Evidence-Based Practices: Permanent Supportive Housing & Supported Employment

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“Evidenced-based programs that promote mental health and prevent mental illness from regressing are a priority in Utah.”

dsamh.utah.gov
What Are Evidence-Based Practices?

- **Evidence-Based Practice**
  - *Services that have consistently demonstrated their effectiveness in helping people with mental illnesses achieve their desired goals.*

- *Effectiveness was established by different investigators who conducted rigorous studies and obtained similar outcomes.*

[www.samhsa.gov](http://www.samhsa.gov)
Evidence-Based Practices

- Permanent Supportive Housing
- Housing First
- Motivational Interviewing
- Trauma Informed Care
- Assertive Community Treatment
- Supported Employment
- Individual Placement and Support
The Homeless Homed

- The Daily Show with Jon Stewart takes a look at Homelessness in Utah, what they are doing right!

Why Implement Evidence-Based Practices?

According to the New Freedom Commission on Mental Health:

- State-of-the-art treatments, based on decades of research, are not being transferred from research to community settings.
What is Permanent Supportive Housing?

- Decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants’ needs and preferences.

- It provides sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen.
Permanent Supportive Housing

Homeless individuals with mental illness and/or substance use problems need for housing is no different from your need for housing.
The Evidence Supports Permanent Supportive Housing

- Housing provides the most important impact overall on the individuals stability: “the most potent intervention”
- Evidence of greater impact over alternatives (individuals do not need to be housing ready)
- Evidence of cost benefit for Chronic Homelessness
  - $48,792 per person (JAMA 4/1/09)
  - $40,449 per person (Culhane NY NY study)
- Housing with support about 50% savings
- Evidence on the core principles (fidelity)
Dimensions of Permanent Supportive Housing Fidelity Scale

- Choice in housing and living arrangements
- Functional separation of housing and services (partner with housing agencies)
- Decent, safe, and affordable housing
- Community integration and rights of tenancy
- Access to housing and privacy
- Flexible, voluntary, and recovery-focused services
Making Choice Real: Key Questions

- Alone or with family or friends
- Location and neighborhood type
- Size of unit
- Maintenance requirements
- Proximity to specific services, public transportation
- Maximum monthly rent and utilities
Housing and Services Separation

- Participation in specific support services is NOT required to get or keep housing.

- 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
Permanent Supportive Housing is most successful when a functional separation exists between housing matters (rent collection, physical maintenance of the property) and services and supports (case management, for example).
Housing Should be Decent, Safe, & Affordable

- HUD’s standard of quality is its 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 people on SSI often pay 60% to 80% of their income toward their housing, which is substandard.
Integration

- Housing is in regular residential areas.
- Mixing populations in buildings or neighborhoods avoids creating mental health ghettos.
- Tenants participate in community activities and receive community services.
- Natural supports are encouraged.
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.
- Distinct from “program” rules.
- The agreement between the tenant and landlord determines length of stay.
Flexible, Voluntary, Recovery-focused Services

- People can accept or refuse treatment or other services, but staff must continue to offer support and use flexible engagement strategies (not time limited).

- 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.
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
Fundamental Elements of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear

December 2004 Consensus Conference on Mental Health Recovery, sponsored by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration
Fundamental Elements of Recovery

- Strengths-based
- Peer support
- Respect
- Responsibility
- Hope

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Permanent Supportive Housing Models

Scattered-site:

- Individual units dispersed throughout an area
- Apartments, condos, single-family houses
- Owned or leased
- Conform with local zoning
Permanent Supportive Housing Models

**Single-site, mixed population:**

- Large building or complex with multiple units
- Serves more than one type of tenant, for example:
  - Low-income families
  - People with mental disorders
  - Seniors
  - Students
  - Homeless adults
  - Often includes “set-asides” for specific target groups
  - Can be owned or “master leased” by housing agency
Permanent Supportive Housing Models: Housing First

- This approach is particularly useful for people with co-occurring disorders and others who have not been well served by traditional housing or residential programs.

- It makes a return to permanent housing immediate “Housing First not Housing Ready”
Permanent Supportive Housing Models: Housing First

- People move directly into affordable rental housing in residential areas from shelters, streets, or institutions.

- Wrap around services in the home are provided as long as needed.

- Housing First is specifically not a “first come, first served” intervention.

- PSH serves homeless individual that have complex, and most often co-occurring issues, and serves those with the highest acuity first.
Summary

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