



**BUILDING A STRONGER FUTURE FOR
SUPPORTIVE HOUSING:
LESSONS LEARNED FROM NATIONWIDE
COMMUNITY CONVERSATIONS**

April 2026



Building a Stronger Future for Supportive Housing

Lessons Learned From Nationwide Community Conversations

The National Alliance to End Homelessness (NAEH) and Corporation for Supportive Housing (CSH) conducted a series of in-person and virtual conversations in 2024 and 2025 focused on collecting on-the-ground perspectives on the opportunities and challenges facing the supportive housing field. While creating and sustaining supportive housing has never been easy, the field is facing rising threats to funding, evolving public support, and unpredictable political shifts. In response to this changing landscape, people across the country who recognize the value of affordable housing paired with services have united to advocate for the resources required to preserve supportive housing as a critically important community resource. This response aligns with the tremendous spirit of collaboration and innovation that we observed throughout community conversations.

More than a hundred participants from a range of geographies shared their perspectives as tenants, service providers, government officials, funders, property managers, and developers. They gave examples of what is working well, described challenges to sustaining quality supportive housing, and offered ideas for solutions to those challenges.

FIGURE 1



For most in-person and virtual sessions, we conducted two groups — one with those involved in providing and/or funding supportive housing and another with current or former supportive housing tenants. This ensured that the voices of those most impacted by supportive housing were centered in the conversation.

NAEH and CSH are grateful to the participants in these conversations and appreciate the openness and creativity they brought. It was clear that communities across the country are committed to strengthening supportive housing and expanding its availability.

This brief highlights bright spots of what is working well, summarizes challenges, and suggests recommendations for the future.

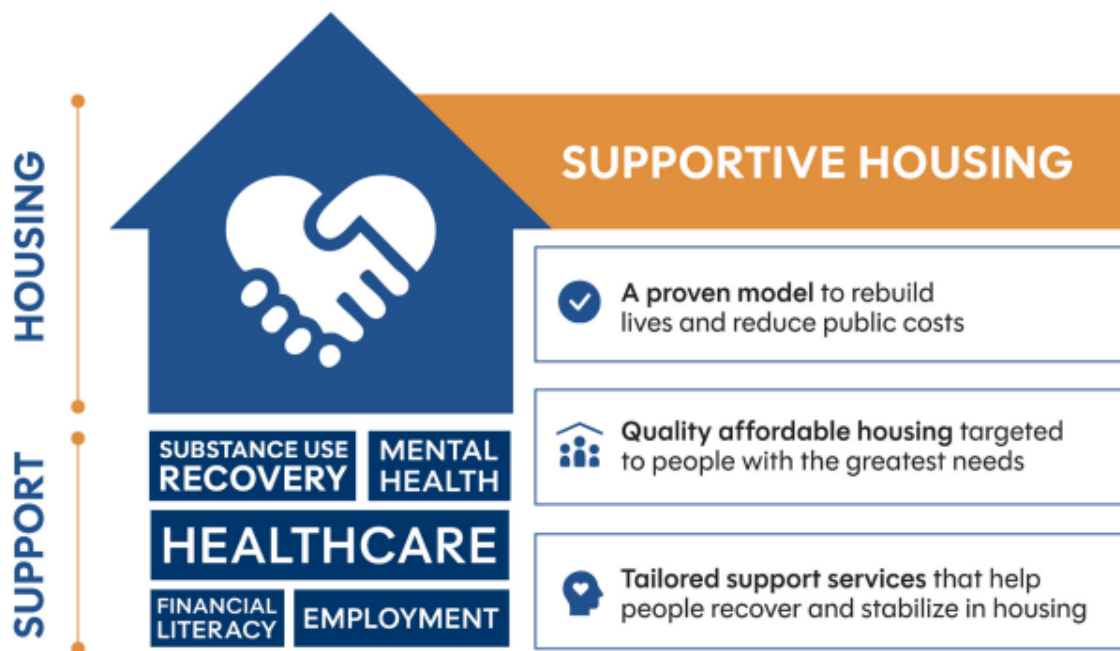
OVERVIEW OF SUPPORTIVE HOUSING

Supportive housing is a type of affordable housing specifically designed for people who need supportive services to thrive in their community. Typically, these individuals who need services to sustain housing are experiencing homelessness, institutionalization, or housing instability. Service providers are required to provide intensive responsive services so that tenants can choose the supports that will help them stay housed. This requires relatively small staff-to-client ratios. Supportive housing can be “project-based” (concentrated in a single location or property) or scattered-site (dispersed throughout different locations or properties). This report encompasses both types of housing.

Dozens of studies across the country over the last 20 years proved supportive housing to be an effective intervention that improves housing stability, reduces the use of expensive crisis care, and improves outcomes even for individuals with complex needs. Based on this body of research, the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) has long regarded supportive housing as an evidence-based practice that is “the most potent” intervention to impact housing stability and one that consistently helps

people with disabilities achieve their desired goals. The research clearly shows that supportive housing results in:

- Reduced hospitalizations, emergency department usage, and health costs for persons with complex co-occurring disorders, including chronic health conditions, mental illness, and substance abuse disorders;
- Reduced justice system interactions among people with histories of justice involvement;
- Improved health and mental health for individuals when comparing the period before and after they enter supportive housing; and,
- A positive impact on housing retention, even among tenants with long histories of homelessness and the most severe psychiatric, substance abuse, and health challenges.



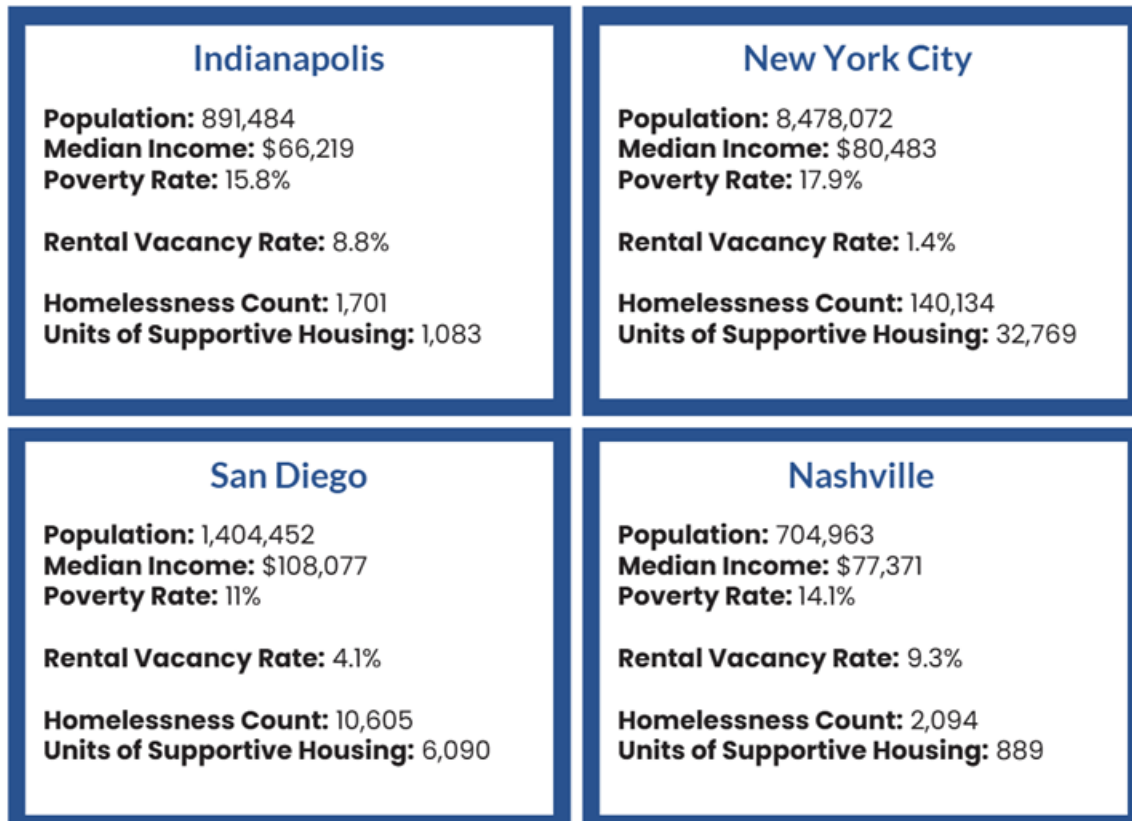
COMMUNITY CONTEXT

Participants in the community conversations identified as service providers, property managers, developers, government employees, funders, and people with lived experience of homelessness and supportive housing. These roles reflected the partnerships required to create and sustain supportive housing.

Each community conversation had a different mix of participants, with some having a greater concentration of service providers, property managers, and developers, than others. This influenced the challenges and opportunities that were shared in a particular session, but clear themes were still evident across all conversations. The four communities

in which in-person conversations took place were intentionally chosen to represent different population sizes and regions of the country. Figure 2 includes key facts about each community’s population, median income and relative availability of rental housing and supportive housing. This provides important context to consider for the themes that follow¹²³⁴⁵.

FIGURE 2



BENEFITS OF SUPPORTIVE HOUSING

Each community conversation began by asking participants what is working well with supportive housing. While each community had different strengths, there were shared themes among responses from organizations that provide supportive housing and people currently living in it.

Supportive housing helped to build connections and a sense of belonging among tenants.

Providers and tenants shared multiple examples of how supportive housing offers opportunities for people to come together, celebrate holidays and other events, share food, and engage in recreational activities. They also discussed opportunities to build connections and develop shared understanding with a wide range of people.

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“We are growing to live with each other, and we understand each other. We all get along.” – Supportive housing tenant in a rural community

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“I could never participate in anything due to my schedule, but just knowing things were available made me feel a part of things.” – Supportive housing tenant

Supportive housing provided meaningful services and supports that improve people's lives.

Tenants talked about helpful services they received as a result of supportive housing, including transportation, case management, and trauma-informed medical support. Providers also felt that their ability to offer coordinated and comprehensive services was a positive aspect of supportive housing. Some specifically mentioned services like employment, psychiatric care, services for older adults, food pantries, and other medical services were a strength of the model.

Service providers and tenants alike expressed how, when possible and appropriate, offering services on-site can increase tenant access and participation. Peer support workers noted that the consistent availability of services was not only important but also influential to the pursuit of tenants' personal goals. Across different communities, notably Indianapolis, San Diego, and Nashville, tenants living in supportive housing credited the model for its role in helping them prevent family separation, obtain higher education, and maintain stable housing.

In summary, communities' success with supportive housing goes beyond the mere provision of temporary housing. **When people have stable supportive housing, they have improved access to health, transportation, and food services.**

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“Working with this program, I was able to keep my kid from going to foster care with extra help from the staff here.” – Supportive housing tenant in rural community

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“We never give up on anybody, ever. That's what's working for us.”
– Peer support staff in a rural community

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“[O]ne thing I think is helping me is the courtesy transportation that PSH [permanent supportive housing] can provide me to handle important things especially.” – Supportive housing tenant in urban community

The design and location of supportive housing contributed to overall well-being.

The physical space and location of supportive housing matters. Providers and tenants discussed the benefits of having a space designed with intentionality and sensitivity to psychological comfort and safety. This includes outdoor and community spaces like gardens, and accessibility factors like elevators and designated parking. It also included thoughtful approaches to managing building access.

Supportive housing tenants also noted that supportive housing provides independence and a sense of normalcy. While many participants like being in dedicated supportive housing with services on site, others liked the privacy that living in a scattered site location offered.



“Nobody knew that my unit was a PSH program, so it was easy for me to integrate into the community.”
– Supportive housing tenant from New York City

When units are in communities with resources, tenants can connect with and socialize in the community, both independently and with the help of liaisons at supportive housing sites. Access to neighborhood amenities like public transportation and schools can be especially helpful.



“Community is a backup for the person to have continuity.” — New York City Supportive Housing Provider

Supportive housing built connections among community organizations and across sectors.

Creating and sustaining supportive housing requires significant levels of partnership. Providers discussed the importance of property management and supportive service providers working together. They also mentioned that when these roles effectively collaborate, supportive housing operates more efficiently and with a higher level of tenant satisfaction.

One community talked about the strength that comes from their supportive service agencies collaborating and communicating with one another. This was not always the case but was sparked by a community challenge to end homelessness. This collaboration eventually led to the development of a supportive housing building.

Partnerships with other community-based organizations like religious groups and healthcare providers helped to bring improvements to tenants' lives. This was especially true in rural areas where service availability is scarcer—for example, one Continuum of Care (CoC) leader shared how a faith group would bring hot meals and sit in fellowship with tenants to bolster a sense of community.

CHALLENGES WITH SUPPORTIVE HOUSING

The participants in the community conversations also discussed a wide range of challenges with and opportunities to improve supportive housing. The single, most defining feature of supportive housing is that the need far outpaces available units in every community across the country. Nationwide, only about [13% of single adults](#) experiencing chronic homelessness are able to access supportive housing during a given year.

The proportion of unmet need is smaller for homeless families and veterans experiencing chronic homelessness but is still over 50% for both populations. Historic and persistent underfunding stands out as the most significant challenge, impacting every challenge area discussed in this report—housing, services, and staffing.



Affordable and accessible housing is the backbone of supportive housing. People in supportive housing have a lease with all the same rights and responsibilities of tenancy as any other tenant. Housing units can be in buildings dedicated to supportive housing or scattered throughout various properties in the community. In the community conversations, providers, and people with lived experience shared challenges with the availability, choice, and mobility of the housing component of supportive housing.

There is not enough supportive housing for all the people that need it.

Most people in need of supportive housing cannot access it due to certain pressure points:

- **Insufficient Funding.** Federal resources for supportive housing across operating, rental assistance, and services streams have not kept pace with rising needs or costs. Core programs such as the CoC, Housing Choice Vouchers, and behavioral health and Medicaid service funding all play distinct roles in making supportive housing viable. Yet each has faced years of constrained appropriations, slow growth, or funding structures that fail to reflect increases in homelessness, inflation, or the real cost of providing services. While emergency pandemic-era investments provided temporary relief, they did not correct long-standing structural underfunding, and most have since expired. With tighter federal budgets and rising homelessness, the gap between available resources and supportive housing needs is growing.

- **Competition with Renters Not on Public Assistance.** It can be difficult for programs to find private market landlords willing to rent to their clients when they could get more money from renters who do not rely on public assistance. Even though federal funding for rental assistance in supportive housing increases annually with area rents, the amounts programs are allowed to pay are still capped—generally at the 40th percentile of local rents, known as Fair Market Rent—and may not keep up with rising rents in surrounding areas.
- **Competition with Renters on Other Public Assistance Programs.** In some cases, landlords can also get more money from other affordable housing programs—such as those administered by public housing agencies—which can pay up to 15% above Fair Market Rents.
- **NIMBYism.** Faced with constrained supply, supportive housing providers may turn to new construction as a solution to create housing opportunities. But this strategy poses its own challenges, including navigating local zoning ordinances and getting sufficient community buy-in. Providers in Indianapolis, tenants in Los Angeles, and rural developers alike named “not in my backyard” (NIMBY) sentiments as a significant barrier: both by impeding the development of new housing and by creating hostile environments for supportive housing tenants.

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Even in [one of our more liberal towns], we had to do months of working against NIMBY sentiments, going door-to-door, and talking to neighbors about the site that we wanted. There are so many obstacles.” – Provider in the greater Indianapolis area

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“NIMBYism has gotten worse because of the flow of people [into our community] from other communities during the pandemic. These new folks aren’t as connected to the community, so they feel less obligated to help their neighbors.” – Technical assistance provider who works in rural areas

Even when supportive housing is available, prospective tenants often can't choose where they will live.

A theme that arose in nearly all community conversations was that supportive housing tenants have limited choice in their housing. This is due both to limited funding, lack of supply, and barriers to accessing available units.

Like many other people, prospective supportive housing tenants would like to live in a neighborhood with good schools, low crime, and available jobs. Since housing costs in these neighborhoods are often higher, few tenants can access such units due to the limited resources available for housing subsidies and development projects. Prospective tenants are also hindered by various forms of discrimination in the private rental market, including discrimination based on homeless status, source of income, and race. Some are not approved for available units due to factors such as credit scores, histories of justice system involvement, or negative rental history. Together, these factors disproportionately exclude renters with lower incomes and limited financial or housing histories.

This lack of choice matters. Community conversation participants talked about the impact of not being able to access a unit in their neighborhood of choice. The San Diego community conversation spent the most time discussing this issue, noting that for some individuals, moving to a new neighborhood can be hard. It requires adjusting to new surroundings and can cause disconnections from valuable social support networks and service providers, such as trusted doctors. Meanwhile, others expressed the want or need to move to a new neighborhood to get a fresh start or avoid destructive influences.

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“We don't have enough housing for people to choose what setting they want. They can always turn it down, but it's not like we have 3–4 options. It's usually, 'you have this in your background, and this is the one place that has an opening or will take you.'” — Indianapolis Service Provider

Thus, some placements are simply not a good fit for a particular person, threatening their housing stability. A case manager or housing navigator can advocate for a placement that

is the best possible fit. However, sometimes even vigorous efforts cannot overcome the limited options available to people in need of supportive housing.

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“I have to say [to a client], ‘You can’t let your homeless friends and families move in.’ That’s hard—especially if you live downtown and you have to walk right past them when going to your home, when they’re still living outside close to where you live. [The situation would be easier if I could place them in another neighborhood.]” — San Diego Service Provider

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“I’ve seen a common practice in [my state] which is not allowing people to have an idea of what the unit looks like. I was okay with it, but being blind to the layout, not even seeing what it looked like... it happens with a lot of people . . . The first time [entering supportive housing] was presented to me like, ‘you need something to live, don’t you.’ [In other words: you don’t have a choice of housing.]” — Virtual Session Lived Experience Resident

Most communities struggle to move people to new housing units when appropriate.

Once someone has moved into a supportive housing unit, appropriate transitions can prove difficult. While many people desire and benefit from long-term stays in supportive housing, others have shorter stays after determining they no longer need intensive supports. People may also want to stay in supportive housing but move to another building or unit.

Providers and tenants shared how their needs and desires related to housing and services changed over time. For example, a person may initially enter an intensive, site-based supportive housing with services available on site, but over time may want to move to

scattered-site housing—an integrated environment that includes people who are not in supportive housing—with services accessed in the community.

Supporting these transitions proved challenging in many communities due to a lack of available, affordable, and supportive housing units. While it is possible for people to transfer to another unit of supportive housing within the CoC or port a Housing Choice Voucher to another unit or community, service providers in the community conversations discussed how these processes can be difficult and time intensive. Supportive housing tenants may also be interested in pursuing home ownership. Even though many supportive housing tenants have successfully pursued home ownership, services and supports related to this are often not focused on this population.



“We have folks who have been in our program for 10 years who want a different apartment. They want to feel like they’re growing and changing. One of our neighbors was able to move into a new unit that has a backyard, and they’re thrilled – it feels great that his work has enabled him to move to a different setting. Otherwise, folks feel stuck.” –Indianapolis Service Provider

The process to access supportive housing is lengthy and unclear.

Every community that receives federal funding to address homelessness has a collaborative body called a Continuum of Care (CoC). The CoC oversees the process—referred to as coordinated entry—that determines how and in what order individuals and families can access available resources. Due to a lack of available resources, accessing housing (or another resource) through coordinated entry can be a lengthy process. For some participants, the wait times for housing are too long, leading potential participants to give up and find other options that may not meet their service needs. One community conversation participant in Nashville shared that it took five years to move into supportive housing.

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“Once we submit the application, we don’t know what’s going on. It may be a while before they hear back. We don’t know what’s going on. The process is opaque. The biggest issue is not knowing.” — New York City Direct Services

Tenants in the community conversations also talked about how the process of accessing housing was unclear. They wanted to know things like how long they will have to wait for housing and how decisions are made about where they will be placed. Not having this information caused anxiety and made it difficult to plan for the future.

The physical condition of some supportive housing units is below par.

Supportive housing tenants flagged issues with housing quality and maintenance. They mentioned unrepaired appliances and fixtures, failures to regularly clean common areas, rodents, and other examples. These issues may be rooted in the funding available to maintain housing or the types of housing that can be rented at available funding levels. For example, one provider in a rural Midwestern state shared that deteriorating older housing and an increase in vacation rentals had left vanishingly few available units, particularly those meeting habitability standards. Even still, the dynamics of the rental market were such that landlords were not incentivized to improve their units because they knew someone would rent them in their current state. Federal funding, however, cannot be used to pay rent in a unit that does not pass habitability.

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“Only once did I not get shown until ‘move in’ and immediately turned around and went back to my tent . . . it’s disgusting that places will give housing conditions that are low standard to people that are too desperate to be allowed the privilege to say ‘no’ to those options.” — Virtual Participant with Lived Experience



“The conditions of the unit, even though it was an ‘upgrade’ (I could choose if I had carpet), were not suitable. There were roaches, the bathroom upstairs didn’t work completely like we could either use one bathroom or the other... I stayed for 11 months, and in the end, both bathrooms were jacked up.” — Virtual Participant with Lived Experience



Services

Services in supportive housing begin when someone is in the process of entering housing, continue as they sustain stable housing, and wrap around them on an ongoing basis to promote long-term stability and well-being. Services should be aligned with the goals that people have for themselves, such as improving physical or mental health, addressing substance abuse, earning income through benefits or employment, and connecting with friends or family. Services aligned with affordable housing are vital for quality supportive housing. Providers and people with lived experience discussed several challenges related to delivering and receiving quality services in supportive housing.

Providers struggle to meet acute behavioral health needs in supportive housing.

An estimated [122 million people](#) live in areas that have mental health professional shortages, and approximately [6,202 new mental health professionals are needed](#) throughout the country. Rural areas and economically stressed cities are [particularly impacted](#). Medicaid beneficiaries often experience major barriers to care due to low reimbursement rates, and states may further limit provider participation to reduce costs, which would be much higher if the program fully met the [demand for services](#). Federally funded Community Health Centers help fill an important void, serving patients who might not otherwise have access to care. However, evidence of this behavioral health crisis arose in our focus group discussions.

Across the various community conversations, providers and property managers gave voice to a shared dilemma: a subset of participants had significant behavioral health

needs that were not being met with current resources. Providers reported the lack of funding and personnel to fully implement the Housing First and supportive housing models for these participants, limiting their ability to provide comprehensive services with the level of intensity needed. Providers questioned whether another program might be a better fit than supportive housing for these tenants. However, it became apparent their communities may not have other options for this group—they are falling through a hole in the safety net that leads to nowhere. While better-resourced supportive housing providers might be able to stabilize more of these participants, meeting their needs may ultimately require the development of new or different service models and providers.



“We had a number of residents [where due to mental health symptoms] we haven’t been able to keep them housed. We’ve brought in a crisis response team or another group run by the FQHC [Federally Qualified Health Center]. These are people who maybe should be in a state hospital, but there isn’t that resource in Indiana. People who have no concept of where they are, what’s going on around them, they’ve destroyed apartments, had heartbreaking behavior. We don’t know what else to do with them.” — Indianapolis Service Provider

One consequence of tenants with acute behavioral health needs not receiving an appropriate level of services is that it can lead to incidents that may involve law enforcement. Participants with lived experience in New York City and San Diego spoke about a subset of residents repeatedly experiencing noticeable distress, resulting in frequent calls to the police.

Finally, when tenants experiencing acute behavioral health challenges do not receive the care they need, it can add stress to the lives of their neighbors. Focus group members with lived experience spoke about efforts to peacefully enjoy their homes and pursue their goals. However, this was sometimes disrupted by noise, police calls, trash in common areas, threats to their safety, and other challenges caused by neighbors in distress who were not receiving the help they needed.

Tenants do not always receive the wraparound supportive services they need.

State public health efforts leverage Medicaid and other resources to provide community-based physical and mental health services to people in need, though the scope of these services varies widely across jurisdictions. Ideally, people would also have personal insurance to help ensure their physical and mental health needs are met. The Affordable Care Act expanded Medicaid to include low-income adults not previously covered. Homeless service providers across America have been leveraging this expansion to ensure that participants access far more services than previously possible. However, [10 states](#) are not currently participating in the expansion.

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“When I first moved into supportive housing . . . there was a lot [that they offered] . . . They don’t do that anymore . . . [They say] no budget. We don’t have the money. We can’t offer this kinda of stuff anymore.’ And it just felt like we were left out to dry.” — Los Angeles Focus Group Participant

Tennessee is a non-participating state. Lacking the resources for private insurance, providers in Nashville indicated that most of their adult clients were uninsured. Thus, their ability to get physical and mental health services was greatly limited, leaving them to rely on charity care or Medicaid-funded community health clinics open to everyone in certain locations.

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“Mental health staff don’t have the time to listen to people. Thirty minutes and it is over, so I stopped going. I wanted to get down to the problems that are buried deep in my head.” — Nashville Lived Experience Participant

Providers noted that resource constraints prevented them from robustly providing various services. A prominent example was mental health care. Discussed more in-depth in the Staffing section of this report, community conversation participants mentioned that funding constraints contributed to a “revolving door” of behavioral health providers and significantly reduced the amount of time they had available for each client.

“Life skills” (also known as support with activities of daily living) were another frequently mentioned example. This support in many cases helps people make the transition from homelessness to being housed. Some of the skills noted were practical (e.g., grocery shopping and house cleaning) while others may be connected to mental health symptoms.

Crisis care was also mentioned as support that is not always available. For example, there was an expressed need for providers who could respond to an in-home mental health crisis that might otherwise lead to a police call. Another suggestion was for providers who could provide extra therapy sessions around a traumatic event like an unexpected encounter with a former abusive partner.

Significantly, insufficient services can cause people to exit supportive housing. Residents voluntarily leave because they are not receiving the help they need, while others are evicted. Some return to homelessness. As one San Diego provider put it: “The worst-case scenario is that someone goes into the unit without the supports they need and then they get evicted. An eviction makes it harder to get future housing.”



From a Virtual Session Exchange

“What we’re finding is that people don’t have house skills . . . I experienced the personal behavior shifts when I went from homeless to housed myself. Our living room was set up the same way the hotel room had been, and we were standing in the same place, and it was bizarre. I’ve dealt with people with behaviors for 30 years, so I had to look at my kids and say, we are not physically going to do these same things that we were just doing over there. I had that forefront knowledge because of my experience dealing with people with disabilities and other challenges to understand my own behaviors. It’s about shifting the lifestyle of homelessness to the lifestyle of being housed.” – Lived Experience Participant

“A lot of people don’t know that you have to recover from homelessness. Some behaviors you have to learn how to let go, replace them with life skills...” – Lived Experience Facilitator

Location, eligibility requirements, and unavailable information on services limit access.

Participants in the community conversations noted some additional factors that prevent individuals from accessing services, even when they are available:

- **Location of Services:** Some supportive housing participants are in scattered site locations—they are in buildings with other households and may not be participating in supportive housing. They are offered services that are off-site and require travel to another part of the city. For these participants, travel times and distances may be overly burdensome, preventing them from taking advantage of needed or useful offerings.
- **Disqualifications from Other Services.** One provider in New York City mentioned that supportive housing clients are sometimes deprioritized for non-supportive housing services. Other agencies assume the supportive housing provider can offer everything a person needs, which is not always true.
- **Lack of Information.** At least one lived experience participant was adamant that providers should make more information available to supportive housing residents so that they can take greater responsibility for their own care and get the services they need.



Communities, each to their own degree, are grappling with staffing challenges. Worker shortages and high turnover are common themes. Some community conversation participants associated these issues with specific types of workers, often case managers or mental health professionals.

Multiple providers in several cities noted the absence of 24-hour on-site service provider staff who could respond to crises and address the needs of participants during off-hours. Some of these responsibilities instead fall on untrained property managers. Despite widespread agreement about the value of on-site service providers, they were sometimes not included in tight budgets.

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“Everyone is understaffed . . . I might finish getting my license before I’m able to hire someone with one.” — New York City Service Provider

Shortages and turnover were associated with a cascade of other challenges. From a management perspective, it creates a need to constantly train new workers. New case managers are constantly in the process of learning about new clients. Ultimately, this dynamic hurts a provider’s relationships with those they serve. Building relationships and trust with people who have often experienced trauma takes time. Once a client invests that time with someone, they may soon be gone and replaced with a new face. As one participant put it, “a lack of consistency [in caseworkers] leads to a lack of trust.”

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“My whole life since I was a kid in foster care, I always had case workers who leave and go. As an adult, same scenario.” — Indianapolis Lived Expertise Participant

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“One person has been there for close to three years, and that’s the longest I’ve seen anybody stay there . . . I have compassion for her cause she has a very, very high caseload. There’s just not enough staff there. The staff that do come don’t stay. I understand that [many of them] are students and they’re just doing their internships, but I believe somebody needs to be able to stay.”—Los Angeles Focus Group Participant

The community conversation participants identified various causes of staffing shortages and high turnover.

Paying staff who work in supportive housing an adequate wage is a challenge.

Employment within supportive housing is too often equated with low pay. Indeed, within a survey across the community conversations, participants indicated that “paying staff an adequate wage” is their most significant staffing challenge. An Indianapolis provider indicated that current pay scales are not enough to retain people who must take care of their own families. Someone in San Diego stressed that workers were not that far away from also needing homeless services. A New York City provider noted that employees were so desperate for improvements in their income that they were leaving their jobs for as little as an extra \$2 per hour.



“With minimum wage increases, it [working in homeless services] has to make sense for them. If they can earn the same money working at McDonald’s, should they stay at a demanding job?” — San Diego Service Provider

Nashville participants expressed concerns about staffing, but noticeably less than the other community conversations. Multiple, but not all, providers indicated paying a living wage. One provider cited an average hourly wage of \$25.50. By comparison, the National Low-Income Housing Coalition estimated that a person in Tennessee needed to earn at least \$24.31 per hour to afford a two-bedroom apartment, though the required hourly rate in the Nashville metro area is \$31.13.

Staff working in supportive housing experience high levels of stress and burnout.

Supportive housing tenants often experience multiple challenges and deal with histories of trauma that have been compounded by the experience of homelessness. Building trusting relationships between tenants and staff requires high levels of patience and skill. Staff may themselves be struggling with trauma and could be re-traumatized by listening to the experiences of tenants. Staff not feeling properly trained or supported can compound these issues and lead to burnout.



“There’s a lot of burnout when it comes to this work. We need people who will be okay with stuff like this and properly prepared for some of the things they’ll go through with residents (like hoarding)—anything from minor to big situations.” — Virtual Group Service Provider

A few community conversation participants noted their employees were discontented with not being able to provide clients with all the services they needed beyond housing (e.g., life skills). A provider in San Diego mentioned efforts to raise new funding in response to employee concerns about services they weren’t budgeted to provide. This can also contribute to staff feelings of stress.

Supportive Housing employers struggle to compete with other work environments.

Competition with other work environments poses a problem. Agencies within related fields such as healthcare are often able to pay higher wages. Factors related to direct services work also make it hard to compete. For instance, many employees like working from home and having flexible schedules. The former is difficult with service-oriented work, and the latter is sometimes made impossible by staffing shortages. Finally, these workers can experience sudden changes of duties and scheduling— a client’s needs may require someone to stay late or take on more responsibilities. Employees can be drawn to different types of employers that can offer flexibility and reduced complications that are not available in direct service work.

“Fit” between the employee and the role is critically important in supportive housing.

Across the different community conversations, participants expressed a strong need to find employees who were the “right fit” for the available jobs. Important qualifications included really caring about the populations and communities being served. Staff need to have the skills and knowledge to serve people who have experienced trauma or who have mental health and substance use disorders. Some employees seem fearful of tenants, hurting their ability to serve them.

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“[Hiring managers] prioritize education over experience. Anybody can read a book. There has to be something else besides the book knowledge. It doesn’t mean you have empathy.” — New York City Lived Expertise Participant

In grappling with their need to find the right people, participants spoke about the following considerations:

- **Value of Workers with Lived Experience.** Peers were considered valuable team members. They are seen as people who have knowledge of the population and who care about them.
- **Education and Certification.** Participants in New York City had a conversation about educational requirements, with some suggesting that experience should be prioritized over book knowledge. At least one provider mentioned lowering the educational requirements for some positions. Some of those with lived experience expressed an interest in accruing relevant certifications while also questioning the value of them. In short, there were ongoing questions about the necessity and value of education for at least some roles within supportive housing.
- **Unique Role of Property Managers.** Property managers occupy a unique space. They often do not have backgrounds in social services, but they play an important role within supportive housing. They may not have training that prepares them for working specifically with people in supportive housing. For these staff it can also be a process to shift from a for-profit to a non-profit mentality. With the former, the focus may be primarily on compliance while the latter balances the need to ensure lease compliance with an equal priority to keep people housed. As with other types of workers, participants spoke about finding property managers who are the “right fit” for the job. Their roles can experience high turnover.





“People want to make the transition to work for a nonprofit, but it’s tricky. It’s a really different way of thinking, and management is totally different. The goals are different. Instead of a rigid, ‘here are our policies and we will follow them to the letter’ approach, it’s ‘what can we do to keep this person in housing.’” – Indianapolis Property Manager



Funding Structures

With limited direct and comprehensive funding for supportive housing, developers, owners, and providers must navigate multiple, and often complex, funding streams to implement this model for serving the people in their communities who have the highest needs.

Financing supportive housing requires aligning a complicated mix of sources not designed for that purpose.

No single federal funding source exists for supportive housing. For example, a new development may leverage the Low-Income Housing Tax Credit and other federal funding like the HOME Investment Partnerships Program or Community Development Block Grant for capital costs, cover operating costs through a mixture of tenant rent payments and CoC program rent subsidies, and pay for services by billing Medicaid.

Even this web of federal sources would likely be insufficient to provide high-quality housing and services—requiring projects to further seek out state, local, and private funding to fill in the gaps. Layering different funding sources adds complexity and uncertainty to development and service delivery timelines. This is a real deterrent to building and operating supportive housing. LIHTC requires highly specialized knowledge and capacity that are not always found outside major metro areas.



“We need to streamline capital funding—it takes forever to build a project. We need more dedicated capital streams so people don’t have to shop around for four funding streams to make one project work.” – Funder in Indianapolis
Community conversation

Leveraging different funding sources continues to be a challenge throughout ongoing operations of a project. It takes significant administrative work to braid funds appropriately and manage different reporting requirements and grant periods. Making organization-wide improvements, like raising wages, is harder when staff salaries are drawn from several different sources.

Federal programs are crucial to the development of thousands of supportive housing units each year. But because none are designated for the specific purpose of increasing supportive housing, supportive housing projects compete for these funds with other priorities like community infrastructure improvements and broader affordable housing development. This is especially challenging in rural areas, for example, LIHTC awards are less likely to go to projects that are smaller in size and higher in per-unit development costs.

Community contexts may necessitate funding or policy changes to address challenges. For example, several focus group participants in San Diego named [rising insurance](#) and utility costs. This is not unique to coastal areas though: several supportive housing providers in the rural focus group reported that insurance companies charge them higher premiums for less coverage, or will outright deny coverage, for buildings known to house people who formerly experienced homelessness.

When the need for more supportive housing is urgent, projects may move forward based only on the expectation of securing the full funding required to provide quality supportive housing that maintains fidelity to the model.

Securing sufficient supportive services funding is a particular challenge.

Focus group participants in San Diego, Nashville, and the urban and rural virtual community conversations, all identified funding for housing stability and tenancy support services as the primary challenge to scaling up supportive housing. Capital and operations costs can easily chew through budgets at the expense of service provision. One project we heard about prepared funding for 55 years of operations—but only 5 years of services.

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“I think we wildly underestimate what the cost of support really looks like—for example, move-in fees, household goods, food access, direct services, enrichment, medical supplies, security, adequate wages for staff...” – Participant in virtual major cities community conversation

These challenges only compound over time. HUD’s CoC program, a major funding source for supportive housing, increases funding for rental subsidies each year to keep up with area rents—but historically has included no such commensurate increase for services costs. According to an Indiana focus group participant, this makes sustaining a property’s feasibility increasingly difficult.

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“With the capital stack, it’s difficult. Once a project is built, it’s there. But for services, I don’t know if there’s any project in the whole state that’s operating according to its service plan. There’s no funding source that will cover 100% of that plan.” – Funder in Indianapolis

SAMHSA's supportive housing [fidelity scale](#) includes metrics that we frequently heard were challenging to meet, such as:

- A highly flexible service mix that can adapt type, location, intensity, and frequency based on tenants' changing needs and preferences
- A caseload of no more than 15 tenants for each staff member
- All behavioral health services provided through a team, including psychiatric services
 - A good example is an Assertive Community Treatment team.
- Services available 24/7.

This level of service provision requires more funding than projects might have available to them. Insufficient services hurt residents, who may benefit from supports that are not available to them. Adequate service provision is particularly difficult in rural contexts, where case managers must travel from place to place to meet with residents and facilitate their access to other community-based services that might be very widespread. We also heard that services for certain populations, like transition-aged youth, can be particularly challenging to come by. Insufficient services funding also hurts supportive housing staff, who often bear the brunt through decreased wages or increased workloads as projects stretch budgets to try to make them work.

Medicaid can be an important source of funding for supportive housing, but barriers exist to accessing it.

In our conversations, supportive housing providers that did not name funding for services as a challenge were most often able to bill Medicaid. How Medicaid can be used as a funding source depends on state policy. In Medicaid expansion states (now all but [ten states](#)), supportive housing tenants are often enrolled in Medicaid and certified providers can bill Medicaid for providing health services including mental healthcare. [Some states requested waivers from the federal government to cover pre-tenancy and tenancy sustaining services](#). This can include case management as well as a much broader array of costs, even including up to six months of rent.

Ability to bill Medicaid for services provided in supportive housing eases the strain on budgets and can provide benefits to staff in the form of higher wages. Still, the process of becoming able to do so is not straightforward. Supportive housing providers experience challenges billing Medicaid even in states like California where Medicaid integration is more advanced. Uneven adoption can widen disparities between providers who are and are not able to bill Medicaid, leaving those that cannot struggling to offer similar benefits

to staff. There are disadvantages, too, like more rigid billing guidelines that may not always align with flexible engagement strategies required of supportive housing case managers.

CHALLENGES WITH SUPPORTIVE HOUSING



“A solution is going to come. It’s going to get better. It’s going to happen.” — Los Angeles Focus Group Member with Lived Experience

Although the list of challenges facing the supportive housing field is long, participants offered many solutions and promising practices to help address them. Communities expressed a strong desire to work through the challenges in front of them because of the importance of sustaining supportive housing.

As part of some of the community conversations, participants responded in writing to a prompt to “share the top 1-2 ideas that you think would strengthen the supportive housing field.” The following ideas emerged as themes from the responses:

- **Increase and sustain funding for services and operations.** Forty percent of the total responses reported a need for increased funding. One response also focused on the need for an “all-in” funding stream, braiding housing, and services funding into one package.
- **Provide incentives for development.** This was particularly raised in the session focused on rural communities.
- **Improve staff recruitment and pay.** Participants suggested a need for “dedicated funding to create a workforce pipeline strategy.”
- **Increase strategic communications reaching the general public, including neighbors and voters.** Multiple respondents, especially in the virtual session with urban communities, wrote about the need to enhance communication related to the importance of supportive housing to communities. One respondent wrote about the need to place a “greater emphasis on housing as a solution to homelessness rather than shelter so that resources can be pushed there.” Another comment suggested “education and training for our political leaders as to why [supportive housing] works.”



Promising Practices to Support Staff

Many providers spoke about promising practices they were already implementing and some new ideas to help address their challenges with recruitment and retention. They included the following:

- **Training.** The State of Indiana and CSH partner to deliver a training Institute for supportive housing providers. Participants stressed the need for trauma-informed engagement training and had ideas for specialized training for property managers.
- **Supportive Environments.** Leaders in multiple cities indicated they were finding ways to gauge employee moods to identify stress and burnout. This typically involved some form of regular check-ins. For employees in need, supervisors were urging days off, delaying new referrals to that individual, or other interventions. Peer support groups either existed or were suggested. More property managers seem to need more spaces focused on mutual support and sharing information.
- **Recruitment.** Some providers have reevaluated and changed the educational standards for some positions (where appropriate). A property management company mentioned trying to find workers who are experienced in both property management and service provision.
- **Incentives.** The community conversation participants mentioned instituting various types of incentives, including cost of living raises, bonus structures that award employees for meeting specified goals, creating appealing position titles, offering a clearly defined menu of benefits, offering unique benefits (e.g. pet insurance), offering flex days, finding ways to celebrate the good work people do, and developing career pathways within the field.
- **Wellness Activities.** Employers also reported wellness offerings such as meditation rooms, free gym memberships, sound baths, yoga classes, a fun committee, group walks in the park, and quarterly sabbatical days for self-care.
- **Well-Defined Roles.** A rural CoC leader shared how clarifying job descriptions helped staff understand what was expected of them and how they should focus their time and energy.



Promising Practices to Support Tenants

In focus groups, people shared policies and practices that have worked in their communities to improve tenants' experiences in supportive housing. Some of these included the following:

- **Peer Workers.** People with lived experience are an asset to the homeless services workforce. Peer workers provide valuable expertise and support in a variety of roles such as recovery specialists and program navigators. Developing employment pathways for supportive housing tenants is beneficial for the tenants as well as the providers and communities they work in. In addition to service delivery roles, one provider in New York City employs tenants in front desk and maintenance roles (in buildings other than their own).
- **Crisis Care Support.** To address the need for increased behavioral health support, one provider in Indianapolis developed an in-house mobile crisis team that can be called on-site. These types of programs can decrease reliance on law enforcement to respond to urgent needs, increase housing stability for tenants who experience crises, and improve the atmosphere for all residents.
- **Legal Clinic Partnerships.** One provider described how they partnered with legal clinics to help tenants with expungement—which could open new housing opportunities for them in the future.
- **Transparent Processes.** Many focus group participants articulated a need to better understand the process of getting into supportive housing, what quality supportive housing looks like, and how different programs may vary. Defining and publicizing this information can promote accountability to program standards and improve access and outcomes. For example, one community shared how publicizing aggregate coordinated entry data improved transparency around questions such as, “Am I going to get housing and how long is it going to take?”
- **Serving Underrepresented Groups.** Two people in a rural focus group that held coordinator and funder roles shared how they were helping providers to ensure all people were being served. One found through regular data analysis that people of color were less likely to access housing programs like supportive housing and began an effort (including but not limited to revising the assessment process), to ensure fairness in the delivery of services. Another shared how they were working to support providers in hiring staff who better represent the population served, improve program participation and outcomes, and to include questions around equal access in funding decisions and regular monitoring.

- **Community Norms in Site-Based Buildings.** Collaborating with residents to set rules (such as regarding guests) in site-based buildings can help ensure they are better aligned with resident needs and preferences.
- **Transfer and Move-On Policies.** CoCs can ensure their policies are up-to-date and well understood across supportive housing tenants and staff regarding opportunities for program transfer and for moving on from supportive housing. One urban CoC shared how their transfer policy helps people find and maintain a placement that is a good fit (though cautioned about setting up appropriate guardrails to ensure it is driven by tenants and not providers).

COMMUNITY SPOTLIGHTS

During our in-person conversations, we had the opportunity to learn about several promising approaches being used to strengthen supportive housing. The examples in this section were primarily implemented and funded using local or state resources.



Indianapolis Housing to Recovery Fund

Overview	The Indianapolis Housing to Recovery (HTR) Fund is a flexible funding pool primarily dedicated to funding supportive services delivered as part of supportive housing. Funds are made available via outcome-based contracts.
Project Partners	<p>Planning Partners: Indianapolis Foundation, City of Indianapolis, Blueprint Council, Coalition of Homeless Intervention and Prevention, CSH.</p> <p>Supportive Housing Providers: 18 awards have been made to date to a range of community service providers and partners.</p>
Population Served	Individuals and families experiencing homelessness referred from the City’s homelessness Coordinated Entry system.
Target Outcomes	Current outcomes are focused on housing stability and access to health care. Future outcomes are expected to include reductions in justice interaction and avoidable use of emergency room services.
Results	<ul style="list-style-type: none"> • As of 2025, more than \$14 million had been raised in alignment with the community’s goals to end homelessness from private donors, philanthropy, and the City of Indianapolis with more than \$12 million awarded or committed. • Housing stability rates remained high, in most cases greater than 90%.
Lessons Learned	The HTR fund is focused on catalyzing system transformation. This makes it especially important that it coordinate closely across related efforts in Indianapolis and the State of Indiana. Members of the HTR Fund advisory committee are intentional about bringing knowledge of other related community efforts to meetings to ensure alignment.



Justice-Involved Supportive Housing (JISH), New York City

Overview	The Justice-Involved Supportive Housing program is designed specifically to meet the needs of people exiting Rikers Island Correctional Facility who are at risk of homelessness and in need of behavioral health support. It was launched in 2015.
Project Partners	The project is administered by the New York City Department of Health and Mental Hygiene. The program currently has 120 housing units operated by three non-profit organizations: Urban Pathways, CAMBA, Inc., and The Fortune Society.
Population Served	More than half the population at Rikers struggles with untreated behavioral health needs. Without housing and support to address their health, many will return to jail. JISH is designed specifically to meet the needs of these individuals.
Target Outcomes	The initiative aims to promote stable housing and prevent further use of jails, shelters, or other emergency services.
Funding	A commitment was made in 2019 to expand the program from 120 to 500 housing units. In 2025, the New York City Council appropriated an additional \$6.4 million for the program, bringing it in line with other supportive housing payment amounts. The program pays for rental subsidies and services.
Lessons Learned	The program was first authorized for expansion in 2019 but there were no respondents to the request for proposals (RFP) given the rates being offered. Advocates have been working since that time to increase the funding so that the service needs of participants can be successfully met.



Michigan Supportive Services Transformation Fund

Overview	<p>Supportive service transformation funds provide funding for non-Medicaid eligible expenses, particularly services that support people in supportive housing. As of 2025, Michigan had appropriated \$26 million to pay for services in supportive housing.</p>
Project Partners	<p>The fund was established by the Michigan legislature and is administered by the Michigan Department of Health and Human Services. It was created through advocacy led by CSH in collaboration with a coalition of housing and service providers.</p>
Population Served	<p>The fund can serve existing or new supportive housing tenants in the state of Michigan.</p>
Results	<p>After the first year of implementation, the fund served 470 people, 98% of whom remained stably housed. 96% of participants were connected to health insurance and 82% of participants maintained or increased their income. Caseload sizes were reduced and 95% of employees were retained.</p>
Funding	<p>The first investment in a pilot initiative was \$6 million in 2023. Based on pilot results and ongoing advocacy, \$20 million was appropriated in 2025. The 2025 allocation includes funding specifically for capacity building. The effort is focused on maximizing Medicaid reimbursement for services so that dollars needed decrease over time.</p>
Lessons Learned	<p>Legislative champions and coalition building are critical to advance this work. Advocates built upon the first Statewide Housing Plan launched in 2023 and aligned with the Michigan Interagency Council on Homelessness that prioritized services in its budget request to the governor.</p>



Strobel House, Nashville

Overview	<p>Strobel House is a 90-unit permanent supportive housing development in Nashville, Tennessee. The \$35 million development was funded by the City of Nashville and opened in 2024.</p>
Project Partners	<p>The City of Nashville's Office of Homeless Services is the asset manager of the development and manages referrals to the units. Depaul USA, Inc. provides property management and supportive services to the tenants.</p>
Population Served	<p>Forty-five of the units serve people experiencing chronic homelessness and forty-five serve unhoused veterans, young adults, and people who identify as gender expansive.</p>
Target Outcomes	<p>Strobel House aims to support tenants in obtaining and sustaining stable housing. Services provided help tenants address needs related to physical and behavioral health as well as employment support.</p>
Funding	<p>The City of Nashville funded the construction of the building. HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) funding was initially used for supportive services.</p>
Lessons Learned	<p>This initiative required longstanding and sustained efforts on the part of community partners. The planning process continued through four different mayors and many related changes in city leadership.</p>



San Diego Homeless-Experienced Advocacy and Leadership Network (HEAL Network) and Supportive Housing and Resident Services Academy (SHRSA)

In all communities, providers talked about challenges related to hiring, retaining and adequately compensating staff. Although the initiatives spotlighted here were not explicitly referenced in the San Diego conversations, together they illustrate what one San Diego provider described as a "special air of collaboration in San Diego, people are very supportive no matter what agency you're at, people have led with curiosity, how do we achieve the ultimate goal of getting people into housing and keeping them there."

Overview	<p>The Homeless-Experienced Advocacy and Leadership Network (HEAL Network) is an ongoing initiative to bring people with lived experience together in a 6-week training series designed to build capacity to influence public policy. The Supportive Housing and Resident Services Academy (SHRSA) is an ongoing networking, training and certification program for resident services, property management, and supportive services staff. Both initiatives are organized by the San Diego Housing Federation (SDHF).</p>
Project Partners	<p>SHRSA has an advisory committee that includes a wide range of housing, health, and supportive housing related organizations. HEAL is a collaboration of SDHF, CSH and the Alliance for Regional Solutions.</p>
Population Served	<ul style="list-style-type: none"> • People with lived experience of homelessness • Resident services, property management, and supportive services staff in affordable and supportive housing
Target Outcomes	<p>HEAL Network brings the voices of individuals with lived experience of homelessness—who have been most impacted by this crisis—into critical local discourse in a meaningful and effective way, to elevate the discussion, to emphasize the humanity of the affected individuals, and to move public policies toward strategies that are more focused on the individuals who are impacted by this crisis.</p> <p>The mission of the SHRSA is to provide meaningful and practical support through educational forums, networking opportunities, and peer learning to see residents and communities flourish.</p>

POLICY RECOMMENDATIONS

The community conversations highlighted many ways supportive housing could be strengthened in the years ahead. Participants shared a wide range of experiences, insights, and ideas—some related to local practice and others connected to broader policy structures. This section summarizes themes and potential policy directions that emerged during these discussions and that could be considered at the federal, state, or local level. These ideas reflect what participants identified as helpful for improving supportive housing and addressing ongoing challenges. They represent the perspectives and priorities voiced in the focus groups and are not intended to indicate the current policy agendas of CSH or the National Alliance to End Homelessness.

Increase and Sustain Funding for Services

A clear theme emerged across the conversations regarding the need for enhanced, sustained funding for supportive services. Solutions to this challenge exist at the federal, state, and local levels.

Federal Actions

Medicaid

- **Preserve and expand access to Medicaid** for supportive housing tenants to ensure access to healthcare, housing related services, and other critical services.
- **Advocate for Medicaid improvements** through waivers and state plan amendments to increase payments for housing-related service needs (e.g., moving costs or medically necessary home modifications) for people in supportive housing.
- **Institute legislative or regulatory changes** that minimize or eliminate the need for waivers to facilitate the use of Medicaid for housing-related services.

Other Federal Programs

- **Preserve and increase appropriations for other federal programs** (e.g., the Continuum of Care Program and the Social Services Block Grant) that contribute to the provision of services in supportive housing.

State/Local Actions

Funding Pools

- **Build and grow state and local flexible services funding** in alignment with Medicaid. Not every program expense neatly aligns with funding rules attached to government programs. Accessing flexible funds, through private fundraising or state

or local dollars, provides important patches to supportive housing budgets. Flexibility also decreases the administrative burdens providers face. See the Indianapolis Housing to Recovery Fund and Michigan Supportive Services Transformation Fund examples in the Community Spotlight section.

Millages and Taxes

- **Develop state and local tax measures** to provide funding for behavioral health needs.

Increase and Sustain Funding for Operations and Rental Assistance

Another funding need expressed in all the community conversations was for funding to make supportive housing affordable to people at all levels of income.

Federal Actions

Preserve and Expand Housing Vouchers

- **Congress must sustain funding for housing vouchers** for seniors, individuals with disabilities, child welfare involved families, youth exiting foster care, veterans, and other special needs. This includes programs known as Section 202 Supportive Housing for the Elderly Program, Section 811 Supportive Housing for Persons with Disabilities Program, and the Housing Choice Voucher (HCV) Program. Funding levels must ensure that housing is affordable for program participants in high-cost communities.

Expand Rental Support

- **Advance the Income-Based Rental Assistance Guarantee** for households with incomes up to the higher of 50% of the poverty line or 15% of the area median income.

Preserve, Expand, and Enforce Fair Housing Protections

- **Congress should pass legislation that protects tenants from source-of-income discrimination**, helping to ensure that landlords do not prevent people from renting simply because they are voucher holders.
- **Congress should preserve existing federal fair housing laws** that prohibit discrimination in housing transactions and promote equal access to rental housing under the law.
- **HUD should continue to enforce existing anti-discrimination statutes** protecting renters, including those living in supportive housing.

Preserve and Expand Federal Programs that Fund Supportive Housing Rental Assistance

- Congress must preserve and expand the funding of programs such as the federal Continuum of Care Program and the U.S. Department of Housing and Urban Development–Veterans Affairs Supportive Housing (HUD-VASH) Program. These programs only reach [a small fraction](#) of those who are eligible for them.

State/Local Actions

Funding Pools

- **Build and grow state and local funding streams.** Some funding pools are focused on supportive services. Others, like the [Los Angeles Flexible Housing Subsidy Pool](#) are designed to create rental subsidies that meet the needs of a wide range of populations.

Rental Assistance

- **Advocate for state-funded voucher and rental assistance programs,** including ones particularly dedicated to people with disabilities, older adults, child welfare involved families and youth, justice-involved individuals, and others who are particularly vulnerable or significantly lacking access to housing.

Landlord Engagement

- **Develop landlord engagement strategies and incentive programs.** Landlords do find many benefits in renting to supportive housing tenants. For one thing, rent payments, subsidized through the program, are regular and paid on time. Coordinated strategies to build relationships with local landlords and offer benefits, like risk mitigation funds, can unlock new units. This is particularly true when coupled with political backing from local elected officials, like a mayor calling on landlords to be a part of the movement to end homelessness in their community.

Fair Housing

- States and localities should pass laws that prohibit source-of-income discrimination in housing. Agencies should vigorously enforce those laws.

Increase, Sustain, and Align Funding for Housing Development

Creating supportive housing requires funding for the physical building structure in addition to funding for services and operations. Since creating supportive housing typically involves using multiple sources of funding not designed for that purpose, there are often issues related to the alignment of these sources. Improving alignment across sources can streamline the process of creating supportive housing and remove barriers from people accessing housing and supports.

Federal Actions

Align Eligibility Across Resources

- Advocate for the [Housing ACCESS Act](#) that would align eligibility across federal departments (U.S. Department of Health and Human Services, HUD), state Medicaid agencies, public housing agencies, Continuums of Care, and housing finance agencies.

Expand and Strengthen Federal Funding for Affordable Housing Development

- Advance the Affordable Housing Credit Improvement Act. The Low-Income Housing Tax Credit (LIHTC) Program provides investors in affordable housing with tax benefits. These credits have been a critical tool in the development of affordable housing. Expanding and strengthening these credits could help to spur more affordable housing development.

Encourage State and Local Governments To Develop Legislation Advancing Affordable Housing

- Continue to accelerate affordable housing production through additional improvements and expansion to the LIHTC Program; increase HOME and National Housing Trust Fund resources to enable targeting of affordable housing production to households with extremely low incomes.

State/Local Actions

Designate Funding for Supportive Housing

- States can designate a portion of their development funding for affordable or supportive housing. The State of Minnesota created a Statewide Affordable Housing Aid program to help counties, tribal nations, and local governments to preserve and develop affordable housing.

- Local governments should revisit policies that limit the availability of affordable housing, including zoning laws that hinder the development of sufficient multi-family housing accessible to low-income households.

Remove Barriers to Housing and Increase Choice

The community conversations touched on the challenging journeys many tenants experienced before gaining access to supportive housing. Tenants spoke of the barriers they faced to enter housing due to prior experiences of incarceration or other challenges. This not only makes it difficult for people to enter housing but also restricts choice as fewer units are available for people with certain backgrounds. People also need access to supplemental resources, such as food assistance, to move toward thriving in their lives.

Federal Actions

Medicaid Reentry Waivers

- Expand and maximize the use of Medicaid waivers that connect people who are incarcerated with Medicaid before they are released. [More than half of all states](#) have approved or have pending Medicaid waivers that connect people who are incarcerated with Medicaid prior to their release. These can support transitions from the carceral system into the community.

Promote Economic Security

- Preserve programs that provide income support or assistance with purchasing necessities such as food (e.g., Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, and the Earned Income Tax Credit program) that can help people afford necessities and be stable financially.

State/Local Actions

Remove Barriers to Housing

- Advance local or state laws that prohibit the use of criminal background, credit checks, or source of income to deny access to housing. The [Fair Chance in Housing Act in New Jersey](#) limits the circumstances under which criminal background checks can be used in conjunction with housing.

CONCLUSION

NAEH and CSH are deeply appreciative of the people and communities who took the time to share their experiences with supportive housing. Supportive housing has led to many benefits for individual tenants and for the communities in which they live. It is also clear there are many challenges that must be addressed to preserve and strengthen supportive housing for the future.

This report summarized challenges shared by those participating in the conversations, highlighted bright spots from a range of communities, and suggested policy ideas that could help address the noted challenges. We hope this report can be a resource that supports the ongoing development of thriving communities with affordable housing and services at the center.

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