

Promoting Community Integration Through Housing First & Housing Based Services

Presented by: Patti Holland
Technical Assistance
Collaborative, Inc.

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PROMOTING COMMUNITY INTEGRATION

Community Integration

- Increasing opportunities for **presence** and **participation** in the community.
 - Research shows a positive relationship between the extent to which people feel they have opportunities to participate in the community and their reported levels of well-being and recovery.
 - » Temple University Collaborative on Community Inclusion

The Mandate for Community Integration

Regulations of Title II of the Americans with Disabilities Act (ADA) require public entities to “administer services, programs, and activities in the ***most integrated setting*** appropriate to the need of qualified individuals with disabilities”.

- 28 C.F.R. § 35.130(d)

The Olmstead Decision

- In *Olmstead v. L.C.*, 527 U.S. 581 (1999), the Supreme Court held that “unjustified segregation” of persons with disabilities is a form of discrimination in violation of Title II of the Americans with Disabilities Act (ADA).

“Participating in Community Life”

Not just *living* in the Community.

Participating in Community Life.

The Olmstead Decision

- Reflection on these two evident judgments:
 - One appears to challenge beliefs held by many professionals.
 - The other highlights the consequences of not challenging these beliefs and assumptions.

Unable To Participate In Community Life

“Institutional placement of person who can handle and benefit from community settings perpetuates unwarranted *assumptions that person so isolated are incapable of or unworthy of participating in community life.*”

Challenging Our Assumptions

- What assumptions do staff have about what makes a person “ready” to live in the community?
- Why are we assuming this?
 - Under what conditions might these assumptions be true?
- How can teams illuminate and address underlying assumptions and fears staff may hold about a person’s “readiness” and ability to live in the community?

Diminished Opportunity

“Confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.

Understanding The Impact Of Institutionalization

- How are the individuals you serve impacted by institutionalization?
- What are some of the more challenging thoughts, feelings or behaviors exhibited by individuals you work with? What makes these so challenging?
- What are some effective service activities or interventions staff can provide to combat the impact of institutionalization?

INTEGRATED SETTINGS

Federal Agencies Align

- Department of Justice
 - Integrated and Segregated Settings
- CMS HCBS Final Rule
 - Setting Requirements
- HUD
 - Olmstead Guidance June 2013

Characteristics of Integrated Settings

- Located in mainstream society?
- Offers access to community activities and opportunities at times, frequencies and with persons on an individual's choosing?
- Affords individuals choice in their daily life activities; and?
- Provides individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible?

- U.S. Dept. of Justice. Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.

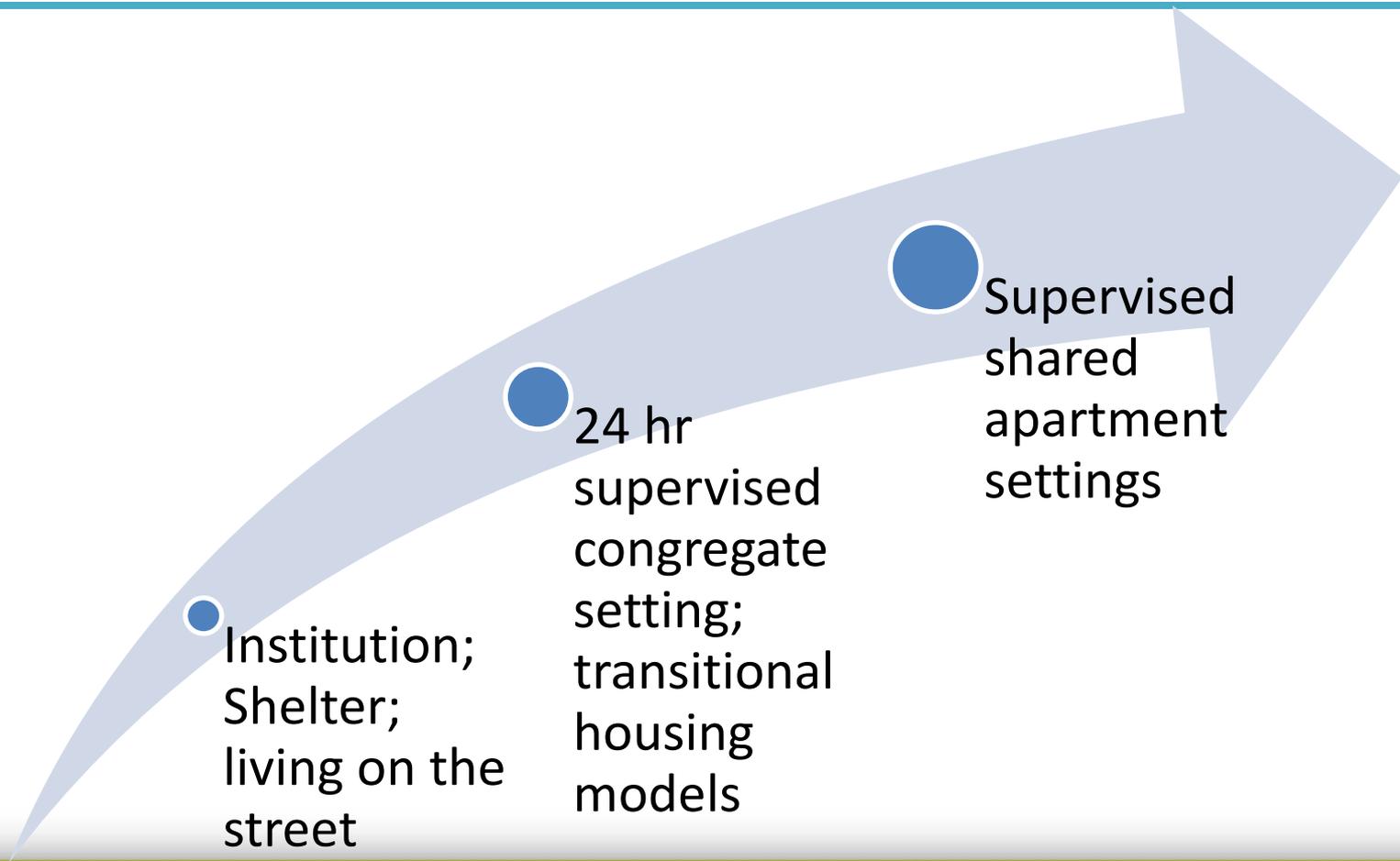
Characteristics of Segregated Settings

- Congregate settings populated exclusively or primarily with individuals with disabilities?
- Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individual's ability to engage freely in community activities and to manage their own activities of daily living?
- Settings that provide for daytime activities primarily with other individuals with disabilities?

U.S. Dept. of Justice. Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.

THE EMERGENCE OF SUPPORTED HOUSING AND THE HOUSING FIRST APPROACH

Evolution of Housing Models



The Emergence of the PSH Model

- De-Institutionalization and the lack of adequate or sufficient community support services
- Growing criticism of a linear approach to residential models
- Effectiveness of Assertive Community Treatment (ACT) and Independent Living Centers to meet needs in the community
- PSH emerged and combined a flexible array of services ***with access to decent, safe, affordable housing***

What is Permanent Supported Housing?



PSH Core Principles

- Choice in housing
- Functional separation of housing and services
- Decent, safe and affordable housing
- Housing integration
- Rights of tenancy
- Housing access and privacy
- Flexible, voluntary recovery-focused services

PSH Outcomes

- Improved quality of life
- Housing stability and retention
- Improved health outcomes
- Reduced time spent homeless
- Reduction in use of emergency room
- Greater participation in mental health and substance abuse treatment
- Cost effective AND the more desired housing option

HOUSING FIRST

What is Housing First?

- An approach – or a program?
- Provides immediate access to permanent affordable or supported housing.
- No clinical pre-requisites like sobriety or completion of a course of treatment.
- A proven, core strategy for ending homelessness.

Core Elements

- Screening and selection practices that promote acceptance of applicants regardless of substance use or completion of treatment.
- Seldom rejected on basis of poor credit, poor or lack of rental and financial history, minor criminal offenses, or behaviors that may indicate a “lack of readiness”.
- Supportive services emphasize engagement and problem-solving over “therapeutic goals”.

Core Elements

- Tenant driven and consumer choice.
- Engagement, motivational enhancement, and harm reduction approaches.
- Evictions considered only for typical lease violations and not program related issues.

YES....BUT

The Risks Of Integration

- Broad Categories:
 - Rejection
 - Failure
 - Embarrassment
 - Dangerous Consequences
- Real or perceived?

Managing Risk

- Identify
 - The person's skills, strengths, and resources/supports that will support the person.
- Evaluate
 - Likelihood and frequency
 - Potential severity of each identified risk
 - Will it be an inconvenience? Impact on housing, health, employment, relationships, etc?
Is risk reasonable or unreasonable? Can risk be eliminated or mitigated?
 - Is the risk worth taking?
 - Positive consequences
- Construct
 - Develop an individual support plan to reduce risk and achieve stated goal.
 - Temple University Collaborative on Community Inclusion

Small Group Activity

Managing Risk

- Review a case that the group/team has some questions about whether to refer to SH.
 - Identify
 - Evaluate
 - Construct

FACILITATING INFORMED CHOICE

The Important Role Of Choice

- Essential for engagement
 - Relationship, respect and trust building
 - Goal setting and attainment processes
- Promotes motivation and satisfaction – which lead to success
- Having choice in matters of importance is something everyone want
- Builds confidence, self-reliance and responsibility

Facilitating Informed Choice

- Facilitating means to make easier or less difficult; promote; aid; assist; enable
- Informed means having or prepared with information
- Choice means something preferred over something else; selection; implies options

Facilitating Informed Choice Is Not:

- A promise that preferences will be available or provided;
- A set up for disappointment;
- Indication of agreement with the choice

Evaluating Housing Preference and Need for Supportive Housing

- The Process
 - Individuals identified as members of the ADA settlement case will be prioritized to complete the process of identifying housing preference and need for supportive housing.
 - Certified Peer Housing Needs Evaluator will facilitate and complete a Housing Preferences survey.
 - The completed survey will be shared with the assigned services provider who will assist the individual to develop and implement an interim housing plan added to their IRP.
 - This process will be offered system-wide, at different points in time.

Section 1: Current Living Situation

- Where the person is living at the time of the interview.
- Is this housing:
 - Permanent (no set time-limit or need to move, e.g. leased rental housing)
 - Temporary (e.g. transitional program with pre-determined length of stay)
- Who does the person currently live with.

Section 2: Housing Features Preferences

- What do you want to learn in this section?
- Using the Preference Rating Scale
- Features
 - Composition
 - Size
 - Type of Setting
 - Support Services
 - Location

Section 3: Housing Resources and Services

- Housing Resources are things that may or may not be needed to get and keep housing.
- Housing-related Services include activities, assistance and support that may or may not be needed by the person to get and keep housing.
 - These services are directly related to housing. The person may want, need or be engaged with treatment services in addition to housing related services.

Section 4: Need for Supportive Housing

- Based on interview, select one of the following:
- In Need of Supported Housing
 - Person needs **both** resources and services. Without both, the person will remain homeless or in an institution, or be at imminent risk of homelessness or institutionalization
- Would like to move. Current housing is safe and stable, but not preferred.
- Needs housing resources only
 - E.g. may be engaged with outpatient services (or no services) and doing fine.
- Needs housing related services only
 - Person has housing or resources to afford housing, but needs services to keep housing.
- Person does not want housing at this time. Current housing and services are preferred.

Section 4: Need for Supportive Housing

- Review DBHDD Policy on Housing Goals
 - All individuals receiving certain services will, if desired, have a Housing Goal as part of their IRP
 - All individuals receiving certain services will receive support from a service provider to work towards and achieve their housing goal.
 - Individuals with certain circumstances are prioritized for specific housing related resources.

Section 5. Risk Assessment

- All effort to honor and support the person's preferences is to be made by service provider.
- Intended to identify specific issues that will impact the person's housing preference and housing goal.
 - Demonstrated pattern of inability to manage condition and/or behaviors that have negatively impacted housing.
 - Serious medical condition, medically fragile, repeated high risk behaviors
 - Significant cognitive disability or impairment requiring 24 hrs supervision for safety
 - Supervised residential setting required by court in order for release.

Section 5: Risk Assessment

- Supporting documentation must be present in individual's chart or record.
- If alternative housing is recommended, the individual must agree.
- Housing Preferences and Need for SH form follows the person to the alternative setting and forms the basis of the services to be provided.
 - Intention is to address barriers and assist person, to every extent possible, to access preferred housing.

Section 6: Interim Housing Plan

- Intended to “get the ball rolling” and take initial action steps towards housing goal.
- Develop and add housing goal to the person’s IRP.
 - Supported Housing
 - Conduct assessment of needed and desired knowledge, skills and resources to get and keep housing
 - Type, frequency, intensity
 - Assist person to apply for all applicable rental subsidies.
 - Independent Housing
 - Identify and apply for all applicable affordable housing programs and settings.
 - Community Residential Rehabilitation settings
 - Document need and reason if not preferred setting
 - Conduct assessment that focuses on assisting the person to transition to preferred setting.

HOUSING BASED SERVICES

Goal vs. Illness Driven

- Goal drives and informs recovery and services plan
 - Medical necessity a requirement most Medicaid services, but illness and deficits do not drive the process or services.
- Functional deficits and impact of symptoms are assessed within the context of if and/or how these may impact a person's goal attainment.

Choice And Goal As Drivers

- Choice and Preferences for:
 - Recovery Goals
 - Identified by the individual
 - Dimensions of Wellness
 - Valued Life Roles
 - Tenant, worker, student, friend/member/partner
 - Life in the community
 - Integrated
 - Engaged, active member

Personal Success & Satisfaction Contribute to Effectiveness

- When people have the opportunity to live in housing of their choice – they generally do better.
- Balancing success and satisfaction is emphasis of services and support
 - **Success** in housing means being able to meet condition of lease: paying rent on time, not damaging the unit, being a good neighbor, etc.
 - **Satisfaction** includes living in an apartment that meets personal criteria: e.g. location, size, amenities, feeling safe and comfortable

Services Are Comprehensive In Depth

- Knowledge
 - What does the person need to know to achieve goal?
- Skills
 - What does the person need to be able to do achieve goal?
- Resources
 - What does the person need to have to achieve goal?

Phases of PSH

Pre-
Tenancy

Move-In

On-going
Tenancy

Small Group Activity

- **Groups 1**
 - Brainstorm the Knowledge, Skills and Resources needed during the Pre-tenancy phase of SH.
 - What may be on a typical service plan at this phase?
- **Groups 2**
 - Brainstorm the Knowledge, Skills and Resources needed during the Move-In phase of SH.
 - What may be on a typical service plan at this phase?
- **Groups 3**
 - Brainstorm the Knowledge, Skills and Resources needed during the On-going Tenancy phase of SH.
 - What may be on a typical service plan at this phase?

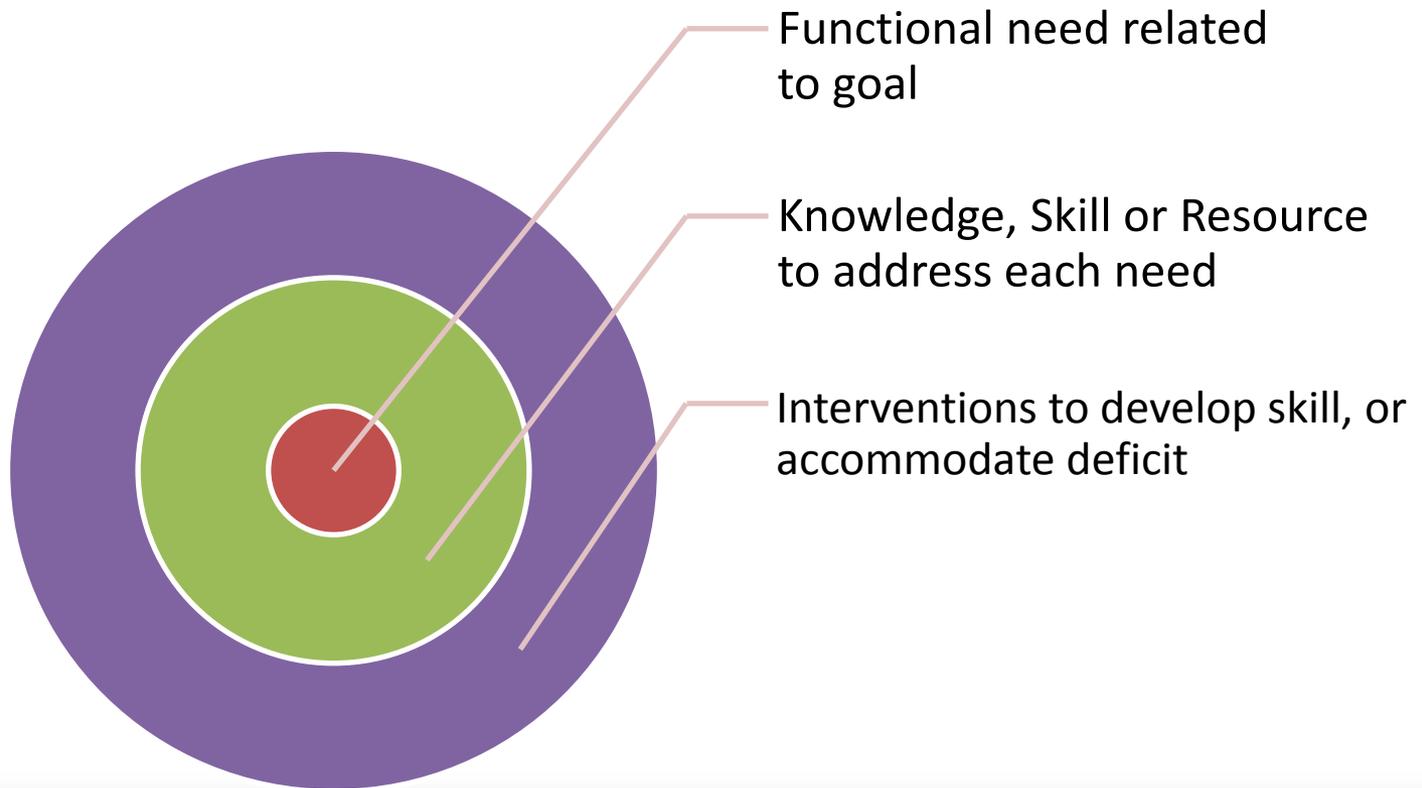
Purposeful visits

- Reframe and redefine staff visits to individuals
 - “going to check in on Bob”, “Drop off Mary’s meds”...
 - “Bob and I are going to review how he is settling into his new apartment and if the coping skills he has been learning are working for him”.
 - “Mary wants to discuss taking less medications so we’re outlining questions for her to discuss with her doctor next week”.

Intentional Services

- Each service has a specific and intended outcome
- Services are individualized
 - Face to face
- Improve or restore performance (functioning)
 - Less care taking and “doing for”
 - “Doing with” and always finding AND using the teachable moments

Focused Interventions



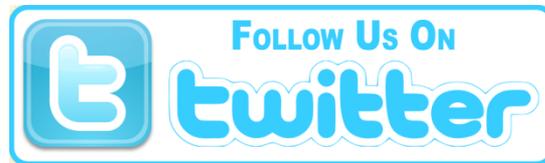
Performance Feedback Loop

- Effectiveness of activity and intervention evaluated immediately – not at the 3 month IRP review.
- Multiple and varied practice opportunities are created and arranged.
- Intervention and strategies are adjusted based on performance.
 - “Maintaining” is not an intervention

Contact Us



Technical Assistance Collaborative, Inc. – TAC



@TACIncBoston

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