

Behavioral  
Health  
Workforce  
Development



# Successful Housing Approaches; Sustaining Tenancy

**Presented by:** Ann V. Denton, Senior Fellow, Advocates for Human Potential  
**Wednesday, September 28, 2022**

# Agenda



## TOPIC

Successful Housing Approaches, Strategies for Sustaining Tenancy

1. Housing – Why Does it Matter?

2. Successful Housing Approaches

3. Peer Services and Supports

4. Accessing Community-based Housing

5. Sustaining Tenancy –

- Peer Services
- Focus on Tenancy

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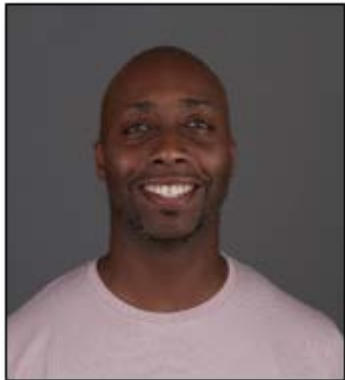
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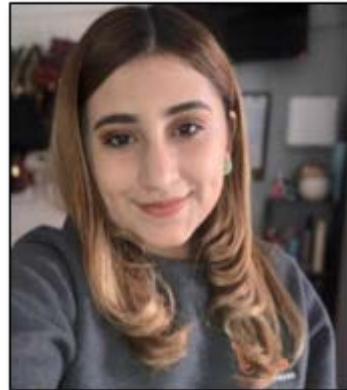
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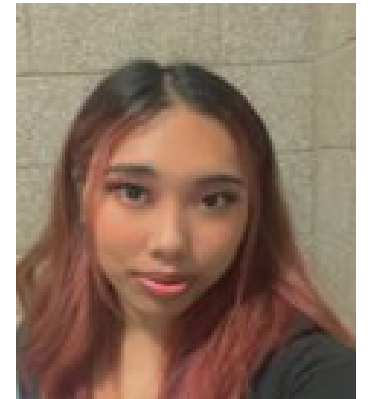
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Introduction:  
Ann Denton,  
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# Housing – Why Does It Matter?

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# Social Determinants of Health (SDOH)

Social determinants of health are factors that affect health outside of the medical system.

“Housing, social services, geographical location, and education are some of the most common social determinants of health.”

# Social Determinants of Health (SDOH)

- “The Social Determinants of Health... are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.” (World Health Organization)
- The CDC defines SDOH as “...conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.”

# Social Determinants of Health (SDOH)

- *Healthy People 2030* organizes SDOH into five domains:
  - Economic Stability
  - Educational Access and Quality
  - Health Care Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context





# Healthy People 2030

- “The Community Preventive Services Task Force (CPSTF) recommends Permanent Supportive Housing with Housing First to promote health equity for people who are experiencing homelessness and have a disabling condition. Housing First programs provide regular, subsidized housing for an unlimited period of time to people experiencing homelessness when the head of household has a disabling condition — like HIV or a mental health or substance use problem. Program participants do not have to be “housing ready,” but once they have housing, they’re encouraged — though not required — to stay sober. CPSTF found that Housing First programs:
- Decrease homelessness
- Increase housing stability
- Improve quality of life
- Reduce hospitalization and emergency department visits
- Improve health and reduce the risk of death for people with HIV”

# There is a growing body of evidence that stable housing is an important social determinant of health (SDOH).



- The Centers for Disease Control (CDC), regarding environmental factors such as housing:
- “Although medical care is critically important, things like the quality of our schools, affordability and stability of our housing, access to good jobs with fair pay, and the safety of our neighborhoods can keep us healthy in the first place.”

## Housing is Essential to Wellness and Community Integration

## SDOH – Housing

The availability, quality and circumstances of housing have a direct and observable effect on health outcomes.

## SDOH – Housing

Housing—as a physical structure, a source of stability or stress, and a part of a neighborhood and community—affects residents' health. Health and housing partnerships are rooted in evidence that improvements in housing can support physical, mental, and behavioral health. By studying health patterns and determinants at the community or population group level, epidemiologists can help expand results from health and housing partnerships to serve entire areas or groups with disparate health outcomes.

## SDOH – Context of housing

“Racial residential segregation, housing discrimination, and disinvestment in communities of color has a history in this country”.

# SDOH – Context of housing

Other  
contextual  
factors  
that  
influence  
health  
outcomes  
include:

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Security of tenure

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Tenancy support

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Landlord responsiveness

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Capacity of tenant

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Rent and income levels

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Choice

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# SDOH – Quality of housing

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Housing quality refers to the physical condition of a person's home.... including air quality, home safety, space per individual and the presence of mold, asbestos or lead.

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Poor quality housing is associated with various negative health outcomes, including chronic disease and poor mental health.

# SDOH – Availability of housing



Homelessness is “the extreme case of housing insecurity”, directly attributable to a lack of truly affordable housing options.



Even in communities where a significant investment has been made in “affordable” housing, those units are not affordable enough.



# The Bottom Line

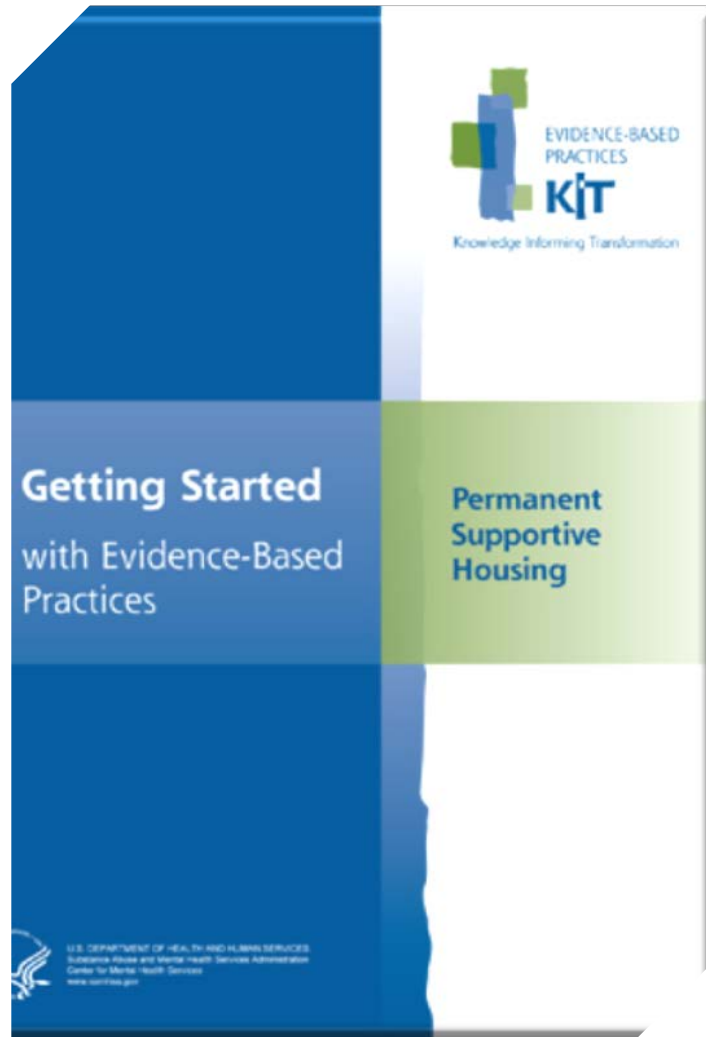
**Housing has a broad and complex effect on health outcomes and general wellness.**

# Successful Housing Approaches



# Types of supportive housing

- SAMHSA's Permanent Supportive Housing/Housing First
- Rapid Re-housing
- Rental assistance with different levels of support



SAMHSA's Permanent Supportive Housing is an evidence-based practice supported by federal training materials and a ToolKIT (see <https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>)

SAMHSA's Permanent Supportive Housing

## SAMHSA's Definition (2010 Toolkit)

Permanent Supportive Housing (PSH) is

**Decent, safe, and affordable**

**community-based housing**

that assures

**the rights of tenancy**

**under state/local landlord tenant laws**

**and is linked to**

**voluntary, flexible support and services**

**designed to meet individuals' needs and preferences.**

## Rapid Re-housing



Rapid Re-housing (RRH) is an intervention, informed by a Housing First approach, that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

## Rapid Re-Housing



The focus is on solving practical and immediate challenges to obtaining permanent housing. The goal is to avoid a return to homelessness and to use services and community connections to stabilize the household. A fundamental goal of rapid rehousing is to reduce the amount of time a person is homeless.

People may be receiving rental assistance, with varying levels of support.

Rental assistance may come from non-MH system resources, which we will explore later in this training.

Or people may be receiving rental assistance through the state's supportive housing funding.

## Rental assistance with varying levels of support



# RECOVERY HOUSING

The National Council for Behavioral Health definition:

“Recovery housing refers to a range of housing models that create mutually-supportive communities where individuals improve their physical, mental, spiritual, and social well-being and gain skills and resources to sustain their recovery. Recovery housing is a part of the larger continuum of housing and treatment options available to individuals in recovery from addiction.”

Recovery Housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports.

## Recovery housing

# The Effectiveness of Community Integration and Supportive Housing



# Benefits of Housing

- Housing is a strong determinant of health. The physical characteristics of housing have a clear effect – for example, the presence of lead-based paint is widely accepted as detrimental to health and wellness. Also, “aspects of control, autonomy, status and empowerment are related to measures of wellbeing”.
- Housing instability is detrimental to health and wellbeing, and *Healthy People 2030* identifies households paying more than 30 or 50% of their income for housing as unstable.
- Stable housing is reliably linked to specific health outcomes and community variables such as reduced ER visits.

# Benefits of Permanent Supportive Housing (PSH)

- The evidence is **strong** that
  - PSH/HF increases housing stability for people who are thought to be difficult to house
  - Alcohol use declines with time in housing
  - People do just as well in housing if they are actively using drugs and/or alcohol at time of entry, and neither residential treatment nor transitional housing are needed to improve outcomes.
- The evidence **generally** shows that
  - Drug use is reduced over time, although results are mixed.
  - The overall cost of providing housing and services is lower than the cost of allowing someone to remain homeless.
  - In part, this reduction is due to increases access to outpatient and preventive care, rather than emergency department use and hospitalization.
  - Also responsible for the cost reduction is the generally positive evidence that PSH/HF reduces both arrests and incarceration.

# Readiness Requirements – Findings

- ❑ National multisite study found that chronically homeless adults placed directly into permanent housing had more days housed than those randomly placed into residential treatment or transitional housing beforehand (Tsai et al., 2010).
- ❑ Comprehensive review found PSH was as effective or more effective than other forms of housing at promoting housing stability (Leff et al., 2009):
  - ❑ Residential care and treatment (e.g., board and care home, group home)
  - ❑ Residential continuum (client progresses through types of residential care)
  - ❑ Non-model (treatment as usual)

The bottom  
line.....

- We know that housing is critically important to health and wellness, and we know that Permanent Supportive Housing is effective *when done properly!*



# Peer Supports and Services

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# What are Peer Services and Supports?

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a long history of supporting peer services and supports. Abundant resources have been created, including:

- Bringing Recovery Supports to Scale – Technical Assistance Center Strategy (BRSS-TACS) technical assistance center. [www.samhsa.gov/brss-tacs](http://www.samhsa.gov/brss-tacs)
- Consumer-Operated Services Evidence-based Practices ToolKIT - <https://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633>
- Multiple practical resources such as the “Core Competencies for Peer Workers in Behavioral Health Services” [www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/core-competencies\\_508\\_12\\_13\\_18.pdf](http://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf)

# What are Peer Services and Supports?

“Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.”

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

# What are Peer Services and Supports

- **Peer Support Role**

- Peer support workers engage in a wide range of activities. These include:
- Advocating for people in recovery
- Sharing resources and building skills
- Building community and relationships
- Leading recovery groups
- Mentoring and setting goals

**Peer support roles may also extend to the following:**

- Providing services and/or training
- Supervising other peer workers
- Developing resources
- Administering programs or agencies
- Educating the public and policymakers

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

# Effectiveness of Peer Supports and Services

“...the research shows that peers improve outcomes. Peer support services have been shown to:

- Reduce symptoms and hospitalizations
- Increase social support and participation in the community
- Decrease lengths of hospital stays and costs of services
- Improve well-being, self-esteem, and social functioning
- Encourage more thorough and longer-lasting recoveries”

Mental Health America, [www.mhanational.org/peer-services](http://www.mhanational.org/peer-services)

# Mental Health America

Mental Health America offers a Center for Peer Support (<https://www.mhanational.org/center-peer-support>). The Center is designed for peer support workers and offers multiple resources for understanding the peer support role, how to become a peer support worker, and a library of resources on the effectiveness of peer support.



# National Peer Certification Program

Mental Health America has developed a National Peer Certification Program. For information, see: [National Certified Peer Specialist \(NCPS\) Certification--Get Certified! | Mental Health America \(mhanational.org\)](#)



# Accessing Community-based Housing

# Supporting Access to Community Housing

System level administrators can support access to community housing by ***designating or providing funding to designate specific staff*** who are responsible for accessing community housing. This builds expertise in the complicated world of housing. No matter what they are called, the role includes:

- Maintain an inventory of possible housing options
- Create and maintain relationships with landlords and property management
- Make resources available to offer incentives
- Make connections on behalf of individuals in need of housing, or coordinating that process
- Create and maintain relationships with housing funders, public housing agencies, low-income housing developers and others. Know and have a plan for taking advantage of new and existing opportunities



# Designated Housing Staff

These staff work at various levels and have many titles.

- At the program level, the housing expert might be called a housing specialist. This is a designated person on an ACT team, a case management team, a housing program team or other service unit that is responsible for knowing local housing resources, working proactively with landlords and housing funders, and providing support to staff and prospective tenants during housing search and acquisition.

# Designated Housing Staff

These staff work at various levels and have many titles.

- At the agency level, the housing expert might be called a housing coordinator. This designated person serves all agency programs in helping to link staff and prospective tenants to available housing resources, provides access to waiting lists for resources, works closely with local housing funders to anticipate/take advantage of new and upcoming opportunities, may operate a landlord outreach and incentive program. The housing coordinator takes the burden of knowing the local housing market away from program staff and provides streamlined access to a variety of resources.

# Designated Housing Staff

These staff work at various levels and have many titles.

- At the county/regional level, the housing expert might be called a housing resource manager. The job at this level is to maintain a database or other accessible system for use by agency or program level staff to assist in the search for housing resources, provide education and training to people providing direct services on issues such as reasonable accommodation, manage a county/regional landlord outreach and incentive program, provide a forum for discussion of and change to system-level barriers.

# Integrating Peer Support

Peers can serve in any of the housing expert roles described above.

A common use of peer supports is providing assistance in the housing search, application and move-in process.

The example of someone in recovery, who has been through the housing search and is successful at community living, is a powerful force in helping a prospective tenant visualize their own success.

This is also true in the provision of ongoing services to people who have begun their tenure in community housing.

# Sustaining Tenancy



- Peer Services
- Focus on Tenancy

# Sustaining Tenancy

The key to sustaining tenancy is to focus on housing first, last and always!

Begin with the end in mind – establish a step-by-step approach to finding, getting and keeping housing. It is vital to provide housing support teams with practical tools and support in using those tools.

Peers can provide an example of success and may be seen as more approachable when the tenant starts to have concerns or questions.

An effective program structure is focused on threats to tenancy and addressing those threats.

# Sustaining Tenancy

SAMHSA's Core Competencies for Peer Workers in Behavioral Health services offers a guide to everyone in how to successfully approach supporting people in housing. The successful approach is:

- RECOVERY-ORIENTED
- PERSON-CENTERED
- VOLUNTARY
- RELATIONSHIP-FOCUSED
- TRAUMA-INFORMED

# Getting to know you -

Sustaining tenancy begins with getting to know the person being served.

A non-threatening, housing-focused assessment might be a good place to start. Most often, the housing assessment occurs in addition to the intake assessment or a diagnostic assessment.

The goal of any assessment is to help the person understand and communicate their needs and preferences. It is a tool to support informed choice.

For housing, assessment should lead to inclusion, not exclusion!



# Housing Assessments

- It is helpful to you and to the client to have information about their wants and needs. Remember, choice is a powerful predictor of success. Part of the purpose is to identify and anticipate needs. It is also an opportunity to talk with the person about where and when problems might come up and have an idea about how to respond.

You are screening IN, not screening out.

Some good tools include:

- Corporation for Supportive Housing Intake form ([https://www.csh.org/wp-content/uploads/2011/12/Template\\_IntakeForm.pdf](https://www.csh.org/wp-content/uploads/2011/12/Template_IntakeForm.pdf))
- National Reentry Resource Center/Council of State Governments Justice Center “Assessing Housing Needs and Risks – A Screening Assessment Form (<https://csgjusticecenter.org/wp-content/uploads/2017/08/housing-questionnaire.pdf>)

# Planning for Housing

Assessment -  
Start with the end  
in mind:

What kind of living  
arrangements  
does the person  
want?

What do they like  
about where they  
are now?

What do they want  
in a new place?

What amenities do  
they want?

How do they want  
to live? With a  
roommate? A pet?

Neighborhood?

# Person-centered Planning

- Having a plan is a tool that can be an active part of helping people.
- Sometimes, system treatment planning processes devolve into a necessary task but one that has little meaning in the day to day lives of the people we serve.
- A real plan can help people make decisions up front about what they want to do, who they want to help them, and what they want to happen in a crisis situation.
- In relation to housing, a real plan starts with an assessment of what is wanted, what barriers stand in the way, what has worked in the past, and what hasn't worked in the past.



# Planning for housing

- Barriers – Look at where the problems might be.
- This is not just about identifying and working around barriers; it is also useful information about where the person might have difficulties.
- The planning process is an opportunity to have a conversation about how the person's illness manifests, how they handle or don't handle stress, how they are likely to react to threats/perceived threats, where they get confused or off course.
- For example, a criminal history is a specific type of housing barrier. It is also an opportunity to explore what was going on, what the triggers were, were substances involved, what would have made a positive difference.



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# Primary Threats to Tenancy

Preserving tenancy means being alert to things that threaten that tenancy. The assessment should provide information about where the person has been successful and where they've encountered difficulty in the past.

In any case, primary threats to tenancy are:

- Failure to pay rent
- Damage to property
- Behavior that keeps other tenants from the 'quiet enjoyment' of their units.

# Additional threats to tenancy

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For people on SSI or with no income, there are concerns related to poverty that are ongoing threats.

The ability to pay the rent should be established prior to leasing a unit, but if the person is paying more than 30% of their income for their housing, they are cost burdened.

Do they have enough money to pay for food, medications, costs to maintain a car, clothing, a phone, a computer? What happens when a wallet is stolen or the tenant runs out of food before the next check?

Poverty is a very real threat to tenancy.



# Additional threats to tenancy

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For people with behavioral health disorders, there may be concerns related to the disability that are ongoing threats. These 'clinical' concerns include things like ongoing substance use, not taking medication, mixing psychiatric medication with alcohol, ongoing symptom-related behaviors such as isolation or agitation.



# Additional threats to tenancy

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Is substance use always a threat?

The simple use of alcohol is not a threat to tenancy.  
Substance use becomes an issue when?

- Use triggers other, unacceptable behaviors
- Use threatens the budget
- Use threatens physical health
- Other examples?

In general, use of alcohol is an issue for people with co-occurring SUDs.

Always, the use of illegal drugs is a lease violation.





# Addressing substance use as it poses a threat to tenancy

- Supporting tenancy through substance use means focusing on the possible consequences related to legal occupancy of the unit – addressing that first!
- For people with SUDs who are not ready to stop using – what can be done to support tenancy?
- Using a harm reduction approach is an effective strategy.

For example:

- If drinking in the parking lot leads to shouting at neighbors as they go into their apartments, focusing on drinking inside the unit might be a good step.  
*Harm reduction.....*



# Addressing threats to tenancy: substance use

Definitions of harm reduction:

“...an approach for substance use treatment that involves a set of practical techniques that are openly negotiated with clients around what is most likely to be achieved. The focus is on reducing the negative consequences and risky behaviors of substance use; it neither condones nor condemns any behavior.” (National Health Care for the Homeless Council)

“Reducing harm associated with high-risk behaviors to improve quality of life” (Daniel Malone, DESC; National Alliance to End Homelessness conference, 2015)

“...a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” (Harm Reduction Coalition)

## Addressing threats to tenancy: substance use

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What is the priority?  
Preserving housing vs.  
insisting on behavior change?

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Harm reduction focuses on  
preserving housing.