



Supportive Housing Information and Resources

March 2018



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Introduction

This publication provides information for developers, owners, management agents, administrators and service providers about policies, procedures and expectations for developments with Supportive Housing (SH) units and rental assistance programs serving people experiencing homelessness and People with Disabilities (PWD).

This publication does not supersede the requirements of applicable funding sources that apply to a particular development.

Chapter 1 – Purpose and Background

1.01 Ending Homelessness

In 2004, in response to a dramatic increase in homelessness, Minnesota’s Business Plan to End Long-Term Homelessness (LTH) was created to address the housing and service needs for people trapped in the cycle of homelessness. Based on the estimated need at the time, the goal was to create 4,000 Permanent Supportive Housing (PSH) opportunities for people experiencing LTH. The Minnesota Housing Finance Agency (Minnesota Housing) surpassed this goal in 2013, and while the rate of the growth of homelessness is finally on a downward trend, there is still a large number of people experiencing homelessness who need Supportive Housing (SH).

A new [state plan to prevent and end homelessness](#) was created in 2014 and is aligned with federal policy goals and timelines to end veterans, chronic, family, and youth homelessness. A subsequent action plan approved by the Minnesota Interagency Council on Homelessness (MICH) for 2016-17 has set a new goal of producing 5,000 units of affordable and Supportive Housing. Minnesota Housing is the lead state agency responsible for implementing this goal, in collaboration with its funding partners.

1.02 Minnesota Housing Strategic Priority

To meet the goals of the state plan, Minnesota Housing created a strategic priority to prevent and end homelessness. A primary goal of the plan is to create new affordable and Supportive Housing units for low-income households. To this end, Minnesota Housing provides priorities and incentives through funding opportunities for housing developers and organizations to create affordable and Supportive Housing units. This includes the Multifamily Consolidated Request for Proposals (Multifamily RFP) and the Low-income Housing Tax Credit (HTC) Qualified Allocation Plan (QAP) for capital funding, as well as rental assistance and operating subsidy programs and initiatives.

1.03 Why Permanent Supportive Housing

Permanent housing with supportive services is a proven intervention for assisting households with histories of homelessness and barriers to accessing and maintaining housing. Supportive Housing improves housing stability, employment, health and many other quality of life factors. Research demonstrates that individuals in Permanent Supportive Housing (PSH) use fewer emergency services and fewer resources in high cost systems such as emergency medical treatment, inpatient psychiatric care, detox, jail and shelter.

Supportive Housing is often the most appropriate intervention for people experiencing LTH. Minnesota Housing offers various capital and rental assistance funding resources and incentives for developers and administrators to create Supportive Housing units targeting the highest need households experiencing homelessness.

1.04 Permanent Supportive Housing Eligibility – From Long-term Homelessness to High Priority Homeless

Since 2005, Minnesota Housing’s funding priority for housing developments with PSH units and rental assistance programs has been to create units for people experiencing LTH. The intent has always been to prioritize households with the highest needs for Supportive Housing. With the implementation of

Coordinated Entry (CE) across the state, we have been slowly transitioning the eligibility from LTH to High Priority Homeless (HPH).

New in 2016-17: Expanded Eligibility for Families with Children and Youth

To facilitate Minnesota’s priority to end homelessness for families with children and youth and to target the highest priority households for Supportive Housing units, in 2016 and 2017, funding criteria for Supportive Housing units targeted for families with children and youth included an expanded eligibility:

Eligibility for families and youth included 1) Households experiencing LTH, 2) Households at Significant Risk of LTH, or 3) Households prioritized for PSH by the CE system. This eligibility only applies to projects funded in the 2016 and 2017 Multifamily RFP, and this language will be included in legal documents.

New in 2018: High Priority Homeless (HPH)

In recognition of other important indicators besides the length of homelessness and new assessment tools to determine a person’s need and priority for supportive housing, and with the implementation of Coordinated Entry providing the ability to be more nimble in response to local needs and establish more timely priorities, funding criteria for Minnesota Housing funded PSH units will be HPH households. Minnesota Housing plans to expand this eligibility to existing LTH units and will notify all providers when the policy is changed.

All funding sources for the housing, operating expenses and services must be considered to determine the eligibility criteria for households in PSH units. The most restrictive requirement will apply. For example, if a unit is restricted to LTH and Chronically Homeless, the applicant must meet the Chronically Homeless eligibility criteria. Or if a unit is restricted to HPH but has Housing Support (fka Group Residential Housing (GRH)) funding, the tenant will still need to meet the LTH eligibility for Housing Support.

Refer to Chapter 2 for the LTH and HPH definitions and a comparison of the LTH and Chronically Homeless definitions.

Refer to Appendix C for common LTH eligibility questions.

Documentation of Homelessness Eligibility: Units designated to serve people who are LTH or HPH must verify applicant eligibility and retain documentation in the tenant file as described later in Chapter 11– Monitoring and Reporting Requirements.

An [interactive training module](#) on LTH eligibility and documentation is available on Minnesota Housing’s website.

Refer to Chapter 5 for more information on CE.

1.05 Minnesota’s Olmstead Plan

[Minnesota’s Olmstead Plan](#) was approved by the U.S. District Court in September 2015. The plan is a broad series of measureable goals to ensure people with disabilities are living, learning, working and enjoying life in the most integrated setting. The plan is meant to help people with disabilities have the opportunity to:

- Live close to their family and friends

- Live more independently
- Engage in productive employment
- Participate in community life

In Supportive Housing settings, especially where the majority of the units are serving people who are Homeless and/or who have disabilities, developers should be mindful of the Olmstead Plan principles – people should have as much choice and independence as possible. They should have a lease and control of their own unit, have the freedom to come and go as they please, have visitors when they choose, make their own choices for daily activities and have opportunities to participate fully in community life. And, to the extent possible, people with similar disabilities should not be grouped together at the property, and they should be able to choose their own services and service provider.

1.06 Creating Units for People with Disabilities

The Multifamily RFP and the HTC QAP for capital funding also provide incentives to create units for People with Disabilities (PWD) through the Supportive Housing strategic priority.

Refer to Chapter 12 for more information about PWD units.

Chapter 2 – Homeless and Housing Definitions

Homeless Definitions:

<p>Household at Risk of Becoming Homeless</p>	<p>A household that is faced with a situation or set of circumstances that is likely to cause the household to become Homeless in the future, including:</p> <ul style="list-style-type: none"> • Living in substandard housing • Living in housing that is inadequate for the size of the household • Living in housing with a person who engages in domestic violence • Paying more than 50 percent of household gross income for rent • Having insufficient household resources to pay for current housing and meet other basic needs
<p>Homeless (Minnesota programs)</p>	<p>A household lacking a fixed, adequate, nighttime residence (includes doubled up)</p>
<p>Homeless (HUD)</p>	<p>HUD has four categories of homeless definitions for eligibility for different types of programs. Eligibility for Supportive Housing uses the following two definitions:</p> <ol style="list-style-type: none"> 1. An individual who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; 2. Any individual or family who: <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime

	<p>residence or has made the individual or family afraid to return to their primary nighttime residence;</p> <p>(ii) Has no other residence; and</p> <p>(iii) Lacks the resources or support networks, e.g., family, friends, and faith based or other social networks, to obtain other permanent housing.</p>
<p>Households at Significant Risk of Long-term Homelessness (Minnesota Housing)</p>	<p>Includes (a) households that are homeless or recently homeless with members who have been previously homeless for extended periods of time and are faced with a situation or set of circumstances likely to cause the household to become homeless in the near future, and (b) previously homeless persons who will be discharged from correctional, medical, mental health or treatment centers who lack sufficient resources to pay for housing and do not have a permanent place to live.</p>
<p>Households at Significant Risk of Long-Term Homelessness (DHS)</p>	<p>Families with minor children, or unaccompanied youth who have had two or more episodes of homelessness that have resulted in shelter stays. This definition is used for DHS’s LTH Supportive Services Grant Program.</p>
<p>Households Experiencing Long-Term Homelessness (LTH) Minnesota</p>	<p>Persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Time spent in an institutional care or correctional facility shall be excluded when determining the length of time a household has been homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility.</p> <ul style="list-style-type: none"> • Doubled Up/Couch Hopping: Doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household (and duration is less than one year) and couch hops as a temporary way to avoid living on the streets or in an emergency shelter. • Transitional Housing (TH): Time spent in TH is a neutral event. It is not considered time housed or time homeless when determining LTH eligibility. • Institutions: Time spent in an institutional care (treatment, hospital, foster care, etc.) or correctional facility (jail or prison) is a neutral event. It is not considered time housed or time homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility. That time can be considered time homeless. <p>Evaluate the housing history prior to and after TH or an institutional stay to determine if it meets the state’s LTH definition.</p> <p>NOTE: Minnesota's definition does not require that the person have a disabling condition. Refer to Appendix C for frequently asked questions for guidance on determining LTH eligibility.</p>

Chronically Homeless (HUD)	<p>A “Chronically Homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.</p> <p>In order to meet the “Chronically Homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an Emergency Shelter, or in a safe haven.</p> <p>Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual.</p>
Difference between Minnesota Long-Term Homelessness and HUD Chronically Homeless definitions	<p>For HUD Chronically Homeless, an adult in the family or minor head of household must be disabled and meet the HUD definition of homelessness the night before program entry. These are not requirements for Minnesota LTH. The household does not have to have a member with a disability or be HUD homeless the night before program entry. Minnesota’s LTH definition also does not consider the total length of time for the four episodes of homelessness.</p>

Homeless Type	Homeless status at time of application acceptance	Disability required?	Length of time Homeless for each episode	Total time Homeless for the 4 episodes
LTH	HUD Homeless, doubled up, institutional stay	No	No set length	No set length
Chronically Homeless	HUD Homeless	Yes	At least 7 days of a living situation between homeless episodes	The time homeless for the four episodes must equal 12 months

High Priority Homeless (HPH) (Minnesota Housing)	Households (individuals, families with children or youth) prioritized for Permanent Supportive Housing (PSH) through the Coordinated Entry (CE) system.
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Types of Housing and Shelter

<p>Supportive Housing (SH)</p>	<p>Supportive housing, in its broadest definition, is affordable housing linked with social services tailored to the needs of the population being housed. The goal of supportive housing is to provide affordable housing with access to an array of services designed to foster housing stability and improve health and quality of life for the population to be served.</p> <p>The terms SH and PSH are used interchangeably in the industry and throughout this publication.</p>
<p>Permanent Supportive Housing (PSH)</p>	<p>Permanent rental housing affordable to the population served where support services are available to residents. Permanent supportive housing is available to individuals and families with multiple barriers to obtaining and maintaining housing, including those who are homeless and those with mental illness, substance abuse disorders and other disabilities.</p> <p>NOTE: HUD requires a disability for PSH eligibility for people experiencing homelessness.</p>
<p>Emergency Shelter (ES)</p>	<p>Temporary, short-term lodging for individuals or families who are homeless.</p>
<p>Transitional Housing (TH)</p>	<p>Temporary housing, with services, that facilitates the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months or less).</p>
<p>Rapid Re-housing (RRH)</p>	<p>Rapid Re-housing is an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Rapid Re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record or sobriety), and the resources and services provided are typically tailored to the unique needs of the household. The core components include housing identification, move-in and rental assistance and case management and services. The length of assistance can vary between three and 24 months.</p>

Chapter 3 – Planning for Supportive Housing Developments or Units

3.01 Strategic Priority to Prevent and End Homelessness

As described in Chapter 1, Minnesota Housing has a strategic priority to prevent and end homelessness and provides priorities and incentives for housing developers and organizations to create Supportive Housing (SH) units in funding opportunities offered by Minnesota Housing. This includes the Multifamily RFP and the Housing Tax Credit (HTC) Qualified Allocation Plan (QAP) for capital funding, as well as rental assistance and operating subsidy programs and initiatives. Applications that include SH units receive points on HTC applications and priority for deferred financing.

3.02 Pre-development Planning for Supportive Housing Units

The development of Supportive Housing can be complex and challenging. Whether planning a development with all SH units or including a portion of SH units in an affordable housing development, careful planning helps ensure that the development is positioned to provide successful and sustainable housing opportunities.

First Steps

When an organization decides to create SH units, the first steps are to identify the population to be served and target market location. The best plan is to create units to respond to an identified need in the area. Consult with the local Continuum of Care (CoC) committee to learn about the current needs for Supportive Housing in the service area. Refer to Chapter 5 for more information about CoCs.

Development considerations include:

- **Household Types:** Single adults, families with children, young parents or unaccompanied youth.
- **Tenant Characteristics:** Will you serve a specific population such as veterans, re-entry populations, persons with a serious mental illness, chemical dependency or other disabilities?
- **Location:** Where should the development be located to best meet the needs of the population? Has a particular building or land parcel been identified? If yes, does it offer access to transportation, employment and services? Is current zoning appropriate for the project?
- **Number of Units and Size of Units:** If the population to be served is households with children, what is the average size of the household? This information will help determine the appropriate bedroom sizes, unit mix and other amenities. If the household type is single adults or youth, determine if the units will be efficiencies or one bedroom. Families units must be two or more bedroom units.
- **Barriers to Housing:** People experiencing homelessness may have barriers that affect their access to housing, including very low incomes, criminal history, and poor credit and housing history, which includes evictions. They may also be struggling with mental illness, chemical dependency or fleeing domestic violence. It is important to recognize the challenges of the population you plan to serve when you develop your service plan and tenant screening criteria.
- **Tenant Selection Plans:** Develop tenant selection plans to allow access to housing for applicants who are typically screened out due to barriers. All tenant selection policies must follow fair housing laws. Refer to Chapter 10 for more information about model tenant screening practices.

Once you have determined these basic elements of the project design, you can start focusing on how to address the needs of the population to be served and develop the SH and service design elements. A single project may plan to serve households with specific characteristics or may plan to serve tenants with a range of different characteristics within the development. Keep fair housing laws and principles of Minnesota's Olmstead Plan in mind when determining priority populations and developing the project design.

Development Partnerships

The relationships that are established during the pre-development phase of a Supportive Housing project are essential to future success. Developers or organizations that want to develop Supportive Housing units will need to create partnerships with experienced entities. It is important to have the roles of developer, owner, property manager and service provider identified early to collaboratively develop the Supportive Housing model.

Supportive Housing Model

Determine the housing model you will use for the SH units. Base the model on the population to be served and the philosophy of care of the SH team. There are many factors to consider in the design of your model, from tenant selection criteria and service and retention strategies, to property management and security practices.

Will you provide low barrier entry practices and person-centered planning? Will you have specific requirements for applicant acceptance and housing retention? How will tenants be engaged in services? What type of service presence will you have on site? How will tenants be engaged and integrated into the community? What community partnerships do you need? Will you need front desk security? What skills and experience are needed for staff?

Refer to Chapter 6 for more information about SH models.

Service Plan

Once the SH model has been determined, the next phase is to create a detailed service plan in line with the SH model to meet the needs of the population to be served. It is important to work with the development team and community partners to create a comprehensive plan. Refer to Chapter 6 for information on service plan development.

Building Community Support

Meeting in advance with stakeholders in the community, especially Continuum of Care (CoC) coordinators, county human services staff and government officials, is important and strongly recommended. When you are developing a project that has all SH units, it is also advisable to meet with neighborhood and community groups early in your process to address citizen concerns by providing solid evidence of the benefits of SH. There are numerous examples throughout Minnesota that demonstrate the benefit developments bring to the community where they are located.

Funding Resources

The most challenging aspect of developing SH is securing the financial resources needed to complete the development. Resources for services are outlined in Chapter 7. Resources for rental assistance and operating support are outlined in Chapter 8. Capital resources are available from public and private sources. Minnesota Housing offers capital resources in its annual Multifamily RFP.

3.03 Technical Assistance

Minnesota Housing staff are available to answer specific questions and provide technical assistance during pre-development planning. Refer to Chapter 14 for SH contacts.

Processing agents and consultants are often used to help plan SH developments and complete funding applications.

The Corporation for Supportive Housing (CSH) offers information and resources for development, management and program policy for SH.

- [Supportive Housing Facts](#)
- [Dimensions of Quality Supportive Housing](#)

Chapter 4 – Minnesota Housing Request for Proposals

Minnesota Housing, in conjunction with its funding partners, conducts an annual Consolidated Multifamily Request for Proposals (Multifamily RFP) for capital resources and may also include some resources for rental assistance and operating support. The annual Multifamily RFP is published in April, with applications due in June. As mentioned previously, ending homelessness is a strategic priority for Minnesota Housing, and it offers incentives for developing Permanent Supportive Housing (PSH) units with Low-income Housing Tax Credit (HTC), bonding and deferred financing resources in the Multifamily RFP.

4.01 Supportive Housing Priorities

High Priority Homelessness Priority (HPH)

The Multifamily RFP has a priority for developments that target all or a portion of their units for PSH for HPH households. Points are awarded to applicants that will set aside units to rent to High Priority Homeless (HPH) households. See the HTC self-scoring worksheet for available points for the year you plan to submit an application. [Housing Tax Credit Home Page](#)

Continuum of Care (CoC) Priority Points

Applicants can also receive points for addressing the priority household type (families with children, single adults, youth singles or youth with children) determined by each local CoC.

The CoCs use their annual Homeless Point-in-Time Count, Coordinated Entry and needs assessment data along with their current housing inventory to determine their priorities for household types. Developers should carefully consider the local CoC needs and priorities to determine the population to be served and unit sizes for the HPH units.

4.02 Supportive Housing Threshold Criteria for High Priority Homeless Units

All applicants with HPH PSH units must meet each threshold criterion outlined below to receive SH points.

- **Supportive services:** On-site service coordination and tenant engagement must be made available to all SH residents. The level and type of services offered should be appropriate for the needs of the population to be served, with a minimum of tenant service coordination for an average of two hours per household per week.
- **Experienced service provider with demonstrated outcomes:** At a minimum, the service provider has experience providing services to a similar population to maintain housing over a period of time, and has sufficient capacity to deliver the services proposed.
- **Service funding commitments:** At a minimum, a portion of service funding is secured and there is a viable plan for securing the remaining resources. The applicant must provide evidence in the application narrative and commitment letters or other documentation.
 - Developments with 5 percent to 9.99 percent HPH units must have secured 75 percent of service funding

- Developments with 10 percent to 49.99 percent HPH units must have secured at least 20 percent of service funding
- Developments with 50 percent to 100 percent HPH units must have secured at least 5 percent of service funding
- **Coordinated Entry (CE) and serving highest need households:** The property owner must agree to accept high priority households for the HPH PSH units through CE.

4.03 Supportive Housing Application Components

The following documents must be submitted as part of the application to be considered eligible for Supportive Housing funding or HPH PSH points.

- **Supportive Housing Narrative** signed by the service provider

To be considered a competitive applicant for HPH units, the narrative responses must reflect and demonstrate a joint response by the developer, owner, primary service provider and management agent. The applicant must thoroughly answer all of the questions to give Minnesota Housing a fairly complete picture of the Supportive Housing plan. Note that the development must have a designated service provider at the time of the application to be considered feasible. The narrative is not considered complete unless it is signed by the service provider.
- A current **Service Provider Qualification Form** (215A) can be submitted by the service provider any time before the Multifamily RFP due date.
- **Human Services Confirmation Letter**

Must be submitted by the application due date. Applicants must **contact the county or tribal human services office early** in the Multifamily RFP process to allow enough time for them to review the proposal and complete the letter.
- **Continuum of Care (CoC) Confirmation Form** (not required for applicants in Hennepin County)
 - Must be signed by the CoC to confirm that the proposed units meet a need in the service area.
 - The CoCs expect all applicants to provide information about the development to the CoC before they will sign the form. They may also require you to attend a CoC meeting to present your proposal. Most CoCs meet monthly, **so applicants need to contact the CoC coordinator early** in the Multifamily RFP process to make arrangements. Contact information is provided on the Continuum of Care Form (available in the [Multifamily Customer Portal](#)).

4.04 Application Review Process

Capital funding through the Multifamily RFP is extremely competitive. In a typical year, Minnesota Housing funds one out of every three applications. Applications undergo an extensive review process to determine funding eligibility and the overall readiness and feasibility of the development. The capacity of all development partners is also reviewed.

Financial feasibility, operating costs and physical design standards are evaluated by Minnesota Housing underwriters, asset managers and architects.

The Housing Stability Team at Minnesota Housing reviews all relevant elements of the application to determine scoring eligibility and feasibility of the SH and HPH units. Elements that are reviewed include:

- The application is complete and meets the PSH threshold criteria to be eligible for HPH points
- Affordability of the HPH units must have rental assistance or rents set at underwriting levels for SH as published annually on the [Rent and Income Limits](#) webpage
- Supportive Housing model is well-described and incorporates best practices appropriate for the population
- There is adequate service provider capacity and experience working with the population in SH
- Service components support the population and align with the housing model
- Service staffing levels are adequate to support the population and align with the service model
- Community partnerships for services are identified
- Service funding is identified and is likely to be secured
- There is a clear separation of roles between property management and service provider
- Tenant screening criteria should allow for “screening in” households that may have a negative housing history, poor credit or criminal history

Chapter 5 – Continuum of Care and Coordinated Entry

5.01 Continuum of Care

A Continuum of Care (CoC) is a local planning body that coordinates housing and services planning and funding for homeless families and individuals. The CoC tracks and manages the homeless needs and services in its area. One of most important activities entrusted to the CoC is the annual Point-in-Time Count of the homeless population and an annual inventory of services and housing that make up the homeless assistance system. These counts provide an overview of the state of homelessness in a CoC region and offer the information necessary to plan for housing and service resources based on need.

A CoC plan is required in order to be eligible for the Department of Housing and Urban Development (HUD) McKinney Vento Homeless Assistance funds. The plan helps to organize strategies and priorities to end homelessness and to improve the homeless response system to most effectively deliver the right service at the right time to meet the specific needs of people experiencing homelessness. The plan includes action steps and measures to monitor the CoC's performance in preventing and ending homelessness.

Continuum of Care Priorities for Supportive Housing

Each local CoC determines its priority population for Permanent Supportive Housing (PSH) units for each county in its region. Developers should consider the local priority when planning PSH High Priority Homeless (HPH) units and selecting a service provider. Applicants that address the CoC priority will be more competitive for deferred funding resources and will receive points on HTC applications. The CoC priorities are published each year in the HTC QAP and the Multifamily RFP.

Continuum of Care Confirmation Form

Applications that include PSH HPH units must contact the local CoC committee to request a Continuum of Care Confirmation Form. The committee will review the application materials to confirm that the proposed units address a priority in their plan to end homelessness. Developers are expected to attend a CoC meeting to present their proposal, so applicants need to contact the CoC coordinator as soon as possible to schedule a presentation. Contact information for CoC coordinators is listed on the confirmation form.

NOTE: The Continuum of Care Confirmation Form is not required for applicants in Hennepin County.

5.02 Coordinated Entry

All referrals for PSH and HPH units must come from the local CoC CE process.

Coordinated Entry (CE) means a centralized or coordinated process for conducting a needs assessment and referrals to housing and services for people seeking housing assistance. A CE system covers the geographic area of the CoC, is easily accessed by individuals and families seeking housing or services, is well advertised and also includes a comprehensive and standardized assessment tool. The goal of CE is to match people to the most appropriate service based on the person's needs. A centralized waiting list allows communities to prioritize households with the highest need PSH and HPH units.

Coordinated Entry provides the opportunity for people to more easily access the appropriate services. By connecting people to the right service, resources can more effectively be used to help end homelessness in Minnesota.

Local CoCs have implemented CE for all homeless assistance and housing programs. All Supportive Housing providers are expected to only take referrals for the PSH and HPH units from the CoC CE process. Property managers must notify the CoC CE contact whenever a PSH vacancy occurs, and they must agree to accept referrals for eligibility screening for the unit. The CoC CE will then provide applicant referrals when a unit is listed as available for leasing. The exact process is determined by the local CoC and participating providers. Contact the [local CoC coordinator](#) to learn how the CE process works in your community.

For more information about how CE works for PSH, see the guide for developers, owners and property managers on the CoC webpage: [Coordinated Entry Information for Owners and Property Managers](#)

Chapter 6 – Supportive Housing and Service Models

6.01 Principles

An underlying core principle of Minnesota’s Plan to Prevent and End Homelessness is that families, individuals and youth experiencing homelessness will have a choice of housing and services. The housing setting may vary based on the person’s needs, preferences and the availability of housing options and the local real estate market. People can choose from a variety of Supportive Housing (SH) options, including:

- A unit in the private rental market accessed with a rental subsidy or income supplement (e.g., Housing Support (formerly known as Group Residential Housing (GRH)) and accompanied with supportive services.
- A site-based SH setting with services available on site and through connections in the community. These sites may also have a front desk and additional security measures. All residents have experienced homelessness and may have similar disabilities or service needs.
- A mixed income property with a small number of SH units. Some services may be provided on site and some may be accessed in the community.

Another core principle of the plan is matching people to the most appropriate level of housing and services based on assessed needs and then prioritizing households with the highest needs for SH. This is accomplished through the CE process.

The principles of Minnesota’s Olmstead Plan are also integral to ending homelessness and must be considered when designing SH and services to ensure people with disabilities are living, learning, working and enjoying life in the most integrated setting. People should have choice for housing and services options to live as independently as they choose.

6.02 Supportive Housing Models

The housing model describes the approach to housing and services and the extent to which the person/household is expected to comply with certain requirements or expectations in order to access and retain housing. There are two basic models for SH, with variations within each model:

- **Housing First** is a successful approach to ending homelessness and centers on providing people experiencing homelessness with housing as quickly as possible, with low-barrier admission practices and without prerequisites like evidence of sobriety or requirements to participate in services. It is a Homeless systems approach as well as a model used in SH. Evidence has demonstrated that using Housing First practices in SH by first providing people experiencing homelessness a place to live, and then access to services when they need them, results in high levels of housing stability and lower returns to homelessness.

The Housing First approach can be used in all types of SH settings (site-based, congregate, scattered site, etc.) and is appropriate for all populations (singles, youth, families with children, etc.) experiencing LTH.

Housing First has no requirements for entry (such as a period of sobriety) and no requirements for keeping housing, except those of a normal lease. Individuals, youth and families are not required to accept services. Service providers are, however, required to make a broad spectrum

of services available on an ongoing basis and to continually work to engage people in accessing services. Harm reduction practices are also often followed in Housing First settings.

- **Program Housing** provides housing with supportive services that are intrinsically tied to the housing setting. Program Housing is often based in a community of residents with a common characteristic living at a single location. Unlike Housing First, which has no requirements for entry or stay except for lease compliance, Program Housing expects or requires participation in services as a condition of residency. One example is “sober housing,” which sets forth an expectation that residents will not use alcohol or drugs. The philosophy is that people striving to maintain sobriety will be strengthened by participation in a mutually supportive community and a drug- and alcohol-free environment. Program Housing may be most appropriate when directed toward specific sub-populations, such as youth or people experiencing domestic violence.

Housing First is the emerging preferred model in the SH industry for all populations. The Department of Housing and Urban Development (HUD) advises limiting Program Housing to Transitional Housing (TH) settings for specific populations in life transitions (e.g., fleeing domestic violence, leaving incarceration and youth exiting the foster care system). The United States Interagency Council on Homelessness (USICH) and the National Alliance to End Homelessness (NAEH) also promote Housing First as the preferred model for all housing options for people experiencing homelessness.

Essential and Population Specific Services

SH offers services based on individualized needs of all household members, including children. The owner/administrator and service provider should consider the types of services and levels of support that will be offered in relationship to the needs of the population to be served. In keeping with the principles underlying choice in housing and services, the following concepts are important:

- Appropriate services will be readily offered and available to people; however, people are generally not required to accept services.
- Service engagement occurs in person and on site, usually in the household’s home.
- Some supportive services may be available on site or off site and may occur through referrals to community service providers.
- Households have choice in selecting service providers
- Services are distinct and separate from housing and property management. A tenant will need to sign a release of information in order for the service provider and property manager to share information when it is relevant and in the best interests of the tenant.

A menu of recommended service sets for SH is located in Appendix D. These service sets should be included in the SH service plan.

Service Delivery

Supportive services may be delivered on site by the primary service provider and community partners, or they may be provided through referrals to community agencies. The level of support provided to households ranges from tenant service coordination to full case management. Some sites also provide front desk security services and other additional specific services (life skills, food service, child care, community activities, etc.) The level and type of services offered should be appropriate for the needs of the population to be served and based on person-centered planning.

The minimum standard service level is tenant service coordination for an average of two hours per household per week. Tenant service coordination must have strong connections to community resources in order to demonstrate that sufficient support is available for tenants. The preferred standard of service is comprehensive case management individualized to the needs of the household members using person-centered planning and active engagement strategies.

Case Management

The former Minnesota Interagency Task Force on Homelessness developed the following guidelines to establish a consistent use of the term “case management” when describing the level of support provided to participants served by homelessness assistance programs.

Case management must include, for each household and conducted with the person receiving the case management, the following activities:

- **Assessment:** Work collaboratively with the person to identify strengths, resources, barriers and needs in the context of their local environment.
- **Plan development:** Develop an individualized service plan with specific outcomes based on the assessment.
- **Connection:** Obtain for the person the necessary services, treatments and supports.
- **Coordination:** Bring together all of the service providers in order to integrate services and ensure consistency of service plans.
- **Monitoring:** Evaluate with the person their progress and needs, and adjust the plan as needed.
- **Personal advocacy:** Intercede on behalf of the person or group to ensure access to timely and appropriate services.

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

- Intensity (frequency of contact; client-staff ratios)
- Duration (from brief to time-limited to open-ended)
- Focus (from narrow and targeted to comprehensive)
- Availability of staff (from scheduled office hours to 24-hour availability)
- Location of services
- Staffing patterns (from individual caseloads to interdisciplinary teams with shared caseloads) depending upon the needs of the client

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

Client Specific Activities:

- Outreach and engagement: To attempt to connect with people not currently accessing services
- Direct service: To provide services directly to the person (e.g., budget counseling, housing search assistance)
- Crisis intervention: To assist people in crisis in order to stabilize through direct interventions and to mobilize needed supports and/or services
- Follow-up or post-completion services: To maintain contact with the person/household after completion of services in order to track stability and provide any additional needed services

System Activities:

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

Tenant Service Coordination

A tenant service coordinator performs tasks associated with fostering housing stability and landlord-related housing support that will assist tenants in maintaining their housing, including:

- Engagement
- Assessment
- Budgeting to pay rent, utilities, food and other basic necessities
- Tenant counseling to assist individuals to understand leases and tenant responsibilities
- Mediation services related to neighbor/landlord issues
- Community building activities, that are generally social and recreational in nature, to assist tenants in developing social skills and a sense of community
- Referral source for supportive services and facilitate the tenant's connection to resources and support services in the community, particularly behavioral healthcare, primary healthcare, substance use treatment and support, and employment

Roles in Supportive Housing (site-based units)

Close coordination between all of the project partners is essential to a successful SH project. The partners should have a shared commitment to the success of each tenant and the overall development. Regardless of the housing model, a strong partnership between property management staff and the service provider is critical. It is essential that each party understands the separate and distinct roles each performs, and communicate frequently. Staff should discuss and adopt policies and procedures in line with their distinct roles and responsibilities. The property manager should operate to protect the

interests of the owner and the property, while the service provider is an advocate for the tenant. These roles should be clearly outlined and described in a Memorandum of Understanding (MOU) for the development. Refer to Chapter 9 for more information about the MOU.

The service provider and property management staff should hold regularly scheduled meetings to discuss their roles, the coordination of their efforts, any current issues, and address gaps in services and operations. The property management staff should promptly notify the service provider of any unmet tenant needs or concerns regarding tenancy, including unpaid rent or lease violations. The service provider should promptly notify property management staff of any safety or maintenance concerns. Both service provider and property management staff should receive regular training in Supportive Housing to stay current with industry trends and best practices and understand their distinct roles to support tenants in SH.

6.03 Best Practices in Service Delivery

The three strategies listed below encompass some of the best practices in providing supports to people who have experienced homelessness. They are not exclusive; rather, they can be used in conjunction with each other to provide a service package that promotes housing stability and overall well-being. When developing a service model to meet the needs of SH tenants, consider incorporating the best practices of person-centered planning, harm reduction and trauma-informed care.

Person-centered Planning

Person-centered planning is used to describe a value-based orientation and methods of organizing discovery and planning for services, treatment and support that are likely to yield more person-driven and balanced results. Effective support and services are identified to help people live, learn, work and participate in their preferred communities and on their own terms. There are many approaches to person-centered planning, but all share a common foundation:

- Person-centered planning involves the individual to be a co-developer of a plan related to his/her community participation and quality of life. It may also include family members, neighbors, employers, community members, friends, and professionals (such as physician/doctors, psychiatrists, nurses, support workers, care managers, therapists, and social workers), as chosen by the individual.
- The person-centered plan focuses on the person's preferences, strengths, talents and dreams.
- The plan assists people to define and pursue their own desirable lifestyle and future.
- The plan includes actions to make the vision of their lifestyle and future possible.

Person-centered approaches are rooted in values, goals and outcomes that are important to the person, but also take into account other important factors that affect a person's life.

Refer to the chapter on person-centered planning in Minnesota's Olmstead Plan: [Olmstead Plan - February 2017 Revision \(PDF\)](#) for more information.

Harm Reduction

According to the Harm Reduction Coalition, harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug or alcohol use. It incorporates a spectrum of strategies from safer use, to managed use, to abstinence. It strives to meet drug and

alcohol users “where they’re at,” by addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition or formula for implementing harm reduction. However, the following principles are central to harm reduction practice:

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn use.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing related harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Trauma-informed Care

Trauma may occur in many ways for people who are experiencing homelessness. Common traumas include exposure to violence, death and sexual abuse. Being Homeless is in itself a traumatic experience. According to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist “*re-traumatization.*”

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments (refer to the end of this section) that are designed specifically to address the consequences of trauma and to facilitate healing.

SAMHSA's Six Key Principles of a Trauma-informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be applied across multiple types of settings:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues

From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment and collaboration.

Trauma-specific Interventions

Trauma-specific intervention programs, those that are focused on addressing a specific experience, generally recognize the following:

- The survivor's need to be respected, informed, connected and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

6.04 Service Provider Qualifications

Service provider organizations must have demonstrated experience providing services to the population served and the organizational capacity to deliver the services. The organization must be in good standing with the Minnesota Secretary of State. Service providers should demonstrate that all staff members who have direct contact with tenants meet or exceed the following minimum qualifications:

- Have skills and knowledge acquired through at least one of the following:
 - A course of study in a health or human services-related field leading to a bachelor of arts, bachelor of science, or associate's degree
 - One year of experience with the population served (can include being a member of the population served)
 - Experience as a Minnesota Department of Human Services certified peer specialist

All new service staff must receive standardized training in Permanent Supportive Housing best practices (e.g., motivational interviewing, person centered planning, trauma informed care) and existing staff must receive annual refresher training.

The service organization and relevant staff must hold current, valid and unrestricted professional license or certification where care and supervision requires specific professional education, training and skill.

The service provider must be knowledgeable of and connected to community and mainstream services available for the population served (e.g., benefits assistance, health care, employment, education and training, mental and chemical health services, children's services, child care)

Chapter 7 – Service Funding Resources for Supportive Housing

Service funding must be secured to close on the capital financing from Minnesota Housing. There are no dedicated funding resources for services in Supportive Housing (SH). Applicants will need to explore potential appropriate services funding resources. Types of resources include:

7.01 State Grant Programs

Department of Human Services (DHS) Office of Economic Opportunity (OEO) Homeless Youth Act

Funds can be used for operating expenses or services for SH. Request for proposals issued for the state biennium in the early part of the year (state biennium starts in odd numbered years, i.e., 2017). Eligible applicants are non-profit organizations, local governments and tribal nations.

Department of Human Services – Housing Division – Long-term Homeless (LTH) Supportive Services Grant

Funds can be used for services in SH and can also pay front desk costs. Eligible applicants are multi-county or tribal nation collaboratives. There are currently six regional multi-county collaborative grantees and one tribal collaborative. Interested applicants should consult with the current local grantee for consideration for future funding.

Department of Human Services Adult Mental Health – Housing with Supports for Adults with Serious Mental Illness (HSASMI)

Funds can be used to provide supportive services for persons with Serious Mental Illness (SMI) who are Homeless, Long-term Homeless (LTH) or exiting institutions. Request for proposals are issued for the state biennium. Eligible applicants are counties, tribal nations, mental health service providers and other qualified service agencies.

7.02 Income Supplements

Housing Support [fka Group Residential Housing (GRH)] Service Rate

For people with a disabling condition who are receiving Housing Support income supplement to pay housing costs. The Housing Support provider can bill for services for eligible tenants. All Long-term Homeless (LTH) Housing Support recipients are eligible for the service rate. A provider may also be able to get a service rate for Housing Support recipients who are not LTH by using banked beds. Contact the county or the Housing Support staff at DHS to learn about available banked beds.

Minnesota Supplemental Aid (MSA)

An income supplement for people who receive Supplemental Security Income (SSI), or would receive SSI except for their income. Some MSA recipients receive additional money to pay for special diets, guardian or conservator fees, home repairs and household items. Under certain circumstances, MSA recipients can also receive MSA Housing Assistance, which helps pay for high housing costs.

7.03 Medicaid Services

There are several types of Medicaid funded services available for people with disabilities. These services may be provided by the county or tribal human services agency or by a contracted provider. Contact the local county or tribal human service agency to learn about the potential resources for the population to be served and possible providers. You can also directly contact a service provider.

- **Mental Health Services:** Adult Rehabilitative Mental Health Services (ARMHS), Assertive Community Treatment (ACT) team, Targeted Case Management (TCM) and Peer Support Specialists
- **Home and Community Based Services (HCBS)** provide a wide array of services, including waiver programs such as:
 - Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Developmental Disabilities (DD), and the Elderly Waiver
- **Housing Tenancy Support Services:** The Minnesota Department of Human Services is planning to apply for a Medicaid Benefit for Housing Tenancy Support Services in early 2018. The proposal must be approved by the Centers for Medicare and Medicaid Services (CMS). The anticipated start date is July 2019. Service providers will be notified if and when this benefit is available. Training will be provided prior to implementation.

7.04 Local Government

Talk to the local county or city staff to find out about potential resources.

- Local levy funds: Available directly or through a request for proposals
- Community Development Block Grant funds (CDBG): Available only in specific HUD entitlement jurisdictions
- County or tribal human services: Some providers have been successful working with county or tribal staff to figure out innovative ways to use program funds to help meet program goals for certain programs:
 - Foster Care
 - Child Protection
 - Minnesota Family Investment Program (MFIP) services
 - Chemical Health Consolidated Treatment Fund
 - Mental Health Initiative Funds (managed by county collaboratives)
 - Creative ways to fund services such as Return on Investment (ROI) or Pay for Performance funding
- Children's Mental Health: Possible resource for children's services
- Foster Care Transitions: For youth between 18 and 21 who are transitioning from the foster care system
- Family Home Visiting Program: Services to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children and promote family health

and economic self-sufficiency for children and families. Grants are distributed to local public health departments and tribal governments on a formula basis.

7.05 Developer

Developers can pay for tenant service coordination from the operating budget if there are adequate revenues to pay expenses. Case management and other services can be paid from the development cash flow or from the developer fee (but cannot be paid from the operating budget).

7.06 Philanthropy

Many developers and service providers apply for grant funding from philanthropic organizations whose missions and goals are aligned with SH initiatives. Some funders will provide initial start-up funding, while others might provide more ongoing support. Examples include The United Way, The St. Paul Foundation, Blandin Foundation, etc. Some helpful resources are the [Minnesota Nonprofits Grants Directory](#) and [Minnesota Philanthropy Partners](#).

7.07 Fundraising

Many developers and service providers conduct fundraising campaigns to fund services and operations for Supportive Housing. They might conduct an initial startup campaign to develop a reserve account to fund services for several years, or they might conduct ongoing or annual fundraising activities.

7.08 Connection to Services Available in the Community

It is critical to utilize community resources for service connections for SH tenants. Employment and training programs, financial and legal services, mental and chemical health services, primary health care and many other services are available in the community.

Chapter 8 – Affordability, Rent Levels and Rental Assistance

8.01 Affordability

Affordability is a key component for Supportive Housing (SH). People experiencing homelessness have very low incomes, and some may have no income at all. SH units must have rental assistance or rent levels must be set at levels affordable for the population to be served.

8.02 Supportive Housing Rent Levels

For High Priority Homeless (HPH) or People with Disabilities (PWD) units without any form of rental assistance or subsidy, rents must be set at affordable levels for the population. The current supportive housing standards for rent levels are described in Minnesota Housing’s [Underwriting Standards](#) on Minnesota Housing’s website. The gross rent (contract rent + tenant- paid utilities) should be underwritten at the following levels:

Population to be Served	Monthly Gross Rent Per Unit
SRO and Efficiency/Singles (only)	\$100
1 BR/Singles or Families with Children	\$130
2 BR or larger/Families with Children (only)	\$180

Upon occupancy, for units set aside for High Priority Homeless (HPH) or People with Disabilities (PWD) in properties without project-based rental assistance for such units, tenant rents, including an allowance for tenant-paid utilities, cannot exceed the greater of 30 percent of the household’s monthly income or the most current Supportive Housing Standard rental rate for the unit size, as published annually with the [rent and income limits](#) by Minnesota Housing.

Refer to Chapter 10 for “Rents for Supportive Housing Units without a Rent Subsidy”

8.03 Rental Assistance Resources

There are several different types of resources that can be used for rental assistance:

HUD Project-based Section 8 Rental Assistance (PBRA)

A rental subsidy that pays the difference between the gross rent and the tenant contribution of 30 percent of their income. Rents cannot exceed the local payment standard.

- **Administered by** the local Public Housing Authority (e.g., PHA, HRA, EDA).
- **Availability:** Contact the local PHA to find out how they provide PBRA.

Funds available in the Multifamily RFP

Some PHAs offer PBRA for HPH/Supportive Housing units in Minnesota Housing’s Multifamily RFP. Consult the Minnesota Housing annual Multifamily RFP guide for current availability.

HUD Continuum of Care (CoC) Rental Assistance

A rental subsidy that pays the difference between the contract rent and the tenant contribution of 30 percent of their income. The amount of rent paid to the owner cannot exceed local rent reasonableness standards. Awards are calculated based on the local Fair Market Rent (FMR).

- **Administered by** the local Public Housing Authority (PHA, HRA, EDA, etc.) or a private nonprofit organization.
- **Availability:** Applications through the local Continuum of Care (CoC) in the HUD annual Notice of Funds Available (NOFA). Funding availability varies and HUD sets different priorities for each NOFA. Contact the local CoC coordinator for application information.

There are three types of CoC rental assistance:

- **Tenant-based Rental Assistance (TBRA):** Program participants have the ability to move and retain the rental assistance. Recipients administering TBRA may limit where participants may live if it is necessary to facilitate the coordination of supportive services. Recipients may require program participants to live in a specific area for their entire period of participation or in a specific structure for the first year and in a specific area within their geographic area for the remainder of the period of participation.
- **Sponsor-based Rental Assistance (SBRA):** A sponsor agency owns units or leases units and then subleases the unit to a program participant. Units that receive sponsor-based rental assistance can be owned or leased by the recipient, sub recipient or a private owner in the community.
- **Project-based Rental Assistance (PBRA):** Rental assistance is provided through a contract with the owner of a building who agrees to lease the subsidized units to program participants. The program participant does not retain rental assistance if they move. The unit would be rented to another eligible participant.

HUD Continuum of Care (CoC) Leasing

Funds may be used to lease individual units or all or part of a structure. Rents must be reasonable and, in the case of individual units, the rent paid may not exceed HUD-determined Fair Market Rents (FMR). Leasing funds may not be used for units or structures owned by the recipient, subrecipient, their parent organization(s), any other related organization(s) or organizations that are members of a partnership where the partnership owns the structure without a HUD-authorized exception. When leasing funds are used to pay rent on units, the lease must be between the recipient or the subrecipient and the landowner, with a sublease or occupancy agreement with the program participant.

- **Administered by** the grantee of the funding. Eligible applicants are private nonprofit organizations.
- **Availability:** Applications through the local CoC in HUD's annual NOFA. Funding availability varies and HUD sets different priorities for each NOFA. Contact the local CoC coordinator for application information.

HUD Continuum of Care (CoC) Permanent Supportive Housing (PSH) Operating Assistance

A grant that can be used to cover a portion of the properties operating costs. Tenants cannot pay more than 30 percent of their incomes for rent. Operating costs funds may be used to pay the day-to-day operating costs in a single structure or individual housing units, including maintenance (such as scheduled replacement of major systems), repair, building security (when CoC program funds pay for more than 50 percent of the facility by unit or area), electricity, gas, water, furniture, equipment, property insurance and taxes. These costs may not be combined with rental assistance costs within the same unit or structure.

- **Administered by** the grantee of the funding. Eligible applicants are private nonprofit organizations.
- **Availability:** Applications through the local CoC in HUD's annual NOFA. Funding availability varies and HUD sets different priorities for each NOFA. Contact the local CoC coordinator for application information.

8.04 Housing Support [fka Group Residential Housing (GRH)]

The Housing Support program is a state-funded income supplement that pays for room and board for seniors and adults with disabilities who have low incomes. In addition to these criteria, adults who are also LTH are eligible for Housing Support assistance for housing as well as supportive services in their tenant-based SH setting.

Rate

Effective July 1, 2018, the current maximum Housing Support housing payment is \$904 per month. For a typical housing unit in an affordable housing development, Minnesota Housing's underwriting standard allows Housing Support rents to be set up to \$704, but not more than rent levels for similar units at the property.

NOTE: Some settings are allowed to use the total Housing Support rate for housing costs if the room and board provisions can be provided with other resources. This will be determined when you work out your Housing Support setting type and agreement with the county and service provider.

Refer to Minnesota Housing's [Underwriting Standards](#) for more information.

Housing Support Agreements

Service providers, or in some cases the property owner or manager, contract with the local county human services or tribal nation for Housing Support provision. Participant eligibility is determined by county human services or certain authorized tribal nation human services with access to state systems, such as White Earth Nation. Each county has discretion in determining the number of Housing Support units and selecting providers. Many counties, including Hennepin County, do an annual RFP to select new Housing Support properties and providers.

Applicants for capital funding in the Multifamily RFP must submit evidence of an agreement with the county to enter into a Housing Support contract.

NOTE: The Housing Support supplemental service rate is now available for all LTH eligible adults receiving Housing Support for Room and Board. The current rate is \$482.84. Counties or tribes negotiate the supplemental service rate with providers and cannot exceed the maximum unless the county or tribe agrees to pay the amount over the maximum with county funds, or the legislature has specifically authorized a higher rate for a facility.

For more information about the Housing Support program, contact your local county human services office. Also see the [DHS website](#).

8.05 Minnesota Supplemental Aid

Minnesota Supplemental Aid (MSA) is an income supplement for people who receive Supplemental Security Income (SSI), or would receive SSI except for their income. Under certain circumstances, MSA recipients can also receive MSA Housing Assistance, which helps pay for high housing costs. Contact your local county human services office for more information.

8.06 Minnesota Housing Operating Subsidies and Rental Assistance

Minnesota Housing currently provides rental assistance and operating subsidies for a number of existing SH units and developments but does not have any funding available for new developments. If new resources become available, they will be advertised in the Multifamily RFP.

8.07 National Housing Trust Fund Operating Subsidy

Minnesota Housing has funding available from the National Housing Trust Fund (NHTF) for capital and operating assistance. The funds can be used for SH. Minnesota Housing may use up to one-third of the allocation for operating assistance. This assistance may only be awarded to developments that receive NHTF capital funding. Details are provided in the Multifamily RFP announcement and guide.

Chapter 9 – Closing Requirements

Applicant selections for capital funding in the Multifamily RFP are determined at Minnesota Housing's October board meeting. Selected applicants will receive a project selection letter outlining the basic terms and conditions for funding.

9.01 Project Launch Meeting

After receiving the project selection letter, the Housing Development Officer (HDO) or Loan Processor (LP) will schedule a project launch meeting with all parties, including the developer, service provider and management agent. A Supportive Housing Officer (SHO) and a Housing Management Officer (HMO) are assigned to each development that has Supportive Housing (SH) or High Priority Homeless (HPH) units and will attend the launch meeting.

At the project launch meeting, Minnesota Housing staff will review the project plan and explain the funding requirements and the required materials (due diligence) that need to be submitted to close on the financing. The critical path for closing, including any selection conditions for funding, will also be addressed. Depending on the complexity of the SH components and the capacity and experience of the developer, service provider and management agent, the SHO may schedule an additional SH launch meeting to focus in more detail on the SH and management due diligence items.

9.02 Due Diligence Review Process

The HDO and LP are the lead contacts for the developer during the due diligence process. They coordinate all document submissions and provide the applicable documents to the SHO and HMO for review and approval. The SHO and HMO coordinate review of the SH materials, including asset management documents, and will communicate with the property development team for changes, questions and clarifications needed.

The developer, along with the service provider and management agent, are responsible to submit the due diligence items required for SH on the Due Diligence Closing Checklist, with guidance from the SHO and HMO. The developer will submit all materials to the LP or for developments funded in the 2017 RFP or later, all documents are uploaded into the [Multifamily Customer Portal](#).

Please submit all materials in an editable format for review. Do not submit PDF documents until the document has been approved by the SHO and HMO.

The SHO and HMO will work together to review some of the Supportive Housing documents that are important to both parties, primarily the Memorandum of Understanding (MOU) and Tenant Selection Plan. Minnesota Housing recommends submitting all the Supportive Housing documents at the same time to help facilitate the review process.

A timeline for submitting the SH and asset management documents is set at the project launch meeting. Minnesota Housing requires SH documents to be submitted at least 60 days prior to the anticipated mortgage credit approval or the carry over application for HTC only developments. Please ensure that you meet this timeline to accommodate any changes that may need to be made to the materials before they will be approved for closing.

The SH Due Diligence Checklist template and example documents can be found on Minnesota Housing's website under [Post Selection Materials](#).

9.03 Required Due Diligence Documents

Following is a description of each document that needs to be submitted for SH due diligence in order to close on the financing. The assigned SHO and HMO will confirm what is required for your particular project at the launch meeting. All required items will be included on the closing checklist.

Supportive Housing Memorandum of Understanding (MOU) Template

The MOU is an agreement between the owner/sponsor, the property management company, the primary service provider and any other interested party, describing how the roles and responsibilities will be coordinated with all parties. The MOU should describe the intent of the housing and service model, define terms and eligibility, outline the tenant screening and selection process, the specific duties of each party, funding resources and terms of the agreement. Use the MOU template link above to create your MOU.

The MOU is the core document for outlining how all parties will work together for a successful SH project. It outlines items that are covered in more detail in the tenant selection plan and service plan, so make sure all documents have the same, correct information. It is expected that the MOU will be revised every few years, as needed.

For projects where one entity is serving multiple roles (e.g., the owner is also the service provider or property management), the MOU must include the separate roles and duties for the property even though it is one entity.

Service Plan

The plan for providing supportive services to the population served is prepared by the primary service provider. It must include the following information (refer to the checklist help text and service plan template for the most up-to-date requirements):

- Characteristics of population(s) served
- How the program will utilize the CE system for referrals
- Eligibility screening and assessment procedures conducted by the service provider
- Service participation requirements for occupancy and any lease addendums (e.g., sobriety, service participation)
- How supportive services will be provided to participants, outlining the role of the primary service provider and collaborative service partners, including mainstream resources. Include engagement strategies that will be used. Update the Service Matrix from the application narrative and paste in the document. Refer to Appendix D for complete service sets to include in the service description
- The service staffing for the development (number of FTEs, location, responsibilities)
- If there will be front desk staff, describe staff responsibilities and number of FTEs
- The specific outcome goals for participants and how they will be measured
- The rent assistance resources for tenants

- How Homeless Management Information System (HMIS) data collection and reporting will be done for the project and the responsible entities (e.g., service provider, management agent)

Supportive Services Sources and Uses Budget

The budget identifies all of the supportive service related expenses and the proposed funding sources for the project. It also includes a section for front desk costs, if applicable. The budget must show all service costs for the primary service provider, and it must outline all line item costs, including the staffing detail (e.g., position type, FTE percentage). The primary service provider will complete the Minnesota Housing budget form and identify the secured and/or proposed sources of funding for the services and unique operating costs for Supportive Housing described in the Service Plan.

Verification of Service Funding

Provide evidence of all service funding outlined in the service budget. Examples of verification sources include a copy of a grant award letter, grant agreement, commitment letter from a funder or donor, etc. If county or tribal funding is included, then a letter of confirmation from the county human services or tribal entity is required. Medicaid funding such as Adult Rehabilitative Mental Health Services (ARMHS) or Targeted Case Management (TCM) can be verified with a letter from the provider stating that they are an enrolled provider for these services.

Services Agreement or Contracts to Fund Services

This is a formal agreement between the owner and service provider outlining what services will be provided to the population served and any costs associated with providing those services. This is done at the discretion of the owner and SHO. There is not a template for this agreement.

Long-term Homeless HMIS Memo and Contact Form

This form identifies who is responsible for data collection and reporting using HMIS. The form must be completed for developments with SH units serving LTH/HPH households. Minnesota Housing may also require the use of HMIS for other identified Homeless units. The SHO will outline the specific requirements for your development at the launch meeting.

Housing Support (fka GRH) Funding Commitment Letter

This template form letter must be completed by the county or tribal human services department for contracted Housing Support providers for developments that will use Housing Support for housing and service costs. This form letter provides Housing Support Agreement details regarding the number of Housing Support units and approved costs.

Human Services Confirmation Letter

This template form letter is from the county or tribal human services department acknowledging the proposed project in which units will be set aside for persons who are Homeless or who have disabling conditions. This letter must be submitted with the application.

Continuum of Care Confirmation Form

This form is completed by the local CoC coordinator acknowledging the proposed project addresses the needs of the community. This form must be submitted with the application. **NOTE:** The form is not required for developments in Hennepin County.

215A Qualification of Primary Service Provider

This is a Minnesota Housing form to be completed by the service provider(s) to describe the primary service provider's qualifications and previous experience with SH. This form must be submitted with the application.

210A Qualification of Management and Marketing Agent

The 210A is a Minnesota Housing form required for all developments and describes the experience and qualifications of the management agent. This form must be submitted with the application.

Affirmative Fair Housing Marketing Plan (AFHMP)

The Affirmative Fair Housing Marketing Plan (AFHMP) is a required Minnesota Housing document that each applicant completes to describe how they will conduct an affirmative marketing program to attract and reach the populations that are least likely to hear about availability of units in the development or apply for a unit. Even if the development has established service provider networks, an AFHMP must be completed and coordinated with the management agent to ensure that marketing is done affirmatively and that the plan contains acceptable outreach efforts to those groups least likely to apply.

Management Plan

The Management Plan is not a standardized Minnesota Housing form. Requirements for the management plan can be found on the checklist and may include some of the following: goals for property performance, staffing, site office hours and coverage, rent collection, move-in procedures, interaction with the supportive services (e.g., for lease infractions).

Management Agreement

If the development has a Low and Moderate Income Rental (LMIR) first mortgage or other Minnesota Housing funding source requiring a Management and Occupancy Agreement, it must be prepared using Minnesota Housing's format. Additional addendums may be needed depending on the funding sources. If the development is serving HPH households, the MOU is referenced in and attached to the Management and Occupancy Agreement.

Marketing Plan

The Marketing Plan is separate from the Affirmative Fair Housing Marketing Plan and is not a standardized Minnesota Housing form. It should have consistencies with the AFHMP. A Marketing Plan is necessary for all developments, unless the property is already fully occupied and tenant eligibility requirements are not changing. If the development is a first mortgage funded development, the HMO will provide the required Marketing Agreement Form and formatting directions.

Tenant Referrals and Coordinated Entry (CE) for Homeless Units

Properties with units designated for HPH households are required to fill available units through the CoC CE process.

Tenant Selection Plan and Criteria

A tenant selection plan is the plan and process for selecting residents. The criteria used will establish eligibility requirements necessary to qualify for residency in the development. The plan should detail the following:

- Population(s) to be served

- Definitions
- Homelessness, disability and other eligibility requirements
- The eligibility verification process
- Number of units for each program requirement
- Rent and income restrictions for each funding source
- Tenant screening criteria
- Appeal process for rejected applicants
- Tenant selection priorities

Tenant selection plans and screening criteria are instrumental and critical to ensure Homeless households have access to the housing. Goals for your screening criteria should include balancing the collective interests of each applicant, the safety of residents and management staff, and the need for the community to provide housing in an equitable manner to all low-income individuals.

Typical screening criteria for affordable or market rate units can be a barrier for households with a history of homelessness. In creating and implementing a successful tenant selection plan and screening criteria, the owner, management company and service provider need to work closely together to ensure a balanced outcome is achieved to accept the population of Homeless applicants and meet funding requirements. [Refer to Minnesota Housing guidance on tenant selection plans and criteria.](#)

Admission Preferences and Restrictions

Properties may have occupancy preferences or restrictions due to funding requirements. For instance, certain units in Minnesota Housing funded properties must be set aside and rented to homeless households, which is an occupancy restriction. A restricted unit must be rented to the identified population. A preference will affect the order in which the applicant is selected from the waiting list. Owners should consult with the loan agreements and any agreements with Minnesota Housing, HUD/USDA or other funding sources to identify applicable restrictions or preferences. Preferences and restrictions should be set out clearly in a property's tenant selection plan.

Waiting List Management

The waiting list management process should be described in the following documents: marketing plan, tenant selection plan and MOU. Collaboration between the management agent and service provider on how and who will manage the waiting list for the Homeless units is required.

All properties with Supportive Housing units are expected to work with the CoC CE process to identify referrals for eligible Homeless households. If CE is not yet fully available in your county, continue working with your CoC and service provider as needed until implementation is established. This too, is a collaborative effort between the property management company and the service provider. Refer to Chapter 5 for more information on CE.

For properties with existing waiting lists, units can be filled alternating from the existing property waiting list with referrals from CE until the waiting list is exhausted for the SH units. A reasonable ratio should be determined and documented in the MOU and the tenant selection plan.

Chapter 10 – Occupancy Guidance and Rents for Long-term Homeless and High Priority Homeless Units

All developments financed by Minnesota Housing are monitored for compliance with funding requirements and legal agreements. Chapter 11 covers the asset management and compliance requirements for developments with Supportive Housing (SH) units.

10.01 Tenant Selection

All efforts must be made to ensure that Homeless units are leased to eligible households, as defined in the development's legal documents (e.g., Declaration, LURA). Maintaining a clear understanding of legal documents is extremely important to ensure full compliance with all funder requirements. The property's front line staff should have a copy of the current tenant selection plan outlining eligibility and selection requirements.

Property managers and owners are encouraged to recognize that SH programs are intended to house people who often have poor credit, poor rental histories, or criminal backgrounds. SH programs are successful in serving the people for whom they are designed only when these issues do not raise insurmountable barriers to accessing housing.

To the extent permitted by the rules and regulations related to the type of housing, housing providers are encouraged to adopt lenient and flexible criteria regarding these common barriers when creating a tenant selection plan. [See Minnesota Housing's tenant screening guidance for more information.](#)

Tenant Lease-up

This process should be identified in the marketing plan, tenant selection plan, MOU or any like agreement outlining the details of the plan to accomplish leasing. Minnesota Housing reviews this plan for each development and can provide assistance in developing the plan.

The lease-up schedule should be discussed prior to occupancy and agreed upon by the owner, service provider and management agent, and consideration should be given to the total number of units at the development compared to the total number of SH units.

For example, one approach when leasing the LTH/HPH units is to stagger the lease-up of the LTH/HPH units to ensure that the dynamics and culture of the development is not abruptly impacted and provide a smooth transition for the new tenants. This approach will depend on the SH model, population served, whether it is a new development or rehab, and other factors.

Vacancies

If a SH vacancy occurs, every effort must be made to lease to an LTH/HPH eligible household. The owner/agent should work in partnership with the service provider to ensure effective outreach efforts are in place with Coordinated Entry (CE) in order to access an adequate pool of qualified eligible households that can be referred to the development. All properties with LTH/HPH units or any SH units for people experiencing homelessness must participate in CE for all tenant referrals.

For properties funded with tax credits and other public resources (with the exception of units with Project-based Section 8), if after 60 days of outreach and marketing efforts, the unit remains vacant, it

may be rented to the next income-eligible, *non*-LTH/HPH tenant. The property staff must notify their HMO if the development is going to rent to a non-LTH/HPH household and fall below the minimum HPH required units. Additionally, the property and supportive services staff must document the referrals and leasing efforts made to lease the unit to an LTH/HPH-eligible household. Efforts to ensure compliance with the required number of LTH/HPH units must be ongoing, and outreach must be collaboratively conducted with the service provider to ensure that the next vacant unit is leased to an eligible HPH household.

Properties with Project-based Section 8 must follow [HUD guidance for filling vacancies](#): No units may be set-aside or held off-line, but owners can fill vacancies by alternating selections from the existing project waiting lists with referrals from their partnering organization of eligible applicants who meet the preference criteria.

Tenant Retention and Housing Stability

The development should have a clear plan for tenant retention, including eviction prevention and mitigation processes and policies to address potential lease infractions. For example, there should be written procedures outlining how to address late rent payments as well as procedures to address behaviors that violate the terms of the lease. The goal is to help tenants maintain their housing without jeopardizing the property and other tenants. This information is typically outlined in the service plan and the MOU. The roles of property management and supportive services staff should be clearly outlined. Regularly scheduled meetings should occur with the service provider and management agent to discuss any concern regarding lease violations, late rent or other problems that may threaten the household's housing stability.

10.02 Rents for Supportive Housing Units without a Rent Subsidy

The initial rental rates for SH units without rental assistance are established during the underwriting process and approved on the closing or 8609 application workbook.

For units set aside for Long-term Homeless (LTH), High Priority Homeless (HPH) or People with Disabilities (PWD) in properties without project-based rental assistance for such units, the tenant rents, including an allowance for tenant-paid utilities, cannot exceed the greater of 30 percent of the household's monthly income or the most current Supportive Housing Standard rental rate for the unit size, as [published annually](#) by Minnesota Housing.

The owner must establish and implement policies and procedures to specify what income is included and must outline documentation methods used to determine 30 percent of a household's monthly income. Units with rental assistance will follow calculation and documentation methods for the applicable rental assistance program.

Adjusting Rents

The owner must establish and implement policies and procedures to specify how and when tenant income is reassessed for the SH units and how rent increases or decreases are implemented.

Note that annual recertification of income may not be required at some properties, so the owner will have to develop policies and procedures for certifying income and adjusting rents for SH units that do

not have any form of rental assistance. All rent adjustments must be done in accordance with tenant leases.

Owners must not charge rents beyond what is allowed under the applicable funding agreements. For properties with asset management oversight requiring Minnesota Housing approval for annual budgets, Minnesota Housing staff will review rent structures for the SH units during the budget process and monitoring visits.

Consistency

The owner's policies and procedures must be applied consistently to all SH units without rental subsidies. Minnesota Housing staff may request additional information to assist in verifying implementation of policy and procedure for determining rent levels set for the SH units.

Examples

In the examples below, the owner's policy is to use 30 percent of gross annual household income, without any deductions or allowances, to determine rent.

Example 1: Tenant's gross annual income is \$4,000.

- $\$4,000/12$ months = \$333 monthly income
- 30% of \$333 = \$100
- Supportive Housing Standard for unit = \$130
- Tax credit restriction for unit = \$490
- Utility allowance = \$20
- Owner may charge the tenant \$110 per month in rent because the current Supportive Housing Standard is greater than 30 percent of the tenant's income and is below the tax credit restriction. Including the utility allowance of \$20, the total tenant contribution would be \$130, equal to the current Supportive Housing Standard.

Example 2: Tenant's gross annual income is \$8,000

- $\$8,000/12$ months = \$667 monthly income
- 30% of \$667 = \$200
- Supportive Housing Standard for unit = \$130
- Tax credit restriction for unit = \$490
- Utility allowance = \$20
- Owner may charge the tenant \$180 per month in rent because 30 percent of tenant income is greater than the Supportive Housing Standard and is below the tax credit restriction. Including the utility allowance of \$20, the total tenant contribution would be \$200, equal to 30 percent of the tenant's monthly income.

Example 3: Tenant's gross annual income is \$25,000

- $\$25,000/12$ months = \$2083 monthly income
- 30% of \$2083 = \$625
- Supportive Housing Standard for unit = \$130
- Tax credit gross rent limit for unit = \$490
- Utility allowance = \$20

- Owner may only charge the tenant \$470 per month in rent because 30% of tenant income is greater than the tax credit rent limit. Including the utility allowance of \$20, the total tenant contribution would be \$490, equal to the tax credit gross rent limit.

Chapter 11 – Monitoring and Reporting Requirements

11.01 Requirements for Developments with Long-term Homeless/High-priority Homeless Supportive Housing Units

Minnesota Housing requires owners of occupied developments with funded Long-term Homeless (LTH) or High Priority Homeless (HPH) Supportive Housing (SH) units to provide specific information beyond the general funding reporting requirements. The following requirements are described in more detail below:

- Enter and report participant information in HMIS
- Report annually to Minnesota Housing on the operations of the property
 - Annual budget and financial review
 - Supportive Housing annual online property survey
- Allow asset management site visit, questionnaire and file reviews

Overall monitoring and reporting requirements will be coordinated by the Minnesota Housing Management Officer (HMO) assigned to the property. The requirements will vary, depending on the sources of funding. HMIS reporting is coordinated by Minnesota Housing's Housing Stability Team.

Homeless Management Information System (HMIS)

All providers with SH units must enter and report participant information in [Minnesota's HMIS](#), a web-based information technology system used to collect client-level data on the provision of housing and services to individuals and families experiencing or at risk of homelessness. HMIS implementation is a critical element of Minnesota's initiative to prevent and end homelessness statewide.

Direction, management and administration of Minnesota's HMIS is a collaborative effort among CoC regions, state/regional/local governmental bodies, tribes and community organizations and the system administrator. Minnesota currently uses ServicePoint software provided by Bowman Systems for its statewide HMIS.

Developments with units designated to serve LTH or HPH households are required to participate in HMIS. Typically, the service provider will collect the information from the household that is required on the HMIS LTH/HPH data collection forms, ensure the data is entered into the HMIS system in compliance with the system administrator's requirements and submit the required reports to Minnesota Housing. The Housing Stability Team will send report reminders and instructions at the end of report period to notify providers of the reports required and of the due date.

Minnesota Housing uses the HMIS data and reports in several ways:

- To monitor LTH/HPH utilization, turnover and exit destinations for each property and rental assistance program. The Housing Stability Team shares the information with the HMO and compliance teams to ensure quality and compliance and to identify performance issues.
- To track progress in ending homelessness and monitor overall system performance
- To ensure projects are reaching and serving the target population (based on demographic information) and connecting households to income and benefits, employment and health care

- To track trends and inform future policy and funding direction

Required data collection forms are available on <http://hmismn.org/forms-and-instructions/> under the Minnesota Housing LTH section and include:

- LTH Entry (single or households)
- LTH Exit (single or households)
- LTH Interim (single or households)
- Self-sufficiency Matrix

Please review the specific instructions about how to enter data into HMIS for the LTH sub-assessment. All HMIS users must attend an initial training and pay an annual license fee.

Annual Budget and Financial Review

Monitoring and reporting will be coordinated by the HMO and/or Compliance Officer assigned to the property.

- **First Mortgage/First Mortgage Oversight: Year End Financial Reporting**

Owners of properties with LTH/HPH units must comply with the applicable program guides and requirements for that program, as many funding streams require first mortgage oversight (such as Housing Infrastructure Bonds). Refer to [Minnesota Housing audit requirements](#) to find your funding program.

A copy of year-end financial statements must be submitted for the most recent fiscal year-end as required by the Regulatory Agreement or other similar agreement.

- **Deferred Loans: Year End Financial Reporting**

The instructions below are for Minnesota Housing funded developments that do not have a Minnesota Housing first mortgage or first mortgage oversight.

Owners of properties with LTH/HPH units must annually submit a Deferred Loan Owner Certification and report on the occupancy and operations of the property using Minnesota Housing's **Property Online Reporting Tool (PORT)**. Refer to the [PORT User Manual](#) for reporting instructions.

- **Other Programs**

If the property has sources of funding other than what is listed above, you must comply with Minnesota Housing's applicable program guides and requirements for that program, including financial reporting. This will be coordinated by the HMO and/or Compliance Officer assigned to the property. Please reference [Minnesota Housing's program guides](#) to view further information on the funding program for the property.

Please contact the HMO assigned to the property with any questions about the reporting requirements for units funded to serve LTH/HPH households.

Supportive Housing Annual Online Property Survey

Each year, both the property manager and the service provider individually complete an online survey about each property with LTH/HPH units. The survey is typically emailed in December and due in

February. Respondents are asked to identify areas of strengths and challenges at the property. Minnesota Housing uses summarized data from the survey to gauge customer satisfaction, identify trends and issues, plan training, and drive future policy and business decisions. Minnesota Housing also looks at individual property responses in order to provide information about operations and service provision. The survey is an important tool used to better understand Minnesota Housing's SH portfolio.

Asset Management Site Visits, Questionnaires and File Reviews

An HMO or Compliance Officer will contact the owner to arrange a site visit. The following are guidelines and protocol for the timing of site visits. Note that properties with operational problems such as high turnover, negative exits or problems filling the LTH/HPH units may require more frequent visits.

- Developments with a Minnesota Housing first mortgage will be inspected within the first full year of occupancy, and inspections may occur every year or every other year afterward, at the discretion of Minnesota Housing policy and practice.
- Developments with deferred loan sources will be inspected within the first year of full occupancy, then every three years or as needed or at the discretion of Minnesota Housing policy and practice.

Whenever possible, inspections will be coordinated if multiple funding programs' requirements overlap. Contact the assigned HMO or Compliance Officer with further questions.

When the HMO or Compliance Officer schedules the site visit, they will ask the owner to complete the LTH/HPH questionnaires prior to the visit. There is one for the service provider and one for property management to complete. Instructions will be provided at the time of scheduling.

The HMO will request to view files for some of the LTH households. The purpose of this review is to determine income at initial occupancy and verification of the LTH eligibility documentation.

11.02 File Documentation and Forms

Housing developments receiving funding from Minnesota Housing programs designated to serve people who are LTH/HPH must verify applicant eligibility and retain documentation in the tenant file.

- The [Initial Occupancy Statement by Tenant Form](#) will be required as units become vacant; they must be leased to qualified households who must disclose their income at initial occupancy on an Initial Occupancy Statement by Tenant Form. This form will be used to ensure that tenants are qualified to occupy the assisted unit.
- A **Government Data Practices Act Disclosure Statement** will be required for each household member who is over the age of 18. This form must be completed at initial occupancy and maintained in the tenant's file. By signing the form, the tenant is acknowledging his/her consent to release their data. This form does not replace the release of information that a tenant may sign, giving the management agent and/or housing provider permission to access third party verification of income or assets. Minnesota Housing has two versions of this form, based on the type of funding received:
 - [For developments that receive Minnesota Housing capital funding and/or operating subsidies](#)

- [For programs that receive Minnesota Housing funded rental assistance grants from programs such as Bridges, Housing Trust Fund and/or Ending Long-term Homelessness Initiative Fund](#)
- A [Long-term Homelessness Eligibility Form](#) is required for each household occupying a designated LTH unit. The form is completed by the Supportive Housing provider and/or referring entities, including Coordinated Entry. Those working with youth, individuals or families experiencing LTH must document and verify the applicant's housing history to determine program eligibility at the time of initial occupancy. Written documentation of the household's previous housing history must be maintained in the participant's file, as well as third party verification of Homeless episodes when possible. The housing provider, administrator, referring agency or service provider is required to use the Long-term Homelessness Eligibility Form.
 - In order to provide the required evidence that the Homeless episodes have been verified, an additional Homeless verification form is optional. The [Third Party Verification Form](#) may be used by a third party (e.g. outreach worker, shelter staff, family or friend) to provide verification for one or more episodes of homelessness. This should be attached to the LTH Eligibility Form and included in the housing history.
 - Not all episodes of homelessness will be verifiable through a third party such as HMIS records, Emergency Shelter (ES), outreach worker, drop-in center, or friend or family. In cases where no such verification is available, the applicant may self-certify (on the LTH Eligibility Form) as evidence of the specific Homeless episode.
- **High Priority Homelessness (HPH)** for Supportive Housing must be documented by the Coordinated Entry Referral and does not require LTH eligibility documentation.
NOTE: The exact format of the documented referral will be developed in 2018 by Minnesota Housing and the Coordinated Entry committee.

For more information about the LTH definition and eligibility, refer to Chapter 2- Homeless and Housing Definitions and Appendix C -LTH Eligibility Frequently Asked Questions.

11.03 Request for Action

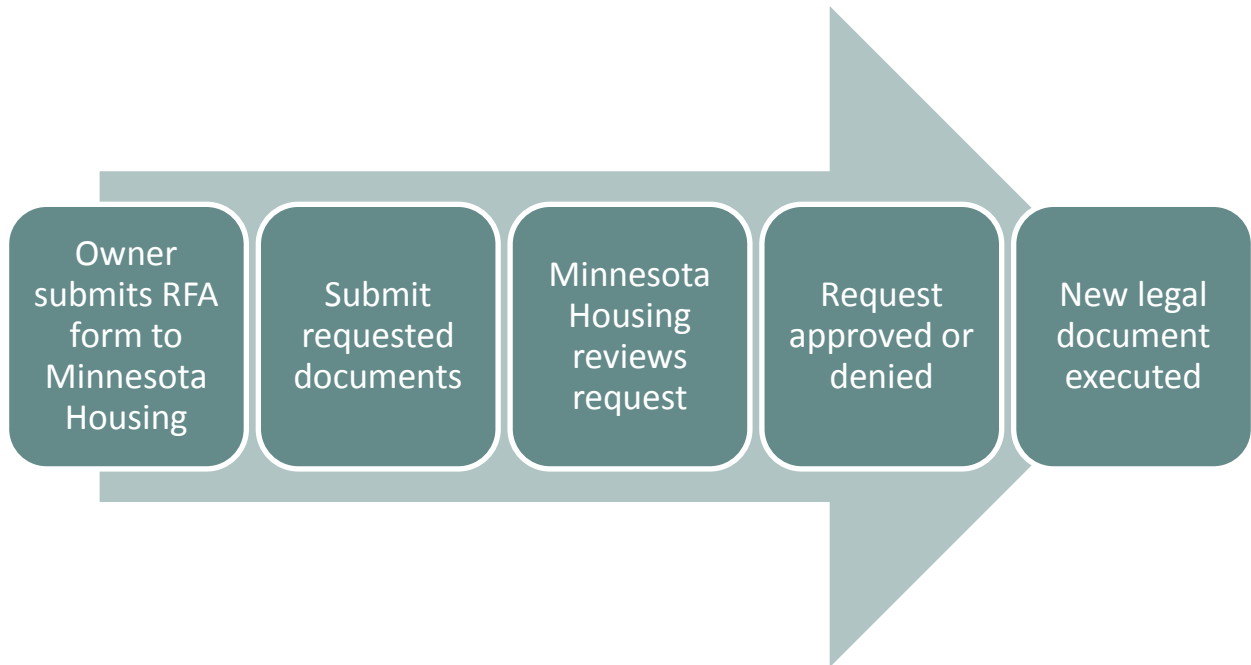
A Request for Action (RFA) must be completed when changes are being made that impact the legal agreements between the property and Minnesota Housing. Examples that indicate an RFA is needed include:

- A change in ownership
- A name change to the property
- A change in service provider
- A change in the property management company
- A change to income restrictions
- A change to population served for LTH/HPH/homeless units
- Other loan servicing requests

If the service provider is changing at a property, Minnesota Housing must be notified in advance to approve the request. First, Minnesota Housing recommends you contact the HMO and SHO staff to

discuss your plans. The next step is to complete a new [215A Qualification of Service Provider Form \(215A\)](#) for review. After review of the 215A and approval of the service provider, the owner representative then submits the [RFA Form](#) and the following documents:

- An updated MOU
- An HMIS contact form
- Minnesota Housing might require one or all of the following be updated: service plan, service budget, marketing plan, tenant selection plan, management plan or other documents.



Chapter 12- Supportive Housing for People with Disabilities

12.01 Supportive Housing Strategic Priority in the Request for Proposals

The Multifamily RFP and the Low-Income Housing Tax Credit (HTC) Qualified Allocation Plan (QAP) have a strategic priority for Supportive Housing (SH). In addition to creating High Priority Homeless (HPH) units, the SH strategic priority also includes incentives for creating units for People with Disabilities (PWD).

12.02 Pre-development Planning for People with Disabilities Units

Developers need to work with the county or tribal human services office to determine the housing needs and available resources for people with disabilities in the service area. It is also helpful to work with local service and advocacy organizations for people with disabilities to learn about housing needs, but the final plan and service agreement must be with the county or tribal human services office (or with a designated service provider for applications in the 2017 and 2018 Multifamily RFP).

There is a key difference in the responsibilities for support services for HPH units and PWD units. While the developer is responsible for providing services for HPH units, the responsibility for providing services for people with disabilities rests with the county or tribal human services office through mainstream services for people with disabilities (primarily Medicaid funded services). In addition, the county or tribe will determine the population(s) to be served and the referral process and sources for the PWD units.

12.03 Home and Community Based Services Settings

Developments that will include the delivery of Home and Community Based Services (HCBS) Waiver Services to People with Disabilities must consider the HCBS setting qualities outlined in the HCBS federal rule and the Minnesota Department of Human Services (DHS) requirements to ensure the setting does not have the effect of isolating individuals from the broader community. DHS evaluates each HCBS setting to ensure it is HCBS compliant.

HCBS Setting Qualities- tenants have:

- Choice of services and provider
- Control of schedule and personal resources
- Right to privacy, dignity and respect
- Their own lease (with freedom to furnish, have visitors and lockable doors)
- Freedom from coercion and restraint
- Support to engage in community life

Potential Isolating Characteristics of the Setting as defined by DHS:

- People live together for the purpose of delivering HCBS services
- Most or all of the people in the setting have a disability and onsite staff provide multiple services to them (e.g., medical or behavioral health services)
- There are six or more people living in the setting and 25 percent or more have disabilities

If the housing setting has a potential isolating characteristic, the provider will need to provide evidence to DHS that the setting is HCBS compliant. Evidence that a setting is compliant may include:

- There are opportunities presented for people to access community individually and in groups

- Individually, people can choose to come and go to various activities; not everyone is required to participate in the same activities and schedule
- People have a choice of different service providers
- People can participate in activities of their interest and in the community

Minnesota Housing will consider the HCBS setting qualities when evaluating applications that include units that will serve people with disabilities.

12.04 Minnesota Housing Request for Proposals People with Disabilities Criteria

Applicants that will set aside units to rent to People with Disabilities (PWD) can receive points on the RFP/HTC application based on the number and percent of total units that will be set aside. Refer to the HTC Self-Scoring Worksheet for available points for the year the applicant plans to submit an application. [Housing Tax Credit Home Page.](#)

NOTE: Points cannot be claimed for the same units for SH for High Priority Homeless (HPH) and People with Disabilities (PWD). The units must be separate and distinct units for each population.

To be eligible under People with Disabilities (PWD), the proposal must meet all of the following conditions:

1. The applicant must submit the required narrative and any other forms and submittals identified in the Multifamily Rental Housing Common Application Request for Proposals Guide and the Multifamily Rental Housing Common Application Checklist.
2. The applicant must complete the required People with Disabilities Narrative and provide a signed Service Agreement.
 - a. People with Disabilities Narrative: Complete the required narrative that demonstrates the applicant meets the threshold criteria outlined in item 4.
 - b. Signed Service Agreement: Applicants can either complete the signature page (must be completed by both parties) attached to the People with Disabilities Narrative, or submit a separate signed Service Agreement.
3. The applicant agrees to pursue and continue renewal of rental assistance, operating subsidy or service funding contracts for as long as the funding is available.
4. The application must meet the following threshold criteria:
 - a. Target population: The target population(s) of People With Disabilities must be clearly defined in the narrative (e.g., mental illness, developmental disability, physical disability).
 - b. Units are restricted to households with incomes at or below 30 percent MTSP income limits.
 - c. Rent levels must be underwritten to the Supportive Housing units underwriting standards outlined in the Multifamily Underwriting Standards if no rent assistance is available. Supportive Housing standards are published annually on the [Rent and Income Limits](#) webpage.
 - d. Service Agreement: The property owner must have an agreement with the county or tribal human services office (or a designated service provider) specifying:
 - i. How they will provide outreach to the target population
 - ii. How eligible applicants will be referred to the property management agent

- iii. That verification of applicant disability will be provided to the owner
- iv. The types of services appropriate to the population that will be made available with the goal of housing stability
 - v. How services will be provided to tenants
 - vi. How the service entity will communicate and coordinate with property management
 - vii. Plans for crisis intervention, eviction prevention and lease mitigation
- e. Units for individuals with disabilities must be provided in an integrated setting.

12.05 Request for Proposals Application Review

In collaboration with the production and asset management teams, the Housing Stability Team staff at Minnesota Housing reviews all relevant elements of the application to determine scoring eligibility and feasibility of the PWD units. Elements that are reviewed include:

- Application is complete and meets the threshold criteria to be eligible for PWD points
- Affordability of the PWD units: units must have rental assistance or rents set at SH Rent Standards
- Income limits for the PWD units are at 30 percent MTSP
- PWD Narrative and Service Agreement with the county or tribal human services (or designated service provider) identifies a clear target population and articulates a well-developed plan for how outreach, referrals and services will be provided with the goal of housing stability and retention
- The housing is provided in an integrated setting and meets the HCBS setting qualities

12.06 Technical Assistance

Minnesota Housing staff are available to answer specific questions and provide technical assistance during pre-development planning. Processing agents and consultants are often used to help plan SH developments and complete funding applications.

12.07 Closing and Compliance

Applicant selections for capital funding in the Multifamily RFP are determined at Minnesota Housing's October board meeting. Selected applicants will receive a project selection letter outlining the basic terms and conditions for funding.

Project Launch Meeting

After receiving the project selection letter, the Housing Development Officer (HDO) or Loan Processor (LP) will schedule a project launch meeting with all parties, including the developer and management agent.

At the project launch meeting, Minnesota Housing staff will review the project plan and explain the funding requirements and the required materials (due diligence) that need to be submitted to close on the financing. The critical path for closing, including any selection conditions for funding, will also be addressed.

Closing Due Diligence

- The primary document required for the PWD units for closing is the final Service Agreement between the developer and the county or tribal human services office.
- Income limits and affordability for the PWD units must meet the requirements
- Unit restrictions will be included in the applicable financing documents

Monitoring and Compliance

Owners of properties with PWD units must comply with the applicable program guides and requirements for that program and must annually submit a certification and report on the occupancy and operations of the property using Minnesota Housing's Property Online Reporting Tool (PORT). Refer to the [PORT User Manual](#) for instructions. Minnesota Housing compliance staff annually reviews owner compliance with PWD requirements through PORT.

Chapter 13 – Fair Housing Policy

It is the policy of Minnesota Housing to affirmatively further fair housing in all its programs so that individuals of similar income levels have equal access to Minnesota Housing programs regardless of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, familial status, gender identity or sexual orientation.

Minnesota Housing's fair housing policy incorporates the requirements of the Fair Housing Act, Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendment Act of 1988, as well as the Minnesota Human Rights Act. Housing providers are expected to comply with the applicable statutes, regulations and related policy guidance. Housing providers should ensure that admissions, occupancy, marketing and operating procedures comply with non-discrimination requirements.

In part, the Fair Housing Act and the Minnesota Human Rights Act make it unlawful to, because of protected class status:

- Discriminate in the selection/acceptance of applicants in the rental of housing units
- Discriminate in terms, conditions or privileges of the rental of a dwelling unit or services or facilities
- Engage in any conduct relating to the provision of housing that otherwise make unavailable or denies the rental of a dwelling unit
- Make, print or publish (or cause to make, print or publish) notices, statements or advertisements that indicate preferences or limitations based on protected class status
- Represent a dwelling is not available when it is in fact available
- Deny access to, or membership or participation in, associations or other services organizations or facilities relating to the business of renting a dwelling or discriminate in the terms or conditions of membership or participation
- Engage in harassment or quid pro quo negotiations related to the rental of a dwelling unit

Minnesota Housing has a commitment to affirmatively further fair housing for individuals with disabilities by promoting the accessibility requirements set out in the Fair Housing Act, which establish design and construction mandates for covered multifamily dwellings and requires housing providers to make reasonable accommodations and to allow persons with disabilities to make reasonable modifications.

Applicants will be required to submit an Affirmative Fair Housing Marketing Plan at the time of application, to update the plan regularly and to use affirmative fair housing marketing practices in soliciting renters, determining eligibility and concluding all transactions.

As a condition of funding through Minnesota Housing, housing providers are not permitted to refuse to lease a unit to, or discriminate against, a prospective resident solely because the prospective resident has a Housing Choice Voucher or other form of tenant-based rental assistance.

Chapter 14 – Supportive Housing Contacts

Supportive Housing Policy

Joel Salzer, Manager, Housing Stability Team, 651.296.9828 or joel.salzer@state.mn.us
Vicki Farden, Supportive Housing Policy Lead, 651.296.8125 or vicki.farden@state.mn.us

Supportive Housing Officer (SHO)

Supportive Housing Officers work with owners and service providers on Supportive Housing developments, provide technical assistance, conduct application reviews and closing due diligence related to Supportive Housing models, services, funding, etc. An SHO is assigned to each selected development with Supportive Housing units.

Vicki Farden, 651.296.8125 or vicki.farden@state.mn.us
Kim Bailey, 651.296.9833 or kim.bailey@state.mn.us
Diane Elias, 651.284.3176 or diane.elias@state.mn.us
Ellie Miller, 651.215.6236 or ellie.miller@state.mn.us
Nancy Urbanski, 651.296.3683 or nancy.urbanski@state.mn.us

Minnesota Housing Rental Assistance Programs

Elaine Vollbrecht, Program Manager, 651.296.9953 or elaine.vollbrecht@state.mn.us

LTH Eligibility and Documentation

Vicki Farden, 651.296.8125 or vicki.farden@state.mn.us
Kim Bailey, 651.296.9833 or kim.bailey@state.mn.us

Homeless Management Information System (HMIS)

Reporting requirements for Supportive Housing, HMIS setup for new projects, quarterly report notices, report reviews and compliance

Ellie Miller, 651.215.6236 or ellie.miller@state.mn.us
Rosalie Kolb, 651.297.4455 or rosalie.kolb@state.mn.us

Housing Management Officer (HMO)

Housing Management Officers are asset management staff who work with property management and owners on Supportive Housing developments, provide technical assistance, conduct application reviews and closing due diligence related to property management and compliance. Contact the HMO assigned to the property for any questions about asset management.

Compliance

Contact a Compliance Officer if you have program compliance or monitoring questions for Housing Tax Credits, HOME, National Housing Trust Fund or other Minnesota Housing deferred loan programs.

Southeast and Southwest Minnesota, Hennepin, Ramsey, Carver and Scott counties:

Monica Garcia, 651.215.1082 or monica.garcia@state.mn.us
Sue Morrison, 651.215.1083 or sue.morrison@state.mn.us

Northwest and West Central Minnesota, Hennepin, Ramsey, and Dakota counties:

Tere Hopponen, 651.297.5709 or tere.hopponen@state.mn.us
Jennifer Nelson, 651.296.8148 or jennifer.nelson@state.mn.us

Northeast and Central Minnesota, Hennepin, Ramsey, Anoka and Washington counties:
Judith Leatherwood, 651.296.8149 or judith.leatherwood@state.mn.us
Judie VanDerBosch, 651.296.8050 or judie.vanderbosch@state.mn.us

Appendix A – Terms

Homeless Definitions and Eligibility	Refer to Chapter 2
Other Terms:	
Coordinated Entry (CE)	A centralized or coordinated process designed to coordinate program participant assessment and provision of referrals. A centralized or coordinated entry system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised and includes a comprehensive and standardized assessment tool.
Homeless Management Information System (HMIS)	A web-based data system that provides standardized and timely information to improve access to housing and services and strengthen efforts to end homelessness. Programs serving people who are homeless use HMIS to collect household information and record assistance provided. HMIS provides data on homelessness including unduplicated counts, use of services, and the effectiveness of the local homeless assistance system. HMIS is used to record the characteristics and track the outcomes of persons experiencing homelessness living in supportive housing units funded by Minnesota Housing.
Minnesota Interagency Council on Homelessness (MICH)	MICH, comprising the Commissioners of 11 state agencies and Governor Mark Dayton’s office is accountable for leading the state’s efforts to achieve a shared vision: housing stability for every Minnesotan.
Multifamily Consolidated Request for Proposals (Multifamily RFP)	Minnesota Housing offers a variety of financing products and deferred loans for rental properties in Minnesota. Financing is available on a year-round basis and/or through the Consolidated RFP. The Consolidated RFP, offered once per year, consolidates and coordinates multiple housing resources into one application process. Applicants can apply for Minnesota Housing funds through the Multifamily Common Application .
Low-income Housing Tax Credits (HTC)	The Low Income Housing Tax Credit is a federal income tax credit awarded to owners and then sold to investors to generate capital for construction, or acquisition with substantial rehabilitation of eligible housing. Minnesota Housing awards tax credits in two rounds of a competitive allocation process held each year. Round 1 is held concurrent with Minnesota Housing’s Consolidated RFP and Round 2 (fewer funds) traditionally is held early in the calendar year. Applicants must meet the priorities of Minnesota Housing’s HTC Qualified Allocation Plan (QAP) .
Low-income Housing Tax Credits (HTC) Qualified Allocation Plan (QAP)	Minnesota Housing is the designated HTC allocating agency for the state of Minnesota, with certain other cities and counties also designated as suballocators. Federal law requires that allocating agencies adopt a QAP, and Minnesota Housing’s QAP is developed in accordance with federal law and all applicable federal regulations. The QAP sets forth selection criteria that are appropriate to local conditions and priorities for allocating tax credits to housing projects.

Appendix B – Resources

Listed below are several governmental and non-governmental organizations that provide useful tools and research related to Supportive Housing, homelessness and services. The resources listed below are all organizations with a nationwide focus and are based in the United States. Several of these organizations also have local Minnesota chapters or partners that are excellent resources:

- [Corporation for Supportive Housing](#)
- [National Alliance to End Homelessness](#)
- [National Alliance on Mental Illness](#)
- [Substance Abuse and Mental Health Services Administration](#)
- [United States Interagency Council on Homelessness](#)
- [Housing and Urban Development Exchange](#)
- [Housing First- NAEH](#)

An interactive [training module on LTH eligibility](#) and documentation is available on Minnesota Housing's website at mnhousing.gov.

Appendix C – LTH Eligibility Frequently Asked Questions (LTH FAQs)

Housing providers often have questions about determining LTH eligibility for specific households and unique situations. Below are some common LTH eligibility questions and answers. Please consult Minnesota Housing Supportive Housing staff with other questions.

1. What is an episode of Homelessness?

- A stay in an Emergency Shelter (could be one night or two months)
- Sleeping in a place not meant for habitation (e.g., street, camping, abandoned buildings, car, condemned housing)
- Fleeing domestic violence
- Couch hopping or doubled-up (Minnesota definition only)

An episode of Homelessness might include multiple instances of any of these situations. Multiple consecutive stays in any of these situations is only one episode of Homelessness. The episode ends when the household obtains their own housing.

An institutional stay can also break a Homelessness episode (refer to questions 9 and 10).

2. How long does a household need to stay in a shelter before it's considered an episode of Homelessness?

One night; however, it would be extremely unusual for a household to be Homeless for only one night. They are likely to be alternating shelter stays with doubling up, camping, etc. Note also that the LTH definition does not require someone to be in shelter before entry into housing.

3. How long does each episode of couch hopping need to last before it's considered an episode of Homelessness?

There is not a specific minimum time, but it is generally more than just a few days (could be multiple locations). Overall, for a couch hopping or doubled-up event to be considered an episode of Homelessness, it should not last longer than 12 consecutive months in the same housing situation. Carefully consider the relationship of the Homeless household to the person(s) with whom they are staying. Could they continue staying there without jeopardizing the occupant's lease? Is it safe? Do they have their own bedroom or private place to sleep? The housing history is important information used to determine whether there is a pattern or history of unstable housing.

4. What about board and lodge, group homes, halfway houses?

They are generally considered neutral events if utilized as a temporary transition from an institution or a previous episode of Homelessness. If the board and lodge, group home or halfway house were used as permanent housing options for the household, then the event may not be considered neutral.

5. What about foster care?

Placement in foster care is considered a neutral event. Housing history prior to or after foster care placement (including time spent Homeless as an accompanied minor) should be evaluated to determine if it meets Minnesota's LTH definition. Youth aging out of foster care can be considered at high risk of LTH.

6. What about motel vouchers instead of a shelter?

Some parts of the state utilize motel vouchers as a form of Emergency Shelter or individuals/households themselves utilize hotels to avoid shelters. Stays in motels with an emergency voucher are considered an episode of Homelessness.

7. What about refugees?

Long-term Homeless would apply to persons who have been living in this country for at least one year and have been Homeless for that period. Time spent Homeless outside of the country is a neutral event. Permanent Supportive Housing for LTH is meant to serve people who need affordable housing and services to maintain the housing and who often have serious mental illness, chemical dependency or a dual diagnosis, in addition to other barriers.

8. How long should an LTH household remain eligible for Permanent Supportive Housing (PSH) for LTH?

If the household meets the LTH definition, that household will remain eligible for PSH for LTH as long as the household continues to need supportive services to effectively maintain their housing. Households that continue to need supportive services can choose to move from one PSH for LTH unit, development or program to another.

9. What types of facilities are included in neutral time and how do you deal with it when shelter stays are on either side of it but the time was for longer than a year?

- Hospital stay, in-patient treatment, Intensive Residential Treatment Services (IRTS), jail, prison, foster care, and board and lodge that is considered temporary or transitional are considered "facilities/institutions." They are not considered as housing or Homelessness situations, so they are treated as neutral situations; however, if an individual was in a facility/institution for fewer than 90 days and was Homeless at entry to the facility, that time can be considered time Homeless.
- Transitional Housing (TH) is a neutral situation. It is not considered as housing or Homelessness.
- If there are shelter stays/homeless episodes before and after the neutral event, you can consider the Homelessness as one continuous episode OR as two separate episodes.

10. Is it two episodes if an individual is Homeless and then is in Transitional Housing, the hospital, jail, etc. and then homeless again after discharge? Does institution time make an episode?

An institutional or Transitional Housing stay is neutral, so you can consider the time Homelessness before and after the institutional stay as one continuous episode OR as two separate episodes (depending on if you are trying to come up with 12 consecutive months or four episodes over three years). For example, if a household was Homeless eight months prior to entering a facility and four

months after exiting the facility, the household would meet the LTH definition for a continuous 12 months. It could also be counted as two Homeless episodes.

Also refer to question 9 about an institutional stay that is fewer than 90 days.

- 11. One of my participants was selected back in the fall. She met with me and we verified her LTH status: she was Homeless about three years. Before we housed her, she entered a treatment facility for 90 days and is about to be placed in an IRTS facility for another 90 days, both positives for her health and well-being. I am assuming she still qualifies as LTH. That treatment and IRTS are "disregarded" and that we can work to house her during the next 90 days so that she can spend only a minimum time in shelter. Does she qualify?**

Yes, she qualifies as LTH because the time spent in treatment and IRTS is considered neutral.

- 12. Chemically dependent and Serious and Persistent Mental Illness (SPMI) clients tend to have long, costly periods of institutionalization. I've seen clients with five plus years of institutionalization that do not meet the definition. Perhaps they were functioning and barely hanging on to housing prior to those five years. Is there any way the LTH definition can accommodate for populations with long periods of institutionalization?**

The household may be eligible if the household needs supportive services to successfully maintain housing and has been in and out of institutions for the majority of their housing history. Please contact Minnesota Housing staff to discuss cases on an individual basis.

- 13. When someone goes into Transitional Housing (TH) and then they become Homeless again, does the three years you're counting back include the time they are in TH, or can you go back and look at their homeless history three years back from their admission date into TH? Is there a time limit on what is considered a TH program (six months, a year, two years, more)?**

Yes, you can go back and review the housing history prior to entering TH. You can count the time before and after the TH to determine LTH. TH is temporary housing for up to 24 months.

- 14. If someone does not have 12 consecutive months of Homelessness due to going into treatment for two months in that last 12 month period, can we go back two more months to get consecutive 12 months?**

Yes, treatment is considered neutral time. There is not a time limit on the "look back" time to determine whether the household meets the LTH definition. You can also consider time in treatment that is fewer than 90 days as time Homeless.

- 15. Should I talk with Minnesota Housing to request a waiver if someone is close to meeting the LTH definition and in great need of supportive services?**

We consider a waiver if:

- The person/household has been assessed through Coordinated Entry and determined to need Permanent Supportive Housing
- The person/household has a history of unstable housing
- The person/household needs supportive services to maintain housing and could benefit from the services

- There aren't other eligible households waiting for the housing

16. How much leverage are we given to determine the "spirit of LTH"?

Please continue to refer questions to your program contact at Minnesota Housing when you are unsure as to whether a household meets the definition. If a waiver is approved, your file should contain documentation of the waiver. This is also helpful in keeping Minnesota Housing informed about circumstances affecting your program and community.

17. Housing Support (fka GRH) LTH eligibility: Please contact DHS Housing Support staff for questions about LTH eligibility.

Appendix D – Supportive Housing Service Sets

The services below are listed within “service sets,” starting with the basic service set for all households followed by additional service sets to address a specific sub-population or need (e.g., children, people with mental illness). It is a menu of services, not a flow chart or an indication of who provides each service or how the service is provided.

The following tables list the services that should be available in Supportive Housing (SH). Services can be provided by the primary service provider or through a connection to community resources.

<p>Basic Service Set The set of services that is recommended to be available for all households in Supportive Housing.</p>
<p>Connection</p> <ul style="list-style-type: none"> • Access • In-reach • Outreach • Engagement
<p>Case management</p> <ul style="list-style-type: none"> • Assessment, plan development, connection, coordination, monitoring and personal advocacy
<p>Family Specific Services</p> <ul style="list-style-type: none"> • Family reunification services • Parenting
<p>Housing Supports</p> <ul style="list-style-type: none"> • Finding housing • Applying for housing and advocating with landlord to take someone who may be screened out of housing • Rental subsidies • Securing household supplies and furniture and other necessities • New tenant orientation and move-in assistance • Tenancy supports • Support for children and youth • Eviction prevention • Front desk services
<p>Independent Living Skills</p>
<p>Transportation</p>
<p>Education/Employment</p> <ul style="list-style-type: none"> • School connections • Access to social support • Truancy intervention • Access to academic support • Opportunities and access to GED, two year or four year degree programs • Supported employment • Childcare resources

<p>Safety</p> <ul style="list-style-type: none"> • Domestic abuse services • Crisis planning and intervention • Child protection assessment and appropriate follow-through • Legal advocacy
<p>Harm Reduction Strategies</p>
<p>Financial Management</p> <ul style="list-style-type: none"> • Budgeting • Benefit assistance • Financial education services • Legal advocacy
<p>Self-determination/Life Satisfaction</p> <ul style="list-style-type: none"> • Recreation • Social support • Community involvement/integration • Parenting • Support groups
<p>Health</p> <ul style="list-style-type: none"> • Benefit assistance • Health related services <ul style="list-style-type: none"> ○ Medication set up ○ Healthcare coordination ○ HIV/AIDS/STD education and support ○ Immunization and prevention • End of life planning
<p>Veterans Benefits and Services</p>
<p>Service Set for Children Additional recommended services if a program serves children.</p> <ul style="list-style-type: none"> • Case management • Advocacy • Academic programs • Computer labs • Recreational programming • Mental health • Chemical health • Mentoring • Employment training • Post-secondary • Physical health • Transportation
<p>Assessment and Planning Services</p> <ul style="list-style-type: none"> • Developmental assessment and plan • School readiness plan • Educational services including Individual Education Plan (IEP) • Post-secondary plan

Mental Health Service Set

Services in addition to Basic Service Set recommended for people with mental health issues; some of these services are considered evidence-based practice.

Crisis Planning and Intervention

- Adult crisis services
- Children’s Mental Health Crisis Response Team
- Adult protective services
- Vulnerable adult assessment
- Diagnostic assessment
- Employment/vocational services for persons with mental illness
 - Supported employment
- Individual Education Plan (IEP)
- Individual Community Support Plan
- Individual Service Plans (ISP)

Community Based Mental Health Services

- Mental health medication management
- Neuropsychological services
- Psychotherapy
- Psychological testing
- Mental Health Targeted Case Management (TCM)
- Community Support Program/psycho-social rehab/drop-in

Rehabilitative Mental Health Services

- Assertive Community Treatment (ACT)
- Adult Rehabilitative Mental Health Services (ARMHS)
- Partial Hospitalization Program (PHP)
- Children’s Therapeutic Services and Supports (CTSS)
- Day treatment (adult, adolescent, children)

Physician Mental Health Services

- Health and behavior assessment/intervention
- Inpatient visits
- Psychiatric consultation to primary care providers
- Physician consultation, evaluation and management

Treatments

- Harm reduction strategies
- Family psycho-education
- Trauma recovery and empowerment model
- Illness management and recovery
- Medications

Brain Injury (BI) Service Set

Services in addition to the basic service set recommended for people with traumatic brain injury.

Employment/Vocational Services for Persons with Brain Injury

- Supported employment
- Individual Education Plan (IEP)
- Medical Assistance (MA) home and community based waivers (e.g. BI, CADI, CAC, DD and EW)
- BI specific services
 - Neurologist and neuropsychological evaluation
 - Medication management
 - Psychologist/psychiatrist familiar with brain injury
 - Cognitive rehabilitation
 - Independent living skills instruction for Traumatic Brain Injury (TBI)
 - Specialized chemical dependency treatment for persons with cognitive impairments
 - Behavioral programming
 - Advocacy for benefits, rights, individual needs
 - Brain injury support group

Chemical Health Service Set

Services in addition to the basic service set recommended for people with chemical health issues.

- Consolidated Chemical Dependency Treatment Fund, providing treatment and extended rehabilitation. Can include the following services:
 - Recovery readiness services
 - Relapse prevention and recovery planning
 - Individual and group counseling for substance abuse
 - Methadone maintenance
 - Harm reduction strategies
 - Detoxification service
 - Inpatient rehabilitation
 - Self-help groups such as AA or NA
 - Sober recreational activities

Physical Disability Service Set

Services in addition to the basic service set recommended for people with physical disabilities.

- Accessible housing, transportation and services
- Employment/vocational services specific for people with physical disabilities
 - Supported employment
- Individual Education Plans (IEP)
- Medical Assistance Home and Community Based Services (HCBS) waivers (e.g. CADI, CAC, BI, EW)

Co-occurring Disorders (Mental Illness/Chemical Dependency) Service Set

Services in addition to the basic service set recommended for people with co-occurring disorders.

- Harm reduction strategies: Incorporating strategies from both the mental illness and chemical dependency fields
- Assertive Community Treatment (ACT)
- Integrated Dual Disorder Treatment (IDDT)
- Medications
- Modified therapeutic communities

