

Report to the Ohio Interagency Council on Homelessness and Affordable Housing



Executive Summary

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Technical Assistance
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On April 23, 2007, Ohio Governor Ted Strickland signed a groundbreaking Executive Order establishing the Interagency Council on Homelessness and Affordable Housing (the Council). The mission of the Council is “to unite key state agencies to formulate policies and programs that address affordable housing issues and the needs of Ohioans who are homeless or at-risk of becoming homeless.” The Governor charged the Council to make recommendations to assist him in devising and implementing a *long-term plan* to support affordable housing and to end chronic homelessness.

On September 30, 2008, the Council engaged the Technical Assistance Collaborative, Inc. (TAC) to assist the Council in certain core areas of its work on behalf of people with significant and long term disabilities including people who are chronically homeless. Specific tasks included a thorough review and analysis of the affordable housing and Medicaid resources available in Ohio and how they are being utilized to expand the Permanent Supportive Housing (PSH) approach.

As a result of this analysis, TAC is proposing two core policy recommendations to the Council:

- **Recommendation #1:** Create a State of Ohio comprehensive PSH policy framework as a key outcome of the Council’s work. These policies should include: (1) a uniform definition of PSH adopted by State of Ohio government agencies; and (2) a new cross-disability cross system PSH approach within state government that should facilitate access to new PSH resources from the federal government and from local housing and services agencies.
- **Recommendation #2:** Through the leadership of the Council, initiate a comprehensive and bold 50/50 PSH Partnership Campaign to implement the long-term plan. TAC projects that as many as 5,000 new PSH opportunities could be created in five years through collaborative PSH partnerships between the State of Ohio and local government agencies.

For over twenty years, State of Ohio agencies and Council members – a key audience for this report – have been recognized as a national leader in the evolving policies and practices related to the PSH approach. However, there is also an important local audience, particularly local housing agencies and County Boards, who control housing and services resources essential to expanding PSH opportunities at scale in Ohio.

The PSH approach is an established paradigm in the provision of affordable housing and community-based supports for the most vulnerable people with significant and long-

term disabilities. PSH provides permanent affordable housing with tenancy rights linked with a comprehensive array of voluntary, flexible and individualized community-based services and supports available 24 hours a day/7 days a week if needed. Numerous studies have proven that PSH is a highly cost-effective approach to addressing long-term homelessness and unnecessary institutionalization.

PSH is grounded in two equally important policy goals. One goal is that the housing problems of very low income people with disabilities should be addressed by the nation's affordable housing resources and that these needs should be a high priority. The other is that people with serious and long-term disabilities who are homeless or institutionalized, or at risk of experiencing either condition, can be served successfully and more cost-effectively through a re-alignment of funding now being spent on unnecessary and expensive alternatives. These include shelters, emergency rooms, jails, nursing homes, and other restrictive settings that – according to the 1999 U.S. Supreme Court's *Olmstead* decision – may violate the Americans with Disabilities Act.

Across Ohio there are numerous efforts underway to expand permanent housing linked with community-based supportive services targeted to vulnerable people with significant and long-term disabilities. These include impressive local initiatives to end chronic homelessness, continued development of high quality non-profit owned PSH for people with mental illness who are homeless or at risk of homelessness, and “Money Follows the Person” activities supported with federal grant funds to reduce Ohio's reliance on expensive Medicaid-funded institutional settings. Despite these successful efforts, Ohio has had difficulty reaching consensus on a common definition of PSH and has not formalized a comprehensive PSH policy and long-term plan which unites the various PSH initiatives underway. Several states with more comprehensive policies in place have pioneered successful cross-disability PSH models that are influencing PSH policy in other states and at the national level.

TAC's housing resources analysis demonstrates that critically important rental subsidies essential to address the housing ‘affordability gap’ for the lowest income people with disabilities, as well as substantial capital funds for PSH development, are controlled by local Public Housing Agencies (PHAs) and community development officials. These resources, when aligned systematically with PSH capital resources from Ohio Housing Finance Agency and Ohio Department of Development, are sufficient to produce up to 5,000 new PSH housing opportunities to help end long-term homelessness and unnecessary institutionalization in Ohio. Four new federal housing funding opportunities can provide the leverage the Council needs to create new PSH partnerships with PHAs and community development officials.

Ohio's Medicaid Plan and Medicaid waivers contain many of the tools that the state needs to provide flexible, individualized community-based mainstream services to a wide variety of PSH tenants. Ohio's Money Follows the Person Initiative (MFP) is intended to re-balance Ohio's Medicaid-funded institutional care system by helping people living unnecessarily in nursing home move into PSH and other housing opportunities in the community. MFP creates the potential to save considerable funds which could over time be re-deployed to meet other needs within the Ohio Medicaid program or long-term care budget. Limitations on Medicaid 'match' during this economic downturn may constrain the number of new Medicaid enrollees – at least in the short-term. In addition, non-elderly adults with substance abuse related disabilities (particularly certain long term homeless people) have difficulty qualifying for Medicaid and SSI. TAC agrees that state 'gap' funding is needed to expand PSH for this sub-population.

TAC's Final Report also includes 13 additional recommendation categories that reflect TAC's observations and suggestions relevant to the Council's charge including state agency housing capital and services policies and resources, new federal funding opportunities for PSH, Ohio Supportive Housing for the Homeless Alliance's PSH Gap Program proposal, the Ohio Benefit Bank, and the Ohio Housing Locator.

Although the current economic circumstances confronting Ohio are daunting, the Council's work coincides with an alignment of opportunities and resources from the federal government that will favor states prepared to capitalize on them. Through the Governor's mandate to create a long-term plan for affordable housing and chronic homelessness, Ohio has the opportunity, vision, and framework to create state-local government partnerships to align the resources needed for significant expansion of PSH, including capital, rental subsidy, and services funding.

The 50/50 concept highlights the shared responsibility of local and state government to address the needs of vulnerable households with disabilities as well as the benefits of a shared goal and mutual commitment to provide the resources needed. The PSH Campaign can be incentivized by new federal housing and MFP Medicaid resources available through the state but will not be successful without specific commitments of local housing and service resources for PSH. As the PSH initiative moves forward, it could be augmented by additional commitments of state funding (i.e., Ohio Housing Trust Fund, a flexible operating and services subsidy, re-allocated Medicaid savings from MFP re-balancing efforts, etc.) as Ohio's economic circumstances improve.

Ohio's Interagency Council on Homelessness and Affordable Housing is well positioned to capitalize on this 'moment in time' when federal housing policies and federal health

care reform are also likely to become much more aligned to accomplish important national policy objectives for vulnerable population with disabilities. TAC recommends that the Council leverage this opportunity to send a clear message that the State of Ohio cannot accomplish these important policy and fiscal objectives without the meaningful involvement and commitment of local officials and the resources at their disposal.