

2009

Metro Services Funding Workgroup

Identifying Supportive Services Funding
Solutions Needed to End Homelessness

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12/14/2009



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Background and Purpose

In the summer of 2008, a group of people interested in increasing supportive service funding for site-based supportive housing through the Metro Long-Term Homeless Project formed the Metro Services Funding Workgroup. The workgroup discussed similarities and differences between site-based and scattered-site approaches and agreed upon the need to support both. They developed recommendations to modify the Metro Long-Term Homeless Project to better meet the needs of site-based supportive housing programs. These recommendations were accepted by the Regional Metro Committee, which oversees the project. Steps have been taken to implement these recommendations, but in the absence of increased funding the ability to make substantial progress has been limited.

Last year's workgroup focused specifically on services funding for persons experiencing long-term homelessness. In presenting our recommendations to the broader community, it was recognized that many providers find the State's definition of long-term homelessness to be too narrow. It excludes a large segment of the homeless population who did not meet the existing definition but needed supportive housing to end their homelessness. The workgroup agreed to reconvene in 2009 to better understand the similarities and differences between people who have long histories of homelessness and others who have experienced homelessness generally, and between supportive housing that is tailored to each of these groups. It found that the work was worth the effort.

This year the Metro Supportive Services Workgroup —consisting of over twenty providers, intermediaries, advocacy agencies, and county and state programs—met for 10 two-hour meetings, plus sub-committee meetings (July-Dec 2009) to create recommendations to the state, metro counties, and providers of supportive housing. The purpose of this document is to summarize our process and recommendations.

Definitions

- **State definition of Long-term Homeless:** Households lacking a permanent place to live continuously for one year or more or at least four times in the past three years.
- **Minnesota Department of Human Services definition of At-Risk of Long-term Homeless:** families with minor children that have had two or more episodes of homelessness that have resulted in shelter stays.

Premises/Tensions.

There were a number of premises and tensions noted at the beginning of our discussions that we feel are important for the reader to note in order to provide context for the remainder of the document.

Recognized Premises.

- **We are all working to end homelessness.** While approaches and target populations vary, we are united around the same goal to end homelessness.
- **Our focus is on services funding for supportive housing.** Our workgroup assumed that there is a population who, in the absence of supportive housing, would be homeless. We focused our discussion on meeting the needs of that population. Our workgroup was not attempting to, nor could we, solve all problems of the homeless/housing continuum; rather we attempted to identify simple, effective steps to help our community move a step closer to ending homelessness.
- **We fully support all other parts of the homeless/housing continuum.** Our focus on supportive housing does not diminish the value we place on the rest of continuum. Outreach, prevention, emergency shelter, rapid re-housing, rental and income subsidies, affordable housing preservation and production are all vital parts in the continuum needed to end homelessness. We recognize that, in addition to supportive housing, each of these elements must be maintained (and in some cases increased) if we are to reach our collective goal of ending homelessness.
- **Supportive housing is provided in a variety of configurations.** Our workgroup understands supportive housing to include both site-based and scattered-site housing settings, as well as time-limited (transitional) and permanent supportive housing models.
- **We come to the discussion with our own biases.** Each participant has advocated for a specific population or point of view (e.g. a priority on serving people experiencing homelessness who also live with mental illness, or families, or youth, etc.). This was seen as both a strength and a necessity for our discussion. Workgroup members were not asked to set their priorities and biases aside, rather were asked to recognize and share these biases within our discussions.

Recognized Tensions.

- **The Long Term Homeless definition.** The definition poses obstacles to providers trying to help households, despite an appreciation that it is a means of focusing limited resources to those most in need. The workgroup prefers a forward-looking rather than retrospective means of defining those most in need. Our workgroup therefore focused on trying to identify who needs supportive housing to end their homelessness, regardless of their duration of homelessness. We recognized that experience with the homeless population allowed us to identify key characteristics of risk, rather than a reliance on past experience.
- **Not all supportive housing has “Ending Homelessness” as the primary goal.** While our workgroup found it necessary to limit the scope of our discussions to supportive housing models aimed at ending homelessness, all models of supportive housing remain valued by the workgroup (improving quality of life, ending poverty).
- **There is a shortage of meaningful data to determine the scope of the population in need of supportive housing in order to end homelessness. Despite efforts to document the number of long-term homeless now served in** existing supportive housing options and the number of long-term homeless not in housing who are in need of supportive housing, there is no definitive answer available in credible research. Vetting the best data available through the knowledge and

experience of the stakeholders, we reaffirm that the best working number, although conservative, is the 6,000 supportive housing units identified in the last year's (2008) workgroup.

Composition and Schedule of Workgroup

Metro-wide Engagement on Shelter & Housing convened and facilitated workgroup discussions. In an effort to gain input from all community stakeholders, MESH invited all attendees from the December 1st 2008 metro meeting and utilized community-wide distribution email lists to invite new members. Workgroup members met twice per month and in sub-groups from July until December of 2009. As much as is possible, the positions taken by the workgroup were made by consensus. Workgroup members included:

Alison Legler	MN Dept. for Human Services
Angie McKinney	Wayside House
Barbara McCormick	Project for Pride in Living
Devon Nolen	Emerge
Gary Travis	MN Dept. for Human Services
George Stone	Corporation for Supportive Housing
Jane Lawrenz	MN Dept. for Human Services
Jana Curiel	YWCA of St Paul
Jennifer Ho	Hearth Connection
Julie Grothe	Guild Inc.
Julie Manworren	Simpson Housing Services
Julie Shannon	Wilder
Kate Bitney	Hearth Connection
Lee Blons	Plymouth Church Neighborhood Foundation
Mary Hartman	New Foundations
Mary Morris	Cabrini Partnership
Matt Ryg	MESH
Mike Manhard	MESH
Patrick Wood	Homeless Advocate
Pat Crosby	Hennepin County
Trisha Kauffman-Cummins	East Metro Women's Council
Tracy Berglund	Catholic Charities
Vicki Farden	Minnesota Housing

Our workgroup recognized two deficiencies of note regarding our composition.

1. **We had no agencies or individuals on the workgroup that primarily represented the homeless youth community.** In effort to address this gap, workgroup members actively sought input from homeless youth providers (including: Kirsten Anderson-Stembridge—LSS, Youth Moving Forward; Josephine Pufpaff—Youthlink, Teri Funk—Safe Haven for Youth). Suggestions from these individuals were incorporated into our discussions and summary document as much as possible. In any cases in which our workgroup chose not to utilize suggestions from these individuals, we have attempted to highlight these concerns/tensions in this document.

2. **Individuals having experienced homelessness were not independently solicited for workgroup participation.** To address this gap, workgroup members developed and conducted a client survey to gain input on services needed, barriers identified in obtaining and maintaining housing, and duration of supportive services desired. The workgroup balanced the data collected from surveys with anecdotal examples within supportive housing programs. In addition, efforts were made to gain input from Homeless Against Homeless (HAH) and Voices for Change.

In addition, data and input was provided from the following sources:

Marge Wherley	Hennepin County
Lisa Thornquist	Hennepin County
Board of Directors & Executive Director	Minnesota Coalition for the Homeless
Laura Kadwell	MN Director for Ending Long-term Homelessness
Dr. Dennis Culhane	University of Pennsylvania
Debbie Carter-Barth, MSW, LICSW	Project HOME

Questions we sought to answer

This workgroup was established with the purpose of answering a few key questions that had come out of the discussions of the previous workgroup. In discussing these, additional questions came up that the workgroup felt were central to its overall purpose.

What is the purpose or goal of supportive housing?

The workgroup found that developing a common understanding of the purpose or goal of supportive housing would lead to a better analysis of who it should be used for and how. Some of the purposes of supportive housing that were suggested include:

- To sustain housing stability
- To assist in maintaining sobriety or reduce costs and risks of substance abuse
- To end homelessness for an individual, youth or family
- To increase an individual or family's ability to function
- To enable a household to increase their income
- To foster recovery for mental illness
- To end the cycle of frequent users of high cost public services (i.e. emergency room, treatment, etc.)

The workgroup also considered the need for supportive housing in an ideal world: if there were enough affordable housing, available living wage jobs, adequate health care, affordable childcare, crisis response, etc., would supportive housing be necessary?

When is supportive housing needed to end a household's homelessness? When is affordable housing (without integrated support services) sufficient?

To the extent that homelessness is a result of a lack of financial resources; safe, affordable housing may be sufficient for ending homelessness for certain households. On the other hand, it is clear that for some, homelessness can also be a result of multiple issues and barriers that cannot be addressed solely through financial solutions. Accordingly, the State's Business Plan to End Long-term Homelessness promotes permanent supportive housing as the primary intervention for ending

homelessness for individuals, youth and families with long histories of homelessness. This workgroup began with the premise that in addition to those households who are considered long-term homeless by the state's plan, there are some households who do not qualify under this definition yet still require supportive housing of some form to end their homelessness.

Determining who needs supportive housing vs. those who only need affordable housing is important for several reasons. For one, it helps in effectively targeting resources. If the resources to provide supportive services are limited, should they be provided primarily to households who need services to end their homelessness? While most everyone could benefit from some form of supportive housing, the distinction here is based on determining which households truly need it to maintain stable housing in the long term.

The workgroup sought to determine:

- What portion of homeless households only need affordable housing options to end their homelessness? What portion of homeless households may need additional support through a supportive housing program? In other words, if enough affordable housing options existed for everyone who needed them, who would still need supportive housing?
- Does the breakout of who needs supportive housing vs. affordable housing differ when looking at households with long histories of homelessness (LTH) as compared to households that recently became homeless (i.e., do not qualify as LTH)?
- How does the experience of homelessness itself impact a household's needs? For example, is it possible that simply experiencing homelessness for a long period of time leads to an increased need for services? Is there a way to avoid this unintended consequence by somehow determining who may need supportive housing through a method that is not based on length of time of homelessness? Might this also include households who have never been homeless?
- Are there households currently in supportive housing who could transition off of supportive services if sustainable rental subsidies or more affordable housing options were available?
- Is it possible to quantify the number of LTH, homeless, and not-yet homeless that will require supportive services with housing to stabilize?
- Are there any data sets or previous studies that could help quantify the need for supportive housing vs. affordable housing?

How does duration and intensity of services impact service funding?

The workgroup determined that the length of time a household receives services and the intensity of these services may have an impact in how funding should be calculated and distributed. For this reason, the workgroup felt it was important to clarify the variations that may occur in terms of duration and intensity of services when serving homeless households. Some of the questions considered were:

- What are the variations in the length of time that households need supportive housing, and how does this vary by population? While some households may benefit greatly from a short-term supportive housing intervention, others may need supportive housing for their entire lives.
- What are the variations in the intensity of services needed, and how does this vary by population?

- How does the intensity of services vary over time for households, and does it differ depending on the population served?
- If duration and intensity of services differ greatly among households, how does this impact the assumptions that have been made about the cost of services? Is it possible that the variations among households ultimately cancel each other out?

What does a seamless homeless response system look like?

The workgroup discussed models of housing and supportive services and their roles in the continuum, including permanent supportive housing, rapid re-housing, and transitional housing. Several questions regarding these models were addressed:

- When is rapid re-housing or transitional housing the more appropriate option over permanent supportive housing?
- What is the best way to determine the most appropriate option? The current reality is that households are often placed into the program that has an opening, not necessarily the program or model that is the best fit for them.
- How important is it to accurately predict which model is most appropriate for a household? This may depend on how available and accessible the various housing models and programs are. Any system designed to address the housing needs of individuals and families who have experienced homelessness should be able to seamlessly adjust to the changing situations and needs of those served.
- What role does household choice and preference play?

Summary of Conclusions:

Workgroup discussions led to a number of conclusions, or moments of consensus. We feel that the description of these conclusions will help to provide context for readers to our recommendations made at the end of this document. The following is a summary of these conclusions.

- **Not everyone who benefits from supportive housing would be homeless without it.**

This discussion of supportive housing services was framed to consider homelessness more broadly than just long-term homelessness. Many questions came up about whether other uses of supportive housing above and beyond ending homelessness should be considered. For example, supportive housing can be a vehicle for supporting sobriety for people who have received treatment for chemical dependency. Supportive housing is sometimes a vehicle to help people break out of poverty. There are many examples of “housing and services” targeting different populations, including people with developmental disabilities or the elderly in assisted living. **For the purposes of this workgroup, discussion was limited to supportive housing as it is needed to end homelessness.**

Specifically, we decided to quantify the service costs to provide supportive housing to anyone who needs supportive housing in order to escape homelessness. If someone might benefit from supportive housing but does not need it in order to be housed, we decided not to include them in this target at this time. One of the justifications for limiting the scope in this way is that other populations who use “housing and services” have other advocacy groups and sometimes different funding streams. What members of our workgroup have in common is the interest in housing people who are homeless.

Because resources are scarce and supportive housing is expensive, we believe that our efforts should be focused on creating an adequate supply of supportive housing for people who need it in order to escape homelessness. That is common ground for the agencies around the table.

- **Similarly, not everyone who meets the long-term homeless definition requires supportive housing.**

If we have a good system to help people find the least expensive and least intensive intervention, those who don't need supportive housing should be able to get rental assistance, or public housing, or other short-term assistance to get back on their feet.

- **Supportive housing is part of the spectrum of responses to homelessness; we need to do a better job of matching homeless persons with the most suitable response.**

The workgroup discussed how supportive housing fits on the continuum of interventions to prevent and end homelessness. Supportive housing is, relative to other homeless interventions, very expensive. The workgroup agreed that **the best intervention for each household is the one that is the least expensive, least intensive, and shortest-term required to end their homelessness.** It should be noted that for some populations (for example youth), more intensive and expensive interventions may be needed upfront in order to be less expensive long-term. Therefore, our emphasis on least expensive should be understood in the context of least expensive to end or prevent a cycle of homelessness. Other interventions include prevention, rapid re-housing, short-term support services with short-term or longer-term rent assistance or rental assistance of varying durations without services.

One of the problems today is that there's an inadequate supply of every type of intervention, so people don't get matched to the best intervention for their unique needs. If a family needs rental assistance, but there is none available, that family might choose supportive housing. It solves their homelessness, but perhaps not in the least expensive way possible.

The workgroup recommends that the public and private sector work together to create a better system to get people to the right programs. We need a system that is as seamless as possible so that if, for example, a rapid re-housing or prevention intervention does not work for someone, there are other options available, including transitional and permanent supportive housing. Seamlessness is also needed when people are ready to transition away from services. There should be flexible follow-up care, as needed. While it is anticipated that this would be a fairly small population, **our workgroup recommends that there should be incentives to transition people who have benefited from supportive housing but no longer need it, in order to open the unit/services for someone who needs it.** This might require rental assistance and/or short-term support, like a rapid exit program for people in supportive housing. The workgroup recommends that government consider targeting some resources to helping people exit supportive housing if they no longer want and need it. The result would be a more efficient use of the dollars being invested in supportive housing.

- **Experience has demonstrated that there are indicators (in addition to past episodes of homelessness) of households needing supportive housing to end or avoid homelessness.**

As we have sought to understand who needs the intensive intervention of supportive housing to escape homelessness, and how much supportive housing we therefore need to end homelessness, we

are trying to quantify how much service funding is needed to create and sustain that quantity of supportive housing.

The workgroup discussed at length whether there are other groups of people for whom supportive housing is the best intervention to end or prevent their homelessness. For example, there might be a group of people who are currently housed, but who need supportive housing to prevent homelessness. . The workgroup decided that thinking about those who appear truly at-risk of long-term homelessness brought in a group of people that had not been homeless long enough or often enough to qualify as long-term homeless today, but who were highly likely to remain homeless. **In addition to measuring the need for supportive housing services funding based upon the duration of homelessness (the long-term homeless and at risk of long-term homelessness definitions), our workgroup has concluded that the presence of all of the following barriers are the indicators we identified in defining who will need supportive housing to avoid/end homelessness:**

- *Extreme poverty*
- *Low functioning*
- *Lack of social supports*

If these factors are included in determining who is at-risk of long-term homelessness, then the status related to homeless criteria adequately represent who is most appropriately helped by supportive housing. Therefore, **everyone who is either long-term homeless or at risk of long-term homelessness should be eligible. This is the population where supportive housing is the appropriate intervention.** It should be noted that the indicators noted above may play out differently among populations (youth, families, singles adults).

- **Though duration and intensity of services affect the cost to serve a specific household, averaging costs is a practical system to estimate costs across the variability in service. For site-based programs, variation in intensity of services may allow for year-to-year adjustments in staffing.**

The workgroup discussed whether there should be some kind of pricing structure that reflects the fact that different people need different levels of support and that different programs provide different levels of support. One way to think of this is to consider the service set for supportive housing like a big buffet. Some people may want more of one thing than another. Other people may want a little bit of everything. Some people are big eaters while others barely eat a thing. For the purposes of telling the Legislature how much funding is needed overall, an average cost suffices. We don't need to estimate who will eat what and how much for each. *The per household cost estimates are averages.*

When service money gets distributed across different supportive housing programs, *it should be possible to fund a mix of individualized service intensities based on individual need. In other words, less intensive supportive housing projects should be available and included for those who need less.* This is definitely an implementation imperative, but doesn't need to be figured out in order to determine how much supportive housing service funding we need in order to end homelessness.

The workgroup reflected back on one of the key principles that emerged last year in the discussion of the service funding needs of site-based supportive housing communities. We concluded back then that predictability and reliability were the two most important goals to achieve in a service funding model. That led to a discussion by this year's group of how a site with fixed costs and a fixed number of

households being served at any point in time can manage variations in staffing required to meet the changing intensity of needs of residents. We concluded that **any mechanism to adjust for changes in service intensity needs to meet the same goals of predictability and reliability**. A site cannot have big jumps up and down in service funding from month to month and maintain a consistent staffing model. But there might be ways for new sites to anticipate and predict how the needs of a community will decrease on average after the initial peak of need associated with initial rent up. It is not uncommon for staff at an established site to transfer to a new site; that's one tool to vary staffing site-to-site.

The metro mobile supportive housing teams have been able to adjust enrollment when the average intensity of need of participants reduces or increases, something a site cannot do. Metro mobile teams can more quickly expand or contract as client needs change.

Summary on quantifying the need

In the summer of 2008, the Metro Services Funding Workgroup determined that there was a state-wide need for service funding for 6,000 supportive housing units. We arrived at this number by starting with the State's business plan, which called for 4,000 new supportive housing opportunities. We then estimated at 2,000 the number of supportive housing units that existed prior to the creation of the State plan.

In estimating the total amount of service funding needed, the workgroup made estimates of the amount of funding that comes or could come from other sources. Other sources include HUD, the Group Residential Housing Program, Medical Assistance and grants from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), as well as foundations, individual gifts and other federal, state and county grants.

The total estimate of service costs for these 6,000 supportive housing opportunities was \$67 million per year. The estimate of leveraged dollars was \$25 million, leaving a need for \$42 million per year. There is currently \$5 million per year in base funding for the Long-Term Homeless Service Fund. The gap is therefore \$37 million once all 6,000 units come on line.

	Before the State Plan	The State Plan	Total
Units/Opportunities	2,000	4,000	6,000
Total Service Cost	\$22 million	\$45 million	\$67 million
Leveraged Service Dollars ¹	\$14 million	\$11 million	\$25 million
Net Annual Service Need	\$8 million	\$34 million	\$42 million
Current Service Funding			\$5 million
Current Need			\$37 million

Another way to reduce the amount that is needed from the State Long-Term Homeless Service Fund would be to increase the amount of funding that could be leveraged from other sources. It is possible that changes to Medicaid eligibility and benefit sets, or infusions in the federal Second Chance Act or

¹ For more detail/explanation of leveraged dollars and this table, please see "Potential Solutions for Increasing the Role of Site-Based Providers in the Metro Long-Term Homeless Project", pp.9-10. Available on-line at www.mesh-mn.org

Services to End Long-Term Homelessness Act (SELHA) or other federal programs would increase funds available for leverage. Advocacy efforts need to look to federal sources, not just the State.

A sub-group from this year's workgroup consulted a variety of experts to help create greater clarity on the households who are not long-term homeless, but will likely need supportive housing to end or prevent their homelessness. Our intention was to use the information gathered from these experts to adjust the total number of supportive housing opportunities identified last year (6,000) to more accurately reflect the total number of households needing supportive housing to end their homelessness.

We discovered in this investigation that there is not any current data that would help us objectively determine a more accurate number. Thus, in the absence of a measurable and defensible argument for changing the number proposed last year, 6,000 units remains our target. The workgroup agreed that it is much more likely that this number (6,000) is too low as opposed to too high compared to the actual need. The workgroup agreed that 6,000 is a conservative estimate.

The workgroup created the following list of factors we would encourage all readers and policy makers to consider when using this 6,000 unit figure.

- For whom is supportive housing no longer appropriate?
- For which long-term homeless households might rapid exit or a lower intensity supportive housing intervention be an appropriate solution to end their homelessness?
- The percentage of families who need supportive housing to end or prevent their homelessness may be lower than initially projected in the State's Long-Term Homeless Plan, but experience raises concerns that the recent NAEH study (suggesting only 5% of homeless families need supportive services) puts the proportion too low. Only longitudinal studies over time, with control groups, could confirm which households (and consequently what the right proportion of households) will maintain housing without supportive housing.
- The percentage of unaccompanied youth needing supportive housing to end or prevent their homelessness is likely high. More unaccompanied youth need supportive housing to end homelessness because they are at an age where they need some structure and support as they transition to adulthood.

Finally, the workgroup acknowledges that *there need to be parallel efforts to ensure that there are adequate resources for the entire continuum of homelessness/housing*. Supportive housing alone cannot end homelessness. The entire continuum of necessary and proven interventions to prevent and end homelessness must be adequately funded and broken systems that create homelessness must be fixed.

All the efforts to secure adequate resources targeted to various homeless interventions only make sense in the context of having an adequate supply of mainstream resources. People escaping homelessness need access to health care, mental health care, support in recovery, child care, employment services, rent assistance and the full array of mainstream services that are needed by people who are not homeless. It is important not only that these services be preserved and funded at a level that makes them available to people who need them, but equally important that supportive

housing and other homeless providers tap these mainstream programs whenever possible to relieve the burden on smaller, targeted funding streams.

Recommendations for Administrative Action

A technical issue the workgroup discussed is DHS' current definition and limited application of who is "at risk" of long-term homelessness. When the Long-Term Homeless Service Fund was initially created, DHS created a category for people who are at risk of long-term homelessness, but they only allowed youth or families to qualify through this category and they limited it to 10% of the use of each grant. This makes sense when there is only a fraction of the amount of money needed; DHS wanted to target the limited resources to people most in need. Since we are starting with the assumption that someday there will be adequate service funding for supportive housing for everyone who needs it to escape homelessness, we think the at-risk definition needs to include single adults. If DHS were to use a more inclusive definition of at-risk, they could still prioritize the use of their money for families with children and unaccompanied youth who are at risk of long-term homelessness. The workgroup has five recommendations for administrative action:

1. **The workgroup recommends that DHS include all household types – families with children, unaccompanied youth, and single adults – in its definition of "at risk" of long-term homelessness.** The workgroup recognizes that until there is enough money to help everyone who needs supportive housing, DHS might opt to prioritize what funding there is for youth and families with children.
2. **The workgroup recommends that the definition of "at risk of long-term homelessness" not exclusively look at episodes of homelessness, but include other factors, namely, whether people face extreme poverty, have low levels of functioning and lack social supports.** The workgroup has concluded that people who have all three of these traits are at risk of long-term homelessness.
3. **The workgroup recommends that as funding increases, DHS should lift its restriction that only 10% of funding go to people at-risk.** The workgroup recognizes that until there is enough money to help everyone who needs supportive housing, DHS might opt to prioritize what funding there is for people who are experiencing long-term homelessness.
4. **The workgroup recommends that people in both the public and private sector work together to create systematic ways of directing people to the lowest cost interventions that will best meet their needs.**
5. **The workgroup recommends that government invest in strategies that help people who no longer want and need supportive housing transition to less expensive interventions, or off subsidies and services altogether, when appropriate.** This will increase the efficiency of supportive housing investments and help make supportive housing a renewable resource for the community.

Recommendations for Legislative Action

Since the workgroup decided that it is not necessary to change the statutory language for the Long-Term Homeless Service Fund in order to fund all people who are homeless long term or at-risk of long-term homelessness, no policy changes need to be advanced at the Legislature. This simplifies what needs to be explained and lobbied for at the Capitol.

The recommendation for Legislative Action is to increase supportive services funding. Work is being done by the State, in conjunction with Hearth Connection, to quantify how much funding would be required to fully fund supportive housing services:

- Filling the service funding gap for units that existed prior to the State Plan;
- Funding services for all the units that have come online under the State Plan; and
- Funding services for all the units that have been capitalized under the State Plan, and open before the end of the next biennium (June 30, 2013).

This will be slightly less than the amount identified above: \$37 million per year for two years, or \$74 million, reflecting the slow down in development under the State Plan and the time lag between capital funding and being operational for new sites.

Appendix

Definitions :

Minnesota Housing Definition of “At-Risk” of Long-term Homelessness: (a) households that are homeless or recently homeless with members who have been previously homeless for extended periods of time and are faced with a situation or set of circumstances likely to cause the household to become homeless in the near future, and (b) previously homeless persons who will be discharged from correctional, medical, mental health or treatment centers who lack sufficient resources to pay for housing and do not have a permanent place to live.

Case/Care Management: Intensive, *full range* of services including assessment, case planning, developing an individualized service plan, with specific goals and expected outcomes, based on the assessments, and connection, coordination, and personal advocacy; also includes monitoring progress, as related to reporting, and follow-up to learn outcomes [see full definition on page 14].

Individual and Family Support Services: “Case-management light”: Case-management-type support services that help a household to maintain stable housing – use this term when the support services do not meet the intensity and threshold of the 6-point ITF definition of case management (see above).

Resident Services Coordination: Housing tenancy support services focused on participant maintaining stable housing (includes watchful eye and 24-hour front desk resident services).

Level 1 Supportive Housing: for people who meet the three criteria for need for supportive housing

1. Ongoing rental assistance or subsidy for affordability
2. Intensive, full range of case management services provided

Level 2 Supportive Housing: for people who meet the homeless or LTH definition, but do not have all three characteristics, *or* people who will have case management services through a public program, *or* for people who have achieved a base level of stability through a supportive housing program

1. Ongoing rental assistance or subsidy for affordability until it is no longer needed.
2. Services available on an “as needed” basis--such as occasional check-ins and crisis assistance. It would not include ongoing case management, assessment, case plans, etc. OR
3. Services available include basic assessment and referral connection to services and on an “as needed” basis--such as occasional check-ins and crisis assistance. It would not include ongoing case management, monitoring, advocacy, etc.

Case management definition (full):

Within the context of an Agency's mission and objectives, case management must include, for each household, the following activities, conducted with the person receiving case management:

- Assessment – identify, with a person, their strengths, resources, barriers, and needs in the context of their local environment.
- Plan development – develop an individualized service plan, with specific outcomes, based on the assessment.
- Connection – obtain for the person the necessary services, treatments and supports.
- Coordination – bring together all of the service providers in order to integrate services and assure consistency of service plans.
- Monitoring – evaluate with the person their progress and needs, and adjust the plan as needed.
- Personal advocacy – intercede on behalf of the person or group to ensure access to timely and appropriate services.

The activities listed above are the activities that, taken together, make up case management. These case management activities will vary in a number of ways. The following variables are related to how case management is provided as opposed to what case management actually is.

- intensity (frequency of contact, client-staff ratios),
- duration (from brief to time-limited to open-ended),
- focus (from narrow and targeted to comprehensive),
- availability of staff (from scheduled office hours to 24-hour availability),
- location of services, and
- staffing patterns (from individual case loads to interdisciplinary teams with shared caseloads) depending upon the needs of the client.

In addition to the above components of case management, there are additional activities that are often offered that enhance the core case management activities. These six activities can be divided into two broad categories, client specific activities and system activities.

Client Specific Activities:

- Outreach – to attempt to enroll persons not currently accessing services.
- Direct service – to provide services directly to the client (examples may include: budget counseling, housing search assistance, etc.)
- Crisis intervention – to assist persons in crisis to stabilize through direct interventions and mobilizing needed supports and/or services.
- Follow-up or post-completion services – to maintain contact with the participant after completion of the program in order to track stability and provide needed services.

System Activities:

- System advocacy – to intervene with organizations or larger systems in order to promote more effective, equitable, and accountable services to a client group (to be distinguished from advocacy above).
- Resource development – to attempt to create additional services or resources to address the needs of people.