

#	Category	Standard	Provisional Standard	Notes/Comments
1	Service Definition/ Required Components	<p>Supportive Housing Services cover activities necessary to assist participants to live with maximum independence in community integrated housing with the goal of increasing community tenure, as identified in the participant's Person-Centered Plan.</p> <p>Services provided include assistance with:</p> <ul style="list-style-type: none"> <li>• Community living, such as housekeeping, shopping, meal planning, cooking, use of transportation facilities, and money management;</li> <li>• Assistance with activities of daily living including medication self-management and grooming;</li> <li>• Arranging for emergency referrals and treatment and coordinating other emergency services;</li> <li>• Development of personal social networks;</li> <li>• Community participation; and</li> <li>• Skills training, developing positive work habits and participation in activities that increase the participant's self-worth, purpose and confidence.</li> </ul>		<p>Supportive Housing Services are provided in a manner that is consistent with principles of recovery, including equipping participants with skills, emphasizing self-determination, using natural and community supports, providing individualized interventions, providing a caring environment, practicing dignity and respect, promoting participant choice and involvement, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term. Activities are intended to assure successful community living through utilization of skills training, cuing and/or supervision as identified by the person-centered plan.</p>
2	Provider Requirements / Qualifications	<p>Supportive Housing Services are provided by a team.</p> <p><b>Housing Developer/Coordinator:</b> Oversees program development, implementation, evaluation, supervises direct service staff, coordinates social services with building management services, ensures that developing and implementing service plans are consistent with program goals and of maximum benefit to tenants, oversees producing internal and external reports, complies with funding requirements, and coordinates development of housing units and/or rental subsidy streams. At a minimum, must have a Bachelor's Degree</p>		

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		<p>in a Human Services field and at least one year of experience working with individuals with mental illness.</p> <p><b>Housing Specialist:</b> Helps prospective tenants find housing units and conducts outreach to landlords and property owners, provides basic case management services including referrals, identifying personal goals, maintaining case records, and offering individualized services tenants may identify to maintain housing, teaches housing related living skills, and ensures that tenants meet basic obligations of tenancy, including compliance with safety and health codes. Must be at least 18 years old, have a high school diploma or GED and have at least one year of experience working with individuals who have mental illness.</p> <p>Teams may also include <b>Targeted Case Managers for Adults with SMI</b> and <b>Adult Peer Support Specialists</b>. These team members would have the required credentials and be certified in their respective fields as described in Department regulations/Service Standards for Targeted Case Management and Adult Peer Support.</p>		
3	Staffing Requirements	<p>The recommended caseload size is 12-15 tenants per staff.</p> <p>All new team members receive standardized training in PSH within 2 months after hiring. Existing team members receive annual refresher training.</p>		Includes caseload size, team composition, training and continuing education requirements, etc.
4	Supervision Requirements	The Housing Developer/Coordinator oversees program development, implementation, evaluation, and supervises direct service staff.		Team members receive structured, weekly supervision (group or individual format) from a team

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				member experienced in Supportive Housing. Supervision should be consumer-centered and explicitly address PSH model and its application to specific consumer situations.
5	Admission Criteria	<p>Participant must be:</p> <ul style="list-style-type: none"> <li>-18 years of age or older at the time services will begin,</li> <li>-meet Kentucky statutory definition of serious mental illness (KRS 210.005), 2) "Mental illness" means a diagnostic term that covers many clinical categories, typically including behavioral or psychological symptoms, or both, along with impairment of personal and social function, and specifically defined and clinically interpreted through reference to criteria contained in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition) and any subsequent revision thereto, of the American Psychiatric Association.</li> <li>(3) "Chronic" means that clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized for mental illness more than once in the last two (2) years, and that the individual is presently significantly impaired in his ability to function socially or occupationally."</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>- have a prior history of unsuccessfully maintaining community living (e.g. eviction, inability to meet environmental demands).</li> </ul> <p>Persons needing Residential Support 24/7 (staffed residence option) would have a recommended level 5</p>	<p>Interpretation of criteria for SMI, based on KRS 210.005. Definition based on diagnosis, disability and duration. Diagnosis: Schizophrenia and Other Psychotic Disorders, Mood Disorders, Personality Disorders (when information and history depict persistent disability and significant impairment in areas of community living). AND Clear evidence of functional impairment in two or more of the following Domains:</p> <p><b>Societal/Role Functioning:</b> Functioning in the role most relevant to his/her contribution to society, and , in making that contribution, how well the individual maintains conduct within societal limits prescribed by laws, rules and strong social mores; <b>Interpersonal Functioning:</b> How well the individual establishes and</p>	

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		<p>using the LOCUS assessment tool.</p> <p>Persons needing in-home housing support would have a recommended level 3 or 4 using the LOCUS assessment tool.</p>	<p>maintains personal relationships including those made at work and in the family settings as well as those that exist in other settings;</p> <p><b>Daily Living/Personal Care Functioning:</b> How well the individual is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the individual's age, gender and culture;</p> <p><b>Physical Functioning:</b> Individual's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries;</p> <p><b>Cognitive/Intellectual Functioning:</b> Individual's overall thought processes, capacity, style and memory in relation to what is common for the individual's age, sex and culture. An individual's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be</p>	

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			<p>considered in making this rating; AND one or more of these conditions of duration: Clinically significant symptoms of mental illness have persisted in the individual for a <b>continuous period of at least two years</b>; The individual has <b>been hospitalized for mental illness more than once in the last two years</b>; There is a history of one or more episodes with marked disability and the illness is <b>expected to continue for a two year period of time</b>.</p>	
6	Service Planning / Documentation	<p>Each service provided shall be documented in the client record, and should substantiate the service provided. Documentation shall include the type of service provided, date of service, place of service, and the person providing the service. The documentation shall be signed by the staff member performing the service (electronic signatures are acceptable). All services provided shall directly relate to each participant's Person-Centered Plan.</p> <p>All records shall be retained for six years, per HIPAA regulations. All records shall be available to the Cabinet for review upon request.</p>		Supervisors should periodically review documentation of services.
7	Continued Stay Criteria	The participant's functioning and level of need continues to require supportive housing services or the participant continues to be at risk for relapse based on current		

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		clinical assessment, history, or the tenuous nature of the functional gains.		
8	Discharge Criteria	The participant has achieved positive life outcomes that support stable and ongoing recovery and is no longer in need of supportive housing services, OR the participant no longer wishes to receive supportive housing services.		
9	Service Setting	<p>Housing must be community based, of low-density or mixed with non-disabled individuals, and of residential character. Each participant will have their own private personal quarters, a kitchenette or access to food and food preparation areas and a private bathroom. Services and supports should be person-centered, and should enable participants to live where the participant chooses. Supports should include the community (congregations, schools) and natural supports (family, friends, and neighbors).</p> <p>Options include: Residential Support 24/7 (staffed residence option) and in-home housing support.</p>		<p>Service location should be dictated by client need and direction.</p> <p>Residential Support provides living arrangements in houses or apartments with 24/7 staff support. The apartments may be dispersed within a complex of housing units with a common space for socialization and support.</p> <p>In-home housing support assists adults with serious mental illness in securing apartments or other independent living arrangements in a community environment. The buildings/apartments are geographically dispersed. Tenancy at a given site includes mental health consumers and may or may not include the general public.</p> <p>Documentation must include site of service.</p>

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10	Service Limitations / Exclusion	When a participant receives Assertive Community Treatment (ACT), the participant is not eligible for this service at the same time.		
11	Unit of Service	Supportive Housing (Residential Supports): Per diem; SH Psychosocial Rehabilitation Services (In Home Support): Quarter Hour		
12	Service Codes	<b>HCPS code: H0043 – Residential Supports; Per diem; H2017 – In Home Supports; Quarter hour CMHC code: 40 - Residential Supports; Per diem; 43 - In Home Supports; Quarter hour</b>		
13	Program Evaluation / Quality Improvement	The team participates in all program evaluation and quality improvement activities mandated or requested by DBH.  Program evaluation and quality improvement activities may include (1) consumer demographic and outcome data, prepared by the team and submitted to DBH; (2) site visits conducted by DBH or its representatives; (3) evaluations using the SAMHSA Permanent Supportive Housing Fidelity Scale, conducted by DBH or its contractors; (4) training and technical assistance activities; and (5) other program evaluation or quality improvement activities mandated or requested by DBH.		
14	Program Principles	1. <b>Choice of housing:</b> Providing access to scattered-site housing offers the best opportunity to meet tenants' expressed choice of location; housing that is convenient to transportation, mental health services, family, shopping, and other essentials.  2. <b>Functional separation of housing and services:</b> Staff		

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		<p>who provide support services such as case management, helping people find housing, and advocating for tenants should not perform property management functions such as reviewing rental applications, collecting rent, and making eviction and renewal decisions. Separating housing provision from service provision helps ensure that tenants' rights under local and state landlord-tenant laws are respected.</p> <p>3. <b>Decent, safe, and affordable housing:</b> Helping people with psychiatric disabilities live in the community requires that decent housing be made affordable. For housing to be considered affordable, tenants must pay no more than 30 percent of their income toward rent plus basic utilities. Research indicates that access to housing subsidies improves housing quality, encourages engagement in mental health services, and leads to shorter hospital stays.</p> <p>4. <b>Housing integration:</b> An integrated setting is one that allows people to interact with others who do not have disabilities. A desirable level of integration may be achieved by helping people find scattered-site homes on the rental market or by developing mixed-use buildings, in which most of the units are <i>not</i> reserved for people with psychiatric disabilities.</p> <p>5. <b>Rights of Tenancy:</b> Housing is permanent in the sense that people have a lease, and as long as they</p>		



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		<p>meet the basic obligations of tenancy, such as paying rent, they are able to stay in their home. They do not need to move out their home if their service needs change.</p> <p>6. <b>Access to housing:</b> Part of having the same housing rights as everyone else is the ability to qualify for and keep housing regardless of whether services are accepted. Although Supportive Housing is designed for people who need services to live independently, and needed services are made available to tenants, acceptance of these services, including mental health treatments and medications, is not a requirement of receiving or maintaining housing.</p> <p>7. <b>Flexible, voluntary, and recovery-focused services:</b> Supportive Housing is distinguished from residential treatment programs and congregate housing by the flexibility of the services offered and the freedom of tenants to choose the services that they need. Services and supports to foster success in desired housing should be accompanied by a thorough evaluation of what the individual needs and what they are willing to accept.</p>		