

Permanent Supportive Housing for Better Health Outcomes



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Disclosure Statement

Relevant Financial Relationships:

- Employed as COO at Community Assisted and Supported Living, Inc.
- CASL has a development partnership with Blue Sky Communities, a for-profit affordable housing developer
- Serves as a consultant to and receives compensation from Trust But Verify, LLC

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Learning Objectives:

Participants will:

- Gain an increased understanding of the “Housing First” approach
- Heighten their awareness of how a lack of stable Permanent Supportive Housing interferes with behavioral health and medical health goals
- Develop a detailed understanding of all facets of Permanent Supportive Housing
- Learn about Tax Credit applications to increase PSH units in their community

The Individual Profile entering Permanent Supportive Housing

- Disabling mental health conditions
- Substance Use Disorders
- Chronic Homelessness
- Trauma
- Multiple interactions with Acute Care Services and Law Enforcement
- Hopelessness



Presenter Confession

Office of Housing and Urban Development

Definition of Permanent Supportive Housing

- Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.

(HUD Exchange, 2022)

Who is Supportive Housing For?

Individual's who:

- **BUT FOR HOUSING** cannot access and make effective use of treatment and supportive services in the community;

and

- **BUT FOR SUPPORTIVE SERVICES** cannot access and maintain stable housing in the community.

Permanent Supportive Housing



A person's need for housing is no different from your need for housing.

Permanent Supportive Housing Video St. Francis Center, Denver, Colorado



Dimensions of PSH



1. Choice in Housing

Individual choice is a core element of Permanent Supportive Housing.

If individuals 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 separation - service providers are based off-site



3. Decent, Safe, and Affordable Housing



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



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 individuals 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 avoid stigma.
- Tenants participate in community activities and receive community services.
- Natural supports are vital and encouraged.

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 an individual with mental illnesses does better in housing if they pass a readiness screen.
 - Access to housing should only include those elements required of any tenant, for example, the ability to pay rent.
- Housing First seeks to eliminate barriers to housing stability.
 - Achieving and sustaining tenancy is the primary goal and focus.
- Privacy of the unit is under the tenants to control.

7. Flexible, voluntary services

- Tenant preferences are explored at entry through access to a range of services and opportunities to modify service selection.
 - Individuals 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.

7. Flexible, voluntary services

- 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.

Questions?



What is Housing First?

1. An evidence-based practice for ending homelessness.
2. An approach to servicing individuals experiencing homelessness that prioritizes immediate access to safe permanent affordable or supportive housing without the prerequisite or condition of participating in services in order to obtain or retain housing.
3. Client choice is valued in housing selection and supportive service participation.

What is Housing First?

- Informed by a harm-reduction philosophy, once in housing, a low-demand approach accommodates the individual's alcohol and substance use, so that relapse will not result in the individual losing housing.
- An individual's housing is maintained, even in the event of admission into an acute care facility, for short periods.
- Case managers use evidence-based practices for engagement, including motivational interviewing and client-centered counseling.

Principles of Housing First

Principle #1: Immediate access to housing with no housing readiness conditions

Principle #2: Consumer choice and self-determination

Principle #3: Recovery orientation

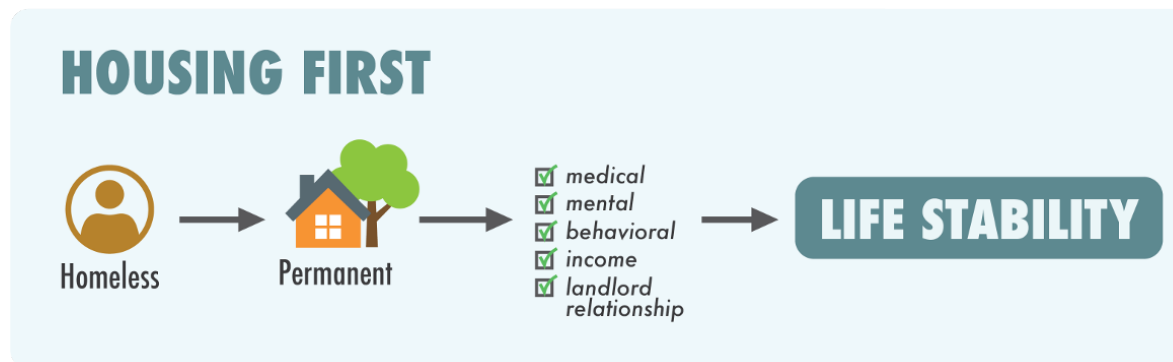
Principle #4: Individualized and client-driven supports

Principle #5: Social and community integration

Housing First

A Housing First approach rests on two central premises:

- The best way to end homelessness is to help individuals move into permanent housing as quickly as possible.
- Once in housing, formerly homeless individuals may require some level of services to help them stabilize, link to long-term supports, and prevent a recurrence.



Defining “Housing First” Philosophies

- Safe, affordable housing as a right and a prerequisite for effective services.
- Provide permanent housing opportunities as soon as possible.
- Do not focus on “housing readiness” or sobriety as a prerequisite.
- Facilitate easy access to housing.
- Housing stability is the primary objective.
- Incremental change is normal.
- Quality of life and well-being measure success.

Core Services of Housing First

- **Crisis Intervention:** Helps stabilize participants while they are acquiring permanent housing.
- **Permanent Housing Services:** Helps participants obtain permanent housing. Assist with move-in and other costs associated with becoming rehoused, including short-term rent subsidy.
- **Case Management/Wraparound Services:** Helps to stabilize participants once they are housed.
- **Recovery Support:** Recovery is a process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA's Working Definition of Recovery

Recovery is a process of change through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

There are four major dimensions that support a life in recovery:

- ✓ Health*
- ✓ Home
- ✓ Purpose
- ✓ Community

*Health is defined as overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

(SAMHSA, 2012)

Trauma-Informed Approach

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

(SAMHSA, 2014)

Consistent Findings of Research

Housing + Services Make a Difference

- ✓ More than 80% of supportive housing tenants are able to maintain housing for at least 12 months
- ✓ Most supportive housing tenants engage in services
- ✓ There is a decline in the usage of the most costly services in the homeless, health care, and criminal justice systems
- ✓ Nearly any combination of housing and services are more effective than services alone

(Past, Present and Future of Permanent Supportive Housing in Connecticut 2016)

Sustaining Housing First

- Biggest challenge is locating enough affordable housing to meet the tenant demand
- Requires at least one or probably several of the following:
 - Housing subsidies –e.g., tenant-based Housing Choice vouchers or other forms of subsidy
 - Developing strong relationships with landlords and negotiating reasonable rents
 - Focus on increasing tenant incomes so they can afford to pay more rent
 - Developing new affordable housing that is financed in such a way that the rents are affordable to extremely low-income tenants

Harm Reduction in Supportive Housing

- Meets and accepts people on their own terms
- Is something that we all practice regularly
- Recognizes homelessness is not a cure for substance use
- Reduces negative consequences of substance use and other high-risk behaviors
- Is not “anything goes”



(Adapted from Midwest Harm Reduction Institute https://www.heartlandalliance.org/mhri/wp-content/uploads/sites/20/2016/10/Harm-Reduction-Defined-_2_.pdf)

Key Ideas to Keep in Mind

- The goal of all of us is to help individuals succeed in housing (regardless of their sobriety or use of substances).
- The quality of life of individuals with a substance use disorder can be improved and enhanced while they still use drugs or alcohol.
- Individuals can have a substance use disorder and still function and meet life obligations.
- Tenants have both rights and responsibilities under their leases, and the lease will guide our response to their issues and behaviors.
- In helping individuals reduce the harm caused by their substance use, self-awareness is increased, and other benefits follow.

Harm Reduction Principles

- Individuals have the right to make decisions about their lives and actions. Harm Reduction is about educating them to make the best decisions for themselves.
- The individual takes responsibility for their choices and behavior.
- The individual sets their own goals in collaboration with the service provider.
- There are no punitive sanctions for what someone chooses to put/not put in their body.
- When we create punitive sanctions, individuals will lie.
- Incremental change is normal.
- Quality of life and well-being measure success.

Symptoms, Behaviors, Housing Issues

- Illegal Activity **leads to** Lease Violations
- House Rules Violations **lead to** Complaints and Nuisance Issues
- Poor Money Management **leads to** Rent Non-Payment
- Poor Hygiene or Hoarding **leads to** Failed Inspections
- Property Damage **leads to** Failed Inspections
- Unauthorized Subtenants **lead to** Lease Violations
- **HOUSING FIRST IS NOT “ANYTHING GOES”**

Supportive Housing: It Works

Summary of Key Findings:

- Studies across the U.S. show that **75-85%** of single adults and **80-90%** of families stay housed in supportive housing. This includes hard-to-serve populations with very high needs.

(United States Interagency Council on Homelessness, 2017)

- Formerly homeless people – especially people with the highest needs – are more likely to stay housed when they are in programs with voluntary services and other client-centered practices.

(Davidson, C., et al., 2014)

Supportive Housing: It Works

Summary of Key Findings:

- A study of chronically ill homeless individuals found that housing led to a **29%** decrease in hospitalization, a **29%** decrease in hospital days, and a **24%** decrease in emergency room visits. (Sadowski, L., et al. 2009)
- The cost of services for people housed in a Housing First program declined by **53%**, or roughly \$15,000, in their first year after housing. **In other words, every \$10 invested in Housing First programs led to an average savings of \$21.72.**

(Goering, P., et al. 2014)

Services and Collaborative Supports

- Outreach
- Case Management
- Supportive Housing Services
- Peer Support
- Transportation
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Collaborative Partners
- Advocacy
- Acute Care System relationships

Peer Support Key Activities

- **Provide Support and Advocacy** – Peer Specialists work with peers to connect them to resources in the community. They coach their peers on how to independently identify needs and access resources. In addition, peer specialists advocate for their peers in treatment settings and within the community.
- **Role Model Recovery** – Peer specialists have a wealth of experience navigating their own recovery journeys. By sharing their stories and modeling healthy, effective decision-making in peer relationships, they can inspire others to do the same.
- **Facilitate Positive Change** – The spirit of recovery and resilience is grounded in hope and optimism. As such, peer specialists work to motivate their peers through positive means, highlighting strengths and resources. They can facilitate change through goal setting, education, and skills building.

Use of Technology to Improve Outcomes

✓ **Technology in the field:**

- Touchscreen laptops for all staff to use with individuals
- Tablets to use concurrently with case manager/recovery peer specialist
- MIFI to ensure internet access

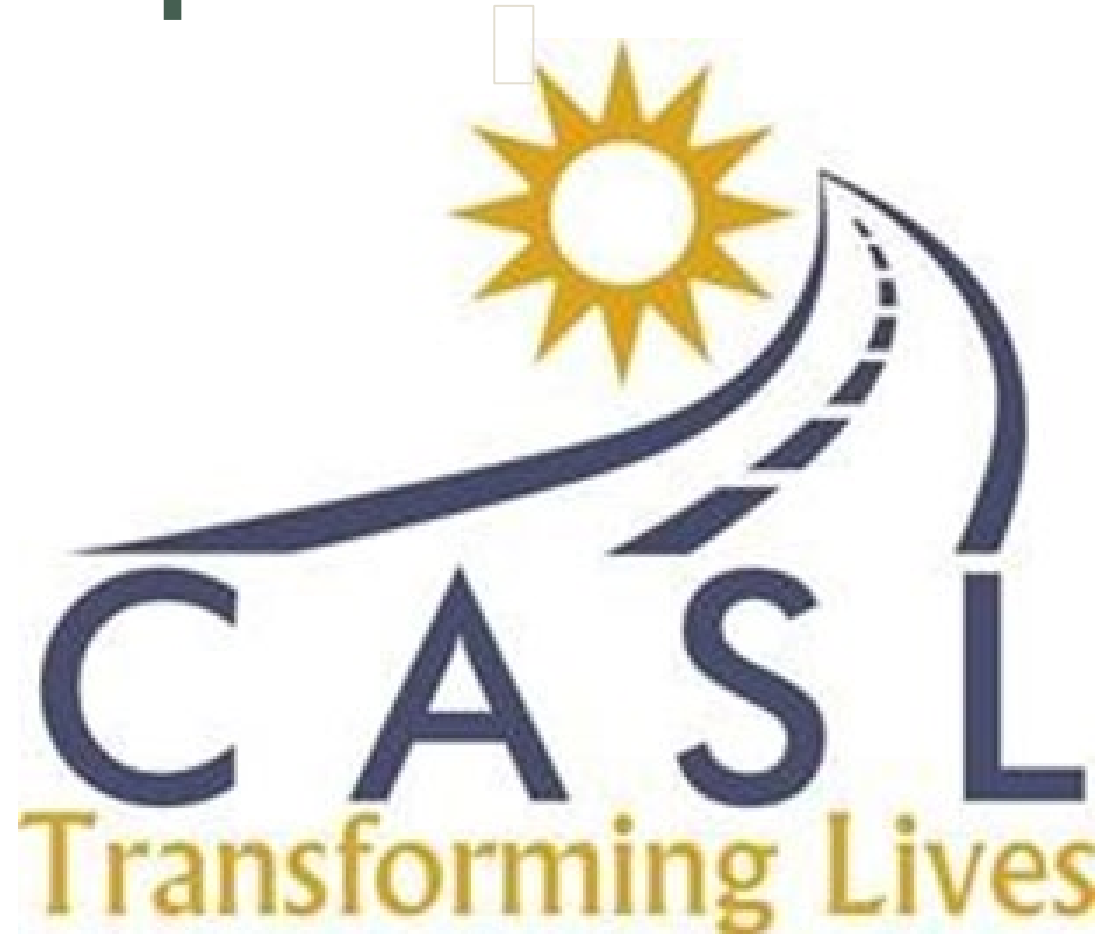
✓ **Behavioral Health Index** – Web-based bio-psycho-social assessment platform based on the Addiction Severity Index and utilizing motivational measures

Use of Technology to Improve Outcomes

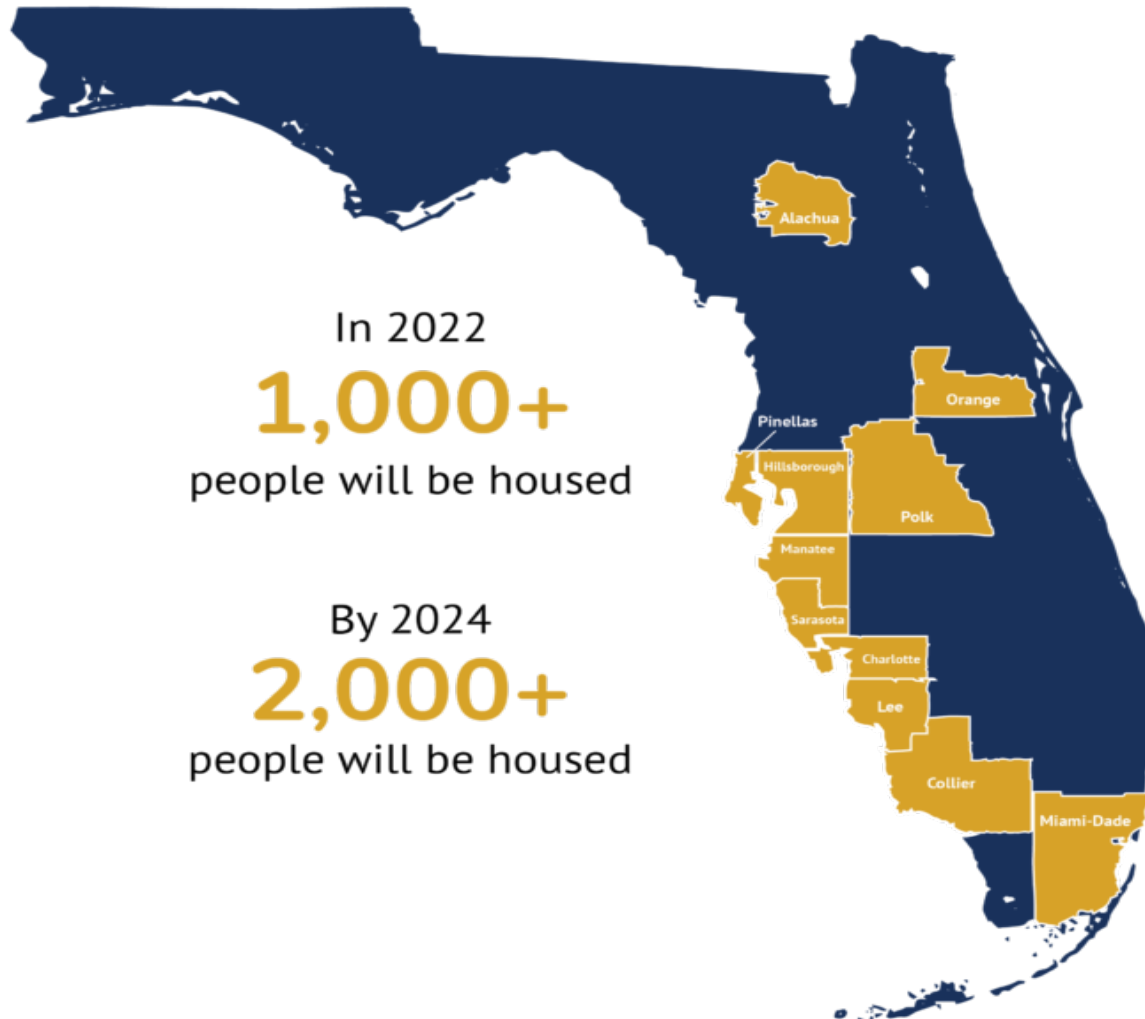
- ✓ **Trust But Verify** – Smartphone application linking the user to Self-help support group meetings and utilizes biometrics and geofencing to verify attendance (Recovery Peer Specialist enhancement tool)
- ✓ **Greenspace Mental Health (go live Oct. 2022)**- a digital platform designed to improve the quality and efficiency of mental health treatment through the automation of measurement tools to enable improved triage, measurement, and evaluation of patient care allowing outcome measurement in real-time

Housing Model Examples

- Scattered Site Housing
- Clustered Housing
- Garden Style Apartments
- Village Model
- Hybrid Group Housing
- Assisted Living Facility with a Limited Mental Health License



CASL serves **11 counties** in Florida



In 2022
1,000+
people will be housed

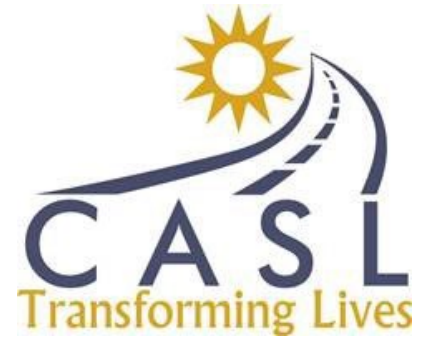
By 2024
2,000+
people will be housed



For many of our residents, this is their “Forever Home.”

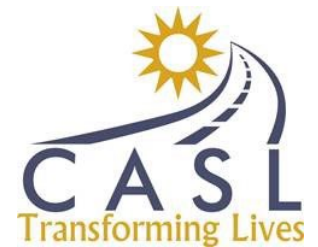


Current and New Housing



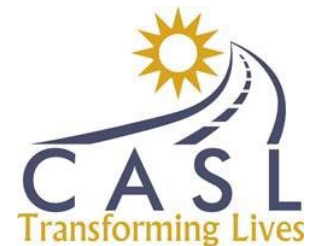
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Renaissance Manor



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Neighborhood Housing



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Arbor Village – Sarasota County



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Arbor Village Virtual Grand Opening



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Cypress Village – Lee County



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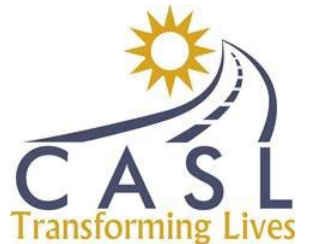
Fairlawn Village – Orange County (8/22)



Fairlawn Village North Apartments
12/14/21



Fairlawn Village South Apartments
12/14/21



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Swan Lake Village – Polk County (9/22)



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Jacaranda Place – Charlotte County (11/22)



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Alto Tower – Miami/Dade County (12/24)



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New Trail Plaza– Sarasota County (TBD)



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Development Funding Strategies

- Florida Housing Finance Corp.
 - 4% Tax Credits (Non-competitive with match requirements)
 - 9% Tax Credits (Competitive) County level
 - Land donations
 - Provide local match to go toward 4% Tax Credit Match
- Private donors/investors

(Florida Housing Finance Corporation 2014)

Rental Assistance

- **Tenant Base Rental Assistance** – TBRA increases affordable housing choices for low-income families. Families with a tenant-based voucher choose and lease safe, decent, and affordable privately-owned rental housing.
- **Project Based Rental Assistance** - PBRA is a type of HUD housing program where HUD directly contracts with private landlords to provide affordable homes to low-income tenants at certain properties.

Rental Assistance

- **Housing Choice Voucher** - The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.
- **Mainstream Vouchers** – Mainstream Vouchers are tenant-based vouchers that serve households that include a non-elderly person with a disability. Public housing agencies (PHAs) can apply for Mainstream Vouchers when HUD issues a Notice of Funding Availability (NOFA).

Rental Assistance

- **Veterans Affairs Supportive Housing Vouchers** - The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines HUD's Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the [Department of Veterans Affairs \(VA\)](#).
- **Emergency Housing Vouchers** – Emergency Housing Vouchers (EHVs) are specifically designed for households who are: homeless; at risk of homelessness; Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking; Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. Referrals to the PHA must come through the Continuum of Care (CoC).

Rental Assistance

- **Rapid Rehousing Vouchers (RRV's)** - Rapid re-housing is a temporary intervention designed to help individuals and families that don't need intensive and ongoing supports to quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household. RRV's usually the assistance expires within a year, though it can be extended for up to two.



Questions?

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https://www.usich.gov/resources/uploads/asset_library/evidence-behind-approaches-that-endhomelessness.pdf; Leff, H., et al. (2009) “Does One Size Fit All? What We Can and Can’t Learn From a Meta-Analysis of Housing Models for Persons with Mental Illness.” *Psychiatric Services* 60(4) : 473–482; Rog, D., et al. (2014). “Permanent Supportive Housing: Assessing the Evidence.” *Psychiatric Services* 65(3): 287-294.
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Thank you for participating!

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