

## **Florida Housing Finance Corporation**

### **Permanent Supportive Housing Focusing on Best Practices and Funding for Tenancy Supports and Resident Services Coordination for High Utilizers of Public Behavioral Health Systems**

#### **Workshop Agenda**

**October 4, 2021, 2:00 p.m., Eastern Time**

**Registration for Workshop is required. Registration information is available on**

**<https://www.floridahousing.org/programs/developers-multifamily-programs/competitive/2022/2022-210>**

#### **Purpose**

The purpose of this proposal is to fund the development of Permanent Supportive Housing (PSH) for Persons with a Disabling Condition who are high users of public crisis services, including emergency and acute health care, shelter and judicial services that are not Homeless, but are facing housing instability or at risk of homelessness. Florida Housing proposes to provide development funding for the housing, with services funding to come through Applicant partnerships with Managing Entities (MEs), as discussed below.

This Workshop will be to primarily address the proposed concept, objectives of the pilot, intended residents to serve and general parameters regarding Applicant eligibility and requirements. At least one more workshop will be convened to discuss details of the application process including the eligibility requirements and award procedures.

#### **Background**

In 2020, Florida Housing completed its pilot to evaluate cost savings and other measures by providing supportive housing with services to High Utilizers of crisis services who were experiencing chronic homelessness. All three local pilots saw savings, even with post-move-in housing costs factored in, for an overall 25% savings. Most residents retained their housing – between 77% and 87% remained housed, and residents' personal outcomes were overall better at the end of the 2-year evaluation. The three pilots agreed that the most critical strategies to assist these residents attain success were the use of intensive, onsite resident services coordination and strong tenancy supports immediately upon residency (or before).

Now Florida Housing is planning to implement a second pilot to take what we've learned and begin developing best practices in braiding housing and supportive services funding together to serve High Utilizers of public crisis services.

The proposed focus of this pilot will be to provide housing for consumers served by participating MEs under contract with the Florida Department of Children and Families (DCF) to administer publicly funded

behavioral health services in their designated service areas. MEs serve persons with mental illness and substance use disorders, overseeing funding for service providers through the Substance Abuse and Mental Health Program. One of the largest challenges for MEs is providing services for consumers who do not have stable housing that is appropriate to meet their needs. As well, many persons served by MEs do not meet the federal Homeless definition used by the Continuums of Care, but nevertheless experience housing instability in the community or may need strong wrap around supports as they transition out of or are diverted from inpatient facilities.

Florida Housing will be looking for 100% non-profit applicants that have a supportive services funding commitment from an ME in the region where the PSH will be built. This second pilot will attempt to create a collaborative approach to state-administered funding for both housing and services (including strong tenancy supports and resident services coordination) to build a replicable approach for the future.

### **Objectives of Pilot**

- Divert high-risk high-cost individuals from repeated emergency and acute care service use with no progress in recovery, including individuals with extended stays in behavioral health treatment facilities.
- Assist in developing partnerships between supportive services funders, specifically MEs, and nonprofit housing developers in providing funding for resident services coordination and housing stability services, as well as access to supportive services.
- Evaluate systems and help Florida Housing and DCF, and other relevant entities to develop a replicable model for funding the development of PSH concurrently with funding provided by others for supportive services.
- Foster discovery of Best Practices and newer innovative approaches to braiding multiple streams of funding together for housing and services.

### **General Parameters of Pilot**

- Fund up to 3 developments in different areas of the state.
  - As many as 120 units of housing per property, dependent on funding offered, with funding expected to be awarded to up to 3 properties.
  - 50% of the total units required to be set aside for Persons with a Disabling Condition (50-year commitment).
    - Section 420.0004(7), F.S.: “Disabling condition” means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:
      - (a) Expected to be of long-continued and indefinite duration; and

(b) Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

- At least 20% of the total units are required to be set aside for Persons with Severe and Persistent Mental Illness, defined according to s. 394.674, F.S., who are identified as High Need/High Utilizers of crisis services who are not Homeless, but lack permanent housing stability (these units may be part of the units set aside for Persons with a Disabling Condition). The proposed high utilizer focus would be:
  - Adults with a serious mental illness, substance use disorder or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services; and/or
  - Adults with a SMI awaiting discharge from a state mental health treatment facility back to the community.

*Stakeholder Question: would additional limitations or expansions on populations to be served in this set-aside be needed based on requirements of program funds administered by MEs?*

- At least 20% of the units must be set-aside for Homeless households.
- At least 30% of the total units must serve ELI households with incomes at or below the ELI County rate. As part of this ELI set-aside requirement, 20% percent of the total units are required to be set-aside for households at or below 22% AMI and will be funded with National Housing Trust Funds. The 22% AMI set-aside requirement will be 30 years, after which it returns to the ELI rate for the remainder of the affordability period.
- With a plan provided to Florida Housing by the Applicant, if desired, after funding award, permit high utilizer residents to move to other properties in portfolio of the NP owner/general partner if a household desires to move and/or needs other housing options; housing provider must maintain the same number of HN/HC persons participating in pilot initially committed to in the Application. This number would not include persons who “graduate” from high utilizer status and move on into lower supportive service situations or out of PSH.

### **Eligibility Requirements for Applicants Applying for Funding in the Pilot**

- The Applicant must be a 100% Non-Profit Applicant meaning (1) the Applicant entity itself is a ‘Non-Profit Corporation’ as that term will be defined in the Request for Applications (RFA) or (2) the Applicant entity itself is not a ‘Non-Profit Corporation’ but is wholly-owned (i.e., 100 percent owned) by one or more ‘Non-Profit Corporations’ as that term will be defined in the RFA.
- All Applicants meeting eligibility requirements are welcome to apply for funding under this pilot. However, because Florida Housing’s objective is to use this pilot to build on what was learned in the first High Needs/High Cost pilot (RFA 2014-102), selection preference will go to Applicants that were awarded funded in that first pilot, as long as those Applicants meet the eligibility requirements of this RFA and have a minimum score of 80% of the total points offered in this RFA.

- Applicants must bring the ME in as a partner in service coordination/supports provision, with funding committed for a minimum of 2 years starting at the point of property occupancy.

*Stakeholder Question: Should the ME partner be required to make the Applicant a service provider before the Credit Underwriting Report is approved by the Board?*

**Applicant Capacity/Experience** – Items proposed to be scored in the Application

- **Detailed description of the populations to be served**, with particular focus on the high utilizer population, but also including the portion of the residents who will meet the other set-asides.
- **Applicant experience with a sustainable model for housing and services coordination for high acuity populations.** Applicant’s experience and length of time in operating and managing PSH specific to the High Needs/High Utilizer residents who will be served by the proposed Development, including coordinating supportive services resources for high needs individuals routinely interacting with multiple systems of crisis care in such a way that these residents maintain stability in their communities.
- **Detailed description of Applicant’s working relationships with service providers to provide services coordination, tenancy supports and services, both at its properties and more broadly in the communities in which the Applicant has worked.** This includes the Continuum of Care Lead Agency and its member organizations; other providers of supportive services; MEs and Managed Care Organizations that oversee publicly funded behavioral health services and care; local government or other entities providing emergency, healthcare, law enforcement, legal and other services for the intended population; and state agencies and/or their local/regional offices that administer programs that assist the intended population.
- **Tenant Selection Process:** To serve non-Homeless High Utilizers (and any others) who are consumers of the ME – the primary focus of this pilot – the Applicant must describe in detail how it will work with the ME to carry out a tenant selection process that identifies, screens-in and assesses prospective residents based both on their high utilizer status and the ability of and interest from the prospective residents to live at the property. Additionally, because a portion of units will be set aside for persons experiencing homelessness, Applicants will have to show that the community where they are developing has an established approach(es) to collaboratively identify, screen, assess and prioritize individuals through the local homeless Continuum of Care’s (CoC) coordinated entry process. The Applicant must explain its experience working within that or another Coordinated Entry System and with CoC partners to implement a tenant selection process for its housing.
- **Applicant experience with and plan for proposed Development to coordinate access to housing stability supports, community-based services and amenities.** Residents will need immediate and easy access to housing stability supports (also called tenancy supports – see attached Exhibit 1), off site community-based services, and amenities, either through proximity to supportive and general services and/or easy access to public or other transportation that is not onerous or too time consuming to use. The plan must include one or more Resident Services Coordinators who will operate on site with a caseload of no more than 1:20 high utilizer residents based on the

experience, qualifications and job duties that are substantially the same as the Florida Housing position description provided in attached Exhibit 2.

- **Applicant’s planned partnership with the ME, including an exhibit signed by the CEO of the ME specifying its commitment to provide funding related to services coordination and services, including tenancy supports.** The Applicant should also describe work it has done with this ME or any other ME(s) or Managed Care Plans to incorporate funding for services coordination, tenancy supports and other services provision into its permanent supportive housing properties, including the roles and responsibilities of each partner in these past situations.
  - *Stakeholder Question: With lease-up still 2-3 years from application, what is the best (strongest) way for the ME to show its commitment to providing funding for resident services coordination and tenancy supports, as well as access to the ME’s service provider network? Should the ME be required to submit in the Application a specific financial commitment and description of what that shall include?*
- **ME Experience Working with Affordable Housing Providers to House its Consumers.** The ME must explain its experience, approaches and policies regarding collaborating with affordable housing providers to house its consumers in independent and supportive housing units. The description should include information about the type of services coordination and tenancy supports being provided through the ME’s service providers to support these residents, service providers that are part of these partnerships, experience with promoting resident choice and independence, and strategies implemented to support these residents “moving on” to less intensive affordable housing options.
- **Applicant experience accessing and managing project-based rental assistance and/or other operating assistance** for its PSH properties to support ELI residents of PSH. The Applicant would not have to show they have obtained project-based rental assistance for this RFA; they would have to describe their past and current experience accessing and managing this assistance.
- **Applicant experience with and approach to implementing “Moving On” programs to support PSH residents moving out of PSH into affordable housing,** including replicable participant exit strategies to maximize long term independence and self-sufficiency.

### **Commitments by Applicant and ME**

- **The partnering ME must commit to:**
  - Provide funding to be used for resident services coordination, housing stability supports and other supportive services needed by High Utilizers, to be defined in more detail.
    - See the position description in Exhibit 2 for the onsite Resident Services Coordinators. Florida Housing proposes that these coordinators have a no more than 1:20 resident case load for the High Utilizer households served. Florida

Housing will also require general resident services coordination for all other residents at the property.

- Coordinators should work on site and under the oversight of the experienced housing provider.
  - Resident participation in services is not a requirement for tenant selection or continued tenancy.
  - Funding must pay for resident services coordinators who are overseen by the Applicant.
  - Participate in research, as outlined below.
- **The Applicant must commit to:**
    - Provide resident services coordination services at the level specified in the Application, including oversight of required Resident Services Coordinators. Florida Housing proposes that in addition to the 1:20 onsite resident caseload for Resident Services Coordinators serving High Utilizers, the property must also provide general resident services coordination services to all other residents. All Resident Services Coordinators at the property must have the same qualifications as specified in the position description in Exhibit 2.
    - Coordinate pilot activities with its ME partner.
    - Participate in research as outlined below and in a Managed Care Organization advisory group convened by Florida Housing, as a component of the pilot.

## **Evaluation Approach**

- **Applicant and ME must commit to participate in regular update calls (e.g., quarterly or semi-annually) with Florida Housing and an annual peer meeting to report on progress and discuss implementation issues.**
- **Applicant and ME must commit to participate in the pilot evaluation and to report on specified property and resident outcomes, as determined by Florida Housing, such as:**
  - Demographic data describing the high utilizer residents served.
  - Person-specific data concerning participant utilization of services.
  - Information about the services funding from the ME and any other entities, with a description of how the funding was used to support residents.
- **Applicant and ME must commit to writing and submitting a report** within six months after the pilot period summarizing their pilot approach, findings, lessons learned and recommendations to encourage replicability.
- **Examples of Outcomes to Be Reported by Applicants and ME Partners (Preliminary)**

### **Pilot Participants:**

- Housing retention: Obtain and maintain stable housing; end homelessness (if homeless)

- Reduce emergency department utilization, inpatient medical care and crisis behavioral health care.
- Reduce arrests and incarcerations.
- Residents gain access to insurance, benefits and other income.
- Employment and education increases.

**MEs:**

- Describe work to develop and implement cross system coordination from identification to engagement to housing and ongoing stability.
- Discuss a replicable ME support service funding baseline for permanent supportive housing.

## **Tenancy Supports**

Housing stability work generally begins prior to leasing to assist with eligibility requirements for the housing and prepare people for moving in. No matter what other services are provided at move-in, tenancy supports must begin immediately with an initial needs assessment and development of a Housing Stability Plan within the first 30 days of residency. Tenancy supports generally include:

- Early identification and intervention for behaviors that may jeopardize housing.
- Education on tenant and landlord rights and responsibilities.
- Eviction prevention planning and coordination.
- Coaching on developing/maintaining relationships with landlords/property managers.
- Assistance resolving disputes with landlords and/or neighbors.
- Advocacy/linkage with community resources to prevent eviction.
- Training on independent living skills, such as cleaning, laundry, shopping, household budgeting and management, financial literacy, including credit repair.
- Assistance with housing recertification process.
- Review/modify housing support plan and eviction prevention plan with resident.
- Role modeling in such areas as apartment community living, communication with neighbors, sober fun.
- Home visiting.

**Resident Services Coordinator**  
**SAMPLE for DISCUSSION AND INPUT**

**Job Summary:** The Resident Services Coordinator will provide direct supportive services, employment and training support and appropriate referrals for residents onsite.

**Essential Duties/Expectations:**

- Engage with residents to collaboratively complete the initial assessment and develop and implement individualized Housing Stability Plans (“HSP”) outlining short term and long-term goals
- Provide services utilizing evidence-based practice in service delivery such as intensive case management, Motivational Interviewing, Harm Reduction, Trauma Informed Care, Critical Time Intervention and Housing First Practices to assist in obtaining/increasing income, promoting self-sufficiency and housing stability
- Coordinate with community providers to offer additional services in the areas of, but not limited to housing stabilization, money management, community integration, employment and training, benefits establishment, referrals to community providers for substance use, primary and mental health care, and all other services needed to assist client in reaching their housing stability goals
- Facilitate/teach daily living skills and workshops for residents in groups and individually as outlined on each resident’s HSP
- Conduct scheduled home visits with each resident at the frequency determined in collaboration with the Program Supervisor
- Work in collaboration with the property manager to establish community building activities (resident council, residents’ meetings, etc.), facilitate/supervise workshops, information sessions to meet residents needs and interests to enhance life skills.
- Provide crisis intervention as needed under the supervision of the Clinical Director or Program Supervisor
- Maintain all client records and information in accordance with our policies
- Ensure compliance with HMIS and timely data entry into Service Point
- Complete all documentation, paperwork in a timely and efficient manner
- Actively participate in quarterly (at a minimum) staffing to address resident progress towards HSP goals and update as needed
- Actively participate in weekly/monthly supervision
- Attend scheduled workshops, trainings and meetings as required
- Cross train across all programs/departments to ensure success
- Other duties as assigned to support and ensure the success of the program
- Reports to Program Supervisor

**Skills:**

- Understanding of working directly with formerly homeless individuals and families and at-risk populations by treating all individuals with respect and are able to build rapport by promoting empathy and compassion with patience and consistency
- Pays close attention to detail and demonstrates strong organization skills
- Strong critical thinking skills and ability to problem solve

- Effective communication skills backed by detailed written documentation and comprehensive listening skills
- Maintains a professional demeanor and maturity, good judgment, quick learner, and proactive
- Ability to multi-task, prioritize and manage time efficiently
- Highly proficient in Excel, Adobe, Microsoft programs, Outlook, and understanding of database applications, including the use of formulas, functions, data import/export and creating charts

**Minimum Requirements:**

**Education/Experience:**

- Bachelor's degree in social work, mental health, psychology, or related field required and a minimum of three years related field experience
- Individuals who do not possess a Bachelor's Degree will be required to have a high school diploma or equivalent and a minimum of five years related field experience and may be required to become certified as a Behavioral Health Technician
- Knowledge of community resources
- Must have a valid driver's license and reliable transportation
- Ability to work a flexible schedule and be on-call as needed
- Bilingual (English/Spanish or Creole/English) preferred