



Thinking About Starting a Supportive Housing Program?

Recommendations and Considerations for the Planning Process

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THROUGH THE SAMHSA-AND CDC-FUNDED NATIONAL HARM
REDUCTION TECHNICAL ASSISTANCE CENTER, 2023

This resource was informed by many conversations with current housing and harm reduction service providers and would not have been possible without their expertise and input.

Introduction

Structural barriers—ranging from policies that prohibit people who have been involved in the criminal-legal system, economic hurdles and high cost of living, background checks, and other exclusionary practices—prohibit many people who use drugs (PWUD) from accessing safe and healthy housing. To address these barriers and fill this essential resource gap, harm reduction programs, public health systems, and housing service providers may consider developing supportive housing programs specifically for PWUD. Supportive housing services for PWUD can be an impactful addition to existing comprehensive health programming and other interventions to address the syndemics of HIV, viral hepatitis, and unsafe drug use. The primary goal for these services is to provide stable, low-barrier housing—for as long as a participant wants—alongside relevant, nonjudgmental, and *opt-in* health and social programming.

The following recommendations come from conversations with current harm reduction and housing providers and can be used to help structure and inform program development. It is important to remember that this is not an exhaustive document and that there are many things to consider when developing and operating a supportive housing program. These considerations include funding access and sustainability, planning and coordinating comprehensive services, and the provision of direct services, including staff training and support. Some sections may not apply to specific circumstances and settings. Not all programs or providers will be the right fit—this document can also be helpful to determine interest in or capacity for providing housing services. Better understanding the local housing landscape and identifying partners best suited to offer supportive housing services are also powerful steps.

Considerations

1) What is the need for housing services in your area? What is the larger structural context that you are aiming to address or resolve?

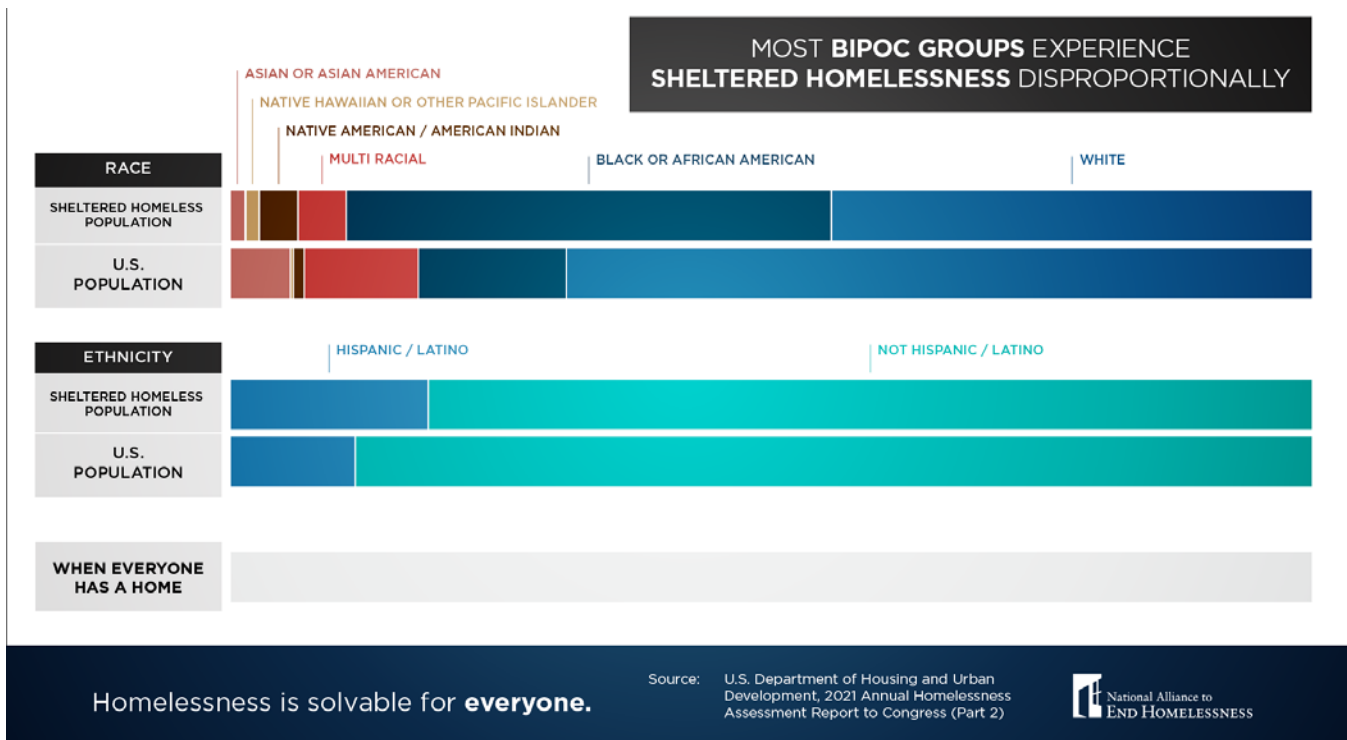
According to researchers at the University of Chicago, on any given night, between 500,000-600,000 people are “experiencing homelessness in the United States, about one-third of whom are sleeping on the streets and two-thirds in shelters.”¹ Safe and stable housing is essential for survival: it is nearly impossible to manage personal health, take care of others, or make plans for the future without it. However, most political and economic systems treat housing as a profitable commodity rather than a human right—and consider it a personal failing when someone is unable to get or maintain safe housing. This is true in most, if not all, parts of the United States. Each community or neighborhood will have its own specific barriers to safe and stable housing in addition to broader structural conditions. These might include disinvestment in public housing development or maintenance, displaced encampments, rising housing costs and gentrification, zoning and land use, weather and natural disasters, or policies that privilege property owners and financial institutions over people seeking housing. Take the time to explore these topics and how they relate to your

community to ensure that, to the extent possible, each participating agency or partner is working according to their capacity and skillset. (Try using a [SWOT](#) or [SOAR](#)—strengths, opportunities, aspirations, and results—analysis to help determine best roles.) This can also guide your approach to program structure, priority population(s), and funding.

Factors that may influence housing access in your community:

RACISM IN THE HOUSING MARKET

Policies like redlining and inequitable investment and redevelopment (contributing to gentrification) create and perpetuate racial and economic segregation. For example, redlining was an openly accepted practice in the 20th century, which delineated “desirable” and “undesirable” areas for financial investment based on racial demographics. This limited access to home loans for communities of color and stifled the accumulation of generational wealth. Learn more from the Center for American Progress’s [Systemic Inequality: Displacement](#),



[Exclusion, and Segregation - How America's Housing System Undermines Wealth Building in Communities of Color](#) report, which looks at the history and impact of government-led housing policy and the effects of displacement, segregation, and housing discrimination on people of color.

HOMOPHOBIA AND TRANSPHOBIA

Stigma and discrimination against LGBTQ+ people can exacerbate the effects of poverty and homelessness. Homophobia can lead to alienation from family or community, interpersonal violence, and discrimination from service providers—making the need for shelter and support more likely and compounding the risk of discrimination or violence *within* shelters and housing programs. National, state, and local policies that limit access to gender-affirming care or that contribute to violence and discrimination against LGBTQIA+ people can also lead to displacement, as people migrate to areas with more welcoming laws. Learn more via [Preventing, Reducing and Ending LGBTQ2S Youth Homelessness: The Need for Targeted Strategies](#) and [Examining the Intersection of Housing Instability and Violence among LGBTQ Adults](#), which discuss qualitative and quantitative research into housing status disparities, promising approaches, and intersecting health and safety outcomes for LGBTQ+ people.

SHORTAGE OF AFFORDABLE HOUSING IN UNITED STATES

According to the National Low Income Housing Coalition, there are “only 33 affordable and available homes for every 100 extremely low-income renter households.”² Though there are not *any* states that have enough housing for the lowest-income renters, “Black, Latino, and Indigenous households are disproportionately extremely low-income renters and disproportionately impacted by this shortage.”³ Learn more via the NLIHC report [The Gap: A Shortage of Affordable Rental Homes](#), which offers data on affordable housing availability by state and background about the households and areas most affected by the shortage of affordable housing.

DISCRIMINATION AGAINST PEOPLE WHO USE DRUGS

“Policies that stem from the war on drugs...deny housing to many in need based on misguided ideals of deterring people from using or being around drugs. Underlying these ideals are the illogical assumptions that people who use drugs and their families do not deserve housing; cannot be good tenants or neighbors; and punishing them will persuade others not to use drugs.”⁴ Within the existing housing support services landscape, policies often outright or implicitly bar PWUD from

services. They can take several forms, including banning paraphernalia in personal belongings, making it challenging or impossible to participate in medication-assisted treatment programs, automatically evicting people for drug possession, and mandating abstinence in treatment plans or goal setting. Learn more via [Drug Policy Alliance](#) report, “The War on Drugs Meets Housing,” which uses New York City’s policies and infrastructure as a case study on barriers to housing, impacts on neighborhoods, and recommendations for remedying harms from the War on Drugs and improving outcomes.

DISCRIMINATION BASED ON CRIMINAL RECORD

Many landlords use criminal background checks as screening tools when selecting tenants, often leading to discrimination against people who have experience in the criminal-legal system. Oftentimes, past charges and legal system involvement have nothing to do with housing or the ability to be a good neighbor. Racism, classism, and ableism have significant impact on who becomes involve in the criminal-legal system in the first place. Learn more via [Fair Housing for People with Criminal Records](#), a digital toolkit from the Fair Housing Center for Rights and Research for formerly incarcerated people, their families, advocates, and other people navigating housing policies and barriers.

ADDITIONAL RESOURCES

- The National Low Income Housing Coalition’s state-by-state community housing needs data: [Housing Needs By State | National Low Income Housing Coalition \(nlihc.org\)](#)
- The Urban Land Institute’s “Ten Principles for Developing Affordable Housing” helps organizations understand how to create affordable housing projects: [untitled \(uli.org\)](#)
- National Alliance to End Homelessness, “Homeless Prevention: Creating Programs that Work” explores principles for effective homeless prevention. [homelessness-prevention-guide-and-companion.pdf \(endhomelessness.org\)](#)
- National Health Care for the Homeless Council’s, “Insights from the HCD Helpdesk” blog page offers resources related to health services for people experiencing homelessness: [How to Start a Health Care for the Homeless Program - National Health Care for the Homeless Council \(nhchc.org\)](#)
- Local Housing Solutions, in partnership with PolicyMap offers detailed reports for every US Census jurisdiction to help inform local housing strategies: [Housing Needs Assessment - Local](#)
- National Academy for State Health Policy has developed a toolkit for Medicaid and Housing: [Medicaid and Housing: State Strategies to Support Housing-Related Services - NASHP](#)

2) Who Are You Aiming to Serve? Have You Met with Them Directly?

These are important questions to answer before taking next steps. Deciding who you are aiming to serve—based on research about local housing needs and landscape, conversations with community stakeholders, and provider readiness and experience—will inform how your program develops and operates. (Keep in mind, however, that funding sources and requirements may also ultimately play a role in who you are able to serve.) Being intentional and learning from community members will contribute to successful programming.

For example, a program might aim to reach people actively using drugs and people doing hotel-based sex work. They might already know that the costs of avoiding withdrawal and maintaining a hotel room are constant and oppressive. The program might also know that these precarious circumstances are exacerbated by structural factors like gender-based violence, the lack of affordable housing, and criminalization of and discrimination against people engaged in sex work and people who use drugs. But creating and providing services responsive to participant strengths, needs,

and goals requires knowledge and expertise from lived experience—not just the mile-high view. What do community members want to see in a supportive housing program? What kind of setting will be accessible? What kinds of wrap-around services would be most helpful? How should direct service staff interact with participants?

If program staff don't have first-hand perspective that can inform program development and operation, they should be connecting with and learning from people who do—and, importantly, fairly compensating them for their expertise. Guidance and buy-from your experts and stakeholders will be invaluable assets at each stage of the planning process. If agencies and staff involved in the development of a supportive housing program are unable to commit to consistent and proactive community engagement, they may be better suited to roles that do not involve providing direct services, like applying for and managing funding, coordinating with partners, or performing community health assessments and other planning activities.

ADDITIONAL RESOURCES

- NASTAD's "Community-Based Participatory Research in Harm Reduction Settings" toolkit offers strategies for meaningful engagement and community collaborations: nastad.org/resources/community-based-participatory-research-cbpr-harm-reduction-settings
- Local Housing Solutions offers resources and strategies for using local data to gain insight into local housing needs: [Using Local Housing Data - Local Housing Solutions](#)
- Changelabs Solutions offers guidance on engaging organizational partnerships: [HealthHousingStarterKit-EngagingPartnerOrganizations-FINAL-20180531.pdf \(changelabsolutions.org\)](#)
- The Department of Health and Human Services' resource for serving vulnerable and underserved populations: [Serving Vulnerable and Underserved Populations \(hhs.gov\)](#)
- The United States Census Bureau's resources for related to population and housing characteristics: [Population & Housing Characteristics Resources \(census.gov\)](#)
- Strategies to develop culturally responsive approaches for serving diverse populations from the National Sexual Violence Resource Center: [cultural-competence-guide.pdf \(nsvrc.org\)](#)

3) Supportive Housing Models: Congregate vs. Scattered-Site Housing

Once you better understand the local housing landscape and have begun connecting with and hearing from the people you aim to serve, it is time to make specific decisions about the program and its infrastructure. An early decision is likely to be whether housing will be provided in congregate or scattered-site settings—or a combination of the two.

Congregate housing models have every resident living in a single location and in housing specifically for program participants (also known as “single-site” housing). Scattered-site housing programs use multiple properties or buildings—this is the model for almost all voucher-

based programs. Both models have been proven to prevent homelessness and increase overall quality of life for program participants. Advantages and challenges of each model are detailed in the table below. Learn more via the Homelessness Policy Research Institute’s 2019 [literature review of congregate and scattered-site models](#). Combining both types of housing, as some existing programs do, can leverage benefits and mitigate shortcomings of each approach. You will probably want to start with only one model but keep this possibility in mind as the program expands.

	CONGREGATE HOUSING	SCATTERED-SITE HOUSING
PROS	<ul style="list-style-type: none"> ✓ Supportive staff and services are in one place, which can facilitate care coordination and collaboration. ✓ Easier to monitor and be responsive to residents’ needs and experiences. ✓ Residents in close proximity can more readily create community and social relationships. ✓ Program staff can provide appropriate harm reduction supplies and overdose detection and response. 	<ul style="list-style-type: none"> ✓ This model offers more privacy and is often a better fit for families. ✓ Residents can have more anonymity since it is harder to identify program participants based on housing location. ✓ Though dependent on availability in the local housing market, there may be more flexibility to stay within familiar neighborhood or community.
CONS	<ul style="list-style-type: none"> ✗ Program structure can make it difficult to successfully engage in employment and to maintain external relationships and activities. ✗ Residents may need to relocate from familiar places and people to a centralized location. 	<ul style="list-style-type: none"> ✗ Often requires working with outside landlords who do not share the same standards or priorities. Overall, programs may have less control over factors that can affect success in long-term housing. ✗ More distance—structurally, interpersonally—between participants and staff.

4) Transitional Housing vs. Permanent Supportive Housing

Along with deciding what the program's infrastructure will look like, you will also need to decide the type and function of services the program will provide. A key decision will be between transitional housing and permanent supportive housing—each of which offers a different kind of support to participants. Transitional housing (TH) generally lasts from three to twenty-four months, whereas permanent supportive housing (PSH) does not have a set time period. Both types of programs are most effective when operated with a “Housing First” approach.

“Housing First” is a philosophy that prioritizes low-barrier, safe, and stable housing before other medical and social services, treating it as the foundation that must be established before other aspects of life and health can be addressed. Housing is seen as a basic human right and is not conditional on a participant accomplishing other goals. For example, programs operated with a housing first approach do not require residents to pursue abstinence from alcohol or other drugs, participate in outpatient treatment or support

groups, or perform uncompensated labor on behalf of the program. Learn more about Housing First approaches and programs via in-depth trainings from [Pathways Housing First](#) and [Pathways to Housing PA](#).

Emergency shelters are often grouped together with TH and PSH, but their goals are very different. Ideally, shelters should only be used temporarily (stays lasting days or weeks) for connecting people to rapid rehousing programs—which would then place them in TH or PSH. Given the number of shelters consistently operating at full capacity and the growing number of unsheltered people experiencing homelessness, emergency shelters do not always play the intended role, and people may move in and out of emergency shelters for several weeks or months. According to the US Department of Housing and Urban Development (HUD), “while the overall number of people experiencing homelessness in 2022 increased slightly compared with 2020, it rose significantly for individuals, people with disabilities who experience long-term homelessness, and people in unsheltered settings.”⁵

5) Funding for Supportive Housing Programs

The vast majority of supportive housing programs in the United States operate using a mix of funding streams. It is less common for a single funding source to cover most or all of a program's costs and activities. Learn more via [Over-the-Rhine Community Housing's 2021 annual report](#), which includes a financial summary and overview of funding sources.

Among the primary funding sources for direct service housing work, the *HUD Continuum of Care (CoC)* program is the largest and most complex. The CoC funds transitional housing, permanent supportive housing, rapid rehousing, supportive services, and sometimes homelessness prevention activities. Funding is released at the federal level and then distributed at local levels through competitive application processes. This means that programs' experiences with HUD CoC often vary based on location.

The *Substance Abuse and Mental Health Services Administration (SAMHSA)* also offers funding opportunities for housing services as a mechanism for supporting people who use drugs and/or have

mental health conditions. SAMHSA can incentivize service development for priority population groups, like Veterans and people of color who live with HIV, through tailored funding opportunities. This also gives the agency significant influence over eligibility and admissions criteria and the metrics by which program impact and success are measured. Funding and programmatic support from SAMHSA are likely to focus on people seeking treatment and related services for substance use disorder and other behavioral health needs. Depending on the communities your program expects to serve, funding opportunities from CDC, HUD, Human Resources and Services Administration (HRSA), Indian Health Service (IHS), and the Department of Veterans Affairs (VA) may also cover housing services or related, co-located programming. Keep track of funding cycles and announcements from federal, state, and local agencies responsible for implementing programs and distributing funds.

Medicare and *Medicaid* are federal health insurance programs for people who are over 65, people with disabilities, and people who meet certain income limits.

Some housing programs are able to bill Medicare and Medicaid for staff time spent providing behavioral health and supportive services, as there is significant overlap between people who need supportive housing and people who are eligible for Medicare or Medicaid. Billable activities often include intensive case management, individual therapy, psychiatric care via medication management, and psychiatric rehabilitation services. Funding systems and availability will vary based on location, including whether your jurisdiction has successfully expanded Medicaid eligibility through the Affordable Care Act. Programs can tap into Medicare and Medicaid funding by partnering with existing providers to offer on-site supportive services—for example, co-located clinic hours with a contracted private provider. Medical, nursing, and social work schools in your region may be able to partner on community health services, in-field training, and work study programs.

Supportive housing programs have also had success *contracting with government agencies*, like health and human services departments and departments of public safety. Opportunities for government partnership will likely depend on the population(s) the program aims to work with. For example, if a program's goal is to reduce recidivism (becoming reinvolved in the criminal-legal system following release from incarceration or community supervision), working with public safety or corrections departments can enable access to funding streams and stakeholder groups. These agreements can be used to leverage ongoing work to benefit other partners, by including opportunities to demonstrate the impact of supportive housing and to share promising strategies for your jurisdiction. In this scenario, the partnering government agency can also help manage funds and keep track of program requirements, alleviating some of the administrative burden on direct service providers.

A *social enterprise* is a business that uses its profits to fund health and social services or other activities to promote public welfare. The business's profits are often related to the larger mission as well. For example, a job training program that teaches people hairdressing and barbering skills may offer hairdressing services to the general public, then use profits from those services to continue its job training work. One of the challenges with this model is maintaining cash flow, since sustainability is dependent on the local economy and broader market conditions. However, programs have successfully adapted it to supplement other funding sources. Learn more via these [recommendations from Harvard Business Review](#).

Private fundraising can be key in supporting aspects of a program that fall outside of activities allowed by federal funding, grants, and other funding sources. Approaches to fundraising will vary based on the size and type of organization or agency. Some organizations have standalone fundraising campaigns throughout the year—maybe tied to notable holidays or annual events. Others have entire development offices dedicated to identifying private funders and nurturing those relationships. Learn more via these [fundraising tips from Donorbox](#).

There are also *new and standalone funding streams* that can be tapped for supportive housing and housing navigation services. Agencies and organizations may work with their existing funders to see whether funding can be redirected toward new housing-related activities. Look for opportunities with regional philanthropic organizations—they can have lower barriers or fewer requirements than federal funders. Local government or other partners may also be willing to donate land, properties, or other infrastructure (or sell at a reduced price) as an investment in housing services.

Next Steps

By this point, you should have a solid understanding of the housing landscape and the socioeconomic issues you are trying to address in your community. That understanding should be informed and bolstered by relationships with local stakeholders and experts representative of the population(s) the program will serve. You will make decisions about what the program will look like, how it will operate, and how it will be funded. What comes next? Continuing to build relationships, ask questions, and commit to learning throughout the life of the program.

ADDITIONAL RESOURCES FOR DEVELOPING AND OPERATING SUPPORTIVE HOUSING PROGRAMS

- Center for Supportive Housing, [Supportive Housing Quality Toolkit](#)
- Center for Supportive Housing, [Standards for Quality Supportive Housing Guidebook](#)
- Harm Reduction Therapy Center, [Practical Harm Reduction in Shelter-in-Place Hotels and Supported Housing](#)
- Housing Justice for All, [Our Stories, Our Power: A Guide for Strategic Storytelling](#)
- NASTAD, [Drug User Health and Housing Resources](#)
- SAMHSA, [Homeless and Housing Resource Center](#)
- Terry McBride Morris, [Harm Reduction in Shelters, Shelter-in-Place Hotels, and Supportive Housing](#) collection of the [Harm Reduction Resource Library](#)
- The Action Lab at the Center for Health Policy and Law, [Changing the Narrative](#)

Endnotes

- 1 The size and census coverage of the US homeless population. BFI. (2022, July 11). Retrieved January 16, 2023, from <https://bfi.uchicago.edu/insight/finding/the-size-and-census-coverage-of-the-us-homeless-population/#:~:text=On%20any%20given%20night%2C%20there,and%20the%20rest%20in%20shelters.>
- 2 National Low Income Housing Coalition. (2023, March). The Gap: A Shortage of Affordable Homes. Retrieved from <https://nlihc.org/gap>
- 3 National Low Income Housing Coalition. (2023, March). The Gap: A Shortage of Affordable Homes. Retrieved from <https://nlihc.org/gap>
- 4 Drug Policy Alliance. (2021, February) Snapshot: The War On Drugs Meets The Housing System. Retrieved from https://uprootingthedrugwar.org/wp-content/uploads/2021/02/uprooting_report_PDF_housing_02.04.21.pdf
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