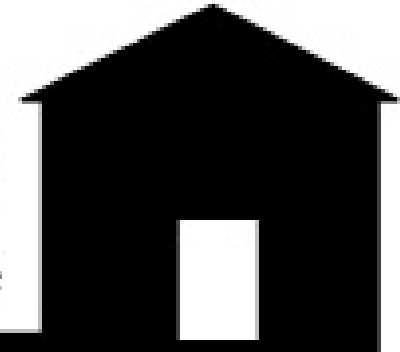


# A Place to Call Home

Indiana Permanent Supportive Housing Initiative



## INDIANA PERMANENT SUPPORTIVE HOUSING INITIATIVE

INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY

DIVISION OF MENTAL HEALTH AND ADDICTION

GREAT LAKES CAPITAL FUND

CORPORATION FOR SUPPORTIVE HOUSING

***SUPPORTIVE HOUSING – IT WORKS!***

# Current System is Costly and Ineffective



- Research indicates that approximately 15 to 18% of people who experience homelessness are chronically homeless.
- This 15 to 18% consumes more than 60% of all homeless services – leaving the homeless services systems struggling to effectively serve those who could exit homelessness relatively quickly.



*Dennis P. Culhane, University of Pennsylvania*

# Current System is Costly and Ineffective



- To do nothing is expensive.
  - It costs the City of Indianapolis \$15,560 annually in the public health and criminal justice systems to respond to needs of the average homeless person with mental illness and/or substance abuse issues.
- Doing nothing adversely affects multiple systems:
  - Criminal Justice/ Corrections
  - Community Health Providers and Hospital
  - Housing /Neighborhoods
  - Families / Foster Care
  - Economic /Workforce Development



***Can we really afford to do nothing?***

# Why Permanent Supportive Housing?



- For decades, communities have “managed” homelessness without addressing the underlying cause.
- Emergency and institutional systems are significant sources of care and support, yet they discharge people, many with disabilities, into homelessness .
- Government is spending hundreds of millions of dollars per year, yet homeless rates are growing .
  - The state’s \$1.2 M Emergency Shelter Grant served 18,000 unduplicated people in 2007, only 28% left shelter to permanent housing.



# What is Permanent Supportive Housing?



A cost-effective combination of permanent, affordable housing with services that help people live more stable, productive lives.



# PSH is for People Who:



- Are experiencing long-term homelessness.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness.
- Are being discharged from institutions and systems of care.
- Without housing, cannot access and make effective use of treatment and supportive services.



# Housing and Services



- **Housing**

- **Permanent:** Not time limited, not transitional.
- **Affordable:** For people coming out of homelessness.
- **Independent:** Tenant holds lease with normal rights and responsibilities.

- **Services**

- **Flexible:** Designed to be responsive to tenants' needs.
- **Voluntary:** Participation is not a condition of tenancy.
- **Independent:** Focus of services is on maintaining housing stability.

# IHCDA Transformation Shifts



- Fund solutions – not programs
- DMHA's Transformation process is an opportunity for systems change: integrate housing with the delivery of behavioral health services
- Housing is a necessary a piece of recovery – not just a referral service
- Housing for individuals experiencing homelessness is not a solo act-must engage multiple systems of care

# Indiana's Tool for Creating Permanent Supportive Housing



## **Indiana Permanent Supportive Housing Initiative**

- A private/public venture cutting across state agencies, nonprofit constituencies, private foundations and the for profit sector.
  - Spearheaded by:
    - Indiana Housing and Community Development Authority
    - Corporation for Supportive Housing
    - Division of Mental Health and Addiction
    - Office of Medicaid Planning and Policy
    - Great Lakes Capital Fund

## Indiana's Tool for Creating Permanent Supportive Housing



- Six-year project to adopt national best practices into an Indiana model for permanent supportive housing.
- The initiative aims to create at least **500** supportive housing units within Indiana over the three-year Demonstration Project (2008-2010).
- After the initial demonstration project is evaluated, long-term funding mechanisms and policies will be put in place to create an additional **600** units (2011-2013).

# IPSHI Goals



- Reduce the number of individuals and families who are long term homeless and cycling in and out of emergency systems
- Reduce the number of individuals who become homeless upon discharge of state facilities
- Extend the reach of PSH to new communities.
- Increase the capacity and the number of non-profits providing supportive housing at the local level.
- Improve the connection between behavioral health, housing, employment, and healthcare systems.
- Improve the quality and cost-effectiveness of the homeless delivery system.

# 2008 Accomplishments



- **Capital funds**
  - Modified the QAP to fund supportive housing through the LIHTC program
  - Set aside HOME and Development funds
  - Stimulus funds
- **Operating Funds**
  - State Admin Plan revised to project base 20% of vouchers for supportive housing projects
  - Working with other local PHA's to project base vouchers for supportive housing

# 2008 Accomplishments



## Service Model Development

- DMHA advanced IPSHI through the Division's Transformation Initiative
  - Goal of Transformation is to transform Indiana's Mental Health and Addiction system to a Recovery Based Model that focuses on providing meaningful, consumer and family-centered services
- A cross-system Transformation Work Group (TWG Supportive Housing Task Force) identified housing as a critical component for individuals with mental illness and chronic addiction, invited IHCDA and CSH to join the group, and adopted IPSHI

# 2008 Accomplishments



## Service Delivery Model

- A subcommittee of the TWG Supportive Housing Task Force agreed to work with CSH and the Technical Assistance Collaborative (TAC) to identify a model service delivery system in Indiana that integrates the goals of TWG and IPSHI
  - Coordinate public/private work and funding to meet IPSHI production goals
  - Develop Indiana service model around CSH's Dimensions of Quality and Indiana Medicaid MRO plan
  - Develop service funding pro-forma
  - Support Institute teams

# 2008 Accomplishments



- **2008 Supportive Housing Institute**
  - Ten Teams from 8 communities
  - 293 units in pipeline!
  - As of today, 150 units are under development!
  - Remaining units expected to come under development first two quarters of 2010

# 2009 Work Plan/Goals



- Add 180 PSH units to IPSHI pipeline through institute process and CoC application (2nd Year unit production target).
- Target units for individuals with SMI / CSA who are being discharged from corrections and are at risk of long-term homelessness – 40 units
- Targeted development of supportive housing for individuals at risk of homelessness being discharged from state hospitals. - Four Institute Teams - 80 units.
- Develop a frequent user of shelter and county jail supportive housing project. - One Institute team - 20 units.

# 2009 Work Plan/Goals



- **Develop and operationalize an Indiana model for Medicaid MRO and service funding for IPSHI projects**
  - DMHA has adopted a fidelity model
  - Five Institute teams are being convened to operationalize model
  - TAC and CSH will prepare a financial pro forma
  - Service delivery scheduled to go live 1<sup>st</sup> quarter of 2010
- **2009 Supportive Housing Institute**
  - Eleven Teams
  - 370 units
  - Project target state objectives

# 2009 Work Plan/Goals



- **Develop a fidelity model for IPSHI project around Dimensions of Quality**
  - Administration Management and Coordination
  - Physical Environment
  - Access to Housing and Services
  - Tenant Rights, Input, and Leadership
  - Supportive Services Design and Delivery
  - Property Management and Asset Management
  - Data, Documentation, and Evaluation

# Indiana Permanent Supportive Housing Initiative



## Questions/Comments