



HOMELESS &
HOUSING
RESOURCE
CENTER

Supportive Housing Models that Work

Serving Individuals with SMI, SED, SUD and COD

Disclaimer

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- All participant lines will be muted and the chat feature is disabled
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- **Recording:** Will be available on the HHRC website in 1 week
- **Questions:** Please submit your questions using the Q&A feature
- **Evaluation:** Browser will redirect following the webinar
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Panelists

- **Alison Korte**, MSW, Senior Associate, TAC
- **Rachel Post**, MSSW, Senior Associate, TAC
- **Bill Stein**, LICSW, Director of Clinical Training & Workforce Development, [House of Hope](#), Rhode Island
- **Jacqueline Mercado**, Housing Case Manager, House of Hope
- **Brady Dunklee**, Program Manager, Integra Community Care Network



Session 1: Agenda

- Disproportionate impact of behavioral health and homelessness on BIPOC
- Recovery and Racial Equity as foundational guiding principles
- Impact of Supportive Housing on health and housing outcomes
- Consideration in serving varied populations
- Whole Person Care
- Permanent Supportive Housing and Housing First principles
- Recovery Housing principles
- Presentation by community providers



Poll Question:

How would you rate your knowledge and ability to identify racial disparities in supportive and recovery housing programs?

**Click on the link
in the chat**



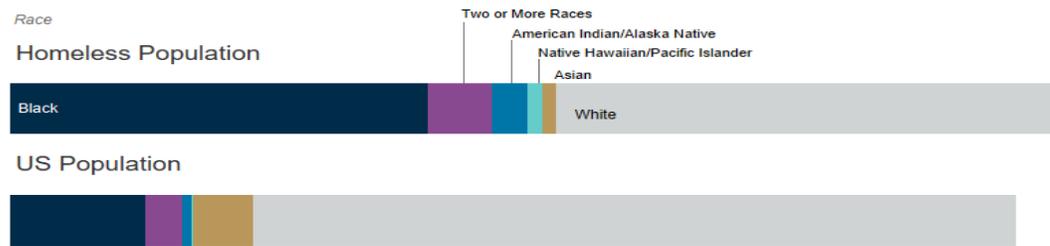
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Disproportionate Impact of Homelessness on BIPOC

Most Minority Groups Make up a Larger Share of the Homeless Population than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population



Homeless population data are for a given night in 2020.
Source: Annual Homeless Assessment Report to Congress, Part 1, 2021.



SAMHSA ADVISORY

This Advisory is based on SAMHSA's Treatment Improvement Protocol (TIP) 55, [Behavioral Health Services for People Who Are Homeless](#). It addresses the fundamentals of how providers and administrators can effectively employ approaches to address the complex challenge of providing comprehensive, integrated, and trauma-informed treatment services to clients experiencing homelessness.

Key Messages

- People who are homeless are at elevated risk for experiencing substance use disorders (SUDs), mental disorders, trauma, medical conditions, employment challenges, and incarceration.
- People experiencing homelessness present unique treatment challenges, as both treatment and housing needs must be concurrently addressed for treatment to be most effective.



Recovery and Racial Equity

- Racial/ethnic, gender, and sexual minorities often suffer from poor behavioral health outcomes due to multiple factors.
- These populations often bear a disproportionately high burden of disability resulting from mental disorders.
- Racial/ethnic minority groups are less likely to receive mental health and [substance use disorder treatment](#) than their white counterparts.
- More on this topic can be found at [American Psychiatric Association](#) and in this 2018 Journal of [Behavioral Health Services and Research article](#).



History of Racialized Drug Laws: A Brief History

16th – 19th century: sustained European contact allowed for trading of tobacco and alcohol

1860s: Opium use skyrockets due to civil war treatment practices

1870s: San Francisco passes ordinance to ban the smoking of opium in opium dens – prevalent in Chinese immigrant communities

1890s: Sears and Roebuck catalogue offers syringe and small amount of cocaine for \$1.50

1914: Harrison Narcotics Tax Act

1937: Marijuana Tax Act – Levied penalties of up to \$2,000 and five years in prison – overturned in 1969 *Leary v United States*

1970s: Controlled Substances Act – created 5 schedules of uses to classify drugs based on their medical application and potential for abuse



Recovery and Racial Equity



Recovery

SAMHSA defines Recovery as “a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.”

Four major dimensions support recovery, as recognized by SAMHSA

- Good health
- Safe and stable housing
- Community that includes relationships and social networks of friends
- A sense of purpose achieved by having meaningful daily activities, independence, income, and resources to participate in society

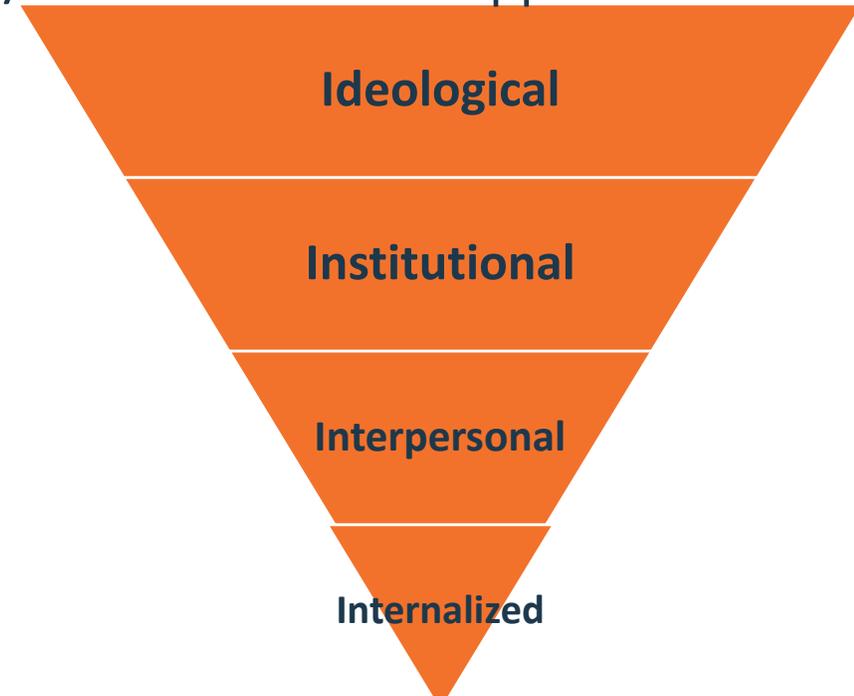


Recovery and Racial Equity

Barriers to care that affect access to treatment by members of diverse ethnic/racial groups may include:

- Lack of insurance, underinsured
- Stigma of behavioral health conditions
- Lack of diversity among behavioral health workforce
- Lack of culturally responsive providers
- Language barriers
- Distrust of health care systems

The 4 I's of Oppression





Impact of Supportive Housing on Health and Housing Outcomes



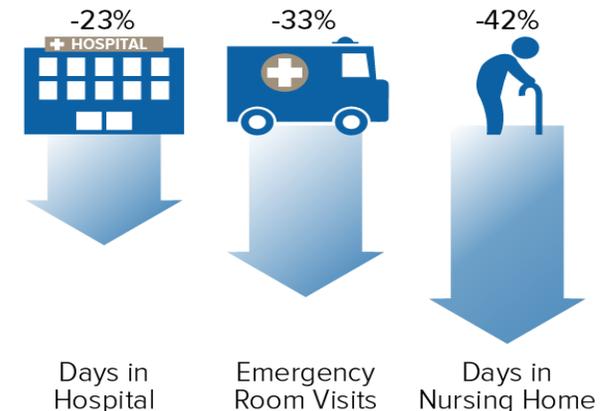
Want to keep people out of the hospital? Make sure they have a place to live.

By Harold Pollack
November 2, 2013

“That study found that placing homeless people with chronic illnesses in supportive housing reduces emergency department visits, residential substance abuse treatment, hospital inpatient admissions and nursing home use. Researchers also observed average annual cost savings of \$6,307, with greater average savings among the chronically homeless (\$6,607) and among those living with HIV (\$9,809).”

Supportive Housing Can Produce Health Care Savings

Combining affordable housing with intensive services for a high-needs group saved an average of over \$6,000 a year per person in health care



Note: Intensive services include help finding housing, working with a landlord, physical and behavioral health care, assistance finding employment, and others.

Source: Anirban Basu, *et al.*, “Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care,” *Health Services Research*, February 2012, Vol. 47, No. 1, Part II, pp. 523-543.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Whole Person Care

Homelessness results from many factors: one's social support network, access to adequate healthcare, financial resources, racial and ethnic identity, gender identity and sexual orientation, and housing status. Resolving homelessness requires our systems to address the entirety of people's needs.



Whole Person Care

System	Provider Type	Role
Physical Healthcare	<ul style="list-style-type: none"> • Primary care • Community health centers • Hospitals/emergency departments • Specialty care 	<ul style="list-style-type: none"> • Treating and managing health conditions
Behavioral Healthcare	<ul style="list-style-type: none"> • Community mental health centers • Residential treatment • Outpatient treatment • Detoxification centers/units • Behavioral health crisis • Peer providers/recovery coaches • Inpatient psychiatric care 	<ul style="list-style-type: none"> • Treating and managing mental illness and substance use disorders, including Medication Assisted Treatment for SUD • Providing recovery support services including peer support, supportive housing, case/care management, supported employment, and skills training and development
Social Services	<ul style="list-style-type: none"> • Temporary Assistance for Needy Families • Child welfare • Supplemental Nutrition Assistance Program • Workforce and employment programs • Programs for people with intellectual and developmental disabilities • Other disability and aging services 	<ul style="list-style-type: none"> • Economic self-sufficiency • The safety, stability, and wellbeing of children and youth • Nutrition • Pursuing education and employment • Independence and wellbeing for people with disabilities

Considerations on serving Individuals



- High utilizers of health care due to chronic health and behavioral health conditions
- “[Members of the Lesbian, Gay, Bisexual, Transgender, Queer \(LGBTQ\) community](#) are more likely to become homeless, and once homeless, more likely to endure discrimination and harassment that extends their homelessness.”
- Connections to [culturally appropriate](#) community resources are critical as are [Culturally and Linguistically Appropriate Standards](#), recognized by HHS.

Considerations on serving Individuals cont.



- A 2002 study in New York City found that 26 percent of homeless individuals had stayed in state run psychiatric hospitals 2 years prior to moving into PSH.
- A 1997 study identified a sub-set of those experiencing homelessness experienced “institutional circuit” —about 40 percent of their time cycling between hospitals, psychiatric institutions, and prisons and jails.
- Re-entry programming is key.

Consideration- Veterans



- A disproportionate number of Veterans experiencing homelessness are persons of color – 54%
- Homelessness in older Veterans is increasing - over 50% are age 50+
- Supportive Services for Veteran Families (SSVF)
 - Rapid Resolution
 - Shallow Subsidy – up to 50% rent reasonableness
 - Rapid Rehousing and Prevention
- 65% of those served by SSVF have been diagnosed with a disability

Consideration- Families



- Risk factors for family homelessness include parental drug or alcohol use, parental mental illness, exposure to severe traumatic stress, job loss, inadequate social support, domestic violence, a history of children being placed in foster care, and the presence of SED in children.
- [Studies](#) find that childhood adversity (ACES) influence health and behavioral health outcomes in adulthood.
- Safe affordable supportive housing must be offered in coordination with multiple other systems that serve both parents and children.

Considerations- Youth



- Unaccompanied youth includes those up to age 24 who are living on their own, without a parent or guardian, and lack a stable or permanent address.
- Contributing factors include child abuse and/or neglect, domestic violence, parental substance use, and family conflict.
- LGBTQ+ youth involved with juvenile justice and/or those that are victims of sexual trafficking are particularly vulnerable as are Black, Indigenous, and People of Color (BIPOC).
- [Comprehensive housing and services](#) must focus on authentic engagement, recognizing strengths that youth already have, and giving youth access to experiences that build their leadership and boost self-awareness.

Considerations- Older Adults



- Older adults experiencing homelessness prematurely age and are more vulnerable to illnesses and at higher risks of poor health outcomes, including lower life expectancy (average is 50)
- Housing in close proximity to health and behavioral health care is optimal.
- Staffing patterns including gerontologists and/or geriatric psychiatric providers can bring specialized expertise to housing and service teams. Benefits specialists can provide expertise on eligibility for mainstream and disability benefits.
- The Support and Services at Home ([SASH](#)) model has demonstrated success in coordinating health and supportive services for older adults in maintaining independent living paired with socialization programming.

Permanent Supportive Housing



SAMHSA identifies the following [Key Elements](#) that define PSH

- Tenants have a lease in their name with full rights of tenancy
- Participation in services is voluntary
- Housing rules are similar to those found in the general community
- Housing is not time-limited, and the lease is renewable
- Tenants are offered housing based on preferences
- Housing is affordable, with tenants paying no more than 30% of income
- Housing is integrated
- Tenants have choices in the support services they receive

Housing First Core Components



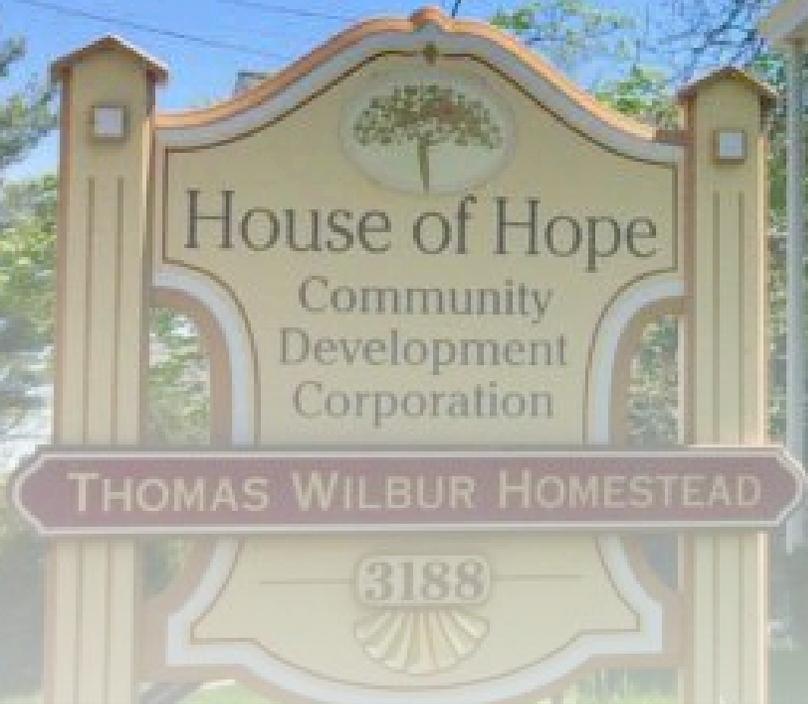
- Few to no programmatic prerequisites
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies exist to prevent lease violation and evictions
- Applicable in a variety of housing models

Recovery Housing offers



- Enrollment into recovery housing is self-initiated and based upon choice
- Minimal barriers to entry
- Single-site housing to support recovery-oriented community
- Tenants have personal privacy and 24/7 access to housing
- Holistic services & peer-based recovery supports are voluntary and support exits to permanent housing and acquisition of employment
- Recurrence of substance use is addressed with opportunities to reengage in treatment
- Tenants no longer wanting to live in recovery housing are offered assistance in accessing other housing and service options
- Use of Medication Assisted Treatment is supported and coordinated with treatment provider
- For more information see [SAMHSA RH Best Practices and Suggested Guidelines](#)

House of Hope CDC:



Presented by William Stein, Jacqueline Mercado,
Brady Dunklee



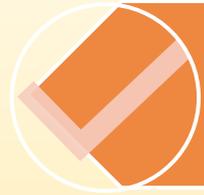
HOUSE OF HOPE

House of Hope CDC

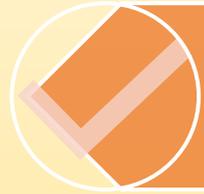
At House of Hope we affirm safe, stable housing as a basic human right. We address the trauma of homelessness by empowering constituents, delivering high impact innovative services, diversifying housing options, and advocating for policies to counter structural inequalities.



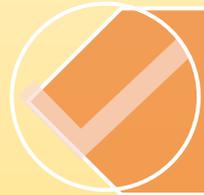
“Our constituents are our neighbors and yours”



Chronic Homeless



**Complex Behavioral
Healthcare Needs**



**Multiple barriers to
housing**



Youth (18-24)



**Elderly; Medically
Fragile**

“They include those for whom society has manufactured housing scarcity – single parents, transition-age youth, those impacted by structural racism; people with substance use disorders, cognitive differences, mental health conditions, criminal records, uncertain U.S. residency, or other barriers to navigating the formal economy.”

“We feel an obligation to raise the next generation of professionals into our core values ”



“We meet people where they are...”



“The process of outreach and engagement is an art, best described as a dance” (Erickson & Page, 1999)

Ground truth: “Information provided by direct observation as opposed to information provided by inference”

Epistemic privilege: “The idea that those who are marginalized occupy a position of privilege in terms of understanding ‘how the world works’”

“Recognized experts in providing quality case management”



“We work to help clients heal from personal traumas”



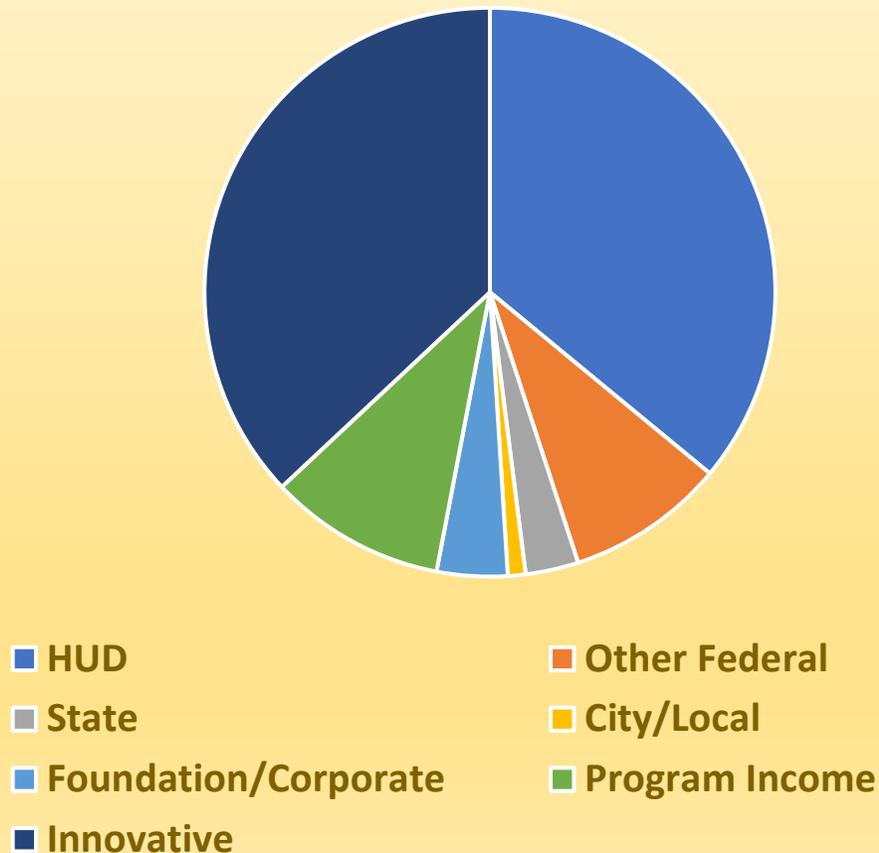
“Enabling people to participate in their community is fundamental”



“Funding for homelessness is a ‘drop in the bucket’”

Current Program Funding Sources

By Percentage of Total Budget



Expanding and Diversifying Funding

Recent Funding Innovations

- CARES Act as a placeholder for HUD-CoC funding
- Expanding PATH funding to provide Housing Based Services
- Direct partnership with a Medicaid Accountable Entity

Future Funding Opportunities

- Medicaid Home Stabilization and PBRSS billing
- American Recovery Act Funding
- Training and Technical Assistance
- Expanded partnerships with Accountable Entities

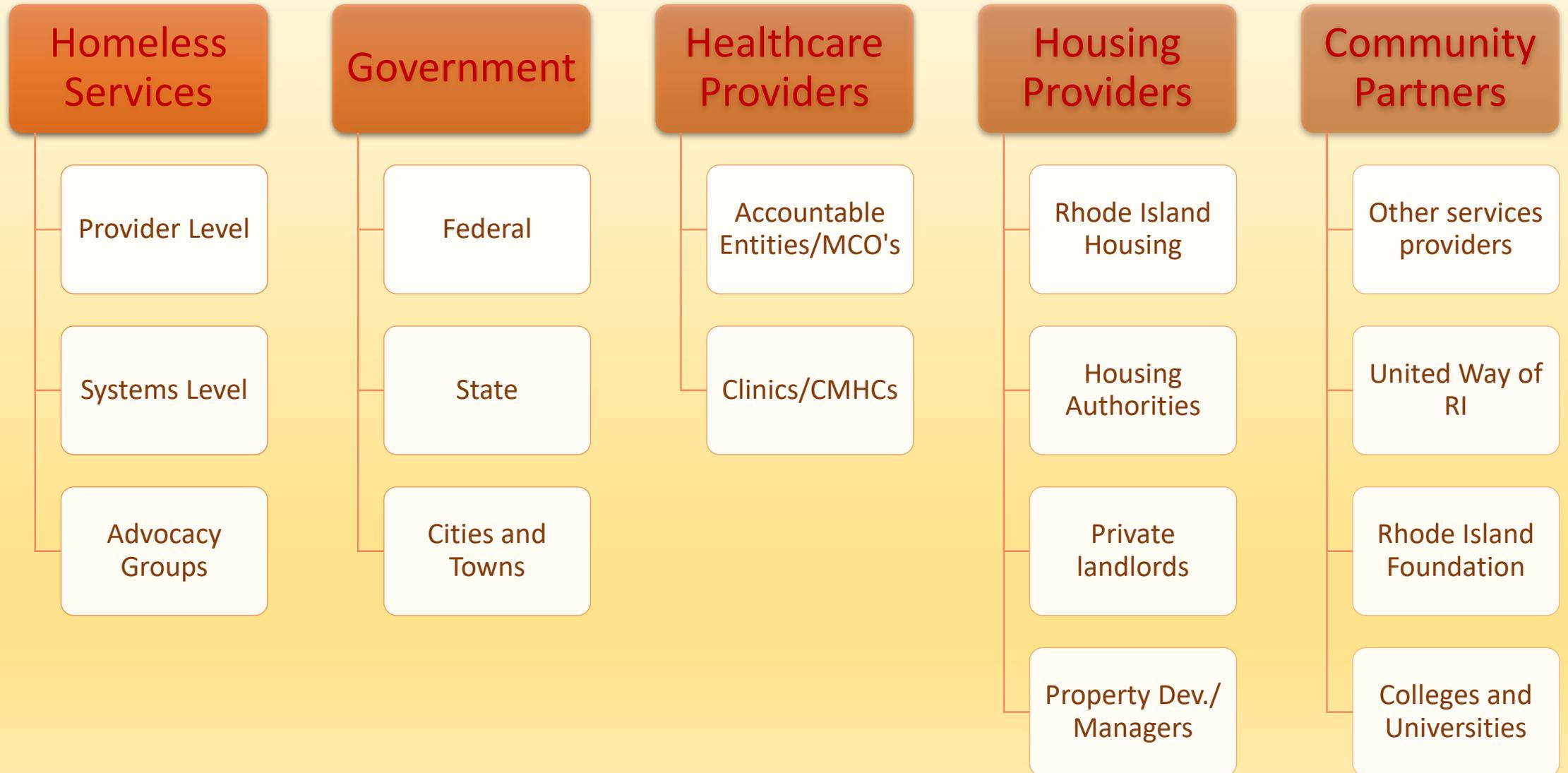
“Supporting Growth and Maintaining Quality”

- Centering our Mission
- Commitment to paying a living wage
- Emphasis on Wellness and Sustainable Work Practices
- Focus on Organizational Capacity
- Regular Strategic Planning
- Strategic Decision Making Framework

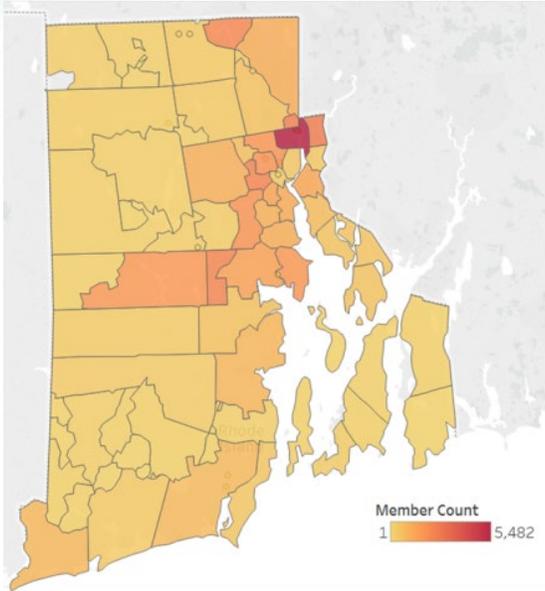
“A Spirit of Partnership”



“Ensuring safe, stable homes for our clients requires collaboration”



Who we are



 *Care New England*

RHODE ISLAND
PHYSICIANS CORPORATION
PRIMARY CARE

 **SOUTH COUNTY HEALTH**

Integra Community Care Network is an Accountable Care Organization (ACO) based in RI.

We are committed to **addressing SDOH through partnerships** with CBOs because

- Addressing SDOH requires collaboration.
- Communities are experts
- We have a lot to learn together!

Partnering to address homelessness



2020-21 Pilot

- Established data use agreement, and conducted data match
- Identified Medicaid members experiencing homelessness
- House of Hope conducted outreach, and services to house 6 individuals.



2021-22 Expanded Contract

- \$250,000 investment
- Targeting unhoused and recently housed individuals for services, to achieve and maintain tenancy
- Goal of 30-person caseload
- Providing intensive case management services, housing search, and wraparound supports
- Renewed data match with HMIS to target outreach
- Case conferencing with Integra Community Health Workers for consultation and referral

Presenters

House of Hope CDC

William Stein, LICSW

Jacqueline Mercado, CPRS

To learn more about House of Hope visit www.thehouseofhopecdc.org

Integra Community Care Network

Brady Dunklee, MPH

To learn more about Integra visit www.integracare.org



Questions and Answers

Please type in the Q&A box



Poll Question:

As you reflect on today's material, what is something you can do differently?

Click on the link
in the chat



Or use QR code



Resources

- <https://www.psychiatry.org/psychiatrists/cultural-competency>
- <https://www.veteranscrisisline.net/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5849430/>
- <http://november.org/graphs/Americans.gif>
- <https://nationalpress.org/topic/race-and-the-criminalization-of-drugs/>
- <https://www.history.com/topics/crime/the-war-on-drugs>
- <https://www.thenation.com/article/archive/how-myth-negro-cocaine-fiend-helped-shape-american-drug-policy/>
- <https://www.vera.org/reimagining-prison-webumentary/the-past-is-never-dead/drug-war-confessional>
- <https://drugpolicy.org/issues/race-and-drug-war>
- <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>
- https://files.hudexchange.info/reports/published/CoC_PopSub_NatITerrDC_2020.pdf
- <https://hub.youthpowercoalition.org/t/the-4-is-of-oppression-ideological-institutional-interpersonal-and-internal/304>
- https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf



Resources

- https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-04-003.pdf
- https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/hrc-factsheet-current-statistics-prevalence-characteristics-homelessness.pdf
- <https://files.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446168/pdf/10705850.pdf>
- <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>
- <https://www.washingtonpost.com/news/wonk/wp/2013/11/02/want-to-keep-people-out-of-the-hospital-make-sure-they-have-a-place-to-live/>
- <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions>
- <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>



Glossary of Terms

Definitions and Key Concepts

Equality - Aims to ensure that everyone gets the same things to enjoy full, healthy lives. Aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

Equity - A structural and systemic concept - the state, quality or ideal of being just, impartial, and fair. Ensures that everyone receives what they need to enjoy full, healthy lives, and may require an unequal distribution of resources to achieve full enjoyment.

Racism - A complex system of racial hierarchies and inequities with a fundamental and conscious belief that race is a determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race – often manifests as ideological, institutional, interpersonal and internalized forms of oppression



Glossary of Terms

Definitions and Key Concepts

BIPOC - Black, Indigenous, and all People of Color

Disproportionality - The ratio between the percentage of persons in a particular group experiencing an event compared to the percentage of the same group in the overall population

Lived X – Refers to folks with lived experience /expertise of navigating systems of care



Glossary of Terms

Definitions and Key Concepts

White supremacy culture (WSC) - Describes how the idea of “whiteness” was created, and how white people and their practices, beliefs, and culture have been normalized over time are now considered standard, leaving little room for diverse perspectives and approaches.

Intersectionality - *[“Intersectionality](#) is just a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves...they create obstacles that often are not understood within conventional ways of thinking about anti-racism or feminism or whatever social justice advocacy structures we have.”*

- Kimberlé Crenshaw

Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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