Supported Housing

Requirement: The Office of Substance and Abuse and Mental Health (SAMH) Contract

Frequency: Ongoing

Due Date: Ongoing

From the funds in Specific Appropriation 364, GAA provided the Department non-recurring General.

Supported Housing: Supported housing/living is an evidence-based approach to assist persons with substance abuse and mental illness in the selection of permanent housing of their choice. These services also provide the necessary services and supports to assure their continued successful living in the community and transitioning into the community. For children with mental health problems, supported living is the process of assisting adolescents in arranging for housing and providing services to assure successful transition to living independently on their own or with roommates in the community. Services include training in independent living skills. For substance abuse, services provide for the placement and monitoring of recipients who: (a) are participating in non-residential services, (b) have completed or are completing substance abuse treatment, and (c) need assistance and support in independent or supervised living within a live-in environment.

Program Administration

A. Program Objectives

An example of a housing constraint for the consumers served in the LSF health Systems region is people with a serious mental illness living off the money that is paid from Supplemental Security Income (SSI), which averages 18% of the median income and can make finding an affordable home very difficult. When this basic need is not met, people cycle in and out of homelessness, publicly funded crisis services, jails, shelters, and hospitals. Studies have shown that supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of crisis services. Supportive Housing is not treatment, institution care or licensed community care, medical respite, transitional housing, or time limited.

Supportive housing connects consumers with permanent, safe, affordable, community-based housing of their choice (to the extent possible) with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community. Tenants may live in their homes if they meet the basic obligations of tenancy. While participation in services is encouraged, it is not a condition of living in the housing. Housing affordability is ensured either through a rent subsidy or by setting rents at affordable levels.

There is no single model for supportive housing. Supportive housing may involve the renovation or construction of new housing, set asides of apartments within privately-owned buildings, or leasing of

individual apartments dispersed throughout an area. The housing setting can vary and is based on a range of factors including the tenant's preference, the type of housing available, affordability, and the history of a local community's real estate market.

There are three approaches to operating and providing supportive housing:

1. **Purpose-built or single-site housing**: Apartment buildings designed to primarily serve tenants who are formerly homeless or who have service needs, with the support services typically available on site.
2. **Scattered-site housing**: People who are no longer experiencing homelessness, lease apartments in private market or general affordable housing apartment buildings using rental subsidies. They can receive services from staff who can visit them in their homes as well as provide services in other settings.
3. **Unit set asides**: Affordable housing owners agree to lease a designated number, or set of apartments, to tenants who have exited homelessness or who have service needs, and partner with supportive services providers to aid tenants.

Supportive services are a critical component in the overall success of the supportive housing project. Services and supports and the manner of service provision should be developmentally appropriate for the individual. Network Service Providers are encouraged to offer an array of formal treatment interventions and informal supports provided in the home or other community locations convenient and beneficial to the individual.

Services and supports may include supported employment and vocation certification, independent living skills training, and peer support services to assist in building social connections and learning new skills. Network Service Providers are encouraged to assist the individual develop connections to natural supports through connections with community, service and religious organizations, and participation in clubs and other civic activities.

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Quality supportive services in a supportive housing project should be:

1. **Tenant-Centered**: Services are voluntary, customized, and comprehensive, reflecting the needs of all household members.

2. **Accessible**: Staff actively works to ensure that tenants are aware of available services, which are at convenient hours and locations.
3. **Coordinated**: The primary service provider has established connections to mainstream and community-based resources.
4. **Integrated**: Staff supports tenants in developing and strengthening connections to their community.
5. **Sustainable**: The supportive housing project has funding that is sufficient to provide services to tenants on an ongoing basis and flexible enough to address changing tenant needs.

Supportive services may be provided on-site within the supportive housing development, off-site at a central location or provided through a mobile team of multidisciplinary service providers that visit tenants in their homes. To the greatest extent possible, services should be designed and delivered to promote integration of tenants into their communities to the greatest extent possible. Treatment services may include evidenced-based practices appropriate to the individual's needs. Network Service Providers are encouraged to leverage resources and opportunities to implement evidence-based practices with fidelity.

The list of substance use treatment and mental health services, as defined in ch.65E-14.21, F.S., offered in supportive housing include the following:

- Assessment
- Case management
- Crisis Support/Emergency
- Day Treatment
- Drop-In/Self Help Centers
- Florida Assertive Community Treatment (FACT) teams
- Information and Referral
- Mental Health Clubhouse Services
- Outpatient
- Outreach
- Recovery Support
- Supported Employment
- Supportive Housing/Living

Best Practice Consideration - Housing First:

Housing First is a homeless assistance best practice approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Best Practice Consideration - Critical Time Intervention (CTI):

CTI best practice approach delivers short-term, targeted services designed to increase economic resources and connect clients to community supports that will help them retain housing after the financial assistance and/or case management period end. CTI aims to connect these vulnerable individuals to crucial services and supports and assists them in navigating complex systems. Like all case management or care coordination models, CTI relies on mobilizing and effectively coordinating existing services and informal supports; it does not create additional housing, income, treatment, or other resources on its own but seeks to maximize access to and the impact of existing resources. Since communities differ significantly on the availability of such resources, its form and impact may vary in different communities.

The primary goal of CTI-RRH is to improve the client's capacity to remain housed during program participation and beyond by effectively connecting them with crucial community supports and helping them to attain greater economic stability.

CTI aims to support a successful transition to permanent housing by maximizing available resources and supports. To achieve this, the intervention focuses on factors that directly influence housing stability, including:

- obtaining and coordinating financial benefits
- accessing health care, childcare, employment, and education services
- budgeting and management of financial resources
- connecting clients to effective social and community supports that address barriers to stable housing.
    (1) CSH Supportive Housing 101
    (2) DCF Combined Appendix Definition – Supportive Housing (26)
    (3) https://endhomelessness.org/resource/housing-first/
    (4) DCF Managing Entity Housing Coordination Guidance Document 21; FY 21-22 https://www.myflfamilies.com/service-programs/samh/managing-entities/2021/IncDocs/Guidance%2021%20Housing.pdf
    (5) Critical Time Intervention for Rapid Rehousing - Center for the Advancement of Critical Time Intervention; Silberman School of Social Work; Hunter College of the City University of New York. https://endhomelessness.org/wp-content/uploads/2020/11/CTI-RRH-Manual.pdf
    (6) https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Securing-Stable-Housing
    (7) https://www.usich.gov/solutions/housing/supportive-housing/

B. Admissions and Discharge

All admissions are voluntary and require consent and participation. Clients shall be discharged when he/she is able to maintain housing without support and has met the specialized goals and completed the

tailored supervision. The Network Service Provider shall maintain the following clinical documentation for individuals served in the program.

Intake Documentation Requirements:

The file contains basic demographic information, which includes (1) Client's name, (2) address, (3) telephone number, (4) marital status, (5) sex, (6) legal status, (7) race, (8) date of birth, (9) guardian contact information for minors, (10) referral source and (11) staff name of who has responsibility of the client.

The file contains, if applicable, a time-specific statement authorizing release of confidential information, signed, and dated by the client or guardian, which designates the agency to receive the information, purpose of the disclosure, how much and what kind of information to be disclosed, statement that the consent if subject to revocation at any time and date which consent will expire if not revoked before.

Contact information for minors, should include (10) referral source and (11) staff name of who has responsibility of the client.

The file will protect individuals, an evaluation of individual's rights, and contains, a time-specific statement authorizing release of confidential information, signed, and dated by the client or guardian, which designates the agency to receive the information, purpose of the disclosure, how much and what kind of information to be disclosed, statement that the consent if subject to revocation at any time and date which consent will expire if not revoked before.

Discharge/Termination report shall include the following:

Evaluation of impact of agency's services on client's goals/objectives, date, and signature of individual preparing report if there is a referral and a reason for the referral must be noted.

Outcomes and Performance Measures

The Network Service Provider shall demonstrate satisfactory delivery of minimum levels of service as required.

Documentation

A. Services Rendered

The Network Service Provider shall maintain records documenting the total number of clients and names to whom services were rendered and the date(s) on which services were provided. The Network Service Provider shall make such information available to LSF Health Systems upon request and during monitoring of the program administration.

The provider is required to enter actual services provided, using the covered services listed in Exhibit L of the Lutheran Services Florida Standard Contract, into the LSF Health Systems Data System as required by the contract.

The provider shall capture all supported housing services using the Supportive Housing/Living covered service.

B. Client Charts

Client Charts shall be maintained in accordance with the applicable parameters established by 65E-4, F.A.C. Audit documentation shall be in accordance with 65E-14.021, F.A.C.