

Housing First Supportive Services

EXHIBIT A

- **Funding Request: \$9,000,000**
- This will provide the ongoing Support services needed to keep help the individual or family maintain the housing opportunity listed above and other opportunities that may be created by leveraging these funds.
- These will be competitive grants released through the Metro Homeless Impact Division (MHID) in coordination with a non-profit healthcare partner
- The competitive grants will be used to build capacity (creation of new or further development of existing)) in Housing First Case management services
- Preference will be given to applicants that embody the mission and values consistent with the evidence-based, best practice Housing First programs
- To assure ongoing sustainability, programs must be currently licensed to bill Medicaid or must already be in process of obtaining license to bill Medicaid with expectation of licensure within 12 months of award
- This funding will provide the case management and supportive services necessary to support approximately 500 households when fully scaled and staffed at the end of the 3 years. First year will require 3 to 6 months to staff up and each team will then serve 50 to 75 in the first year. In year 3 teams should be serving 500-700 households
- These services will begin while individuals are in the proposed interim housing program and follow them into Permanent Housing units

Housing First Supportive Services

- **Funding Request: \$9,000,000**
- Examples of ACT Team (Assertive Community Treatment) intensive multidisciplinary clinical team based treatment for people with ongoing and persistent mental health and substance use concerns
- The team includes rehab/ recovery and addiction specialist, medical professionals, psychiatrist, therapist, supported employment options, social workers, and other social service specialist. These services are mobile and available 24/7
- These services cost between \$6-12K annually per client depending on the level of intensity required. This will allow for us to assist up to 700 people within the three-year funding period (Easy math would include \$1 Million per 100 people)
- Utilizing teams that currently bill Medicaid will help with offsetting the cost and allow for more onboarding of less intensive services such as Intensive Case Management services

Responses to Housing First Supportive Services Questions

- **Q: Worried about sustainability of this funding – recognizes the need, but for how long can this help? What is the sustainability path after the one-time funds expire? Are there examples of success in other places?**
 - A: The supportive services grant money will be used for start-up of assertive community treatment teams, intensive case management teams, and other supports needed for the individuals housed by this program. In the first year, the teams will be funded primarily through this grant. The awardees for the grant will be organizations that are licensed to bill Medicaid for rehabilitation services and other related treatments services for this population. Thus, in year 2 and going forward, the Medicaid billing for services will reduce the need for grant funding by these teams. There are many examples of organizations and cities that have accomplished this exact start up for housing services. Cities include Philadelphia, Washington D.C., and currently underway in Atlanta
- **Q: Is this Rapid Rehousing?**
- A: No, it is not. Rapid rehousing has a finite rent subsidy and also has few or minimal support services. Rapid rehousing is designed for a population that does not have severe mental health, addiction or other challenges. Housing First is a permanent supportive housing program. Applicants will receive a rent subsidy or voucher as long as they qualify under the poverty definitions.

Responses to Housing First Supportive Services Questions

- **Q: What kind of wrap-around services? Has there been any discussion of re-entry program?**
- A: The wrap around services are community-based and comprehensive. Services include mental health, addiction treatment, referrals to health services, as well as assistance with housing apps, benefits and entitlement apps, and support in reconnecting with family and joining mutual aid organizations in the community.
- The reentry programs will be incorporated into the overall initiative because individuals who meet the criteria of chronic homelessness and other disabilities that have contact with the criminal justice system will be among the groups prioritized in this initiative.
- **Q: How does this align with the Homeless Planning Commission (HPC) plan? Collaboration?**
- A: MDHA and contractors were diligent in interviewing all stakeholders to determine needs and gaps for the HOME American Rescue Plan. We used that information combined with our ongoing review of data and national best practices. This will be a very collaborative process that will include HPC, Continuum of Care, those with current and past lived experience, business, philanthropy, faith-based community, and other important state and city stakeholders