

PATH: Evidenced Based Permanent Supportive Housing

Monroe County CJMHSA Technical Assistance

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Overall Goals and Objectives

- Training on SAMHSA's Permanent Supportive Housing Evidenced-based Practices Tool Kit
- Understanding how and when to utilize the PSH Fidelity Scale & Program Development
- Defining Target Populations – Long Term Street Homeless and People with Serious Mental Illnesses in Need of Permanent Supportive Housing
- Housing First – “Approach” & Fidelity Model
- Creating a Strategic Plan with Community Partners and Identifying Leadership to Carry it out over time

CJMHSAs Reinvestment Program

- Status of the Strategic Plan or Sequential Intercept Mapping 2008-2017
- Who has the lead and Action Plan?
- Top Priorities – Intercept 1 and 2
- Guidance/Care Center Staffing – Co-occurring capable
- Supportive Housing Partnerships
- Successful Housing Ventures in the Keys
- Access to Primary Behavioral Healthcare Integration Grant – PBHCI
- Data – What is the need, gaps in Supportive Housing

Criminal Justice Populations

- Stigma – What is the nature of the crime?
- High Risk of Homelessness
- Case by Case basis , history, risk assessments
- Is the program being developed targeting the right populations?
- Staffing – Boundary spanners
- Importance of the lease and housing retention
- Transition planning and reentry from jail
- Sequential Intercept Mapping and Supportive Housing at various intercepts

Providers at the Local Level

- Organizational Leadership
- Move towards Evidenced-based Practices
- History of Supportive Housing Services
- Outreach and Engagement
- Supportive Housing and Residential Treatment
- Case Management & Array of Services
- Co-occurring Criminal Justice & SAMH population
- Strengths and Challenges in the community
- Strategic Planning

Providers: Mix of Services

- Outreach, engagement, case management
- Not all SAMH providers are developing housing and actually providing Permanent Supportive Housing
- The SAMHSA PSH Tool Kit can be used as Strategic Planning Tool and to develop a model program from the ground up – may take several years depending on funding options
- Providers can share PSH best practices (I.e. Recovery) with their community partners, such as homeless coalitions and other non-profits

The Tool Kit: Evidence-Based

- Getting Started with Evidenced-based Practices
- SAMH Authorities (Managing entities) and Agency Staff who develop and manage Evidence-based Practices
- Consensus building and integrating EBP into policies and policies and practices
- How to build support for EBP:
- Key Stakeholders, EBP Advisory Committee, One or More Champions, Ask for Advise, Action Plan & On-going Evaluation Plan

PSH – Evidence-based Plan

- EBP – Funding Issues = Time for planning, training, technical assistance, travel to visit other PSH programs, costs for initial effort (I.E. technology)
- Assess training needs – Experience with EBP or other implementation – (I.E. Florida – Co-occurring)
- Cultural competence of local provider/area
- Support from agency administration
- Study SAMHSA Tool Kit & USF training/TA

Olmstead Decision

- U.S. Supreme Court 1999 – Title II of the Americans with Disabilities ACT (ADA) - Integration
- “A public entity shall administer services, programs and activities in the most integrated setting appropriate to meet the needs of qualified individuals with disabilities”
- A setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” - Olmstead Lawsuits in numerous states
- The case for scattered site supportive housing

What is Permanent Supportive Housing ? (PSH) - SAMHSA

- PSH offers voluntary, flexible supports to help people with psychiatric disabilities choose, get and keep housing that is decent, safe, affordable and integrated in the community.
- Central to the approach is a belief that people with psychiatric disabilities should have the right to live in a home of their own, without any special rules or service requirements.
- Permanent housing should meet their needs and preferences.

Housing First - Highlights

- Over 26 years of national research: In brief:
- Designed to serve people with serious mental illness and co-occurring substance abuse disorders – no requirement for sobriety, use of a “harm reduction” model and supported by an assertive community treatment team or intensive case management
- Housing First Fidelity Model includes most of the principles of the SAMHSA Tool Kit
- Housing First “approach” mirrors HUD’s Rapid Housing Efforts based on Research and outcomes

Key Program Issues

- Staffing – Assertive Community Treatment or Intensive Case Management
- Embracing a Harm Reduction Model
- Motivational Interviewing
- Understanding Co-occurring substance abuse, mental health and complex primary healthcare
- Fidelity – Spending 70% of your time “in the field”
- Rural considerations – transportation, tele-psychiatry, co-responder model with law enforcement
- Hours of operation

PSH & Housing First Research

- Compelling Evidence
- Review of Multiple Studies
- Cost Analysis Culhane 2002 – NY/NY III 2014
- Housing Retention
- Key Elements of Housing First Success
- HUD, VA - HUDVASH, USICH “Opening Doors”
- HUD Continuum of Care 1996- 2016 Development – Housing First & PSH – Ending Homelessness
- Local/Global Implementation & References

Veterans HUD VASH: Results

- VASH = VA Supportive Housing
- 2010-2017 – Major reduction in Veteran Homeless as a result of the HUD VASH program and implementation of 25 Housing First pilot programs across the U.S.
- Training and Technical Assistance Teams
- Tracking target populations and rapid housing
- VA – added resources for community teams and Fidelity to the Housing First Model
- Adaptation of Housing First “approach” across the VA

SAMHSA PSH Tool Kit

- Updated Version “in production”
- *Key Principles and Elements:*
- Choice of Housing
- Separation of Housing and Services
- Decent, Safe & Affordable Housing
- Community Integration (Olmstead Decision)
- Rights of Tenancy
- Access to Housing
- Flexible, voluntary services

Building Your Program

- What is Permanent Supportive Housing ?
- Key Principles and Elements (Domains/Training)
- Rental Assistance Programs
- Housing Development
- Community Partnerships
- Support Services & Staffing Models
- Policy Manuals
- Technical Resources – Websites, Webinars, etc.

Training Frontline Staff

- Core Elements of Permanent Supportive Housing
- Outreach and Engagement
- Finding and acquiring housing
- Connecting tenants to benefits & services
- Directly providing supports to housing retention
- Addressing additional special needs (complexity – co-occurring, HIV/AIDS, Transitioning Youth, CJMHSA Re-entry, Veterans, Families & children)

Sources of Funding: Overview

- *Program or “housing” sources:*
 - ✓ HUD Continuum of Care & HUD Formula (CDBG)
 - ✓ Public Housing Agency (Section 8/Shelter Plus Care)
 - ✓ HUD 811 – Present & Future, HUD 202 Elderly
 - ✓ Partnerships with Housing Developers (Tax Credits)
- *Support Services Funding:*
 - ✓ Medicaid, Managed Care Entities
 - ✓ Federal = McKinney/Vento, VA, Labor, SAMHSA, HRSA (health care), State = DCF, VR, DOC & County \$

SAMHSA's: Working Definition of Recovery

- *A process of change through which individuals improve their health and wellness, live in a self-directed life and strive to reach their full potential.*
- Health – Overcoming (managing) one's disease as well as living in a physically and emotionally healthy way.
- Home – A stable and safe place to live
- Community – Relationships and social networks that provide support, friendship, love and hope
- Purpose – Meaningful daily activities; job, school, volunteerism, family caretaking, creative endeavors, independence, & resources to participate in society.

Evaluating Your Program

- USF-FMHI – In the context of Quality Improvement
- Working with providers for program excellence
- Training and TA on Permanent Supportive Housing, not Shelters, Temporary or Assisted Living
- Does the PSH program, as implemented, follow the principles and elements of the National PSH model?
- Has PSF achieved expected results?
- A PSH fidelity scale is a tool for determining how a program measures up to an “ideal” model of PSH based on ongoing research and expert consensus.

Fidelity Scale

- Structured around the Key principles of PSH or Dimensions: Choice; Separation of Housing & Services; Decent, safe and affordable housing; Integration; Access to housing; Flexible, voluntary services
- Scale 1-4; Ideal = 24 – Need 18 = Faithful to PSH Model
- Participants – PSH Team, Tenants, Administrators
- Program description & Setting type – Scattered site apts., Single site –mixed populations, HUD – Shelter-Plus Care, HUD 811, etc.;

Fidelity Scale

- Sources of Information:
 - Interviews with PSH staff, case managers, tenants, etc
 - Agency Documents:
 - ✓ Program Descriptions (website)
 - ✓ Intake Forms/Procedures, Admissions criteria
 - ✓ Organizational charts, Policies
 - ✓ Memorandum of Understanding with other agencies
 - ✓ Documentation of rent payments, subsidies
 - ✓ HUD's Housing Quality Standards

Fidelity Scale

- Documents
 - ✓ Leases, occupancy agreements
 - ✓ Any special provisions: house rules, program rules
 - ✓ Consumer Driven:
 - ✓ Individual chart review, person-centered treatment plans, WRAP plans (if applicable), chart notes
 - ✓ Staffing – caseload size, team based, co-occurring capability, integrated
 - ✓ Available community-based services, involvement

Typical Outcome Measures: PSH

- # of Days Housed; Tenure in a Program
- # of Days Hospitalized (planned, unplanned)
- Ever arrested and # of days in jail
- Mental Health Functioning, Social Connectedness
- Substance Use or Abuse
- Benefits eligibility, Social Security, Medicaid (costs)
- Income, Employment, Meaningful Work Day
- Self-reported quality of life, consumer satisfaction
- Recovery, Community Integration

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Module 1

Core Elements of Permanent Supportive Housing

Philosophy

- People with psychiatric disabilities can live in their own housing with the same rights and responsibilities as anyone one else, regardless of their support needs.

Core Elements

- Choice of Housing
- Functional Separation of Housing Services
- Decent, Safe, and Affordable Housing
- Housing Integration
- Rights of Tenancy
- Access to Housing
- Flexible, Voluntary, and Recovery-Focused Services

Choice of Housing

- People with psychiatric disabilities prefer living alone or with people they choose (much like all of us).
- It is important to explore housing preferences from the beginning.
- Better outcomes can be expected when housing matches preferences.

Functional Separation of Housing and Services

- People who provide services should not provide property management functions.
- Landlords have no relationship with the program other than the working relationship that the staff develops with them.
- If a single agency does both, it is important to ensure that confidentiality is maintained and that coercion does not occur
 - Assign individual staff to either property management or support service duties.

Decent, Safe, and Affordable Housing

- Many individuals with psychiatric disabilities are poor, relying on SSI or other income supports.
- Affordable: Tenants should pay no more than 30 percent of income toward rent.
- Housing Subsidies: Section 8 vouchers and advocacy are critical.

Housing Integration

- Integrated settings allow people with disabilities to interact with others who do not have disabilities.
- US Supreme Court: Segregation perpetuates stereotypes of the disabled as incapable and denies them important opportunities.
- Our goal is to help people find scattered-site homes on the rental market or by developing mixed-use buildings in which most units are not reserved for people with disabilities.

Rights of Tenancy

- As long as the individual meets the obligations of tenancy (a lease), they are able to stay in their home.
- Person is not required to move if service needs change.
- Tenants have rights to tenancy: privacy, repairs, and protection against eviction.

Access to Housing

- Acceptance of services is not a requirement for receiving or maintaining housing.
 - Use an active, persistent, and respectful approach to encourage the tenant to accept needed services (e.g., motivational interviewing).
- In housing first studies, a significant percentage of tenants agreed to engage in treatment (Rosenheck et al, 1998).

Flexible, Voluntary, Recovery-Focused Services

- Tenants have freedom to choose the services they need.
- Focus on services and supports that will help the person be successful and satisfied in housing rather than on symptom reduction.
- Important to engage without using coercive methods, and to know the person's needs, abilities, goals and preferences.

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Module 2

Outreach and Engagement

Key Steps for Outreach and Engagement

- Actively engage people
- Develop a positive helping relationship
- Create an alliance between you and program participants that will support their success.

Common Barriers to Engagement

- Fear or mistrust of mental health services
- Trauma histories
- Reticence regarding bureaucratic red tape.
- Resignation/hopelessness.
- Experiences of being institutionalized (e.g., long term hospitalization or jail).

Critical Activities

- Educate providers about supportive housing.
- Develop strong interpersonal skills for building on-going helping relationships.
- Support staff self care (e.g., staying safe and avoiding burnout).

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Module 3

Helping People Find and Acquire Housing

Upholding Tenants' Legal Rights

- Programs need to understand local, state, and federal laws that protect the rights of tenants and people with disabilities.
 - Rights of tenants in federally funded housing (e.g., HUD)
 - Rights under fair housing and equal opportunity laws (e.g. Americans with Disability Act and Fair Housing Act).
- Important to understand the rights and responsibilities of both tenants and landlords.

Helping Tenants Choose Housing

Effective Permanent Supportive Housing emphasizes consumer preferences and choice in both housing options and support services.

- Plan Collaboratively (person-centered goal setting)
- Assess Consumer Preferences
- Educate Tenants about Options/Explore Options

Helping Tenants Find Housing

- Find Housing on the Open Market
 - This may include housing owned by private landlords or public housing.
- Ensure Housing Quality
- Work with Landlords
- Assist with Lease Arrangements
- Work with Public Housing Agencies
- Help Tenant Select a Unit

Helping Tenants Secure Housing

- Assist with the Application Process
- Help Request Reasonable Accommodations (if needed)
- Assist with Getting and Staying on Housing Choice Voucher (Section 8) Waiting Lists
- Assist with the Lease
- Help Set Up Utilities
- Help New Tenants Move In

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Module 4

Connecting Tenants to Benefits and Community-
Based Services

Benefits

- Supplemental Security Income (SSI)
- Social Security Disability Insurance
- Medicaid
- Medicare
- Veterans Benefits
- Food Stamps
- Utility Assistance Programs
- Temporary Assistance to Needy Families (TANF)
- SOAR = SSI/SSDI, Outreach, Access, Recovery

Front Line Assistance

- Assisting with the written application
- Cultural competence or proficiency
- Transportation – Appointments
- Emotional support through the process
- Hearings, appeals & decision points
- Knowledge of Advocacy Resources (Legal Aid, Consumer self-help organizations, Protection & Advocacy, Tenants Rights)
- Winning attitude - Preparation

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Module 5

Directly Providing Supports for Housing Retention

Supports & Housing Retention

- Provide services that are flexible, individual, and custom tailored to the needs and preferences of the person
- Matching supports and intensity of services - assertive, skill building to self-sufficiency: range & level
- Home Visits:
 - Respect the tenants privacy
 - Principles of engagement, appointments
 - Ensure a productive and safe home visit

Housing Retention

- Home visits – Common sense Do's and Don'ts
- Safety - Go alone or team visits
- Be observational – Substance use or abuse
- Use good judgment, not judgmental
- Functional - Is the person fulfilling their responsibility and obligations of their lease?
- Accomplish your goals, next visit and leave
- Contingency Planning – Family and other friends, extra keys, emergencies (WRAP Plans)

The Role of Life Coach

- Provide practical assistance – taking care of the unit, access to neighborhood resources
- Provide emotional support - Celebrate small success
- Teach life skills – *In vivo* – served and supported in their own housing and neighborhood – people learn best in the “real world” – Role of teacher
- Staff are in the field most of the time
- Identify needs for skill development individually – money management, meals, being a good neighbor, meeting new friends, etc.

Promoting Personal Recovery

- Engage in meaningful activity
- Build a social network – Link tenants to self-help or peer supports and neighborhood/rural resources
- Regain a sense of belonging in the community = “living in and of the community”
- Increase personal wellness – physical health, use of legal and/or illegal substances, spiritual, hobbies, interests, emotional well being
- Broaden the network beyond the mental health system & the world of work

Housing Retention

- Employment = Income, security and an opportunity to enjoy the community
- Improve interpersonal relationships
- Risk management v. tenant choice – More art than science – hard to “predict” who will do well in various settings – Prepare – 24/7 coverage, legal and ethical issues, suicidal ideation (self-harm) cannot be neglected, certain guests can be problematic, hoarding, aggressive behavior, prevention = relationship with supportive housing TEAM.

Retention: Crisis Planning

- Advanced Directives and Crisis Plans
- WRAP = Wellness Recovery Action Plans – Who should be involved in crisis decisions; choice of setting to be treated in or outpatient; type of care expected, treatment approaches and setting to be avoided (jail); financial issues and who will take care of the unit?
- Protect tenancy during crisis or inpatient
- Wraparound services : consumer centered/driven; culturally sensitive, home & community based, comprehensive & coordinated (respite care option)

Involving & Empowering Tenants

- Depends on the setting, urban, rural , size, etc.
- Create or join tenant advisory committees
- Hold community meetings & opportunities to build relationships, discuss community “norms”
- Design and administer tenant surveys
- Hold focus groups – quality of living
- Single site projects (HUD 811) – informal rules
- Peer run services on-site & off-site
- TIP – This is home .

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Module 6

Addressing Additional Special Needs

Populations

- Co-occurring SAMH Disorders
- Consumers with HIV/AIDS
- Families with Children
- Transition-aged Youth
- Consumers with Trauma
- Re-entry from the Criminal Justice System
- Veterans
- Older Adults - Elders

Roundtable Discussion

- Providers that are serving mixed populations
- Age appropriate supportive housing skill building
- Meaningful day = School, vocational training, education – Role as a student; high school/college
- Criminal Justice – “supervised” housing expectations
- Veterans – HUD-VASH = Permanent Supportive Housing & Housing First in some communities
- Older adults – HUD 202 Independent living
- Other special needs: dual diagnosed

Evaluating Your Program

- Review Appendix B with USF-FMHI Faculty
- Fidelity Score sheet and Fidelity Scale
- By Program (I.E. Scattered Site; Single 811)
- Objective Facilitation
- Include Residents, staff and others
- What does the score indicate? Area for improvement
- Recommended that the program create an action plan
- Annual Self-assessment

Strategic Planning: Regional

- Alignment with other homeless and housing strategic plans without duplication, rather a targeted population approach – adults with mental illness and/or co-occurring substance use disorders who are homeless or transitioning/discharged from mental health institutions or other settings, such as jails, etc.
- Community partnerships – Identified leadership
- What has worked in the past in the Region/County
- What data is available = Needs, Gaps, Goals
- Contemporary Model Development - Practices

Focused Planning Format

- Where are we? (Permanent Supportive Housing)
- Where do we want to be?
- What do we have to work with? (Financial and human resources, partnerships)
- How are we going to get there?
 - Vision
 - Short and Long Term Goals and Objectives
 - Timetable – Persons & Entities Responsible
 - Next Steps & Follow up.

A Few Useful Websites

- www.samhsa.gov (Search EBP)
- www.pathprogram.samhsa.gov (Path)
- <http://homeless.samhsa.gov> (Resource Center)
- www.hud.gov (HUD = Funding)
- www.pathwaystohousing.org (Housing First)
- www.va.gov/homeless/NationalCenter.asp (VA)
- www.va.gov/homeless/ (VA)
- www.usich.gov/ (US Interagency Council)
- www.endhomelessness.org/ (Advocacy)

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Thank You for Participating Today !