

***UTAH PUBLIC MENTAL HEALTH SYSTEM
PREFERRED PRACTICE GUIDELINES***



***TREATMENT BASED HOUSING/IN-HOME SKILLS
AND
SUPPORTED HOUSING FOR ADULTS
WITH SERIOUS AND PERSISTENT
MENTAL ILLNESS***

Approved & Adopted April 18, 2011

**Utah Public Mental Health System
Preferred Practice Guidelines**

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Acknowledgements

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Under the auspices of the Utah Division of Substance Abuse and Mental Health and
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Utah Public Mental Health System
Preferred Practice Guidelines
Treatment Based Housing/In-Home Skills & Supported Housing
For Adults with Serious and Persistent Mental Illness (SPMI)

GOAL

To define and provide uniform and consistent preferred practice guidelines (PPGs) for Treatment Based Housing/In-Home Skills Programs and Supported Housing for consumers with serious and persistent mental illness (SPMI) provided by the Community Mental Health Centers (CMHCs) in the State of Utah. Utah Code Title 17 Chapter 43 Section 301 (17-43-301) (4) (b) (viii) community supports, including in-home services, housing, family support services, and respite services.

VALUE:

Housing is a basic human need. Consumers have the right to live in the most integrated setting possible with accessible, individualized supports and are not limited in their ability to pursue a life in the community.

SCOPE OF CARE

A range of treatment, support, skill development, and case management services are provided to help consumers to be successful in achieving the skills in Treatment Based Housing/In Home skills and Supported Housing programs. Services must be individualized, depending on the consumer's needs and desires. The goal of such service delivery should involve consumers in planning for services that enhances consumer dignity, self-worth, and self-sufficiency.

STATEMENT OF INTENT

This PPG is not to be construed to limit in any way the individualization of treatment, creativity, or the ability to provide treatment in the best interests of the consumer. This PPG is developed on the basis of all clinical data available and is subject to change as scientific knowledge and technology advance and patterns evolve. This PPG should be considered a guideline only. Adherence to the PPG will not ensure a successful outcome in every case, nor should it be construed as including all proper methods of care, or excluding other acceptable methods of care aimed at the same results. It is recognized that optimal outcomes will not always be obtained in treatment. Finally, this PPG is not meant to obligate a CMHC to provide housing to every consumer, or to diminish the consumer's individual right and responsibility to secure his/her own housing.

OPTIMAL OUTCOME

The PPG summarized below should guide the work of the CMHCs in providing assistance to adults with SPMI to obtain housing and live successfully in the community. This PPG is based on the central belief that recovery is possible and is the core goal of services and supports. Combining an expectation of hope for recovery within best practices should characterize all efforts to reintegrate adults with SPMI into our communities.

DEFINITIONS

Treatment Based Housing/In-Home Skills Programs

Treatment Based Housing/In-Home Skills programs are defined as housing in the community (either scattered site or single site) in which treatment is required. The CMHC provides In-Home Skills services to help the individual develop skills and experience toward independent living in the community. Planning for Treatment Based housing includes planning for the supports that consumers need for recovery. Mental health services are not separate needs and should be organized and staffed to provide general and specialized interdisciplinary services with crisis services available 24 hours per day, seven days per week. Termination of services is based on the same conditions of treatment as with the community mental health center. In addition, consumers should have a central role in the planning process. The target population for treatment-based housing should encompass all levels of need as identified in the assessment and treatment plan tailored to meet the individualized needs.

Treatment Based housing is a separate service from Residential Treatment as defined by Department of Human Services Division of Licensing. (See code) Residential Treatment does not require a lease and is defined as a higher level of care that requires awake 24/7 staff and is short-term placement. Treatment Based housing does not require 24/7 onsite supervision.

Supported Housing Programs

Supported Housing is identified as housing in the community (either scattered site or single site) in which treatment should not be a part of the housing eligibility process and that treatment is not required to maintain housing. Supported Housing is intended for people who need support services to live successfully in the community. Supported Housing programs and mental health services should be viewed as separate needs and should not be bundled together. Rather, they should be provided in partnership with each other. Mental health services should be based on an individual's needs and desires. Consumers should have a central role in the planning process. It is vital to separate landlord and property management functions from the service delivery roles. Housing planning should be closely linked to the supports that people need for recovery.

TREATMENT BASED HOUSING/IN-HOME SKILLS PREFERRED PRACTICE GUIDELINES:

1. Each CMHC should be sensitive to the housing needs of its consumers by listening to and communicating with consumers, family members, advocates and service providers and regularly assessing the housing needs and options for resources in the community.
2. CMHCs should have designated staff with expertise and knowledge of private and public housing options and train other staff, to assist and support consumers in obtaining affordable housing Affordable Housing is defined as an individual contribution of no more than 30% of household income toward rent, and that there are

- not adverse health or safety issues. The percentage of individual or household income can vary depending on the consumer's income and the CMHCs internal policy and resources.
3. Each CMHC should have a clearly defined role between housing services and property management; however, the practicality of treatment based housing may necessitate dual roles.
 4. Each CMHC should have written referral, admission, and discharge criteria for each of the housing programs they own, manage, supervise, lease, or sublease. Criteria should acknowledge expected time frames and time-limited placement based on consumer needs, to facilitate independent living in the community.
 5. Housing program's mission and purpose should be clearly defined and regularly evaluated.
 6. Mental health services in housing programs should include services that are planned with full involvement of consumers and may include Residential Groups/Councils. Consumer choice of services as much as possible should adhere to the value of self direction even in the event of civil commitment.
 7. Mental health services in housing programs should be focused on recovery as defined by self-sufficiency and adaptive functioning with the expectation that individuals move toward independent housing options in the community. Consumers' strengths and needs and potential for independence are evaluated with each Recovery/Treatment plan review.
 8. Mental health services in housing programs should be flexible to meet consumer needs. CMHCs should educate consumers and/or provide staff to assist with a variety of permanent and/or transitional housing options. Mental Health Housing Programs admission should generally be guided by consumer's choice, in collaboration with CMHC's admission criteria.
 9. Housing services should be listed as a method of service on the individuals Recovery/Treatment plan and/or Case Management Needs Assessment. Housing staff should be familiar with housing program's objectives as well as consumer's Recovery/Treatment plan and staff's role in their plan.
 10. Mental Health Services in housing programs should be provided by a competent and diverse work force which may include peer specialists.
 11. Sensitivity of race, ethnicity, age, economic status, gender and sexual orientation of those they serve as well as the overall life goal of the consumer.
 12. Consumers have the same rights and responsibilities as all other citizens. Legal protections and tools should be utilized, such as those found in the Fair Housing

13. In the event of discharge the CMHC should make every effort to arrange alternative housing options to help avoid homelessness
14. Housing programs should develop and measure outcomes to capture the programs results and assure quality of care.
15. Housing programs will encourage healthy lifestyles without substance abuse. Support services should be available for persons who substance use may interfere with their ability to maintain housing stability.
16. In the event of temporary incarceration and/or hospitalization reasonable efforts should be taken to secure housing options and assist consumers in maintaining housing.

SUPPORTED HOUSING PREFERRED PRACTICE GUIDELINES:

(SAMHSA Evidence-Based Practice Kit 2010)

1. Consumers have access to the supportive services that they need and want to retain housing and participation in services is voluntary and can not be evicted for rejecting services.
2. The housing lease is in the consumers name and they have full rights of tenancy under landlord-tenant laws, including control over living space and protection against eviction. Lease does not have any provisions that would not be found in leases held by someone who does not have a SPMI
3. Housing is affordable and defined as an individual contribution of no more than 30% of household income, and that there is no adverse health or safety issues.
4. Housing is integrated and consumers have the opportunity to interact with neighbors who do not have a SPMI.
5. Consumers have choices in the support services they receive. They can choose from a range of services based on their needs and preferences. As needs change over time, more intensive or less intensive support services may be provided without losing their homes.

6. Support services promote recovery and are designed to help people choose, obtain, and maintain housing.
7. The provision of housing and the provision of support services are distinct. Property management and support service functions should be provided either by separate legal entities or by staff members whose roles do not overlap.
8. Supported Housing programs for consumers that request and participate in mental health services should develop and measure outcomes to capture the programs results and assure quality of care.
9. CMHCs should consider application of the SAMHSA Supported Housing Evidence Based Practices (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration HHS Publication No SMA-10-4509).
10. Housing programs will encourage healthy lifestyles without substance abuse. Support services should be available for person who substance use may interfere with their ability to maintain housing stability. In the event of temporary incarceration and/or hospitalization efforts should be taken to secure housing options and assist consumers in maintaining housing.