



RESEARCH REPORT

Show Me Healthy Housing

Year One Evaluation Report

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Executive Summary

This report summarizes the Urban Institute’s findings from the first year (October 2015–September 2016) of its evaluation of the Show Me Healthy Housing (SMHH) supportive housing projects funded by Missouri Foundation for Health. SMHH is Missouri Foundation for Health’s first entry into funding permanent supportive housing. Permanent supportive housing provides a permanent rental subsidy with case management and integrated, community-based direct services for people with disabilities. During this first year, we were able to observe projects at various stages of development, including two that had completed construction and begun serving tenants. Key findings from the first year of the evaluation include the following:

- Missouri Foundation for Health provided four grants, ranging from \$24,000 to \$500,000, to help pay for the development of supportive housing projects. These grants were generally small relative to overall project costs but instrumental in leveraging other funding streams, particularly the highly competitive 9 percent low-income housing tax credits, necessary to develop supportive housing.
- Each grantee has a different program model, with only two of the four programs—Chloe Place and Patriot Place—having dedicated resources for permanent rent subsidies and case management. At Beacon Village II, families are receiving rapid rehousing rental assistance that cannot last longer than 18 months. At Berkshire Estates, which was still in construction during this year, the rental assistance and case management veterans receive will depend on the program referring them.
- Grantees found that one of their biggest challenges in the development process was finding suitable locations for their projects. Each grantee reported satisfaction with its project’s location and its proximity to amenities like shopping, employment opportunities, and health care facilities. Proximity to bus lines was a problem for tenants at both Beacon Village II and Patriot Place. The developer at Beacon Village II successfully changed the city bus lines to stop at the project, and Patriot Place is working on a similar solution.
- Programs are serving tenants with multiple barriers to permanent housing who would have struggled to find housing elsewhere. More than half of adult tenants (55 percent) had been chronically homeless before entering housing, 91 percent reported a mental illness, 67 percent reported a chronic health condition, and 36 percent were in fair or poor health.
- SMHH grantees appear to be following best practices in adopting the Housing First principles of reducing barriers to program entry, practicing harm reduction, and providing voluntary services.

- Some tenants also appeared to use other public systems frequently: 62 percent of adult tenants reported a criminal history, and the 51 tenants housed thus far had a total of 51 emergency department visits or hospitalizations in the six months before entering housing.
- Tenants interviewed for this evaluation were grateful to have their own apartments and felt that a huge barrier had been lifted. Many expressed that the home was the nicest they had ever lived in. For some, it was the first time they had ever had homes of their own.
- Case managers reported that the initial period after move-in can be fraught. Some tenants have difficulty adjusting to the freedom of independent living. In the first few months, tenants are particularly vulnerable to returning to homelessness or, if they are in recovery, to relapsing. The SMHH grantees have successfully helped tenants stay housed during this period—a significant accomplishment. All 33 households that have entered are still in permanent housing, although one has left the SMHH program.
- Tenants reported positive relationships with case managers and property managers. Case managers and property managers also have positive relationships with each other, but sometimes struggle to address common challenges like nonpayment of rent and other lease violations.
- For programs that have started serving tenants, the staffs' primary focus has been fostering a positive culture within the development, helping households increase their income through employment or benefits, and improving access to transportation.
- Some tenants work with case managers to help manage their health conditions through medication adherence, monitoring biomarkers, and assistance with medical appointments. Other tenants with complex medical conditions do not necessarily look to their case managers or other SMHH program staff for help with their health.

For the next annual report in the SMHH evaluation, we expect that all four projects will have completed construction and begun serving tenants. That report will have some interim outcomes based on multiple waves of program data and follow-up tenant interviews. We will also have data from MO HealthNet (Medicaid) and, potentially, the Truman Memorial Veterans' Hospital in Columbia on tenants' health care utilization and costs, as well as a comparison group of homeless or unstably housed beneficiaries with similar characteristics. We also hope to have administrative data to compare tenants' use of homeless shelters and jails before and after moving into housing.

Show Me Healthy Housing: Year One Evaluation Report

Background

In 2014, Missouri Foundation for Health created the Show Me Healthy Housing (SMHH) program to help subsidize the development costs of new permanent supportive housing (PSH) projects. PSH is an evidence-based practice that combines a permanent rental subsidy with case management and integrated community-based services.¹ The SMHH program awarded grants, totaling slightly more than \$1 million, to four organizations to fund supportive housing projects in Springfield, Hannibal, Columbia, and Mexico, Missouri. These projects serve, or will serve, a variety of populations including veterans, seniors, people with serious and persistent mental illness, and homeless families (table 1). Every project except for Columbia's Patriot Place will include a mix of apartments specifically "set aside" for special populations and apartments available to a more general pool of renters.

TABLE 1

Show Me Healthy Housing Grantees

Organization	Project	Location	Target population	Total apartments	Set-aside apartments
North East Community Action Corporation	Berkshire Estates	Mexico	Seniors, with units set aside for senior homeless veterans	29	5
Columbia Housing Authority	Patriot Place	Columbia	Homeless veterans eligible for HUD-VASH vouchers	25	25
Preferred Family Healthcare	Chloe Place	Hannibal	Low-income families, with units set aside for individuals with serious mental illness	25	12
The Kitchen, Inc.	Beacon Village II	Springfield	Affordable housing, with units set aside for homeless families	32	8
Total housing units and supportive housing units				111	50

Sources: SMHH application materials and stakeholder interviews.

To measure the impact of its investment, Missouri Foundation for Health contracted with the Urban Institute to conduct an evaluation of SMHH supportive housing projects. The evaluation will document development and implementation for each project site; we will also evaluate SMHH's success in promoting housing stability, quality health care, financial self-sufficiency and overall well-being for tenants and in reducing public costs to hospitals, jails, and homeless shelters. This report summarizes findings from the first year of the evaluation. It synthesizes information obtained from interviews with the foundation's SMHH team, key staff at each SMHH project, and tenants, as well as analysis of program documents and program data.

Supportive Housing

PSH models vary from place to place, but two central tenets are that tenants have permanent rent subsidies for as long as they remain in the program and they receive case management and connection to supportive services to help them maintain their housing and potentially improve their well-being.

The federal government and national advocacy groups like CSH and the National Alliance to End Homelessness encourage providers to adopt a Housing First approach to PSH. Key elements of the Housing First approach include the following:

- Low barriers to entry: reducing potential barriers to program entry for people experiencing homelessness, including unnecessary administrative paperwork, qualifying criteria (e.g., criminal background checks, credit checks), or minimum income requirements.
- Harm reduction: reducing the potential harm to self and others of risky behaviors—substance abuse, self-harm, fire starting—rather than imposing a strict abstinence policy.
- Voluntary wrap-around services: remaining in housing will not depend on participation in services, but the staff will make every effort to support tenants in coordinating care, obtaining and retaining public benefits, and reducing behaviors that might threaten tenancy.

Evidence on Supportive Housing Impact

Supportive housing programs have been studied since the early 1990s. Much of the literature on permanent supportive housing focuses on several outcomes: housing stability, hospitalizations and emergency department visits, public costs, behavioral health outcomes, and resident satisfaction (Rog et al. 2014). Research has generally supported the hypothesis that permanent supportive housing yields benefits, with increases in housing stability and reductions in hospitalizations and emergency department visits.

PSH models have consistently been shown to improve housing stability outcomes for people experiencing chronic homelessness—meaning people with disabilities and a long history of homelessness. A Congressional Research Service review of the literature on housing the chronically homeless population found that, compared with other housing intervention models such as transitional housing or residential treatment programs, PSH was associated with more time spent in permanent housing and less time spent on the streets or in shelter (Perl and Bagalman 2015). An analysis of housing outcomes comparing a population enrolled in a Housing First PSH model with another in a residential treatment program found that individuals in the treatment program spent more time unhoused (Tsai, Mares, and Rosenheck 2010). A 2014 study of Housing First model programs suggests that projects with high fidelity to the Housing First model may provide better housing outcomes than those with low model fidelity (Davidson et al. 2014).

Studies have shown that individuals in supportive housing are less likely to be hospitalized than people living in shelters or on the streets (Leff et al. 2009). A 2012 study of a supportive housing intervention for individuals who had experienced housing instability and suffered from chronic illness showed that participants had significantly fewer days hospitalized and emergency room visits when compared with a control group (Basu et al. 2011). The savings accrued from reductions in hospital utilization can offset most or all costs of supportive housing (Culhane, Metruax, and Hadley 2002).

People living in supportive housing consistently report greater resident satisfaction than people in housing models with mandatory services or no services at all (Rog et al. 2014). Multiple studies have shown residents in PSH report higher amounts of perceived choice about their housing conditions and daily activities than residents of sober housing (Greenwood et al. 2006). However, some studies have suggested that individuals moving from chronic homelessness to supportive housing experience feelings of social isolation (Yanos, Barrow, and Tsemberis 2004).

Research about the effects of PSH on substance abuse is mixed. Separate studies assessing the behavioral outcomes of PSH, one about a group receiving no treatment and another about sober-housing residents, showed similar rates of drug or alcohol use (Clark and Rich 2003; Padgett, Gulcur, and Tsemberis 2006). However, other studies showed a reduction in substance abuse for PSH participants relative to individuals who do not receive housing (Cheng and Kelly 2008). Evidence of the effects of PSH on primary and mental health outcomes is scant, although some studies show PSH can prolong life and reduce viral load, decreasing the risk of transmission, for people living with HIV/AIDS (Dobbins et al. 2016; Dohler et al. 2016).

Supportive Housing in Missouri

PSH has become more prevalent as research has demonstrated its effectiveness in promoting housing stability and reducing the use of shelters and other crisis services, although the increase has been less steep in Missouri than in other parts of the country. From 2010 to 2015, the number of PSH beds available nationwide has increased 86 percent—from 171,472 to 319,212. In Missouri during this time, the number of PSH beds increased 28 percent—from 3,934 to 5,016.²

SMHH is the Missouri Foundation for Health’s first entry into funding the development of new supportive housing. Its investment is consistent with its mission to be a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. In addition to providing grants to organizations developing PSH, the foundation also collaborated with CSH for the 2015 Missouri Supportive Housing Institute.

Methodology

The goals for this evaluation are to build on the evidence base for supportive housing and to show how it can be effectively applied to diverse communities and populations throughout Missouri. Our evaluation includes both a process study to document each grantee’s design and implementation phases for supportive housing and an outcome study to measure the impact of the programs on tenants’ housing stability, financial self-sufficiency, health care utilization and outcomes, and use of homeless programs and jails. Our evaluation of the SMHH program began in October 2015. This first annual report is based on data collected from the following sources:

- Document review, including grantees’ application materials and interim reports submitted to Missouri Foundation for Health, memorandums of understanding and other contractual documents, and policies and procedures for the SMHH developments.
- Two rounds of interviews—one by telephone and one in person— with key staff at each site to understand decisions made during the development and, in some cases, implementation phases.
- In-person interviews with tenants at Patriot Place and Beacon Village II to learn about their experiences in supportive housing thus far.
- Analysis of two rounds of program data on tenants in Patriot Place and Beacon Village II.

Findings

Development Phase

FINANCING OF SUPPORTIVE HOUSING

PSH projects often require significant subsidy because the revenue flow from rents is much too low to cover the costs of construction loans, property maintenance, and service provision. An analysis by CSH and Enterprise Community Partners of 20 affordable housing projects found that the supportive housing units had higher total expenses (CSH 2011). PSH financing is sometimes described as a three-legged stool with the three legs being capital (construction or renovation), operations (maintenance and repairs), and services (case management) funding. Melding numerous sources of subsidy is a significant hurdle for organizations offering supportive housing; grants such as the Show Me Healthy Housing grant can provide the invaluable flexible funding that leads to a workable balance sheet.

CAPITAL FUNDING

SMHH grants ranged from \$24,000 for Berkshire Estates to \$500,000 for Patriot Place. As shown in table 2, these grants covered a small portion of total project costs. However, in interviews with program staff, the grants were seen as critical to getting projects financed. The grants were valuable for several reasons. First, any sources of funding are important for making up the gap between the revenue flow from rents and the costs of constructing and maintaining affordable housing (King and Handelman 2016). Second, the grants provided funding for “soft costs” that can be hard to cover, such as site selection, architectural design, and legal fees. Third, and perhaps most important, several grantees felt that the SMHH grants made their applications more competitive for 9 percent low-income housing tax credits (LIHTCs). These tax credits are the most important funding source for supportive housing developments nationally, and the application process for Missouri is competitive. The foundation grants were helpful for the applications because, by providing additional subsidies, they made the projects more cost competitive, but also because the foundation’s support was seen as a mark of approval for the project’s overall quality. While the impact of SMHH grants cannot be quantified, one respondent felt that its grant was worth a few points that could be the difference between a successful and an unsuccessful application.

In interviews about the application process, grantees reported that applying for SMHH grants was straightforward and relatively painless. Some suggestions for improving the process for future funding opportunities were to expand the grant’s list of allowable expenditures and to have funding opportunities that are tied to other funding opportunities, apart from LIHTC awards, such as HUD’s HOME Investment

Partnership Program (HOME). State and local governments award HOME funds to local projects to create affordable housing for low-income households.

Through the LIHTC program, developers receive tax credits that they sell to investors to raise equity for their projects. In exchange, the developers must agree to keep either 20 percent of units affordable to households at 50 percent of the area median income (AMI) or 40 percent of units affordable at 60 percent of the AMI.³ States allocate the credits to affordable housing developers through a process governed by their qualified allocation plans (QAPs). QAPs can be tailored to create preferences for projects that serve special populations or provide intensive services. As of 2015, 55 out of 56 LIHTC allocation agencies include some preference for projects that involve supportive housing (CSH 2016).

Missouri's QAP sets aside 33 percent of both its 9 percent and 4 percent tax credits exclusively for projects serving individuals with special needs, subject to the availability of qualifying applications. The Missouri QAP defines a person with special needs as "a person who is (a) physically, emotionally, or mentally impaired or suffers from mental illness; (b) developmentally disabled; (c) homeless; or (d) a youth aging out of foster care" (MHDC 2014a, 10). For a project to qualify for this set-aside, at least 10 percent of units must be reserved for households that include individuals with special needs.

Three of the four SMHH projects received the competitive 9 percent tax credits, which cover 70 percent of construction costs. These credits are difficult to get. In 2014, the Missouri Housing Development Commission (MHDC) received 102 applications and only funded 32 (including three SMHH projects) (MHDC 2014b). Patriot Place was the only SMHH site to receive 4 percent tax credits, which cover 30 percent of construction costs. To receive 4 percent tax credits, a development must have received a private activity bond that constitutes 50 percent or more of its basis. These credits are generally considered to be "by right," but many states (including Missouri) require 4 percent credits to meet basic requirements outlined in their QAPs (MHDC 2014a).

Each project also received capital funding from other sources beyond SMHH grants and tax credits, including tax-exempt bonds, loans, and grants from the federal HOME Investment Partnerships Program.

TABLE 2

Show Me Healthy Housing Program Capital Funding Sources (in thousands of dollars)

	Equity from federal 4% credits	Equity from state 4% credits	Tax-exempt bonds	Equity from federal 9% credits	Equity from state 9% credits	MHDC loans	HOME grants	SMHH grants	Other funding	Total project budgets
Patriot Place	1,088	598	2,400	—	—	—	—	500	1,922	4,459
Beacon Village II	—	—	—	3,332 ^a	1,646 ^a	400	—	137	207 ^b	5,722
Berkshire	—	—	—	2,550 ^a	1,260 ^a	—	400	24	255 ^b	4,489
Chloe Place	—	—	—	2,834	1,400	—	275	389	3,600	8,498

Sources: MHDC 2014a and 2015 Funding Allocations. SMHH grant applications.

^a Estimates of equity generated based on amount of tax credits received from the MHDC.

^b Estimate based on total project budget.

RENT SUBSIDIES AND SUPPORTIVE SERVICES

While tax credits allow developers to provide rental housing to low-income or very low income households, people experiencing homelessness need additional rental subsidies for housing to be affordable. For example, in Boone County, Missouri, in 2016, the monthly rental limit for a one-bedroom unit that meets LIHTC affordability restrictions is \$610. Therefore, supportive housing projects typically also require an ongoing operating subsidy to provide sufficient revenue to maintain the property. The most common operating subsidy is housing choice vouchers (HCVs), which pay the difference between what tenants can afford and the full rent of the unit.

Two SMHH projects—Patriot Place and Chloe Place—are connected to programs that provide HCVs paired with case management and supportive services. Patriot Place received 25 project-based HUD-VA Supportive Housing (HUD-VASH) vouchers. HUD-VASH vouchers are “special purpose” HCVs for formerly homeless veterans with disabilities that are paired with funding for the US Department of Veterans Affairs (VA) to offer supportive services (Dawkins 2012). For Chloe Place, Preferred Family Healthcare (PFH) received Shelter Plus Care vouchers from the Missouri Department of Mental Health (MHDC 2014a).⁴ Like HUD-VASH, Shelter Plus Care combines HCVs with supportive services, but the vouchers are targeted to people with a serious mental illness.

At Beacon Village II, the units are not tied to a permanent rental subsidy. The Kitchen, Inc., operates several rental assistance programs and has focused on placing families from its rapid rehousing program into the set-aside units. In the rapid rehousing program, families can receive rental assistance for up to 18 months, during which time they also receive case management, which is often focused on helping them become financially self-sufficient so they can pay rent after their subsidies end. When their subsidies end, families can remain in their apartments but they will have to pay the full rent amount: \$400 for a two-bedroom unit. The Kitchen may be able to transfer some families to its other rental assistance programs, such as Shelter Plus Care, provided that assistance is available and they meet the eligibility requirements.

The Berkshire Estates project is not attached to any rental subsidies. Welcome Home, Inc., which is responsible for referring eligible veterans to Berkshire Estates, may identify veterans in rapid rehousing or supportive housing programs. Welcome Home can also connect veterans to case management and supportive services through the Supportive Services for Veteran Families (SSVF) program. The Truman Memorial Veterans’ Hospital also actively seeks veterans with a HUD-VASH voucher who would be interested in living at Berkshire. Some formerly homeless veterans may also rent apartments without subsidies. The rent for a one-bedroom unit is \$405, which may be affordable to a senior veteran through

a combination of Social Security, a VA pension, or disability payments. Staff at the North East Community Action Corporation (NECAC) say that they will work with the local housing authority to obtain vouchers for veterans who need them, although they expect it may be six months before vouchers become available.

DEVELOPMENT PROCESS

At the start of our evaluation, each SMHH project was in the development or predevelopment phase. As of August 2016, two of the four were fully leased, one was slated to complete construction in the fall, and one had just broken ground and was slated for completion in 2017. Through interviews and document review, we have been able to get an up-close view of the development process, including site selection, partnering decisions, and building design.

SITE SELECTION

All grantees reported satisfaction with the location of their SMHH supportive housing projects and their proximity to critical amenities, including grocery stores, job opportunities, and health care clinics. Several sites required large parcels of land, which limited where grantees could afford to build. Nonetheless, grantees did not recall direct neighborhood opposition at any developments once they secured a space.

For Chloe Place, the vice president of facilities and management for PFH worked mostly with a realtor to find the location. They selected the project site based on its accessibility to affordable shopping, such as Walmart (which includes a grocery store), and other walkable services, such as the International Eye Care Center, dialysis treatment, and the free dental clinic. The vice president and the realtor were also conscious of selecting flat land to keep down costs as well as to secure enough space to accommodate construction of the new Clarity Healthcare federally qualified health center on the property. Chloe Place is slightly behind schedule because its original location had environmental challenges. The site ultimately selected fit into the budget and was palatable to state and federal government funders.

NECAC already owned their location for Berkshire Estates. The existing site had 12 units (including an office) at the end of a cul-de-sac in Mexico, Missouri. Mexico is a small town, so NECAC staff estimate that its tenants are about 15 minutes away from local amenities. The VA clinic, grocery stores, ACE Hardware, and a hospital are within a half-mile to one-mile radius. The MHDC funded this project in part because it met the criterion of being close to local amenities.

The Kitchen looked at many different sites and picked the location for Beacon Village II because it has good access to shopping, jobs (including telemarketing and Expedia), and services, and a good school district. Transportation was a barrier that the project’s developer was able to overcome by persuading the city facilities board to add a bus stop closer to the development.

Patriot Place is located on the business loop, with a new road under development that will connect the area to shopping, such as Sam’s Club and Walmart, as well as employment opportunities. This housing is located just north of a large park and close to the Truman Memorial Veterans’ Hospital (2.5 miles). The Columbia Housing Authority looked at many properties and none had a better location that was so close to VA services. As with Beacon Village II, the partnership is committed to working with the city transportation department to put a bus stop closer to the housing facility. A drawback, in addition to transportation barriers, is Patriot Place’s proximity to a bar and a club for adult entertainment that could prove problematic for veterans in recovery, especially on nights and weekends when project staff are not on site.

PARTNERSHIPS

All grantees relied on partner organizations for at least one critical component of supportive housing, such as case management, property management, and referrals. In some cases, grantees partnered with organizations with whom they have long-standing relationships; in others, they are working with organizations for the first time.

TABLE 3

Project Design Details of Show Me Healthy Housing Projects

Project name	SMHH grantee	Key partners	Rental subsidy	Case management
Chloe Place	Preferred Family Healthcare	ND Consulting Group	Shelter Plus Care Program	Community support specialists (from both PFH and other service providers)
Patriot Place	Columbia Housing Authority	Veterans Health Administration, Columbia	HUD-VASH	HUD-VASH case managers working as part of a psychosocial rehabilitation team
Beacon Village II	The Kitchen, Inc.	Housing Plus Century Management Catholic Charities	Shelter Plus Rapid Rehousing	Community case managers (from the Kitchen, Inc.) Resource coordinator (from Catholic Charities)
Berkshire Estates	NECAC	Welcome Home, Inc.	To be determined	To be determined

Sources: SMHH application materials and stakeholder interviews.

At Beacon Village II, the site developer, Housing L.L.C., had been trying to work with the Kitchen for about four years before constructing its first project, Beacon Village phase 1. Housing L.L.C. played a big role in convincing the Kitchen to close down Missouri Hotel, a large congregate shelter for homeless families that had fallen into disrepair, and use tax credits to build its own stock of affordable housing. The partnership works because the Kitchen has access to rental subsidies and the capacity to serve people who are formerly homeless or at risk for homelessness, while the site developer knows how to obtain tax credits and manage construction. The MHDC was pleased with the construction of Beacon Village's first 44-unit housing site and suggested a second phase. The Kitchen manages the rental subsidies and provides case management, with Century Management administering the property. Before this project the Kitchen had not worked with Century Management.

NECAC had no prior working relationship with its tenant referral agency and service provider, Welcome Home, Inc. NECAC's role is to collaborate with Welcome Home in three main ways: (1) notifying it of available Berkshire Estates units, (2) using it as the main point of contact to ensure community supports are made available to tenants in the targeted units, and (3) notifying it in a timely manner of issues or concerns that could adversely affect a household's tenancy. In turn, Welcome Home helps arrange supportive services for veteran families through SSVF that could include intensive case management, financial case management, housing assistance, assistance applying for VA benefits/services, life-skills training, budgeting, job preparation (where applicable), housing preparation, landlord/tenant mediation, legal aid, and temporary financial assistance to address housing barriers (rental and utility deposits, as well as background checks).

As sole general owner, NECAC keeps special-needs units in compliance with all federal and state laws, regulations, and requirements in addition to providing reasonable accommodations for special-needs households. NECAC also manages the property. One property manager will be on site three days a week. NECAC is actively seeking community partnerships to support its tenants in other ways as well: the grantee has identified a practicum student from the University of Missouri who can work with all tenants to promote healthy living, wellness checks, and access to preventive care.

PFH is the codeveloper for Chloe Place and will also be responsible for property management and supportive services. It has contracted with AGM, Inc., an architectural firm with supportive housing experience, as well as with the construction company Sparks Contractors. PFH will engage the services of a management company recommended by the MHDC to oversee leasing, compliance, investor reporting, and asset management. Until the new federally qualified health center is constructed, PFH will also provide Chloe Place residents with transportation to Clarity Healthcare.

Chloe Place is a joint venture between PFH and ND Consulting. The consulting group will work closely with PFH during the development and stabilization phases, including overseeing all matters related to the development's financing structure, selecting development team members, securing the required investors and lenders, negotiating the project's limited partnership agreements, and training the PFH property manager on best practices in supportive housing.

Patriot Place is a partnership between the Columbia Housing Authority (CHA) and the Truman Memorial Veterans' Hospital. CHA is the lead developer and property manager while the Truman VA provides case management and supportive services. CHA and the Truman VA have a long history of working together through the HUD-VASH program, but Patriot Place is the first time they have collaborated on a project for which CHA owns the property. Patriot Place is one component of the larger Mid-American Veterans Campus, which will also include an emergency shelter and a supportive services center. CHA retained the services of ND Consulting to assist with the site renovation and the development of new affordable housing. Welcome Home, Inc., will own and operate the emergency shelter and the supportive services center, and will work jointly with the Truman VA to provide supportive health and human services out of the supportive services center to all veterans living on the site and to other veterans as appropriate.

For the most part, developers, case managers, and property managers share an open line of communication. Ongoing meetings, frequent text and phone calls, and e-mailing keep the staff organized and prepared to diffuse tenant issues. While the case management team and property management do not coordinate training, these actors tend to work well together.

ARCHITECTURAL DESIGN

SMHH grantees showed ingenuity in designing supportive housing that was aesthetically pleasing, high quality, energy efficient, and conducive to tenant safety. Grantees made different decisions about whether the design should maximize tenants' privacy or provide communal spaces.

The Chloe Place project engaged Sparks Contractors, the same company that built PFH's supportive housing project, Callyn Heights, in Kirksville, Missouri; Callyn Heights floorplans were repurposed for Chloe Place, with some features modified: the entry door was built with steel, the location of the bathroom windows changed for better functionality, and an on-site laundry facility was built to support residents who could not afford a unit-based washer and dryer. The major modifications have been to build more units with two, three, and four bedrooms to accommodate applicants with children and to design a more efficient water system. PFH also applied best practices from trauma-

informed care in their design and invested in exterior siding to give the facility more of a home environment.

As with Chloe Place, Beacon Village II was based on an existing property, Beacon Village I. The Beacon Village II project (figure 1) relied on lessons the Kitchen’s learned from housing residents in the Missouri Hotel,⁵ which influenced the developer’s decision to limit the opportunity for communal gathering to just one area—the community room, where property management, onsite case management, a kitchen, and other services are all located. To prevent residents and their visitors from gathering on site, there is no communal laundry facility and the windows bring in lots of natural light. The design was intentional to prevent unsavory activity, maintain positive relationships among tenants, and prevent the development from gaining a reputation for drugs and criminal behavior within the community.

FIGURE 1

Beacon Village II Townhome



Photo courtesy of Randy McCoy, The Kitchen, Inc.

FIGURE 2

Construction Site for Future Chloe Place Developments



Photo courtesy of Josh Leopold, Urban Institute.

While the Beacon partners designed their facility to prevent residents gathering for fear that it would promote negative peer effects, Patriot Place staff thought a more community-centered design would help promote positive interactions and reduce social isolation and depression (figure 3). Patriot Place case managers had some input on the office layout, though they did not realize until after the fact that the design did not include an indoor meeting space large enough to accommodate all 25 tenants and staff. Despite that challenge, however, staff were pleased with the overall design. The design simultaneously allows for shared living and more privacy (including private patios and personal staircases). The building is energy efficient enough that tenants do not have to pay their own utilities, although the units are individually metered if CHA decides that tenants are not being responsible (e.g., running the air conditioning with their windows open). Because the units are inward facing, the courtyard also promotes safety. ND consulted on a design that also incorporates seven units that meet

the Americans with Disabilities Act standards for accessibility. The site added insulation and energy efficiency to its designs as well as cameras and additional onsite storage.

FIGURE 3
Exterior of Patriot Place



Photo courtesy of Terry Plain, Missouri Foundation for Health.

Berkshire Estates relied on its architect and built everything to a universal design. NECAC already owned the property and is renovating the existing 11 units and adding 18 new units. There will be 18 two-bedroom units and 11 one-bedroom units. Common spaces will include a community room with access to computers, workspaces for the seniors, and a kitchen.

Program Model Balancing Special-Needs and General-Population Units

Each grantee has a different program model for its SMHH project, some of which differ from the traditional models for supportive housing. Aside from Patriot Place, all projects are mixed income, meaning some units are set aside as supportive housing for special-needs populations—typically

formerly homeless individuals, often with a disabling condition, or their families—and the other units are open to all renters or to all renters within certain income limits. In interviews, staff noted that the decision about what proportion of units to set aside for special-needs populations is guided by both financial and programmatic concerns.

PFH initially set aside 12 of the 25 units at Chloe Place for individuals with special needs because that was the number of rental vouchers the agency could commit to the project at the time of the application. Staff expect Chloe Place to serve additional special-needs individuals as more vouchers become available. A similar change occurred at Callyn Heights: as with Chloe Place, PFH originally set aside roughly half the units for people with serious and persistent mental illness, but more Shelter Plus Care vouchers became available from the Missouri Department of Mental Health. Nearly all Callyn Heights units are now supportive housing.

The Kitchen sets aside a greater portion of its units for special-needs populations than the 10 percent the state requires but deliberately avoids having developments that are all or mostly special-needs units. As one respondent told us, “I don’t want anyone to walk by and say that’s where the x population lives.”

Patriot Place is the only SMHH project where all units are dedicated to tenants with special needs. Although Columbia has received HUD-VASH vouchers for years, Patriot Place is Columbia’s first project-based HUD-VASH program, meaning the vouchers are attached to a specific building rather than used to rent housing on the private market. Staff reported that Patriot Place has been a rallying point for the community to demonstrate its support for veterans. CHA received \$150,000 in two weeks from community donations to furnish the units, exceeding its target of \$50,000. The Columbia Center for Urban Agriculture installed a community garden complete with donations and volunteers from Lowe’s Home Improvement. Following the building’s opening, the VA reports that local landlords have asked how they can rent their units to veterans with HUD-VASH vouchers.

At Berkshire Estates, 5 of the 29 planned units are set aside for senior homeless veterans. Staff report that they are committed to preserving those units for that target population and are actively recruiting from various local programs to find veterans interested in living at Berkshire Estates who meet the eligibility criteria.

STAFFING STRUCTURE

Each site has or plans to have a property manager responsible for collecting rents, enforcing program rules, and ensuring that maintenance requests are fulfilled. In some programs, the property

management company is also responsible for tenant application and screening. In others, this process is handled by the service provider or another contracted agency.

With the possible exception of Berkshire Estates, all SMHH tenants also have an assigned case manager whose job is to help tenants find and maintain housing and address other goals, including increasing income, building independent living skills, and connecting to benefits and services. Caseloads range between 10:1 and 25:1. Two programs, Patriot Place and Beacon Village II, have case managers located either part time or full time on the property. At Chloe Place, case managers will have on-site office space, but based on the experiences of Callyn Heights, they may prefer to meet with their clients in clinical settings to preserve confidentiality.

Beacon Village II also has a full-time service coordinator position, staffed by Catholic Charities. The service coordinator works to get local service providers, such as food pantries and mobile dental clinics, on site and helps all tenants, not just those in set-aside units, access services in the community.

Each case management team connects clients to needed services. For Patriot Place, services are often provided within the VA network. HUD-VASH case managers are part of a larger psychosocial rehabilitation team, which includes behavioral health and addiction programs, employment supports, and legal assistance. VA case managers can also help clients make appointments for primary and specialized health care. For Beacon Village II, case managers are focused on three core outcomes: exit to permanent housing (after rapid rehousing assistance ends), increased income (work, SSI, disability), and noncash benefits. They work with each individual to create a housing stability plan tailored to his or her goals. The Kitchen staff also coordinates staff training, manages the tenants' needs, and helps them avoid displacement. Day to day, case manager activities range from delivering furniture to intensive case management, program monitoring, setting outcomes, and gathering data. At Chloe Place, the case managers are called community support specialists (CSSs) and are employed by mental health providers. CSSs are care coordinators who provide clients holistic, person-centered care; their duties include building independent living skills, supporting recovery and treatment plans, and providing services related to housing, employment, education, criminal justice, and physical health. Unlike the case managers at Patriot Place and Beacon Village II, CSS staff have a mixed caseload that includes clients who are not tenants in SMHH projects. Case management at Berkshire Estates will depend on what other programs veterans are connected to, because the program does not provide case management itself.

The case managers support each other to prevent case overload and to accomplish tenant goals efficiently. For example, some case managers may step in to support a colleague's client if they have

more time available, more expertise in a particular area, or a better temperament to suit the situation at hand. In some sites, case managers receive training and share information on evidence-based practices like Housing First, Assertive Community Treatment, motivational coaching, critical time intervention, harm reduction, and trauma-informed care.

Service providers also offer professional development and other training supports to build capacity for the case managers. The management side intends to have ongoing site training, realistic schedules and caseloads, and regular debriefs for staff working cases. One site mentioned its commitment to avoiding compassion fatigue—being sensitive to their case managers’ need for flexible work schedules and team-building activities.

Implementation Phase

In this section, we discuss the experiences of tenants and staff in the two projects—Patriot Place and Beacon Village II—that have completed construction and begun serving tenants.

LEASE-UP

Supportive housing is a valuable resource and, unfortunately, there is not enough available for everyone that needs it. Therefore, grantees were conscious of selecting applicants with the highest need. The two grantees that have leased-up units have used the Vulnerability Index— Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize applicants based on need. The VI-SPDAT surveys people experiencing homelessness about their homeless histories, risk factors, daily functioning, and overall well-being and generates a score that can be used to determine which individuals or families are best suited for different assistance (e.g., rapid rehousing, transitional housing, or permanent supportive housing). Use of the VI-SPDAT ensures that programs do not either deliberately or unintentionally select tenants with fewer barriers that may be more receptive to case management and more likely to remain in housing. Most staff believed their programs had consistent and straightforward selection processes. From the initial intake, SPDAT scoring, and other qualifying paperwork, selection seems to be transparent for other staff as well as for tenants. Staff roles and expectations are defined in formal memorandums of understanding and partnership agreements and are clearly communicated with tenants.

In addition to the VI-SPDAT assessment, lease-up is also influenced by tenant self-selection. Some families were reportedly reluctant to move to Beacon Village II because the location was not near the downtown area. Similarly, some eligible veterans were not interested in living in a development

exclusively with other veterans. Applicants who were interested in the developments and demonstrated sufficient need on the VI-SPDAT also had to pass the program’s eligibility criteria, which apply to all tenants.

For Beacon Village II, property management had four main eligibility criteria: criminal history, credit, rental history, and income. The Kitchen negotiated with the developer and the property management for more lenient criteria so they could accept tenants whose histories included misdemeanors and evictions but no property damage, because these are both common issues for families in the rapid rehousing program. For Patriot Place, all eligibility criteria are handled by the VA, which only screens out veterans on the sex offender registry list. VA staff expressed different attitudes about how to select tenants for Patriot Place. Some thought that they should deliberately select tenants that would thrive in a community of other veterans. Others wanted to select veterans who, because of their criminal or rental histories, would have more difficulty using their vouchers in the private rental market. In the end, the VA relied primarily on the VI-SPDAT to make the process objective and transparent. The VA did stagger the move-in process to prevent the potential chaos of having 25 formerly homeless veterans in different phases of recovery move in at once. VA staff intentionally tried to balance the acuity levels of veterans selected to move in at different phases to help foster a positive culture within the development.

Narrow eligibility criteria, paperwork, and background checks were mentioned as challenges in the lease-up process. Some tenants need to get an old misdemeanor expunged or apply for copies of their birth certificates, which can delay move-in dates. Another issue for some sites is finding resources to help tenants pay the move-in fee, security deposit, and other related expenses.

TENANT CHARACTERISTICS

Table 3 displays the baseline characteristics of tenants who have moved into the Patriot Place and Beacon Village II supportive housing projects to date. The data include self-reported information on tenants’ demographics, income and benefits, health status, and criminal justice involvement. In total, the programs have provided housing to 51 people in 33 households. One tenant has left the program, exiting to another subsidized housing unit. The majority of tenants are white (86 percent) and non-Hispanic (94 percent). A majority of the households, 79 percent, were homeless when admitted into their housing programs, and more than half, 55 percent, of household heads were designated as chronically homeless.

Tenants’ median reported monthly household income was \$733, or less than \$9,000 per year, and 36 percent of households reported no monthly income. Household income came predominately from

benefits; only 30 percent of households reported income from employment and only nine household heads were employed upon entering housing. While 76 percent of households had a member with a disabling condition, only 15 percent received disability assistance.

More than 90 percent of heads of households had a reported mental illness, 67 percent had a chronic health condition, 52 percent had a substance abuse problem, and 35 percent reported being in poor or fair health. The 51 tenants had a combined 51 emergency department visits and hospitalizations in the six months before entering housing. No Patriot Place tenants reported needing help accessing health care services in their initial program assessments.

Sixty-two percent of adult tenants had some history of criminal justice involvement.

TABLE 3

Baseline Demographic Characteristics and Homeless Histories of Show Me Healthy Housing Tenants

	Number	Percent
Entries and exits from PSH		
Households entered	33	
People entered	51	
Households exited	1	3
People exited	1	2
Age of household members		
Under 18	12	24
18-30	7	14
31-50	8	16
51 and over	22	43
Missing	2	3
Gender of adults		
Male	23	62
Female	13	35
Missing	1	3
Ethnicity of household members		
Hispanic	1	2
Non-Hispanic	48	94
Missing	2	4
Race of household members		
White	44	86
African American	5	10
Other	0	0
Missing	2	4
Homeless history of head of household		
<i>Homeless at admission</i>	26	79
<i>Number of homeless episodes</i>		
0	4	12
1	11	33
2	8	24
3	3	9

	Number	Percent
4+	3	9
Missing	4	12
<i>Total months homeless in past three years</i>		
0	3	9
1-5	11	33
6-11	3	9
12+	8	24
Missing	8	24
<i>Chronically homeless status of household head</i>		
Yes	18	55
No	13	39
Missing	2	6
Monthly household income		
0	12	36
1-999	10	30
1,000-1,499	6	18
1,500+	5	15
Mean	\$758	—
Median	\$733	—
Maximum	\$3,260	—
% with income from employment	—	30
% with income from benefits	—	70
Employed	9	27
Benefits received by household		
Medicaid	8	24
VA health insurance	26	79
Other health insurance	2	6
Food stamps	15	45
TANF/general assistance	3	9
Disability assistance	5	15
Other	1	3
Health conditions of heads of households		
Disabling condition	25	76
Mental illness	30	91
Alcohol/substance abuse	17	52
Chronic health condition	22	67
Trauma (PTSD or domestic violence)	14	42
Self-reported health status of all tenants		
Excellent	15	29
Very good	8	16
Good	6	12
Fair	12	24
Poor	6	12
Missing	1	8
Health care utilization by household members		
<i>ER/ED visits and hospitalizations in last 6 months</i>		
1+	51	—
Mean	20	39
	1.0	—
<i>Tenants requesting assistance with health care access (Patriot Place only)</i>		
	0	0
Criminal history of adults		
	23	62

Source: Program data from Beacon Village II and Patriot Place.

TENANT STORIES

Most tenants in Beacon Village II were coming from other programs run by the Kitchen; all residents had lived in the Kitchen's emergency shelter program, which was shutting down. For some residents mental illness, along with other chronic health conditions such as diabetes and heart disease, had made it difficult for them to maintain housing and employment. For others, separating from their partners and not having enough income to support themselves and their children was a primary cause of homelessness. Domestic violence, removal of children by the child welfare agency, immigration issues, medical debt, and caregiving responsibilities for parents or grandchildren also contributed to homelessness for some families. Most tenants had established relationships with the Kitchen staff and were referred to Beacon Village II by their Kitchen case managers.

Many tenants interviewed at Patriot Place came from a substance abuse transitional housing program described as highly regimented, with shared living spaces and little independence. Viewpoints were mixed in relation to this program. Several tenants noted that the program's methods were harsh, while others credited it with getting them to a place where they could succeed in their current housing situation.

Factors contributing to veterans' homelessness included injuries, some service related, that led to struggles in the job market; substance abuse (either alcohol or narcotics); and criminal justice involvement.

Tenants' self-reported health status varied from poor to good among interviewees. All interviewed tenants experienced at least one ongoing health issue. Chronic back pain was specifically mentioned by multiple tenants. Most tenants were seeing a primary care physician at the time of the interview. Several tenants mentioned sobriety anniversaries. Many were active cigarette smokers.

Tenants entered the project with a wide variety of personal goals, but with some common threads. Some wanted to work toward better economic self-sufficiency. Several were enrolled in a work program at their local hospital. Others were considering pursuing additional education to further their employment prospects. Some tenants had financial savings goals; one individual envisioned purchasing a house with his spouse.

Successes and Challenges

HOUSING STABILITY

Tenants used words like “blessing,” “awesome,” “love,” and “excellent” to describe the housing in SMHH programs, and some were at a total loss for words. Many tenants reported that they have never lived in housing so nice and some had never lived in their own homes at all. One resident’s response to the experience of moving into the project: “I never had a thing like this happen to me in my life.”

Communal spaces provide opportunities for tenants to socialize, talk to staff, watch television, cook, and have other structured activities outside their rooms. One site is organizing a tenant council and has already launched a neighborhood watch to promote more shared responsibility among the entire housing community.

Similarly, tenants commonly mentioned a sense of community developing from shared experiences. One resident suggested that neighbors visit each other regularly: “It’s nice knowing that if someone has a problem, there is someone else that can help you with it.” This sentiment of willingness to help seemed to extend to staff as well. Several interviewees mentioned positive experiences working with staff on issues such as maintenance or access to transportation. Several tenants mentioned that maintenance work was timely and effective.

Staff talked about SMHH being “more than just a program” or being housing and not a program at all. Acclimating tenants to independent living was a top priority. Multiple staff members discussed how the initial period after moving into housing can be a vulnerable time for people who have long been homeless. One’s own home can provide freedom and unstructured time, which can cause people in recovery to relapse. It can also cause people to notice long-ignored health problems. Staff noted how common it is for tenants not to unpack after moving in, to live out of one room, or not to decorate. In response, staff highlight that the units are furnished, that they donate cleaning supplies, and that they welcome newcomers with care packages to help them better transition.

Several tenants also mentioned the sense of freedom that came with having their own places as a positive but somewhat jarring experience. One resident talked about initially spending significant amounts of time outside the apartment chatting to neighbors because the feeling of having personal space was so foreign.

Developers and service providers sometimes differed on which steps were appropriate if a lease violation were to occur. Development and property management teams want to avoid a negative reputation and prevent damage, while service providers want to keep clients in permanent housing.

Despite these sometimes conflicting priorities, the housing developers listen to case managers and typically respond to their recommendations. Property managers tend to coordinate with case managers before issuing a lease violation. Their goal is for case managers to work with their tenants to solve problems before they get too serious. Evictions seemed to be the last resort, and for extreme cases only. In general, case managers are responsive to the property managers and work diligently to resolve issues.

Many clients who have been homeless have friends and family members who want to visit them, and sometimes stay with them, in their new housing. On the one hand, being able to have visitors is one benefit of independent living. On the other hand, having an unauthorized guest can be a lease violation, and sometimes these friends or family members can create problems at the developments. Another common issue is housekeeping: some tenants struggle with maintaining their apartments. Because many clients struggle with their behavioral health, relapse and violence are primary concerns. Staff cited domestic violence in particular as a problem. One veteran with severe challenges was evicted after repeated threats made to other residents, and another received emergency psychiatric care after damaging the property. Other common issues are paying rent on time and noise control (especially for households with children). The property manager at one development reported that several tenants were late with their rent payments. The case manager was trying to get tenants to take responsibility for paying the landlord on time, as they would in private housing, but both the tenants and the property manager preferred to go to the case manager when there were problems.

Some staffing and training issues include a lack of 24-7 staffing at some projects, with incidents of property damage and personal conflict occurring at night and on weekends when staff are not present. Also, property managers do not receive specialized training regarding Housing First or supportive housing, and case managers and property managers do not cross-train.

For Beacon Village II residents, the main concern is securing stable housing after the Rapid Rehousing Program ends. Most Beacon Village II residents plan to remain in their current housing units by reducing spending or enrolling in another permanent housing program run by the Kitchen; only one family is planning to transition out of housing and increase income through better employment opportunities.

INCOME AND EARNINGS

For families, a lack of reliable child care is a big barrier to finding and keeping employment. Case managers at Beacon Village II talked about frustrations with coaching their clients through employment searches, and seeing their clients get set back because their child care was unaffordable.

Case managers worry about their clients being able to afford housing long term after the subsidy. One said, “I could see them giving up and end up...homeless.” Case managers also report a lack of financial education and struggles with budgeting as problems for some families. For families with limited prospects for increasing their income through employment and long waits for disability benefits, however, it is unclear whether better budgeting alone will be sufficient. Some case managers have worked with families to set up guardian or representative payee arrangements.

Patriot Place tenants did not face the same immediate pressures to increase their incomes or reduce their expenses because they received permanent rental subsidies. However, they did still express financial pressures to pay their share of rent and other expenses, including food, medical costs, and child support. In the words of one tenant whose primary source of income was a \$430 monthly VA benefit for a service-related disability, “when you take one-third out of nothing...it’s tough when you get to the end of the month.” Tenants were concerned with increasing their service-related disability payments, getting a job, or finding employment that paid better or was more aligned with their interests. Several VA staff members referred to the VA as the “land of milk and honey” because it can refer tenants to a network of specialists and programs, including employment, benefits, and legal assistance. While the employment specialist position within the HUD-VASH team was not staffed at the time of our site visit, many veterans participated in the VA’s Compensated Work Therapy (CWT) program. CWT connects the residents with various employment opportunities either within the VA or from private employers. Multiple tenants were engaged in the program at the time of our interviews.

One issue facing some tenants was the prospect of finding work after CWT ended. Tenants mentioned receiving support for that search. One tenant referenced a job club offered through CWT, where participants were able to spend an hour once a week applying for jobs. Some residents mentioned limitations in looking for work because of chronic injuries that limited opportunities in fields like nursing, housekeeping, and food services.

HEALTH

Though tenants did not specifically mention that they had received health care services through living in supportive housing, at least one tenant did mention being able to better regulate health because housing was stable. Further, tenants mentioned personal habit changes that could yield positive health benefits, such as preparing their own meals, sleeping in their own beds rather than on a floor, or their children playing outside rather than watching television. One diabetic tenant said her case manager checks in with her regularly by asking about her blood sugar levels and insulin. The tenant described the case manager’s involvement with her health by saying “she keeps me on my toes.” Overall, the biggest

verbalized effect of SMHH on health seemed to relate to mental health. One respondent, when asked about health improvements, reported, “Yeah, mentally, I can say. Because there is a sense of independence and freedom.” Another said about her mental health, “It’s getting better every day and I’m starting to feel normal.” Case managers seem to play a large role in motivating tenants through positive affirmations, consistent support, and encouragement. Some case managers noted that they had seen marked improvements in tenants’ behavioral health since they began working with them.

Another health-related issue is the need for patient advocates, because clients may distrust health professionals and need help facilitating productive conversations. Tenants receiving primary care from the Columbia VA had high praise for the medical attention they received. One tenant said that there was no comparison with other VA medical centers in terms of quality of care. For the most part, tenants seemed connected to a health care provider before receiving stable housing; however, residents mentioned that they could rely on their case managers for any health insurance changes or paperwork sharing. One common challenge for tenants was to balance managing pain from chronic health conditions with maintaining sobriety.

Case managers at the Columbia VA indicated that, while they do not serve a primarily medical function, it is important that they speak with tenants about their health outcomes and goals. This seemed to be a role staff played across the sites. Tenants at Beacon Village II described their case managers as people who care and check in regularly to promote adherence to prescribed medications or follow-through with medical referrals and appointments.

Staff were aware that many tenants, particularly at Patriot Place, were medically complex. However, many tenants apparently do not divulge some health issues to case managers, at least not before building trust, or do not see the case managers’ role as helping them manage their health conditions. Some staff want to see the Columbia VA adopt a Homeless Patient Aligned Care Team (HPACT) model, which would integrate health professionals within HUD-VASH teams to provide care coordination and help with medical compliance.

Though tenants frequently mentioned a sense of freedom as a positive aspect of their housing, they said close living quarters were straining tenant relationships. Said one resident, “When you’re dealing with veterans you’ve got PTSD, you’ve got drug and alcohol. Everyone here deserves to be here. Everyone here obviously needs to be here. I guess, living in harmony isn’t always easy when you are dealing with people with mental illness.” The compounding of mental illness and close quarters was brought up multiple times in discussing the challenges of a shared living environment.

Though interviewees often listed shared experience as a positive factor, it was also the main challenge mentioned. At Patriot Place, shared experience (military service) acted as a trigger for some residents. Interviewees suggested that some individuals, particularly those with a mental illness, might not be able to cope in a community that reminded them of their time in the service.

Similarly, some tenants mentioned the presence of alcohol as a challenge to their enjoying the project. Several residents mentioned that residents drinking can create an unpleasant environment, especially in relation to others' sobriety. It was mentioned that noise could arise during the night, disrupting other tenants.

Next Steps

For Grantees

Each grantee is in a different stage of its project and has different immediate and long-term goals. For Chloe Place, which just broke ground this summer, the next steps are to complete construction, train the new property manager on best practices in supportive housing, establish policies and procedures, and develop a marketing plan for both the set-aside and general population units.

NECAC's immediate goal is to complete construction at Berkshire Estates and begin leasing apartments. NECAC and Welcome Home are hard at work advertising the units and are committed to preserving their eligibility criteria; however, they may have to reevaluate if the units set aside for senior homeless veterans stay vacant for more than a few months. Once the veterans are identified, the staff will have a clearer sense of their needs for additional rental assistance and case management. In addition, the staff is focused on bringing in other service providers, including the practicum student and a senior group, to plan activities and developing a strong sense of community among tenants, including a tenant council.

At Beacon Village II, the set-aside units are fully leased. Staff are therefore focused on fostering a positive culture for all families in the development and preparing families exiting rapid rehousing assistance to remain stably housed, through increasing their income, reducing other expenses, or finding a different rent subsidy. Often, these efforts increase in intensity as families get closer to the end of their assistance.

Patriot Place is also fully leased. The staff's immediate focus is to help veterans get comfortable with independent living after living on the streets or in shelters and to foster a positive culture of recovery and community support. One of the program staff's immediate goals is to work with the city transportation system to make its para-transit mini-buses available to eligible veterans and to establish a bus line at Patriot Place. A long-term goal expressed by several Truman VA staff was to establish HPACTs to help integrate health care professionals with HUD-VASH case managers. The decision to establish HPACTs would have to be made by the Truman VA director.

For the Evaluation

The Urban Institute plans to continue our evaluation of SMHH programs through September 2018. We will continue to observe the design and implementation phases of each program through document review and biannual interviews with staff. We will work with the grantees to collect, clean, and analyze program data and to incorporate data on health care utilization and costs from the state Medicaid agency and the Truman Memorial Veterans' Hospital. We will attempt to access and analyze data on the use of homeless services from homelessness management information systems and criminal justice data on jail stays. We will also conduct additional rounds of tenant interviews to get their perspectives on SMHH programs and to evaluate their successes and challenges with meeting their personal goals while in supportive housing. Our final report will assess how effectively the programs have promoted housing stability, financial self-sufficiency, and health.

Conclusion

SMHH sites are making inroads in providing stable housing for vulnerable populations. Each grantee has undertaken thoughtful planning in designing its supportive housing project to meet the needs of its target population. Projects that have begun implementation are working with households that have complex challenges, and they have thus far successfully kept tenants stably housed. There are also some promising early indicators of improvements to tenants' health. Particularly for the veterans, the sites are close to high-quality health care, which may help tenants manage and comply with their individual health plans. The sites, particularly Patriot Place, must communicate with neighboring businesses to help tenants stay focused on their goals and leverage their community's support for their health.

All sites are thinking strategically about the environments they have created for their tenants, and they have plugged into existing community resources to strengthen their programs. All sites could benefit from reviewing the other's models, especially since they are in different lease-up stages—staff could share community-building strategies and ways to integrate client feedback, lessons learned, and strategic partnerships. For sites without long-term subsidies, staff must undergo more planning and resource coordination to ensure that residents are able to afford and maintain their housing without interruptions or setbacks. The sites' frontline staff, their partners, and the permanent housing environment of stably housed residents have great potential to improve participants' health and well-being.

Notes

1. "Poverty and Housing," Substance Abuse and Mental Health Services Administration, last modified March 31, 2016, <http://www.samhsa.gov/homelessness-housing/poverty-housing>.
2. "PIT and HIC Data Since 2007," US Department of Housing and Urban Development, last modified November 2015, <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>.
3. Missouri has created a higher standard, requiring that 25 percent of units be affordable to households with incomes at or below 50 percent of AMI.
4. From the Missouri Department of Mental Health Housing Manual, "As of July 2012, under the HEARTH Act and its regulations, Shelter Plus Care ceased to exist by that name and became part of a larger single source of funds called the Continuum of Care (CoC) Program. 'Shelter Plus Care' continues to be DMH's name for its 43 permanent housing programs funded under HUD's CoC Program" (2015, 4).
5. The Kitchen closed this facility after transitioning its housing programs (except emergency shelter) to a Housing First approach, which meant that everyone went from congregate shelter to community housing. The facility was also big, old, and too costly to maintain.

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