STATE OF SUPPORTIVE HOUSING IN VIRGINIA

2022
ABOUT VHA

The Virginia Housing Alliance (VHA) works to expand affordable housing and end homelessness across the Commonwealth through advocacy, education, and capacity building. VHA advocates through developing and promoting a legislative and policy agenda that addresses State and Federal housing and homelessness issues. Educational opportunities are provided through conferences, learning collaboratives and an academic curriculum to promote best practices in the affordable housing and homelessness service sectors. Finally, VHA works to build the organizational capacity of housing nonprofits across the state through its AmeriCorps Vista program.

ABOUT CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided $1 billion in direct loans and grants for supportive housing across the country. Building on 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. CSH engages in policy work, predevelopment lending, technical assistance, and training with staff located across the country. For more information, visit www.csh.org

ACKNOWLEDGEMENTS

This report was brought to you in partnership with Virginia Housing Alliance (VHA), Corporation for Supportive Housing (CSH), Virginia Housing (VH), and Richmond Memorial Health Foundation (RMHF).

VHA and CSH want to thank everyone who participated in the Virginia State of Supportive Housing Stakeholder Forums. These forums helped us to gather stats, themes, and next steps. All of this collective work will ensure Virginians most in need have a place in the community and the housing and service supports they need to thrive. We look forward to our continued work together.
Executive Summary

Since first published in 2010, the State of Supportive Housing in Virginia report has served as an essential resource to educate Virginians on the need and benefits of supportive housing to individuals and communities.

Virginians have seen increased opportunities for quality supportive housing over the past ten years. These achievements resulted from growing recognition of the effectiveness of supportive housing and the hard work and determination of local, regional, and state partners to invest new resources and coordinate across the systems supportive housing populations touch.

Since the last report in 2015, notable achievements include:

**Expanded Supportive Housing Supply**

- Roughly 30% increase in PSH units (896 units) connected to local homelessness systems (current homelessness required for entry)[1].

- The Virginia Department of Behavioral Health and Developmental Services (DBHDS) PSH programs added over 1,300 units of PSH targeted for people with serious mental illness unnecessarily institutionalized, experiencing chronic homelessness, and/or cycling through crisis systems, and pregnant and parenting women with substance use disorders[2].

[1] Based on HUD PIT Count
Planning for new, sustainable resources for supportive housing services

- Planning is underway for the Department of Medicaid Assistance Services High Needs Support program, a unique Medicaid benefit that will help cover costs of tenancy support services for eligible populations in the coming years.

New incentives that promote access to safe, quality housing for supportive housing populations[3]:

- Since 2019, rental housing produced through the Low Income Housing Tax Credit (LIHTC) program administered by Virginia Housing is required to establish a leasing preference to provide PSH for special target populations for up to 10% of all LIHTC funded units.
- The Virginia Department of Housing and Community Development's Affordable and Special Needs Housing Program implemented targeted predevelopment grants for PSH and established higher funding limits for projects that include PSH.
- The Virginia Affordable Housing Trust Fund has established PSH as a priority for loans and grant funds.

But there is still work to do.

We are advancing supportive housing as an approach for change that: leans in to address the root causes of inequity, breaks down silos, creates more innovative and better-integrated systems, and builds stronger communities. We estimate that Virginia needs over 17,500 units of supportive housing to meet the needs of people served in crisis and institutional systems. In addition, new supportive housing units are needed across all regions of Virginia - requiring an increased focus on building a robust, statewide delivery system that can provide the resources and coordination across partners to develop models that work for urban, suburban, and rural communities.

Lack of access to affordable housing with services, fundamental inequity, misalignment of resources and overreliance on crisis care prevent people and communities from reaching their full potential.

All people, particularly those with the greatest needs, have a place in the community and the support they need to thrive.

[3] For more detailed information on Virginia’s efforts to increase supportive housing, please see Health and Housing Strategy for Virginians with Serious Mental Illness: A Report to the General Assembly – January 2022.
We hope this report provides a call to action to double down on what we know works, while exploring new ways to solve the challenges facing our most marginalized neighbors. We must keep up the momentum to build a brighter, more resilient Commonwealth where all Virginians have a place in the community and the support they need to thrive.

Approach

Our approach to developing this report included quantifying the population need, engaging partners and stakeholders through interviews and forums, and exploring best practices and innovations in the field. By doing so, we developed a set of recommendations that aims to scale up supportive housing as a critical intervention to addressing Virginia's most pressing challenges and as an alternative to costly and ineffective crisis and institutional care.

Previous reports published by VHA's predecessor, the Virginia Coalition to End Homelessness, focused almost exclusively on quantifying the supportive housing need among people experiencing homelessness. However, as the understanding of supportive housing has increased throughout the Commonwealth, there is growing recognition that supportive housing is an effective intervention across a range of people experiencing housing instability, institutionalization, and homelessness. Therefore, our 2022 report seeks to identify the need of people served across multiple systems to provide a more accurate and person-centred understanding of the individuals and families who, without supportive housing, will struggle to meet their full potential. This approach reflects a vision for Virginia where supportive housing is not exclusively a delayed intervention to an acute crisis. Instead, it prevents the costly and compounding negative impacts of long experiences of untreated health conditions, homelessness, and institutionalization on people and the communities where they live.

Given this focus on multiple systems, engaging a wide range of stakeholders was critical to our approach in developing this report. To that end, VHA and CSH hosted four virtual forums to discuss the statewide need for supportive housing and provide input on how Virginia can advance solutions to meet this need.

The forums provided a high-level overview of supportive housing developments in Virginia, including critical accomplishments and challenges. The discussions also included three focused sessions on supportive housing populations with distinct housing and services needs given their age, household composition, disabilities, and systems involvement. The following chart defines these groups. While these groupings help develop strategies and prioritize resources, we know that many people with needs consistent with supportive housing have or will fit into multiple categories within their lifetimes. This understanding makes it imperative that we develop supportive housing at a scale that provides the housing and services support to meet people who need it most.
**Frequent Users of Crisis Systems**

Single adults (18 years or older) who experience homelessness, either chronic or non-chronic, people who are accused of and punished for crimes and residing in prison, jail or youth 18-24 involved with the justice system and in custodial care, people with a mental health disorder living in institutional settings or licensed residential settings, such as group homes, residential treatment or rehabilitation centers, and people engaged with addiction treatment services.

**Aging**

Older Adults (55+) who experience homelessness, either chronic or non-chronic, older adults in supportive housing, and older adults unnecessarily institutionalized in nursing homes.

**Families and Youth**

Families (Households with adults and children) and Transition Aged Youth (Age 18-24) experiencing homelessness, involved in the child welfare system and justice systems.

During the forums, stakeholders discussed what needs to happen in Virginia to meet the supportive housing need, including identifying challenges and opportunities in delivering supportive housing at scale to meet community needs. As a follow up to the forums, we held more focused sessions with supportive housing direct service staff and people with lived experience to enhance our work through the perspectives of people closest to the need and delivery of supportive housing.

**Through our engagement with stakeholders, we identified five big takeaways reflecting what is required in Virginia to meet the unmet need:**

1. We need more safe, decent, accessible, and affordable housing. The lack of deeply affordable housing is one of the biggest challenges to supportive housing. Further, we cannot sacrifice safety and ease of access for affordability. Supportive housing requires all three.

2. We need to use data equitably and in partnership with people with lived experience to advance solutions that work. Data alone provides a one-sided view of the challenges facing these subpopulations. Instead, we must engage with people with lived experience to better understand the supportive housing system's problems and design effective solutions.

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[3] For more detailed information on Virginia’s efforts to increase supportive housing, please see Health and Housing Strategy for Virginians with Serious Mental Illness: A Report to the General Assembly – January 2022.
3. We need to break down the silos between systems that make providing person-centered housing and services solutions challenging. Siloed systems are inefficient and ineffective in achieving positive outcomes for people and communities.

4. We need to address housing barriers that further inequities, particularly stringent criminal background, credit, and rental history screening policies in housing.

5. We need more sustainable services funding and capacity. Services resources for supportive housing in Virginia are underfunded, uncoordinated, and unpredictable. This gap puts direct service professionals, tenants, and communities at risk of service disruptions and poor outcomes. We must create multi-year services funding streams and service delivery standards and invest in our workforce to scale the intervention to meet the need.

While not the focus of this report or previous State of Supportive Housing in Virginia reports, we want to acknowledge the importance of providing supportive housing opportunities to people with Intellectual and Developmental Disabilities. We would also like to recognize the progress Virginia has made toward reaching the terms of the Olmstead settlement agreement with the U.S. Department of Justice[4]. Since the settlement agreement was reached in 2012, Virginia has worked to transform systems and invest new resources aimed to ensure Virginians with Intellectual and Developmental Disabilities have the housing and services they need to live in the community[5]. Furthermore, we believe the recommendations in this report would enhance existing efforts to provide safe and affordable housing options for this population.

What is supportive housing?

Supportive housing combines affordable housing with best-practice services for individuals and families who face many complex medical, mental health, and/or substance use issues that are co-occurring. As a result, supportive housing improves housing stability, employment, mental and physical health, and school attendance; and reduces active substance use. In addition, supportive housing residents get access to intensive case management and voluntary, life-improving services like health care, workforce development, and child welfare.

"I want us to learn how to fix our broken systems that drop certain people through the cracks."

- Virginia Stakeholder Forum Participant

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[4] DOJ Settlement Agreement - Virginia Department of Behavioral Health and Developmental Services (virginia.gov)
[5] For information about Virginia's Plan and progress towards meeting IDD populations needs see Housing - Virginia Department of Behavioral Health and Developmental Services (virginia.gov)
Quality supportive housing projects are as diverse as the communities in which they are located. Despite these differences, all supportive housing:

- Focuses on households experiencing homelessness, at risk of homelessness, or inappropriately staying in an institution. They may be facing multiple barriers to employment and housing stability, including mental illness, substance use, and/or other disabling or chronic health conditions.
- It is affordable, meaning the tenant household ideally pays no more than 30% of monthly income toward rent.
- Provides tenant households with a lease or sublease identical to non-supportive housing — with no limits on the length of tenancy, as long as they meet the lease's terms and conditions.
- Proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy.
- Effectively coordinates with key partners to address issues resulting from substance use, mental health and other crises, with a focus on fostering housing stability.
- Supports tenants in connecting with community-based resources and activities, interacting with diverse individuals, including those without disabilities, and building strong social support networks.

Nationally, supportive housing delivery systems continue to grow and adapt to the changing needs of people and communities. The table below provides key terminology used broadly in the field with specific considerations in Virginia:

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<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Virginia Context and Considerations</th>
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| Supportive Housing            | A proven solution that combines non-time limited affordable housing with voluntary, intensive services. It follows housing first principles to provide quick access to housing without preconditions and services to help people maintain housing stability.  
*Note: Supported Housing is a term that can encompass any housing arrangement where services are provided, including non-permanent, transitional and group home settings where services are mandated, not voluntary. | Virginia uses the term permanent supportive housing (PSH) in the context of ending homelessness and about specific funding streams and programs. Funders often use PSH to denote a program with long-term rental assistance combined with case management and supportive services delivered by the grantee/contractor and coordinated with other mainstream service providers. PSH is a recognized Evidence-Based Practice (EBP) by SAMHSA.  
The terms supportive housing and permanent supportive housing are used interchangeably.                                                                                                                                 |
| Supportive Housing Priority Populations | Typical characteristics:  
• Incomes typically below 15% of the Area Median Income (AMI), often 0% AMI at entry into the housing  
• Complex behavioral and/or medical health conditions  
• Multiple "touches" across systems, i.e. jails, hospitals, homelessness, child welfare  
• Histories of housing instability and homelessness | Existing funding streams for supportive housing in Virginia target the following populations:  
• People with Serious Mental Illness experiencing homelessness and/or institutionalization  
• People experiencing chronic homelessness and with service needs consistent with supportive housing  
• Pregnant and parenting women with Substance Use Disorders  
• People with Intellectual and Developmental Disabilities |  

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<thead>
<tr>
<th>Housing Type</th>
<th>Description</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Single Site Supportive Housing</td>
<td>Housing developments where 100% of units are dedicated for PSH and have Project-Based Rental Assistance or operating subsidies.</td>
<td>These projects can provide more streamlined access to housing and more efficient service support. Examples in Virginia include the New Clay House in Richmond, VA and Mondloch Place in Fairfax County.</td>
</tr>
<tr>
<td>Scattered Site Supportive Housing</td>
<td>Using Tenant-Based Rental Assistance, PSH tenants are housed in various affordable or market-rate rental housing units.</td>
<td>Most PSH in Virginia is scattered-site and works with landlord partners to access rental housing units. However, given the lack of safe, affordable housing across the Commonwealth, these programs struggle to compete and access units.</td>
</tr>
<tr>
<td>Integrated Supportive Housing</td>
<td>Housing developments where a portion of units are dedicated to PSH, the remainder affordable or market rate. Depending on the percentage of PSH units, the service model could include onsite services, similar to single site settings, or resemble more scattered site service models.</td>
<td>Currently, the primary production program for affordable rental housing in Virginia requires at least 10% of all units produced to have a leasing preference to provide PSH opportunities to special needs populations. This requirement produces an estimated 200 units a year prioritized for PSH.</td>
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Why supportive housing?

Supportive Housing Improves Lives

Research has shown that supportive housing positively affects housing stability, employment, mental and physical health, and school attendance. People in supportive housing live more stable and productive lives[7]. On average nationally and in Virginia, between 85 and 100% of tenants in supportive housing remain stably housed after a year. Additionally, supportive housing is a powerful tool to address the needs of marginalized groups, who are often disproportionately people with disabilities and Black, Indigenous, and People of Color.

Supportive Housing Benefits the Community

Permanent supportive housing looks like any other type of housing in a community. Evidence shows significant benefits to communities, including increasing or stabilizing property values, encouraging community revitalization and improving the safety of neighborhoods.

Supportive Housing Reduces the Burden on Strained Public Systems

People in need of supportive housing often cycle through life on the street or in shelters, hospital emergency rooms, mental health facilities, nursing homes, jails, and prisons. Supportive housing disrupts this cycle, reducing the utilization and costs to these crisis systems and shifting care to more routine, preventative care made more effective through the stability that a home of one's own provides.

[7] For a review of the research on supportive housing outcomes, visit: Data - CSH
Estimating the Supportive Housing Need

CSH has developed a methodology, applied at the state level and rolled up nationally, that utilizes publicly available data across multiple systems. CSH then explores the need among systems where most supportive housing populations interact. This method helps us identify the estimated population of people in those systems with needs consistent with supportive housing, including individuals and families across the Aging, Families and Youth, Justice, Behavioral Health, and Homelessness sectors. We know that people often cycle through multiple systems within a year. Therefore, CSH uses a "Point in Time" approach to estimating the need within each system to minimize the potential for duplication. CSH has calculated the supportive housing need of each state and the District of Columbia. Virginia is 10th among all states and the District of Columbia for the highest supportive housing need.

Supportive Housing Need in Virginia By System

![Pie charts showing the breakdown of supportive housing needs by system in Virginia.]

Total Need Across Systems: Nearly 15,000 Supportive Housing Opportunities

Racial Disparities and Disproportionality Index

Racism is a key driver for the need for supportive housing, both in the history of racist policies and practices in our country and its persistence in our systems and structures today. To illuminate this, CSH developed a Racial Disparities and Disproportionality Index ("RDDI")[8] that looks across systems and supportive housing populations to measure whether a racial and/or ethnic group's representation in a particular public system is proportionate to, over or below their representation in the overall population (proportionality) and also allows for the examination of systematic differences between groups and geographies (disparities).

[8] Explore CSH RDDI and SH Needs data at: Data - CSH
In addition, the RDDI provides a standardized comparison between groups. For example, an index of higher than 1.0 for a racial group and system means members of that group are more likely to experience involvement with that system than all other racial groups combined.

Across Virginia systems, Black, Indigenous, and People of Color (BIPOC) are more likely to experience homelessness and involvement in the child welfare and justice systems. For example, Black households are over 4X more likely to experience homelessness, over 2X more likely to experience involvement in the child welfare system, and nearly 4-8X more likely to experience participation in the justice system. BIPOC people with disabilities face compounded effects of these overwhelming disparities and are at a higher risk of facing discrimination in access to housing and services.

Supportive housing is a powerful tool to address inequities in our systems for marginalized people and advance equity and opportunity for all Virginians.
Harnessing Cross Systems Data

Using integrated data across systems is critical to understanding the need, designing services, and prioritizing people for interventions like supportive housing. For example, cross-systems data can help find people who cycle between multiple systems and have barriers to accessing housing and services or identify shared high cost and high need clients and patients. CSH's signature initiative, FUSE, implemented in more than 30 communities across the country, stresses the importance of a cross-systems data approach in prioritizing resources and interventions and coordinating housing and services.

Policy and Practice Recommendations

The following recommendations aim to build upon the progress Virginia has made over the last ten years, address current challenges in the field, and significantly scale up supportive housing to meet the needs of Virginia's communities.

Strengthening the Workforce

- Support initiatives to recruit, retain, and support diverse, supportive housing professionals, including:
  1. Partnering with universities to expand awareness of job opportunities in the field
  2. Create a training and/or certification program for supportive housing professionals working in Virginia
  3. Create a statewide association of supportive housing practitioners to foster mentorship between seasoned professionals and new entrants in the field, identify industry training and support needs, and raise awareness of the career opportunities within the field

- Ensure livable and competitive wages and benefits packages for supportive housing professionals

Expanding Supply

- Establish regional and statewide supportive housing production goals, track progress towards these goals, and provide transparent and consistent reporting processes
- Utilize cross-systems data sharing at the local, regional and state levels to understand the need better, facilitate coordination in service delivery, and track and measure progress
- Create regional and statewide data dashboards and consistent reporting mechanisms to promote transparency and accountability towards production and quality goals
- Increase safe, quality, affordable housing production connected to supportive housing provider networks
Intentionally increase dedicated supportive housing production to expand the inventory of high-quality housing and expand choice in housing options for supportive housing populations.

Create state-funded rental assistance or operating subsidy program necessary to make rents affordable to people at 0-15% AMI.

Coordinate capital, operating, and services dollars to provide streamlined access to the necessary resources for all three critical components of supportive housing.

Create pooled supportive housing financing that aligns private, philanthropic, and public investments for capital, operating and services financing.

Advance equitable screening practices that screen people in – not out of housing opportunities (i.e. reduce stringent criminal background, credit, rental history requirements).

Increase housing and health sector partnerships and investments – driven and led by community need.

Establish a flexible services fund (aligned and coordinated with housing resources) to provide sustainable services funding, including services not covered under Medicaid.

Create regional agreements that coordinate state resources with local public and private resources to address jurisdictions with high supportive housing needs.

**Promoting Quality**

Provide flexible funding to supportive housing providers to build their organizational capacity to expand programs.

Increase resources and capacity for outreach to people living on the streets, encampments, cars, and other unsheltered settings, as well as people living in jails, prisons, hospitals, and transitioning from foster care and juvenile detention.

Establish program standards aligned with evidence-based practices and clear outcome expectations for supportive housing programs, modeled on the CSH Dimensions of Quality Certification.

Align services models to best practices, including adequate resources to support effective staff to tenant ratios and the inclusion of peer support as a critical component to service delivery.

Increase partnerships with culturally specific organizations as key to service delivery.

Increase knowledge and enforcement of Virginia's fair housing laws to protect supportive housing tenants from housing discrimination.

Create training for housing owners and property management professionals working with supportive housing programs.

Increase leadership opportunities for supportive housing tenants to participate in planning and policy efforts at the program, regional, and statewide level.

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[9] An example of this collaboration includes the NY/NY Agreements. More information can be found here: Nine Key Achievements of the NY/NY III Agreement | Network Newsfeed | Supportive Housing Network of New York (shnny.org).
Supportive Housing for Virginia's Aging and Older Adults

The Problem

Homelessness among older adults will likely increase as the number of aging Virginians grows. Projections suggest that people in Virginia over 65 years will double by 2030, with older adults accounting for 1 in 5 Virginians. Nationally, the number of older adults experiencing homelessness will double by 2050[10]. This surge is driven mainly by younger baby boomers or individuals born between the 1940s and 1965. This group has consistently made up a third of the total homeless population for the last several decades.

Additionally, projections in Virginia show that the percentage growth in adults 65+ will be higher among people of color – especially among Hispanic/Latino populations[11]. Across Virginia, aging adults struggle to maintain independent housing due to the lack of affordable options and community-based services and supports. This barrier leads to homelessness and unnecessary institutionalization in expensive nursing homes and assisted living facilities.

The Solution

Supportive housing is an effective intervention for assisting older adults to remain safe in housing and avoid costly and inappropriate nursing and institutional care. When integrated with aging appropriate services and resources, older adults in supportive housing can better manage their health and thrive in their golden years.

Virginia needs 5,000 new supportive housing units for older adults and improved service models for over 1,000 older adults in existing supportive housing.

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>Intervention Needs</th>
<th>Estimated Need</th>
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<tbody>
<tr>
<td>Older Adults Experiencing Chronic Homelessness</td>
<td>Supportive housing (Deep rental subsidies, robust voluntary services, including aging and health services)</td>
<td>An estimated 30% of people experiencing chronic homelessness (2018 HUD AHAR)</td>
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<tr>
<td></td>
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<td>232 Units</td>
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<td>Based on the 2020 Homeless PIT Count</td>
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<tr>
<td>Adults Aging in Supportive Housing</td>
<td>New services, service delivery structures, and coordination with aging appropriate services</td>
<td>An estimated 32% of people living in supportive housing targeted people experiencing homelessness (2018 HUD AHAR)</td>
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<tr>
<td></td>
<td></td>
<td>Based on 2020 Homeless Housing Inventory Chart</td>
</tr>
<tr>
<td>Older Adults inappropriately institutionalized</td>
<td>Supportive housing (Deep rental subsidies, robust voluntary services, including aging and health services)</td>
<td>Estimated 19% of people 65+ living in nursing homes (CSH SH Need Estimates)</td>
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<td></td>
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<td>CSH SH Need Estimates</td>
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Supportive Housing Need for Older Adults

Problematic Trends[12]:

- Chronic Illness: While people experiencing homelessness generally have higher rates of chronic illnesses, those over 50 are 4X more likely to have one or more chronic diseases than younger people experiencing homelessness. The proportion of homeless adults in their 50s with chronic conditions, like hypertension, is similar to housed adults aged 65.3.
- Geriatric Conditions: Adults over 50 experiencing homelessness have old conditions similar to those aged 70+ in-housed population. These are falls, urinary incontinence, memory loss, and difficulty with basic daily activities.
- Emergency Rooms: They are also 4X more likely to visit the emergency room frequently and are more likely to be hospitalized.
- Mortality: Homeless persons have age-adjusted mortality rates 3–4 times higher than adults with stable housing and have a life expectancy of 63 years, compared to 80 years for the general population.

[12] CSH Healthy Aging resources, information originally presented by Dr. Rebecca Brown from University of California, San Francisco, Division of Geriatrics, Dept. of Medicine
Promising Practices:

- Increase funding for community-based services as an alternative to institutional care
- Foster collaboration between housing, healthcare, and aging sectors to share data to understand better the need and coordinate services and resources focused on shared outcomes
- Pair housing resources with aging specific services, such as services provided through the Program of All-Inclusive Care for the Elderly (PACE)
- Spur innovative housing models that are culturally responsive and incorporate design features that improve health and safety
- Provide housing and services assistance for family members living and caring for older adults
- Reduce barriers for older adults experiencing homelessness to access aging services
- Increase knowledge and capacity of homeless service providers to serve older adults
- Integrate aging services and nursing care into supportive housing teams

Spotlight on Virginia:

Bay Aging

Established in 1978, Bay Aging is a nonprofit Area Agency on Aging (AAA) that primarily serves the Middle Peninsula and Northern Neck residents. Bay Aging's Homeless Solutions program serves as a model for bridging the gap between AAAs and homeless services. Through cooperation with the Northern Neck Middle Peninsula Housing Coalition, Bay Aging quickly identifies older adults experiencing homelessness and matches them to unique housing that meets their needs and limits the amount of time spent homeless. After placement, clients benefit from Homeless Solutions' supplemental services, including health assessments, home-delivered meals, employment training, insurance counseling, transportation and more.

One recent Homeless Solutions Program success story is a 68-year-old local veteran who previously lived in a shed. Since moving into an apartment managed by Bay Aging, his health has improved. He eats nutritious meals, walks the community, and enjoys visiting neighbors and staff. Hunter LeClair, Program Manager, says, "My team is so pleased that we can help members of our community age with dignity. Bay Aging's services have helped transform clients' lives from surviving to thriving."
Families with Children and Youth

The Problem
There exists excellent documentation of the intersection of housing instability, child welfare and justice involvement, and the impact on overall well-being for children and youth. The anguish of homelessness and family separation is the most traumatic events a child can experience. We know that toxic stress experienced early in life has a powerful impact on long term health outcomes and future systems involvement of adults. Unfortunately, this trajectory has a human cost, often repeating across generations, leading to experiences of homelessness as adults, chronic medical issues, justice involvement, and early death.

Across Virginia communities, parents and young adults with extremely low incomes and disabling conditions struggle to afford safe and decent housing that provides a platform for accessing the services they need to thrive and break the cycle of intergenerational poverty and instability.

The Solution
Supportive housing is an effective intervention for families with children and youth. It preserves and reunifies families, supports employment and education goals, reduces school absences, and changes the trajectory for families and communities for generations.

Virginia needs over 1,100 Supportive housing units for households with adults and children and Transition Aged Youth.

Supportive Housing Need for Families with Children & Youth

![Graph showing the need for supportive housing in Virginia for different categories of children and youth.]

- Families Experiencing Homelessness: 105
- Transitioned Aged Youth Experiencing Homelessness: 198
- Transitioned Aged Youth Involved in the Justice System: 161
- Transitioned Aged Youth Aging out of Foster Care: 194
- Families Involved in the Child Welfare System: 495
Problematic Trends:

- Nationally, as many as 30% of children in foster care are primarily there due to a lack of housing. Homelessness or lack of stable housing is the most frequently cited barrier to reunification for families where children are in out-of-home care[13].
- Children who experience homelessness are 4X more likely to have developmental delays, 2X more likely to have learning disabilities, 3X more likely to have emotional and behavioral problems, and 8X more likely to repeat a grade than low-income children with stable housing[14][15].
- Systemic racism within child welfare systems leads to disparities in long term outcomes for Black families. For example, Black children make up 4% of the child population in Virginia, but 26% of maltreatment victims even though the maltreatment of white children trends higher than Black children at similar poverty levels. [16][17]
- Between 11% and 37% of youth aging out of public child welfare systems experience homelessness after they transition, and an additional 25% to 50% are unstably housed[18][19].

Promising Trends:

- Foster collaboration between housing, healthcare, juvenile justice, and child welfare sectors to share data to understand better the need and coordinate services and resources focused on shared outcomes [19]
- Provide direct cash transfers to families and youth to provide the income stability and flexibility families and youth need to maintain housing and reach employment and education goals
- Incorporate a focus on housing and housing partnerships within the statewide implementation of the federal Families First Prevention and Services Act
- Incorporate a focus on housing and supportive services as part of transition planning for youth involved in the child welfare or justice systems
- Create family and youth-led advisory boards to inform housing and service delivery strategies

[17] Addressing Economic Hardship Key to Preventing Child Welfare System Involvement – Chapin Hall
[20] For guidance on data sharing for child welfare involved families, see: CSH_OneRoofDataSharingGuidanceBrief_May2021.pdf
Spotlight on Virginia

In response to the growing opioid epidemic, the Virginia Department of Behavioral Health and Developmental Services launched the Permanent Supportive Housing Program for Pregnant and Parenting Women (PPW) with Substance Use Disorders program in 2019. Four local providers administer the program, including rental assistance, tenancy support, and care coordination services that provide parents with the platform they need to support their recovery from addiction, increase parental involvement, and provide a safe and healthy environment for their children.

In addition, local programs coordinate with healthcare providers, family support services and child welfare agencies to support the entire family's needs to remain stable and thrive. In addition to the positive impacts on families, the PSH for PPW program reduces costly institutional care usage in treatment facilities and provides better outcomes for families and the communities in which they live.
Frequent Users of Crisis Systems

The Problem

Several reports highlight the cycle of homelessness and crisis among people with complex medical and behavioral health challenges. Without stable housing, people with complex needs frequently cycle between emergency shelters, jails, hospitals, and the streets. The human cost is immeasurable, leading to unnecessary suffering and preventing individuals, families, and communities from reaching their full potential. However, in addition to the human price, there is also a public cost to this crisis: communities across Virginia waste millions of dollars on uncoordinated public services that perpetuate this costly cycle and lead to poor outcomes across systems.

The Solution

Supportive housing is a proven solution to breaking the costly cycle of incarceration, homelessness, and institutionalization. Supportive housing improves health and employment outcomes, prevents recidivism and incarceration, and reduces the utilization of expensive crisis systems. This support leads to more robust and resilient people, public and private systems, and communities.

Community Level Outcomes for Supportive Housing Programs for Frequent Users

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<td>3-year randomized control trial or 724 people (363 referred to supportive housing, 361 services as usual).</td>
<td>We compared 862 adults who were chronically homeless with peers in supportive housing. Found that if those adults had access to housing, outcomes would include:</td>
<td>2020 Program Fact Sheet:</td>
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<tr>
<td>• 86% remained housed at one year, 81% at two years, 77% at three years</td>
<td>• 5,000 fewer avoidable emergency department visits</td>
<td>• 89% remain stably housed for at least one year</td>
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<tr>
<td>• 40% reduction in shelter visits</td>
<td>• 400 fewer jail bookings</td>
<td>• Decrease in state hospital utilization by 76% year after move-in, resulting in avoided costs of $12.2 million</td>
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<td>• 34% reduction in police contacts, 40% reduction in arrests</td>
<td>• 50 fewer inpatient psychiatric stays</td>
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<tr>
<td>• 40% decrease in ED visits, 155% increase in office-based visits</td>
<td>• $3.6 million in Medicaid Savings</td>
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Virginia needs over 10,600 supportive housing units for people cycling through crisis systems.

**Supportive Housing Need for Frequent Users of Crisis Systems**

- **Adults Exiting Prisons and Jails**: 7,493
- **Adults with Disabilities & Lengthy Histories of Homelessness**: 1,020
- **Adults Engaged with Addiction Treatment Services**: 415
- **Adults with Mental Illness Inappropriately Institutionalized**: 1,717

**Problematic Trends:**

- 17% of people experiencing homelessness are severely mentally ill, 11% experience chronic substance abuse[21]
- Nearly 20% of Virginia inmates have a mental illness, and 10% have a severe mental illness[22]
- Nationally, less than half of inmates who report mental health symptoms ever receive treatment[23]
- A criminal record remains a significant barrier to accessing affordable and market-rate housing, despite evidence that prior records do not increase risks to landlords[24]
- Over two-thirds of individuals released from prison will reenter within three years due to the lack of community-based support and the barriers to opportunities for people reentering society after incarceration[25]
- Over half of Black men with disabilities will be arrested by age 28[26]

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[21] 2020 HUD PIT Count
[23] Mental Health Problems of Prison and Jail Inmates | Bureau of Justice Statistics (ojp.gov)
[26] Young people with disabilities more likely to be arrested | Reuters
Promising Practices:

- Foster collaboration between housing, healthcare, and justice to share data and better understand the need and coordinate services and resources focused on shared outcomes[21]
- Reduce stringent background criteria for accessing housing, including criminal, credit, and rental history requirements that have disparate impacts on people with disabilities
- Increase the availability and accessibility of community-based substance use disorder services and supports, specifically with an evidence-based harm reduction approach
- Ensure effective outreach and in-reach programs and services are operating statewide to identify people cycling through systems and coordinate supportive housing access
- Increase public and private healthcare investments in housing and housing-related services followed by the recognition that housing is a key social determinant of health

Spotlight on Virginia

In 2019, Virginia Supportive Housing and VCU Health System partnered to pilot an approach to address the needs of 10 patients with complex health conditions experiencing homelessness and frequently using the VCU Health emergency room for care. Through Virginia Supportive Housing’s New Clay House, ten units were set aside to provide stable, permanent housing and wrap around tenancy supports and services to address these patients’ needs. In addition, VCU Health System contracted with Virginia Supportive Housing to provide rental assistance and services at New Clay House. After the first year, there was a 34% decrease in total hospital costs, a 77% decrease in 30-day inpatient rehospitalizations, a 39% decrease in inpatient visits, and a 22% decrease in the length of hospital stays. The reductions in hospital use also paid off during the onset of the COVID-10 pandemic; not only did the program free up hospital resources, but the program also prevented death and severe illness for these high-risk patients by providing the safety of a home.

[21] For guidance on data sharing for frequent users, see: FUSE - CSH
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