Using Multimedia to Introduce Your EBP

Permanent Supportive Housing
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U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Acknowledgments


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Using Multimedia to Introduce Your EBP

Using Multimedia is a collection of educational tools to help you introduce Permanent Supportive Housing to a variety of groups including the following:

- Mental health authorities;
- Community members;
- Consumers;
- Families and other supporters; and
- Housing providers.

These materials can be used during inservice training meetings for community presentations to educate other stakeholder groups.

For references, see the booklet, The Evidence.
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
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**Sample Brochure**

Using a brochure to introduce your Permanent Supportive Housing program to consumers, families, and community members is an easy way to disseminate basic information about Permanent Supportive Housing. We include a paper copy of the brochure in Appendix A of this booklet. Electronic copies are on the CD-ROM in this KIT so that you can tailor the brochure to your specific Permanent Supportive Housing program.
**Introductory PowerPoint Presentation**

We encourage you to offer basic community presentations about Permanent Supportive Housing using the Introductory PowerPoint slides in this KIT. We include a paper copy of the presentation in Appendix B of this booklet. An electronic copy is on the CD-ROM in this KIT so that you can tailor it to your own consumer-operated programs.

The slides provide background information about the following topics:

- What is Permanent Supportive Housing?
- Common practices, philosophy, and approaches; and
- The evidence.

Use the PowerPoint presentation along with the brochure to inform a wide array of people about Permanent Supportive Housing.
Appendix A: Sample Brochure

Use this sample brochure to introduce your program to your community. An electronic version is on the CD-ROM for this KIT.
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Permanent Supportive Housing

Helping people choose, get, and keep appropriate housing

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) under contract numbers 280-04-0095 with Abt Associates, Inc., and Advocates for Human Potential, Inc., and 270-03-6005 with Westat.
Appendix A

Using Multimedia to Introduce Your EBP

How does Permanent Supportive Housing help tenants?

With flexible supports, people with psychiatric disabilities can live in housing of their choice, just like any other member of the community. Programs take different approaches to housing. In some, people live in units reserved for the program's tenants, among those with and without special needs. In others, people receive the program's help finding, qualifying for, and keeping housing on the open market. All tenants have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution, and crisis response. Tenants also receive help in becoming fully participating members of the community, through assistance with socialization and seeking employment.

How does Permanent Supportive Housing work?

- **Flexible, voluntary supports**: Permanent Supportive Housing staff offers flexible, voluntary services designed to help people choose housing that meets their needs, obtain and pay for that housing, and keep the housing for as long as they choose.

- **Quality housing**: Housing meets standards for safety and quality established by local, state, and federal laws and regulations. Housing is similar to what is available to others at similar income levels in the community.

- **Rental assistance**: Tenants typically pay 30 percent of their income toward rent plus basic utilities. The remainder is paid either by tenant-based rental assistance, which tenants can use in housing of their choice, or project-based rental assistance, which is linked to a specific location.

- **Standard lease**: Tenants sign a standard lease, just like any other member of the community, giving tenants the same legal rights. Continued tenancy is not subject to any special rules or participation in any particular services.

- **Integration**: Tenants’ homes are located throughout the community or in buildings in which a majority of units are not reserved for people with disabilities. Tenants have opportunities for interactions with the community.

Permanent Supportive Housing helps people choose, get, and keep housing that meets their needs and preferences.

Central to the approach is a belief that people with psychiatric disabilities should have the right to live in a home of their own, without any special rules or service requirements.
Using Multimedia to Introduce Your EBP

Appendix B: Introductory PowerPoint Presentation

In Appendix B, you’ll find paper copies of a PowerPoint presentation that you may use for presentations with your community or in-service seminars. An electronic copy is on the CD-ROM for this KIT.
Using Multimedia to Introduce Your EBP
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.
What are Promising Practices?

Services that have demonstrated some results and show promise of an evolving evidence base.

Implementing promising practices in a standardized way can help build the evidence base.
Examples of Evidence-Based Practices

- Supported Employment
- Permanent Supportive Housing
- 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
Why Implement These Practices?

According to the New Freedom Commission on Mental Health:

If effective treatments were more efficiently delivered through our mental health services system ... millions of Americans would be more successful in school, at work, and in their communities.

— Michael Hogan, Chairman
What is Permanent Supportive Housing?

Decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants’ needs and preferences.
What is Permanent Supportive Housing?

Permanent Supportive Housing makes housing affordable to someone on SSI, (either through rental assistance or housing development).

It provides sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen.
Permanent Supportive Housing

The Bottom Line:

Consumers’ need for housing is no different from your need for housing.
The Evidence Supports Permanent Supportive Housing

- Evidence of impact overall on resident stability: “the most potent intervention”
- Evidence of greater impact over alternatives
- Evidence of cost benefits
- Evidence on the core principles (fidelity)
Dimensions of Permanent Supportive Housing Fidelity Scale

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

- Consumer choice is a core element of Permanent Supportive Housing.
- If consumers 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?
Making Choice Real: Key Questions

- Alone or with family or friends
- Location and neighborhood type
- Size of unit
- Maintenance requirements
- Proximity to specific services, public transportation
- Maximum monthly rent and utilities
Making Choice Real: Key Questions

- Housing search, acquisition, and setup
- Landlord negotiations
- Credit, references, deposits
- Arrange utilities, phone, insurance
- Furnishings
- Housekeeping
- Food shopping and preparation
- Financial management
- Medication management
- Accessing natural supports
- Transportation
- Medical care
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 and Services Separation

Permanent Supportive Housing is most successful when a functional separation exists between housing matters (rent collection, physical maintenance of the property) and services and supports (case management, for example).
Housing should be decent, safe, affordable

- HUD’s standard of quality is its Housing Quality Standards (HQS).

- All Permanent Supportive Housing should meet HQS.
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 on SSI often pay 60% to 80% of their income toward their housing, which is substandard.
Integration

- Housing is in regular residential areas.

- Mixing populations in buildings or neighborhoods avoids creating mental health ghettos.

- Tenants participate in community activities and receive community services.

- Natural supports are 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. So, access to housing should be restricted to 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.
Flexible, voluntary, recovery-focused services

- Tenants must have a flexible array of supports and services that is readily available to them.

- Service providers must have the “whatever-it-takes” attitude toward helping people stay in the housing of their choice.

- Recovery-oriented, consumer-driven, and evidence-based services work best.
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.

New Freedom Commission on Mental Health

_Achieving the Promise: Transforming Mental Health Care in America_
Fundamental Elements of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear

December 2004 Consensus Conference on Mental Health Recovery, sponsored by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration
Fundamental Elements of Recovery

- Strengths-based
- Peer support
- Respect
- Responsibility
- Hope

December 2004 Consensus Conference on Mental Health Recovery, sponsored by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration
Permanent Supportive Housing Models

Scattered-site:

- Individual units dispersed throughout an area
- Apartments, condos, single-family houses
- Owned or leased
- Conform with local zoning
Permanent Supportive Housing Models

Single-site, mixed population:

- Large building or complex with multiple units
- Serves more than one type of tenant, for example:
  - Low-income families
  - People with mental disorders
  - Seniors
  - Students
  - Homeless adults
  - Often includes “set-asides” for specific target groups
  - Can be owned or “master leased” by housing agency
Permanent Supportive Housing Models: Housing First

This approach is particularly useful for people with co-occurring disorders and others who have not been well served by traditional housing or residential programs.

It makes a return to permanent housing immediate.
Permanent Supportive Housing Models: Housing First

- People move directly into affordable rental housing in residential areas from shelters, streets, or institutions.

- Home-based services are provided as long as needed.
Summary

- Six 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.
Additional Resources

For more information about Permanent Supportive Housing and evidence-based and promising practices, visit

http://www.samhsa.gov