MIDD Briefing Paper

ES 3a Supportive Services for Housing Projects
ES 16a Increase Housing Available for Individuals with Mental Illness and/or Chemical Dependency
BP 18 MIDD Funding for Supportive Housing
BP 19 MIDD Service Funding for Supportive Housing
BP 21 MIDD Funding for Supportive Housing
BP 67 Supportive Housing

Existing MIDD Program/Strategy Review □ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept X (Attach New Concept Form)
Type of category: Existing Program/Strategy EXPANSION **New Concept + Expansion**

SUMMARY: This proposal new builds on and expands MIDD strategy 3a to dedicate MIDD funds as an ongoing source of housing capital and service funding for MIDD populations, many of whom are in or face homelessness. Housing models funded with these sources could include permanent supportive housing, recovery housing, or other housing types focused on those struggling with mental illness and/or addiction. The key feature of this concept is the connection between housing capital and service funding. The primary focus of this concept is on creating housing with services to support extremely low income households with mental illness and/or substance abuse issues. An additional key to success for these populations is connections to peers. Augmenting the standard supportive housing model with peer counselors will provide an additional resource for households and individuals in recovery.

Collaborators:

Name	**Department**

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	**Role**	**Organization**
Mark Putnam	Director	All Home
Jim Vollendroff	Manager	BHRD

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This proposal new builds on and expands MIDD strategy 3a to dedicate MIDD funds as an ongoing source of housing capital and service funding for MIDD populations, many of whom are in or face homelessness. Housing models funded with these sources could include permanent supportive housing,

recovery housing, or other housing types focused on those struggling with mental illness and/or addiction.

The key feature of this concept is the connection between housing capital and service funding. Neither service dollars nor capital funds alone can produce the amount of successful supportive housing required to reduce the incidence of homelessness. To be successful any housing dedicated to MIDD populations must include services.

The primary focus of this concept is on creating housing with services to support extremely low income households with mental illness and/or substance abuse issues. An additional key to success for these populations is connections to peers. Augmenting the standard supportive housing model with peer counselors will provide an additional resource for households and individuals in recovery.

King County is moving towards a targeted capital affordable housing allocation process. Rather than publishing a general request for proposals, over several years DCHS will shift the request for proposal (RFP) process to one that solicits proposals for specific projects. MIDD funds will be included in this process. For example, the RFP may request a proposal for supportive housing in East King County, reserving a portion of the MIDD funds to fund both the capital costs and operating/services expenses for the project.

Note: MIDD I included Strategies 3a and16a. Strategy 3a "Supportive Services for Housing Projects" funded Strategy 16a "Increase Housing Available for Individuals with Mental Illness and/or Chemical Dependency" included one time capital funding for housing production in the amount of $3 million. The success indicators included reduction in people with mental illness and chemical dependency using costly interventions such as jail or emergency room. Outcomes data for MIDD I Strategy 16a are included below and the implementation plan is appended to this briefing paper. The new concept for financing supportive housing services is essentially an expansion of Strategy 3a that currently funds supportive services for permanent supportive housing for people with behavioral health issues.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

   ☐ **Crisis Diversion** ☐ **Prevention and Early Intervention**

   ☒ **Recovery and Re-entry** ☐ **System Improvements**

   Please describe the basis for the determination(s).

A large percentage of the homeless and at risk of homelessness population struggles with mental illness and substance abuse issues. And often, these two conditions are co-occurring. However, it may not be appropriate for all populations to be housed and treated in the same environment.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

The 2015 Point In Time homeless count identified approximately 800 chronically homeless individuals. As the intended users of permanent supportive housing, 800 can be used as the current estimate for the number of units needed in the Seattle/King County Continuum of Care.

Beyond the need for permanent supportive housing there is also a need for housing to support households on their path to recovery. Low barrier housing where residents may be actively using alcohol and/or drugs may not be an appropriate location for households working to maintain sobriety. This concept could fund alternate housing models where households reside in clean and sober housing, away from the pressure of active users.

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

As outlined above, supportive housing with services targeted to MIDD populations is designed to address the needs of many homeless, extremely low income households with mental illness and/or chemical dependency issues. This is a housing first approach, a homeless best practice, designed to create a stable environment where households can address their health issues while receiving additional employment and stable housing services.

Two concepts included here are permanent supportive housing and recovery housing. In both models, capital funding to create the housing is paired with service funding to ensure success of those being housed. While the level of service may vary, for most households facing mental illness and/or chemical dependency issues, some level of services will be required for success.

Permanent supportive housing is the most service enriched housing environment. Many individuals and households with persistent mental illness and/or chronic addiction need this high intensity level of services. Although costly, permanent supportive housing is still more cost effective when compared to homelessness and frequent hospitalization and/or incarceration.

Recovery housing is a concept that will provide a stable housing environment for individuals and families to address their recovery needs. Models could include oxford-style housing as well as other models designed to support households exiting addiction in a clean and sober housing environment. In addition, some providers have called for the specific need of peer counselors to support recovery efforts.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

According to "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing" by Dennis Culhane et. al., permanent supportive housing resulted in a 60 percent reduction in service costs for people with severe mental illness. This finding is supported

by the success of Seattle's own 1811 Eastlake Project[1], operated by the Downtown Emergency Service Center. Permanent supportive housing is also associated with decreased episodes of homelessness by people served in those units. The effectiveness of permanent supportive housing in reducing service costs and maintaining housing tenure is well-studied. A search on google scholar for studies on the effectiveness of permanent supportive housing returned over 80,000 results.[2]

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

Capital and service funding for supportive housing is an evidence based practice. Please see the discussion above on 1811 Eastlake.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

Likely outcomes from this concept could include a reduction in homelessness (or increase in housing dedicated to MIDD populations) and decreased costs associated with medical care and incarceration for MIDD populations. Outcomes could be tracked in the Homeless Management Information System and also from hospital data. The DESC 1811 project tracked specific high utilizers of medical and sobering services to document the decrease in medical costs to the community. Under MIDD I Strategy 3a, previously homeless individuals, including veterans, are helped to remain safely housed for longer periods of time with additional supports. Through MIDD's first five years, an annual average of 88 percent of the people insupportive housing remained stably housed.[3]Outcomes reported for MIDD 1, Strategy 3a and Strategy 16a are outlined below.

Strategy Number and Name		Jail Days			ED Admits			Psychiatric Hosp. Days		
		Pre	Post 3 Goal	Post 3 Actual	Pre	Post 3 Goal	Post 3 Actual	Pre	Post 3 Goal	Post 3 Actual
3a	Supportive Housing	48	29	22	4.1	2.8	2.0	57	42	41
16a	New Housing & Rental Subsidies	37	22	12	1.6	1.1	0.9	97	72	23

In the table above, Pre it the amount of use of a particular service in the year preceding access to MIDD-funded housing. Post 3 is the amount of service use during the third year following housing entry.[4]

[1] Mary E. Larimer, PhD; Daniel K. Malone, MPH; Michelle D. Garner, MSW, PhD; David C. Atkins, PhD; Bonnie Burlingham, MPH; Heather S. Lonczak, PhD; Kenneth Tanzer, BA; Joshua Ginzler, PhD; Seema L. Clifasefi, PhD; William G. Hobson, MA; G. Alan Marlatt, PhD,. Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems"JAMA, Vol. 301 No. 13, April 1, 2009

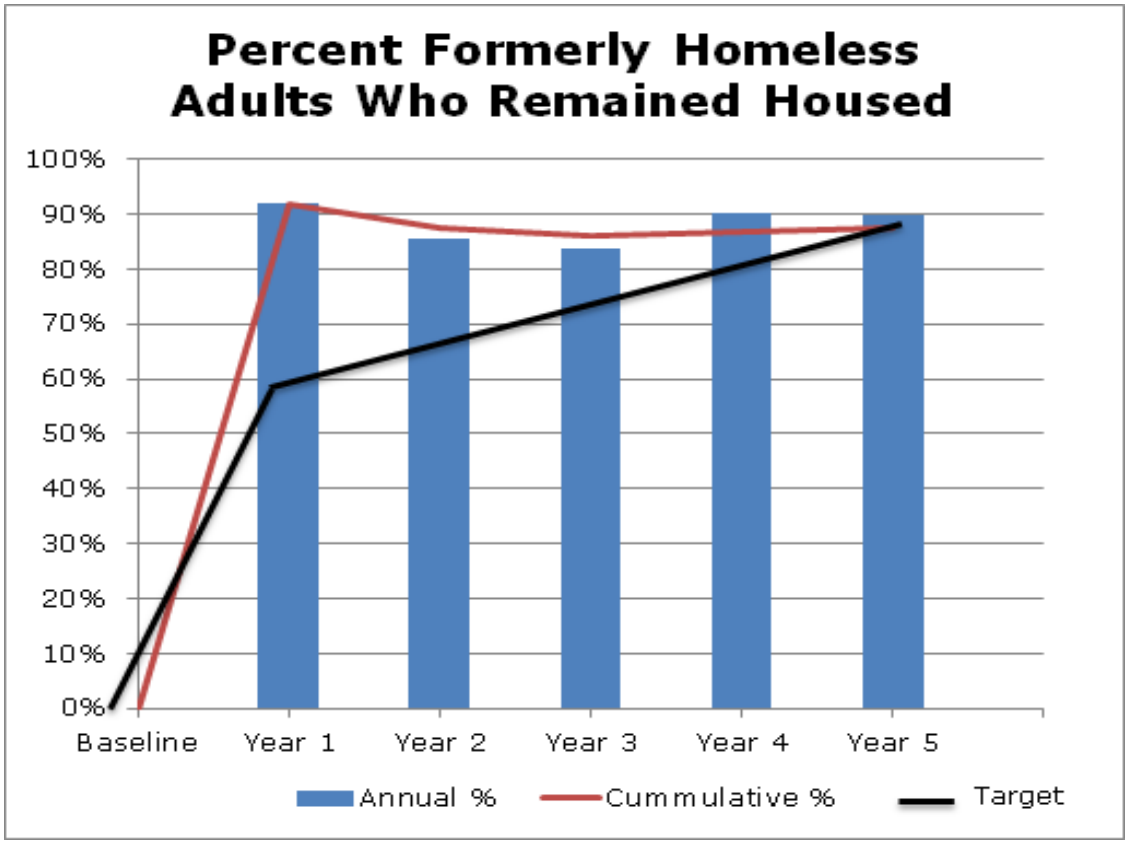
[2]http://scholar.google.com/scholar?hl=en&q=permanent+supportive+housing+effectiveness&btnG=&as_sdt=1%2C48&as_sdtp=

[3] https://kc1.sharepoint.com/teams/DCHS/mhcadsd/midd/Resource%20Library/Effectiveness%20Results-%20Summary%20of%20all%20strategies%20all%20years.pdf

[4] Ibid.

Combined outcomes for 1,229 formerly homeless individuals who have been served by Strategies 3a and 16a are shown at right. In MIDD Year 6 (not shown) 869 unique individuals received MIDD-funded housing supportive services. Nearly one in five of the 141 individuals who exited permanent supportive housing in Year 6 moved to permanent housing,[5]

C. Populations, Geography, and Collaborations & Partnerships



1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☐ **Transition age youth 18-25**
- ☒ **Adults**
- ☒ **Older Adults**
- ☒ **Families**
- ☐ **Anyone**
- ☒ **Offenders/Ex-offenders/Justice-involved**
- ☒ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☒ **Veteran/US Military**
- ☒ **Homeless**
- ☐ **GLBT**
- ☒ **Women**

[5] http://www.kingcounty.gov/~/media/health/MHSA/MIDD_ActionPlan/Reports/150616_MIDD_Seventh_Annual_Report.ashx?la=en

☐ **Other – Please Specify:**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

The capital and service funding dedicated under this concept would be targeted to extremely low income populations (<30 percent AMI), predominantly homeless households. While it could include youth, it likely will focus on adults and could include families.

The population receiving supportive housing under MIDD I is diverse. Nearly a third of residents were women. About half were white, a quarter were black, 10 percent were multiracial, seven percent were Native American, and about three percent were Asian. Nine percent were Hispanic and 15 percent were veterans.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**:

This concept will be applied County-wide. King County and other regional partners are working on building out a county-wide homeless system. Projects funded under this concept will be an integral part of making such a system a reality. Funding will be targeted to specific need, both sub-regionally and by target population.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Local Jurisdictions; law enforcement; treatment provider; DAJD; housing partners

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

   In November, together with Mayor Ed Murray, King County Executive Dow Constantine announced a state of emergency due to homelessness. Since that time, both Seattle and King County have worked to muster additional resources to help address the homeless crisis. One area of focus is the need for housing matched with services to meet the needs of the homeless who also must address long and persistent mental illness.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

The development of affordable housing is complicated and expensive. MIDD funds used for capital expenses under this concept would only cover a portion of the overall development cost for a specific

housing project. Consequently, projects will also need to compete for other public funds, including those from the State of Washington and the federal government. Other barriers could include finding suitable property in urban areas, rising development costs, and neighborhood opposition.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

Creating a MIDD specific source for affordable housing could increase competition for other affordable housing sources. As discussed above, affordable housing projects typically use multiple capital funding sources to cover all costs. These sources include funds from the State of Washington and the Low Income Housing Tax Credit program. Both of these programs are generally capped. Creating a MIDD specific funding tool could result in MIDD projects outcompeting other affordable housing projects.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

Not implementing this program will result in fewer supportive housing units for MIDD populations, exacerbating homelessness and not reducing medical costs.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

At present, permanent supportive housing and recovery housing for MIDD populations is one of many types of housing competing for scarce capital and service funding. Implementing this concept will allow the County and its partners to target specific housing interventions for MIDD populations.

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This concept directly responds to needs identified in the Continuum of Care, All Home, and the Affordable Housing Strategy. All Home has identified permanent supportive housing as the single greatest need to effectively respond to the homeless crisis. The Affordable Housing Strategy identifies targeting projects for specific needs, increasing housing resources, and developing innovative housing models as keys to addressing the critical shortage of affordable housing in King County.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

This concept specifically responds to all three principles. SAMHSA recognizes that housing is critical to recovery for people with mental and/or substance use disorders. By promoting safe, affordable, and permanent supportive housing in the community with access to benefits and services for individuals, families, and communities, the need for institutionalization or out-of-home placements will be reduced.[i]

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

According to census figures, Black and African Americans represent approximately 6.7 percent of the King County population. However, according to figures from All Home, Black and African Americans are 31 percent of the homeless population.[6] Providing supportive housing to these households to aid in successful treatment and/or recovery from mental illness and/or chemical dependency will help to address these disparities.

F. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

No additional staff or resources beyond the capital and service funding will be needed to implement this concept. Funding will be made available through existing RFP and administrative processes drawing on the resources of the Housing and Community Development Program.

2. **Estimated ANNUAL COST. $2,500,001-$5 million Provide unit or other specific costs if known.**

This concepts sets aside approximately $5 million for capital and service funding annually from the MIDD. There will also be a marginal administrative cost to support staff work on allocating funds. These administrative costs would be shared between the Housing Finance Program and the Homeless Housing Program. The anticipated funding split would be approximately 80 percent capital/20 percent services to start, with the percentage being adjusted as projects come on line and need evolves.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

There are a variety of sources for affordable housing capital and service programs. These include federal CDBG and HOME funds, State Consolidated Homeless Grant (CHG) and Housing Trust Fund, and local Veterans and Human Services Levy and document recording fees. These funds will be leveraged and braided with the MIDD funds to maximize the amount of permanent supportive housing that can be provided. Even with these other funding sources, available funds fall far short of being able to meet this need.

4. **TIME to implementation: 6 months to a year from award**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**
    c. **Does this need an RFP?**

[6] Seattle/King County Safe Harbors (HMIS) data

Implementation assessment would involve identifying the specific type of housing needed (type, population, location) and then including these in existing HCD RFP processes. Capital funds would be used as part of the newly developed targeted RFP process. Service funding could be folded in to the existing Operating, Rental Support, and Service funding RFP.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

MIDD I – Strategy 3a

Strategy Title: Increase Access to Housing

Strategy No: 3a - Supportive Services for Housing Projects

County Policy Goals Addressed:

- A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals.

- Explicit linkage with, and furthering of, other council directed efforts, including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.

- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

Housing providers often do not have adequate on-site staff resources to provide hands on assistance to homeless persons to help them transition to housing stability. Many housing projects are under funded for supportive housing services. Persons who are homeless need to relearn the skills needed to maintain a residence and meet the obligations of tenancy.

◊ *B. Reason for Inclusion of the Strategy*

With on-site supportive housing services, individuals will receive the assistance they need to be successful in their housing environment and will be less likely to return to homelessness. Housing providers will be able to accept homeless individuals that they had previously turned down due to inadequate available housing supports/services. Lack of on-site services and responsiveness by case management staff when a tenant has a crisis are often cited by landlords as the primary reasons for not dedicating housing to persons who are homeless and have a disability.

◊ *C. Service Components/Design*

The treatment provider community will provide supportive housing services to assist individuals to transition from homelessness to housing stability. Services will be provided primarily at the individual's housing site and in the surrounding community by housing support specialists.

Services will include assistance to help the individual meet the obligations of his/her tenancy, i.e. rent payments, abide by landlord rules, cooperate with neighbors, keep

apartment clean and safe; assistance with learning the daily living skills to live independently, i.e. shopping, cooking, budgeting, cleaning; coordination with mental health and/or chemical dependency treatment providers and healthcare providers; and helping individuals get to medical appointments.

◊ *D. Target Population*

Persons in the public mental health treatment system and chemical dependency treatment system who are homeless; have not been able to attain housing stability; are exiting jails and hospitals; or have been seen at a crisis diversion facility.

◊ *E. Program Goals*

Increase the number of housed individuals with mental illness and chemical dependency who are receiving supportive housing services, leading to increased housing tenure and housing stability. Housing stability has been shown to be a key determinant in increasing treatment participation and in reduced use of criminal justice and emergency medical systems.

◊ *F. Outputs/Outcomes*

An estimated 400 individuals will be served. The number of housing providers is yet to be determined. Expected outcomes include increased housing stability and reduced use of criminal justice and emergency medical services.

2. Funding Resources Needed and Spending Plan

Dates	Activity	Funding
July 2008	Request For Proposal (RFP) issued	
Aug 2008	RFP selection process completed	
Sept 2008	Funds awarded to providers	
Sept – Oct 2008	Start-up (staff hiring and training)	$2,000,000
Nov 2008	Begin services to target population	
	Total Funds 2008	**$2,000,000**
Ongoing Annual	**Total Funds**	**$2,000,000**

3. Provider Resources Needed (number and specialty/type)

◊ *A. Number and Type of Providers (and where possible FTE capacity added via this strategy)*

The number of providers is yet to be determined. Those selected will be mental health treatment providers, chemical dependency treatment providers and affordable housing providers that currently serve the target population.

◊ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

Current providers serving the target population and housing providers that will be applying for new capital projects will be identified through an RFP procurement process.

- Housing support specialists will be added to mental health treatment providers and chemical dependency treatment providers in the Mental Health Chemical Abuse and Dependency Services Division (MHCADSD) network and to affordable housing providers (private non-profit) that house the target population.
- A housing support specialist will have a caseload of 15 clients. The specialist will work with individuals primarily at the housing site, teaching daily living skills and helping the client achieve the obligations of tenancy and housing stability. The housing support specialist will also coordinate with the client's treatment team and regularly communicate with the landlord.
- Adding housing support specialists will allow providers to house individuals who have previously been turned down or have been unsuccessful in housing due to lack of stability and/or lack of daily living skills.

◊ *C. Partnership/Linkages*

Mental health treatment providers, chemical dependency treatment providers and affordable housing providers that serve the target population, funders of housing development and services, and the Committee to End Homelessness in King County.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

Program design planning will be substantially completed by April 30, 2008

RFPs for the procurement of the MHCADSD providers and affordable housing providers will be developed by June 30, 2008.

New contracts with MHCADSD network providers and affordable housing providers will be developed and transmitted to the providers in September 2008.

Supportive housing teams/ programs will start-up during the 4th calendar quarter of 2008.

◊ *B. Procurement of Providers*

The RFP for providers will be released July 1, 2008.

The response date will be July 30, 2008.

The awards of accepted bids will be in September 2008.

◊ *C. Contracting of Services*

Contracts for MHCADSD providers and affordable housing providers will start in September 2008.

◊ *D. Services Start Date(s)*

Services to consumers will begin in November 2008.

MIDD I – Strategy 16A

Strategy Title: Increase Housing Available for Individuals with Mental Illness and/or Chemical Dependency

Strategy No: #16a – Housing Development

County Policy Goal(s) Addressed:

- A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals.
- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.
- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

◊ *A. Problem or Need Addressed by the Strategy*

The 2007 One Night Count found a total of 2651 people without housing or shelter throughout King County. An additional estimated 6000 people were staying in shelters and transitional housing. It is likely, based on local and national estimates, that over half of the homeless population have either a serious mental illness, chemical dependency, or both. The Ten Year Plan to End Homelessness in King County calls for 9500 additional housing units by 2014: 4725 new and 4775 from existing stock. Production has not kept pace with goals due to the lack of funding to support production.

◊ *B. Reason for Inclusion of the Strategy*

- Homeless adults receiving outpatient mental health services are four times as likely to be incarcerated as those who have housing. In this same study, homeless clients stayed an average 22 days in jail, compared to an average of two days for similar clients who had housing.
- Supportive or affordable housing has been shown to be a cost-effective public investment for populations who are most at risk for criminal justice involvement, lowering corrections and jail expenditures and freeing up funds

for other pubic safety investments. Additionally, providing affordable or supportive housing to people leaving correctional facilities is an effective means of reducing the chance of future incarceration.

- Local examples such as the Downtown Emergency Services Center 1811 Eastlake Project and the Plymouth housing group's Begin at Home Program have demonstrated large reductions in emergency medical visits as a result of providing housing for homeless individuals with mental illness and chemical dependency.

◊ *C. Service Components/Design*

Funds will be used for four purposes:

- Provide funds to fill budget gaps for housing projects that have not acquired all of the necessary funding to complete their capital budget. Delays in securing capital results in significant start-up construction delays and possible cost overruns.
- Provide capital funding for new housing projects that might otherwise not be funded or that might be under funded due to lack of capital dollars.
- Provide funds for time limited rental subsidies for those individuals and/or housing projects waiting for subsidies from the Housing Authorities or other funders of operating costs.
- Provide funding for a revolving loan program for interim loans to affordable housing agencies for the acquisition of property that will be utilized for a housing project. Interim loans will have a low interest rate, will be available for application throughout the year and will not need to be paid back until all permanent financing for the project is acquired. The program will lower the costs of creating housing projects and will allow for the rapid acquisition of sites.

◊ *D. Target Population*

Housing units funded through this strategy will be dedicated for the use of individuals with mental illness and/or chemical dependency who are homeless or being discharged from hospitals, jails, prisons, crisis diversion facilities, or residential chemical dependency treatment.

◊ *E. Program Goals*

Increase the availability of housing specifically reserved for individuals with mental illness and/or chemical dependency.

◊ *F. Outputs/Outcomes*

The number of units to be developed or made available through rental subsidies is yet to be determined, and will depend on the amount of funding allocated for this strategy and the specific proposals received from housing providers. Outcomes will include a reduction in homelessness among the target population and an associated reduction in the use of jails and emergency medical services.

2. Funding Resources Needed and Spending Plan

Dates	Activity	Funding
June-July 2008	Notice of funding availability and announcement of priorities	
September 2008	Transfer of funds to the Housing and Community Development Program; housing applications received	
December 2008	Funding award decisions finalized	$18,000,000
	Total Funds 2008	**$18,000,000**
Ongoing annual	**Total Funds**	**To be determined**

3. Provider Resources Needed (number and specialty/type)

◊ *A. Number and Type of Providers (and where possible FTE capacity added via this strategy)*

Mental health treatment providers, chemical dependency treatment providers, and affordable housing providers that serve the target population

◊ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

Not needed.

◊ *C. Partnership/Linkages*

Funds for new housing projects, a loan program and for gap funding would be made available to the King County Housing and Community Development Program (HCD) within the Department of Community and Human Services (DCHS) and included in their 2008 Funding Round. This will enable funds to be managed without creating a new administrative structure.

Rental subsidies would be made available to mental health and chemical dependency treatment providers serving homeless adults and youth.

4. Implementation/Timelines

◊ *A. Project Planning and Overall Implementation Timeline*

Identify partially funded housing projects that have gap funding needs by May 8, 2008.

Announce the (contingent) availability of the new capital funds in May, 2008.

Conduct budget gap negotiations with agencies that have partially funded projects, to be completed by June 3, 2008.

Secure DCHS approval for amendments to partially funded projects by September 1, 2008.

◊ *B. Procurement of Providers for new housing projects*

HCD announces availability of MIDD funding in the fall 2008 funding round by the end of June, 2008.

Pre-applications received and pre-app meetings with applicants completed by June 30, 2008.

Project applications received the first week in September 2008.

Final award decisions made by December 15, 2008.

◊ *C. Contracting of Services*

For "budget gap" projects where MIDD provides the last needed capital, HCD will complete contracts as expeditiously as possible, not later than December 1, 2008. For new projects partially funded with MIDD capital, contracting will depend on agencies securing all other sources of public and private capital needed. It is anticipated that projects that are successful in other competitive funding rounds may be under contract and beginning construction by December, 2009.

◊ *D. Services Start Date(s)*

Variable, depending on status of each proposal.

#18

Working Title of Concept: MIDD Capital Funding for Supportive Housing

Name of Person Submitting Concept: HCD Mark Ellerbrook
Organization(s), if any: DCHS
Phone: 2062631117
Email: Mark.Ellerbrook@kingcounty.gov
Mailing Address: Mailing Address Here

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Dedicated capital funding for housing supporting individuals and households with mental illness and/or substance abuse issues. Use $3 million per year from MIDD for production of housing for designated

population. Housing could focus on chronic homeless as well as production of units designed to keep people from becoming homeless. Service funding to support people in housing will be addressed under a separate MIDD strategy.

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

This funding will address the severe shortage of affordable housing dedicated to meeting the needs of people with mental illness and/or substance abuse issues. The amount of housing capital funding in King County is extremely low. By dedicating $3 million per year in MIDD funds for housing production, King County can begin to produce the supportive housing needed throughout the County to make homelessness rare, brief, and one time.

3. <u>How would your concept address the need</u>?
Please be specific.

By dedicating $3 million per year in MIDD funds for hosuig production, King County can begin to produce the supportive housing needed throughout the County to make homelessness rare, brief, and one time. Every $1 of MIDD funding will leverage at least $5 of other funds (federal, state, and investor equity). At current costs, $3 million could create 50 units of supportive housing every year (Note: It will be necessary to pair MIDD capital funding w/ MIDD service funds in order for the projects to be successful.

4. <u>Who would benefit</u>? Please describe potential program participants.

Extremely low income households (below 30% AMI) with chronic mental illness and/or substance abuse problems. Once sufficient units are produced to address the chronically homeless, MIDD capital funding will support households newly experiencing these same issues.

5. <u>What would be the results of successful implementation of program</u>?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

It is well documented that individuals and households with chronic mental illness and/or substance abuse problems are high utilizers of public health services, including detox, sobering, and emergency hospital services. It is also documented in our community (at 1811 Eastlake – DESC project) that housing chronic substance abusers generates cost savings. These outcomes should be able to be effectively measured and evaluated. There is a national movement towares "Pay for Success" and MIDD capital units could be evaluated under this model.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

By providing housing to persons at risk of homelessness and further trauma, MIDD Capital Funding, will increase the day to day living stabililty of residents, increasing the access and linkages to main stream health services. This will reduce the number of emergency room hospitalizations, jail arrests, and through stabilization in housing and mental health access, increase the life quality of a fragile population. Many

persons with chronic mental illness have worn out their personal care network, through family and friends and live on the fringes of our community.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partners include affordable housing developers with experience in MIDD populations, service partners, jails (not exiting to homelessness – release planning), courts.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ $3 million per year, serving 50 households people per year**

#19

Working Title of Concept: MIDD Service Funding for Supportive Housing

Name of Person Submitting Concept: HCD Mark Ellerbrook
Organization(s), if any: DCHS
Phone: 2062631117
Email: Mark.Ellerbrook@kingcounty.gov
Mailing Address: Mailing Address Here
Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Dedicated service funding for individuals and households with mental illness and/or substance abuse issues to be paired with MIDD Capital Funding for Supportive Housing. Use $1 million per year from MIDD for supportive housing services for designated population. See Midd Capital Funding for Supportive Housing Concept Paper for housing descriptions

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

There is a severe shortage of affordable housing dedicated to meeting the needs of MIDD eligible populations. Under the MIDD Capital Funding for Supportive Housing concept, new supportive housing units will be created. However, occupants of these units can only be successful if the housing is paired with supportive services. In addition, public funders, neighbors, investors and others want assurance that services will be available for the new MIDD capital units. Having a designated source will ensure ongoing funding to support the units.

3. How would your concept address the need?
Please be specific.

As described above, supportive housing units can only be successful if ongoing services are available. King County funds a broad array of supportive services from a variety of sources and targeted to homeless populations. While there is a shortage of capital resources to build needed units, there is also a shortfall in

funds to create the necessary services and fund them over the long term. Dedicated MIDD Service Funding for Supportive Housing will provide the assurance that these services can be provided over the long term.

4. Who would benefit? Please describe potential program participants.

Extremely low income households (below 30% AMI) with chronic mental illness and/or substance abuse problems. Once sufficient units are produced to address the chronically homeless, MIDD capital funding will support households newly experiencing these same issues. These new households could require services and existing chronic units will need to continue to have service funding.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

It is well documented that individuals and households with chronic mental illness and/or substance abuse problems are high utilizers of public health services, including detox, sobering, and emergency hospital services. It is also documented in our community (at 1811 Eastlake – DESC project) that housing chronic substance abusers generates cost savings. These outcomes should be able to be effectively measured and evaluated. There is a national movement towares "Pay for Success" and MIDD capital units could be evaluated under this model.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

By providing housing to persons at risk of homelessness and further trauma, MIDD Service Funding for Supportive Housing, will increase the day to day living stabililty of residents, increasing the access and linkages to main stream health services. This will reduce the number of emergency room hospitalizations, jail arrests, and through stabilization in housing and mental health access, increase the life quality of a fragile population. Many persons with chronic mental illness have worn out their personal care network, through family and friends and live on the fringes of our community.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partners include affordable housing developers with experience in MIDD populations, service partners, jails (not exiting to homelessness – release planning), courts.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ $3 million per year, serving 50 households people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

#21

Working Title of Concept: MIDD Capital Funding for Supportive Housing

Name of Person Submitting Concept: Mark Ellerbrook/Jim Vollendroff
Organization(s), if any: DCHS
Phone: 206-263-8903
Email: jim.vollendroff@kingcounty.gov
Mailing Address: 401 5th Ave Seattle WA 98014
Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Dedicated capital funding for housing supporting individuals and households with mental illness and/or substance abuse issues. Create a $3 million per year revolving annual fund from MIDD for production of housing for designated population. Housing could focus on chronic homeless as well as production of units designed to keep people from becoming homeless. Service funding to support people in housing will be addressed under a separate MIDD strategy.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Lack of suitable housing is one of the primary barriers to long term recovery and is extremely limited. This funding will address this severe shortage of affordable housing dedicated to meeting the needs of people with mental illness and/or substance abuse issues. The amount of housing capital funding in King County is extremely low. By dedicating $3 million per year in MIDD funds for housing production, King County can begin to produce the supportive housing needed throughout the County to make homelessness rare, brief, and one time.

3. How would your concept address the need?
Please be specific.

By dedicating $3 million per year in MIDD funds for housing production, King County can begin to produce the supportive housing needed throughout the County to make homelessness rare, brief, and one time. Every $1 of MIDD funding will leverage at least $5 of other funds (federal, state, and investor equity). At current costs, $3 million could create 50 units of supportive housing every year (Note: It will be necessary to pair MIDD capital funding w/ MIDD service funds in order for the projects to be successful.

4. Who would benefit? Please describe potential program participants.

Extremely low income households (below 30% AMI) with chronic mental illness and/or substance abuse problems receiving services through the BHO. Once sufficient units are produced to address the chronically homeless, MIDD capital funding will support households newly experiencing these same issues.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

It is well documented that individuals and households with chronic mental illness and/or substance abuse problems are high utilizers of public health services, including detox, sobering, and emergency hospital services. It is also documented in our community (at 1811 Eastlake – DESC project) that housing chronic substance abusers generates cost savings. These outcomes should be able to be effectively measured and

evaluated. There is a national movement towares "Pay for Success" and MIDD capital units could be evaluated under this model.-

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

By providing housing to persons at risk of homelessness and further trauma, MIDD Capital Funding, will increase the day to day living stabililty of residents, increasing the access and linkages to main stream health services. This will reduce the number of emergency room hospitalizations, jail arrests, and through stabilization in housing and mental health access, increase the life quality of a fragile population. Many persons with chronic mental illness have worn out their personal care network, through family and friends and live on the fringes of our community.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partners include affordable housing developers with experience in MIDD populations, service partners, jails (not exiting to homelessness – release planning), courts.

9. If you are able to provide estimate(s), <u>how much funding per year</u> do you think would be necessary to implement this concept, and <u>how many people would be served</u>?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ $3 million per year, serving 50 households people per year**

#67

Working Title of Concept: Supportive Housing

Name of Person Submitting Concept: Sonia Handforth-Kome
Organization(s), if any: Valley Cities
Phone: 206/605-9368
Email: shandforth-kome@valleycities.org
Mailing Address: 325 West Gowe StreetKent, WA 98032

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

The Standard Supportive Housing (SSH) program, through the King County RSN, provides housing via a housing subsidy, giving placement priority to clients who frequently use very expensive community based services such as psychiatric hospitals and those that have been placed in Western State Hospital. The SSH program seeks to provide Housing Stabalization Services to clients who need the higher level of services provided for an extended period of time to stabilize psychiatrically in their housing, cClients who are at risk of hospitalization and for those that may be chronically homeless. The program provides for an outpatient serfide level of care for clients who may require regular staff contacdt and the availablilty of stff 24 hours a day, seven days a week, but who do not need the phusical safety and structure of a residential facilty.

In addition to requesting that MIDD funding for this program be continued, we would like to request the addition of a full time Peer Counselor Position to the SSH program. We know the value that Peers bring to the treatment team and to our clients; the empathy they share and a unique and personal perspective and understanding ot the struggles that out program clinets are trying to overcome.

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Peers understand and help with issues such as difficulty finding affordable housing ; positive problem solving; and sefl-advocay. The Peer Counselor would be involved in all facets of the Standard Supportive Housing program, including meeting with clients one-on-one either in the office or in the client's apartment; facilitating groups; assisting the client to become familiar with community resouces; using the local public transportation system; and accessing health care. If you as funders believe in and support the Housing First Model, this assistance request is not easily contested from a pragmatic viewpoint.

3. <u>How would your concept address the need</u>?
Please be specific.

Western State Hospital is struggling with services, is over populated and understaffed. King County has a boarding problem. Consumers who are in Supportive Housing remain in services and in their communities. Supprotive Housing with a Peer employed increases the chances of successfully living in the community.

4. <u>Who would benefit</u>? Please describe potential program participants.

Adults who are over the age of 18 who are severely mentally ill.

5. <u>What would be the results of successful implementation of program</u>?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Valley Cities clinets in the Standard Supportive Services enjoy outcomes form securing employment, re-engaging in educational activites and more inclusiveness in the community where they live. At any given time, approximately 30%-50% of our successful clients have come from homeless situation.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Standard Supported Housing improves lives. Severly mentall ill adults deserve to live in their community of choice .

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partnerships with any and all agencies, businesses in the consumers' community is essential. Partnerships with hospitals, Western state, courts and other service providers make this program a success. Peers would enhance the ability of consumers to acquire skills to build new and strengthen natural supports.

9. If you are able to provide estimate(s), <u>how much funding per year</u> do you think would be necessary to implement this concept, and <u>how many people would be served</u>?

Pilot/Small-Scale Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**