Permanent Supportive Housing
An Evidence-Based Practice

Objectives
• Learn about existing housing and homeless resources available through the Adult Mental Health Division.
• Learn what Permanent Supportive Housing as an Evidence-Based Practice is, including the identification of examples in Minnesota.
• Identify opportunities and next steps for the development of Permanent-Supportive Housing.

Housing and Homelessness 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 on line at www.mhponline.org

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
- 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 county Metro

Tenant Advocacy Service

- Bridges RTC is focused on helping the individual to obtain and retain affordable permanent housing of the tenant’s choice. Eligible uses include:
  - Landlord recruitment
  - Tenant-Landlord liaison
  - Extensive housing advocacy services, which may include but is not limited to assistance with the following:
    - Assessment of tenant housing preferences
    - Move-in and establishment of household
    - Tenancy education -- rights and responsibilities of tenancy
    - Life skills education -- basic skills to maintain tenancy
    - Landlord-Tenant issue resolution
  - Coordination with mental health and other services
  - Referral to income supports and other benefits
  - Crisis planning for each household

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 funding 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

Permanent Supportive Housing

The Bottom Line:
A person’s need for housing is no different from your need for housing.

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.

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.

Dimensions of PSH

- Choice in housing and living arrangements
- Functional separation of housing and services
- Decent, safe, and affordable housing
- Community integration
- Rights of tenancy
- Access to housing and privacy
- Flexible, voluntary, and recovery-focused services

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 kind of housing is it?
  — Where is the housing?

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
Housing should be decent, safe, affordable.

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

A Good Place to Live!

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 receiving SSI often pay 60% to 80% of their income toward housing.

Community 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.

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.

Access to Housing

- Eliminate barriers and redefine readiness.
- Research does not show that people with mental illnesses do better in housing if they pass a readiness screen. Access to housing should include those elements required of any tenant, for example, ability to pay rent.
- Achieving and sustaining tenancy is the primary goal and focus.

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.
- 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.
The Core Value

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

Permanent Supportive Housing 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

PSH EBP 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.

PSH EBP Stakeholders

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

The four walls of PSH

PSH EBP Stakeholders Group

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

- 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

Completes the design of PSH
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.

Minnesota Statutes

245.461 Policy and citation
Minnesota Comprehensive Adult Mental Health Act

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.

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