



EVIDENCE BASED PRACTICES
KIT
Knowledge Informing Transformation

Doing it Right!

Working with Fidelity for Permanent Supportive Housing and Supported Employment

Why is fidelity important?

- ▶ If you want the promised results, your practices have to match the programs that yield those results.
- ▶ The model serves as an organizing structure for program operations.
- ▶ Looking at fidelity allows program staff and managers to self-assess program performance.
- ▶ Fidelity measures provide a structure for funding sources to guide what they purchase from providers.

FIDELITY TO THE MODEL

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What are the promised results?

- ▶ *Permanency in Community-Based Housing:* A cornerstone of the PSH model is the promotion and stabilization of individuals by the use of permanent community-based housing.
- ▶ *Reduced Symptomatology:* Various studies have examined tenant health once they move into PSH.
- ▶ *Improved Social Functioning, Enhanced Social Connection in the Larger Community, and Improved Independent Living Skills:* There is typically an association among the variables: improved social functioning, enhanced social connection in the larger community, and improved independent living skills.

FIDELITY TO THE MODEL

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How can fidelity organize program operations?

- ▶ Efforts can be structured to maximize choice.
- ▶ The team can use fidelity dimensions as part of their daily practice.
- ▶ Supervisors can use fidelity dimensions as part of clinical supervision.

FIDELITY TO THE MODEL

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How do you build in self-assessments?

Program leadership can ask the team to conduct periodic self-assessments of fidelity, or have an agency's QA department conduct a more formal self-assessment once or twice a year.

Progress can be tracked – are you moving closer to fidelity?

FIDELITY TO THE MODEL

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Look at the materials for this session.

Let's explore the scoring sheet.

What are dimensions and indicators?

Questions?

ASSESSING FIDELITY

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FIDELITY DIMENSIONS AND INDICATORS

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We've discussed choice as a core element, and explored some details of how choice might be supported.

- ▶ How do we measure it?
- ▶ Is it a simple yes or no?

CHOICE

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The most common answer from staff of programs when asked – “Do you provide choice?” is....

- ▶ Yes, whenever we can.

CHOICE

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CHOICE – TYPES OF HOUSING

- ▶ Landlord controlled units, single occupancy or with roommates
- ▶ Agency controlled units, single or with roommates
- ▶ Publicly subsidized units (PHA housing, for example)
- ▶ Transitional housing
- ▶ Group living arrangements such as room and board homes
- ▶ Cooperative housing, agency sponsored
- ▶ With family
- ▶ Others?

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CHOICE – TYPE OF HOUSING

What does it mean to offer choice in **types** of housing?

- ▶ “Based on availability” is a common answer. Does this meet fidelity?
- ▶ What might you see in a setting that offered real choice of types of housing?
 - ▶ A fact sheet, describing **types** of housing and their pros and cons (written by consumers, if possible)
 - ▶ A documented review of this information with prospective tenants
 - ▶ What else?
- ▶ A maximum score on this indicator means that the array of choices included an integrated apartment.

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CHOICE – HOUSING UNITS

Choose among multiple units: Common answer: “When we can.”

What might you see in a setting that offered **real** choice of multiple housing units?

- ▶ A notebook of reasonable choices, with pictures, rent and deposit information, amenities, etc. that are within the typical range for prospective tenants.
- ▶ A tour of other tenant's units to give a sense of the reality.
- ▶ Statements from staff and tenants supporting that multiple possible units were seen (inside and out).
- ▶ What else?

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CHOICE – WAITING FOR UNITS

Can prospective tenants –

- ▶ Hold out for a particular type of housing?
- ▶ Insist on a particular community or neighborhood?
- ▶ Wait for an “end” unit in a complex?

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CHOICE – WAITING FOR UNITS

- ▶ Can tenants revoke a previous choice?
- ▶ How do we balance waiting with the practical operational needs of a program?

Let's discuss

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CHOICE OF LIVING ARRANGEMENTS

Tenants choose their household membership – what does this mean?

- ▶ I can live alone.
- ▶ I can pick a roommate.
- ▶ I can live with a romantic partner.
- ▶ I can live with a spouse or family member.

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CHOICE OF LIVING ARRANGEMENTS

- ▶ Tenants have a private bedroom – what does this mean?
- ▶ With the exception of a romantic partner/spouse, the tenant has a private bedroom.

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LET'S DISCUSS....

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SEPARATION OF HOUSING AND SERVICES

- ▶ Historically, housing “programs” have had a fuzzy line between housing management (rent, property upkeep, security, etc.) and supportive services (case management, peer support, etc.).
- ▶ This indicator measures the degree to which these functions are separated.

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SEPARATION OF HOUSING AND SERVICES

- ▶ This is measured from the housing side – housing management staff should have no role in providing social services.
- ▶ This is also measured from the services side – service staff should have no role in performing property management.

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SEPARATION OF HOUSING AND SERVICES

- ▶ When property management and services are handled by the same organization, there is a temptation to blur the lines.
- ▶ Property managers want case managers to enforce good habits, and case managers want property managers to make exceptions for people.

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- ▶ The ideal is for services to be located OFF site, but readily available.
- ▶ How would you score the following scenarios?

SEPARATION OF HOUSING AND SERVICES

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SEPARATION OF HOUSING AND SERVICES

1. Social services team is based in an office downtown (at the MH Center), but they spend most of their time out of the office, visiting people, helping them make appointments, visiting the clubhouse, etc. Score?
2. Social services team is based in an office downtown (at the MH Center). About 20% of the people on their caseload live at Upstream Manor, and the owners have given the team an office to use for free. It is conveniently located and the team spend about 1/2 of their time there. Score?

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SEPARATION OF HOUSING AND SERVICES

3. Social services team is based in an office on the bottom floor of a high-rise tower that houses 32 of the 50 tenants they support. Score?
4. Case managers are based in an office on the property. Round the clock support staff provide informal counseling and crisis support whenever tenants need it. Score?

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Discussion?

Questions?

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We will spend significant time on the indicators in this dimension in a few minutes.

SAFE, DECENT AND AFFORDABLE

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From the toolkit: "The ideal is for individuals to live in housing units typical of the community, without clustering people with disabilities."

HOUSING INTEGRATION

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HOUSING INTEGRATION

Looking at the list of "types" of housing, can we make assumptions about community integration (or lack of)?

- ▶ Landlord controlled housing, open market
- ▶ HUD or other publicly subsidized housing (hint – what else do we need to know to assess this?)
- ▶ Agency-operated housing (single site or subsidies)
- ▶ Transitional housing
- ▶ Group living arrangements
- ▶ Agency-supported cooperative living arrangements
- ▶ With family

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RIGHTS OF TENANCY

- ▶ Ideal: Tenants have full legal rights of tenancy according to local landlord/tenant laws.
- ▶ Ideal: Tenancy is not contingent in any way on compliance with program or treatment requirements.

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RIGHTS OF TENANCY

How would you score these situations?

- ▶ The person signs the lease.
- ▶ The person's legal guardian signs the lease.
- ▶ The person's father signs the lease.
- ▶ Because of the person's poor credit history, the service provider agrees to sign the lease.
- ▶ The roommate signs the lease, and lets the person stay in the unit (she pays for a bedroom).
- ▶ Same as above, but the person has a written sub-lease arrangement.

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RIGHTS OF TENANCY

Many programs have rules about sobriety, medication compliance, and other treatment issues. If violation of these rules threatens tenancy, then the person's rights of tenancy are compromised. How would you score these situations?

1. There is a roommate agreement that spells out when visitors can spend the night. Continued violation can result in eviction.
2. There is an addendum to the lease that spells out the program rules.
3. The housing program requires tenants to participate in program activities and tenants can lose rights to their unit if they fail to comply.

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Often, access to housing for people with disabilities has been limited by ideas about readiness. That is, we have believed that if people are "ready" for housing, they will have greater success. As we discussed earlier, research findings do not support this idea.

ACCESS TO HOUSING

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Indicators under this dimension measure:

- ▶ The degree to which tenants must demonstrate readiness prior to accessing housing.
- ▶ How this system/organization approaches people with obstacles to housing stability
- ▶ The extent to which tenants control access to their units.

ACCESS TO HOUSING

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ACCESS TO HOUSING - READINESS

How would you score these situations?

1. Nathan's name finally came to the top of the Section 8 (HCV) list and he received his voucher.
2. Anne has been approved to enter the White Feather Housing Program, which requires 30 days sobriety and a Doctor's statement regarding her psychiatric stability.
3. Damien completed his stay at the sober house, and is looking forward to moving into his own place.
4. Evelyn is being discharged from the hospital, and has been accepted into the housing program. She just wants to be left alone, but has signed a form saying she will accept case management as a requirement for program entry.

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ACCESS TO HOUSING: READINESS

Scoring is based on each situation:

- ▶ If you have 50 people in the program and all 50 are in regular integrated housing with no access requirements, the score is going to be 4 for this indicator.
- ▶ If you have 50 people in the program, and 40 of them are in housing that **required sobriety** as a condition to get into housing, and 10 are in regular integrated housing, you would score as follows:
 - ▶ $40 \times 1 = 40$ **PLUS** $10 \times 4 = 40$. 80 divided by 50 = 1.6.
- ▶ If the situation was the other way, that is, 40 people are in regular integrated housing and 10 are in housing that required sobriety, it would be:
 - ▶ $40 \times 4 = 160$ **PLUS** $10 \times 1 = 10$. 170 divided by 50 = 3.4

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- ▶ Does the housing program actively seek people who have obstacles to housing?
- ▶ Does the housing program actively seek to screen out people who have obstacles to housing?
- ▶ Is the program neutral?

ACCESS TO HOUSING – OBSTACLES TO HOUSING

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ACCESS TO HOUSING - PRIVACY

Who controls access to the unit? Score –

1. John has asked staff to keep a spare key for him in case he loses his.
2. On Fridays, case managers enter the unit to conduct a cleanliness check.
3. Stephanie has asked that staff enter the unit to check on her if she doesn't answer the door or phone for more than a day.
4. The SIL provider, responding to a complaint from Ernesto's roommate, has arrived unannounced to inspect the refrigerator for beer. Staff enters using their own key.

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These indicators measure:

- ▶ The extent to which tenants choose the type of services they want;
- ▶ Extent to which they can modify these selections;
- ▶ Extent to which tenants can choose their service menu;
- ▶ Extent to which tenants can change their service menu.

FLEXIBLE, VOLUNTARY SERVICES

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Tenant Preferences

- ▶ Who authors the service plans? In *most* organizations, the plan author is the clinician or case manager. If the tenant was the true author of their service plan, what might you expect to see?
- ▶ Is the act of signing a service plan the same as "authoring"?
- ▶ NOTE – This is about service TYPE.

FLEXIBLE, VOLUNTARY SERVICES

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Tenant Preferences

- ▶ Do people have the opportunity to change their plans? Again, it is linked to how real the commitment is to consumer authorship.
- ▶ Does it suffice to say: "People can change plans anytime they want – they just need to ask."

FLEXIBLE, VOLUNTARY SERVICES

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Service Options

- ▶ This is about the SERVICES. Can consumers in your organization receive no services? (This is very rare).
- ▶ The real question is – within the boundary of "must be in services", who picks the services?

FLEXIBLE, VOLUNTARY SERVICES

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Service Options

This indicator is about the service mix. Can the type, location, frequency and intensity of services vary as needs and preferences change? Or do people have to change "programs" if their symptoms get better or worse?

FLEXIBLE, VOLUNTARY SERVICES

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Consumer-driven Services

- ▶ To what extent do consumers participate in the design and provision of services? This is an ORGANIZATIONAL question.
- ▶ If consumers were in the driver's seat at this level, what might you see?

FLEXIBLE, VOLUNTARY SERVICES

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Quality and Adequacy

What is the caseload size?

- ▶ The recommended caseload for supportive housing programs is 12 to 15 persons per staff member.

FLEXIBLE, VOLUNTARY SERVICES

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Quality and Adequacy

- ▶ There is a strong trend in the evidence to suggest that team approaches are more effective.
- ▶ To what extent does the program operate as a true team?

FLEXIBLE, VOLUNTARY SERVICES

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Quality and Adequacy

There is evidence to suggest that service availability is a crucial factor in success. This indicator measures your real service availability.

FLEXIBLE, VOLUNTARY SERVICES
– QUALITY AND ADEQUACY

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SUPPORTED EMPLOYMENT FIDELITY

Patricia (Pat) Tucker, MA., MBA

What are the principles of Supported Employment?

Hint: There are eight

SUPPORTED EMPLOYMENT QUIZ

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- 1) Integration of vocational and mental health treatment services
- 2) Competitive employment is the goal
- 3) Benefits Counseling
- 4) Rapid job search
- 5) Time-unlimited follow-along supports
- 6) Consumer preferences are central
- 7) Zero Exclusion
- 8) Employment staff systematically develops relationships with employers in the community based on participant preference.

THE PRINCIPLES OF SUPPORTED
EMPLOYMENT

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Research consistently shows that SE, when compared to other approaches, is the most effective in helping people with serious mental health problems get jobs in a timely manner.

SE is consistent with recovery promoting values such as choice, self determination and person centered treatment.

Timely response to expressed needs and wants and real world support and guidance promotes a person's commitment to pursuing work goals.

WHY SUPPORTED EMPLOYMENT (SE)?

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Achieving employment goals is strongly associated with mental health recovery.

Most CLIENTS want to work.

Desire to gain and keep employment is often a powerful motivator for people to address very challenging problems and to commit to treatment.

WHY SUPPORTED EMPLOYMENT (SE)?

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The IPS model of supported employment as an evidenced-based practice has a fidelity scale that measures:

- ▶ Staffing
- ▶ Organization
- ▶ Services

High fidelity to the model = good employment outcomes

SUPPORTED EMPLOYMENT FIDELITY SCALE

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- ▶ Meeting people where there are
- ▶ Meeting people where they live
- ▶ Communicate hope
- ▶ Engage people in a healing way
- ▶ Creative engagement
- ▶ Build bridges
- ▶ Ask "Why not?"

CHARACTERISTICS OF EFFECTIVE PRACTITIONERS

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- ▶ Engagement
- ▶ Assessment: Career / Vocational profile
- ▶ Employment planning
- ▶ Benefits counseling
- ▶ Job development
- ▶ Working with Vocational rehabilitation
- ▶ Follow-along supports

ESSENTIAL SKILL COMPONENTS

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ENGAGEMENT

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- ▶ It's all about establishing a working relationship
- ▶ Learn about the person's preferences, interests and values.
- ▶ Listen and demonstrate an understanding of the consumer's perspective.
- ▶ Avoid judgmental or critical comments
- ▶ Communicate hope.
- ▶ Be clear and transparent about your role and the consumer's role.
- ▶ Provide practical assistance.
- ▶ Be patient – work at a pace that is comfortable for the consumer

PRINCIPLES OF ENGAGEMENT

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- ▶ What are their values?
- ▶ What do they love to do?
- ▶ What are they proud of?
- ▶ Who is important in their life?
- ▶ What kind of environment do they like?
- ▶ What does work mean for them?
- ▶ What was their best / worst job experience?
- ▶ What are their special talents?

TAKE THE TIME TO LEARN ABOUT THE PERSON AS AN INDIVIDUAL

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- ▶ Do not rush to begin paperwork.
- ▶ Explain / define your role and the role of the team.
- ▶ Ask open-ended questions.
- ▶ Employ active listening.
- ▶ Express empathy.
- ▶ Avoid advice. This can shift the focus from client-centered solutions.
- ▶ Emphasize strengths.
- ▶ Wrap up with a summary and identify next steps.

TAKE THE TIME TO BUILD A RELATIONSHIP

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FIDELITY?

Jobs for all provides supported employment to people who come into the center. They do an extensive background check, drug screening, and assessment for everyone. Clients with no work history within the last 10 years have to go to a soft skill development workshop. The workshop lasts for two weeks and emphasizes interviewing preparation and resume building. Anyone who has worked in the last 10 years is given a list of employers who are hiring. The client is supposed to complete applications at least 5 different employers. Once the client gets a job, they get job supports weekly for the first month and then as needed after the first month.

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Next step jobs finds jobs for people with severe disabilities and chronic homelessness. They will work with anyone who wants to work. The employment specialist has a good relationship with the managers at Walmart, Home Depot, and Safeway. He can get anyone a part time job at those places and has a great placement rate. Some of the people placed work for one month and quit but some have worked for as long as 7 months.

FIDELITY?

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Mental Health Inc. and Jobs 1st have formed a partnership. Mental Health Inc. provides the behavioral health treatment and Jobs 1st provides supported employment.

Mental Health Inc refers people who are ready to work to Jobs 1st and Jobs 1st completes an assessment and starts the job search immediately. The person sees an employer within the first 30 days.

The employment specialists attend the staffing at Mental Health Inc. when possible but spend a lot of their time working with employers. Jobs 1st is in the process of hiring a benefits specialist.

FIDELITY

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