



BUILDING A ROBUST SUPPORTIVE HOUSING LIFELINE FOR NEW HAMPSHIRE



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Introduction

CSH is pleased to present this report to the New Hampshire Housing Finance Authority (NHHFA), the Charrette Steering Committee and public and private partners which summarizes the process and recommendations developed during a community Charrette, an intense and highly-focused and action-oriented planning process, that took place on October 29, 2019 and October 30, 2019. CSH commends NHHFA for conducting a thoughtful and intentional exploration of the challenges and opportunities surrounding the development and sustainability of a supportive housing pipeline in New Hampshire.

Through this inclusive community process, CSH witnessed high levels of engagement and commitment to improve the housing pipeline for vulnerable populations. We have attempted to capture the spirit of the process in this document. CSH also appreciates the willingness of the Charrette Steering Committee to undertake the Charrette process as a method of analyzing, discerning, and ultimately making decisions about moving forward on complex community issues in order to develop the supportive housing that vulnerable populations in New Hampshire need.

NHHFA, alongside many community and regional organizations, has been working to address the housing needs of its residents. The Charrette process has demonstrated that a lot of great work has been accomplished, and there is more that can be done to improve effectiveness, leverage new resources and meet the housing needs of the most vulnerable. This work, as our recommendations outline, will involve communicating across systems, coordinating advocacy efforts, and restructuring and improving alignment of funding streams so resources can be employed as efficiently and effectively as possible. It will mean building a statewide culture that uses data to drive decision making and promote quality, committing to community-wide capacity building and training at every level, and fostering collaboration among funders in support of these changes.

This report outlines recommendations categorized under six identified issue areas. The next phase of work will include NHHFA, community organizations and other funders to prioritize and work through these recommendations in order to increase the supportive housing pipeline and meet the housing needs of individuals and families across the Granite State.

Supportive Housing Explained

Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery and personal growth. It focuses on balancing three distinct components of the model — affordable housing, supportive services, and property and housing management. These three components can be viewed as a “three-legged stool,” in which each part must bear equal weight to have a balanced project. Supportive housing, however, should not be isolated from the larger community. A project’s relationship to the community adds a vital fourth leg, turning the stool into a community table at which supportive housing providers must have a seat.¹

Quality supportive housing projects are as diverse as the communities in which they are located. Despite these differences, all supportive housing:

¹ Supportive housing and affordable housing model, Corporation for Supportive Housing, https://www.csh.org/wp-content/uploads/2015/12/IL_Toolkit_Model_SH-Affordable.pdf

- Targets households whose heads of household are experiencing homelessness, at risk of homelessness, or are inappropriately staying in an institution. They may be facing multiple barriers to employment and housing stability, including mental illness, substance use, and/or other disabling or chronic health conditions,
- Is affordable, meaning the tenant household ideally pays no more than 30% of its income toward rent,
- Provides tenant households with a lease or sublease identical to non-supportive housing — with no limits on length of tenancy, as long as lease terms and conditions are met,
- Proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy,
- Effectively coordinates with key partners to address issues resulting from substance use, mental health and other crises, with a focus on fostering housing stability, and
- Supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks.²

Types of Supportive Housing Models

Supportive housing tenants can live in multiple different types of housing models. A single-site or project based model is when a building is dedicated to supportive housing and all units have supportive housing tenants. Another single-site or project based model is integrated supportive housing, when a building has a mix of supportive housing and affordable/market rate housing tenants, generally around 10-25% supportive housing units. There are many examples throughout the country where integrating supportive housing into an affordable/market rate building increases supports for all tenants in the building.

Finally, supportive housing tenants may live in scattered site supportive housing developments. This is where one or more supportive housing tenants live in a building where the landlord may not serve other tenants. This creates a differences in service delivery because the landlord may not be familiar with serving supportive housing tenants and is not contracted to work with a service provider. It is common in a supportive housing scattered-site leasing model for the supportive housing units to be leased by a non-profit organization and dispersed among multiple buildings or properties in a community which may include a range of housing types. This model provides a great opportunity to integrate supportive housing units in the general community, while maximizing available housing stock to achieve a range of housing types and unit sizes.

Why New Hampshire Needs a Supportive Housing Pipeline

Like its neighbor states and many states across the US, New Hampshire is characterized by a highly competitive housing market with extremely low vacancy rate of 0.75% statewide³ and ever-increasing rental costs. Lack of affordable housing continues to be a consistent driver of homelessness, contributing to the need for supportive housing. The *2019 Residential Rental Cost Survey Report* issued by the NHHFA found that the statewide median gross rent (including utilities) for a 2-bedroom unit increased over 20% in the past 5 years.⁴ The *Department of Housing*

² Supportive housing and affordable housing model, Corporation for Supportive Housing, https://www.csh.org/wp-content/uploads/2015/12/IL_Toolkit_Model_SH-Affordable.pdf

³ *2019 Residential Rental Cost Survey Report*, pg 5 https://www.nhhfa.org/wp-content/uploads/2019/10/2019_Rental_Survey_Rpt-1.pdf

⁴ Ibid, pg 6

and Urban Development defines affordable housing as less than 30% of income dedicated for housing expenses. In New Hampshire, 42% of rental households are paying 30% or more of their household income on rent, while lower-income families are likely to be paying an even higher percentage according to the same 2019 residential cost survey report.⁵

Additionally, access to affordable housing can be even more difficult for those experiencing complex issues or are involved in other systems like justice or health care. For example, the justice system strives to ensure adequate housing and services are available for individuals upon release but are faced with long waiting lists and overtaxed local service providers. Justice officials find themselves releasing individuals back into homelessness due to a lack of community resources. In the health system, local hospitals find themselves unable to discharge medically cleared patients due to lack of safe affordable housing in a community.

Finally, according to the *National Institute on Drug Abuse*, New Hampshire is among the top five states with the highest rate of opioid-involved deaths.⁶ The persistent, on-going opioid crisis further taxes both housing and service systems with limited resources serving the most vulnerable. Individuals and families with active substance use or those seeking recovery have distinct needs, including accessing safe, adequate housing to either contemplate or continue recovery, regain stability in their lives and become contributing members of their communities.

Supportive housing is an evidence-based solution combining affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. By building a robust supportive housing pipeline, New Hampshire can begin to meet the needs of its most vulnerable citizens, including individuals with complex physical and behavioral health challenges who are often the highest users of emergency rooms, jails, shelters, clinics and other costly crisis service systems. While community definitions of what constitute a high user vary, in general, high users are defined as individuals who have avoidable use of crisis systems. The creation of Supportive Housing as an intervention can ultimately reduce costs associated with over-use of these systems, promote efficient use of resources and create vibrant, healthy communities for all.

The Charrette Process

The CSH Charrette Tailored for Community

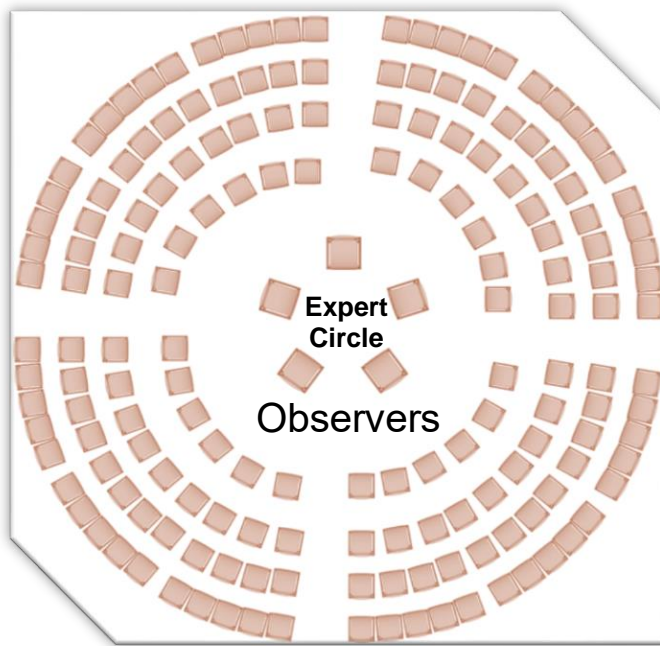
To ensure robust community and stakeholder feedback and participation in the upcoming 2020 Supportive Housing Institute, the Steering Committee (see Appendix A for a list of members) designed and planned a Community Charrette for the end of October 2019. The Steering Committee was charged with planning and leading a community Charrette around the development of a statewide supportive housing pipeline. The Charrette is an intensive planning process designed to jumpstart and streamline the development of the pipeline by strengthen relationships across systems and pushing the community conversation forward by confronting the most difficult issues head on. The Committee was tasked with gathering stakeholders' feedback to decide which issue areas will be explored in the Charrette, assist with outreach to potential Charrette participants, and identify issue area experts.

The Charrette takes what is typically a long-term planning process and focuses community-wide energy on key issue areas over a condensed period of time. CSH, the Steering Committee and

⁵ Ibid, pg. 10

⁶ <https://www.drugabuse.gov/opioid-summaries-by-state/new-hampshire-opioid-summary>

NHHFA worked closely to identify key issue areas and identify top “experts” to discuss the most pressing topics in a “fishbowl” method.



Fishbowl Design for CSH Charrette

The Charrette Steering Committee began meeting bi-weekly on August 23rd, 2019 and eventually narrowed down the issue areas to the six discussed as part of Charrette Week:

1. **Diversity of Service Models in Supportive Housing**
2. **Alignment of Capital, Operating and Service Funding**
3. **Regulatory and Administrative Opportunities and Challenges in Supportive Housing**
4. **Building Successful Partnerships between Developers and Service Providers**
5. **The Intersection of Supportive Housing and Medicaid**
6. **Sustainable Service Delivery**

Once discussion areas were defined, the Steering Committee was integral in identifying “fishbowl” experts that would be able lead the conversations during each session. It was important that the experts represent the community and the Committee strived to select experts who were cross-sectional and diverse in the following categories:

- Geographically: Due to New Hampshire’s geographical diversity and rural/urban divide, the Steering Committee made it a priority to identify experts that represented the entire state. The experts geographical service area covered every county in New Hampshire and many experts represented statewide organizations or government entities.
- Organizationally: Experts represented many different types of organizations and the Steering Committee was extremely thoughtful in grouping experts in the “fishbowls” that represented many different sectors. The types of organizations represented included but were not limited to; government entities, nonprofits, and advocacy organizations.
- Systematically: The Steering Committee was intentional about inviting experts that represented different stakeholder groups; such as the housing sector and service sector, Within the housing sector developers, housing navigators, transitional housing providers,

and funders were all represented. In the service sector; mental health providers, substance use disorder providers, and healthcare institutions were all present.

Community conversations and the development of recommendations and policy considerations around these six issue areas took place during the Charrette week, resulting in this final report.

Charrette Week

Charrette Week kicked off on October 29, 2019 with two full days of intense dialogue at the City-Wide Community Center in Concord, New Hampshire. Over 100 individuals from social service organizations, housing developers, housing authorities, city welfare officials, family groups and many more stakeholders attended the two-day event. The conversation focused on the six issue areas noted above.

Each conversation occurred in a “fishbowl” setting with a group of local and national experts sitting in a circle surrounded by community experts and stakeholders. Experts from diverse communities and organizations drew from their experience and expertise to exchange views and craft suggestions for moving forward. (See Appendix C for a full list of Experts and participating CSH staff.) For the first hour, the experts engaged in dialogue around the issue area that encouraged identifying new systemic and programmatic responses and highlighted successful projects and programs throughout the state.

At the end of the first hour, the conversation among the experts was brought to a close, and the CSH facilitator engaged the community experts and stakeholder’s conversation to garner their observations and feedback. During this time, community members were given opportunity to comment and/or offer other suggestions on the issue areas. Post each fishbowl, experts were asked to participate in one-on-one debrief sessions with CSH staff where their reactions to the community feedback were considered as part of the overall process. Extensive notes were taken and analyzed for prevalent themes, providing the basis for the recommendations found in this report.



Key Issue Areas – Findings and Recommendations

Issue # 1 - Diversity of Service Models

Recognizing that there are many different vulnerable populations that benefit from supportive housing, including those with intellectual or physical disabilities, individuals with substance use disorder, those experiencing chronic homelessness, seniors, the justice-involved and others; understanding the unique needs and current models used for service delivery is key. As such, the Charrette kicked off the first fishbowl with a robust discussion of the needs of various populations in the community and the resources available to address these needs. Discussion in this session focused on what populations are currently prioritized, gaps in community based resources, best practice models and strategies for creating flexibility of service plans to adapt to changing conditions and needs. Differences in need and availability of services by geography was also identified as a common theme, as well as concerns over dedicated service funding.



“Housing is a right. Showing to the community that we are all in this together and to show that we are all invested together will make our community safe and better.”

– Marie Linbaugh,
Program Director, NH
Coalition Against
Domestic Violence

Diversity of Service Models Fishbowl, October 29, 2019

Session Themes and Recommendations

Building political will through coordinated education and advocacy

Many of the experts and charrette contributors expressed the need for continuing public education, to build support for their work, reduce NIMBYism (not in my backyard) and increase political will for housing development. Research demonstrates that involving individuals with lived expertise is vital to breaking down barriers.⁷

The CSH Speak Up! program engages formerly homeless individuals to use their personal stories as an advocacy tool. The year-long curriculum combines monthly educational sessions on topics

⁷ Norman, Trudy, et al. "Taking a leap of faith: Meaningful participation of people with experiences of homelessness in solutions to address homelessness." (2015).

such as housing policy, advocacy, storytelling, narrative development and public speaking combined with individual coaching sessions. The program provides numerous opportunities to advocate to local, state, and federal leaders using their stories to reframe public perception and build the public and political will necessary to create new housing and end homelessness.

It was noted that significant coordinated advocacy efforts from Housing Action NH resulted in the first increase to the Affordable Housing Trust fund in over 20 years. Prior to this change, appropriations remained small and intermittent. However, the new state budget provides a \$5 million per-year real estate transfer tax carve-out and a general \$5 million appropriation, totaling \$10 million over the next two years and creates an opportunity for a new dedicated funding source. Homeless services also received the first major increase, including funding for eviction prevention, a key resource for preventing homelessness and reducing the reliance on emergency shelter services.

Support for this investment came from both sides of the political spectrum highlighting the potential for future bi-partisan solutions to address housing needs in New Hampshire, provided that advocacy efforts remain focused and coordinated.

“It’s worth noting that we have a crisis of a lack of available and affordable housing overall. There are opportunities for partnership and finding solutions. Partnerships with Government, nonprofit housing developers and the [Housing Finance] authority and advocacy at certain levels are really important.”

- Tom Bunnell, Director of Strategic Initiatives, Community Bridges

Recommendation #1: Maintain and build upon the momentum and sense of urgency generated by the Charrette and Institute. Existing housing advocacy efforts should take steps to align across healthcare and justice advocacy efforts to increase impact.

Recommendation #2: Implement a Speak-Up program to empower people with lived experiences to gain skills, advocate for policy changes, and help break-down stigma.

The Importance of Landlord Engagement and Public Education

Repeatedly, it was found that community engagement via public forums increased public support for supportive housing projects in communities. Additionally, direct outreach to landlords proved successful in increasing their willingness to rent to supportive housing tenants. With an extremely low vacancy rate and highly competitive housing market, engaging and sustaining both landlord relationships and community buy-in for new development is critical.

Recommendation #1: Provide training opportunities for housing providers on landlord engagement and recruitment to ensure maximum, efficient use of existing vouchers and resources.

“When we first started doing public forums, most people lined up against us. No one wanted “those people” in their neighborhoods. Being transparent and answering questions has been key.”

- David A. Berry Jr., Superintendent of Sullivan County Department of Corrections

Recommendation #2: Create a statewide campaign to recruit landlords, educate the public and encourage community support for supportive housing as a way to create thriving, healthy communities for all.

Recommendation #3: Consider creating flexible funding to incentivize landlord engagement such as first and last month's rent or security deposit.

Collaboration, not competition between service and housing providers

Collaborations among service organizations creates opportunities to take advantage of resources that would not have been possible capacity-wise without such partnerships. In order to effectively cultivate and build relationships, providers, developers and funders need to understand each other's work and identify opportunities for alignment. This requires building trust and takes time. However, many Charrette participants noted that scarcity of resources often hinders this collaboration and is something that should be focused on in order to move forward.

"At NHHFA – we have found service organizations that are very good at the services they provide and housing developers that are great at development, and forming partnerships across these organizations is vital to success."

– Chris Miller, Director of Strategic Initiatives, New Hampshire Housing Finance Authority

"We had an opportunity to apply through the local Continuum of Care (CoC) for funding. We feel we need a lot of tools in our toolbox. We knew lots of people would be a good fit for this type of program but the grant felt too large for us to do independently." – Martha Stone, Executive Director of Cross Roads House.

Recommendation #1: Building on the groundwork of the 2020 Supportive Housing Institute, create incentives within future funding opportunities that encourage organizations to collaborate.

Recommendation #2: Continue to support the advocacy networks and coalitions that are working to build relationships within the community and elevate the platform for collaboration.

Creating opportunities for robust service models with flexibility

As service providers strive to meet the needs of the most vulnerable in their communities, they are often faced with the challenging problem of changing population needs and therefore a required shift in organizational structure and capacity. This may take the form of a target population e.g. individuals with substance use disorder (SUD), or sub-population (such as mothers with young children with SUD) or a complete shift in population focus altogether. Housing and service providers may find themselves faced with a lack of appropriate staff, expertise and resources to serve a particular population. This requires flexibility in their funding streams, access to training and increased staff training to meet these ever changing needs.

"... we need to address substance use and trauma survivors have experienced. We've created low-barrier shelters and looked at how permanent supportive housing can assist with these issues...there are a lot of needs. Putting someone in a situation where others are still using, we need to figure out how to also support those who are trying to maintain recovery." - Marie Linbaugh, Program Director, NH Coalition Against Domestic and Sexual Violence

Recommendation: Provide on-going training and technical assistance to providers so they are equipped with best practices and resources to serve the needs of community as they constantly evolve.

Preventing homelessness by increasing partnerships with the Justice system

Despite strong efforts from leadership in New Hampshire County Corrections, resource constraints faced by housing and service providers are unintentionally creating a jail to homelessness pathway upon release. According to David Berry, Superintendent of Sullivan County Jail, 2,500 individuals are cycling in and out of jail annually, more than the entire state prison population with many of those being released exiting to unstable housing. This population faces complex needs as 77% of incarcerated individuals have substance use issues.

Recommendation: Conduct a data-match between justice-involved populations, substance use treatment and HMIS (Homeless Management Information System) to identify a cohort of high-utilizers. Targeting this cohort can promote efficient use of resources to prevent recidivism, disrupt the jail to homelessness pathway and reduce costs.

“We are putting in all this effort [for post-release services] and still 30-45% of our population are going into unstable housing. Worst case scenario, we release them at the post office and wish them well.”

-David A. Berry Jr., Superintendent of Sullivan County Dept. of Corrections

Issue #2: Alignment of Capital, Operating and Service Funding
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A pipeline of single site or development of supportive housing requires three distinct streams of funding-- capital, operating and service funding. While all funding can be difficult to secure and align, services funding was consistently identified as a major barrier for project creation. Presently, New Hampshire does not have a dedicated funding stream for supportive services and providers are often left struggling to meet high demand. Other themes presented in this session reflected discussion from Issue 1, including flexibility of service plans to adapt to changing conditions and needs, recruitment efforts and coordinated advocacy.



In this session, expert perspectives ranged from local to national funders and service providers and developers. In recommending experts, the Steering Committee's vision was to identify experts that represented all players in competitive funding process; including funders, developers and service providers. Throughout the two-day Charrette, participation from services providers, state and local governments, and also several state-based advocacy organizations, was more common than developers. The Steering Committee made a concerted effort to encourage developers to attend the Charrette.



Session Themes and Recommendations

Timing and alignment of funding opportunities

Greater efforts to align the timing of funding opportunities (State/Federal/Other) could contribute to greater response and success of projects. Experience has shown that predictable timeframes allow developers to coordinate the multiple sources of funding needed to move projects forward. This also ensures a predictable and sustainable pipeline into future years. Given the resource constraints facing the Granite State, coordination between funders around release and timing of funding rounds and other opportunities could significantly increase the likelihood of success for a project.

“There has to be planning around the timing of funding streams. Funding becomes available for treatment providers at certain intervals and housing at others and they never seem to coincide. For our project, the timing actually worked out and allowed us time to find the service and operation cost. It’s difficult...you get this great grant and then there’s no housing funding to compliment.”

– Jacqui Abikoff, Executive Director of Horizons Counseling Center

Recommendation #1: Increase stakeholder awareness of funding rounds and provide as much advance notice as possible to provide opportunities to secure other necessary funding streams.

Recommendation #2: Structure the timing of release of RFAs from NHHFA to better align with federal funding opportunities from federal agencies such as the Dept. of Housing and Urban Development (HUD) and the Substance Abuse Mental Health Services Administration (SAMSHA).

Recommendations #3: Create a funding round schedule to allow projects to coordinate their project feasibility planning with the state funding.

Geographic Considerations when Allocating Funding

Throughout this session, especially when the conversation shifted to the audience discussion, New Hampshire's distinct geographical disparities became a focus of the discussion. New Hampshire is more than 9,000 square miles and population density varies significantly throughout the state. Funders need to consider these disparities and the impacts that geography has on access to services, service delivery and the housing stock. There are significant programmatic and cost differences that need to be understood when providing funding to different regions of the state.

“Geographic disparity and equity, as a statewide funder, how we think about disbursement – everywhere housing is an issue. Provider system – there would be a wonderful conversation needed. Patient choice has an impact on geography. Where do people actually want to access their care? Many people only find recovery when leaving an area where they were addicted. We need to have flow and open doors.”

- Tym Rourke, NH Charitable Foundation

Recommendation: Understand the geographic effects of housing development and service delivery models and costs throughout the state. Create opportunities to work across regions where possible and use technology and data sharing platforms to keep connected.

Greater Flexibility for Service Plans

A persistent theme across issue areas has been that of flexibility for service models to adapt to changing environments, population and community needs. Often a project will need to commit for a length of time that is not representative or reflective of the speed in which change occurs on the ground in a community. Service providers must be given ample flexibility and support to respond to needs in their communities and to think strategically.

“When we have a project and it changes up the expectations, it places us in a position of being reactive rather than strategic.”

–Katy Easterly Martey

Executive Director, Community Development
Finance Authority

Funders play an enormous role in creating incentives (or disincentives) to addressing key priority populations or issues for a region. Given that robust services are an essential, vital component to quality supportive housing, the creation of such housing is dependent upon the funder to work with developers to incentivize and ensure those services are delivered.

“We establish a scoring criteria to try and identify the best projects to be funded. That’s the hardest part, you want to prioritize certain projects that advance goals, but you need them to be sustainable, and sometimes those that can prove that are not those that have the best or most exciting and most robust service packages.”

– Rob Dapice, Managing Director, New Hampshire Housing Finance Authority

Recommendation: Modify or create conditions within NHHFA funding rounds to incorporate greater flexibility within service plan requirements. Educate applicants and obtain feedback on anticipated changes.

Constant evaluation of funding requirements, scoring metrics, and statewide funding priorities

It became clear during this session the impotence of potential applicant's feedback to funders. NHHFA and the New Hampshire Community Development Finance Authority (NHCDFA) create many opportunities for funders to ask questions about RFPs. It was also clear that resources in New Hampshire for supportive housing are spread thin. New Hampshire has a dedicated funding program for supportive housing projects, something that few states across the country have. Many of the projects developed through this funding stream are 100% supportive housing. Across the country and emphasis has been placed on integrated supportive housing with other housing types such as affordable or market rate.

It is also important to understand how certain funding streams are being deployed and the projects that the funding is supporting to ensure there are no unintended results. This can be accomplished by constantly evaluating funding streams and metrics.

“HUD programs only measure is how fast the funds are deployed, and whether you’re compliant. Fifth in the nation [on this metric], but we’re accepting projects that are ready above all else.”

- Katy Easterly Martey, Executive Director, NH Community Development Finance Authority

Recommendation #1: Incentivize developers to use an integrated supportive housing model, where only a portion of the units are supportive housing. Other states have been successful in using the Qualified Allocation Plan (QAP) to incentivize developers.

Recommendation #2: Evaluate and amend funding metrics to include thought-metrics to see how to better allocate funds to projects that will be more effective but might not score as well on tradition funding metrics such as readiness to proceed and financial risks.

Recommendation #3: Create statewide benchmarks in the development of SH so there is transparency across the state of the effectiveness of funding; similar to the New York Empire State Supportive Housing Initiative.

<p>Issue #3: Regulatory and Administrative Opportunities and Challenges Facing Supportive Housing</p>
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The creation and operation of supportive housing is subject to many regulatory requirements originating from the multiple layers of funding and local zoning and building regulations. These requirements create unique opportunities and challenges for developing, implementing and operating quality supportive housing depending on the population being served within a project and the specific funding stream. Often, requirements from HUD, state funders and private funders do not align, causing additional challenges for housing and service providers. These challenges include but are not limited to frequency and content of reporting, data collection, service plan

requirements and staff credentials for service delivery. During this session many challenges were discussed as well as the unique strategies that are being utilized throughout the state. Additionally, participants identified opportunities that exist to address the challenges, such as unique partnerships with law enforcement in an effort to combat misinformation.

Session Themes and Recommendations

Educating Policy Makers and Local Communities

Throughout the session, the importance of educating policy makers, communities and other stakeholders was evident. Effort should be placed into prioritizing and supporting the advocacy work that is already happening. Ongoing dialogue and outreach to state legislators, state and local boards and commissions and community forums about the regulatory burdens of funding streams and stressing the importance of working collaboratively is critical. Along those lines, it is imperative to create opportunities for all levels of funders and policy makers to communicate with developers and providers about how population specific funding ties to a strategy or collective vision. This will likely ease tension, reduce perceptions of exclusion or preference and assist in greater collaboration among providers.

Through advocacy and education efforts on the ground, a portion of the Housing Transfer Tax will be allocated to the Affordable Housing Trust Fund, increasing much needed funding to affordable housing across the state.

“Ground was shifting under us when a slice of the housing transfer tax was given to the affordable housing trust fund. This is remarkable when 20 years ago there was so much resistance. This time, the realtor’s association was in support and that was key. At some point all this discussion has had an impact.”

- Chris Miller, Director of Strategic Initiatives, New Hampshire Housing Finance Authority.

Education is also an important strategy to implement when opposing NIMBYism. Throughout the session there were many examples of projects and groups successfully educating the community as a way to combat NIMBYism and garner support for a project. It is important to use data to make creative arguments and educational pitches to the community.

Recommendation: Increase education and advocacy for state legislators. Focus energy and momentum into creating a statewide strategy for supportive housing

Narrowly Focused and/or Population Specific Appropriations Are Creating Unintended Barriers or Tension Between Providers

While population specific funding can be helpful for emergency or crisis response, narrow funding appropriations in the absence of a statewide strategy can hinder alignment, promote silos across systems or advocacy groups and create perceptions of exclusion or preference for a particular group. As the consistent themes from this Charrette demonstrate (i.e. *Collaboration not Competition*), encouraging partnerships across sectors is key to the development of quality, sustainable supportive housing as well as efficient use of resources to meet the needs of communities.

“Recently, our Governor and [Senator]Maggie Hassan sent a letter to Trump copied to HUD seeking clarification about tenant selection rules that are required ... If there are projects that include just people with Substance Use Disorder or just people with Intellectual or Development Disabilities, those projects discriminate against ‘others’”.

– Tom Bunnell, Director of Strategic Initiatives, Community Bridges

The narrowly focused funding streams require projects to braid complex funding streams together to make a project operational. This can create drastically different levels of service available to tenants residing in the same building, which can lead to tenant distrust in service providers.

“Its super unique because there’s two sources of funding and its very obvious who has what funding. If there’s different requirements but the same program, it can create issues! One person may have to leave immediately the other several months because they have a lease. It causes people to think they are being discriminated against, on top of trauma and mental health and SUD, it’s doable but it takes a lot of oversight and communication and outside funders to be flexible.”

– Meghan Shea, Vice President of Clinical and Supportive Services, Families in Transition

Recommendation#1: Flexibility of service plan timelines to allow for adaptability to change conditions and needs.

Recommendation #2: Dedicate new resources to permanent housing solutions such as rental assistance vouchers, capital development and/or flexible operating pool.

Recommendation #3: Create a funding mechanism that allows for higher risk, flexible investment to support the most vulnerable populations.

Issue #4: Building Successful Partnerships Between Service Providers and Developers

Successful supportive housing projects require solid partnerships between the developer/owner, property manager and service provider. Developing these partnerships early on in a project allows for input from all parties and outlines clear roles and expectations necessary for long-term success. More recently, new and innovative partnerships involving hospital systems as key stakeholders or investors have opened a wider conversation about what a successful partnership can look like. As new data emerges regarding healthcare cost savings by investment into housing, more hospitals are recognizing the need and the benefits of such partnerships.⁸

Building successful partnerships between project stakeholders also requires a demonstrated level of trust. This common level of trust enables partners to employ long-term strategies and fluidly discuss how they can build capacity within their agency. Housing providers and developers must have a shared vision and understanding of how the definition of housing has shifted. Being

⁸ Sandel, Megan, and Matthew Desmond. "Investing in housing for health improves both mission and margin." *Jama* 318.23 (2017): 2291-2292.

intentional on how partnerships are created provides an opportunity for additional stakeholders to be engaged and there to be a variety of conversations at every phase of development.

Session Themes and Recommendations

Geographic challenges to partnership development

Charrette participants expressed frustration with certain geographic barriers that often prevent developing successful partnerships. Given the rural/urban divide of New Hampshire, providers stated they often looked to their most immediate neighbors for potential partners but find themselves often the only option in their immediate area. Reliance on the Integrated Delivery Network to form partnerships was mentioned as a tactic and solution to finding appropriate partners in their region, however funding for this effort is set to expire in 2020.

Lack of service funding as a deterrent to developers

The lack of service funding and/or stability of a service agency acting as a deterrent to potential developers was a key takeaway of this session. The developers participating in this session including the panelist experts and wider participants, described the risks associated with such projects due to lack of consistent, stable funding. This instability is so prevalent that even those developers who recognize the need and benefits of supportive housing are often reluctant to become a project partner. Significant discussion focused on the example of Friendship House, where after completion of the building, a new service provider was suddenly needed to keep the project open and successful. One Charrette participant provided a reaction to this example that may characterize the feelings of some developers in New Hampshire:

“That’s the elephant in the room for New Hampshire, there’s no funding available. For the funding that is available, there’s so much competition.”

– Mike Claflin, Executive Director of AHEAD

“I’m a retired housing developer but now I work with [individuals with intellectual or development disabilities]. Some of our good quality nonprofit developers, when you develop a property, associate with service provider, then something goes wrong and now you need a new service provider. There are issues associated with having a certain population with no services! [The Friendship Housing example] is the reason why developers do NOT get into this business.”

- Mike Reed, Charrette Participant

“Developers respond to feasibility or market studies so there’s examples that can be used to recruit developers. Developers think one way, service providers another and they don’t come together unless in the same agency. With a little help, even the for-profit developers can get involved if there’s examples for them to go off of. With friendship house, there were all these rules and regulations around mainstream housing. If you have income requirement, how do you monitor that? Its outside the box and how do we work with that? We need examples on how that works.”

– Mike Claflin, Executive Director of AHEAD

Recommendation: Provide forums that share market studies and examples of successful projects for developers to realize the impact of a sustainable supportive housing model.

Hospital Systems and Housing

As anchor institutions, health systems are inextricably linked to social & economic fabric of communities they serve. Recognition that broader strategies are needed to reduce demand for high-cost treatment and preventable conditions is rising across the country, of which New Hampshire is no exception. There is growing appreciation of powerful factors outside of medical care – social determinants – that play key role in shaping individual and community health. Through this lens, “Housing is the best medicine” has become a common refrain. The importance of identifying and engaging leadership from other sectors who have a shared vision is crucial to moving the needle forward on new and innovative partnerships. Creating a new table setting for dialogue with healthcare, justice, families, youth and the aging sectors was identified as a key priority.

Recommendation: Engage the health care system on the impact of supportive housing and innovative partnership models employed in other regions.

Issue #5: The Intersection of Supportive Housing and Medicaid

In New Hampshire and across the United States, changes to Medicaid via state plan amendments or waivers have been used to fund tenancy support services in Supportive Housing. New Hampshire has been creating the business case for this since 2015 and has been able to advocate for a line item in the state budget to fund Medicaid covered services within the benefit. The state is continuing to explore the possibilities associated with the implementation of this benefit, therefore discussion in this session focused heavily on lessons learned from other states and how New Hampshire can design their benefit to be most impactful moving forward.

As illustrated in the CSH 2015 [New Hampshire Medicaid Crosswalk](#), New Hampshire Medicaid currently reimburses for specific services for specific populations, such as targeted case management services for individuals with severe and persistent mental illness or those with disabilities. However, these services do not fully cover pre-tenancy and tenancy support services that are vital to supportive housing. The analysis from the crosswalk demonstrated that creating a Supportive Housing Services Benefit in New Hampshire for 159 Medicaid beneficiaries who are experiencing homelessness (chronic and short-term) and in the top cost decile of Medicaid expenditures could result in a total of \$287,798 net annual Medicaid savings, after reimbursing supportive housing providers for supportive housing services.⁹ The Crosswalk also found that “the 1115 Waiver offers the greatest opportunity to comprehensively [deliver services] in a way that will reach the greatest number of people in need, there-by having the greatest impact possible on costs and health outcomes.”¹⁰

Session Themes and Recommendations

Learn from best practices in Medicaid policy from other states

Creating a Medicaid supportive housing services benefit will provide a mechanism through which Medicaid can pay for supportive housing services for individuals who are eligible for Medicaid. Implementing this benefit will enable New Hampshire to use its Medicaid dollars more efficiently

⁹ Corporation for Supportive Housing, *The New Hampshire Business Case for a Supportive Housing Services Benefit*, 2016
<https://housingactionnh.org/wp-content/uploads/2017/01/FINAL-New-Hampshire-Business-Case-for-a-Supportive-Housing-Services-Benefit.pdf>

¹⁰ ibid

to address the serious health conditions of its most vulnerable residents. Other states highlighted in this discussion included Minnesota, which chose to target the chronically homeless as its beneficiaries and deliver housing stabilization services as a basic benefit and received federal approval in August 2019. The new services will be available to seniors and people with disabilities (including mental illness and substance use disorder) who are homeless, living in institutions, or at risk of becoming homeless or institutionalized.

Recommendation #1: Modeling the success of other states in implementing a housing services benefit, supportive housing and case management services should be covered and expanded to include individuals with substance use disorders.

Recommendation #2: Cost savings derived from the newly created benefit should be redirected to behavioral health and housing systems.

Recommendation #3: Provide training to all stakeholder organizations (health and housing providers) on the role of supportive housing as a health intervention.

“There are about \$1.9M in funds per year, now we must decide what we want to cover and what is the best mechanism or authority to go after to make use of these funds.”

– Christine Santaniello, Director, Division of Economic & Housing Stability NH NHHS

Navigating the Medicaid billing process

After learning about the upcoming changes to housing services covered under Medicaid, service providers were both eager and concerned about the complexities of becoming an approved biller under Medicaid. Considering the length of time required to obtain accreditation to bill and limited capacity of some organizations, guidance and training will be needed to ensure service providers can leverage these resources.

Recommendation #1: Ensure providers have training to leverage Medicaid under the proposed supportive housing services benefit. This includes ensuring providers can bill Medicaid and that Medicaid-eligible clients are enrolled in these benefits.

Recommendation #2: Encourage partnerships where organizations can team up to assist in providing billing services or utilizing a third party (example, Riverbend Community Health and Fellowship Housing).

Issue #6: Sustainable Service Delivery

Access to services is critical to successful tenancy in supportive housing. Tenant supports help households remain stably housed, improve their quality of life and become active contributors to the community. The providers that deliver these essential services are facing increasing budgetary constraints and a shifting landscape.

“Housing is a challenge. The definition of housing is evolving, and it’s more than the traditional long-term apartment and housing. The original goal with Tri-County Cap was to build a project and be done. Missions aligned and there needed to be

flexibility and long-term sight, as well as exit strategies... Sustainability is so important. Where are we going to be in 10 years?"

- Kristy LeTendre, Director, TCCAP Prevention Services

Sustainability of services is crucial when serving vulnerable populations in housing. As the service needs become more complex, providers and developers need to ensure the housing that is being developed accurately reflects the needs of the population being served. In addition to sustainable services, it is pertinent to focus efforts on ensuring high quality comprehensive education to enhance the workforce. Building sustainable services requires reciprocating relationships and infusing people with lived expertise to develop a program that is person centered and allows a diverse perspective to create and implement comprehensive service strategies.

"We're all here for social justice. We are criticized for fighting for dollars, but really, they're crumbs on the floor. We shouldn't have to compete for resources."

– Peter Evers, CEO, Riverbend Community Health

Recommendation: Invest in new financing methods, such as a Flexible Housing Subsidy Pool, to address long-term service funding sustainability and leverage new sources of funding for supportive housing. Flexible Housing Subsidy Pools can bring together investments from many different sectors and parties.

Session Themes and Recommendations

Workforce Development and Retention

Stemming from the similar issue of inconsistent service funding, many service providers described the accompanying challenge of workforce recruitment, particularly those with essential licensure for treatment of mental health or substance use disorders. This includes Licensed Clinical Social Workers, Licensed Mental Health Clinicians or Drug and Alcohol Counselors. Without sufficient staff to deliver the services necessary to operate supportive housing, the prospect of creating new supportive housing projects is especially daunting for service providers.

"The increasing competition for workforce costs, specifically the funding for workforce providers. Long-term planning is difficult, as the financial stability is uncertain. If there are wonderful ideas – the workforce support is not available. No retention focus, no recruitment focus, as the rates of pay are low."

- Jacqui Abikoff, Executive Director, Horizons Counseling Center

"Many committees working on the workforce – many vacancies in the healthcare system. They are choosing private care or educational systems rather than the nonprofits. We need to sell our state as well. Attract more people into the state. Also consider the relationship with colleges and universities – the pipeline should begin in middle- and high-school for path to workforce."

- Peter Evers, CEO, Riverbend Community Health

Additional Themes for Discussion

Across two intense days of community discussion, many issues were presented and discussed by our experts and participants. Despite the depth of conversation across the six fishbowls, it is difficult to address every single issue relating to supportive housing creation in just two days. Therefore, this section outlines supplemental topics that are relevant to the discussion of supportive housing creation based on best practices, and observed trends and priorities within supportive housing across the US. Furthermore, youth homelessness and supporting the aging population in particular were mentioned to CSH staff by Charrette participants as part of side conversations, but did not rise to prominence in the larger conversation. Due these issues being of high prominence through a national lens, they are included here as additional topics for consideration in this report.

Serving the Needs of the Aging Population

This population has a unique set of needs that distinguishes it from both the homeless and the general elderly populations. Aging adults who have been homeless experience chronic illnesses and geriatric conditions 15-20 years earlier than the general population and are more vulnerable when living unsheltered, subject to isolation, rapidly deteriorating health and premature mortality. The average life expectancy for an elder who has experienced homelessness is 63 years versus 80 years for those who have not.

Vulnerable elders and seniors can access a number of different permanent housing interventions, including supportive housing. Although many vulnerable elders have needs that are best met in supportive housing, the reality is not all of them will secure it, as inventory is scarce and individuals have varying levels of vulnerability. Some will secure units in either single or scattered-site public housing that may or may not be targeted to vulnerable elders. Public housing that is targeted to very low-income individuals aged 62 and older generally falls under what is called the federal Section 202 Program and does include supportive services, but does not include many of the specialized services that vulnerable elders may need. Other affordable public housing is generally managed by city or county housing authorities, and may or may not have any attached services or service coordination programs.

It is possible for individuals to safely age in place in quality supportive housing. Most vulnerable elders can remain in their homes if comprehensive services are provided that meet increasingly complex and demanding needs. Quality supportive housing works to address homelessness among vulnerable elders, as it meets these unique needs and can prevent premature placement into costly nursing homes. Aging in place is defined as “the ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income or ability level.”

Supportive housing that is accessible and coordinated anticipates the level of services needed and provides them conveniently to residents through collaboration, partnership and written agreements to keep tenants housed and living independently. Not all supportive housing providers, however, are equipped to manage the complex needs of newly housed vulnerable elders or the changing ones experienced by tenants who are aging in place. This gap illustrates the need for developing intentional strategies around new partnerships, collaborations or services to meet increasingly complex and variable health needs. Providers may not have prior experience

with these types of changes to service delivery or may not have experience partnering with other agencies that provide these services.

Preventing and Addressing Youth Homelessness

Preventing and ending homelessness among youth is currently a national focus and local priority in communities across the country. The US Interagency Council of Homelessness established the goal of ending Youth Homelessness by 2020 in Opening Doors, the federal strategic plan to prevent and end homelessness.¹¹ Health centers play a key role, both in connecting this population to housing and providing needed health services for this vulnerable population. In 2016, there were 45,578 unaccompanied youth and parenting youth experiencing homelessness in the United States.¹² According to 2015 UDS data, youth ages 0-24 represented over 22% of clients served at Health Care for the Homeless health centers.¹³ While this is a significant percentage of patients that utilize care in Health Care for the Homeless settings, youth experiencing homelessness are at a much higher risk of underutilizing services compared to their housed counterparts and have significant health disparities. Youth experiencing homelessness have higher rates of mental illness and substance use disorders compared to their housed counterparts and up to four times the rate of a psychiatric disorder compared to young people who aren't experiencing homelessness.¹⁴ One specific subgroup that is overrepresented among youth experiencing homelessness is the LGBTQ population. According to the Williams Institute at UCLA School of Law, 40% of youth experiencing homelessness are LGBTQ, with family rejection and abuse the key cited reasons for homelessness among this group.¹⁵ This subgroup has even higher rates of behavioral health and substance use compared to non-LGBTQ youth experiencing homelessness.¹⁶

For those homeless youth (ages 18 – 24) who face the most significant challenges, permanent supportive housing may be the intervention needed to end their homelessness. When provided with decent, safe, affordable rental housing, along with access to flexible supportive services, young adults with special needs and a history of homelessness can begin to heal from past traumas, create community connections, and learn the skills that they will need to live stable, independent lives. Effective models of supportive housing for homeless and at-risk youth ensure that the following services and supports are available:

- A relationship with at least one responsible, trustworthy adult that can provide consistent emotional support.
- Case management services (may be provided by a “youth advocate” or “youth advisor”) to assist youth in navigating complex systems of care and accessing services and benefits for which they are eligible.

¹¹ Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, As Amended in 2015. https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

¹² HUD 2016 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatITerrDC_2016.pdf

¹³ 3 Uniform Data System. Analysis of de-identified data sets from 2013-2015. <https://bphc.hrsa.gov/datareporting/reporting/index.html>

¹⁴ In Focus: A Quarterly Review of the National HCH Council. Vol 3, Issue4. Behavioral Health among Youth experiencing homelessness. <http://www.nhchc.org/wp-content/uploads/2011/09/in-focus-behavioral-health-among-youth.pdf>

¹⁵ The Williams Institute UCLA School of Law. America's Shame: 40% of Homeless Youth are LGBT Kids: <https://williamsinstitute.law.ucla.edu/press/americas-shame-40-of-homeless-youth-are-lgbt-kids/>

¹⁶ Keuroghlian, Alex S, Shtasel, Derri, & Bassuk Out on the Street: A Public Health and Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless. American Journal of Orthopsychiatry 2014, Vol. 84, No 1, 66-72.

- Opportunities to learn and practice independent living skills, including: financial management, having friends, building relationships, shopping, cooking, grooming, communication skills, and conflict resolution skills.
- Comprehensive employment services, which may include career counseling, job- readiness/job-seeking skills training, job placement services and job retention services. This includes internship opportunities within the program.
- Continuing education, which may include GED, ABLE or ESL programming, as well as opportunities to develop vocational skills or attend college.
- Assistance and advocacy to access public benefits.
- Medical care, dental care, and preventative health services, which may include education about how to prevent sexually transmitted diseases and contraception options.
- Access to mental health and substance abuse recovery services, which may include counseling, medication management skills training and psychiatric services.
- Parenting skills training, when needed.

CONCLUSION

The intensive two-day charrette process illustrated that despite funding constraints, there is a sustained desire to expand access to both affordable and supportive housing. Creating a robust supportive housing pipeline requires significant and ongoing support at the local, state and federal levels. With a state that prioritizes local decision-making, coordinating advocacy efforts and sustaining the political will required to develop new supportive housing is an ongoing challenge. Such efforts, however, are critical to ensure that sufficient resources are available to meet both present and future housing needs.

The recommendations outlined in this report are intended to serve as a framework for action, helping to inform the New Hampshire Housing Finance Authority and other stakeholders on concrete steps they can take to support a pipeline. CSH is optimistic that the report will serve as a foundation for New Hampshire to build on the momentum generated through the Charrette process and leverage the strengths of stakeholders to advance a supportive housing pipeline. NHHFA should carefully consider which recommendations to prioritize, with attention to available resources and those with potential greatest impact.

New Hampshire is home to many community-based organizations passionate about the populations they serve and the desire to move an agenda forward to develop more quality Supportive Housing. The Charrette participants, a diverse group comprised of social service providers, housing developers, city welfare officials, state employees, parents and everyday citizens demonstrated a strong commitment to the issue of supportive housing and social need. Over two days, energy and ideas were abundant, clearly demonstrating a willingness to overcome challenges, highlighted a tremendous opportunity for partnerships and a dedication to innovative solutions for the benefit of all.

APPENDIX A – CHARRETTE STEERING COMMITTEE

Katy Easterly Martey, Executive Director, Community Development Finance Authority
Rosemary Heard, President, CATCH Neighborhood Housing
Shawn LaFrance, Vice President of Population Health & Health Systems Integration, Cheshire Medical Center
Tom Bunnell, Director of Strategic Initiatives, Community Bridges
Martha Stone, Executive Director, Cross Roads House
Kristy LeTendre, Director, TCCAP Prevention Services
Peter Evers, CEO, Riverbend Community Health
Nancy Egner, Executive Director, Fellowship Housing
Elissa Margolin, Executive Director, Housing Action NH
Cathy Kuhn, Chief Strategy Officer, Families in Transition-New Horizons
Christine Santaniello, Director, Division of Economic & Housing Stability NH DHHS
Bill Sherry, Chief Operating Officer, Granite United Way
Katja Fox, Director of Strategic Integration, NH DHHS
Tym Rourke, Director of NH Tomorrow, NH Charitable Foundation
Yvonne Goldsberry, President, Endowment for Health
Shellie Hadfield, Interim Director of Community Development, Community Development Finance Authority
Chris Miller, Senior Director of Strategic Initiatives, New Hampshire Housing
Rob Dapice, Managing Director, New Hampshire Housing
Lynn Greenleaf Lippitt, Director Housing Services, New Hampshire Housing

“I THINK YOU ALL DESERVE A LOT OF SHOUT OUT FOR STARTING THIS CONVERSATION. YOU ALL HAVE BEEN FABULOUS IN ADVANCING THIS CONVERSATION. I SEE A LOT SHIFTING AND CHANGING AND WE NEED TO SEE THIS AS OPPORTUNITIES AND THE FUTURE IS ON AN UPSWING.”

- BRIAN COLLINS, CHARRETTE OBSERVER

APPENDIX B - PARTICIPATING ORGANIZATIONS

AHEAD (Affordable Housing, Education and Development)
Best Buddies – NH
Bridges NH
Bridges: Domestic & Sexual Violence Support
Cambridge Trust
CATCH Neighborhood Housing
Cheshire Medical Center
City of Conway, NH
City of Nashua, NH
Community Action Partnership of Strafford County
Community Bridges
Community Housing of Maine
Community Partners NH
Concord Coalition to End Homelessness
Concord Food Co-op
Concord VNA
Cross Roads House
Department of Health and Human Services
Families in Transition
Fellowship Housing
Foundation for Healthy Communities
Granite United Way
Haven NH
Home For All
Horizons Counseling Center
Housing Action NH
Housing Initiatives of New England Corporation
JSA, Inc. (Architecture and Design)
Keene Housing Authority
Lakes Region Community Developer
Lakes Region Community Services
New Beginnings NH
New Futures
NH Coalition Against Domestic and Sexual Violence
NH Community Loan Fund
NH Harm Reduction Coalition
NH Coalition Against Domestic and Sexual Violence
NH Charitable Foundation
NH Community Development Finance Authority
NH Dept. of Education
NH Dept. of Safety
Northern New England Housing Investment Fund
Office of US Senator Maggie Hassan
Our House
Plan NH

Riverbend Community Mental Health
Seacoast Area Supportive Housing
Service Link
Southeastern NH Services
Southwestern Community Services, Inc.
Sullivan County Corrections
Tri-County Community Action Program
Twin Pine Housing
United Way
Upper Valley Haven
Upper Valley Lake Sunapee Regional Planning Commission
Way Point NH
WISE of the Upper Valley

APPENDIX C - FISHBOWL EXPERTS AND CSH STAFF

TOPIC	PARTICIPANTS	FACILITATOR
SESSION 1: DIVERSITY OF SERVICE MODELS	Martha Stone, Executive Director, Cross Roads House Ellen Groh, Executive Director, Concord Coalition to End Homelessness Marie Linbaugh, Program Director, NH Coalition Against Domestic and Sexual Violence Tom Bunnell, Director of Strategic Initiatives, Community Bridges David A. Berry Jr., Superintendent, Sullivan County Department of Corrections	Monique Taylor, CSH
SESSION 2: ALIGNMENT OF CAPITAL, OPERATING AND SERVICE FUNDING	Maygen Moore, Senior Community Investment Officer, CSH Katy Easterly Martey, Executive Director, NH Community Development Finance Authority Sal Steven Hubbard, Real Estate Development Director, Lakes Region Community Developers Jacqui Abikoff, Executive Director, Horizons Counseling Center Beth J. Slepian, President/CEO, Concord Visiting Nurses Association Rob Dapice, Managing Director, New Hampshire Housing	Alyssa Languth, CSH
SESSION 3: REGULATORY AND ADMINISTRATIVE BURDENS	Nancy Egner, Executive Director, Fellowship Housing Chris Miller, Senior Director of Strategic Initiatives, New Hampshire Housing Melissa Hatfield, Bureau Chief - Bureau of Housing Supports, NH DHHS Tom Bunnell, Director of Strategic Initiatives, Community Bridges Meghan Shea, Vice President of Clinical and Supportive Services, Families in Transition	Christi Staples, CSH
SESSION 4: BUILDING SUCCESSFUL PARTNERSHIPS	Cathy Kuhn, Chief Strategy Officer, Families in Transition-New Horizons Mike Claflin, Executive Director, AHEAD (Affordable Housing, Education and Development) Shawn LaFrance, Vice President of Population Health & Health Systems Integration, Cheshire Medical Center Kristy LeTendre, Director, TCCAP Prevention Services Renee Weeks, Director of Shelter & Clinical Services, Upper Valley Haven Faye Grearson, Director of Supportive Services, Twin Pine Housing	Chelsea Ross, CSH
SESSION 5: THE INTERSECTION OF SUPPORTIVE HOUSING AND MEDICAID	Marcella Maguire, Director of Health Systems Integration, CSH Elissa Margolin, Executive Director, Housing Action NH Christine Santaniello, Director, Division of Economic & Housing Stability NH DHHS Stephanie Savard COO, Families in Transition	Christi Staples, CSH
SESSION 6: SUSTAINABLE SERVICE DELIVERY	Keith Thibault, Chief Development Officer, Southwestern Community Services Nancy Egner, Executive Director, Fellowship Housing Peter Evers, CEO, Riverbend Community Health Chelsea Ross, Associate Director, CSH	Monique Taylor, CSH

CSH STAFF

Christi Staples, Director – New England Region

Chelsea Ross, Associate Director – New England Region

John Dunne, Senior Community Investment Officer

Marcella Maguire, Director of Health Systems Integration

Maygen Moore, Senior Community Investment Officer

Jamie Blackburn, Program Manager

Alyssa Languth, Program Manager

Monique Taylor, Program Manager

APPENDIX D – RECOMMENDATION MATRIX

TOPIC	RECOMMENDATIONS BY THEME
DIVERSITY OF SERVICE MODELS	<p>Building political will through coordinated education and advocacy</p> <p>Recommendation #1: Maintain and build upon the momentum and sense of urgency generated by the Charrette and Institute. Existing housing advocacy efforts should take steps to align across healthcare and justice advocacy efforts to increase impact.</p> <p>Recommendation #2: Implement a Speak-Up program to empower people with lived experiences to gain skills, advocate for policy changes, and help break-down stigma.</p> <p>The importance of landlord engagement and public education</p> <p>Recommendation #1: Providing training opportunities for housing providers on landlord engagement and recruitment to ensure maximum, efficient use of existing vouchers and resources.</p> <p>Recommendation #2: Create a statewide campaign to recruit landlords, educate the public and encourage community support for supportive housing to create thriving, healthy communities for all.</p> <p>Recommendation #3: Consider creating a flexible funding mechanism to incentivize landlord engagement such as first and last month's rent or security deposit.</p> <p>Collaboration, not competition between service and housing providers</p> <p>Recommendation #1: Building on the groundwork of the 2020 Supportive Housing Institute, create incentives within future funding opportunities that encourage organizations to collaborate.</p> <p>Recommendation #2: Continue to support the advocacy networks and coalitions that are working to build relationships within the community and elevate the platform for collaboration.</p> <p>Creating opportunities for robust service models with flexibility</p> <p>Recommendation: Provide on-going training and technical assistance to providers so they are equipped with best practices and resources to serve the needs of community as they constantly evolve.</p> <p>Preventing homelessness by increasing partnerships with the Justice System</p> <p>Recommendation: Conduct a data-match between justice-involved populations, substance use treatment and HMIS (Homeless Management Information System) to identify a cohort of high-utilizers. Targeting this cohort can promote efficient use of resources to prevent recidivism, disrupt the jail to homelessness pathway and reduce costs.</p>
ALIGNMENT OF CAPITAL, OPERATING AND SERVICE FUNDING	<p>Timing and alignment of funding opportunities</p> <p>Recommendation #1: Increase stakeholder awareness of funding rounds and provide as much advance notice as possible to provide opportunities to secure other necessary funding streams.</p>

	<p>Recommendation #2: Structure the timing of release of RFAs from NHHFA to better align with federal funding opportunities from federal agencies such as HUD and SAMHSA and private philanthropy whenever possible.</p> <p>Recommendations #3: Create a funding round schedule to allow projects to coordinate their project feasibility planning with the state funding.</p> <p style="text-align: center;">Geographic Considerations when Allocating Funding</p> <p>Recommendation: Understand the geographic effects of housing development and service delivery models and costs throughout the state. Create opportunities to work across regions where possible and use technology and data sharing platforms to keep connected.</p> <p style="text-align: center;">Greater flexibility for service plans</p> <p>Recommendation: Modify or create conditions within NHHFA funding rounds to incorporate greater flexibility within service plan requirements. Educate applicants and obtain feedback on anticipated changes.</p> <p style="text-align: center;">Constant evaluation of funding requirements, scoring metrics, and statewide funding priorities</p> <p>Recommendation #1: Incentive developers to use an integrated supportive housing model, where only a portion of the units are supportive housing. Other states have been successful in using the Qualified Allocation Plan (QAP) to incentive developers.</p> <p>Recommendation #2: Evaluate and amend funding metrics to include thought-metrics to see how to better allocate funds to projects that will be more effective but might not score as well on tradition funding metrics such as readiness to proceed and financial risks.</p> <p>Recommendation #3: Create statewide benchmarks in the development of SH so there is transparency across the state of the effectiveness of funding; similar to the New York Empire State Supportive Housing Initiative.</p>
<p style="text-align: center;">REGULATORY AND ADMINISTRATIVE OPPORTUNITES AND CHALLENGES</p>	<p style="text-align: center;">Educating policy makers and local communities</p> <p>Recommendation: Increase education and advocacy for state legislators. Focus energy and momentum into creating a statewide strategy for supportive housing</p> <p style="text-align: center;">Narrowly Focused and/or Population Specific Appropriations Are Creating Unintended Barriers or Tension Between Providers</p> <p>Recommendation#1: Flexibility of service plan timelines to allow for adaptability to change conditions and needs.</p> <p>Recommendation #2: Dedicate new resources to permanent housing solutions such as rental assistance vouchers, capital development and/or flexible operating pool.</p> <p>Recommendation #3: Create a funding mechanism that allows for higher risk, flexible investment to support the most vulnerable populations.</p>

<p>BUILDING SUCCESSFUL PARTNERSHIPS</p>	<p>Lack of service funding as a deterrent to developers Recommendation: Provide forums that share market studies and examples of successful projects for developers to realize the impact of a sustainable supportive housing model.</p> <p>Hospital systems and housing Recommendation: Engage the health care system on the impact of supportive housing and innovative partnership models employed in other regions.</p>
<p>THE INTERSECTION OF SUPPORTIVE HOUSING AND MEDICAID</p>	<p>Learn from best practices in Medicaid policy from other states Recommendation #1: Modeling the success of other states in implementing a housing services benefit, supportive housing and case management services should be covered and expanded to include individuals with substance use disorders. Recommendation #2: Cost savings derived from the newly created benefit should be redirected to behavioral health and housing systems. Recommendation #3: Training be provided to all stakeholder organizations (health and housing providers) on the role of supportive housing as a health intervention.</p> <p>Navigating the Medicaid billing process Recommendation #1: Ensure providers have training to leverage Medicaid under the proposed supportive housing services benefit. This includes ensuring providers can bill Medicaid and that Medicaid-eligible clients are enrolled in these benefits. Recommendation #2: Encourage partnerships where organizations can team up to assist in providing billing services or utilizing a third party (example, Riverbend Community Health and Fellowship Housing).</p>
<p>SUSTAINABLE SERVICE DELIVERY</p>	<p>Workforce development and retention Recommendation: Invest in new financing methods, such as a Flexible Housing Subsidy Pool, to address long-term service funding sustainability and leverage new sources of funding for supportive housing.</p>