



EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

How to Use the Evidence-Based Practices KITs

Permanent Supportive Housing



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



How to Use the Evidence-Based Practices KITs

Permanent Supportive Housing

Acknowledgments

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Abt Associates, Inc., and Advocates for Human Potential, Inc., under contract number 280-04-0095 and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Pamela Fischer, Ph.D., served as the Government Project Officer.

Disclaimer

The views, opinions, and content of this publication are those of the authors and contributors and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or HHS.

Public Domain Notice

All material appearing in this document is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization from the Office of Communications, SAMHSA, HHS.

Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://www.samhsa.gov/shin>. Or, please call SAMHSA's Health Information Network at **1-877-SAMHSA-7** (1-877-726-4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. *Permanent Supportive Housing: How to Use the Evidence-Based Practices KITS*. HHS Pub. No. SMA-10-4509, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2010.

Originating Office

**Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857**

HHS Publication No. SMA-10-4509
Printed 2010



How to Use the Evidence-Based Practices KITs

The Evidence-Based Practices KITs, a product of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), give states, communities, administrators, practitioners, consumers of mental health care, and their family members resources to implement mental health practices that work.

The emphasis on implementing evidence-based practices (EBP) stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered.

Permanent Supportive Housing

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Permanent Supportive Housing KIT, which includes eight booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Tools for Tenants

Using Multimedia to Introduce Your EBP



How to Use the Evidence-Based Practices KITs

The Evidence-Based Practices KITs, a product of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), give states, communities, administrators, practitioners, consumers of mental health care, and their family members resources to implement mental health practices that work.

The emphasis on implementing evidence-based practices (EBP) stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered. Several key reports call for closing the gap between what research tells us is effective and how services are delivered. These reports include the following:

- U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (1999); *Mental Health: Culture, Race and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General* (2001)
- National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, *Blueprint for Change: Research on Child and Adolescent Mental Health* (2001);
- Institute of Medicine, *Improving the Quality of Health Care for Mental and Substance-Use Conditions*: (2006); and
- New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report* (2003).

SAMHSA recognizes the importance of identifying and implementing EBPs in real settings. This EBP Knowledge Informing Transformation (KIT) series incorporates state-of-the-art systems-change research to help mental health agencies implement EBPs or clinical and administrative practices found to consistently produce specific, intended results. The KIT also meets scientific and stakeholder criteria for effectiveness.

While many mental health agencies provide excellent services, the opportunity to integrate the best that science has to offer into the service delivery system has compelled many agencies to implement EBPs.

In 2004, 47 states were implementing EBPs either in part or statewide (Ganju, 2004) and the number of interested communities and organizations was growing.

How the EBP KITs Started

The Evidence-Based Practices KITs were born in 1998 when the Robert Wood Johnson Foundation convened a panel of researchers, clinicians, administrators, consumers, and family advocates to evaluate the research and determine which practices demonstrated positive outcomes in multiple research studies.

The panel identified six EBPs:

- Illness Management and Recovery;
- Supported Employment;
- Family Psychoeducation,
- Assertive Community Treatment;
- Integrated Treatment for Co-Occurring Disorders (substance use and mental illness); and
- Medication Treatment, Evaluation and Management (MedTEAM).
- Integrated Treatment for Co-Occurring Disorders (substance use and mental illness); and
- Medication, Treatment, Evaluation and Management.

KITs, formerly called Information Resource Kits, were piloted in 2003 and subsequent field evaluations have helped refine them. The contributions of many organizations, researchers, providers, administrators, policymakers, consumers, and family members give these EBP KITs their strength and vitality.

Developing the KITS is one of several SAMHSA activities focused on encouraging EBPs in mental health. We expect to identify more evidence-based practices for future KITS. Topics include the following:

- Consumer-Operated Services;
- Interventions for Disruptive Behavior Disorders;
- Mental Health Promotion and Prevention of Behavioral Problems;
- Supported Education
- Permanent Supportive Housing
- Treatment of Depression in Older Adults; and

In addition to the KITS, SAMHSA is developing resource guides for promising practices, such as Supported Education. Additional research is encouraged to establish more evidence for promising practices.

Widespread adoption of effective practice interventions is at the center of SAMHSA's mission to improve service and is a major part of achieving its strategic goals of improving accountability, capacity, and effectiveness. SAMHSA hopes that the KITS will help communities provide the most effective services possible for people with mental illnesses and substance abuse problems.

Using the KITS

Each KIT provides the EBP's practice philosophy, beliefs, and values that guide the following:

- Clinical judgments;
- Specific treatment components;
- Structured service-delivery components; and
- Evaluation components.

KITS outline the essential components of each EBP and give you suggestions collected from those who have successfully implemented them. These materials are based on professionals' experience of how to develop new programs within mental health systems and agencies.

Two philosophical tenets steer these KITS:

Consumers and families have a right to information about effective treatments and, in areas where EBPs exist, they have a right to access effective services.

Mental health services should have the goal of helping people achieve their personal recovery goals; develop resilience; and live, work, learn, and participate in the community.



Research shows that giving written educational materials to practitioners alone does not change practice (Hyde, P. et. al, 2003). The KITS, therefore, include materials in various formats for a wide array of stakeholder groups. The KITS are primarily geared toward five critical groups of stakeholders:

- Public mental health authorities;
- Agency administrators and program leaders;
- Clinical supervisors and direct service practitioners;
- Consumers of mental health services; and
- Family members and other supporters.

The KITS present materials in different formats, including the following:

- Slides for a PowerPoint presentation;
- Brochures;
- DVDs and CD-ROMs;
- Practice workbooks and exercises; and
- Program guidelines.

If you manage the implementation process—and if you are administratively and clinically responsible to develop and manage the EBP program—you should read this entire KIT and be prepared to disseminate KIT materials to the appropriate people.

While all stakeholders are welcome to read the entire KIT, we realize that many will not have the time to do so. For this reason, we targeted specific materials to particular stakeholder groups.

On the final page of this booklet, *Each KIT at a Glance* shows you the variety of educational tools within each KIT. The booklets were not intended to be read sequentially, but rather to be used by different stakeholders as resources throughout the implementation process.

A word about terms we use

People from various backgrounds and perspectives developed these materials. During development, it became evident that many different terms describe the key stakeholders. For clarity and consistency, in most instances we used common terms to identify these groups; however, in some situations, we use more precise or alternative terms. For instance, in the Supported Employment KIT, we often use employment specialist rather than practitioner.

Here are some notes about some of the terms we use:

- **Consumers:** We most frequently use *consumer* in the KITs. Consumers are people who are living with serious mental illnesses and who use professional mental health services. Some KITs may target people who are not yet using mental health services and, therefore, may refer to *people who have experienced psychiatric symptoms*.
- **Family and other supporters:** Recognizing that many consumers have key supporters who are not family members, we often use *family and other supporters*.
- **Practitioners and clinical supervisors:** Practitioner means the person who delivers mental health services. This term is used instead of *clinician, case manager, nurse, psychiatrist, therapist, etc.*, except when referring to a specific kind of role (for example, the employment specialist in the Supported Employment KIT). We use *clinical supervisor* to distinguish staff who supervise the clinical work of the practitioner from those with strictly administrative responsibilities.
- **EBP program leader:** The agency staff person who is trying to put the EBP into practice. We use this term instead of *program supervisor, operations director, program manager, or program administrator* because it clarifies the fact that this person's job is to manage the EBP implementation process with the support of the agency's administration. In the Family Psychoeducation KIT, the program leader is called *the family intervention coordinator*.
- **Public mental health authorities:** People who determine the regulations and funding structures of the public mental health system. We recognize that EBPs may also be implemented and overseen in the private sector.



Terms Used in the Permanent Supportive Housing KIT

Activities of Daily Living (ADL): Activities such as bathing, dressing, walking, and grooming. An ADL scale aids in assessing an individual's functioning.

Affordable: The U.S. Department of Housing and Urban Development (HUD) defines *affordable* as paying no more than 30 percent of one's monthly income for housing, including basic utilities (not including phone or cable). This standard of affordability applies to all housing programs funded by HUD and must be a part of calculating a tenant's rent. See *Cost Burden*.

Americans with Disabilities Act (ADA): Federal law prohibiting discrimination against people with disabilities in areas such as employment and provision of local and state government services. In the context of housing, the ADA provides protections in housing funded by local and state governments. Additionally, the Supreme Court has held that the ADA requires states to provide services to people with disabilities in the most integrated setting appropriate to their needs, and many argue that restrictive residential programs can violate this standard. See *Olmstead*.

Bridge subsidy: A short-term subsidy provided to a tenant who is waiting for a long-term or permanent subsidy, such as *Section 8*. *Bridge* refers to the fact that the subsidy helps bridge the gap in time from which tenants move into housing until they receive permanent or long-term subsidies.

Chronically homeless: According to HUD, an unaccompanied disabled individual who has been continuously homeless for more than 1 year. See *Homeless*.

Continuum of Care: Both a planning process and an application for funding from HUD. The Continuum of Care brings together service providers in a geographic area to plan for providing housing and services for people who are homeless. The Continuum of Care controls funding for programs that target people who are homeless, specifically, Shelter Plus Care (S+C), Supportive Housing Program (SHP), and Section 8 Single Room Occupancy.

Consolidated Plan (Con Plan) controls funding for four formula grant programs:

- Home Investment Partnership (HOME);
- Community Development Block Grants (CDBG);
- Housing Opportunities for Persons with AIDS (HOPWA); and
- Emergency Shelter Grants (ESG).

Community Development Block Grant (CDBG):

A major source of funding for programs that benefit low-income neighborhoods. Most cities and large towns receive an allocation of CDBG dollars directly from HUD. CDBG funds can be used in a variety of ways, including funding for affordable housing.

Cost burden: According to HUD, low-income households that pay between 31 and 50 percent of their income toward housing costs are considered to be *rent burdened*. When the percentage of income spent on housing costs exceeds 50 percent, the household is considered to be *severely rent burdened* and have "worst case" needs for housing assistance.

Custodial living or custodial setting: A facility has control over a person’s monthly income and takes almost all of that income as payment for room and board and care. People living in custodial settings have very few personal resources and retain control over only a small amount of “pocket money” each month.

Emergency Shelter Grants (ESG): HUD program funding temporary shelters for people who are homeless; this program is not used for permanent housing.

Entitlement: A guarantee of access because of legal rights. Various benefit programs such as Social Security, veterans’ benefits, and food stamps are called *entitlements*. Also, communities with more than 50,000 residents are called *entitlement communities* because they automatically qualify for CDBG funds.

Fair Housing Act: Federal law broadly prohibiting housing-related discrimination against people with disabilities and enabling them to request *reasonable accommodations* or make *reasonable modifications* to rental property.

Fair market rent (FMR): A monetary amount that HUD determines represents a fair rent for a particular size rental unit in a particular community, based on statistical surveys. FMR serves as a guideline for allowable rent in programs such as Section 8 and HOME.

HOME Program: The largest federal block grant to state and local governments exclusively for creating affordable housing. Funding is available for a wide range of activities, including building, buying, and/or rehabilitating affordable housing for rent or homeownership and providing direct rental assistance to low-income people.

Homeless: According to HUD, *homeless individuals* include:

- Those who lack a fixed, regular, and adequate nighttime residence; and
- Those who have a primary nighttime residence that is—
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The federal definition of homeless is used to qualify people for assistance through programs funded by HUD and other federal agencies.

Housing choice vouchers: Sometimes called *Section 8*, housing choice vouchers are administered by public housing authorities (PHAs) nationwide and make up the difference between 30 percent of a person’s income and the fair market rent for a city or town. Housing choice vouchers are portable and allow tenants to choose where they live.

Housing finance agency: A state agency that administers state and federal funding for affordable housing to assist low-income people.



Housing First: An approach to homelessness that provides people with permanent housing as quickly as possible. Receiving services, sobriety, and other conditions of readiness are eliminated or reduced.

Housing Opportunities for Persons with AIDS (HOPWA): A program administered by HUD under the *Continuum of Care*. The focus is affordable housing for people with AIDS or HIV.

Housing trust funds: State-level funding for affordable housing. The source for housing trust funds is usually general revenue dollars, but some may come from a dedicated source such as a hotel or motel tax.

Housing Quality Standards (HQS): Developed and mandated by HUD, HQS are specific standards for the physical aspects of a unit and include items like the number of windows, the number of light fixtures, how the plumbing functions, etc. Public housing agencies (PHAs) may add requirements to HQS based on local building codes or geographic conditions. Any program receiving HUD funds will be required to meet HQS.

HUD: U.S. Department of Housing and Urban Development.

Low income housing tax credits (LIHTC): The main source of funding for affordable housing development in the United States. LIHTC is administered at the local level by each state's housing finance agency and provides a tax credit in exchange for providing affordable housing. Credits are sold to large corporations at a discount and the funds are used to build housing.

McKinney-Vento: Refers to the McKinney-Vento Homeless Assistance Act, which was passed in 1987 and funds numerous programs that assist people who are homeless. Major programs funded under McKinney-Vento include the Continuum of Care programs such as the Supportive Housing Program (SHP) and Shelter Plus Care (S+C).

New Freedom Initiative: Launched in February 2001, the New Freedom Initiative is designed to promote full access to community life for people with disabilities, including access to employment and educational opportunities and to assistive and universally designed technologies. The New Freedom Initiative builds on the 1990 Americans with Disabilities Act (ADA), the landmark legislation providing protections against discrimination, and the U.S. Supreme Court's 1999 *Olmstead v. L.C.* decision, which affirmed the right of individuals to live in community settings.

New Freedom Commission: As part of the New Freedom Initiative, President Bush established the New Freedom Commission on Mental Health in April 2002. In its final report, the Commission concluded that the mental health system must be transformed so that people with psychiatric disabilities have access to consumer-driven, recovery-based treatment and services, including affordable, permanent housing coupled with flexible, individualized supports.

Olmstead: Refers to a legal case, *Olmstead v. L.C.*, which interpreted the ADA's antidiscrimination provision to mean that states and localities must provide services to people with disabilities in integrated settings.

Pro forma: Financial statements that project income and cash flow for a rental housing project.

Project-based rental assistance (PRA): Assistance that lowers the cost of housing for tenants and is tied to a particular unit. Tenants who choose to live in those units pay a reduced rent.

Public housing agency (PHA): The local entity responsible for administering housing choice vouchers (Section 8), and which may own and operate public housing for low-income people.

Public housing agency plan (PHA Plan): Controls funding received by a PHA for both public housing and housing choice vouchers. Any government entity that receives funding for these programs is required to complete the plan that is linked to the funds it will receive.

Reasonable accommodation: In the context of housing, as defined by regulations under the Fair Housing Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA), a *reasonable accommodation* is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. Housing providers should do everything they can to assist, but they are not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden. Reasonable accommodations may be necessary at all stages of the housing process, including application, tenancy, or eviction prevention. For example, a housing provider would make a reasonable accommodation for a tenant with mobility impairment by fulfilling the tenant's request for a reserved parking space in front of the entrance to his unit, even though all parking is unreserved. In the context of employment, the ADA requires an employer to provide reasonable accommodations to allow people with disabilities to apply for jobs and work.

Reasonable modification: Under the Fair Housing Act, a physical change made by the tenant at the tenant's expense, such as installing a grab bar in a bathroom. The extent of the changes determines whether they are reasonable, and the tenant must pay for the changes and return the property to its original state after moving out. Under the Rehabilitation Act, a tenant in federally funded housing might not be financially responsible for the modification, so long as the cost to the landlord is reasonable.

Rehabilitation Act: Federal law requiring that federally funded housing is accessible to people with disabilities.

Scattered-site housing: Housing located throughout the community; it can be agency-owned or privately owned.

Section 8: Former name, still widely used, for Housing Choice Vouchers.

Section 8 Single Room Occupancy (SRO): HUD program providing rental assistance for single-room occupancy (SRO) units for people who are homeless. SRO units are designed for a single individual and might include a private bath or kitchenette, but the regulations do not require these facilities.



Section 811 Supportive Housing for People with Disabilities: HUD program that provides funding for both developing and operating housing for people with disabilities. An organization owns and operates the housing and rents individual units to tenants with disabilities. Can be *scattered-site* or *single-site*.

Shelter Plus Care (S+C): HUD program that provides rental assistance for hard-to-serve homeless people with disabilities in connection with supportive services. The program funds rental assistance payments through *tenant-based rental assistance*, *sponsor-based rental assistance*, *project-based rental assistance* (with or without rehabilitation), and *Section 8 Moderate Rehabilitation for Single Room Occupancy* buildings.

Single-site housing: Housing in which tenants who receive support services live together in a single building or complex of buildings, with or without onsite support services.

Sponsor-based rental assistance (SRA): Support to a nonprofit agency allowing it to buy or lease housing that is then leased to qualified tenants.

Subsidies: Funding that helps lower the cost of rent for low-income tenants. Includes *project-based rental assistance*, *sponsor-based rental assistance*, and *tenant-based rental assistance*.

Supportive Housing Program (SHP): HUD program funding housing and services for people who are homeless. SHP funds five categories of projects as follows:

- Transitional housing, for up to 24 months;
- Permanent housing;
- Safe havens, which provide shelter and services for hard-to-reach homeless populations;
- Supportive services only (SSO), meaning that the project does not include housing or shelter; and
- Innovative supportive housing, which does not fall into any of the other four categories.

Not all SHP-funded programs are considered permanent supportive housing within the framework of this KIT.

Sweat equity: Part of a self-help housing model in which the people who will live in the houses invest their labor and time rather than money in developing the housing.

Tenant-based rental assistance (TRA or TBRA): Housing assistance in which tenants receive a voucher entitling them to a reduced rent that can be used to rent any unit that meets affordability, quality, and size standards and for which the landlord agrees to accept the voucher.

Wellness Recovery Action Plan (WRAP): Preparing a WRAP allows people to help identify triggers and signs of psychiatric distress, as well as specifying the types of services that they want and do not want if they become incapacitated.

This KIT at a Glance				
<p>Getting Started with Evidence-Based Practices</p> <p>For agency administrators, EBP program leaders, and mental health authorities</p>	<p>Building Your Program</p> <p>For agency administrators, EBP program leaders, and mental health authorities</p>	<p>Training Frontline Staff</p> <p>For practitioners</p>	<p>Evaluating Your Program</p> <p>For quality assurance team members</p>	<p>Tools for Tenants</p> <p>For consumers</p>
<ul style="list-style-type: none"> ■ Implementing evidence-based and promising practices ■ About cultural competence <p><i>Getting Started with EBPs</i> gives you essential general information for implementing effective practices and tells you how to develop culturally competent services.</p> <p>It covers common initial tasks and activities including:</p> <ul style="list-style-type: none"> ■ Consensus-building; ■ Integrating practice principles into agency's policies and procedures; and ■ Developing training and evaluation structure. 	<ul style="list-style-type: none"> ■ Implementation tips for agency administrators and program leaders ■ Tips for public mental health authorities <p><i>Building Your Program</i> offers suggestions on how mental health authorities may support implementation. It also gives tips to help agency staff develop the program, including information about the following:</p> <ul style="list-style-type: none"> ■ Staffing; ■ Developing policies and procedures; ■ Understanding EBP revenue sources and budgeting; and ■ Developing a training structure. 	<ul style="list-style-type: none"> ■ Overview of the practice ■ Practitioner's knowledge and skills <p><i>Training Frontline Staff</i>, a workbook especially for practitioners, covers the nuts and bolts of delivering services. These materials assume that staff are trained and experienced in working with people with serious mental illness. General information about working with people with serious mental illness is not included.</p>	<ul style="list-style-type: none"> ■ Process and outcome measures ■ How to conduct process and outcome assessments <p><i>Evaluating Your Program</i> gives you general information about developing a quality assurance system and for integrating process and outcome measures into a quality assurance system.</p> <p>It also tells you how to conduct process assessments and outcomes monitoring. Tips on how to use process and outcomes data to improve the program are included.</p>	<ul style="list-style-type: none"> ■ Tips for finding, affording, and maintaining supportive housing ■ Resources for consumers searching for housing <p><i>Tools for Tenants</i> provides comprehensive information and resources for those looking for supportive housing.</p> <p>This book also gives consumers information about the availability of housing and their housing rights.</p>
<p>Using Multimedia to Introduce Your Promising Practice</p> <p>for all stakeholders</p>			<p>The Evidence</p> <p>for all stakeholders</p>	
<p><i>Using Multimedia to Introduce Your Promising Practice</i> presents introductory materials to explain the practice and how it helps consumers and families. Examples include sample brochures and introductory PowerPoint presentations, that are on the CD-ROM in the KITs. Brochures are available in both English and Spanish. Use them during inservice training meetings or for community presentations to cover:</p> <ul style="list-style-type: none"> ■ Background information; ■ The practice principles and values; and ■ The basic rationale for service components. <p>Anyone trained in the promising practice (including program leaders, staff, and advisory group members) should be able to use these tools to educate other stakeholder groups.</p>			<p>This section introduces all stakeholders to the evidence that supports the promising practice.</p> <p>Any reference cited in the KIT can be found in this booklet.</p>	



HHS Publication No. SMA-10-4509
Printed 2010

29553.0310.7765020407

