



Connecticut Housing Finance Authority

Supportive Housing Guidelines

Administered by the State of Connecticut
Department of Mental Health and Addiction
Services (DMHAS)

2015

SUPPORTIVE HOUSING GUIDELINES



Any Applicant seeking financing through a program administered or funded by CHFA that intends to include supportive housing units in its development must submit documentation that provides assurance that supportive housing will be provided. At a minimum, this means a Memorandum of Understanding (MOU) between the owner and a Qualified Service Provider, a narrative description of the program to include the sources of funds for the services and that specifies the special needs population to be served. Applicants are advised to refer to the program-specific requirements in the current version of the CHFA/DOH Consolidated Application (ConApp) for complete requirements, which may vary by program and/or funding source.

Low-Income Housing Tax Credit Applicants proposing to include Supportive Housing units in their development are required to submit a Service Plan following the Outline described in Section II below provided by a Qualified Service Provider selected by the Applicant from the list in Section IV below. Applicant shall identify their Supportive Services funding sources, which will be reviewed by DMHAS or its designee(s) for acceptability.

All Applicants proposing to include Supportive Housing units in their developments will be subject to quality assurance monitoring by DMHAS or its designee(s).

The Corporation for Supportive Housing can provide technical assistance and training to applicants prior to submission, during the development process, and ongoing during the Supportive Housing quality assurance monitoring. Please contact the Corporation for Supportive Housing prior to application:

77 Buckingham Street, 2nd Floor
Hartford, CT 06106
(860) 560-0744

I. DEFINITIONS:

Adults with special needs - means an individual or head of household (age 18 or older) who:

1. has severe and prolonged mental illness and/or chronic chemical dependency (the head or heads of household, in the case of families); and
2. is homeless or at risk of homelessness at the time of application for housing; and
3. has an income at or below 50% of the Area Median Income (“AMI”) as defined by the United States Department of Housing and Urban Development (“HUD”) at the time of entering the housing.

At risk of homelessness - means that the person or family does not meet any of the definitions of homelessness but does meet one of the following conditions:

1. Is living in a situation where the person/family is at great risk of losing their housing; or

2. Is coming out of a treatment program, institution, transitional living program, half-way house, or incarceration with no place to go (this includes community-supervised offenders supervised by the executive or judicial branch); or
3. Is living in an inappropriate housing situation. Examples of persons living in inappropriate housing includes those in units without heat or running water, persons living in unsafe or abusive environments, and persons living in overcrowded, illegal, or unsafe dwelling units.

Chronic chemical dependence - means a substantial history of at least one year of psychological dependence upon mood altering chemicals, with or without prior treatment episodes, to the extent that the dependence interferes with social, emotional, economic and/or physical functioning, and includes evidence of substantial life losses because of substance abuse.

Family with special needs - means one or more adults with at least one dependent child aged fourteen (14) or younger, and:

1. that has been repeatedly homeless;
2. that meets the eligibility criteria under the Federal Temporary Assistance for Needy Families (“TANF”) Program but has become ineligible or are at risk of ineligibility for TANF cash assistance due to time limits;
3. may have multiple barriers to housing stability (e.g., head of household with cognitive limitations, history of trauma, mental illness and/or chemical dependency);
4. that may be presently involved in the DCF system; and
5. who have incomes at or below 50% of AMI at the time of entering housing.

Homeless - means that a person or family resides in one of the following places or circumstances:

1. Places not meant for human habitation such as cars, parks, sidewalks, and abandoned buildings;
2. Emergency shelters;
3. Transitional or supportive housing for homeless persons who originally came from the streets or otherwise outdoors or an emergency shelter;
4. Any of the above places but is spending a short period of time, up to ninety (90) consecutive days, in a hospital or other institution;
5. Is being evicted within one week from a private dwelling and no subsequent residence has been secured and the person lacks the resources and support networks needed to obtain housing; or
6. Is being discharged within one week from an institution in which the person has been resident for no more than ninety (90) consecutive days and no subsequent residence has been secured and the person lacks the resources and support networks needed to obtain housing;

7. In the case of families, the term “homeless” also includes families living doubled up with other families in accordance with The McKinney-Vento Homeless Assistance Act Subtitle B-Education for Homeless Children and Youth, which defines “homeless children and youth” as “children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.”

Imminently homeless - means that the individual or family has documented evidence (i.e., notice to quit, letter, or evidence related to foreclosure, etc.) that he/she/they will lose their housing in less than thirty (30) days.

Permanent supportive housing - means housing not of a transitional nature that has as its primary purpose assisting the individual or family to live independently in the community and meet the obligations of tenancy. Supportive housing combines decent, safe and affordable housing with individualized support services. All tenants of this housing must have access to flexible, individualized services for as long as they are needed in order to achieve and retain permanent housing, increase their life skills and income, and achieve greater self-determination. The following are criteria of permanent supportive housing:

1. Tenants have individual apartment units;
2. Tenants hold leases;
3. The length of stay is not limited and is determined by the individual or family tenant as long as the tenant is in lease compliance;
4. Housing affordability is assured either through a rental subsidy or through rents that are set at levels affordable to the target tenant population;
5. The tenant’s use of services or programs is not a condition of tenancy;
6. The tenant has access to a flexible array of comprehensive services including medical and wellness, mental health, substance abuse management and recovery, vocational and employment, money management, coordinated support (case management), life skills, household establishment and tenant advocacy;
7. There is a working partnership that includes ongoing communication between the supportive services provider, property owner, and property management entity;
8. Projects may include both individuals and families with special needs and individuals and families without such needs; and
9. Where tenancy is mixed in a single site, project sponsors shall allow tenants access to on-site services without regard to whether or not the tenant has identified special needs.
10. Permanent Supportive Housing additionally has the following elements:
 - a. **Affordability** – Since homeless people generally have little or no income, units set aside for supportive housing should be affordable to households with less than 25% of Area Median Income. This can be achieved through rental subsidies through a local

housing authority or other subsidy provider, internal subsidies from cash flow on units which yield higher income, capitalized operating reserves or any other means.

- b. **Services** –The developer must demonstrate a clear plan to provide services to individuals and families in supportive housing. Elements of this plan are included herein but should include, at a minimum, an executed contract with a qualified service provider, a clear description of the services to be provided and documentation of adequate funding for the provision of services.
- c. **Tenant Selection** – Applicants for funding should include a tenant selection plan that describes how homeless or people at-risk of homelessness with special needs will be identified and assisted in renting the supportive housing units.

Persons or families experiencing chronic homelessness - is based on the federal definition wherein a chronically homeless individual is an unaccompanied homeless individual with a disabling condition including substance use disorder, serious mental illness, or chronic physical illness who has either been continually homeless for a year or more OR has had at least four episodes of homelessness in the past three years. In defining the chronically homeless, the term “homeless” means a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter.

Recognizing that there are families with minor children who should also be considered as experiencing chronic – or long term – homelessness, this definition also includes homeless families with:

1. a parent with a diagnosable mental and/or physical disability;
2. a parent who has experienced significant trauma;
3. involvement with the child welfare system, including children who have been placed in out-of-home care;
4. a parent reentering the community from jail or prison; or
5. a child with serious medical or emotional disturbance/disability.

Project sponsor - means the organization or entity that has primary responsibility for the development and operation of the housing development.

Qualified service provider - means a community-based non-profit service provider organization experienced in the provision of supportive housing and homeless services that is currently receiving funds from DMHAS under contract in good standing, or an equivalent entity recognized by DMHAS.

Service-enriched units - means units of housing which have been set-aside for formerly homeless residents of the targeted populations (as defined herein) and that will receive a social and case management support services subsidy allocation funded by DMHAS, DSS, or DCF.

Severe and prolonged mental illness - means that the individual or head of household (in the case of families) has a substantial history of a serious psychiatric disorder that has required:

1. recent hospitalization; or
2. multiple or lengthy psychiatric hospitalizations in the past; or
3. extensive community treatment and support services over a sustained period of time; or
4. the person exhibits signs and symptoms of a psychiatric disorder of sufficient severity to cause a current disturbance in several areas of role performance.

Young adult with special needs - means an individual aged 18 – 23 who:

1. is homeless or transitioning from youth systems such as foster care or residential programs and are at imminent risk of homelessness; and
2. would not be able to retain stable housing without tightly linked support services; and
3. has income at or below 50% AMI at the time of entering housing.

II. A. SERVICE PLAN:

The Service Plan must be prepared by a qualified service provider (as defined herein) and be designed to meet the needs of the specific population to be served to ensure access by the tenants to the non-clinical and clinical services they need to achieve and retain permanent housing, increase their skills and/or income, and achieve greater self-determination. There must be a written Service Plan, which is to be updated at least annually. Please be clear and concise and limit your Service Plan to no more than 15 pages.

1. The Service Plan must be designed to meet the needs of the specific population to be served and ensure access by the tenants to the non-clinical and clinical services they choose to achieve and retain permanent housing, increase their skills and/or income, and achieve greater self-determination.
2. The Service Plan shall:
 - a. Reflect the importance and value of connecting tenants with mainstream resources, including employment and training programs, federal and state entitlement programs, and healthcare programs. The Service Plan should describe existing and planned linkages with vocational, educational and healthcare providers within the locality or region to be serviced;
 - b. Incorporate natural supports (family, peers, faith communities, etc.);
 - c. Articulate strategies for relapse prevention and management and linkages to treatment that will be developed to support these;
 - d. Ensure that services are available for as long as is needed by the individual client; and
 - e. Articulate under what circumstances, if any, a client would be "discharged" from supportive services.

II. B. SERVICE PLAN OUTLINE:

1. The Project Summary

Provide a brief overview of your proposed project (housing and services) in one paragraph.

2. The Population(s) to be Served

Who will be served by the proposed housing? Identify the following:

- a. Their characteristics.
- b. Where they live and why are they considered homeless or at risk of homelessness.
- c. Their needs within the locality or region for the types of housing and services proposed.
- d. Do you propose to serve Adults with special needs? (See definitions). If so, do you propose to serve individuals experiencing chronic homelessness? If yes, describe who they are and their circumstances.
- e. Do you propose to serve Young adults with special needs? If yes, describe how you propose to offer:
 - i. An individual plan of services for each young adult to assist with maintaining supportive housing;
 - ii. Training regarding living expenses, educational services, employment retention, health care services, nutrition and meal planning, shopping, housekeeping; and
 - iii. Services that promote safe and stable family relationships.
- f. Do you propose to serve Families with special needs? (See definitions). If so, do you propose to serve families that:
 - i. are ineligible or at-risk of ineligibility for TANF cash assistance due to time limits;
 - ii. are headed by adults with multiple barriers to employment and housing stability, such as cognitive limitations, history of trauma, mental illness and/or chemical dependency;
 - iii. have been repeatedly homeless; or
 - iv. are presently involved in the Department of Children and Families (DCF) system, in either protective services or voluntary services; and/or are reuniting after DCF out-of-home placement.
- g. Describe your plans for outreach and referral to be used to reach the targeted population(s), particularly persons experiencing chronic or repeated homelessness.

- h. Describe approaches that are being used, or will be used, to maximize participation by consumers reflective of the target population(s) to be served in the design and development of the housing and service approach and, to the extent possible, in the operation of the housing.

3. Housing Plan

- a. Describe the housing where targeted population(s) will reside:
 - i. The total number of housing units.
 - ii. The number of proposed apartments that will serve Adults with special needs, if any.
 - iii. The number of proposed apartments that will serve Young adults with special needs, if any.
 - iv. The number of proposed apartments that will serve Families with special needs, if any.
 - v. Sizes of apartments targeted (efficiency, 1 bedroom, 2 bedroom, etc.).
 - vi. The number of apartments that will be shared by more than one individual, if any; and the maximum number of individuals that would share any one apartment. If units will be shared, explain why you will be using shared units instead of individual apartments. Will the prospective tenants have a choice of shared and unshared units? Will they have a choice in the selection of a roommate? (Note: Family units may not be shared).
 - vii. Configuration of the housing units (units will be widely scattered throughout an area, or clusters of units will be scattered throughout an area, or all units will be located in a single building, or other configuration).
 - viii. Scale: if housing units will be grouped in clusters or all units will be located in a single building, how many units targeted to Adults and/or Families with special needs do you anticipate will be located in each cluster or building?
 - ix. Will the housing be integrated to include units serving the targeted population(s) mixed with units serving people without special needs? If yes, how so?
- b. Describe strategies you will undertake to ensure:
 - i. Safety of the tenants.
 - ii. Access by tenants to transportation, education, employment opportunities and community amenities.
 - iii. Housing quality (i.e., apartments that meet HUD quality standards, building and fire codes).
- c. Access to and selection for the housing:

- i. How will the target population gain access to the development project? Will access be region-wide or over several locales? If so, how will this be accomplished?
 - ii. How will the targeted population(s) apply for and be evaluated for the housing? What conditions, if any, will be placed on their entry into the housing?
 - iii. Will the tenant hold the lease directly with the property owner? If not, who will? If the provider, will the tenant hold a sublease? Will the provider be “master leasing” a block of units from a building owner? (Note: If DSS rental assistance is to be used, it must be provided directly to the tenant, who must hold the lease).
 - d. Tenancy conditions: Will tenants have leases? What will be the term of the leases (length of time)? What terms or conditions will be placed on the tenant’s occupancy in the housing? Will acceptance of services be a condition of tenancy?
 - e. Consumer preference: How does the housing as described above fit the needs and preferences of the targeted population(s)?
 - f. Community Engagement:
 - i. Describe approaches used or that will be used to engage the local community in the planning and creation of the housing and services.
 - ii. Do the proposed housing and services currently reflect community priorities for affordable or supportive housing? If so, in what way(s)? If not, what measures will be taken to influence these priorities?
4. Support Services
 - a. Describe the support services the tenants will receive:
 - i. Describe the goals of the supportive services to be provided, and how the services are designed to meet the needs and preferences of the targeted population(s) and the individual needs and preferences of the persons and families to be served.
 - ii. Describe the services that will be made available to target population. In your description, address the following components:
 - a) What services will be provided and by whom?
 - b) Service structure: describe staff positions, staff/client ratios, staff hours, after-hours access, and minimum staff qualifications.
 - c) Will the service team have offices on-site (at the housing) or off-site (at a nearby location)?
 - d) How the service team will be internally coordinated – lines of communication, supervision and accountability.

- e) How services will link with available community and regional resources, including existing case management systems and treatment systems.
 - f) How services will reflect the importance and value of employment and the strategies that will be used for making employment and continued employment possible. Identify the existing linkages with employment and educational resources within our region, or describe your agency's plans to establish such connections.
 - g) How services will incorporate natural supports (family, peers, faith communities, etc.).
 - h) Strategies that will be used for relapse prevention and management.
 - i) Any additional strategies that will be taken to ensure the service program's consistency with the service guidelines contained herein.
- b. Provide the anticipated budget for the services to be provided.
 - c. Describe how the targeted population(s) will access the services, including:
 - i. How they will be able to access case management services where they live (how will services come to the client)?
 - ii. Any terms or conditions that will be placed on their receipt of services.
 - iii. How long they will be able to access the services.
 - iv. Under what circumstances (if any) would a client be "discharged" from permanent supportive housing services?
 - d. For single-building housing projects where tenancy will be mixed, will all tenants be eligible to utilize on-site services regardless of whether or not they have an identified special need? How will this be accomplished?

III. Supportive Housing Monitoring Guidelines

The Connecticut Supportive Housing Quality Assurance Program (the "Program") applies to all permanent supportive housing projects funded by DMHAS, DSS and/or DCF. Compliance with the Program standards will be monitored through regular site visits during which the monitoring agency will review charts, interview staff and meet with tenants to assess compliance since the last site visit. Though each site visit may assess compliance with only a portion of these domains, providers are required to implement all domains:

1. Domain 1: Facilitated Access to Housing and Services
2. Domain 2: Tenants Rights, Inputs, and Leadership
3. Domain 3: Housing Quality and Safety

4. Domain 4: Support Service Design and Delivery: Client Focused/Client Centered Services and Tenant Engagement
5. Domain 5: Support Service Design and Delivery: Services that Promote Recovery, Wellness, and Community Integration
6. Domain 6: Focus on Housing Stability
7. Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

IV. Department of Mental Health and Addiction Services Qualified Service Providers

Alpha Community Services, Inc. (Bridgeport)
ACCESS Agency, Inc. (Killingly and Putnam)
Beth-El Center, Inc. (Milford)
BH Care, Inc. (Ansonia, Derby, Shelton, Branford and East Haven)
Bridge House (Bridgeport)
Chemical Abuse Services Agency, Inc. (CASA) (Bridgeport)
Catholic Charities of Fairfield County, Inc. (Bridgeport and Danbury)
Catholic Charities of Hartford, Inc. (Hartford)
Center for Human Development, Inc. (Danbury, Torrington and Waterbury)
Charlotte Hungerford Hospital (Torrington)
Chrysalis Center, Inc. (Hartford and suburbs)
Columbus House, Inc. (New Haven and suburbs)
Community Health Center (Middletown)
Community Health Resources, Inc. (Enfield and Manchester)
Community Mental Health Affiliates, Inc. (New Britain)
Community Renewal Team, Inc. (Hartford)
Connection, Inc. (Groton, Middlesex County, New Haven and Torrington)
Continuum of Care, Inc. (New Haven)
Family and Children's Agency, Inc. (Norwalk)
Fellowship, Inc. (New Haven)
Friendship Center, Inc. (New Britain)
Hall-Brooke, Inc (Bridgeport and Norwalk)

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Hands on Hartford, Inc. (Hartford)
Homes with Hope, Inc (Norwalk and Westport)
Immaculate Conception Shelter and Housing, Inc (Hartford)
Inspirica, Inc (Stamford)
Laurel House, Inc (Stamford)
Leeway, Inc. (Hamden and New Haven)
Liberty Community Services, Inc (New Haven)
Mercy Shelter and Housing, Inc. (Hartford and Middletown)
Manchester Area Conference of Churches (Manchester)
Midwestern Connecticut Council on Alcoholism, Inc. (MCCA) (Danbury)
McCall Foundation, Inc. (Torrington)
Mental Health Association of CT, Inc. (Torrington)
My Sister's Place, Inc. (Hartford)
New Haven Home Recovery, Inc. (New Haven and Suburbs)
New London Homeless Hospitality Center (New London)
Open Door Shelter (Norwalk)
Operation Hope, Inc. (Fairfield)
Perception Programs (Willimantic)
Reliance House, Inc. (Norwich)
Rushford, Inc. (Meriden)
Shelter for the Homeless (Stamford)
Sound Community Services, Inc. (New London)
St. Vincent de Paul (Middletown)
St Vincent de Paul Place (Waterbury)
Thames River Community Service, Inc. (New London and Norwich)
Thames Valley Council for Community Action, Inc (TVCCA) (New London, Norwich and Willimantic)
United Services, Inc. (Willimantic)
Waterbury Hospital (Waterbury)
Women's Center, Inc. (Groton and New London)