Permanent Supportive Housing

An Evidence-Based Practice and a Framework for Systems Change

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov
Description

- The SAMHSA PSH EBP Toolkit provides fidelity standards for designing and evaluating PSH for persons with mental illness
- The PSH EBP core values and principles will be examined in relation to the fidelity standards
- The implementation of the standards and the systems change needed for doing so will be explored
Objectives

- Learn about the core principles of Permanent Supportive Housing as an Evidence-Based Practice
- Explore how the principles and fidelity standards can impact and improve mental health and housing systems
Homeless and Housing Resources

- Crisis Housing Fund
- Projects for Assistance in Transition from Homelessness (PATH)
- Bridges and Bridges Regional Treatment Center (Bridges RTC) Pilot
- Housing with Supports for Adults with Serious Mental Illness (HSASMI)
- Permanent Supportive Housing Evidence-Based Practice (PSH EBP)
Crisis Housing Fund

- Began in 1995 as a flexible pool of funding to provide short-term housing assistance for persons with a serious and persistent mental illness while in treatment
  - Income is being used to pay for inpatient psychiatric or chemical dependency treatment of 90 days or less
  - Covers rent, mortgage, and basic utilities to retain current housing
  - Applications and support materials are online at [www.mhponline.org](http://www.mhponline.org)
  - Served 286 in 2011, of which 212 were new
PATH (Projects for Assistance in Transition from Homelessness)

- Federal McKinney-Vento Act program located in all states and territories
- PATH services provide outreach, engagement, and a variety of mainstreaming services for persons with SMI that are homeless or at eminent risk of becoming homeless
- In CY 2011 PATH contacted 3,820 eligible persons
- 3,074 enrolled for PATH services
- 1,462 of the enrollees were literally homeless
- 11 PATH programs located in 10 MN counties
Bridges

- Minnesota Housing program operated in partnership with DHS Adult Mental Health Division
- Housing authorities provide a transitional rental subsidy for persons with SMI that will become eligible for a HUD Housing Choice Voucher (Section 8)
- Mental health partners provide linked services
- In SFY 2010 Bridges served 726 households, including 230 households with children. The total number of people served was 1,263
- Average annual household income $9,700
- 15 Bridges programs serve ¾ of MN counties
Bridges RTC Pilot

- Provides eligible participants temporary rental assistance, housing access, and supportive service coordination (Tenant Advocacy Service)

- Eligible individuals are persons with a serious mental illness that are
  - (i) hospitalized at the Anoka Metro Regional Treatment Center and do not meet hospital level of care, have significant or complex barriers to accessing and retaining housing, are homeless, near homeless and/or rent burdened upon AMRTC admission or discharge; or
  - (ii) for whom Bridges RTC Pilot assistance will divert or prevent re-admission to the AMRTC

- 56 households are targeted in the 7 Metro counties
- 21 households are targeted in Greater Minnesota
HSASMI

- Housing with Supports for Adults with Serious Mental Illness is a DHS Adult Mental Health Division program operated in partnership with Minnesota Housing
- Provides yearly funding of 1.5M to develop a range of supportive housing for persons with SMI
- HSASMI grants are used as operating subsidy funding to cover unique costs such as tenant service coordination or front desk services
- Housing developers, property managers, and service providers partner with AMHI, County, or Tribal mental health to assure housing and service access
- CY 2011 there are 740 units in 37 current or developing housing projects located across the state
What is Permanent Supportive Housing?

- **Permanent.** People may live in their homes as long as they meet the basic obligations of tenancy, such as paying rent;
- **Supportive.** People have access to the support services that they need and want to retain housing; and
- **Housing.** People have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities.
Permanent Supportive Housing

The Bottom Line:

A person's need for housing is no different from your need for housing.
What are Evidence-Based Practices?

- Services that have consistently demonstrated their effectiveness in helping people with mental illnesses achieve their desired goals
- Effectiveness was established by different people who conducted rigorous studies and obtained similar outcomes *

* The research of outcomes for individual cultures is limited
Examples of Evidence-Based Practices

- Permanent Supportive Housing
- Supported Employment
- Assertive Community Treatment
- Family Psychoeducation
- Illness Management and Recovery
- Integrated Treatment for Co-Occurring Disorders
- Medication Treatment, Evaluation, and Management
- The Treatment of Depression in Older Adults
PSH Outcomes

- Evidence shows that the outcome of residential stability is the most potent intervention
- Evidence that PSH has greater impact than other alternatives
- Evidence of the cost benefits
- Evidence on the core principles
Recovery is at the Core

Recovery is...

- A process by which people are able to live, work, learn, and participate fully in their communities.
- The ability to live a fulfilling and productive life despite a disability.
- Reduction or complete remission of disability or distressing symptoms.

New Freedom Commission on Mental Health
Achieving the Promise: Transforming Mental Health Care in America
Dimensions of PSH

1. Choice in housing and living arrangements
2. Separation of housing and services
3. Decent, safe, and affordable housing
4. Housing integration
5. Rights of tenancy
6. Access to housing
7. Flexible, voluntary services

The core principles of PSH
1. Choice in Housing

- Individual choice is a core element of Permanent Supportive Housing.

- If people are “placed” in a setting that does not meet their needs and preferences, they are not likely to succeed.

- Basic choices include:
  - Who else lives there?
  - What type of housing is it?
  - Where is the housing?
  - When can they access the housing?
2. Separation of Housing and Services

- Participation in specific support services is NOT required to get or keep housing.
- There is a clear separation of housing management and service provision.
- Various approaches to implementation:
  - Legal separation between housing management and service delivery
  - Functional separation—distinct housing and service staff roles
  - Operational—service providers are based off site
3. Decent, Safe, and Affordable Housing

- HUD’s standard of quality are the Housing Quality Standards (HQS).
- All Permanent Supportive Housing should meet HQS.

A Good Place to Live!

A HUD HQS Walkthrough
Housing Affordability

- Tenants pay a reasonable amount of their income toward rent and utilities.

- HUD affordability guidelines are 30% of adjusted income for housing expenses.
  - The reality is that many people receiving SSI often pay 60% to 80% of their income toward housing.
4. Housing Integration

- Housing is in regular residential areas.
  - Mixing populations in buildings or neighborhoods avoids stigma.
  - Tenants participate in community activities and receive community services.
  - Natural supports are vital and encouraged.

- 25% or fewer of the units have been set aside for persons with disability or any special needs groups, including homelessness.
5. Rights of Tenancy

- Residents have full legal rights in a tenant-landlord relationship.

- Tenants must abide by normal standards of behavior and conduct outlined in a lease.

- The agreement between the tenant and landlord determines length of stay.

- Tenancy is not contingent on program or treatment participation.
6. Access to Housing

- Access to housing does not require a demonstration of readiness.
  - Research does not show that people with mental illnesses do better in housing if they pass a readiness screen.
  - Access to housing should only include those elements required of any tenant, for example, ability to pay rent.

- Housing seeks to eliminate barriers to housing stability.
  - Achieving and sustaining tenancy is the primary goal and focus.
  - Privacy of the unit is the tenant’s to control.
Tenant preferences are explored at entry through access to a range of services and opportunity to modify service selection.

People can accept or refuse treatment or other services, but staff must continue to offer support and use flexible engagement strategies.

Service options remain available for tenant choice, and change as needed or preferred by the tenant.

Type, location, intensity, and frequency of services adjust to meet tenants’ changing needs.

Risk management and crisis planning are part of the plan of support and developed in partnership.

Services provided are consumer-driven and recovery-focused.

Quality and adequacy of the services are monitored and maintained

Optimized caseload sizes, team based behavioral services, and 24/7 service provision.
The Core Value

- People with mental health needs have the right to live in the most community integrated setting possible with accessible, individualized supports.
PSH Models

Scattered-site:
- Individual units dispersed throughout an area
- Apartments, condos, single-family houses
- Owned or leased
- Conform with local zoning

Single-site, mixed population:
- Large building or complex with multiple units
- Serves more than one type of tenant
Questions
Subd. 2. Mission statement. The commissioner shall create and ensure a unified, accountable, comprehensive adult mental health service system that:

1. recognizes the right of adults with mental illness to control their own lives as fully as possible;
2. promotes the independence and safety of adults with mental illness;
3. reduces chronicity of mental illness;
4. eliminates abuse of adults with mental illness;
5. provides services designed to:
   i. increase the level of functioning of adults with mental illness or restore them to a previously held higher level of functioning;
   ii. stabilize adults with mental illness;
   iii. prevent the development and deepening of mental illness;
   iv. support and assist adults in resolving mental health problems that impede their functioning;
   v. promote higher and more satisfying levels of emotional functioning; and
   vi. promote sound mental health; and
6. provides a quality of service that is effective, efficient, appropriate, and consistent with contemporary professional standards in the field of mental health.
Subd. 4. **Housing mission statement.** The commissioner shall ensure that the housing services provided as part of a comprehensive mental health service system:

1. allow all persons with mental illness to live in stable, affordable housing, in settings that maximize community integration and opportunities for acceptance;

2. allow persons with mental illness to actively participate in the selection of their housing from those living environments available to the general public; and

3. provide necessary support regardless of where persons with mental illness choose to live.
Community Support and Day Treatment Services

Subdivision 1. Availability of community support services.

(a) County boards must provide or contract for sufficient community support services within the county to meet the needs of adults with serious and persistent mental illness who are residents of the county. Adults may be required to pay a fee according to section 245.481. The community support services program must be designed to improve the ability of adults with serious and persistent mental illness to:

1. work in a regular or supported work environment;
2. handle basic activities of daily living;
3. participate in leisure time activities;
4. set goals and plans; and
5. obtain and maintain appropriate living arrangements.

The community support services program must also be designed to reduce the need for and use of more intensive, costly, or restrictive placements both in number of admissions and length of stay.
(b) Community support services are those services that are supportive in nature and not necessarily treatment oriented, and include:

1. conducting outreach activities such as home visits, health and wellness checks, and problem solving;
2. connecting people to resources to meet their basic needs;
3. finding, securing, and supporting people in their housing;
4. attaining and maintaining health insurance benefits;
5. assisting with job applications, finding and maintaining employment, and securing a stable financial situation;
6. fostering social support, including support groups, mentoring, peer support, and other efforts to prevent isolation and promote recovery; and
7. educating about mental illness, treatment, and recovery.
MN Adult Mental Health System

- Minnesota Comprehensive Adult Mental Health Act defines the Counties as the Local Mental Health Authority
  - Some states retain mental health authority
  - Federal law defines Tribal authority
- In 1995 Counties combined to form 16 Adult Mental Health Initiatives (AMHI)
  - 2011 the Region 3 AMHI has included three Tribes as equal partners with the six Counties
2012 County and AMHI Funding

- Each County receives Community Support Program (CSP) funding
  - CSP statewide grants $21,336,959
  - Housing subsidy amount $2,990,337

- The AMHIs Mental Health Grants
  - AMHI statewide grants $45,113,028
  - Housing subsidy amount $3,180,697

- Total grants $66,449,985
- Total housing subsidy $6,171,034 (9.3%)
How to get involved?

Permanent Supportive Housing Evidence Based Practice Stakeholders Group

Vision

- Minnesota, as a leader in Permanent Supportive Housing, will assure that all persons with serious mental illness have safe, affordable, permanent housing, which provides supports for wellness and recovery and participation in their chosen community.
Mission

- The mission is to promote and sustain Permanent Supportive Housing for persons with serious mental illness that incorporates the principles of evidence-based practice throughout Minnesota. This includes but is not limited to,
  - Educate stakeholders about Permanent Supportive Housing as an Evidence-Based Practice
  - Utilize State outcome measures to evaluate and improve Permanent Supportive Housing
  - Assure the implementation and use of Permanent Supportive Housing fidelity standards
  - Promote individual choice and preference for housing and services
  - Integrate Permanent Supportive Housing with other State Evidence-Based Practices
  - Provide support to regional stakeholders
PSH EBP Stakeholders

- 4 primary partnerships
  - Mental Health
  - Housing
  - Persons with mental illness and family members
  - Cultural Expertise

The four walls of PSH
Other important partnerships are needed to support consumers as tenants, for example:

- Corrections
- Income assistance
- Employment
- Evidence-based services
- Community resources
- And many other stakeholders
PSH EBP Stakeholders Meeting

• Second Monday each Month
  ■ 1:30 to 3:30 PM
  ■ Videoconference sites are available around the state
Summary

- **Seven core principles** and various approaches to Permanent Supportive Housing

- **Core value:** People with mental health problems have the right to live in the most integrated setting possible with accessible, individualized supports

- Developing Permanent Supportive Housing takes a **team of stakeholders**
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