



**What is Supportive Housing?**

# What is Supportive Housing?

How do you describe Supportive Housing?

**Permanent**  
**Affordable**  
**Independent**  
**Tenant-Centered**  
**Flexible**  
**Voluntary**



# What is Supportive Housing?

## Why Supportive Housing?



# What is Supportive Housing?

## Supportive Housing Models

### Scattered Site



### Single Site



# What is Supportive Housing?

## Supportive Housing Models



**Build**



**Lease**

# Community Integration

- **Units are located in within safe neighborhoods with close proximity to:**
  - Transportation
  - Employment opportunities
  - Services
  - Shopping, recreation and socialization.
- **Staff supports tenants in developing and strengthening connections to their community.**

# Key Components of Supportive Housing



**Health/Mental Health Services**



**Child Care**



**Community Integration**



**Independent Living Skills**



**Employment Services and Support**



**Substance Use Recovery and Support**



**Budgeting and Financial Management Support**

Services can be Community Based or Provided Directly by an Agency

# What is Supportive Housing?

Supportive Housing is not...



~~Treatment~~

~~Transitional~~

~~Licensed Community Care~~

~~Nursing Home~~

~~Medical Respite~~

# How Supportive Housing Differs

## Housing Continuum

<b>Emergency Shelter</b>	<b>Transitional Housing</b>	<b>Rapid Rehousing</b>	<b>Permanent Supportive Housing</b>
House Rules	Program Agreement	Lease or Sub-Lease	Lease or Sub-Lease
Congregate Living	Congregate Living or Single Site	Scattered Site	Single or Scattered Site
Short-Term	Time Limited 24 months	Short-Term	Permanent
Nonprofit Provider serves as service and property manager, roles sometimes blurred, Limited Services	Blurred roles between service and property manager	Private Landlords	Private Landlords, private property managers, nonprofit property manager/owner

# How Supportive Housing Differs

## Supportive Housing isn't Institutional Living



- **24 hour entry/exit**
- **Only share units at individual's choice**
- **Freedom to furnish and decorate unit**
- **Control own schedule and activities**
- **Access to food at any time**
- **Visitors of own choosing at any time**
- **Housing is physically accessible**
- **Unit has private lavatory, shower, kitchen**
- **Access to transportation**
- **Broad access to services in the community and opportunities to participate in services**

# Supportive Housing as a Health Care Intervention

- **Data-driven identification of target population**
  - Prioritization of highest-need, highest-cost clients, identified through data
  - Homeless, exiting institutions, high utilizer, with one or more chronic health condition
- **Assertive targeting, outreach and recruitment**
  - Taking place in crisis health services, homeless, and institutional settings.
- **Supportive housing**
  - Quality, safe and affordable housing
  - Informed property/landlord management
  - Housing-related services to assist people to get and keep housing
- **Care management, service coordination**
  - Patient Navigation
- **Primary and behavioral health care**



Who is supportive housing for?

# Supportive Housing is for People Who:

- ❑ **Are chronically homeless.**
- ❑ **Cycle through institutional and emergency systems and are at risk of long-term homelessness.**
- ❑ **Are being discharged from institutions and systems of care.**
- ❑ **Without housing, cannot access and make effective use of treatment and supportive services.**



# Potential Beneficiaries of Housing-Related Services

- **Individuals may transition from a variety of circumstances including:**
  - Institutional settings (hospitals, nursing homes, or ICF/IID);
  - Residential treatment centers;
  - Assisted living facilities;
  - Homelessness or chronic homelessness;
  - Correctional facilities;
  - Foster care; and
  - Other settings that do not meet home and community-based settings requirements

# Essential Features

## ➤ Services

- **Flexible:** Responsive to tenants' needs
- **Voluntary:** Participation not condition of tenancy
- **Independent:** Focus on housing stability

# Tenant-Centered Service Design

What do we know about our prospective tenants and their needs?

What do prospective tenants say that they need?



# Why are Services Important?



**Affordable Housing**

**Supportive Services**

**Platform**

**Health, Recovery and Personal Growth**

## What are voluntary services?



Participation in services is not a condition of tenancy.

Services are voluntary for tenants...not staff.

Staff must work to build relationships with tenants.

Emphasis is on user-friendly services driven by tenant needs and individual goals.



# What do we know about voluntary services?

- **Even when services are not required as a condition of tenancy, tenants participate at high rates.**
- **Tenants value the services available to them, as well as the autonomy to decide which services to participate in.**
- **“Low demand” model is much more likely to house and retain formerly homeless people, especially those with significant disabilities and long homeless histories.**

# Housing Related Services

## **Individual Housing Transition Services (Pre-Tenancy)**

- **Conducting screening and assessment of housing preferences/ barriers related to successful tenancy**
- **Developing an individualized housing support plan based on assessment**
- **Assisting with rent subsidy application/certification and housing application processes**
- **Assisting with housing search process**
- **Identifying resources to cover start-up expenses, moving costs and other one-time expenses**
- **Ensuring housing unit is safe and ready for move-in**
- **Assisting in arranging for and supporting the details of move-in**
- **Developing an individualized housing support crisis plan**

# Housing-Related Services

## **Individual Housing & Tenancy Sustaining Services**

- **Providing early identification/ intervention for behaviors that may jeopardize housing**
- **Education/training on the role, rights and responsibilities of the tenant and landlord**
- **Coaching on developing/maintaining relationships with landlords/property managers**
- **Assisting in resolving disputes with landlords and/or neighbors**
- **Advocacy/linkage with community resources to prevent eviction**
- **Assisting with the housing recertification process**
- **Coordinating with tenant to review/update/ modify housing support and crisis plan**
- **Continuing training on being a good tenant and lease compliance**

# Other Needed Services

- **Outreach & In-reach Services**
- **Discharge Planning**
- **Service Assessment**
- **Service Plan Development**
- **Care Coordination**
- **Service Monitoring**
- **Assistance with Daily Living Skills**
- **Equipment, Technology, and Modifications**

# Other Needed Services

- **Job Skills Training/Education including Supported Employment**
- **Transportation Support**
- **Caregiver/Family Support**
- **Health Management**
- **Counseling and Therapies**
- **Peer Supports**
- **Skill Development and Acquisition**
- **Other services needed by the target population(s)**

# How do we provide services in each of the models

Single Site	Shared Housing	Scattered Site
Drop In supports	Drop in supports	Drop in supports
Front Desk and/or Live in staff available within the larger complex	Live-in Staffing	Live in staffing
Pro-active property management/landlord supports	Pro-active property management and landlord supports	Pro-active property management and landlord supports
Technology	Technology	Technology
Peer supports	Peer Supports	Peer Supports
Natural Supports	Natural Supports	Natural Supports

# Services are Delivered Where and When Needed

**Mobile, delivered primarily at home and in  
the community**

**Staff are available to meet when it works for  
the individual vs. traditional 9-5 hours**

**24/7 Support Plans are created to pro-actively  
address potential crisis situations**

**Peer supports and natural supports are  
developed to help individuals build  
sustainable non-paid safety nets of support**

# How do we staff Supportive Services?

**Interdisciplinary teams made up of:**

- **Social Workers**
- **Nurse Case Managers**
- **Employment Specialists**
- **Housing Navigators**
- **Peer Support Specialists**
- **Psychiatric and Medical supports**
- **Substance Use staffing**
- **Para professionals who can provide support to the team**

**Service Coordinators ideally will have serve no more than 12-15 individuals.**

**Typical reimbursement rate for one individual for “housing/tenancy support services” can range from \$8,000-\$10,000 annually.**

# Others Who Make Up the Individual's Supportive Services Safety Net

- Social Workers
- Nurse Case Managers
- Employment Specialists
- Peer Support Specialists
- Psychiatric providers
- Substance use providers
- Health care providers
- Direct support paraprofessionals
- Engaged landlords and property managers
- Natural supports

# Provider Qualifications & Skill Sets

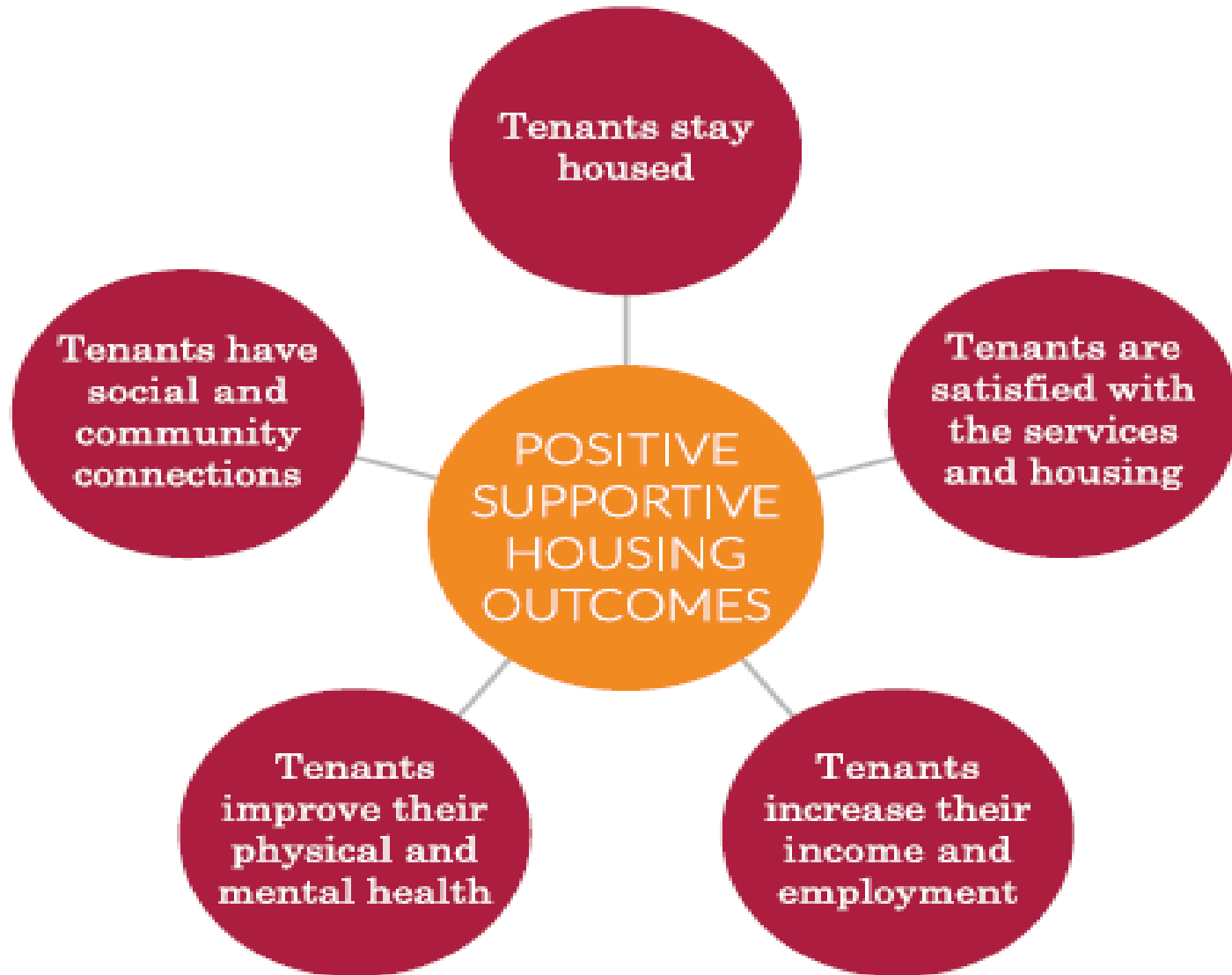
Provider qualifications should reflect:

- Qualifications established for eligible providers in your state
- Agency-based qualifications for delivering housing-related services

Providing services in supportive housing requires certain skills sets/proficiency in techniques like:

- Engagement, transition and person-centered planning, and assessments related to supportive housing
- Motivational Interviewing, Stages of Change and Harm Reduction
- Recovery and Wellness Coaching
- Trauma-Informed Care and Illness Management
- Other evidence-based best practices specific to the target populations

# Core Outcomes for Tenants in SH



# A Strategy that Works *for People*

- **More than 80% of tenants stay housed for at least one year**
- **Even when services are not a condition of tenancy, tenants participate at high rates:**
  - **81% health care utilization**
  - **80% mental health treatment**
  - **56% substance abuse services**



# Housing First Strategy

# Housing First and Supportive Housing



**House  
tenants first -  
without  
preconditions**



**Keep them  
housed**



**Form  
effective  
service  
relationships**

# Components of Housing First



**Crisis Intervention**

**Permanent Housing Placement**

**Case Management & Wraparound  
Services**

# Seven Key Principles: Housing First

1. Move people into **housing directly** from streets and shelters without preconditions of treatment acceptance or compliance;
2. The provider is obligated to bring **robust support services** to the housing. These services are predicated on assertive engagement, not coercion;
3. Continued tenancy is **not dependent on participation** in services;
4. **Units targeted** to most disabled and vulnerable homeless members of the community;
5. Embraces **harm-reduction approach** to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery;
6. Residents must have **leases** and tenant protections under the law;
7. Can be implemented as **either** a project-based or scattered site **model**.

# What Harm Reduction Is...

- **Philosophy that recognizes the resilience of individuals**
- **Expands the therapeutic conversation**
  - Allows providers to intervene with active users who are not yet contemplating abstinence

# What Harm Reduction is Not...

- **Neither for or against drug use**
- **Consent to use**
- **“Don’t ask, Don’t Tell”**
- **“anything goes”**
- **Anti-abstinence**

# Test Your Knowledge!

- T** If multiple options are available, a tenant has the choice of unit, model, and/or location.
- F** Participation in services is required.
- F** Tenants must take any and all prescribed medication.
- F** Tenants must maintain sobriety.
- T** Staff explain the lease, tenant's rights and responsibilities, and the least violation process.
- F** Applicants with bad credit are screened out.
- F** Individuals who have a negative housing history are screened out.
- F** Applicants with past drug use are screened out.
- T** Lifetime state sex offenders are screened out.
- T** Housing Authorities have discretion for other issues related to criminal histories or drug-involvement.

## True or False?

What do we do now?



# Alignment of Federal Policy

- **DOJ Statement on Community Integration (June 2011)**
- **HUD *Olmstead* Guidance, including “Olmstead Preference” (June 2013)**
- **CMS Home and Community-Based Services Final Rule (January 2014)**
- **CMS Informational Bulletin on Housing-related Activities and Services (June 2015)**
- **USICH *Opening Doors* strategic plan to end homelessness**
- **SAMHSA *Olmstead* and Homeless Policy Academies, CABHI, CCBHCs**
- **HUD 811 PRA, in coordination with HHS**

# Challenges to State Level Alignment

## Aligning Policy Issues

## Aligning Policy Implementation Efforts

# Strategies to Consider

- **Forge new institutional and cross-agency partnerships...**
  - ✓ Avoid duplication or temptation to build from scratch... leverage the strengths of the right system/agency/staff to play the right role (Supportive Housing and Health)
  - ✓ Emerging **service coordination models** to identify strengths and gaps in meeting complex needs and to overcome barriers in real time
- **Intensive Service Model and Small Case Loads: 10:1**
  - ✓ Effective engagement requires Housing First approach (for some), flexibility and partnerships

# Strategies to Consider

- **Increased TA/training on motivational interviewing, harm reduction, and coping with loss**
- **Navigating substance use and harm reduction in the context of eviction prevention and housing retention**
- **Communication strategies for service coordination across systems, including EHR, health assessments and service plans**

# Other Important Considerations

- **How target population can be prioritized for Supportive Housing or mainstream affordable housing resources**
- **Owner needs to fill the unit! If the applicant is not connected quickly enough, will lose the opportunity**
- **Competing target populations**
- **Effective communication from services agency to housing agency about housing needs**

# Pause for Questions



Thank you!

