
- Identify partners, locate development sites, and connect to the resources you need to build fully financed and income sustaining housing services.



Core Questions

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Agencies Considering Housing Should Ask:

- Are you responding to a known local need?
- Are there referrals available to a potential housing program?
- Are you building on your strengths with a particular population, or addressing a gap within your service continuum?
- Do you have capacity within your agency?
 - A point person able to develop the housing program



Critical Considerations

- Program vision
- Planned service area and population
- Service network
- Programming and Operating funds
- Service Site(s)
- Capital support



Contact Information

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