

## **Housing Coordination f/k/a Supported Housing**

**Authority:** *Chapter 394, F.S*

**Frequency:** Ongoing

**Due Date:** Ongoing

**Purpose:** The purpose of this document is to establish requirements for the implementation of housing coordination. Housing coordination ensures that individuals with behavioral health conditions live in the most independent, least restrictive housing possible and receive services in community-based settings that support wellness, recovery and resiliency. The goal is to increase access to safe, decent, and affordable housing by supporting a full array of community-based housing options and promoting individual choice and preferences, independence, and integration in the larger community.

### **1. Overview**

Housing is a key social determinant of health and lack of access to affordable housing is frequently cited as a major barrier to recovery for individuals with behavioral health conditions. Individuals with behavioral health conditions face unique barriers to housing such as affordability, accessibility, and the ability to receive supportive services in their own homes. Having safe and affordable housing can positively influence economic, education, and income status.

### **2. Network Service Responsibilities**

The Network Service Provider shall:

- 2.1.** Designate a Lead Housing Coordinator, and may designate additional housing coordination staff; to:
- 2.2.** Collaborate with local stakeholders to access housing and resolve systematic and programmatic barriers to engagement and retention in service provision through a process of continuous quality improvement. Stakeholder partners shall include:
  - 2.2.1.** Community agencies delivering supportive housing services;
  - 2.2.2.** Local Continuum of Care (CoC) Lead Agencies, Florida Housing Finance Corporation (FHFC), landlords, and other community agencies providing affordable housing opportunities;
  - 2.2.3.** Affordable housing and homelessness advocacy groups; and
  - 2.2.4.** County and municipal government agencies addressing homelessness and housing.

- 2.3.** Develop and maintain discharge guidance and standards in accordance with s. 420.626, F.S., under which Network Service Providers shall prioritize housing-related services to individuals with behavioral health conditions who are homeless or at imminent risk of homelessness.
- 2.4.** Ensure that individuals served receive the necessary recovery support services to be successful in the community-based housing of their choice, to the extent possible.
- 2.5.** Participate in CoC meetings and collaborate with each CoC Lead Agency to facilitate access to the Coordinated Entry system and to foster the goals of this function within the service region for shared consumers, as needed.
- 2.6.** Assist with oversight of discharge planning for persons discharged from State Mental Health Treatment Facilities (SMHTF) to stable community housing, as needed. This includes:
  - 2.6.1.** Identification of available affordable supportive community housing suitable for each person being discharged; and
  - 2.6.2.** Coordination with the SMHTF and Managing Entity discharge planning staff to identify and coordinate appropriate follow-up services and supports in the community.
- 2.7.** Promote and facilitate housing and best practices that increase and enhance households' ability to access and sustain affordable, quality, permanent housing.
  - 2.7.1.** Ensure Network Service Provider staff in related programmatic areas, such as Care Coordination, have working knowledge of community resources for supportive housing and understanding of housing models and housing best practices for every level of care.
  - 2.7.2.** Take annual trainings addressing safe, affordable, and stable housing opportunities and best practices such as SAMHSA Permanent Supportive Housing and Housing First.
    - 2.7.2.1.** Relevant Network Service Provider staff including case managers, care coordinators, and discharge planners must attend these trainings.
- 2.8.** Attend an annual Florida conference related to supportive housing and/or homelessness.
- 2.9.** Increase access to permanent housing and ensure that sufficient in-home services are available to support individuals served and landlords.
- 2.10.** Publish in a conspicuous place accessible to the public on the Managing Entity website a list of local housing and support resources.

### **3. Best Practice Considerations: Supportive Housing**

Many individuals with a serious mental illness live on 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, crisis services, jails, shelters, and hospitals<sup>1</sup>. 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<sup>2</sup>.

Supportive housing connects decent, safe, affordable, community-based housing with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community. Tenants live in their home as long as 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.<sup>3</sup>

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: Individuals 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 offer assistance to tenants.

Supportive services are a critical component in the overall success of the supportive housing projects. 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.

---

<sup>1</sup> <https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Securing-Stable-Housing> Retrieved February 21, 2019

<sup>2</sup> <https://www.usich.gov/solutions/housing/supportive-housing/> Retrieved February 22, 2019

<sup>3</sup> <https://www.usich.gov/solutions/housing/supportive-housing/> Retrieved February 22, 2019

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<sup>4</sup>. 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
- Care Coordination
- 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

---

<sup>4</sup> <https://www.csh.org/toolkit/supportive-housing-quality-toolkit/supportive-services/services-and-staff-roles/>, retrieved, April 29, 2019

#### 4. Commonly Used Housing Terms<sup>5, 6</sup>

**Affordable Housing:** In general, housing for which the tenants are paying no more than 30 percent of their income for housing costs, including utilities. Affordable housing may either be subsidized housing or unsubsidized market housing. A special type of affordable housing for individual with disabilities who need services along with affordable housing is “Permanent Supportive Housing.”

**Area Median Income (AMI):** The household in a certain region that is in the exact middle in terms of income compared to other households will set the AMI for their region (the household size is a factor taken into account; there are different AMIs for households of different sizes in the same region). This number is calculated every year by HUD. HUD focuses on a region, rather than a single city, because families and individuals are likely to look outside of cities to surrounding areas when searching for a place to live.

**Continuum of Care (CoC):** A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of individual who are homeless as they move to stable housing and maximum self-sufficiency. The terms “CoC Governing Body” or “CoC Board” have the same meanings. In some contexts, the term “continuum of care” is used to refer to the system of programs addressing homelessness.

**CoC Lead Agency:** The local organization or entity that implements the work and policies directed by the CoC. In Florida, there are 27 CoC Lead Agencies, serving 64 of 67 Florida counties. The CoC Lead Agency typically serves as the “Collaborative Applicant,” which submits annual funding requests for HUD CoC Program funding on behalf of the CoC.

**Coordinated Entry System:** A standardized community-wide process to perform outreach and identify homeless households, enter their information into HMIS, use common tools to assess their needs, and prioritize access to housing interventions and services to end their homelessness. Sometimes referred to as a “triage system” or “coordinated intake and assessment.”

**Emergency Shelter:** A facility operated to provide temporary shelter for individuals who are homeless. HUD’s guidance is that the lengths of stay in emergency shelters prior to moving into permanent housing should not exceed 30 days.

**Extremely Low-Income (ELI):** Household income that is 30 percent or less of the AMI of the community.

**Housing First:** The goal of "housing first" is to immediately house individual who are homeless. Housing comes first no matter what is going on in one's life such as active use of substances, and the housing is flexible and independent so that individual get housed easily and stay housed. Housing first can be

---

<sup>5</sup><http://www.cibhs.org/sites/main/files/file-attachments/mhsatoolkit-final.pdf>, retrieved April 15, 2020

<sup>6</sup> <https://www.myflfamilies.com/service-programs/homelessness/docs/Council%20on%20Homelessness%20Annual%20Report%202018.pdf>, retrieved April 30, 2019

contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.

**Housing Trust Funds:** Florida's Sadowski Act Trust Fund receives funding from dedicated revenue from real estate doc stamps. In Florida, the Housing Trust Funds are used for affordable housing when appropriated for that use by the State Legislature. Housing Trust Funds may also be funded by general revenue and government bonds.

**Florida Housing Finance Corporation:** Florida Housing was created by the Florida Legislature to help Floridians obtain safe, decent, affordable housing that might otherwise be unavailable to them. The corporation provides funds for the development of housing.

**Individual Experiencing Homelessness:** An individual experiencing homelessness must be as least restrictive as defined by the Public Health Service (PHS) Act: "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.

**Imminent Risk of Becoming Homeless:** The criteria commonly includes one or more of the following: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.

**Low-barrier Housing:** Housing provided in a low-demand environment emphasizes ease of entry and ongoing access to services with minimal requirements. The focus is on helping tenants retain their housing, rather than layering the housing within various program participation requirements. The application and admission processes, admission criteria, and conditions of tenancy are limited in their demands of tenants and potential tenants. This term is usually closely related to "voluntary services" and "harm reduction."

**Office on Homelessness:** The Office on Homelessness was established as a central point of contact within state government on matters related to homelessness. The Office coordinates the services of the various state agencies and programs to serve individuals or families who are homeless or are facing homelessness. Office staff works with the Council on Homelessness to develop state policy. The Office manages targeted state grants to support the implementation of local homeless service CoC plans. The Office is responsible for coordinating resources and programs across all levels of government, and with private providers that serve individuals experiencing homelessness.

**Permanent supportive housing:** The term "permanent" typically refers to affordable rental housing in which the tenants have the legal right to remain in the unit as long as they wish, as defined by the terms of a renewable lease agreement. Tenants enjoy all of the rights and responsibilities of typical rental housing, so long as they abide by the (reasonable) conditions of their lease.

**Scattered-site housing:** Dwelling units in apartments or homes spread throughout a neighborhood or community that are designated for specific populations, usually accompanied by supportive services.

**Section 811:** A HUD program dedicated to producing affordable, accessible housing for non-elderly, very low-income individuals with significant disabilities. As modernized by the Melville Act, Section 811 housing is typically integrated into larger affordable housing apartment buildings, and is linked with voluntary supports and services. Tenants pay 30 percent of their adjusted income for rent which ensures affordability for individuals who receive SSI.

**Single Room Occupancy (SRO) Building:** A type of building that offers residents a single, furnished room, usually with shared bathroom and kitchen facilities.

**Single-site housing:** A housing program in which all living units are located in a single building or complex.

**Sober or dry supportive housing:** Housing that emphasizes abstinence and prohibits alcohol and the use of illegal psychoactive substances.

**Services or Support Services:** A wide range of services designed to address issues negatively affecting a person's quality of life, stability, and/or health. Examples include behavioral health counseling or treatment for mental health and/or substance abuse issues, assistance increasing income through employment or disability assistance, financial education, assistance with practical needs such as transportation or housekeeping, and connections to other critical resources such as primary health care.

**Transitional housing:** Housing meant to help homeless individuals access permanent housing, usually within two years.

**United States Interagency Council on Homelessness (USICH):** A federal Council that coordinates the federal response to homelessness, working in partnership with Cabinet Secretaries and senior leaders from federal member agencies.

## 5. Resources

The Department of Children and Families Office on Homelessness

<https://www.myflfamilies.com/services/abuse/homelessness>.

Corporation for Supportive Housing (CSH)

<https://www.csh.org/qualitytoolkit/>

SAMHSA Permanent Supportive Housing Toolkit

<https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>

National Alliance on Mental Illness - supportive housing general resources and links

<https://namiflorida.org/resources/helpful-resources/>

United States Interagency Council on Homelessness

<https://www.usich.gov/solutions/housing/supportive-housing/>

## **6. Services Rendered and Documentation Requirements**

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.

Network Service Providers requesting Housing Assistance through the Voucher process must follow the requirements outlined in **Incorporated Document 34 – Transitional Voucher** in addition to the following, for each individual, as documented in the client's chart:

1. Complete the LSF Housing Checklist, or the latest version thereof available on the LSFHS website, to ensure financial aid is delivered to a landlord that is servicing the intended client.
  - a. If the request is for shared housing, the provider must ensure the financial request is accurate.
  - b. If the request is for a recovery home, the provider must ensure it is Florida Association of Recovery Residences (FARR) certified, or DCF Recovery residence form is completed and retained on file.

The provider must ensure all other housing support options have been tried, including Continuum of Care (CoC) Coordinated Entry system application, housing stability goals has been established, proof of Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) application or referral, if applicable, and that client is enrolled in active Substance Abuse treatment.

### **A. 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.

### **B. 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 is 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 is subject to revocation at any time and date which consent will expire if not revoked before.

**C. 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.

**D. Outcomes and Performance Measures**

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

**E. 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.

Housing Coordination will be administered according to DCF Guidance 21, which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/samh-providers/managing-entities>