



Mid-America (HHS Region 7)

MHTTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Permanent Supportive Housing

Session 2: A Roadmap for Rural Permanent Supportive Housing

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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

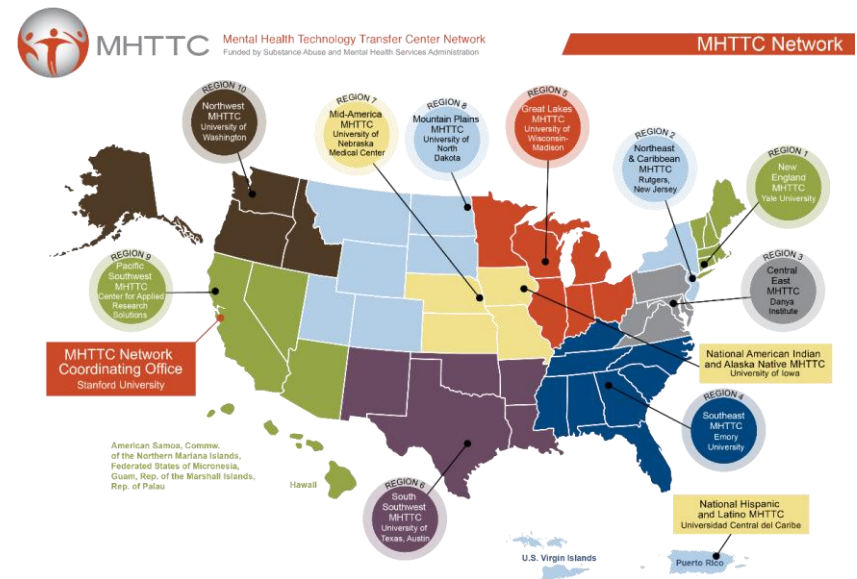
CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center. (5 years, \$3.7 million, grant number: H79SM081769)





Introductions

- I'm Jennifer Lopez (aka JLO)
- Originally from Sioux City
- I love all things housing
- 20 years experience
- What is your first name, where are you from?





A Road Map for Rural PSH



Presentation Overview

- Defining PSH-and why SAMSHA loves it
- Philosophy
- The Funding Model
- How to do PSH in Rural Communities
- Challenges and How to Overcome them
- Possible Next Steps





Introduction to Supportive Housing

Supportive Housing

- A more humane solution to ending homelessness for families and individuals struggling with addiction, mental health and/or other disabilities who lack the social support, resources or ability to sustain and maintain housing without supportive services and subsidized housing.

SAMHSA Approved Best Practice

- ***Combining affordable housing with access to support services like case management, employment training, and mental health treatment, supportive housing is a nationally recognized best practice which gives vulnerable individuals and families the opportunity to live stable, autonomous, and dignified lives.***





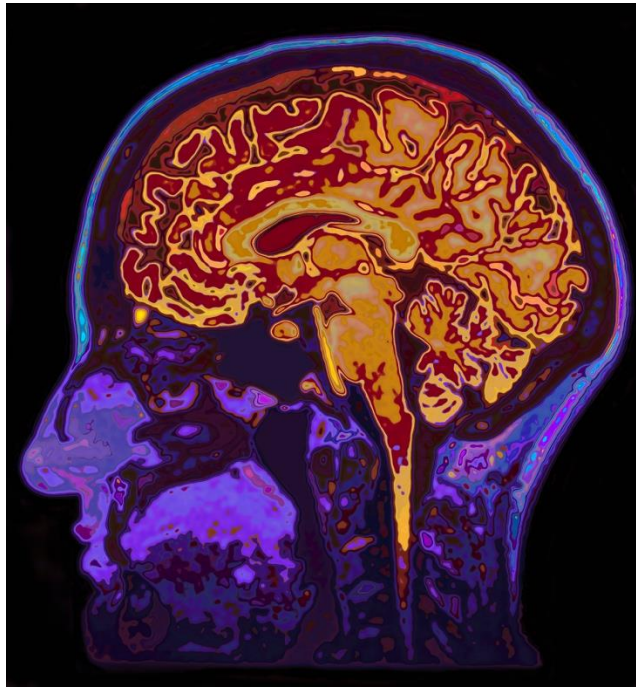
Guiding Principles

Housing is a basic human need & right



Housing First

- People do not need to be “housing ready”
- Housing is a right!
- No one should be denied housing for any period of time because they did not meet pre-determined clinical goals or did not choose to participate in services.
- Homelessness is a terrible treatment plan
- Housing should never be used to coerce people into services they would otherwise not choose
- Housing and services are interconnected but with separate criteria for operation and evaluation.

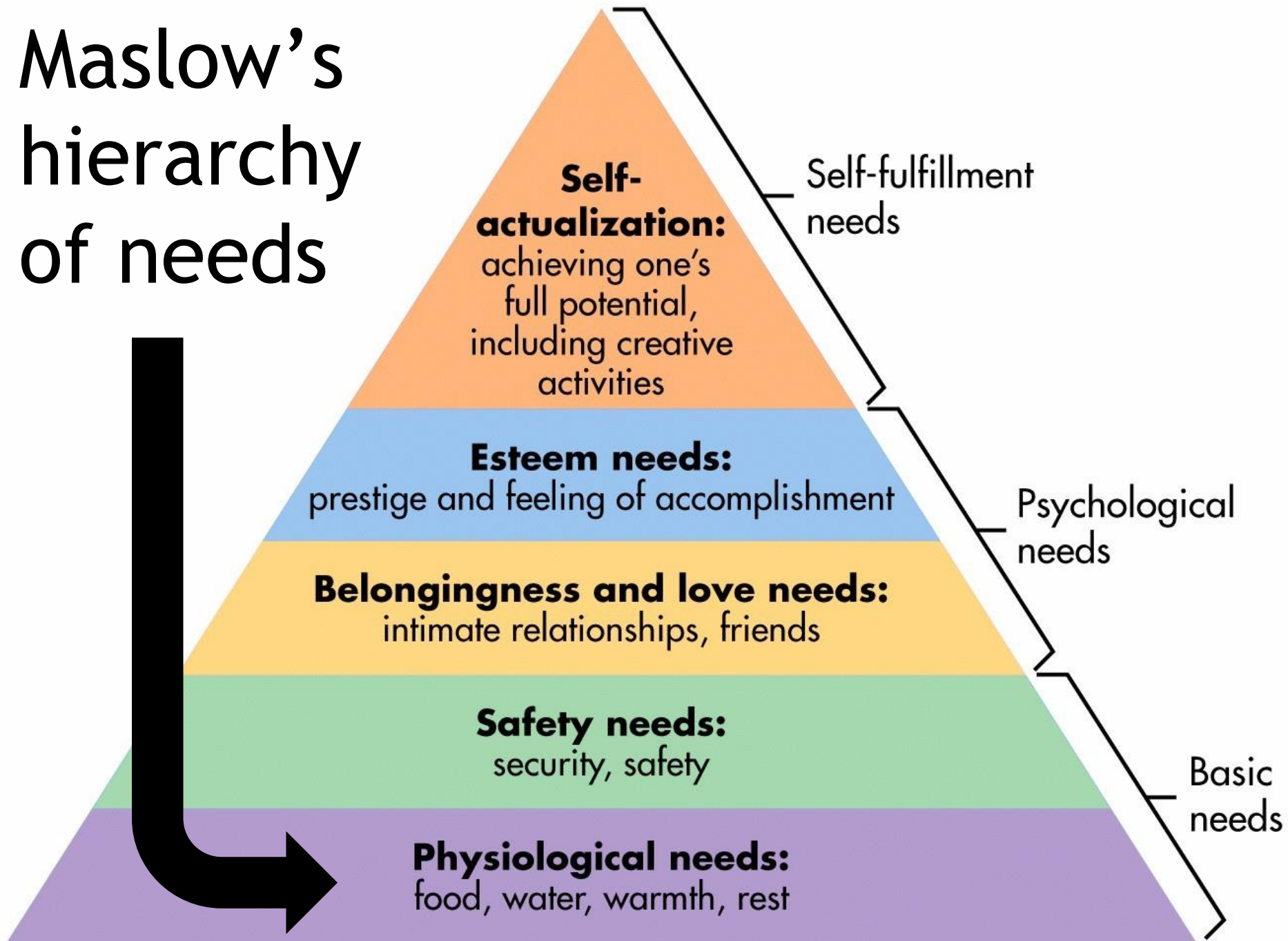


Trauma: Intense stress that overwhelms our biological psychological and social coping capacity.

- Activates survival responses
- Shuts down non-essential tasks
- Impedes rational thinking

Trauma Informed Care: *an evidence-based practice that helps service providers learn about the triggers and vulnerabilities of trauma survivors and create environments that support resiliency, recovery, and empowerment. Given the near universal rates of trauma among homeless families, a “universal precautions ” approach is needed.*

Maslow's hierarchy of needs





Who lives there?

Families & Individuals who are:

- Homeless, including those living on the streets and in shelters
- Living in overcrowded conditions and/or couch-hopping
- Being discharged from prison and other systems of care
- Living in places not meant for human habitation, i.e., cars, garages, abandoned buildings, etc.



Who lives there?

- **Families & Individuals who have:**
 - Serious chemical dependency and/or mental health issues who need supportive services to maintain stable housing
 - “Burned their bridges” in other housing or service programs b/c of behaviors associated with chemical dependency, mental health or other disabilities
 - Frequently use emergency services in the community because they lack stable housing

Housing

- **Permanent:** Not time limited; not transitional
- **Affordable:** Tenants pay no more than 30% of their income for rent
- **Independent as possible:** Resident holds lease with normal rights and responsibilities



Services

Targeted: Based on populations served

Flexible: Responsive to residents' needs

Voluntary: Participation is not a condition of residency

Independent: Focus is on housing stability



Services are Key

- Counseling
- Health & mental health services
- Alcohol & substance use services
- Independent living skills
- Money management / rep payee
- Community-building activities
- Vocational counseling & job placement



Types of Supportive Housing

- Single site: buildings developed / rehabilitated
- Scattered Site: rent-subsidized apartments
- Mixed-income buildings
- Master-leased buildings or units



Supportive Housing is NOT

-
- Treatment
 - Transitional
 - Licensed community care
 - Group home



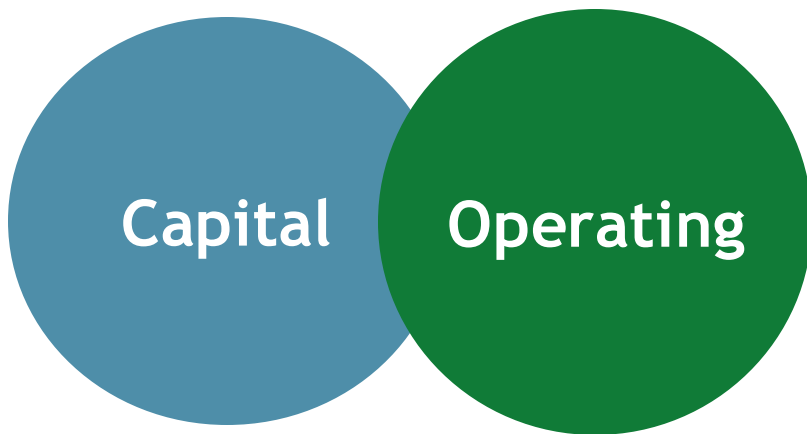
And Supportive Housing is not for everyone



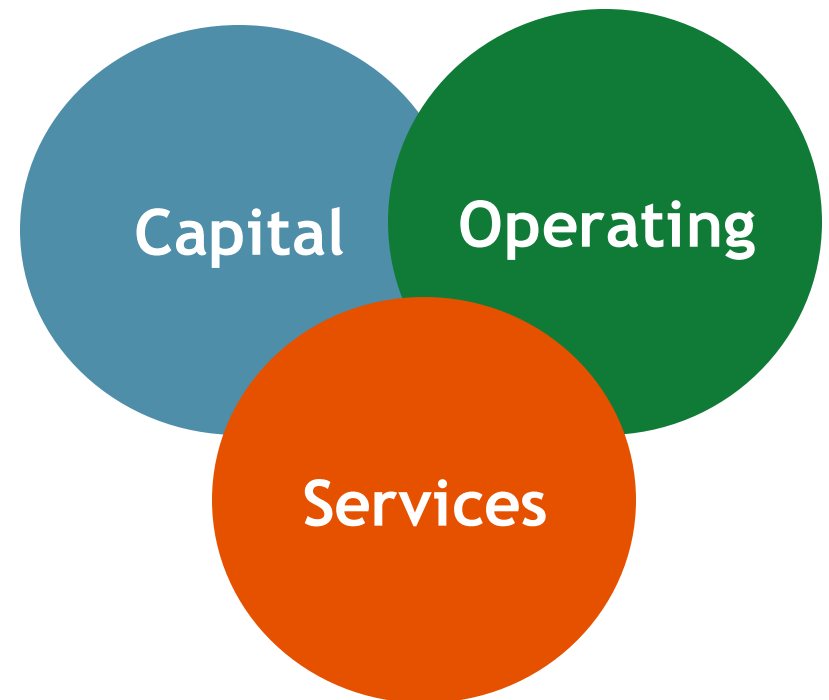
- It should be targeted for the 20-25% of the hardest to serve experiencing homelessness in your community
- It requires a strong team, significant resources and commitment.
- And it is the most rewarding work...ever.

PSH Funding Model

Traditional Affordable Housing

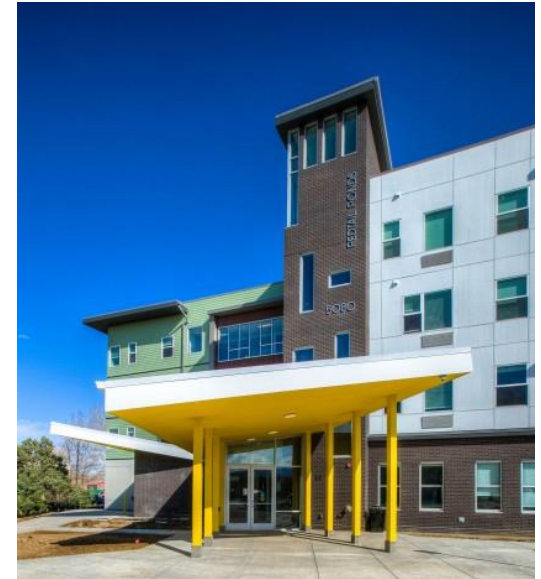


Supportive Housing



PSH Model Assumptions

- PSH units must have operating subsidies to serve the lowest income and hardest to serve populations.
- Service providers stick to services! Do what you are good at----
- Partner with a developer with shared vision/mission and let them do all technical development work.
- Services planning and solid financial assumptions are key for underwriting.
- PSH projects can be 100% or mixed income, but at minimum 25% set-aside is a best practice.



Supportive Housing is not a Solo Act



Supportive housing
brings together 3
very different
disciplines:

- **development**
- **support services**
- **property
management**

Variety of partners
needed to make
project a success

Thinking through your team



- What is my self-interest?
- What outcome do we want from the collaboration?
- What resources can our organization bring to the table?
- What will my organization need from others?
- Who will represent our organization in the collaboration?
- Who are the potential partners in the collaboration?

Be honest about your capacity

- Don't try to take on development if you're a service provider and vice versa.



- Supportive housing works best when there are clear roles and delineations, and everyone does what they're good at.



ROLES

- **Owner and/or Sponsor:** legally responsible for project, driving force behind the project
- **Developer:** delivery of complete, functional project ready for occupancy
- **Property Manager:** real estate management and operations for completed project
- **Service Provider(s):** design and implementation of the supportive services plan and evaluation

Owner and/or Sponsor



- Select partners/ collaborators, including developer, property manager and service providers, and monitor performance
- Oversee implementation of management and service plans
- Manage relationships with stakeholders
- Monitor project finances and manage long-term facility planning



Developer

- Oversees development, from concept stage to predevelopment to construction/development
- Works with rest of team to secure financing
- Coordinates with other team members throughout the design and development process
- Ensures that the project will be viable in the long-term
- If staying as owner/sponsor, manages the asset and oversees the property management and services functions

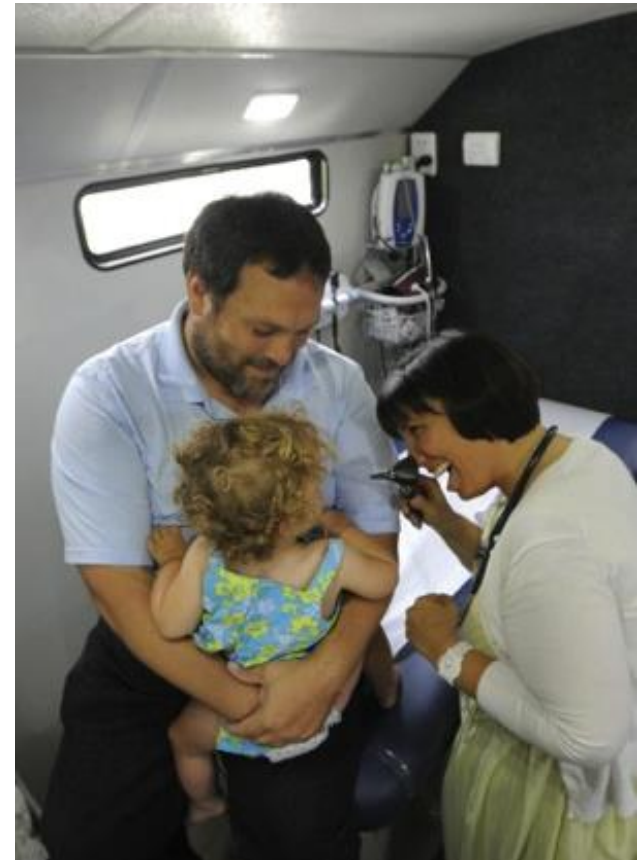


Development Consultant

- Lead for project management, “coach” to in-house staff, or specific technical tasks.
- Responsibilities could include:
 - coordination of the development team
 - selecting and managing professional services
 - financial analysis and applications
 - negotiating for site control
 - managing local approval processes
 - coordination of financing closings
 - oversight of construction activities

Service Provider(s)

- Design and implement the supportive services plan.
- Develop projected services budget and help raise ongoing funds for implementation.
- Identify other service providers and establish coordination strategy
- Develop relationship with the property management team; participate in tenant screening and rent-up process.



How Do We Fund PSH Projects?

- **Capital for building units:** Tax credit equity, HOME Funds
- **Operations funding:** Project-Based Vouchers
- **Services Funding:** Partnering with experienced agencies with committed funding and Medicaid billing capacity when possible.



Quick Check in



**WHAT DO
YOU THINK?**



**WHAT MAKES
SENSE?**



**WHAT
DOESN'T?**

Rural PSH



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Rural
PSH is
the
hardest
PSH to
do

- Limited resources to get started
- Developer capacity is challenging
- If you do not have the housing authority's vouchers it is almost impossible to do
- Services funding and capacity much harder to find
- Rural projects typically don't score as high for state funding (site challenges, leverage, market issues)

The “Rural Factor”

We are scrappy, we are creative, and we rely on relationships to get things done

Start where you are at....be practical. Who do you serve that needs PSH?

Faith communities play important roles in our communities

We have to advocate for our fair share of resources from state agencies



Rural Project examples

- Mono County Behavioral Health
- Socorro, New Mexico



Mono County Behavioral Health

- Mono County Behavioral Health is the acting sponsor.
- They identified over 100 clients in need of PSH.
- Mono County is Mammoth Lakes—a high-cost resort area.
- They were the “fire in the belly” partner.



Mono County Behavioral Health

Mental Health Center had funding and services but no units

Spent time focusing on population and desired model

Educated the local community on the need and partnership opportunity

Found a developer, identified sites

Eventual solution—asking for a set-aside of units in a new development project



MCBH Overall Model

- Target Population
MCBH clients
- Services—funded
by the state
- Site—City Owned
Land
- Operating
Subsidies—the
County
- Developer- Private
Partner
- Number of units 15
pilot



Socorro, New Mexico

- Very low-income rural community one hour south of Albuquerque.
- Wanted a 100% PSH project to end the cycle of incarceration for community members (32 units)
- Their vision did not align with funder priorities.
- They participated in an in-depth training and they were sold.

Socorro, New Mexico

- The project is driven by the housing authority
- They had vouchers and services but no development experience
- They found a mission-aligned development consultant
- Barrier—state was not supportive—could not compete for funds.



Socorro Solution

- Heavy advocacy at the state level
- Educated the state agency staff
- Helped State to Change funding priorities
- Fingers crossed for 2021!



Rural PSH Best Practices

- **Creative site ideas:** church sites, city land, partnering with a for-profit partner (set-aside)
- **Services models-** Peer programs, Social work interns, Americorps, faith partners, County funded or Medicaid billable staff positions
- **Operating subsidies:** Usually vouchers or COC
- **Capital:** Tax credit, large HUD grants

Rural PSH Best Practices

Adaptive Reuse: Motel conversions

Alternative building structures: Indie Dwell and modular models

Mixed populations—serving more than one population in one development is common

Solve for transportation-get creative

Co-locate—housing and food production, childcare etc.

So how to move forward?

Build a “fire in the belly” team, the 3-5 movers and shakers to help you.

Find Housing partners—housing authorities, housing finance agencies, local contractor

Attend Additional trainings –My typical series is 40 hours

Believe it can happen and don't give up..it takes time but works!

Start A project concept, who would you serve and why?

Developing your project concept



Target Population

- Who are you going to serve, and how?
- What issues/needs do you expect tenants to have?
- Has your community documented the need?



Project Size and Location

- What is the ideal size and unit mix?
- Will it be a combination of affordable or 100% supportive?
- Single Site vs. Scattered Site
- New Construction vs. Rehab
- Location
- Design Elements





Let's
Talk..

- Jenn Lopez, Project Moxie
- jennglaulopez@gmail.com



Thank you very much

Please do not hesitate to contact me regarding Permanent Supportive Housing

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Permanent Supportive Housing

Iowa Perspectives on Permanent Supportive Housing

April 22nd-12pm Central

Register for upcoming events:

<https://mhttcnetwork.org/centers/mid-america-mhttc/permanent-supportive-housing-monthly-webinar-series>



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