Housing Assistance Council

FORMULAS FOR SUCCESS: HOUSING PLUS SERVICES IN RURAL AMERICA

Building Rural Communities

Celebrating 35 Years 1971-2006

$4.00
June 2006

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ISBN 1-58064-146-6

This report was prepared by Mark Kudlowitz and Jennifer Pinder of the Housing Assistance Council (HAC). The work that provided the basis for this publication was supported by funding under Cooperative Agreement H-21487 CA with the U.S. Department of Housing and Urban Development (HUD). Ndeye Jackson served as Government Technical Representative. The substance and funding of that work are dedicated to the public. HAC is solely responsible for the accuracy of the statements and interpretations contained in this publication and such interpretations do not necessarily reflect the views of the United States Government.

HAC, founded in 1971, is a nonprofit corporation that supports the development of rural low-income housing nationwide. HAC provides technical housing services, loans from a revolving fund, housing program and policy assistance, research and demonstration projects, and training and information services. HAC is an equal opportunity lender.

ACKNOWLEDGEMENTS

HAC would like to thank the following persons for the time and effort they took to assist us by being interviewed for this report:

Barbara Shaver, Ph.D. – Center for Family Solutions
Chris Hart – Brattleboro Housing Authority
Walter Mattox – Southwest Georgia Housing Development Corporation
Rozann Downing – Carey Counseling, Inc.
Fran Howe – Carey Counseling, Inc.
Jose E. Garza – Amigos del Valle

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EXECUTIVE SUMMARY

Housing alone cannot solve the problems faced by rural low-income people with special needs. There is increasing discussion and acceptance of the idea that these populations require housing plus supportive services to remain stable, safe, healthy, and housed. "Housing plus services" is a framework that provides affordable housing, incorporating various levels of services provided by trained professionals for whom service delivery, not property management, is the primary responsibility. Rural communities face distinct challenges in meeting the needs of their populations, given the geographic and capacity limitations that affect these areas. The Housing Assistance Council (HAC) examined different ways rural housing organizations throughout the United States are meeting the specialized needs of their communities by utilizing housing plus services strategies.

This report is intended to provide a resource to rural community organizations involved with or considering housing plus service developments, including information and technical assistance resources, funding sources, and successful models. The report includes case studies of four rural nonprofit organizations and one rural public housing authority that utilize housing plus services to serve their populations. The case studies examine how organizations are responding to the specific needs of their communities in the face of limited resources. Although each case study examines a different area of the United States, they share certain commonalities such as strong community collaboration, innovative community organizations, and targeted yet flexible housing plus services programs.

Following the case studies is an information and resources guide. This brief guide provides the reader an overview of the different resources available. The reader is strongly encouraged to utilize the outside information sources included in the resources section to gain a deeper understanding of the technical aspects of housing plus services.

INTRODUCTION

The linkage of housing with services is not a new phenomenon in the United States. Settlement houses of the late nineteenth century were an early example of this practice, as was advocacy for this approach by early twentieth century social reformers such as Mary Richmond and others (Granruth and Smith 2001; Richmond 1930). Later social welfare efforts, including Community Action Agencies produced by President Lyndon Johnson's War on Poverty, linked housing and services, while encouraging voluntary participation from residents (Granruth and Smith 2001, 4). Currently, housing plus services strategies are utilized by many organizations, funders, and providers that serve an array of populations, including homeless persons, persons with disabilities, single mothers, elderly persons, persons with substance abuse problems, and others.

Housing alone cannot solve the problems faced by rural low-income people with special needs. There is increasing discussion and acceptance of the idea that these populations require housing plus supportive services to remain stable, safe, healthy, and housed (Culhane, Metraux, and Hadley 2002; Corporation for Supportive Housing 2004; Granruth and Smith 2001; HUD 1995).

Rural communities face distinct challenges in meeting the needs of their populations given their geographic and capacity limitations. Rural areas typically have fewer social services and public health providers and residents must travel greater distances between their homes and needed services (National Rural Health Association 2004). This spatial mismatch can increase the burden on those needing housing and services since many lack transportation due to poverty, disability, or old age. Housing plus service developments, though, can provide an important resource to special needs rural populations since services are either on-site or coordinated with outside agencies. This method is more holistic than past decentralized service delivery processes (Culhane, Metraux and Hadley 2002).

Specific special needs populations pose other unique housing plus services challenges in rural places. Housing plus services recognizes that each assisted population possesses its own special characteristics that must be taken into account when providing assistance.

The Housing Assistance Council (HAC) examined different ways rural housing organizations throughout the United States are meeting the specialized needs of their communities through housing plus services strategies. Each project examined illustrates methods and resources rural organizations are using to provide housing plus services. The lessons learned from these examples can provide an important resource to those who seek to understand or implement housing plus services provision.

Special Needs Populations in Rural America

Rural areas experience specific challenges when providing assistance for special needs populations, due to the nature of rural environments coupled with the specific needs of each targeted population. Housing plus services strategies offer holistic and healthy options for rural areas designing programs to assist special needs populations.

National Rural Elderly Characteristics

Of the approximately 102 million occupied housing units in the United States, roughly 23 million, or 22 percent of all homes, are located in nonmetropolitan areas, and 5.8 million of these nonmetropolitan housing units are occupied by elderly-headed households. Elderly households comprise 26 percent of all nonmetro households, compared to just 20 percent in metropolitan areas (HAC 2003, 1).

An overwhelming majority of nonmetro senior households (85 percent) own their homes, compared to the nationwide homeownership rate of 67 percent for households of all ages. Whether seniors own or rent their homes is a significant factor affecting their housing and economic well being. Elderly rural renters generally face more challenges and greater needs associated with their housing than elderly rural homeowners. Thirty-one percent of nonmetro renters age 65 and over have incomes below the poverty level, compared to 18 percent of their owner counterparts (HAC 2003, 1).

Contrary to the stereotype of the frail elderly person, most older people are healthy and active, or do not need assistance in regard to the activities of daily living. However, 1.4 million, or 24 percent, of rural elderly households report having one or more physical limitations. Approximately 583,000 of these rural elderly households are in need of housing modifications to accommodate their physical limitations (HAC 2003, 2).

While most seniors wish to remain in their homes for as long as possible and want services in their communities rather than in group settings such as nursing homes, unique challenges often complicate the provision of adequate and affordable housing for older persons in rural America. Sparsely settled rural areas often suffer from little or nonexistent public transportation and limited social service infrastructure. Thus, a housing gap exists in many rural communities where rural elders may live in homes that do not meet their needs (HAC 2003, 2).

National Rural Homeless and Domestic Violence Characteristics

Homelessness is defined differently by various providers and advocacy groups although the McKinney-Vento Homeless Assistance Act federal definition is used for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care programs, the main federal source of homelessness resources.[1] Not all definitions of homelessness, though, capture the existence of homelessness, particularly in rural areas. For instance, some rural areas experience higher rates of overcrowding, possibly because families or individuals share homes to avoid

[1] 'Homeless' or 'homeless individual or homeless person' includes: "(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings" (42 U.S.C. §11302). Not all research studies use HUD's homeless definition although it will be used for this report's case studies.

homelessness. These people would not fit under the federal definition and therefore would not be served through these programs.

Homelessness occurs in rural and urban areas due to a multitude of structural and individual factors including poverty, shortage of affordable housing, inadequate mental health and substance abuse services, and domestic violence. Rural homelessness differs in important ways from urban homelessness. Rural homeless persons are more likely to be less educated but more likely to be employed, although in temporary jobs. They are less likely to receive government assistance but likely to have higher average monthly incomes and more likely to receive cash assistance from friends. This may be due to strong kinship ties that are often found in rural areas and due to residents' awareness of the needs of others in their small communities. Rural homeless people are also less likely to have health insurance or access to medical care. (Post 2002, 1-2)

The National Survey of Homeless Assistance Providers and Clients (1999) found that 9 percent of all homeless persons lived in rural areas. Of this 9 percent, 17 percent were families with children. Also in this survey, 13 percent of all urban and rural homeless families reported individual or child abuse or violence in the household as the primary reason for leaving their last residence. (Burt et al. 1999, 31, 34)

Rural homeless organizations differ from their urban counterparts since these organizations tend to provide less shelter and housing than outreach, food, and financial assistance. (Burt et al. 1999, 71)

Research studies have identified domestic violence as a contributing factor to homelessness for low-income women and children. For example, a Minnesota study found domestic violence to be the most common reason for women and children to enter shelter (Wilder Research Center 1998). A 1990 Ford Foundation study found that 50 percent of homeless women and children were fleeing abuse (Zorza 1991).

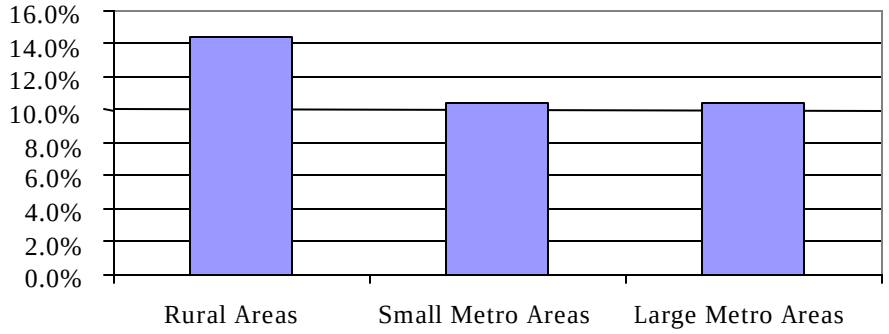
It is not surprising that as domestic violence becomes a more widely discussed issue, increased attention has emerged specifically on the particular traits of rural domestic violence. Although there are very few studies that quantify rural domestic violence, there are known rural characteristics which differ from urban domestic violence (Johnson 2000). According to the U.S. Department of Health and Human Services (HHS) (2000), victims of domestic violence in rural areas experience unique problems such as "lack of public transportation systems, shortages of health care providers, poverty, under-insurance or lack of health insurance, and decreased access to many resources (such as advanced education, job opportunities, and adequate child care)." Also, according to HHS (2000), rural health care providers may be acquainted with or related to their patients and their families, creating a barrier to disclosing abuse confidentially and thus further isolating these women. Another study cites geographical isolation and cultural barriers, including strong allegiance to kinship ties and traditional gender roles as increasing the challenges faced by rural women when they attempt to end the abuse in their life (Johnson 2000). Other reports mention the increased availability of weapons such as firearms and knives, common in rural households, which increases the risks and lethality of domestic attacks upon rural women (Chamberlain 2002).

National Rural Substance Abuse Characteristics

Substance abuse is defined as a "maladaptive pattern of substance use that contributes to a myriad of health problems and, for certain individuals, leads to increased incidence of violence and accidents" (Hutchinson and Blakely, 146). Increasing attention is being paid to substance abuse issues in rural areas. Although it was once thought to be a more urban issue, some rural communities are witnessing increased substance abuse and the issues associated with it (Hutchinson and Blakely, 146).

Alcohol and tobacco are by far the most frequently abused substances in rural and urban America. There is little difference in rates of alcohol abuse among urban and rural areas (Hutchinson and Blakely 2003). Illicit drug use, though, does differ between urban and rural areas by several factors including age groups, place, and type of drug (SAMHSA 2002). Nationally, 7.1 percent of the population report drug abuse, with metropolitan counties reporting higher overall rates of abuse (SAMHSA 2002). Rural youth from 12 to 17 years of age, however, experience higher rates of drug abuse than youth in small or large metropolitan areas (see Figure 1). Youth drug involvement is highest in the nonmetropolitan South. Rural areas also experience higher rates of methamphetamine and inhalant use compared to other drug use.

Figure 1
Prevalence of Illicit Drug Use Among Youth



Source: SAMHSA (2002)

There are many barriers in providing appropriate care for people experiencing substance abuse in rural areas. First, rural areas depend on hospitals, rather than treatment centers, more often for substance abuse treatment (Hutchinson and Blakely 2003, 149). This can lead to less specialized care for clients. In addition, rural counties offer fewer mental health services compared to metropolitan counties (Hutchinson and Blakely 2003, 149). Other issues rural areas face include possible stigma for rural residents who do seek care. In small rural communities residents often know details of each other's lives, a possible disincentive to seek help. Finally, in many rural communities there are large distances between residents, hospitals, treatment centers, and other medical facilities.

National Rural Mental Health and Disability Characteristics

Persons with mental illness and/or disabilities in rural areas, like their urban counterparts, have a wide range of housing needs. Persons with physical disabilities need accessibility features to facilitate independent living. Persons with mental illness or persons requiring regular treatment or therapy for their conditions need suitable access to treatment facilities. Frail elderly persons may require modifications to their existing homes. Others may prefer group housing or assisted living situations.

People with mental illness or disabilities receiving Supplementary Security Income (SSI) benefits are among the lowest income households in the country (O'Hara and Cooper 2003). According to the Technical Assistance Collaborative (2003), there is no area in the United States where people with disabilities and or mental illness receiving SSI can affordably rent an efficiency or one-bedroom unit.

Rural areas have unique disability and mental health characteristics that are often overlooked. For instance, although there are fewer persons with disabilities in nonmetro areas, they comprise a greater percentage of the population than in metropolitan areas (HAC 2001). This is due in part to the large elderly population in certain rural areas. Rural communities also face unique health challenges. According to the National Rural Health Association (NRHA) (2004) rural Americans are more likely to be uninsured and less likely to be offered employer-sponsored health coverage because rural economies are dominated by small employers and lower wages.

Rural America has proportionately fewer mental health providers and treatment centers than urban locations (Pion et al. 1997). Some rural and frontier areas have no county or city public health agency (NRHA 2004). NRHA (2004) states that the lack of mental health providers in rural areas typically results in higher caseloads for those in the region, resulting in lower service quality for patients. Mental health care in rural areas also tends to be more costly than in urban areas due to factors including greater distances between service providers, lack of public transportation options for residents, and social isolation of patients (Blank et al. 1995).

Rural America faces distinct challenges in providing appropriate housing for persons with disabilities and mental illness. Many residents of rural areas value independence, self-reliance, and individualism, which can contribute to a reluctance to seek help from a mental or physical health professional (Pion et al., 1997). In addition, local zoning and land use restrictions often limit the siting of group homes in both urban and rural areas. These restrictions include dispersion requirements (prohibiting group homes from locating too close to one another), concentration requirements (prohibiting the location of group homes in certain areas), and occupancy requirements (limiting the number of residents) (HAC 2001).

Housing Plus Services Models

Provision of housing plus services is guided by certain principles that contribute to its effectiveness in serving persons with special needs. The Housing Plus Services Committee of the National Low Income Housing Coalition (NLIHC) developed a list of 11 core principles for all housing plus services developments (Table 1). These principles emphasize flexibility, adaptability, comprehensive services, and self-determination for program recipients. The

principles reflect housing plus services' greatest strength, which is its recognition that persons with special needs require personalized service delivery to ensure housing stability. Methods of service delivery may differ from one project to the next, but all emphasize housing stability through appropriate supportive services.

Table 1. Housing Plus Services Principles

These principles are based on the knowledge gained from the historical and contemporary linkage of housing and services, and are proposed as comprehensive, multifaceted, and interlocking.
1. Housing is a basic human need, and all people have a right to safe, decent, affordable, and permanent housing.
2. All people are valuable, and capable of being valuable residents and valuable community members.
3. Housing and services should be integrated to enhance the social and economic well-being of residents and to build healthy communities.
4. Residents, owners, property managers, and service providers should work as a team in integrated housing and services initiatives.
5. Programs should be based on assessment of residents' and community strengths and needs, supported by ongoing monitoring and evaluation.
6. Programs should strengthen and expand resident participation to improve the community's capacity to create change.
7. Residents' participation in programs should be voluntary, with an emphasis on outreach to the most vulnerable.
8. Community development activities should be extended to the neighboring area and residents.
9. Assessment, intervention, and evaluation should be multilevel, focusing on individual residents, groups, and the community.
10. Services should maximize the use of existing resources, avoid duplication, and expand the economic, social, and political resources available to residents.
11. Residents of Housing *Plus* Services programs should be integrated into the larger community.

Source: Housing Plus Services Committee of the National Low Income Housing Coalition (2001).

Terminology

Housing plus services terms are often used interchangeably, which can create confusion when discussing different developments. Terms often used for housing plus services include supportive housing, group homes, congregate care, service-enhanced housing, service-enriched housing, and transitional housing (Granruth and Smith 2001, 12). However, these words have different meanings depending on the population being served. This report utilizes NLIHC's definition of housing plus services as "permanent affordable housing that incorporates various levels of services provided by trained professionals for whom service delivery, not property management, is the primary responsibility" (Cohen et al. 2004b, 510).

The Housing Plus Services Committee of the NLIHC has developed a typology with five different categories of housing plus services (Table 2), describing the housing type and term used for

specific populations (Granruth and Smith 2001, 14). This typology is utilized throughout this report and is used to evaluate each case study.

Table 2. Housing Plus Services Typology

Housing Type	General Target Population(s)	Common Goals or Outcomes	Primary Services	General Requirements and Restrictions
Supportive Housing	People who are formerly homeless; at risk of homelessness; chronically mentally ill; disabled elderly; in recovery, etc.	To prevent homelessness or recurrence of homelessness. To assure access to a comprehensive support system to help residents to live independently and interdependently in the community.	• Focus on life skills and stabilization • Crisis intervention • Case management • Services coordination • Programs and activities	Often drug and alcohol-free. *Participation in programs or services sometimes required for residency.*
Special Needs Housing	People with special needs, i.e., in recovery; dual diagnosis; HIV/AIDS; chronic mental illness disabled; elderly, etc.	To enable people with disabilities and/or who are in recovery requiring ongoing treatment or attention to live independently and interdependently (or to continue recovery/prevent relapse). To prevent homelessness.	• Focus on health, mental health, and/or recovery from addictions • Life skills and stabilization • Crisis intervention • Case management • Services coordination • Programs and activities	Often targeted to people with a particular special need, i.e., HIV/AIDS, chronic mental illness. Drug and alcohol-free. *Participation in programs or services often required for residency.*
Housing for Older Adults (including Senior Housing and Assisted Living)	Elderly; frail elderly	To enable older adults to live (semi) independently and interdependently, possibly with caregivers or family members or in naturally occurring retirement communities (NORCs), while providing, as needed, for their basic needs. To prevent institutionalization and facilitate aging in place.	• Focus on health and basic needs • Case management • Life skills and stabilization • Crisis intervention • Programs and activities	Age/income level. *Participation in programs or services not generally required for residency.*
Service-Enriched Affordable Housing	Low-income people, not necessarily at risk or with special needs. Families with children; individuals; disabled people; extended families; couples; elderly people, etc.	To provide affordable housing, while promoting improved social and economic well-being of residents. To encourage community development, interaction, and interdependence. To prevent homelessness.	• Crisis intervention • Assistance in accessing resources and services in the community • Resident participation in decision-making process • Programs and activities	General lease agreements for rental housing; rent payment on time; no property damage; etc. *Participation in programs or services not generally required for residency.*
Public Housing	Low income people, not necessarily at risk or with special needs. Families with children; individuals; disabled people; extended families; couples; elderly people, etc.	To provide affordable housing and promote improved social and economic well-being of residents. To encourage community development, interaction, and interdependence. For some groups, to facilitate movement to non-subsidized housing.	• Crisis intervention • Assistance in accessing resources and services in the community • Programs and activities • Resident participation in decision-making process	General lease agreements for rental housing; often income restrictions for initial tenancy; drug-free. *Participation in programs or services not generally required for residency.*

Housing Plus Services Benefits

Recent research (Culhane, Metraux, and Hadley 2002; Corporation for Supportive Housing 2004; Granruth and Smith 2001; U.S. Department of Housing and Urban Development 1994) has shown that housing plus services provides many benefits including:

- community building;
- higher rates of housing stability;
- increased coordination of resources;
- lower public costs than traditional decentralized approaches, and;
- specialized care and treatment.

Housing plus services provides the necessary framework for a more effective and humane process of serving special needs populations. For instance, the emphasis on collaboration encourages community and public organizations to plan together for more effective and coordinated service delivery. This coordination, in turn, provides lower overall costs since communities can decrease the use of reactive and expensive emergency services (Culhane, Metraux, and Hadley 2002). Housing plus services recipients receive increased specialized care and treatment since service care is often on-site or coordinated through case managers with health providers. All of this, in turn, provides increased rates of housing stability and possible community building.

Rural areas often lack the capacity and infrastructure to address adequately the many housing and services needs that exist. There may be a general perception that housing plus services is difficult or even impossible in these communities. This research, though, provides an examination of how rural communities are structuring projects to meet the needs of their targeted populations.

Methodology

The purpose of this report is to provide a resource to rural community organizations involved with or considering housing plus service developments. The report includes case studies of four rural community housing organizations and one rural public housing authority that utilize housing plus services to serve their populations as well as information and technical assistance resources, funding sources, and successful models. The case studies examine how organizations are responding to the needs of their communities and are intended to serve as a resource for organizations interested in attempting similar developments. The following questions were addressed in the context of these case studies.

- What are the primary federal funding sources for housing plus services in rural areas? What nonfederal funds are leveraged? How have states invested in different projects?
- What do the case studies suggest are the necessary community planning processes for rural communities to develop successful housing plus services projects?
- What do the case studies indicate are the primary problems and current issues faced by rural community organizations developing housing plus services projects?

- Given the limitations that exist, how are communities structuring the service delivery processes in rural areas? What types of creative methods are being employed to meet needs?
- Housing plus services must be tailored to meet the unique needs of the population being served. Are there any gaps in services in the rural areas profiled and, if so, how are local organizations addressing the situation? What do these gaps indicate about housing plus services in rural areas?

Case studies were selected to achieve geographical and demographic diversity. They were also intentionally chosen to reflect each NLIHC housing plus services type and related principles. The case studies reflect a range of housing and service efforts being utilized to serve different populations. The organizations profiled are located throughout the United States and serve different populations, but share many common challenges and successes in producing needed housing plus services developments for their communities. The following organizations and communities are profiled:

- Brattleboro Housing Authority, Brattleboro, Vermont
- Center for Family Solutions, El Centro, California
- Southwest Georgia Housing Development Corporation, Cuthbert, Georgia
- Carey Counseling, Paris, Tennessee and
- Amigos del Valle, Mission, Texas.

Interviews were conducted over the phone and in-person with housing providers.

Census data, supplemented by other data sources as available, are used to provide background information on the selected communities. Additional information concerning the population served in each case study is utilized as well. Population characteristics are discussed in a rural context and emphasize their current social, economic, and housing traits, providing the necessary context for discussion.

Following the case studies is an information and funding sources guide. These references are intended to provide additional clarity and information about housing plus services. The reader is strongly encouraged to utilize the outside information sources included in the information resources section due to the extensive nature of housing plus services funding and resources.

PUBLIC HOUSING: BRATTLEBORO HOUSING AUTHORITY (VERMONT)

NLIHC Housing Plus Services Public Housing Goal	
Housing Type	**Common Goals or Outcomes**
Public Housing	To provide affordable housing and promote improved social and economic well-being of residents. To encourage community development, interaction, and interdependence. For some groups, to facilitate movement to non-subsidized housing.

Community Context

The state of Vermont is known for its independent political spirit and progressive attitudes. The town of Brattleboro shares this orientation, evidenced by the communal spirit that guides decision making, and by the community's response to the need to adequately house its elderly and disabled population.

Brattleboro is an incorporated town of over 12,000 people situated in southeastern Vermont (Table 3). While Brattleboro is a small community, the resident population exhibits significant needs. At over 16 percent, the proportion of the town's population age 65 and over is almost 4 percentage points higher than the state of Vermont's average, and the proportion of disabled elderly residents is almost 15 percentage points higher than the state's percentage (U.S. Census, 2000). Brattleboro's largest employer is Retreat Healthcare, formerly known as Brattleboro Retreat, a regional psychiatric and out-patient substance abuse center for people of all ages. Other large employers include the local school system and a large wholesale grocer.

Table 3. Brattleboro Selected Characteristics

	Town of Brattleboro	Vermont
2000 Population	12,005	608,827
Age 65 and Over	16.6%	12.7%
Population 65 and Over With a Disability	43.8%	38.6%
Families Below Poverty	9.2%	6.3%
Individuals Below Poverty	13.1%	9.4%
Median Household Income (dollars)	$31,997	$40,856

Source: U.S. Census

Brattleboro Housing Authority (BHA) was founded in 1962.[2] At first, the BHA only managed public housing units and in the early 1990s it began administering Section 8 vouchers. In 2005, BHA managed five public housing developments, of which two were for families and three were for disabled and elderly persons. In 1995, BHA's orientation changed from only managing public housing and vouchers to being an active community member that advocated for increased resources for residents. The impetus for this change came from local housing and human service advocates who wanted BHA to assume a greater role in providing housing plus services in the community.

During this time, the state of Vermont became increasingly concerned with providing housing plus services to elderly and disabled residents. In 1996, the Vermont General Assembly passed Act 160, which required Vermont's Agency of Human Services (AHS) to improve the state's independent living options for vulnerable elders and people with disabilities (State of Vermont 2003). The Act emphasizes creating a climate where Vermonters could live in the most independent and least restrictive environments possible. AHS was directed to slow the growth of its nursing home budget and direct these dollars into home and community based services with "community participation and oversight in the planning and delivery of long-term care services" (State of Vermont 2003, 1).

Act 160's conception and passage was due in part to local housing and human service coalitions advocating for state resources to facilitate more independent living options for elderly and disabled persons. One of these coalitions represented Brattleboro's housing and human service providers and included the support and leadership of the BHA. The passage of Act 160 provided the initial money for the Hope in Housing pilot program, which was designed to provide coordinated delivery of services to the elderly and disabled residents of subsidized housing in different Vermont communities. The program was and continues to be administered by the AHS's Department of Aging and Independent Living.

The Project

BHA's new direction helped initiate BHA's Hope in Housing (HH) program, which provides service delivery and coordination for the elderly and disabled residents of BHA's Melrose Terrace housing site. Melrose Terrace has 84 units for elderly and disabled persons and is composed of one-story buildings spread out over a large site. Melrose Terrace was chosen for the program because the residents are considered the most independent and the physical layout of the development is most similar to a small town atmosphere as compared to other BHA public housing sites.

In Brattleboro, Melrose Terrace's Hope in Housing program serves elderly and disabled persons.

The Hope in Housing program provides a range of services to Melrose Terrace residents including congregate meals, homemaker services, heavy chore assistance, foot care, and case

[2] Information pertaining to the Hope in Housing program and Brattleboro Housing Authority was obtained from a phone interview on March 9, 2005.

management (Table 4). The program helps enable residents to remain in their apartments longer and eliminate or minimize nursing or residential placement through coordinated service delivery (BHA 2003). Service development and delivery occurs through different local organizations including BHA, the Council on Aging for Southeastern Vermont, New Hampshire/Vermont Visiting Nurse Alliance, and a private homemaker service. Service delivery organizations usually provide transportation for clients who require services off-site while BHA provides free public bus passes for those times when clients cannot find transportation.

Table 4. Hope in Housing Supportive Services

Program	Description
Melrose Diner	Provide congregate meal served three times a week in the community room.
Homemaker Services	Provide non-nursing in-home support services and care.
Heavy Chores	Assist twice a year with major fall and spring apartment clean up.
Foot Care	Coordinate monthly visit from a local podiatrist.
Case Management	Coordinate monthly meetings of participating agencies to ensure every resident is monitored on an on-going basis. Needs are anticipated and appropriate services delivered.

Source: BHA, 2003

The Hope in Housing program is administered by BHA and is funded by grants from the Vermont Department of Aging and Disabilities and participant fees (Table 5). Over 90 percent of the money for the program comes from the state and goes to supportive services and coordination. The state of Vermont contributes $44.00 per resident per month while residents pay fees on a sliding scale depending on the services used and their ability to pay (BHA 2003).

The remaining $6,000 of the program's budget partially pays for the BHA service coordinator. Melrose Terrace residents are not required to use the available services, although at any given time at least half of the residents are participating in some aspect of Hope in Housing.

State funding for the program has been consistent since it was enacted in 1996. Local human service and housing coalitions throughout Vermont educate local leaders about the need and success of the program. These coalitions, along with the success of the program, have been able to protect it from state cuts during tight fiscal years. BHA reports that accessing funds has not been a problem and that the Vermont Department of Aging and Independent Living has been responsive to local communities' needs and input.

Table 5. Hope in Housing Yearly Budget

Operating Costs	
Service	**Costs**
Meal Program and Coordination	$11,000
Homemaker Service	$34,000
Council on Aging Resident Independent Living Assessments	$1,000
BHA Coordination	$6,000
Total	**$52,000**

Revenue	
Source	**Costs**
State of Vermont	$48,000
Participant Fees	$4,000
Total	**$52,000**

Source: BHA

Community Impact

The Hope in Housing program provides Melrose Terrace residents a better quality of life due to increased independence and their ability to stay in their current living situation longer. This meets the goals of NLIHC's housing plus services typology for public housing. Hope in Housing has been particularly successful in increasing:

- *Residents' Quality of Life*. According to BHA staff, Hope in Housing residents express a strong desire to stay in their housing and are very reluctant to leave. For instance, some residents have chosen to utilize hospice services coordinated by BHA and the local hospice in order to live out the remainder of their lives in their apartments. BHA Hope in Housing participants report higher levels of emotional and physical well-being because of Hope in Housing services (BHA 2003, 1).

- *Program Cost Savings*. The program also provides the state overall cost savings since residents do not utilize more expensive institutional care. Prior to the start of the program, Melrose Terrace had 18 nursing home admissions in a 12-month period while there have been a total of only seven from 1996 to 2002 (BHA 2003, 1).

- *Community Collaboration.* BHA's Hope in Housing program provides an excellent example of the necessity of and strength derived from rural communities planning together for increased resources and coordination. The structural process and history of collaboration helps facilitate improved service delivery. For instance, the BHA reports that the local hospital staff feel comfortable calling the BHA coordinator when needing to release a Melrose Terrace resident since they know it will only take one call due to a formal discharge planning process in place between the two organizations. The coordinated efforts of housing and human service providers in local communities throughout Vermont helped create state level resources for housing plus services.

BHA reports very good relationships and a strong trust with other community players. BHA states that this is a result of collaborating and a mutual respect for the role each plays in enhancing community well-being. It is also the result of keeping focused on the strengths of each organization and the programs each provides. It is easier for organizations and residents

to understand what services are available when there are simple, specific, and consistent programs offered and coordinated by different organizations. BHA residents report a strong understanding of the services offered by Hope in Housing and are reportedly more willing to utilize them due to the simplicity and consistency of program offerings.

Due to the success of Hope in Housing, in early 2005 BHA was beginning to explore how it could facilitate services delivery coordination to homebound rural elderly people in the area. Good coordination, planning, and services delivery build trust and respect among community players, which in turn improve overall community well-being.

Lessons Learned

BHA states that sustaining funding for supportive services can be challenging (see Appendix B for federal financing resources). The organization believes that being able to quantify the success of the Hope in Housing program has helped contribute to its continued funding by the state. Supportive services are usually human services and can be difficult to evaluate, so having evaluation processes in place can help ensure programs are meeting their goals while showing funders performance results.

BHA recommends organizations stick to the original purpose of their proposed core housing plus services programs while being flexible to change. BHA staff state that offering too many different programs and potentially unsustainable programs can be detrimental to service delivery, since residents often find it harder to understand what is available. This type of situation can decrease overall resident service use while making future programs more difficult to implement. BHA recommends providing consistent programs that the organization can sustain while coordinating with other providers for other needed services. This helps build resident trust in the organization's services and can potentially increase service use.

SUPPORTIVE HOUSING: CENTER FOR FAMILY SOLUTIONS (CALIFORNIA)

NLIHC Housing Plus Services Supportive Housing Goals	
Housing Type	**Common Goals or Outcomes**
Supportive Housing	To prevent homelessness or recurrence of homelessness. To assure access to a comprehensive support system to help residents to live independently and interdependently in the community.

Community Context

Imperial County is the southernmost county in the state of California and is 120 miles east of San Diego. The county contains *colonias,* which are defined by the federal government as rural communities and neighborhoods located within 150 miles of the U.S.-Mexican border that lack adequate infrastructure and frequently also lack other basic services.[3] Compounding these issues, local organizations have identified a need for extensive services to meet the needs of the local homeless population, particularly those women and children who are fleeing from domestic abuse. Given the concomitant issues of poverty and housing distress that are evident in colonias communities along the border, meeting these needs is a challenge.

Imperial County has long been an area rich in agricultural resources and is home to two major international border crossings with Mexico. Imperial County's population of over 142,000 people is predominantly Hispanic and mostly of Mexican origin (Table 6). The area suffers from problems that generally plague other colonia areas including low educational attainment rates, with only 59 percent of residents having a high school degree or higher, compared to almost 77 percent for the state of California. The county is also poor with over 19 percent of families below poverty level. Many residents are employed in farm work or agricultural industries and receive low wages.

[3] This definition and further colonias information can be accessed at http://www.hud.gov/offices/cpd/communitydevelopment/programs/colonias/cdbgcolonias.cfm.

Table 6. Imperial County Selected Characteristics

	Imperial County	California
2000 Population	142,361	33,871,648
Hispanic Population	72.7%	32.4%
High School Graduate or Higher	59.0%	76.8%
Families Below Poverty	19.4%	10.6%
Individuals Below Poverty	22.6%	14.2%
Female-Headed Households	17.1%	12.6%

Source: U.S. Census 2000.

WomanHaven, Inc. was founded in 1977 by a group of Imperial County residents who were concerned with the problem of domestic violence and related homelessness in the county.[4] Within six months of their first community meeting, the group had opened an emergency shelter for women and children who were victims of domestic violence. The organization was initially viewed with skepticism by some community members who believed it was trying to break up the traditional family unit. Attitudes towards WomanHaven slowly changed as domestic violence became a more widely discussed problem and due to WomanHaven's outreach and community education efforts.

In its first year of existence, WomanHaven served 56 people. The organization began developing more projects and services as domestic violence and related homelessness became more generally recognized as a problem in the state and nationally. In 1986, domestic violence became a crime in the state of California and additional resources were devoted to the problem. As of early 2005, the organization operated two emergency shelter sites, one transitional housing site, and a wide array of supportive services and community education activities that served over 8,000 people in 2004. The organization's focus is still domestic violence and related homelessness although it also provides service to non-abused female homeless persons. WomanHaven changed its name to the Center for Family Solutions (CFS) in 1998 to better describe its wide range of services and to emphasize its role in keeping families together.

The Project

CFS's first concern has always been the lack of safe places and services for women and children experiencing domestic violence and related homelessness. In 1977, the organization developed its first emergency shelter to assist this population. CFS leases the first site from the Imperial County government using HUD Supportive Housing Program (SHP) resources. In 2005, the organization had two emergency shelters with a total of 26 beds that provide a safe place for battered women and their children to stay and receive needed services. All clients of the emergency shelter and transitional housing are required to abide by the organization's rules, which include participating in a variety of services and working towards some goal, usually job training or education. Residents may stay in emergency shelter for up to 179 days. The

[4] All information concerning Center for Family Solutions and California domestic violence laws was obtained during an interview on March 16, 2005.

supportive services provided to women and their children are coordinated through case managers and are tailored to the clients' unique needs. CFS's client services include case management, transportation, mentor programs, 24-hour crisis services, child care, peer counseling, education classes, and others (Table 7).

Table 7. Center for Family Solutions Supportive Services

Program	Description
Case Management	Provide referrals to Imperial Housing Authority, Imperial County Social Services, and other organizations; provide in-house counseling, legal, and advocacy services to clients; and coordinate other needed supports with local community organizations.
Center Against Domestic Violence	Provide educational and training programs, job skill development workshops, legal services, transportation through CFS vans, counseling services, food, clothing, advocacy, and other needed support.
Education Services	Offer residents classes including English as a second language, computer skills, independent living skills, financial management, nutrition, self-esteem, job search, and parenting classes.
Mentor Program	Provide children who are in a shelter setting appropriate role models who can provide guidance and encouragement.
Garden Project	Teach shelter residents about nutrition and health matters through gardening.

Source: Center for Family Solutions

CFS's second emergency shelter site opened in October 2004 and was funded through the state of California's Proposition 46 Housing and Emergency Shelter Act (Table 8). This proposition was passed by voters in November 2002 and provides millions of dollars to help fund the construction, rehabilitation, and preservation of affordable rental housing, emergency shelters, and homeless facilities, as well as funds that can be used to provide downpayment assistance to low- and moderate-income first-time homebuyers.[5] CFS owns the building used for emergency shelter at the second site.

Often, no one source of funding is able to fully fund a project, so creative financing is required. As Table 8 shows, CFS utilizes a variety of funding sources at all levels of government to sustain its housing and services. It is typical for organizations providing housing plus services to blend their revenue sources in order to fully fund projects.

[5] Proposition 46 information can be found at http://www.calhfa.ca.gov/prop46.htm.

Table 8. CFS Funding Sources

Housing Funding Sources	
Program Name	**Agency**
Emergency Housing Assistance Program	California Dept. of Housing and Community Development
Prop. 46 Housing Emergency Shelter Act	California Dept. of Housing and Community Development
Supportive Housing Program	U.S. Department of Housing and Urban Development
Federal Emergency Shelter Grant	U.S. Department of Housing and Urban Development
Donated Land	City of El Centro

Source: CFS

Supportive Services Funding Sources	
Program Name	**Agency**
Emergency Housing Assistance Program	California Dept. of Housing and Community Development
Federal Emergency Shelter Grant	U.S. Department of Housing and Urban Development
Supportive Housing Program	U.S. Department of Housing and Urban Development
Domestic Violence Shelter-Based Services Programs	California Dept. of Health Services
Domestic Violence Shelter-Based Services Programs	California Office of Emergency Services
Emergency Food and Shelter Program	Federal Emergency Management Agency
	United Way, Thrift Store, Donations, Foundations, Fundraisers

Emergency shelter is inherently a short-term shelter option for homeless battered women and their children. CFS developed its first transitional housing in 1997 to address the need for a longer term housing and supportive service setting for clients pursuing educational and job goals. CFS's transitional housing is composed of seven scattered site apartments. These properties are leased using HUD Supportive Housing Program funds and are well accepted in the community due to CFS's history and reputation. All clients of transitional housing come from CFS's emergency shelter settings. Residents of the transitional housing can stay for up to two years and must be pursuing an educational or job training goal. CFS encourages transitional housing residents to set aside 30 percent of their income each month for savings. This money is intended to provide a source of funds for housing when residents leave transitional housing.

In 2005, CFS was building seven more units of transitional housing using California Proposition 46 resources. The organization received donated land from the city of El Centro to build this new development. This added transitional housing is essential since more people graduate from the emergency shelter setting than can be absorbed into the current seven units of transitional housing.

Community Impact

The Center for Family Solutions has gone from a small organization started with limited services over 25 years ago to a multifaceted organization that works with community organizations to stop domestic violence and homelessness in Imperial County and adjacent rural counties. CFS's programs have effectively:

- *educated the community*. The organization has helped educate the local community about the causes and issues surrounding domestic violence and homelessness while continuing to offer more services and housing options for clients. The demand for housing plus services increases every year and CFS believes this is due partly to community education and outreach combined with the community's trust and respect for the organization's work.

- *encouraged community planning.* CFS states that community planning and collaboration are essential in rural communities with few service providers and resources. A group of community organizations and public bodies in Imperial County meet each month as part of HUD's Continuum of Care (CoC) planning process, which requires community planning processes to be in place to receive federal homelessness resources, including Supportive Housing Program funds. CFS's executive director is the CoC coordinator for Imperial County. CFS notes that this collaboration helps weed out potential duplication by different players and helps keep a running dialogue on community issues. The organization has strong relationships with the Imperial County Housing Authority, County Social Services Department, Public Health Department, and community organizations. CFS believes these are essential since no one organization can solve the problems of domestic violence and related homelessness. Each organization involved provides its own special expertise and strengths, which are essential in a poor rural community with few resources.

CFS's work meets the goals laid out for supportive housing by the National Low Income Housing Coalition.

Lessons Learned

CFS strongly believes that community organizations must conduct outreach and education to help explain the underlying issues and problems against which they work. This dialogue should include the services the organization provides to help combat the problems. CFS's own history shows a gradual increase in community acceptance of its work, and the organization believes that is due partly to its aggressive outreach and community education efforts. CFS continually conducts outreach and education with recent Mexican immigrants who may be distrustful of public officials and community organizations due to cultural differences and other factors. CFS sends outreach workers to agricultural processing sites and other work sites to talk to women about CFS services and domestic violence issues.

SERVICE-ENRICHED HOUSING: SOUTHWEST GEORGIA HOUSING DEVELOPMENT CORPORATION (GEORGIA)

NLIHC Housing Plus Services Service-Enriched Housing Goals	
Housing Type	**Common Goals or Outcomes**
Service-Enriched Affordable Housing	To provide affordable housing, while promoting improved social and economic well-being of residents. To encourage community development, interaction, and interdependence. To prevent homelessness.

Community Context

The Southwest Georgia Housing Development Corporation (SWGAHDC) serves seven counties in southwest Georgia (Calhoun, Clay, Early, Quitman, Randolph, Stewart, and Webster). The region is one of the poorest in the state with almost half of all residents over 25 lacking a high school diploma and a per capita income that is 60 percent of the state average. The town of Cuthbert, the county seat, is located in Randolph County, one of the poorest counties in Georgia, and is a small town with a population of less than 4,000 (see Table 9). Efforts to create supportive housing opportunities for substance abusers and their families in Cuthbert have required multiple partners and a shared commitment by the SWGAHDC, federal agencies, and the state of Georgia.

Table 9. Town of Cuthbert Selected Characteristics

	Town of Cuthbert	Georgia
2000 Population	3,731	8,186,453
High School Graduates	29.6%	80.4%
Bachelor's Degree or Higher	3.5%	24.4%
Families Below Poverty	29.2%	9.9%
Individuals Below Poverty	33.5%	13.0%
Median Household Income (dollars)	$16,400	$42,433

Source: U.S. Census 2000

In the late 1990s, the SWGAHDC was formed as an independent nonprofit corporation affiliated with the Cuthbert Housing Authority.[6] In response to a University of Georgia study that showed a need for personal care homes in their region, SWGAHDC developed a 42-unit project (22 assisted living and 20 comprehensive care units) with personal care development for persons with Alzheimer's disease. This project also created 28 full-time jobs for residents in

[6] All information concerning SWGAHDC was obtained during a phone interview on March 23, 2005.

the area, illustrating SWGAHDC's ability to provide an invaluable service in terms of housing provision and job creation simultaneously.

After SWGAHDC completed that project, the Georgia Department of Human Resources (DHR) discovered a successful housing plus services program in Florida that provided services to people with addictions to drugs or alcohol. This program, Safe Port, sought to reunify families through its housing and therapeutic programs. DHR saw a need for the same type of service in southwest Georgia. It initiated the planning process for such a facility in 2000 and SWGAHDC became involved in the planning the following year.

The Project

Successful partnerships and innovative ideas resulted in SWGAHDC's development of the Millennium Center for Family Development in Cuthbert. The Millennium Center is a therapeutic community that serves women and families who are in need of services stemming from an addiction to alcohol and/or drugs. The majority of the tenants are referred by the local court system through the Drug Court Program, the Georgia Department of Family and Children Services (DFCS) , Temporary Assistance for Needy Families (TANF), or the Child Protective Services Program.

The Millennium Center provides a safe and drug-free setting.

The tenants who are admitted to be treated for their substance abuse must be 18 or older, pregnant or parenting, and have or will have custody of their children within six months of admission to treatment. They must also meet the criteria of the DFCS and be eligible for Section 8.

The Millennium Center has 20 housing units that are designed to provide a safe and drug free lifestyle. There are two-, three-, and four-bedroom units available in order to house all members of each family. The head of household suffering from substance abuse takes part in a three-phase program:

- Phase I: The individual gains an understanding of the addiction process and learns to adjust to a drug-free lifestyle.
- Phase II: The individual is provided with life skills necessary to continue to live drug free.
- Phase III: The individual is required to work full-time in a trade, professional, or career-oriented position that will sustain the family after moving out of Millennium Center.

On average, it takes residents approximately 12 to 18 months to complete all three phases. If the residents stay sober, they are then considered graduates of the program and their progress is tracked for an additional year after they leave Millennium Center.

There are many supportive services available on site for Millennium Center's residents (Table 10). A satellite campus of Albany Technical College (a unit of the Georgia Department of Technical and Adult Education) was built on-site to provide college and job training classes to the residents of Millennium Center.

Table 10. Millennium Center Supportive Services

Adult Clinical Services	Children's Services, Ages 5-18
♦ Addiction Treatment ♦ Trauma/Abuse Recovery ♦ Life Skills Development ♦ Parenting/Nurturing Program ♦ Vocational Training ♦ Job Readiness Skills ♦ Case Management ♦ Family Therapy ♦ Health Education and Medical Services ♦ Anti-Domestic Violence ♦ Medical and Health Services	♦ Screening/Assessment ♦ Addiction Education ♦ Family Therapy ♦ Conflict Resolution Program ♦ Play Therapy ♦ Prevention Activities ♦ Activity Therapy ♦ Academic Success Activities ♦ Multicultural Exposure ♦ Case Management ♦ School Liaison Support ♦ Medical Services

Source: SWGAHDC

The First Steps Child Development Center provides on-site therapeutic childcare for young children at Millennium Center. The activities of the child are designed to engage the head of household in the child's development and to address the child's developmental delays created as a result of the parent's addiction. All the children also receive individual, group, and family counseling services. A special counselor is also assigned in the local school system to assist the children. These extended services are provided in buildings funded by the Department of Agriculture.

Successful partnerships between state, local, and federal agencies are what ultimately created the Millennium Center. The local partners include the city of Cuthbert, Randolph County, First State Bank of Randolph, Regions Bank, which provided bridge loans, and West Georgia Consortium, the property manager. The state partners include the Department of Community Affairs, Department of Labor, and Department of Human Resources. On the federal level, HUD, USDA, and the Department of Health and Human Services all contributed to this project (Table 11).

Table 11. Millennium Center Funding Sources

Housing Funding Sources		
Agency	**Purpose**	**Amount**
Georgia DCA	Housing Development	$2,300,000
Randolph County	Land Donation	$18,000
USDA RD and City of Cuthbert	Infrastructure	$118,000
HUD	Monthly Section 8 Income	$7,500
	Total	**$2,443,500**

Supportive Services Funding Sources		
Agency	**Purpose**	**Amount**
Cuthbert Housing Authority	Equipment Purchase	$24,000
USDA RD	Day Care	$1,074,000
Georgia DHR	Clinical Services	$1,200,000
Georgia Department of Technical and Adult Education	Technical College	$1,200,000
	Total	**$3,498,000**

Source: SWGAHDC

A key funding source for the project was the Georgia Department of Community Affairs (DCA) Permanent Supportive Housing Program (PSHP). PSHP is an innovative program that was developed to provide housing to special needs populations in the state (i.e., homeless people, persons with substance addictions, persons living with HIV/AIDS.). The program provides funding to nonprofits to produce affordable housing with supportive services for special needs tenants. DCA used federal HOME funds along with monies from the State Housing Trust Fund and developed a partnership with HUD to convert a portion of its Section 8 tenant-based vouchers to project-based assistance. This allowed developers to apply for construction financing and rental assistance in the same application. DCA also developed an alliance with the DHR to ensure that the supportive services would be targeted to the appropriate client population.

Community Impact

The Millennium Center has had a tremendous impact on the overall community.

- *Improving Quality of Life*. The Millennium Center's biggest impact has been helping to keep families together in a healthy environment. For instance, in the first year of operation, the Millennium Center reunited 21 children with their parents and prevented 15 children from being placed in foster care. Through 2005, the Millennium Center has approximately a 62 percent graduation rate. The remaining residents either are excused for behavior or simply leave on their own before completing the program.

- *Encouraging Economic Development*. The Millennium Center has created jobs for local residents and acted as a positive boost for the region. It has also brought positive attention to the area, and opened doors to additional projects. In a part of the state where the population has dwindled over the last several years, this project has given families a reason to stay in the area due to job creation and new support services.

- *Engaging State and Local Partners.* The Millennium Center highlights the important role that state governments can play in developing housing plus services projects. The state helped conceptualize the project and then provided needed financing for the housing and service components. The project also underscores the complexity community organizations face when developing comprehensive housing plus service projects. This project has assistance from all levels of government and involved forming collaborations with all interested parties. At the state level, DHR provided the necessary impetus to begin the project's planning process. DHR also provides more of the support service funding for the Millennium Center. DCA's Permanent Supportive Housing Program resources were instrumental in providing needed housing development funding. These state resources, along with assistance from the Georgia Department of Technical and Adult Education and federal resources, ensured the viability of the development.

SWGAHDC's work is helping to better the overall well-being of participants and the entire community. This meets the goals laid out by the NLIHC for service-enriched housing.

Lessons Learned

The community collaboration involved in the development of the Millennium Center took place at all levels of government and is the reason for the development and success of the project. On the local level, the city of Cuthbert coordinated efforts to ensure that the sewage and water were made available to the development, while the county donated a portion of land and sold the remaining portion for the project. The involvement of the surrounding community was also part of the coordinated effort to develop the Millennium Center. From the beginning, SWGAHDC ensured that community members were involved in the development process through local meetings. A narrative was made available to all interested parties that outlined each detail of the Millennium Center. The project received overwhelming support from the local government and community residents.

SPECIAL NEEDS HOUSING: CAREY COUNSELING CENTER (TENNESSEE)

NLIHC Housing Plus Services Special Needs Housing Goals	
Housing Type	**Common Goals or Outcomes**
Special Needs Housing	To enable people with disabilities and/or who are in recovery requiring ongoing treatment or attention to live independently and interdependently (or to continue recovery/prevent relapse). To prevent homelessness.

Community Context

The Paris-Henry County Mental Health Center began operating as a nonprofit community mental health center on April 7, 1970.[7] In 1983, the organization changed its name to Carey Counseling Center, in honor of a local benefactor who donated property to the organization. Currently, Carey Counseling has offices in five counties and serves a seven-county area in rural northwest Tennessee. The organization provides mental health services to approximately 52,000 clients per year. Carey Counseling's mission is "to provide competent, proactive and holistic mental health care services to the community, attending particularly to maximizing the independence of the severely and persistently mentally ill population, but also including innovative, preventive, and intervention services in the least restrictive setting clinically appropriate, and in a manner which will assure the greatest level of dignity and respect for the consumer."

Since 2003, Carey Counseling has been actively developing and rehabilitating housing for mental health consumers in northwest Tennessee. The major impetus for its housing work has come from the Creating Homes Initiative (CHI), a state of Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) program that began in 2000. The Creating Homes Initiative was born from the overwhelming need for housing for persons with mental health problems.

CHI's mission is "to partner with local communities to educate, inform, and expand quality, safe, affordable, and permanent housing options for people with mental illness and co-occurring disorders" (TDMHDD 2004, 5). It is estimated that approximately 187,377 low-income people in Tennessee have mental illness or co-occurring disorders. TDMHDD's initial goal was to create 2,005 new and improved permanent housing options for Tennesseans with mental illness and co-occurring disorders by the year 2005. CHI met this goal in 2002 and created a new goal of producing 4,010 housing options for this population by 2005. (TDMHDD 2004, 1, 5).

[7] All information pertaining to Carey Counseling Center's history and mission was obtained from phone interviews and its website at http://216.247.184.12/careyexternalweb/.

The CHI program is able to accomplish its housing goals by partnering effectively with local communities. The initiative divides the state of Tennessee into seven regional districts and assigns each district to a regional facilitator. The facilitator is responsible for forming regional task forces composed of community and public organizations, forming steering committees to decide on TDMHDD funding awards, conducting housing assessments, creating local strategies on housing options for persons with mental illness and co-occurring disorders, and developing a local housing resource mechanism (TDMHDD 2004, 7). The regional facilitator for northwest Tennessee helped spur Carey Counseling's housing efforts for persons with mental illness and/or physical disabilities. The CHI program also provides free trainings and technical assistance to community organizations along with limited competitive funding awards.

One of Carey Counseling's first housing projects was Herrington Place, an old family estate in Camden, Tenn. that was converted into a retirement home after the owners left. Carey Counseling purchased and began managing the property in 2003. The city of Camden is located in Benton County, a sparsely populated county in northwest Tennessee (Table 12).

Table 12. City of Camden Selected Characteristics

	Camden	Tennessee
2000 Population	3,828	5,689,283
65 Years and Over	26.0%	12.4%
Disability Status (population 21 to 64 years)	37.7%	21.9%
Disability Status (population 65 and over)	56.2%	47.8%
Individuals Below Poverty Level	16.6%	13.5%

Source: U.S. Census 2000

The Project

Herrington Place has a total of 23 beds for persons with physical disabilities and/or chronic mental illness, over the age of 18. Twenty bedrooms are designated for persons with incomes at or below 50 percent of the area median income while the residents of the other three can be at or below 80 percent of the area median income. There is also a three-bedroom independent, congregate living facility on the property.

Herrington Place has a total of 23 beds for persons with physical disabilities and/or chronic mental illness.

Carey Counseling financed the acquisition of Herrington Place using Federal Home Loan Bank (FHLB) and HUD Supportive Housing Program resources (Table 13). Supportive services are funded through HUD's Supportive Housing Program.

Table 13. Herrington Place Funding Sources

Program Name	Purpose	Amount
HUD - Supportive Housing Program	Acquisition	$200,000
FHLB – Affordable Housing Program	Acquisition and Development	$565,225
HUD – Supportive Housing Program	Supportive Services	$98,595
	Total	**$863,820**

Source: Carey Counseling

Herrington Place has staff on hand 24 hours a day. All residents utilize case management services, which help coordinate service delivery on- and off-site. Case management staff ensure that residents are taking needed medication and provide transportation for off-site medical services. Most residents receive Medicaid, Supplemental Security Income, or Supplemental Security Disability Insurance. The residents of the independent living facility on the property also have access to Herrington Place support services.

Carey Counseling encourages involvement of family members at its housing facilities. Many residents' family members help provide transportation to medical appointments and are generally involved with their care and well-being. Carey Counseling believes this helps contribute to the residents' overall happiness.

Community Impact

Carey Counseling is a large, multifaceted organization in rural northwest Tennessee. In 2003, the organization got involved in developing and rehabilitating housing for persons with mental illness and or co-occurring disorders. The main impetus for this change came from a flexible, comprehensive, and inclusive state program. Tennessee's Creating Homes Initiative has helped local organizations gain the capacity and understanding that is necessary when attempting to develop housing plus services. This program has been very successful in providing needed housing plus services to persons with mental illness and co-occurring disorders in Tennessee by:

- *Stabilizing Residents.* Carey Counseling is actively continuing to develop and rehabilitate housing for persons with mental illness and co-occurring disorders. The organization's regional community impact has been large since it has helped supply increased housing options for mental health consumers in rural northwest Tennessee and minimized potential homelessness among this population.

- *Nurturing Relationships.* Carey Counseling states that good relationships with other community organizations are essential for providing this type of housing plus services. The organization reports excellent relationships and coordination efforts with the local hospital and other medical providers. These relationships are in part due to the organization's participation in the Creating Homes Initiative, which has helped facilitate community dialogue and planning with other groups. Carey Counseling states that CHI

has helped organizations plan together while providing the necessary impetus for housing development for people with mental illness and co-occurring disorders.

- *Reaching Out to Potential Residents.* Carey Counseling markets its housing plus services through traditional approaches, such as the local newspaper and in-house referrals, along with assistance from the Tennessee Department of Mental Health and Developmental Disabilities. TDMHDD runs the Housing within Reach program to provide up-to-date information for housing and mental health stakeholders while also providing community education on mental health and housing issues in Tennessee. The Housing within Reach program manages a comprehensive website that provides potential consumers with an up-to-date directory of housing and mental health services options that can be searched by location, type of housing, or operating agency.

Carey Counseling's work meets the NLIHC's goals for special needs housing.

Lessons Learned

Carey Counseling states that developing an understanding of the many available housing funding sources and programs is challenging for mental health organizations beginning housing work. Funding sources for this type of development are located in several federal and state agencies (see Appendix A for federal resource information). It took time and training through the CHI program to help educate Carey Counseling about the housing programs available and develop the needed capacity to begin their work. (See Appendix B for training and technical assistance providers.) Carey Counseling also reports that good organization and project management skills are essential due to the different reporting requirements of different funding sources.

HOUSING FOR OLDER ADULTS: AMIGOS DEL VALLE (TEXAS)

NLIHC Housing Plus Services Housing for Older Adults Goals	
Housing Type	**Common Goals or Outcomes**
Housing for Older Adults (including Senior Housing and Assisted Living)	To enable older adults to live (semi) independently and interdependently, possibly with caregivers or family members or in naturally occurring retirement communities (NORCs), while providing, as needed, for their basic needs. To prevent institutionalization and facilitate aging in place.

Community Context

For the past several decades the U.S.-Mexico border region has experienced extreme developmental pressures due to industrialization, immigration, and population growth. Infrastructure to meet basic environmental, health, housing, and transportation needs has not kept pace with development. Over nine million people live along the border in the four border states (HAC 2002). Amigos del Valle (ADV) was officially chartered as a nonprofit organization on October 4, 1974. ADV was created by a consortium of county and city government entities to provide nutrition, transportation, and housing services to seniors of Cameron, Hidalgo, and Willacy counties of south Texas. ADV's projects, particularly its elderly projects, are developed to assist targeted populations to continue to live healthy, productive, independent, and self-sufficient lives despite the local challenges.

Poverty in the border region is particularly high along the Texas border, with a rate of nearly 30 percent (HAC 2002). Poverty is not new to the area – nearly half (47 percent) of the border counties have had poverty rates of 20 percent or higher since 1960 (HAC 2002). The vast majority of these persistent poverty counties are located in Texas, specifically the Lower Rio Grande Valley. The city of Mercedes, located in Hidalgo County, exhibits economic characteristics similar to those of other border cities in Texas (Table 14).

Table 14. City of Mercedes Selected Characteristics

	Mercedes	Texas
2000 Population	13,649	20,851,820
Age 65 and Over	14.4%	9.9%
Population 65 and Over with a Disability	55.4%	44.8%
Families Below Poverty	30.4%	12.0%
Individuals Below Poverty	36.4%	15.4%
Median Household Income	$23,064	$39,927

Source: U.S. Census

There is a significant lack of access to adequate health care in the Rio Grande Valley area, due partly to financial barriers and the lack of medical insurance. According to Amigos del Valle, approximately 45 percent of the Valley's population is medically uninsured, resulting in infrequent visits to health facilities, unless acutely ill.[8] An uneven distribution of health care professionals and hospitals, coupled with inadequate transportation, contribute to the lack of access to health care (Table 15). These factors have a serious impact on the region's elderly population due to their need for health and social services.

Table 15. Hidalgo County Public Health Indicators

	Hildago County	Texas
Ratio of Population per Direct Care Physician	967	661
Ratio of Population per General/Family Practice	4,926	3,829
Ratio of Population per Registered Nurse	254	156
Ratio of Population per Dentist	6,641	2,820

Source: Texas Department of Health (2001)

The Project

ADV is a large multifaceted housing plus services organization, serving a rapidly growing population in south Texas. ADV is the largest nonprofit developer and manager of senior subsidized rental housing south of San Antonio. In 2005, the agency owned and managed 533 units of senior multifamily rental housing in its service area. ADV also develops and operates single-family affordable housing and community centers, and provides various supportive services to populations in south Texas.

ADV's Villas Residencial is a 40-unit elderly independent living housing project located in Mercedes, Texas. The project was completed in 1994 and serves very low-income residents over 62 years of age. Villas Residencial provides its elderly residents a variety of supportive services that help ensure their stability and physical and emotional well-being (Table 16). The organization coordinates with outside service providers for all other services and resident needs. For instance, ADV coordinates with area health care providers to ensure transportation to residents going to area service providers' facilities.

ADV derives its principal financial support from government agencies and private nonprofits including the Lower Rio Grande Valley Development Council, HUD, the Texas Department of Aging and Disability Services (TDADS), NeighborWorks® America, the Local Initiatives Support Corporation (LISC), and local counties and cities. ADV also generates local funds through fundraising projects, participant contributions, client fees, and private business and individual contributions.

[8] All information pertaining to Amigos del Valle was obtained during a phone interview on June 13, 2005.

Table 16. Villas Residencial Supportive Services

Program	Description
General Coordinator	Identify needs and provide information and coordination for community services and resources.
Meals and Nutrition Center	Provide on-site meals.
Senior Center	Provide residents and adults 60 and over a gathering place, recreational activities, day trips, and other activities.
Transportation	Coordinate with service providers to ensure transportation for residents' service appointments.
Senior Advisory Councils	Address resident issues and concerns and act as a liaison between ADV's administrative staff and residents.
Annual Events	Improve the health and wellness of clients, decrease isolation, and provide social and economic opportunities that enhance their quality of life.

To fund the construction of Villas Residencial, ADV used HUD's Section 202 program and Community Development Block Grant funds through the City of Mercedes. The city helped ADV purchase the land for senior housing and for a single-family affordable housing development. The city also provided funds for infrastructure development.

Funding for the supportive services came from the Texas Department of Aging and Disabilities, the Area Agency on Aging, HUD CDBG, and private donations (Table 17).

Table 17. Villas Residencial Funding Sources

Program Name	Purpose
HUD – Section 202	Development
City of Mercedes CDBG	Development and Support Services
Lower Rio Grande Development Council's Area Agency on Aging	Support Services
Texas Department of Aging and Disabilities	Support Services

Source: ADV

Community Impact

ADV's impact is large in a part of the country that is very poor and rapidly growing. The organization is able to provide many senior households with a safe and healthy living environment combined with appropriate services. Unfortunately, ADV is not able to provide enough senior housing to keep up with the demands of the area. ADV states there is always a

waiting list for its elderly housing and the organization hopes to build more units. Past and future success depends on:

- *Creating and Maintaining Partnerships.* ADV was created by a collaboration of local governments that saw a need for an organization to provide housing plus services to elderly residents of south Texas. ADV continues this history of collaboration by working with outside entities to provide housing plus services. Villas Residencial was created due to the partnerships with the city of Mercedes and other local government. ADV stresses that relationships with local government are essential when providing rural housing for older adults. The organization believes that one of the reasons for its success has been the relationships built throughout its long history. Local government and other funding bodies know the organization can accomplish its mission.

- *Engaging Residents and Community in Projects.* ADV has established Project Advisory Councils at each of the agency's satellite senior centers and housing projects. The Councils meet periodically to address resident issues and concerns and to develop recommendations for ADV's administrative staff. ADV believes these bodies help residents feel more invested in their communities and provide a method for residents to voice their opinions or concerns on housing or service issues.

    - ADV stresses the importance of volunteerism in helping to provide housing plus services for elderly persons. The organization utilizes volunteer help from the community to prepare meals and provide general office help. ADV states this assistance is invaluable to residents and the organization while making the community more aware of ADV's program and mission.

ADV's work is clearly helping seniors in south Texas live independently and keeping them out of nursing home settings for as long as possible. The organization thus meets the NLIHC's housing for older adults goals.

Lessons Learned

ADV recommends that organizations attempting similar development first understand the market in which they work before attempting to build or provide any housing or services. ADV recommends completing needs assessments or market studies to understand the population's needs, assets, and general characteristics.

CONCLUSION

Creating and operating housing plus services projects is inherently challenging in rural areas due to the social, economic, and geographical characteristics of these places. The rural community organizations profiled in this report illustrate how organizations are responding successfully to these challenges. There are many benefits to combining housing and services. First, it encourages community organizations to plan together and reduce any possible duplication of efforts. In addition, it utilizes limited resources more efficiently. Most importantly, housing plus services is an effective way of providing assistance to rural low-income special needs populations. It increases housing stability while providing holistic supportive services.

The organizations interviewed share common challenges in providing housing plus services in rural areas. Among the most often cited are organizational capacity issues. Housing plus services is more difficult than traditional affordable housing development since organizations must have a strong understanding of housing resources along with supportive services resources. The funding sources utilized for the housing and human services components are administered at all levels of government and in different agencies. Therefore, rural organizations need technical assistance, training, and capacity building resources to be able to effectively access programs and serve their low-income special needs populations.

All organizations interviewed report difficulty sustaining funding for their supportive services. Many organizations believe funding sources are reluctant to cover supportive services because those funds often pay for staff salaries, which often do not yield easily visible products. Supportive services are usually human services and can be difficult to evaluate. Communities with high levels of community coordination have been able to combat this problem partially by advocating and putting processes in place that document results. Clearly there is a need for increased supportive service evaluation techniques and funding resources in rural areas.

The case studies highlight certain commonalities that help organizations successfully provide housing plus services. One of the biggest common factors is the role of state government in assisting these vulnerable low-income populations. State government programs for housing plus services help provide the necessary impetus, resources, and increased organizational capacity necessary for community organizations providing housing plus services. Also, almost all of the organizations profiled utilize multiple funding sources to provide housing plus services. Usually no one source will finance either the supportive service or the housing portion of the development, so organizations must be creative when attempting to find appropriate funds.

All of the organizations profiled in the case studies collaborate and work effectively with other organizations in their communities. Each organization emphasizes the need for effective community collaboration in poor rural areas. These linkages provide the needed coordination that ensures residents receive appropriate supportive services.

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APPENDIX A.

Housing Plus Services Federal Financing Chart

This chart provides information on major sources of federal funding for housing plus services. Funding type is broken down into capital, operating, and services. Funding sources often can be used only with specific populations. It is necessary to read each program's specific rules and regulations, which are available online at the federal departments' websites. HAC, NLIHC, Technical Assistance Collaborative (TAC), and the Corporation for Supportive Housing (CSH) have many publications and resources related to housing plus services, including detailed summaries of financing resources. Their financing summary resources include detailed information on program regulations, program summaries, eligible populations, and further reading and information resources. The publications are listed in Appendix C. This chart does not cover state programs or other nonfederal resources including foundations, private entities, and others.

FUNDING TYPE: CAPITAL

Program	Agency	Description	Applicable Guide (details in Appendix C)
Rural Development Section 504 – Very Low-Income Repair	U.S. Department of Agriculture	Loans up to $20,000 and grants up to $7,500 are provided to very low-income rural homeowners to repair, improve, or modernize their homes.	HAC
Rural Development Section 533 – Housing Preservation Grants	U.S. Department of Agriculture	Enables sponsoring organizations to assist low- and very-low income homeowners and landlords serving these populations to repair or rehabilitate their dwellings.	HAC
Rural Development Section 515 – Rental Housing Direct	U.S. Department of Agriculture	Provides direct loans to finance modest rental or cooperatively owned housing designed for very low-, low-, and moderate-income families, elderly people, and persons with disabilities.	HAC
Rural Development Section 514/516 – Farm Labor Housing Loans & Grants	U.S. Department of Agriculture	Section 514 loans and Section 516 grants are provided to build, buy, improve, or repair housing for farm laborers.	HAC
Rural Development Section 538 – Guaranteed Rural Rental Housing Direct Loan Program	U.S. Department of Agriculture	Provides a guarantee for loans made by private lenders for the construction of affordable housing.	HAC
Affordable Housing Program (AHP)	Federal Home Loan Bank	Can be used for acquisition, construction, purchase, and rehabilitation of affordable housing.	NLIHC, CSH
Low Income Housing Tax Credit (LIHTC)	State Housing Finance Agencies	Provides a ten-year reduction in tax liability for owners of low-income rental housing based on the development costs of low-income apartments.	NLIHC, TAC, HAC, CSH
HOME Investment Partnership Program	Housing and Urban Development	Provides funds to states, local government, and Indian tribes for housing rehabilitation, tenant-based assistance, assistance to first time homebuyers, and new construction.	HAC, NLIHC, TAC, CSH
Housing Opportunities for People with AIDS (HOPWA)	Housing and Urban Development	Provides funding for supportive services and resources for acquisition, rehabilitation, new construction, or rental assistance for persons with AIDS or related diseases and their families.	HAC, NLIHC, TAC, CSH

FUNDING TYPE: CAPITAL (CONT'D)

Program	Agency	Description	Applicable Guide (details in Appendix C)
Community Development Block Grant (CDBG)	Housing and Urban Development	Flexible funding that can be used for a variety of housing and service projects. Communities over 50,000 people are usually "entitled" to an annual grant while those under 50,000 are eligible to compete within their respective states.	HAC, NLIHC, CSH, TAC
Supportive Housing Program (SHP)	Housing and Urban Development	Funds may be used for acquisition, supportive services, rehabilitation, new construction, leasing, and administrative costs for homeless persons.	HAC, NLIHC, TAC, CSH
Supportive Housing for the Elderly (Section 202)	Housing and Urban Development	Provides capital grants to nonprofits and cooperatives for the construction or rehabilitation of residential projects for elderly persons.	HAC, NLIHC, CSH
Supportive Housing for People with Disabilities (Section 811)	Housing and Urban Development	Provides grant funds to finance the construction or rehabilitation of supportive housing for people with disabilities, including the purchase of buildings without rehabilitation or with moderate rehabilitation for use as group homes.	HAC, NLIHC, TAC, CSH
Emergency Shelter Grant (ESG)	Housing and Urban Development	Eligible activities include renovation, major rehabilitation, or conversion of buildings for use as emergency shelters, shelter operating costs, supportive services, and homeless prevention efforts.	HAC, NLIHC, CSH
Native American Housing and Self-Determination Act (NAHASDA)	Housing and Urban Development	Under NAHASDA, most HUD funds for Indian housing are provided to tribes or tribally designated housing entities as block grants.	HAC
VA Supportive Housing Program	Veterans Administration	For supportive housing sponsors serving homeless veterans, the VA has programs and loan guarantees to provide capital for community organizations constructing supportive housing.	CSH

FUNDING TYPE: OPERATING

Program	Agency	Description	Applicable Guide (details in Appendix C)
Rural Development Section 521 – Rental Assistance	U.S. Department of Agriculture	Program enables low-income families or individuals to reside in RD rural rental, cooperative, or farm labor housing without paying over 30 percent of their incomes for rent.	HAC
Section 8 – Housing Choice Voucher Program	Housing and Urban Development	Program provides rental assistance based on a family's income and a payment standard that reflects the average costs of standard rental units for a given market area.	HAC, NLIHC, TAC, CSH
Shelter + Care (S+C)	Housing and Urban Development	Program provides rental assistance, in conjunction with supportive services funded from other sources, to homeless people with disabilities and their families.	HAC, NLIHC, TAC, CSH
Supportive Housing Program (SHP)	Housing and Urban Development	Funds may be used for acquisition, supportive services, rehabilitation, new construction, leasing, and administrative costs for homeless persons.	HAC, NLIHC, CSH
Supportive Housing for People with Disabilities (Section 811)	Housing and Urban Development	Project rental assistance is provided with Section 811 units, equal to the difference between the established rent for the dwelling and 30 percent of the tenant's income.	HAC, NLIHC, CSH

FUNDING TYPE: SERVICES

Program	Agency	Description	Applicable Guide (details in Appendix C)
Shelter + Care (S+C)	Housing and Urban Development	Program provides rental assistance, in conjunction with supportive services funded from other sources, to homeless people with disabilities and their families.	HAC, NLIHC, CSH
Supportive Housing Program (SHP)	Housing and Urban Development	Funds may be used for acquisition, supportive services, rehabilitation, new construction, leasing, and administrative costs for homeless persons.	HAC, NLIHC, CSH
Housing Opportunities for People with AIDS (HOPWA)	Housing and Urban Development	Provides funding for supportive services and resources for acquisition, rehabilitation, new construction, or rental assistance for persons with AIDS or related diseases and their families.	HAC, NLIHC, TAC, CSH
Substance Abuse & Mental Health Administration (SAMSHA) - Mainstream Block Grants	Health and Human Services	HHS has a variety of federal block grant programs that fund different substance abuse and mental health programs at community mental health centers.	CSH
Substance Abuse & Mental health Administration (SAMSHA) – Discretionary	Health and Human Services	Discretionary substance abuse and mental health programs. Details of each program are posted in a yearly Notice of Funding Availability.	CSH
Medicaid	Health and Human Services	Federal entitlement program that funds health care for low-income families and disabled or elderly persons.	CSH
Ryan White Comprehensive AIDS Resources Emergency Care Act Programs: Title I & II	Health and Human Services	Provides funding to localities, states, and other public or private nonprofit entities to develop, organize, coordinate, and operate systems for the delivery of essential health care and support services to medically underserved families and individuals affected by HIV disease.	CSH
Projects for Assistance in Transition from Homelessness (PATH)	Health and Human Services	Provides financial assistance to states to support services for individuals who are suffering from serious mental illness or substance abuse and are homeless or at risk of imminent homelessness.	HAC, NLIHC, TAC
Temporary Assistance to Needy Families (TANF)	Health and Human Services	Block grant program for states to provide assistance to low-income families.	NLIHC

FUNDING TYPE: SERVICES (CONT'D)

Program	Agency	Description	Applicable Guide (details in Appendix C)
Health Center Grants for Homeless Populations	Health and Human Services	A competitive grant program designed to promote and sustain the health status, outcomes, and well-being of homeless people, including homeless children.	CSH
Transitional Living Program for Older Homeless Youth	Health and Human Services	A national competitive grant program to fund transitional living projects that provide shelter, skills training, and support services for homeless youth, including pregnant and parenting youth, ages 16 to 21, for a maximum of 18 months.	CSH
VA Supportive Housing Program	Veterans Administration	For supportive housing sponsors serving homeless veterans with mental health and substance abuse issues, the VA has programs to provide clinical care and case management service to homeless veterans.	CSH

Source: CSH, HAC (2003), TAC, NLIHC (2005)

APPENDIX B.

Technical Assistance and Information Resources

AIDS Housing of Washington
2014 East Madison, Suite 200
Seattle, WA 98122
Tel: 206-322-9444
E-mail: info@aidshousing.org
Website: www.aidshousing.org

AIDS Housing of Washington (AHW) is an AIDS housing national technical assistance provider. AHW has many publications and resources available on its website and conducts trainings and conferences on providing housing for people with HIV/AIDS.

Corporation for Supportive Housing
50 Broadway, 17th Floor
New York, NY 10004
Tel: 212-986-2966
E-mail: info@csh.org
Website: www.csh.org

The mission of the Corporation for Supportive Housing (CSH) is to help communities create permanent housing with services to prevent and end homelessness. CSH is a national nonprofit organization with offices in 10 states and the District of Columbia. CSH's website has many useful publications and resources, including detailed funding and information resources for community organizations. CSH also offers technical assistance and holds trainings and conferences throughout the country on housing plus services projects. According to its website, CSH provides high-quality advice and development expertise by making loans and grants to supportive housing sponsors, by strengthening the supportive housing industry, and by reforming public policy to make it easier to create and operate supportive housing.

Housing Assistance Council
1025 Vermont Ave., NW, Suite 606
Washington, DC 20005
Tel: 202-842-8600
E-mail: hac@ruralhome.org
Website: www.ruralhome.org

The Housing Assistance Council (HAC) is a nonprofit corporation that supports the development of rural low-income housing nationwide. HAC provides technical housing services, loans from a revolving loan fund, housing program and policy assistance, research and demonstration projects, and training and information services. HAC is an equal opportunity lender. Its website includes extensive publications on rural housing development and funding programs. It offers training sessions every year and a national rural housing conference every two years.

National Alliance to End Homelessness
1518 K St., NW, Suite 410
Washington, DC 20005
Tel: 202-638-1526
E-mail: naeh@naeh.org
Website: www.naeh.org

The National Alliance to End Homelessness (NAEH) is a nonprofit organization whose mission is to mobilize the nonprofit, public, and private sectors of society in an alliance to end homelessness. NAEH has many publications and resources available on its website, including guidelines on the necessary steps needed to develop community planning processes to end homelessness.

National Coalition for the Homeless
2201 P St., NW
Washington, DC 20037
Tel: 202-462-4822
E-mail: info@nationalhomeless.org
Website: www.nationalhomeless.org

The National Coalition for the Homeless (NCH) provides public education, policy advocacy, and grassroots organizing assistance to communities. NCH compiles research and fact sheets about homelessness.

National Low Income Housing Coalition
727 15th St., NW, 6th Floor
Washington, DC 20005
Tel: 202-662-1530
E-mail: info@nlihc.org
Website: www.nlihc.org

The National Low Income Housing Coalition (NLIHC) provides policy and legislative advocacy for affordable housing and community development issues. NLIHC also provides timely updates on funding and legislative action concerning federal funding of housing and community development programs. The organization publishes affordable housing publications and resources and strives to advocate and educate the country about housing and community development issues.

Supportive Housing Collaborative of the Southeast
4405 Mountaindale Rd.
Birmingham, AL 35213
Tel: 205-956-6960
E-mail: Randy@r2-solutions.net

Supportive Housing Collaborative of the Southeast (SHCS) is a comprehensive project sponsored by the United States Department of Housing and Urban Development Office of HIV/AIDS Housing, AIDS Housing of Washington, and the Ford Foundation. Its mission is to increase housing options across the Southeastern states for low-income individuals and

families living with HIV/AIDS and other special needs. SHCS, through hired consultants, provides technical assistance and trainings for organizations developing housing plus services and works in Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and the Florida panhandle.

Technical Assistance Collaborative
535 Boylston St., Suite 1301
Boston, MA 02116
Tel: 617-266-5657
E-mail: info@tacinc.org
Website: www.tacinc.org

TAC is a national nonprofit organization that works to achieve positive outcomes on behalf of people with disabilities, people who are homeless, and people with other special needs by providing state-of-the-art information, capacity building, and technical expertise to organizations and policymakers in the areas of mental health, substance abuse, human services, and affordable housing. TAC's website has many useful housing plus services publications, including reports on funding and information resources.

APPENDIX C.

Resource Publication Guides

Finding the right mix of federal or non-federal programs for your community involves understanding your organization's needs and resources, planning well with a solid base of community support, and knowing the various programs available.

All government programs, federal and non-federal, change periodically as new legislation is adopted or new regulations are issued. Some of the programs in the guides listed below may not be currently funded or are funded at very low levels. Although most of the information in the guides listed below is updated often, always check with the funding source to be sure the guide's description is still accurate before attempting to use any program.

The Housing Assistance Council has a number of additional rural-specific publications available free for download on its website, www.ruralhome.org. These include resource and fundraising guides, along with housing program manuals and reports.

Housing Assistance Council. *A Guide to Federal Housing and Community Development Programs for Small Towns and Rural Areas.* Available on the World Wide Web: <www.ruralhome.org>.

Corporation for Supportive Housing. *Financing Supportive Housing: Online Program Summaries and Resources*. Available on the World Wide Web: <www.csh.org>.

National Low Income Housing Coalition. *2006 Advocates' Guide to Housing and Community Development Policy*. Available on the World Wide Web: <www.nlihc.org>.

Technical Assistance Collaborative. *Federal Housing Resource Guide.* Available on the World Wide Web: <www.tacinc.org>.

The "housing plus services" model recognizes the necessary link between affordable housing and supportive services for special needs populations. Rural communities face unique challenges implementing this model for their residents. The Housing Assistance Council examined a variety of ways rural organizations are providing housing plus services. This report includes five case studies of rural communities providing coordinated affordable housing and social services to different special needs populations. The case studies illustrate the essential components for successful housing plus services projects in rural America. The report also includes a funding and information resources guide.

ISBN 1-58064-146-6