



SUMMARY OF STATE ACTIONS

Medicaid & Housing Services

Updated Fall, 2022

INTRODUCTION

States recognize that delivering assistance to address Health Related Social Needs (HRSN) will improve individual health outcomes and the health of communities while still reducing Medicaid spending. Supportive Housing and housing related services has one of the strongest evidence bases of these types of programs. Given the overrepresentation of Black, Indigenous, and People of Color (BIPOC) among those experiencing homelessness, those families involved with the child welfare system, those impacted by mass incarceration, those forced to live in congregate care settings, and other systemic and structural racism indicators, supportive housing can be a strategy to build equitable communities. States are looking to both increase supportive housing capacity and supportive housing quality. One component of improving quality could be expanding housing-related supportive services to serve more people and populations and ensuring persons can live in the most community-integrated setting.

Newly approved Medicaid 1115 waivers in California, Oregon and Arizona also now offer a short term housing option. CA's CalAIM programs gives Managed Care Plans the option to cover 90 days of recuperative care (CA's term for Medical Respite) and up to 6 months of post hospitalization housing. Oregon and Arizona are also approved for 6 months of housing for broader populations including those experiencing or at risk of homelessness, those leaving institution care or congregate settings and child welfare involved families. Given the nation's housing crisis, linking those persons to long term housing options such as Permanent Supportive Housing or other long term affordable options will be crucial to this demonstration model's success.

Over a dozen states already have some type of supportive housing services benefit in place, and the Corporation for Supportive Housing's (CSH's) map can help you find where your state is in this process.¹

At the federal level, the Center for Medicaid and Medicare Services (CMS) has supported these efforts under Democratic and Republican Administrations. In a January 2021 State Health Official Letter, CMS clarified the role of Medicaid in addressing the Social Determinants of Health (SDOH), including housing.² In addition, the influential Medicaid and CHIP Payment and Access Commission (MACPAC) issued a report summarizing the role Medicaid plays in addressing housing needs, specifically that states can choose to offer Housing Support Services through various Medicaid authorities.³ CMS has been clear that the services in supportive housing are Home and Community Based Services (HCBS).⁴

¹ <https://csh.carto.com/u/csh-admin/builder/5fb538f0-9370-4650-84f6-de18188ba1d9/embed>

² <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>

³ <https://www.macpac.gov/wp-content/uploads/2021/06/Medicoids-Role-in-Housing-1.pdf>

⁴ <https://www.medicaid.gov/medicaid/home-community-based-services/index.html>

Many states such as Arizona, California, Colorado, New Jersey, and Washington State are using funds from either the American Rescue Plan Act (ARPA) HCBS plans⁵, Substance Abuse and Mental Health Services Administration (SAMHSA) ARPA funds⁶ or both to fund services aligned with housing.

In making these investments, states have recognized the need to bring supportive housing to scale, address homelessness and housing instability, rebalance their aging services and other institutional systems, ensure community integration opportunities for people and households with disabilities, and address deep historical inequities in their communities. CSH's national supportive housing needs assessment estimates an additional 1.1 million units are needed nationwide. Medicaid funding for services in supportive housing offers the promise of bringing the model to scale. States, localities, and health services payers such as Managed Care Organizations (MCOs) are experimenting with options to finance outreach and engagement, tenancy supports, and other housing-related services.

This brief summarizes state activities that offer many populations the services and housing needed to obtain and maintain community stability. Some of these programs are statewide (HI, OR, WA), while others are smaller in scale (FL, MA, MD). Some programs focus broadly on housing support services for households struggling with housing costs (MA), or solely for those with behavioral health challenges (FL, MI, VA). Others focus on homelessness and increasing supportive housing capacity (CA, HI, WA). Some states are using the 1115 Waiver authority (CA, HI, OR, VA, WA), while other states are using the HCBS 1915(i) authority (CT, DC, MN, NH, ND). CSH consults with several of these programs and is closely watching for lessons learned that could be applied to other states. Rutgers Center for State Health Policy has summarized the implementation of these services in California, Maryland, and Washington in depth.⁷

Since CMS views these services as part of the HCBS program, states must administer the program as a component of the state's current HCBS program. For the 22 states with Managed Long-Term Services and Supports (LTSS) programs, providers are billing MCOs for services. In states that do not have Managed LTSS, tenancy support services are added to the state's current HCBS system. In either model, supportive housing providers will need technical assistance and funding to make this shift with distinctive administrative implications for agencies.

In supporting states, CSH has experience with multiple states working to implement the benefit. An issue seen across states is provider network capacity building. Some agencies have experience with the HCBS program and billing Medicaid while having limited experience working with people experiencing homelessness, housing financing, or behavioral health. Other agencies, whose grounding is in homelessness, have no experience or administrative systems that can respond to the administrative demands of Medicaid compliance and retrospective payment models. All the states listed below strongly commit to ending homelessness, increasing supportive housing access, and building racial equity in their communities. All states with a benefit have built out robust training and provider support efforts to adopt it. CSH has found many state innovations that have facilitated the successful implementation of the housing-related benefit. For example:

- **The State of Washington** uses a Medicaid 1115 Authority to employ a Third-Party Administrator (TPA) to manage the benefit. Rather than housing and homeless agencies needing to contract with all the MCOs in their geographies, agencies need to contract with only a single benefit administrator. Washington required the TPA to offer hands-on support to agencies for whom this is their first Medicaid service.
- **The State of Washington** has also rolled out simultaneously a Supportive Employment benefit with the same TPA administrator to align housing and employment services.

⁵ <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817-spending-plans-and-narratives/index.html>

⁶ <https://www.samhsa.gov/newsroom/press-announcements/202105181200>

⁷ <http://www.cshp.rutgers.edu/publications/medicaid-demonstration-waivers-with-housing-supports-an-interim-assessment>

- **Minnesota**, using the 1915(i) State Plan Amendment authority, has integrated housing related services structurally into their state Medicaid Plan, assuring the housing finance sector in particular that services will be ongoing.
- **Minnesota** also has a state office that administers other homeless related programs that oversee the benefit. From their seat within state government, the team liaisons with other internal state offices around Medicaid and managed care to ensure the successful implementation of the program. With its deep understanding of the housing and homeless sectors, networks, strengths, and challenges, this office has been a critical driver in ensuring the program evolves to meet the needs of people experiencing homelessness in Minnesota.
- **The District of Columbia** and **Rhode Island** offer the benefit via a Per Member, Per Month (PMPM) payment mechanism. This formula ensures that agencies can meet their revenue goal since they have minimum contact requirements to fulfill, allowing them to focus on quality services rather than chasing after units of services Units.
- **The District of Columbia** and **New Hampshire** are integrating the benefit into their homelessness sector access points, called Coordinated Entry. This structural alignment of systems ensures that the systems prioritize persons experiencing homelessness and that these same systems align housing resources so that the burden of coordinating between housing and services level falls on the systems and providers and not on those needing assistance.
- **North Dakota** and the **District of Columbia** have prioritized provider capacity building to ensure growth among the community-based organizations. **North Dakota** has also offered general operating grants to agencies that want to begin offering benefit-related services but need startup funds to become a state-enrolled Medicaid provider.

The table below highlights actions states and other entities have taken to improve service delivery and financing of the services that cover tenancy support services and are now commonly delivered by supportive housing providers.

SUMMARY OF STATE ACTIVITY

State/City	Program Name and Model	Medicaid Mechanism	Target Population	Status
Arizona	Housing and Health Opportunities (H2O)- Tenancy Supports Services, Short term housing assistance and outreach	1115 Waiver	Homeless and at risk of homelessness or unnecessary institutionalization, those leaving institutions or congregate care, child welfare involved families.	Planning Waiver approved 9/28/22.

California	<p>Various Funding Options include:</p> <ul style="list-style-type: none"> - \$1.3 billion of incentives for Managed Care Plans to address homelessness - \$100 million in capacity-building grants for HCBS and homeless providers, called Projects for Assistance in Transition from Homelessness (PATH), and - \$298 million for Community-Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations 	ARPA HCBS Plan	Persons who are eligible and/or enrolled or should be enrolled in HCBS services.	<p>Approved</p> <p>Conditional approval as of January, 2022.</p> <p>The state is proceeding to implement. Managed Care Plans (MCPs) have incentives to address housing and homelessness, and providers can apply for PATH funds for capacity building.</p>
	<p>California Advancing and Innovating Medi-Cal (CAL AIM) is the sustainability Plan for Whole Person Care services that were offered under the previous 1115 waiver.</p> <p>Community Supports can include an array of housing-related services, including housing navigation services, housing deposits, tenancy services, and 'post-hospitalization short-term housing.'</p>	1115 Waiver	MediCal recipients with particular emphasis on addressing homelessness via new services. New services are offered at the discretion of the MCPs. Community Supports are an In Lieu of Services (ILOS), meaning if plans can predict savings from these non-state plan services, then the services can be offered to a plan-determined population.	<p>Operating</p> <p>The waiver was approved with a January 1, 2022, start date.</p> <p>The Community Support Policy Guide states that the cost of these services will be integrated into the MCPs' future rate setting.</p>
Colorado	Replicating elements of the Denver Social Impact Bond (SIB) program model statewide with rental subsidies and intensive case management.	ARPA HCBS Plan for services and US Department of Housing and Urban Development (HUD) Emergency Housing Vouchers (EHV) for housing subsidies.	Persons experiencing homelessness, multiple disabling conditions, and high health/crisis system utilization.	<p>Planning</p> <p>Conditional Approval as of September 21, 2021. CMS wants assurances that HCBS funds will not be used to pay for "Room and Board."</p>

Connecticut	Tenancy Support Services for High Cost/ High Need complex care population The Connecticut Housing Engagement and Support Services (CHESS) Initiative	1915 (i) State Plan Amendment (SPA)	HUD defined homelessness for those age 18 and older as a particular diagnoses, and a risk score as defined by the Healthcare Effectiveness Data and Information Set (HEDIS) Plan All-Cause Readmissions measure, and that the individual is experiencing more significant inpatient services than would be predicted based on the individual's risk score.	Operating SPA approved by CMS. State Initiative website CMS approved SPA
	Supportive Housing Services	ARPA HCBS Plan	Persons with intellectual and/or developmental disabilities.	Negotiating with CMS Partial Approval as of August 30, 2021.
District of Columbia	Housing Supportive Services, including Housing Stabilization Services and Housing Navigation Services	1915(i) SPA	Persons requiring home and community-based services to assist with achieving and maintaining housing. Persons that are chronically homeless, have a history of chronic homelessness, or are at risk of chronic homelessness. Assessment for the services is integrated into the Coordinated Entry process, which City Social Workers complete.	Operating SPA approved March 25, 2022 Providers are to be paid on a Per Member, Per Month (PMPM) basis of \$755 per person. Taxonomy Codes used in Case Management, <i>251B00000X</i> Procedures Codes H00044 U1- Housing Navigation Services H00044 U2- Housing Stabilization Services

<p>Florida</p>	<p>Housing Assistance Waiver</p> <p>Pilot Program in 5 Central Florida Counties: Brevard, Pasco, Pinellas, Osceola, and Seminole. This geography corresponds to HHS regions 5 and 7.</p>	<p>1115 Waiver Amendment with some HCBS-like requirements</p>	<p>Persons 21 and older with significant behavioral health needs and are homeless or at risk of homelessness.</p> <p>Start date July 2020.</p> <p>As a pilot program, the program cap is noted as 42,500-member months.</p>	<p>Operating</p> <p>Implementation starting. CMS Approved Waiver amendment approved March 26, 2019.</p> <p>Each health plan has a process for referrals. Providers contact the health plan directly to facilitate referrals to housing and services.</p> <p>State Snapshot of MCOs</p>
<p>Hawaii</p>	<p>Community Integration Services (CIS)</p> <p>The waiver amendment focused on services to increase supportive housing capacity for the state.</p>	<p>1115 Waiver</p>	<p>Individuals with a behavioral health, physical illness, or substance use diagnosis and are chronically homeless.</p>	<p>Operating</p> <p>Waiver approved by CMS October 31, 2018.</p> <p>State Program Web page</p> <p>After health plan assignments, people eligible for the service will be assigned a service coordinator from the health plan that will work with them to obtain assistance and housing.</p> <p>The state's managed care delivery system will manage the benefit.</p> <p>State MCO listing</p>

Louisiana	Permanent Supportive Housing (PSH) Initiative	State Plan Services	Low-income populations with disabilities.	Operating State PSH Website
Maryland	Assistance in Community Integration (ACIS) program	1115 Waiver	The original waiver program serves persons who meet both below criteria. <u>Housing Status criteria:</u> Persons who are either experiencing homelessness or transitioning to the community from an institution or are at high risk of institutional placement; In a Nursing Home for at least 60 days. <u>Health Status Criteria-</u> Persons who have made four or more hospital visits in a year--can be emergency department (ED) or inpatient--or have two or more chronic conditions.	Operating The original waiver was county-driven, as counties must put up what has historically been 'state match' funding and aligned housing resources. State ACIS Project Website
	ACIS 2.0	1115 Waiver	County-based lead entities determine populations in discussion with the state. Counties and providers negotiate with the state for rates.	Planning A new waiver was approved on February 7, 2022 to take the program statewide.
Massachusetts	Flexible Services to expand housing and nutritional supports for vulnerable members identified by their Accountable Care Organizations (ACOs).	1115 Waiver. The 2016 waiver set the system's foundational structure as ACO. ACOs have an allocation for "Flexible Services" and can include nutrition services and housing assistance. ACOs can deliver these services	TBD by each ACO and their community partners. MA ACO and MCO listing.	Operating ACOs or their community-based organization partners started delivering housing support services to targeted members in January 2020. The state calls these Flexible Services . The current waiver extension is approved through September 30, 2022.

		themselves or contract with a provider network to provide these services.		
Massachusetts (Cont'd)	<p>CSPECH or Community Support Program for people Experiencing Chronic Homelessness.</p> <p>The provider can bill up to 60 days before the lease is up for services.</p>		Members who are chronically homeless or high utilizers of homeless and healthcare services. CSPECH expanded the initial cap of 50 to 500-800 individuals through 2022. The cap is limited to Medicaid recipients who are members of an MCO or a Primary Care Clinician Plan.	<p>Operating</p> <p>CSH Project Profile</p> <p>Outcomes Report</p> <p>The rate is \$17 per day per person for housing-focused case management.</p>
	Health Related Social Needs including the Community Support Program for Homeless Individuals or CSP- HI.	1115 Waiver	CSP-HI has similar criteria to CSPECH. However, persons who are homeless and coming from institutions or incarceration are now included and no longer must be chronically homeless. The new waiver proposal has no enrollment cap.	<p>Planning</p> <p>Waiver approved 9/28/2022.</p>
Michigan	Community Support Services, including Housing Assistance, Skill Building Assistance, and Supportive/ Integrated Employment	1115 Waiver through September 30, 2022; 1915 (i) SPA after September 30, 2022.	Persons with serious mental illness, serious emotional disturbance and/or intellectual/developmental disabilities.	<p>Operating</p> <p>Services are a component of the state's Behavioral Health Transformation Plan, which was approved under a 1115 Waiver. The benefit is offered through the Prepaid Inpatient Health Plans or PIHPs that manage community behavioral health providers network.</p> <p>CMS approved 1915(i) SPA</p>

Minnesota	Housing Stabilization Services	1915 (i) SPA	People with disabilities, including mental illness, who are homeless or at risk of becoming homeless, are living in institutions or other segregated settings or are at risk of living in those settings, and adults who are 65 years or older who are homeless or at risk of becoming homeless.	<p>Operating</p> <p>Housing Stabilization Services</p> <p>Services began July 20, 2020.</p> <p>Assessment and Development of the Person-Centered Plan is covered under Housing Consultation Services at \$174.22 as of 2021. The procedure code is T2024/ U8.</p> <p>Housing Transition Services are reimbursed at \$17.17 per 15-minute increment. The code is H2015 U8.</p> <p>Housing Sustaining Services are reimbursed at \$17.17 per 15-minute increment. The code is H2015 U8/TS.</p>
Montana	HEART Waiver, including tenancy support services	1115 Waiver	Persons with behavioral health challenges who are experiencing homelessness or housing instability.	<p>Negotiating with CMS</p> <p>The waiver is approved, but the state is still negotiating with CMS on the tenancy support services benefit.</p> <p>State Waiver Website</p>
Nevada	Housing Support Services	1915(i) SPA	TBD	<p>Planning</p> <p>The state has legislative approval to develop a 1915(i) SPA. The state is also developing Standards of Care and materials to support provider capacity building.</p>

New Hampshire	Housing Stabilization Services	1915(i) SPA	Homeless or at risk of homelessness and needing assistance for community living.	<p>Planning</p> <p>The 1915(i) SPA is approved and the state is developing regulations to govern operations.</p> <p>State Plan Amendment</p>
New Jersey	Housing Transition and Tenancy Sustaining Services	1115 Waiver	Persons with disabilities, formerly incarcerated, formerly homeless or at risk of homelessness, transitioning from institution to the community, including those being released from correctional facilities, beneficiaries at risk of institutionalization who require a new housing arrangement to remain in the community, and/or beneficiaries who are transitioning out of high-risk or unstable housing situations.	<p>Planning</p> <p>The state has a draft 1115 Waiver proposal/concept paper that proposes a PSH pilot for services.</p>
	Development of 100 units of deed-restricted subsidized and accessible rental units for Medicaid beneficiaries.	ARPA HCBS Plan	Medicaid beneficiaries.	<p>Negotiating with CMS</p> <p>Partial Approval as of September 29, 2021</p>
New Mexico	Supportive Housing Units, including capital funds	ARPA HCBS Plan	Disabled HCBS recipients.	<p>Negotiating with CMS</p> <p>CMS has requested additional information from the state.</p>
North Carolina	Social Determinants of Health (SDOH) Initiatives can include Housing Support Services.	1115 Waiver	Three regions in the state, all rural, were awarded funding to operate Healthy Opportunities Pilots to offer housing and other SDOH-related services.	<p>Operating</p> <p>State Program Website</p>

North Dakota	Housing Support Services	1915 (i) SPA	People with behavioral health challenges who are experiencing homelessness and housing instability.	<p>Operating</p> <p>The state has an approved 1915(i) SPA. Services began on February 2, 2021.</p> <p>The rate is \$10.49 per 15-minute increment. The code is H2021 U4.</p>
Oregon	Health-related social needs services can include housing services. Housing services are optional for Coordinated Care Organizations (CCOs) to fund.	1115 Waiver	The target population is not specified in the waiver. Communities can choose to include services as an optional benefit under health-related services.	<p>Operating</p> <p>The state is working to incentivize CCOS to offer tenancy supports to pair with new housing-related resources that are coming online.</p> <p>State Health-Related Services Overview</p>
	Housing support services for persons with substance use disorders (SUD)	1115 Waiver	Persons with SUD.	<p>Planning</p> <p>The waiver was approved in April 2021 as part of the state's SUD services demonstration.</p>
	Health Related Social Needs services including Housing Related Services	1115 Waiver	Persons experiencing or at risk of homelessness, those leaving institutions or congregate care and child welfare involved families.	<p>Planning</p> <p>Waiver approved 9/28/22</p>
Pennsylvania	Tenancy Support Services for intellectual or developmental disability/developmental disability (IDD/DD) population	1915 (i) SPA	Those already eligible for IDD waivers. The process remains the same as before the waiver.	<p>Operating</p> <p>The state has added tenancy support services to the menu of services for persons eligible for the IDD waiver. No new funding is attached for the education of providers on best practices in supportive housing or alignment with housing resources.</p>

Rhode Island	Home Stabilization Services	1115 Waiver	Persons with behavioral health or intellectual disabilities and those institutionalized or at risk of institutionalization.	<p>Operating</p> <p>CMS approved the waiver on July 28, 2020.</p> <p>State Project Website</p> <p>The state has created a Certification Standards and Provider Manual to support providers.</p> <p>The per month rate per member is \$331 and the code is H0044.</p>
Texas	Adult Mental Health	1915(i) SPA	Persons with serious mental illness.	<p>Operating</p> <p>CMS approved SPA on August 31, 2020</p>
Utah	Housing Related Services and Supports	1115 Waiver	TBD	<p>Planning</p> <p>The legislature approved the state Medicaid office to develop tenancy support services.</p> <p>The state submitted a Medicaid waiver request to CMS.</p>
Vermont	Supportive Housing Assistance Pilot Program	1115 Waiver	<p>Persons who are 18 and older and need assistance with at least one <u>needs-based criteria</u> and have one or more <u>risk factors</u>.</p> <p><u>Needs-based criteria</u></p> <ul style="list-style-type: none"> • Mental health or SUD 	<p>Planning</p> <p>The state's 1115 Waiver was approved on June 28, 2022, and included a PSH pilot.</p>

Vermont (cont'd)			<ul style="list-style-type: none"> • Needs assistance with one or more activities of daily living (ADLs) • Hands-on support needed with ADLs • Complex physical health needs • <u>Risk Factors</u> • Homeless or at risk of homelessness • One or more stays in an institutional setting in the last 12 months • Two or more ED visits in the past six months or four or more in a year • Criminal Justice (CJ) system involvement • Moves due to SUD or MH in the past year • At risk of institutionalization 	
Virginia	High Needs Support Benefit	1115 Waiver	State to develop target criteria that include health-related needs-based measures and risk factors such as chronic homelessness, criminal justice system involvement, and/or significant housing instability. The benefit includes supportive employment services.	<p>Planning</p> <p>CMS approved the waiver as of July 9, 2020.</p> <p>The state timeline for implementation is TBD.</p> <p>High Needs Support (virginia.gov)</p>
The State of Washington	Foundational Community Supports (FCS) for supportive housing and supportive employment services.	1115 Waiver	People experiencing chronic homelessness, individuals with frequent or lengthy adult residential care stays, individuals with frequent turnover of in-home caregivers, and those at highest risk for expensive care and adverse outcomes.	<p>Operating</p> <p>The waiver was approved and implemented as of January 1, 2018.</p> <p>State Program Website</p> <p>Using Billing Codes H0043 Community Support services: daily rate of \$112 with a benefit limitation of 30 days</p>

The State of Washington (cont'd)				<p>over 180 days.</p> <p>Reimbursement is based on monthly service delivery; a caseload of 15 is approximately \$100,000 annually.</p> <p>The state reports that over 12,000 people have been served.</p> <p>Amerigroup is the third-party administrator. Their Provider Manual for these services outlines vital program details.</p>
	Continuation of the FCS program described above	1115 waiver renewal	People experiencing chronic homelessness, individuals with frequent or lengthy adult residential care stays, individuals with frequent turnover of in-home caregivers, and those at highest risk for expensive care and negative outcomes.	<p>Negotiating</p> <p>The state-proposed waiver was in the federal comment period from August 1 through August 31, 2022.</p>
Wisconsin	Housing Support Services	Children's Health Insurance Program (CHIP)	Low-income families experiencing homelessness to address equity issues in both health and homeless assistance systems.	<p>Planning</p> <p>CHIP SPA was submitted to CMS on December 31, 2021.</p>
	Housing Support Services	1915(i) SPA	Medicaid beneficiaries who are experiencing homelessness and have a substance use disorder or mental health condition or are pregnant or up to 12 months postpartum.	<p>Planning</p> <p>The state Medicaid office is developing a Health Services Initiatives proposal as directed by the legislature.</p>

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