



Permanent Supportive Housing: Services Program Framework

Overview

Permanent Supportive Housing (PSH) is a best practice and proven strategy to successfully house people experiencing chronic homelessness. Members of these households often have complex needs including mental illness, substance use, and chronic physical difficulties alongside of their experience of long-term homelessness. The OHCS PSH Program combines three elements: the development of permanently affordable housing, comprehensive tenancy support services, and project-based rental assistance. OHCS-funded PSH must be affordable to households with extremely low incomes and must provide pre-tenancy services, housing retention support and other wraparound services. PSH services are designed to effectively support communities' most vulnerable populations in reaching long-term housing success. Rooted in the Housing First philosophy, supportive services in PSH are voluntary and resident-led (meaning PSH residents direct their own path to housing stability), and residents are not required to engage in any service (e.g. substance use treatment, health care, mental health, etc.) to access or maintain their housing.

PSH is a key resource for people who, without support in their tenancy, may not be successful in maintaining stable housing and who, without housing, may not be as successful in utilizing services to achieve and maintain recovery, health, and wellness.

Guiding Principles

In establishing this framework, OHCS identified the following primary considerations when developing the PSH Services program:

- Program Effectiveness (funding levels that allow for utilization of best practices);
- Equity & Racial Justice, and Inclusion of Rural and Tribal communities;
- Ability to serve the entire state;
- Administrative costs and burdens (ease of administration);
- Alignment with current State and Local legislation and policies;
- Alignment with State and national PSH best practices;
- Program Integrity;
- Flexibility to community-specific needs; and
- Data-driven outcomes

PSH Services Funding Contracts

State services funding contracts for PSH projects will be awarded through an annual PSH NOFA process. OHCS anticipates that PSH services contract awards will be project-based and most will be tied to PSH capital dollars and PSH project-based rental assistance. However, OHCS will also enter into PSH services contracts without OHCS' PSH Program development/rehabilitation (capital funds) and/or OHCS rental assistance funding attached. The contract will specify the amount of funding per year. Funding amounts will be up to \$10,000 per PSH unit per year. Amounts are based on the number of PSH units in a project plus the anticipated services costs in the project's final OHCS-approved PSH services budget.

Population Eligibility

To be eligible for PSH Services funding, the households occupying a project's PSH units should be referred through a project's regional Coordinated Entry system. OHCS will work with a PSH project to determine and approve a referral process if a local Coordinated Entry system does not exist in a project's region or if a project wants to utilize a different referral process that furthers racial equity. Any referral process outside of a region's Coordinated Entry system must be approved by OHCS. OHCS is providing PSH services funding to projects that are serving households identified as chronically homeless by their community. "Chronically Homeless" is defined by a project's local Continuum of Care (CoC) and OHCS will defer to that definition. Most CoCs define "Chronically Homeless" as:

- (1) an individual who: (i) is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (2) an individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Coordination with Homelessness Services System

It is a priority of OHCS' PSH Program to support PSH projects that are building capacity within the State's Continuums of Care (CoC). Projects receiving PSH Services Funding must be connected to local homelessness systems and placing households in PSH units via the system's Coordinated Entry process (unless a different process has been approved by OHCS). OHCS understands that every region and community is different in how developed their CoC is and how they utilize a Coordinated Entry system, therefore OHCS is willing to work with projects to approve referral processes that provide equitable access to PSH for the community's most vulnerable households experiencing long-term homelessness.

Commitment to Racial and Social Justice

OHCS and our PSH partners must be proactive in addressing the inequities that exist in homeless services and supportive housing. PSH should recognize the structural inequities that contribute to poverty and homelessness and PSH must be a part of communities' lasting solutions that address the systems that maintain disparities. Racial disparities are well documented in research over the last several decades and confirmed in the research completed for the Oregon Statewide Housing Plan. Across each of OHCS's service categories, Black/African Americans, Native Americans/Alaska Natives, Asian Americans, Pacific Islanders, Hispanic/Latinx and persons of two or more races disproportionately face challenges and experience disparate outcomes. Disparities exist within PSH access and outcomes as well. A 2019 Coordinated Entry Racial Equity Analysis, conducted by C4 Innovations and SPARC, identified that White individuals are prioritized for Permanent Supportive Housing (PSH) intervention at a higher rate than individuals of color.¹ It is imperative OHCS-funded PSH projects work with their CoCs, Coordinated Entry teams, and referral partners to ensure equitable access to PSH units, along with investing in comprehensive training for staff and appropriate services that facilitate equitable and inclusive PSH programs for communities of color, LGBTQ+ community members, and other historically marginalized and under-served populations. OHCS- funded PSH projects will be required to report on population-based PSH outcomes and provide an equity work narrative as a part of OHCS' annual monitoring.

Services Requirements

Individualized tenancy support services must be available to residents in OHCS-funded PSH projects. These services are separate from behavioral and physical health services that projects may choose to offer. Tenancy support services are focused on housing access and retention.

Baseline services should include:

- Assistance with housing barrier removal and support in obtaining reasonable accommodations.
- Developing individualized housing support plans with residents that are reviewed and updated annually.

¹ https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity-Analysis_Oct112019.pdf

- Early identification and intervention for behaviors that may jeopardize housing.
- Education on the role, rights and responsibilities of the resident and landlord, along with support in landlord communication and lease navigation.
- Services navigation and linkages to community resources.
- Access to culturally responsive/specific services.

Projects receiving PSH Services funding must be paired with housing that is low barrier and rooted in the Housing First philosophy. Resident acceptance or use of the provided services must be completely voluntary and residents' utilization of services cannot be required by project owners, property management or service providers. Projects must maintain low-barrier criteria with no requirements of treatment participation, sobriety, or a clean criminal or credit history.

Resident Voice and Participation

Grievance Policy and Procedure

Project owners must have a written policy providing residents with an opportunity for submitting a formal grievance. The policy should include the procedure for responding to residents' grievances and documenting them in the appropriate files.

Resident Feedback and Community Participation

Projects receiving PSH Services funding must have a mechanism in place that allows for resident participation in the evolution of services and property operations. Examples include but are not limited to:

- Annual Resident Surveys
- Resident Advisory Council or Resident Board
- Community Meetings that hold space for resident input/feedback

PSH Services Funding Restrictions

Restrictions are in place to prevent the duplication of services and misuse of funds. OHCS understands some PSH projects may need to leverage various resources to offer appropriate services. PSH Services Budgets will need to be reviewed by OHCS to approve any pairing with non-OHCS PSH services funds. Unless approved by OHCS, State PSH Services funding cannot:

- Provide services that are paid for with other City, State, or Federal funding (this prohibition is not meant to apply to any City, State, or Federal rent subsidies or services obtained directly by tenants)
- Provide services in an emergency shelter or transitional housing
- Provide scattered-site services unless approved by OHCS
- Provide funds directly to tenants
- Provide services that will be reimbursed by Medicaid

Eligible Costs

PSH Services funding is intended for the provision of tenancy support services and the costs

associated with delivering an effective PSH program. While medical and health services can be important components of PSH service delivery, expenses that will be reimbursed by Medicaid cannot be covered by OHCS PSH Services dollars. The following activities are considered eligible costs for PSH Services:

- Personnel costs (wages and fringe benefits) for:
 - Direct PSH Service staff including Peer-based positions
 - PSH Supervisory/Managerial positions
 - PSH Administrative positions
 - Front Desk staff (must be a part of supportive services)
 - Staff Training relevant to PSH (no more than 3% of personnel budget)
- Housing Stability/Tenancy Services (see examples on page 4 under Service Requirements)
- Wraparound/Comprehensive supportive services including but not limited to:
 - Healthcare navigation and assessment
 - Nutrition assistance
 - Physical and behavioral health services (when services are not being reimbursed by Medicaid)
 - AA/NA or other Support Groups
- Culturally specific services and programming
- Independent living and community engagement services (when services are not being reimbursed by Medicaid or other systems funding such as Aging and Disabled services) including but not limited to:
 - Assistance with unit cleaning
 - Transportation resources
 - Supplies (i.e. shower chairs, food, hygiene products, cooking materials)
 - Costs for community meals, events, and education programming
- Barrier removal and pre-tenancy services (can be utilized prior to lease signing to allow for program access)
 - Past arrearages
 - Security deposits
 - Support in obtaining necessary IDs or documentation for move-in
- Flexible Resident Support
 - Flexible funds for unique resident and/or community needs (i.e., coffee outing to connect with a resident needing intensive support; laundry funds if there is a bed bug outbreak)
- Administrative/Indirect Costs (included in the \$10,000/unit maximum)*
 - For agency costs to support the PSH program such as contract management, finance and HR services, insurance costs, etc.
- Operations Costs for Services including but not limited to:**
 - Office Supplies
 - Printing

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- Computers
- Telephones
- Staff Transportation

*Administrative Costs can be no more than 10% of the total OHCS PSH Services funding request.

**Operations costs are not for building operations and do not include direct service costs.

PSH Services Plan

All projects that are awarded PSH Services Funding will need to provide a Final PSH Services Plan to OHCS prior to executing the PSH Services Funding contract. The PSH Services Plan will include a Final Services Budget, a Project Organizational Chart, Job Descriptions, and a plan that describes the project's staffing model, offered services, community partners, and the resident referral/occupancy process. The PSH Services plan must reflect services staff to household ratios of no more than 1 to 15, unless otherwise approved by OHCS. The 1:15 ratio is a maximum number of staff to households, but projects are able to operate with higher staff/lower household ratios (i.e. 2:15). Also, the ratio does not mean that residents cannot be served by more than one staff. Team-based staffing models are allowed. The services plan, including staffing and/or project partners, should reflect the population being housed to ensure the provision of appropriate services and support. Voices and ideas of people with lived experience must be included in the design of the PSH Services plan.

Oregon Supportive Housing Institute

All projects receiving PSH Services funding must have attended or agree to attend the OHCS sponsored Oregon Supportive Housing Institute (SHI). The SHI is a 5- month PSH cohort where teams will work to align their project with PSH best practices in design, development, and service delivery. Full teams that have participated before in the Institute will not need to complete it again for a new project, unless requested by OHCS. If there are new team members or new organizations involved in a team that has completed the Institute, OHCS will consider the team and project to see if the newly structured team should participate in the Institute again.

Services Monitoring and Property Compliance

All PSH projects receiving OHCS PSH Services funding will be required to submit annual reports describing at least, but not limited to, the current PSH services provision, needed adjustments to services budget structures, and PSH outcomes around housing retention, exits, accessibility of services and racial equity. Projects will also be expected to participate in OHCS' portfolio compliance processes. In addition to annual standard compliance reviews, OHCS staff will conduct on-site program reviews and monitoring.

Reporting and Data Management Requirements

PSH Projects using services funding must report household outcomes annually or as requested by OHCS. The project must use the current HMIS used by their local Continuum of Care. If none is utilized in the Project's region, the Owner must utilize WellSky Community Services. OHCS can assist connecting to the CoC and HMIS if needed. An HMIS Annual Performance Report (APR) and a PSH Annual Outcomes report will be due January 31st of each year.

Partner Non-Compliance

Partners determined to have intentionally misrepresented, manipulated or inaccurately utilized the PSH Services program for improper benefits, or who have not complied with OHCS's PSH Services Funding Contract, may have this assistance terminated and may be required to repay any ill gained benefits amongst other potential State actions.

Funding Timelines and Processes

PSH Services funding is considered current service level by the Legislature and is approved as part of the biennial budget every two years. It is considered an ongoing resource to funded projects. PSH Services Funding will be provided on a reimbursement basis and can be requested prior to the beginning of lease up and service delivery to support initial hiring activities of service staff.