



**HOUSING OPTIONS BEST PRACTICES FORUM**

Welcome!

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### Logistics (boring yet necessary)

- Hosts:
  - Ali Niemi, DHS
  - Heidi Sandberg, DHS
  - Julia Welle Ayres, DHS
- 30 sites! =>
  - Keep microphones muted, but let us know if you can't hear!
  - No questions during presentation
  - Small group discussions
- Follow up evaluation

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### Agenda

- Introducing Housing Options Best Practices Forum: What is this all about? (15 minutes)
- Real-life examples (30 minutes)
- Overview: Learn about Housing "Best Practices" (60 minutes)
- Wrap-up and next steps (15 minutes)

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### Why have a Housing Options Best Practices Forum?

- Respond to changing landscape
  - ▣ Federal initiatives pushing states to increase community options (Olmstead!)
  - ▣ Evolving populations and expectations
  - ▣ Limited housing options and resources
- Promote and share what's working
  - ▣ ESPECIALLY across disability types and populations
- Support each other

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### What are we hoping to achieve?

- More choices and control for people over their housing and services
- Leverage resources as best we can
- Collaboration between counties, tribes and providers to develop creative housing options for individuals
- Share success stories and best practices used in your community
- Forward identified policy/resource barriers to decision-makers

Ultimate goal: Everyone has the opportunity to live in integrated housing of their choice.

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### Format of Forums

- Every other month (evens), third Monday, 1:30-3:30
- Taped presentation and materials available post-session on HB101.org
- Steering Committee to oversee agenda and topics

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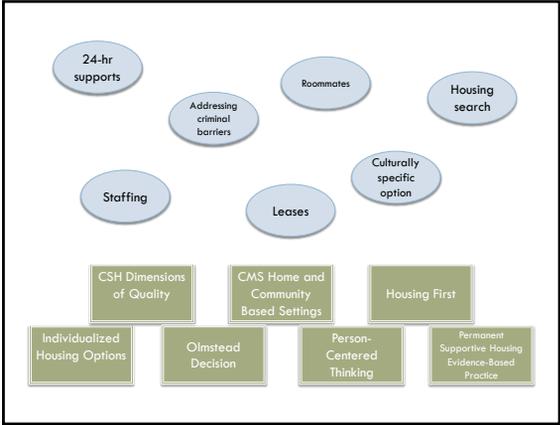
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- ### Sample Agenda
- I. Policy and Program updates
  - II. Best Practices review
  - III. Guest speaker
  - IV. Success story
  - V. Emerging issues

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### Using Housing Best Practices: Real-life example #1

- Jennifer Brustad, Dakota County

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**Kyle**

**SITUATION:**

- He had multiple moves and changes in a short period of time
- Family, staff and providers were afraid of him
- He had no focus on long term goals - just immediate satisfaction

**CHALLENGES/RISKS:**

- Hard to serve because of the constant focus on his behaviors
- Can be physically aggressive/impulsive
- Likes to break items that are important to others
- Lack of opportunity

**DESIRES/GOALS:**

- Live in his own place
- Have less staff
- Get a job-direct hire
- Be in a relationship

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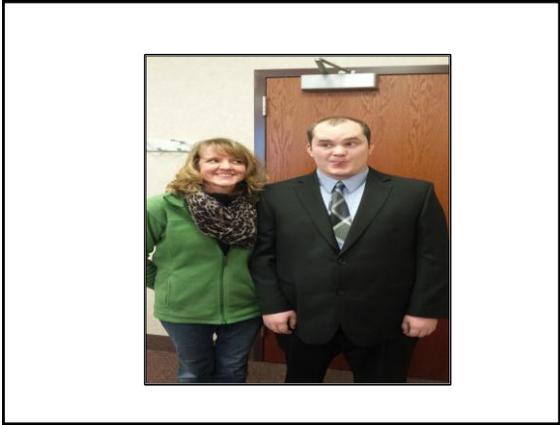
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**Using Housing Best Practices: Real-life example #2**

□ John Petroskas, DHS

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### Overview of "Best Practices"

- Foundation for Best Practices Forums
- Future Forums will cover strategies from "Best Practices"
- References to resources for more in-depth training and knowledge

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### CSH Dimensions of Quality

A **comprehensive set of resources** describing quality in supportive housing, designed to build the capacity of **supportive and affordable** housing industries to create and operate **high-quality, effective and sustainable** housing units

- **History:** Developed by CSH in 2009 after more than two years of focused conversations with supportive housing tenants, providers, funders and stakeholders
- **Target population:**
  - Households whose heads of household are experiencing homelessness, at risk of homelessness, or are inappropriately staying in an institution.
  - Persons facing multiple barriers to employment and housing stability, including mental illness, substance use, and/or other disabling or chronic health conditions

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### CSH Dimensions of Quality

□ **Basic tenets**

Collaboration	All supportive housing partners work to achieve shared goals
Integration	Housing provides tenants with choices and community connections
Low barrier	Tenants of all backgrounds and abilities enter housing quickly and easily
Person-centeredness	Every aspect of housing focuses on meeting tenants' needs
Stability	Housing operates successfully for the long term

□ **Learn more!** <http://www.csh.org/quality>

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### Centers for Medicaid and Medicare Services Home and Community Based Settings Rule

**Ties funding (Medicaid Home and Community Based Services (HCBS)) to qualities of the person's housing**

- **History:** Federal Health and Human Services are moving away from defining home and community-based settings by "what they are not," and toward defining them by the **nature and quality of individuals' experiences**
- **Target population:** People receiving waived services or Personal Care Assistance (PCA/CFSS) services

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### CMS Home and Community Based Settings Rule

□ **Basic tenets**

Choice	Person chose the housing among options, including non-disability options and an option for a private unit Person has autonomy and independence in making life choices Person can choose services and supports, and who provides them
Integration	Housing supports full access to the greater community
Rights	Person has privacy, dignity and respect, and is free from coercion and restraint

□ Learn more! [www.mn.gov/dhs/hcbs-transition](http://www.mn.gov/dhs/hcbs-transition)

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### Housing First

An **approach** that pushes us to **allow people to take risks, and to know that people do well when they get housing FIRST** (instead of waiting for "readiness"), and then get services

□ **History:**

- Replaces "housing readiness" as requirement for housing
- Developed to help people with long histories of homelessness and multiple barriers

□ **Target population:**

- people experiencing homelessness
- people with long histories of homelessness and co-occurring health challenges

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### Housing First

□ **Basic tenets**

Choice	All services are voluntary and not a condition for keeping housing Housing is not time-limited
Low barriers	First goal is helping people get housing, regardless of "housing readiness" by minimizing barriers to housing
Person-centered	Services are flexible and individualized – providers do "whatever it takes" to help the person achieve recovery and housing stability
Stability	Housing provides a foundation from which a person or family can access the services and supports they need

□ Learn more! [http://www.endhomelessness.org/pages/housing\\_first](http://www.endhomelessness.org/pages/housing_first)

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### Individualized Housing Options

An **approach to help people think differently about who can live in their own home, and to discover housing options**, plan a move, learn about help and supports, and develop a person-centered housing support plan that is workable into the future

- **History**
  - Response to shifting expectation for people to live in their own home and not in a group setting
  - Multi-county collaborative
- **Target population:** People with a disability who want to move out of their family's home, a foster care home, group home, nursing home or other institutional setting to rent, lease, or own their own living space

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### Individualized Housing Options

□ **Basic tenets**

Choice	An individualized plan offers increased choice and an opportunity for people to self-direct the help and supports they need and desire.  A person has choice over who provides the supports. People may choose to stop services or change providers and continue living in their home.
Integration	Goal is to help person move to a setting controlled by the individual through own lease or home ownership
Person-centered	No matter where an individual lives, help and supports can be matched to that person's unique needs

**Learn more!**  
<http://www.livingwell.org/files/livingwell/files/Individualized%20Housing%20Options%20Resource%20Guide%20FINAL.pdf>

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### Minnesota's Olmstead Plan

**Legal mandate** requiring the State to provide **community-based services** to persons with disabilities.

- **History**
  - 1999: the United States Supreme Court held in Olmstead v. L.C. that unjustified segregation of persons with disabilities constitutes discrimination.
  - 2009: DOJ launches aggressive effort to enforce
- **Target population:** People with disabling conditions as defined by the Americans with Disabilities Act

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### Olmstead

- Basic tenets
 

Choice	<p>People with disabilities will choose where they live, with whom, and in what type of housing</p> <p>Linked to voluntary supports and services</p>
Integration	<p>Each individual has the option to live in the most integrated setting of their choice</p> <p>Each housing option strive to attain the highest level of integration possible</p>
Low barriers	<p>Reduce the barriers that prohibit a person from being able to live in the most integrated setting of their choice</p>
Person-centered	<p>Person-centered principles will be incorporated into any individual planning processes</p>
- Learn more! [http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16\\_193693.pdf](http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_193693.pdf)

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### Permanent Supportive Housing Evidence-Based Practice

**Evidence-based practice** for housing that emphasizes **quality** housing and **flexible** services

- History: Developed by the Federal Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Target population: People with serious mental illnesses

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### Permanent Supportive Housing Evidenced-Based Practice

- Basic tenets
 

Choice	<p>Housing should provide choice</p> <p>Linked to voluntary supports and services</p>
Integration	<p>Housing should be decent, safe and affordable, with standard leases, and integrated into the community</p>
Low barriers	<p>No special rules or service requirements</p>
Person-centered	<p>Flexible supports and services change and adapt to person's needs and preferences</p>
- Learn more! <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-451Q>

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### Person-centered Thinking

A set of **values, skills and concrete, easy to use tools** to assist people and their supports to understand **what is important to them**, how they wish to live, and how to move forward with those wishes.

- **History:**
  - Serve as the foundation for person centered planning, to assist someone to plan their life and supports.
  - Originally developed for people with developmental disabilities
- **Target population:** People with physical disabilities, developmental disabilities, and mental health issues, and elderly persons

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### Person-centered Thinking

□ **Basic tenets**

Choice	People are at the center of person centered planning and this includes having the opportunity to lead their own plan Linked to voluntary supports and services
Person-centered	Families and friends are partners in planning processes and action Staff know what is important to individuals, what support they want and what they want for the future

Learn more! <http://rtc3.umn.edu/pctp/training/>  
<http://www.learningcommunity.us/home.html>

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### Summary

<b>CSH Dimensions of Quality</b>	Building the capacity of supportive housing
<b>HCBS Settings Rule</b>	Ties best practices to funding
<b>Housing First</b>	Housing stability as platform for future success
<b>Individualized Housing Options</b>	Creative use of existing resources to design housing options centered around the person
<b>Olmstead</b>	Supreme Court requires opportunities for integration for people with disabilities
<b>PSH Evidence-Based Practice</b>	Ensuring quality housing for people with Serious Mental Illness
<b>Person-Centered Thinking</b>	Concrete, easy to use tools that can be accessed by anyone

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### Room Discussions

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### Wrap-up

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- Comments or questions?
  - DHS Housing Options email: [dhs.housingoptions@state.mn.us](mailto:dhs.housingoptions@state.mn.us)
- Presentation and materials available: <http://mn.hb101.org/>
- Complete evaluation

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### Steering Committee Members

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<ul style="list-style-type: none"> <li>□ Kate Erickson, Department of Corrections</li> <li>□ Vicki Farden, Minnesota Housing Finance Agency (Supportive Housing)</li> <li>□ Colleen Fodness, Dakota County</li> <li>□ Julie Grothe, Guild, Inc.</li> <li>□ Mari Moen, DHS (Direct Care and Treatment)</li> <li>□ Jeannie Nelson, DHS (Moving Home Minnesota)</li> <li>□ Becky Melang, CSH</li> <li>□ Nichole Meyer, Wright County</li> <li>□ Alison Niemi*, DHS (Housing)</li> <li>□ Kelsey Nylime, Fraser</li> <li>□ Stacey Ray, Catholic Charities</li> </ul>	<ul style="list-style-type: none"> <li>□ Heidi Sandberg*, DHS (Section 811)</li> <li>□ Alicia Smith, DHS (Indian Policy)</li> <li>□ Ed Sootsman, Hennepin County</li> <li>□ Nan Stubenvoll, DHS (Alternatives to Foster Care)</li> <li>□ Lynette Studer, DHS (Transition to Community)</li> <li>□ Gary Travis, DHS (PATH, PSH)</li> <li>□ Sarah Tripple*, Washington County</li> <li>□ Julia Welle Ayres*, DHS (Housing)</li> <li>□ Dianne Wilson, DHS (Alcohol and Drug Abuse Division)</li> <li>□ Leah Zoladkiewicz, Department of Human Services (DHS) (HCBS)</li> </ul>
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\*Planning Committee Members

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