



HOMELESS &
HOUSING
RESOURCE
CENTER

Supportive Housing Models that Work

Serving Individuals with SMI, SED,
SUD and COD

March 23, 2022
2:30 – 4:00pm ET

Disclaimer

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- All participant lines will be muted and the chat feature is disabled
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- **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
- **Elizabeth DaCosta**, Senior Director of Housing and Community Integration, Community Bridges, Inc., Arizona
- **Tanya Alegria**, PATH Program Manager, Community Bridges, Inc., Arizona
- **Matt Kelly**, Lead Housing Liaison, MercyCare, Arizona



Refresher from Session 1

Session 1 of this 3-part series took place on Feb. 24, 2022 and a link to it's recording can be [found here](#) and covered:

- Recovery and Racial Equity as foundational guiding principles
- Disproportionate impact of behavioral health and homelessness on BIPOC
- 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 House of Hope Community Development Corporation



Session 2: Agenda

- Implicit Bias and Cultural Humility
- Trauma-Informed Practices
- Motivational Interviewing
- Harm Reduction
- Peer delivered services
- Role of hiring practices, training, supervision and performance evaluation in advancing equity
- Role local behavioral health agencies and health plans can play in establishing provider requirements around incorporating these practices
- Community example: Arizona's **Community Bridges, Inc.** and **Mercy Care** health plan



Poll Question:

Implicit bias can influence how we engage and provide services to folks involved in supportive and recovery housing programs. Have you taken an implicit bias test?

**Click on the link
in the chat**



Or Scan QR Code



Implicit Bias

What is Bias?

- **Explicit Bias** –

Conscious prejudice in favor of, or against one group compared with another (often understood to be unfair/harmful)

- **Implicit Bias** –

Unconscious negative or positive association based on group identity (often co-existing with conscious *rejection* of prejudice and stereotypes, support for anti-discrimination efforts, etc.)

How Does it Work?

- The human brain can take in 11 million pieces of information in any one moment
- We're only consciously aware of maybe 40 of these – at best
- Only 2% of emotional cognition is available to us consciously
- Bias tends to reside in the unconscious networks
- Messages can be **framed** to speak to our unconscious (Dog Whistle Politics)
- Mirror Neurons & Empathy



Implicit Bias

How bias shows up in a service provider – client relationship

Bias Example	Anecdote
1) Unconscious language choice – describing folks as: <i>handicapped, wheel chair bound, HIV/AIDS patient, homeless people...</i>	Use person centered language – <i>wheel chair user, living with HIV/AIDS, people experiencing homelessness/houselessness.</i>
2) Supporting/recommending specific goals based on gender/race/age	Developing authentic relationships that dismantle automatic assumptions/stereotypes and co-creating service plans
3) Assuming gender pronouns	Introduce gender pronoun preference early to avoid assumptions based on physical traits



Cultural Humility?

What is Cultural Humility?

NIH describes [cultural humility](#) as “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.”



Cultural Humility

What is Culture?

- ❖ Culture is the totality of socially transmitted behavior patterns and other products of human work and thought that influence the knowledge, beliefs, and values shared by members of a society
- ❖ Culture does not determine behavior but rather affords group members a repertoire of ideas and possible actions, providing the framework through which they understand themselves, their environment, and their experiences
- ❖ Culture is ever changing and always being revised within the dynamic context of its enactment

What are Social Norms?

- ❖ Are ways of behaving that are regarded as acceptable by the social group or setting we identify with
- ❖ When our norms are challenged, we default to judgement, correction, defensiveness, avoidance, or violence



Cultural Humility

Cultural Awareness:

Acknowledge differences, but doesn't seek broader context or understanding
Very limited behavior change

Cultural Sensitivity:

Acknowledge different ways of seeing the world
Integrates some changes in practices or behavior

Cultural Competency:

System elements are aligned with and respect other cultures
Represents action on the part of an individual or organization

Cultural Humility:

A lifelong commitment to self-evaluation to redress power imbalances. Develop and maintain respectful relationships based on mutual trust



Cultural Humility

Tips for Practicing Cultural Humility

- Think about and actively challenge biases or stereotypes you have about certain races and cultures.
- Create a welcoming and safe environment for people of all races and cultures.
- Hire diverse staff. Make your staff reflective of the populations served.
- Be an advocate. Act when you notice any and all instances of discrimination or stereotyping

Trauma and Homelessness

What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual or group as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹

- Homelessness is a traumatic experience and those experiencing homelessness often have complex trauma histories
- People who are receiving treatment for SMI are more likely to have histories of trauma, including childhood physical and sexual abuse, serious accidents, homelessness, involuntary psychiatric hospitalizations, drug overdoses, interpersonal violence, and other forms of violence
- Studies indicate that racial discrimination may be experienced as race-based traumatic stressors that can lead to emotional and psychological injury by eliciting traumatic stress responses

Race Based Trauma

What is Race Based Trauma?

HUD defines [racial trauma](#) as follows: “caused by the stress and pain of experiencing or perceiving racism and discrimination, including being subjected to threats of physical harm, being humiliated or shamed, experiencing micro-aggressions, or witnessing discrimination against others. Unlike other forms of trauma, racial trauma may be ongoing and have multiple causes. Racial trauma may span generations, with children affected by their parents’ and grandparents’ experiences with discrimination or violence.”



Trauma-Informed Care

What is Trauma-informed Care?

Trauma-informed Care (TIC) is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma.

A trauma-informed approach is inclusive of **trauma-specific** interventions, whether assessment, treatment, or recovery supports, yet it also incorporates **key trauma principles** into the organizational culture that prioritize:

- Safety both in physical settings and in interactions with all staff
- Trustworthiness and transparency
- Peer providers
- Collaboration and shared decision making between provider and consumers
- Uplifting empowerment, voice and choice

Motivational Interviewing

What is Motivational Interviewing?

Motivational Interviewing (MI) is a collaborative conversation to strengthen a person's own motivation for and commitment to change.

- In case management, MI is a person-centered counseling method for addressing the common challenge of ambivalence towards change
- MI is designed to strengthen an individual's motivation for and progress towards their specific goals by eliciting and exploring the person's own arguments for change
- MI is evidence-based, relatively brief, applicable across a wide variety of problem areas, complementary to other active treatment methods, and applicable for a broad range of helping professionals.
- MI was originally developed to address substance use disorders but has been tested across a wide range of target behavior changes and has been found to be effective both in reducing maladaptive behaviors and in promoting adaptive health behavior change.

Harm Reduction

What is Harm Reduction?

SAMHSA defines [harm reduction](#) as a **proactive and evidence-based approach to reduce the negative personal and public health impacts** of behavior associated with substance use at both the individual and community levels. Harm reduction programming works to:

- Meet people where they are on their own terms regarding their use
- Connect individuals to overdose education and referral to treatment for infectious diseases and substance use
- Distribute opioid overdose reversal medications (e.g. naloxone)
- Lessen harms associated with drug use (infectious diseases such as HIV, viral hepatitis)
- Reduce infectious disease transmission among people by equipping them with accurate information and facilitating referral to resources
- Reduce overdose deaths, promote linkages to care and facilitate co-location of services
- Reduce stigma associated with substance use
- Promote philosophy of hope and healing by utilizing those with lived experience in recovery

Peer Delivered Services

What are Peer Delivered Services?

Recovery support services that are provided by people with lived experience (e.g., community health workers, certified peer specialists, recovery coaches) and who are representative of the community they are serving. These services may significantly enhance engagement into services by:

- Offering shared understanding, respect and empowerment in service navigation
- Modeling long-term recovery and how to partner with providers, family, friends and employers in ongoing recovery practices
- Connecting individuals to mutual aid groups (AA, NA, consumer-run social programs, community events) for social supports

Hiring Practices

Approaches to hiring - aim to achieve representation at all levels, recruit from diverse sources, welcome nontraditional backgrounds, and explore flexibilities during the “great resignation”

- Awareness of biases in hiring (e.g., confirmation bias, affinity bias, halo/horn effect, conformity bias, etc.)
- Build an employee-centered work culture by understanding what people need
- Offer competitive salaries and benefit packages
 - Partner with local businesses to offer wellness discounts (e.g., juice bars, fitness centers, meditation programs)
- Invest in good Employee Assistance Programs (EAP), adjust dress codes, encourage employees to take sick, personal days/mental health days

Training

Approaches to training – that are equitable, promote career pathways, include deep self reflection, and value a lifelong commitment to continued learning & growth

- Ensure equitable access to training and professional development opportunities
- Provide timely and consistent onboarding training, paired with an experienced and trusted mentor
- Utilize client feedback to identify knowledge/skill gaps and understand staff interactions and engagement approaches
- Create professional development opportunities and invest in annual conferences, e-learning, and other resources
- Invest in ongoing education, tuition reimbursement stipends, and other skill based educational opportunities
- Utilize mixed-methods for tracking progress (e.g., process recordings, observation, shadowing, self-reflection, etc.)

Supervision

Approaches to supervision – that are equitable and individualized, inclusive of supervisee perspectives, mutually beneficial, and in line with both program and broader organizational goals

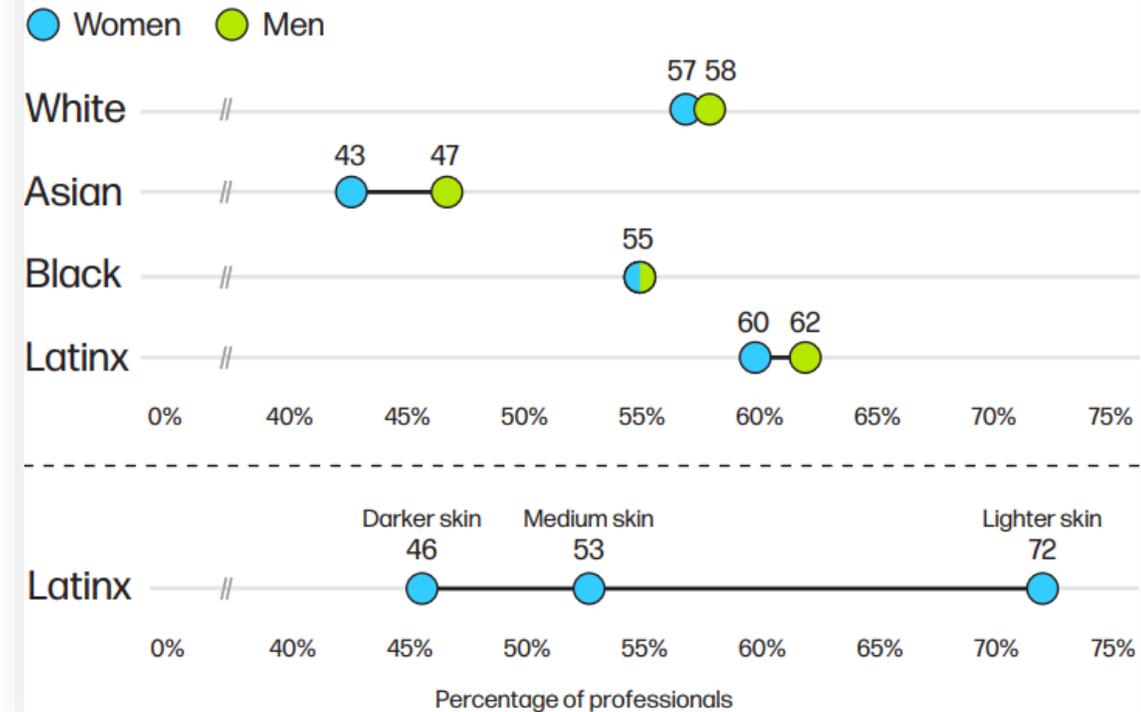
- Dedicate consistent time and structure supervision to balance both supervisor and supervisee clinical goals and needs
- Devote time throughout the year to supervision in the field, while working with client base so that individuals can see what TIC, MI, Harm Reduction look like.
- Ensure ideas and next steps are agreed upon in an accessible way for different abilities, technological needs, learning styles, etc.
- Check for disparate approaches in staff supervision –
 - Are BIPOC staff being disciplined at higher rates than their non-BIPOC counterparts?
 - Are staff with disabilities & staff with nontraditional backgrounds recommended for promotional opportunities at similar or disparate rates?
- Reimagine staff/team check ins (change location to a coffee shop or park area), offer the team lunch, celebrate small wins

Annual Staff Performance Evaluations

Understand processes that determine career outcomes

- ❖ **Performance Evaluations** – that are SMART/IE – inclusive and equitable, provide opportunities for self and 360 assessment, and require a minimum number hours for advancing cultural humility/DEI professional development.
- ❖ **Promotional Opportunities** – that are tied to equity-based performance evaluation vs. seniority. Understanding promotional trends can help revise evaluation approaches.
- ❖ **Pay** – if raises are merit based, do current evaluation processes measure performance on organizational equity and social justice goals? Salary surveys can provide opportunities to correct historical pay gaps.
- ❖ **Principles of Equity** – that are infused throughout the evaluation, promotional consideration, pay increase, and goal setting processes.
- ❖ **Consider asking:** what questions are being asked, by whom, and for what purpose?

Professionals who say their evaluations reflect their contributions to the company



State & Local Behavioral Health Agencies and Their Role

- Establish and strengthen partnerships across Medicaid, behavioral health, health, and housing systems
- Coordinate multiple funding sources to provide a broad array of supports
- Build/fund TA capacity that supports training, certification and system performance monitoring to improve providers' network capacity to deliver evidence-based practice supportive housing
- Provide specialized care coordination
- Establish payment methodologies to support high quality services
- Use specificity in managed care plan contracts and develop standards for housing-related supports and care coordination
- Implement performance improvement and quality measurement strategies related to housing stability



Housing Focused Engagement and Supporting Staff

Matthew Kelly

Lead Housing Liaison (Mercy Care)

Tanya Alegria

PATH Program Manager (CBI)

Elizabeth DaCosta

Senior Director of Housing and
Community Integration (CBI)



Community Bridges Inc. Who We Are



Our Mission:

To maintain the dignity of human life.

Our Purpose:

To be an agent of positive change in our communities.



Mercy Care Health Plan

- Mercy Care is a not-for-profit Medicaid managed-care health plan, serving AHCCCS members in Arizona since 1985. Mercy Care is a local company sponsored by Dignity Health and Ascension Health.
- Mercy Care provides access to physical and behavioral health care services for Medicaid-eligible families, children, seniors, and individuals with developmental/cognitive disabilities.
- Mercy Care serves over 400,000 Arizonans statewide.
- Mercy Care exists to address and advocate for the comprehensive health of our members and families, including circumstances that impact their well-being. This includes special consideration for the underserved and those with complex health needs regardless of race, color, religion, ethnicity, national origin, sex, sexual orientation, gender identity, age or disability.





Contracts

Population Served

Membership

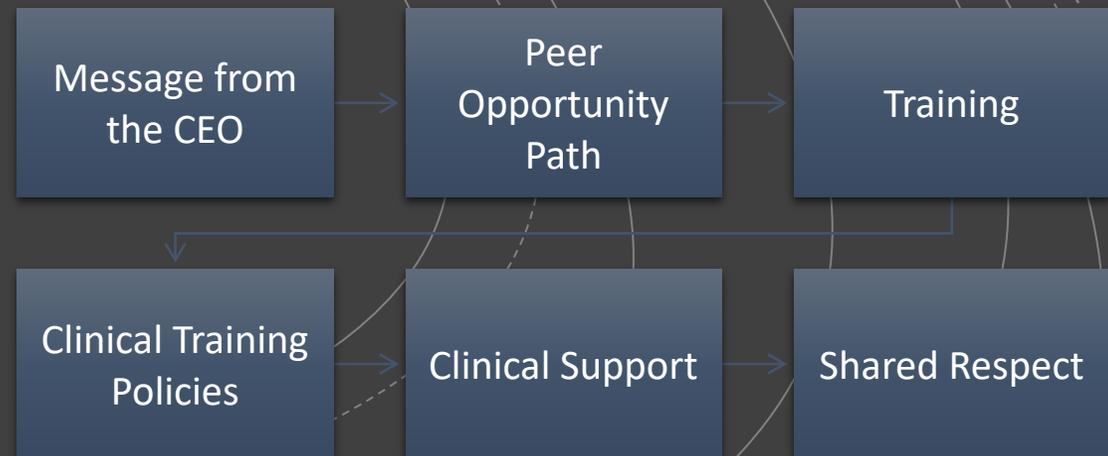
Service Area

Key Program Features

	<p>ACC AHCCCS Complete Care</p>	<p>ALTCS Arizona Long Term Care System</p>	<p>MCA Mercy Care Advantage</p>	<p>DD Developmentally Disabled</p>	<p>RBHA Regional Behavioral Health Authority</p>	<p>CHP Comprehensive Health Program</p>
	Integrated BH/PH for TANF, Expansion Population, SSI, CHIP, Children’s Rehabilitative Services (CRS)	ABD/SSI/LTSS ~85% Dual Eligibles Integrated BH/PH	Medicare/Medicaid Dual Eligible	Autism, Cerebral Palsy, Epilepsy, Cognitive/Intellectual Disability Integrated BH/PH	Integrated PH/BH for Persons w/ serious mental illness, Crisis, Grants	Integrated PH/BH for children in child welfare system
	384k	11k	16k	15k	27k	14K
	Maricopa, Gila, Pinal	Maricopa, Gila, Pima, Pinal	Statewide	Statewide	Maricopa, Pinal	Statewide
	<ul style="list-style-type: none"> • #1 for member choice (77% of new enrollments) • Strong provider relationships with provider satisfaction in the 98th percentile • Integrated PH/BH/Rx benefits and partnerships to address SDOH 	<ul style="list-style-type: none"> • Highest member choice • Strong value-based care including in-home PCPs • 100% field-based care management 	<ul style="list-style-type: none"> • Seamless enrollment for newly eligible members • Robust supplemental benefits 	<ul style="list-style-type: none"> • Strong relationships with advocacy groups • Community activation and grassroots campaigns • Integrated UM/CM pods • Value based care network 	<ul style="list-style-type: none"> • Manage crisis system for 5M residents in Maricopa County • Collaborative agreement with Justice Dept and VA • Opioid Centers Of Excellence 	<ul style="list-style-type: none"> • Specialized Health Homes • Integrated BH/PH/Rx • Tools for shared communication - Family Connect • Rapid Response Integrated Assessment (Assessment with 72 hours of removal)



Supporting Staff



Supporting Staff – Final Key Strategy

People accepting the ability to learn from people, regardless of education and background.



Peer



Clinician



Member

- The Members are healing
- The Peers are growing professionally & personally
- The Clinicians are growing professionally & personally



Mercy Care Supporting Providers

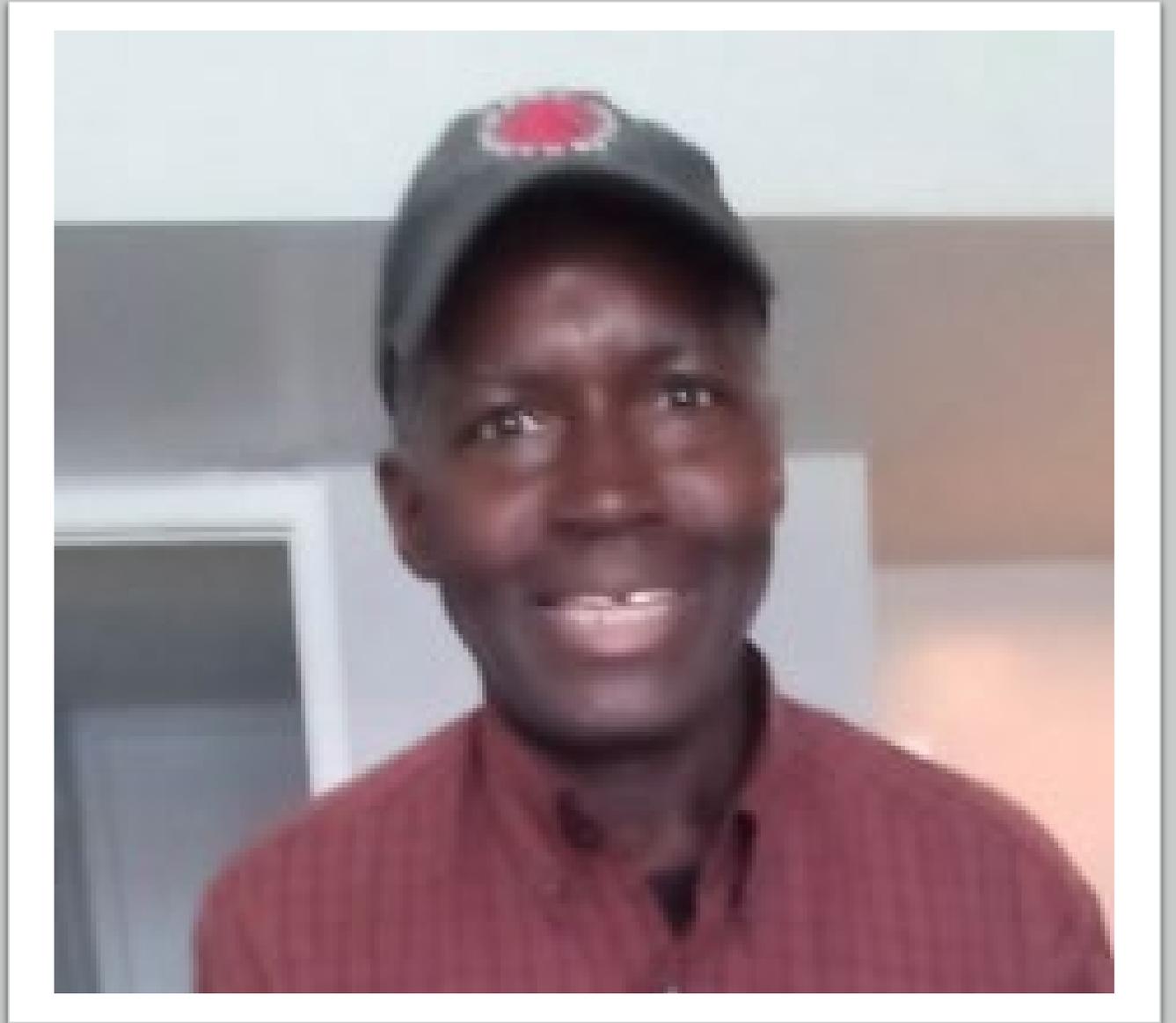


- Significant efforts have been made to reduce silos between the different systems in our county.
- Supportive Housing contracts include language that supports best practice and hiring staff with lived experience.
- Quality and improvement efforts have been implemented to support providers.



Housing Focused Engagement
(Across the Continuum)

Interventions
through the
eyes of the
Member



Policy Applied Interventions:

Outreach

- PATH
- Municipality
- Emergency Solution Grant (ESG)

Evidenced Based Interventions

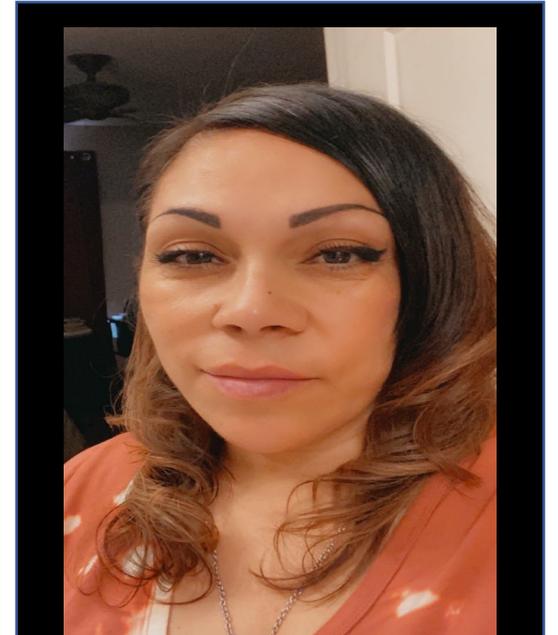
- Housing First Foundation
- Motivational Interviewing
- Assertive Engagement
- Trauma Informed

Outcomes – Housing and Income Stability Built into Contract Outcomes

- Two-thirds of unduplicated clients contacted become engaged in services
- Of those engaged clients, 30% exit to permanent or temporary housing
- Complete 120 SOAR applications
- Ensure 100% of clients enrolled are engaged in CES within 48 hours of enrollment

Mercy Care Support

- Strategic Opioid Response
- Community Reinvestment Dollars
- 1115 Waiver



Leader with Lived Experience

Policy Applied Interventions:

Shelter:

- Congregate
- Bridge
- Hotel

Evidenced Based Interventions:

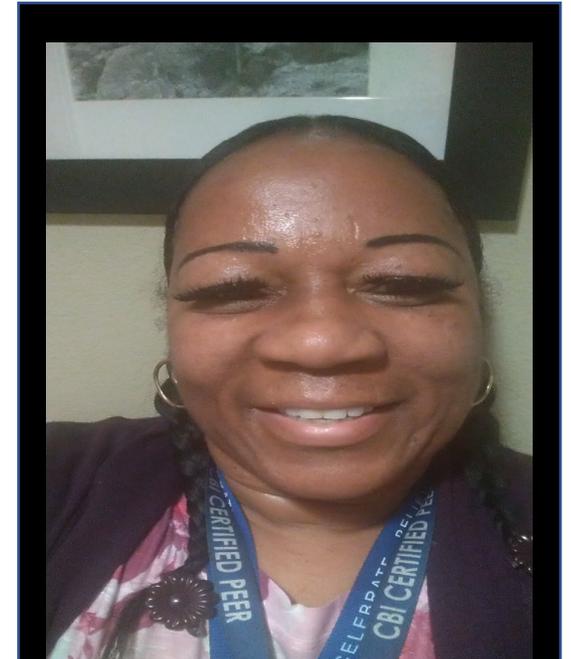
- Housing First Foundation
- Low Barrier
- Trauma Informed Care

Outcomes Achieved: 7/1/2020 – 6/30/2021

- Total People Served - 813
- Average Length of Stay - 72 Days
- Average # of returns to homelessness 12 months post exit - 2
- Average Percent of Exit to Positive Housing Destination – 72%

Mercy Care Support:

- Strategic Opioid Response
- Community Reinvestment Dollars
- 1115 Waiver



Leader with Lived Experience

Policy Applied Interventions:

Comprehensive Community Health (CCHP)

- Peer Navigators
- Registered Nurses
- Licensed Clinicians

Evidence-Based Interventions

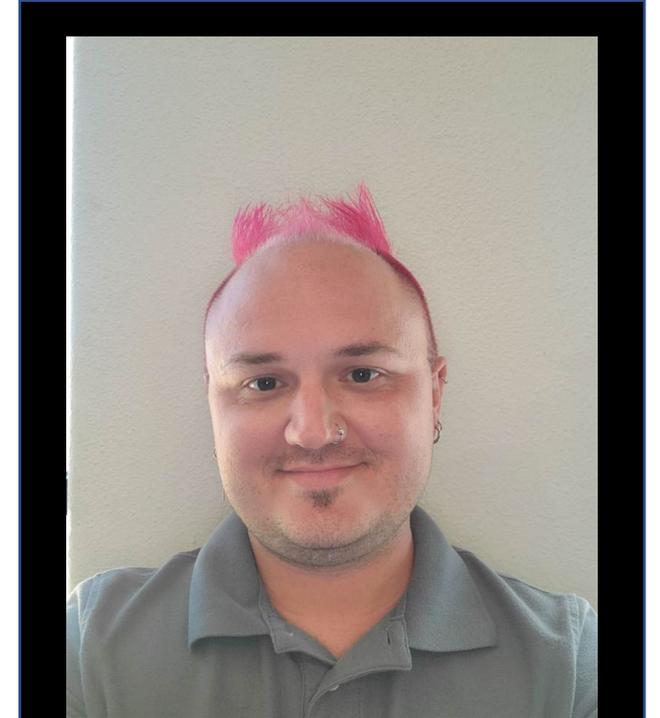
- Permanent Supportive Housing
- Trauma Informed

Outcomes – 10/01/2020 – 09/30/2021

- Total Served 294
- Total Number of High Cost/High Needs 197
- Total Number Served in PSH 146
- Total Number who saw PCP in last year 132

Mercy Care Support

- Medicaid Reimbursed Encounters
- Public Housing Vouchers
- Flexible Funding for incidentals



Leader with Lived Experience

Member Journey (Outreach, Shelter, Housing)





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 Scan QR Code

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.

Contact Us:

<http://hhrctraining.org/>

info@hhrctraining.org

518-439-7415x4





Resources

- Implicit Bias Insights as Preconditions to Structural Change - <https://perception.org/publications/preconditions-to-structural-change/>
- Nonprofit HR Solutions: Nonprofit Employment Trends 2013 - <https://www.nonprofithr.com/wp-content/uploads/2013/03/2013-Employment-Trends-Survey-Report.pdf>
- Chicago Booth School: Are Emily and Brendan More Employable than Lakisha and Jamal? - <https://www.chicagobooth.edu/review/racial-bias-hiring>
- Nonprofit Quarterly: Colorblind or Just Plain Blind? - <https://nonprofitquarterly.org/understanding-new-racism-bias/>
- Consequences of Implicit Bias video - [What Would You Do? Bike Theft \(White Guy, Black Guy, Pretty Girl\) – YouTube](#)
- 13 Common Hiring Biases to Watch Out For - <https://harver.com/blog/hiring-biases/>
- Cultural Humility - <https://www.igi-global.com/dictionary/culture/6442>
- Cultural Humility - <https://cahealthadvocates.org/are-you-practicing-cultural-humility-the-key-to-success-in-cultural-competence/>
- CoQual: Equity at Work: Fulling its Promise Through Process <https://coqual.org/wp-content/uploads/2021/10/Coqual-Equity-At-Work-Key-Findings-FINAL.pdf>
- <https://www.naccho.org/blog/articles/recognizing-intersectionality-and-unpacking-unconscious-bias>
- <https://implicit.harvard.edu/implicit/takeatest.html>