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## Executive Summary

Chapter 2002-248, Laws of Florida, called for a Workgroup on Supportive Housing “for the purpose of reviewing issues associated with services and supports provided through state-funded supportive housing and developing legislative recommendations for state-funded supportive housing living arrangements.” The population to be served is individuals with serious mental illnesses. The department submitted the report required by the legislation. However, the workgroup wanted to establish an operating framework for supportive housing.

This strategic plan reflects the joint vision of the Workgroup on Supportive Housing and the Florida Department of Children and Families Mental Health Program Office. Because housing and essential support services are key components to the recovery process, the workgroup codified their recommendations in a stand-alone strategic plan to demonstrate the importance of supportive housing.

The plan uses a broad framework to address six goal areas.

The goal areas include:

- 1) statewide policies,
- 2) documenting the need,
- 3) state and local coordination and collaboration,
- 4) expansion of supportive housing services,
- 5) on-going training and technical assistance, and
- 6) district and regional planning processes.

## Introduction

**Purpose:** This strategic plan is to provide a 1-3 year framework for developing statewide policy and local or regional implementation strategies to expand supportive housing services for persons with mental illnesses in the state of Florida.



**Vision:** Our vision is that every Floridian who has a serious mental illness and/or a co-occurring substance use disorder will have the opportunity to live in an integrated setting in the community and direct their own personal recovery.

**Definition:** “Supportive Housing” is an array of individualized services and supports to assist each person with a serious mental illness to choose, get and keep regular, integrated, safe and affordable housing. In order for supportive housing to work successfully, there must be three elements: housing production, services and supports, and rent subsidies.

**Principles:** The Florida Workgroup on Supportive Housing, as established by Chapter 2002-248, Laws of Florida (Senate Bill 2254), developed the following principles for supportive housing based on research of national best practices:

- ❖ Persons either own or lease their own home, condominium or apartment;
- ❖ Individuals have a choice in the selection and location of housing and services;
- ❖ Housing is permanent, rather than a part of a structured residential treatment program;
- ❖ Housing is not conditional on the acceptance of services;
- ❖ Housing is integrated into the community;
- ❖ Housing is affordable;
- ❖ Services and supports promote independence and housing retention;
- ❖ Services that are offered are community-based;
- ❖ Crisis services are accessible 24 hours a day, 7 days a week; and
- ❖ Individuals have access to rent subsidies.

## Acknowledgments

The following individuals and organizations were involved in the leadership, development and review of the plan:

### ***Department of Children and Families (DCF) Mental Health Program Office***

- Celeste Putnam, Director of Mental Health Program and Acting Assistant Secretary for Programs
- Harry Smith, Acting Director of Mental Health Program
- Cynthia Holland, Chief of Adult Community Mental Health
- Susan Dickerson, Mental Health Program Office Senior Management Analyst

### ***University of South Florida, Louis de la Parte Florida Mental Health Institute***

- Mark A. Engelhardt, Facilitator, Faculty FMHI, Department of Mental Health, Law & Policy

### ***Stakeholders, Participants & Reviewers***

Advocacy Center for Persons with Disabilities  
Self-Advocates / Florida Assertive Community Treatment (FACT) team members  
Florida Alliance for the Mentally Ill (FAMI)  
Carrfour Corporation  
Day Springs Village  
DCF Office on Homelessness  
DCF Substance Abuse Program Office  
DCF District 1, 8 & 11 Mental Health Program Offices  
Florida Assisted Living Association  
Florida Agency for Health Care Administration (AHCA)  
Florida Association of Homes for the Aging  
Florida Health Care Association  
Florida Coalition for the Homeless  
Florida Housing Finance Corporation  
Florida Housing Coalition  
Florida Supportive Housing Coalition, Inc.  
Florida Aids Action Council  
Florida Hospital Association  
Florida Long-Term Care Ombudsman

## Acknowledgments Continued

### ***Stakeholders, Participants & Reviewers***

Florida Psychiatric Association  
Florida Sheriffs Association  
Florida Partners in Crisis  
Florida Statewide Advocacy Council  
Florida Association of Counties  
Florida Department of Elder Affairs  
Florida Council for Behavioral Healthcare, Inc.  
Florida Alcohol & Drug Abuse Association (FADAA)  
Volunteers of America (VOA)

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## Trends and Conditions

Presidential  
Executive Order  
No. 13217

Community-Based  
Alternatives for  
Individuals with  
Disabilities

Signed June 18, 2001  
By President Bush

- Compliance with Title II of ADA
- Achieve community living for people with disabilities
- Olmstead Decision
- New Freedom Commission Report

On a national level, supportive housing for persons with mental illnesses is recognized as an essential service for delivering care to persons in integrated community based settings. The reduction of state mental health inpatient facilities across the country has increased the demand for alternative and, more importantly, permanent, affordable housing arrangements for persons with mental illnesses. Supportive housing services play a vital role in diverting people from emergency rooms, crisis care settings, long-term psychiatric care and, in some cases, the criminal justice system. In essence, supportive housing, coupled with other integrated services such as supported employment, is a cost effective means of delivering care to people who may have been inappropriately hospitalized in restrictive settings. An expansion of supportive housing is being promoted in Florida and across the country.

The U.S. Surgeon General's Report on Mental Health ranked housing as a high priority for the independence and self-determination of individuals recovering from mental illness. On June 18, 2001, President George Bush signed Executive Order No. 13217 "Community-Based Alternatives for Individuals with Disabilities." The order calls upon the federal government to assist states and localities to implement swiftly the decision of the United States Supreme Court in *Olmstead v. L.C.* The order represents for the first time that federal agencies have been directed to act together to ensure compliance with Title II of the Americans with Disabilities (ADA) and achieve community living for people with disabilities. As a result, in 2002, the President established the New Freedom Commission to recommend improvements in the U.S. mental health service system for adults with mental illness and children with serious emotional disturbances. The Interim Report of the New Freedom Commission identified several exemplary community-based models; one was the California Initiative for People who are Homeless with Serious Mental Illness (California Assembly Bill AB-34). This integrated model is an example of flexible services and funding that includes outreach, safe and affordable housing, treatment and employment. California's motto is "*do whatever it takes*" to meet the needs of persons with a serious mental illness who are homeless.



Integrated community-based setting

As a result of the workgroup's recommendations, the DCF Mental Health Program Office has implemented several actions

The development of a strategic plan for supportive housing is part of a larger redesign of adult mental health services in Florida. It is based on establishing a recovery model of care that is grounded in the idea that people can recover or overcome the effects of mental illness and live in an integrated community-based setting. Recovery is a very personal, unique process that is essentially driven or self-directed by the person who is offered supportive housing supports and services. Other areas of service delivery that are Department of Children and Families (DCF) Mental Health priorities and considered complementary components to supportive housing include: supported employment; co-occurring integrated treatment; benefits planning; appropriate medications; self-directed care and financing systems that support expanded, flexible, recovery-oriented services.

In 2000, the Florida Legislature (F. S., Chapter 394.75) directed the Workgroup on Supportive Housing to prepare recommendations for the January 2003 update to the "State Mental Health and Substance Abuse Master Plan."

- Conducted, via contract, statewide training and technical assistance on the philosophy, principles and national best practice models of supportive housing.
- Provided targeted consultation to Districts and their contract providers on housing development, contracting and services.
- Coordinated interagency collaboration with other housing entities at the state level.
- Enlisted state and national consultants to provide training for mental health and substance abuse providers to better access Housing and Urban Development (HUD) and other state funded housing programs and funding opportunities.
- Supported an integrated approach to statewide planning for supportive housing through the Olmstead Housing Committee of the Americans with Disabilities Act (ADA) working group under the federal Real Choice Partnership grant to Florida.
- Completed a legislatively directed Report on Supportive Housing in response to Chapter 2002-248, Laws of Florida (Senate Bill 2254), that addressed:



## Community Based Planning



## Consensus Building

The definition of supportive housing services;  
Individual's health and safety; and  
The use of rent subsidies funded by DCF.

- Developed "Florida's Guidelines to Supportive Housing for People with Mental Illnesses" (2003).
- Conducted a statewide survey of supportive housing contracts with nonprofit community mental health and substance abuse providers (2003).
- Expanded and initiated new PATH (Projects to Assist in the Transition from Homelessness) throughout the state with increased federal funds.
- Provided mental health and substance abuse leadership with HUD's Policy Academy to design an interagency action plan for housing for Florida. The DCF Office on Homelessness is responsible for coordinating Florida's plan.

At the District and Regional level, the closure of G. Pierce Wood Hospital in 2002 resulted in a number of locally driven initiatives to expand supportive housing for persons discharged from the state hospital. Community-based planning was directed to meet the needs of all individuals with serious mental illnesses in the former G. Pierce Wood catchment area. Throughout the state, mental health and substance abuse partnerships with homeless coalitions, county governments and housing developers have been strengthened.

## **SWOT Analysis – Strengths, Weaknesses, Opportunities and Threats**

Florida's Workgroup on Supportive Housing conducted a brief SWOT analysis (2/03) as a basis for discussion and review of the current conditions related to supportive housing for persons with mental illnesses in Florida.

### **Strengths:**

The workgroup identified several major initiatives that will support the evolution of the strategic plan in the next several years:

Major initiatives that support the strategic plan

- A philosophical shift by DCF leadership to embrace a recovery model of care for persons with serious mental illness and substance abuse disorders.
- Supportive housing development on the part of nonprofit community mental health providers and housing developers.
- Statewide collaboration among various affordable housing and disability groups as related to the Olmstead decision and planning for community-based alternatives for individuals leaving institutions, such as the closure of G. Pierce Wood Memorial Hospital.
- Individual and Family involvement – The Florida Alliance for the Mentally Ill completed a statewide survey of 304 people that analyzed their preferences, services needed and supports.
- “Redesign workgroup” that is exploring potential changes in the Medicaid Rehabilitation Option or managed care plans that would expand supportive housing services and supports and recommend these services in future requests for proposals.
- The expansion of DCF supportive housing contracts at the District or Regional levels that include rent subsidies.
- New national research that demonstrates the cost effectiveness of supportive housing.
- DCF Mental Health Program Office has access to supportive housing expertise and established partnerships with state universities and national housing consultants.
- The President’s New Freedom Initiative to improve mental health service delivery that includes supportive housing as a priority.

Challenges faced by persons with mental illnesses

**Weakness and challenges:**

- The lack of choice in housing options coupled with the lack of state funding directed for supportive housing services and supports.
- Many individuals with serious mental illnesses are “priced out” of current fair market rents and must pay an excessive amount of their income on rent or housing costs.
- The lack of community tolerance and stigma of persons with mental illnesses often results in a “not in my backyard” campaign.

Current Efforts by  
DCF, HUD, AHCA,  
and Florida-based  
housing coalitions



- Eligibility requirements to access housing and services create barriers.
- The lack of Housing Choice vouchers (Section 8) dedicated for persons with mental illnesses or other disabilities as administered by Public Housing Authorities makes housing difficult to obtain.
- The system lacks comprehensive planning data to advocate for additional resources.
- HUD's funding priorities favor persons positioned for home ownership rather than low income renters, such as persons with mental illnesses who are on Social Security Disability Income (SSDI) and Supplemental Security Income (SSI).

**Opportunities:**

- The DCF Mental Health Program Office has identified housing as a priority.
- Ending chronic homelessness has become a collaborative issue for HUD, federal Substance Abuse and Mental Health Administration (SAMHSA), Health Services Resource Administration (HRSA) and the Department of Veteran Affairs (VA).
- Supportive housing is an opportunity to integrate mental health, substance abuse and other services for persons who have co-occurring disorders.
- Contemporary models of supportive housing take full advantage of existing scattered site, housing market and avoid restrictive zoning laws associated with congregate living settings.
- HUD is promoting interagency planning at the state-level through the creation of the Policy Academy on Chronic Homelessness.
- Florida Agency for Health Care Administration (AHCA) Medicaid is considering the establishment of a supportive housing procedure code or inclusion of supportive housing services in alternative managed care plans.
- Multiple Florida-based housing coalitions and state agencies are collaborating on supportive housing issues and advocacy.
- When federal housing funds are "block granted" to the state

Shortfalls and apathy may impact housing



and localities there will be an opportunity to advocate for an increase in Housing Choice Vouchers (Section 8) for people with mental illnesses.

**Threats:**

- State and/or federal budget shortfalls may impact all of the mental health and substance abuse system, including the states’ ability to expand supportive housing.
- Reduction or restrictions in Medicaid may hinder expansion of supportive housing services or consider these services as “optional” services in managed care plans.
- Some communities may remain apathetic to the housing needs of persons in need of low-income housing.
- Future “block granting” of the Housing Choice Voucher (section 8) program may result in a reduction of available vouchers for persons with mental illnesses.

## **Goals, Strategies & Implementation Tasks**

Based on the above trends, conditions and SWOT analysis, the Workgroup on Supportive Housing developed the following goals, strategies and implementation tasks as a framework for Florida. The strategic plan will be used at the state-level, District and Regional levels and will be integrated with the DCF master plan and other priority areas of service planning.

**The framework for planning includes the following six goal areas:**

1. Statewide policies;
2. Documenting the need;
3. State and local coordination & collaboration;
4. Expansion of supportive housing services;
5. On-going training & technical assistance; and
6. District and Regional planning processes.



## **#1 Statewide Policy Development**

### **Strategy:**

Develop a uniform set of standards and principles of supportive housing services.

### **Develop statewide policies that promote supportive housing services for persons with mental illnesses.**

#### Implementation tasks:

- Implement the recommendations of the Workgroup on Supportive Housing report required by Senate Bill 2254 (Chapter 2002-248, Laws of Florida).
- The DCF Mental Health Program Office will write administrative rules.
- DCF and the Agency for Health Care Administration (AHCA) will plan, implement, and administer supportive housing services for adults with mental illnesses, including persons with co-occurring substance abuse disorders.
- Concentrate planning and implementation efforts on persons who earn less than 30% of the local Area Median Income (AMI).
- Promote policies that support a “Recovery-Based” model of care that encourages self-determination by individuals and their families.
- Develop criteria for personal outcome measures as evaluation tools.
- Promote the use of existing housing stock and the development of affordable housing.
- Implement consistent statewide policies.
- Advocate within state and local governments and with the Legislature for increased housing, supports and services.

## **#2 Needs Evidence-Based Research**

### **Document the need for supportive housing services and units.**

#### Implementation Tasks:

- DCF and its partners will continue to work with The ADA Olmstead Housing Committee to collect data on low-income disability groups in need of supportive housing.

**Strategy:**

Collect data and evidence-based research that documents the unmet need for supportive housing.

**#3**

**Coordination of State and Local Planning**

**Strategy:**

DCF Mental Health Program Office will provide leadership and actively participate with the new Substance Abuse and Mental Health Corporation and with supportive housing entities or related state agencies, workgroups, committees and coalitions.

- Utilize a portion of the SAMHSA- Center for Mental Health Services Olmstead grant funds to support an affordable housing survey with Public Housing Authorities and targeted District/Regional case studies.
- Collect and disseminate evidence-based research that supports cost effective models of supportive housing (i.e.; Culhane Study, SAMHSA-CMHS Six-site national evaluation study).
- Examine other state and national Housing Strategic Plans that have data available (i.e., HUD, DCF Homeless Plan, Advocacy reports).

**Prioritize the coordination of supportive housing planning with other governmental entities, self-advocate groups and local coalitions.**

Implementation tasks:

- DCF Mental Health Program Office will actively participate in the Florida Policy Academy on Chronic Homelessness and participate in the development of an interagency Action Plan for Florida.
- The DCF Mental Health Program Office will be an equal partner with the DCF Substance Abuse Office in the development of supportive housing state and local plans.
- Maximize planning for supportive housing with existing coalitions and organizations that include, but are not limited to:
  - Council on Homelessness;
  - Florida Supportive Housing Coalition, Inc.;
  - Florida Housing Coalition;
  - Americans with Disabilities (ADA) Workgroup – Olmstead Housing Committee;
  - Florida Housing Finance Corporation;
  - Florida Coalition for the Homeless (Local service coalitions);
  - Florida Department of Elder Affairs;

## #4 Expansion of Supportive Housing Services

### Strategy:

Increase the amount of funding currently available for supportive housing services and rent subsidies.

- Florida Department of Community Affairs;
  - Florida Association of Housing and Redevelopment Officials (FAHRO);
  - Florida Council for Behavioral Healthcare; and
  - Florida Alcohol and Drug Abuse Association (FADAA).
- Share relevant supportive housing data among various coalitions for planning purposes.
  - Identify local and state PATH (Projects for Assistance to Transition from Homelessness) providers that are coordinating or implementing DCF contracts and other DCF funded supportive housing contracts.
  - Promote the inclusion of Public Housing Agencies (PHA's) in planning and implementation efforts to maximize and expand utilization of the Housing Choice Voucher Program (Section 8) for persons with serious mental illnesses.
  - Communicate and invite various mental health, substance abuse and housing trade associations to coordinate ongoing planning and implementation efforts.

### **Expand supportive housing services throughout Florida for persons with serious mental illnesses.**

#### Implementation Tasks:

- Submit a legislative budget request for supportive housing services.
- Within existing resources, identify state or local funds that could be used for Medicaid match.
- Request AHCA-Medicaid to establish a supportive housing procedure code or to include supportive housing services within a Medicaid Rehabilitation Procedure Code Option.
- Include supportive housing as mandatory service in future DCF and/or AHCA Medicaid managed care contracts.

## #5 Training and Technical Assistance

### **Strategy:**

DCF Mental Health Office or its designee will create a mechanism of cross training for supportive housing service providers and housing developers.

- Promote the development of supportive housing and expand funding at the District or Regional level.
- Identify foundations that have an interest in supportive housing.
- Identify mental health, substance abuse or Medicaid funds that could be used as: 1) cash match, 2) leveraging, or 3) sustainability funds for grant opportunities (e.g. Federal HUD, SAMHSA, Veterans Affairs, etc.).

### **Establish an on-going training and technical assistance initiative on supportive housing.**

#### Implementation Tasks:

- Disseminate and conduct training on the “State of Florida’s Guidelines to Supportive Housing for People with Mental Illness (June 2003)” that is based on the use of national best practices and standards of supportive housing.
- Conduct an education campaign with individuals and family organizations.
- Co-sponsor statewide conferences on supportive housing.
- Provide specialized training and technical assistance to targeted District Mental Health and Substance Abuse Program Offices.
- Provide on-site consultation for provider organizations either developing or implementing DCF contracted supportive housing services.
- Participate in statewide trade association annual conferences.
- Make available information and technical assistance on finance options for operational costs and capital funding.
- Educate the business community, affordable housing providers and local governments on the housing needs of persons with serious mental illnesses.
- Work with other state coalitions to develop a web-based, real time “Clearinghouse” of affordable housing opportunities (Massachusetts, New Mexico models).
- Provide statewide training on the future supportive housing rules.



## **#6 District or Regional Implementation**

### **Strategy:**

Establish District/Regional leaders and partnerships between DCF Mental Health and Substance Abuse staff and local supportive housing coalitions responsible for developing a District or Regional supportive housing plan.

### **Develop a District or Regional level planning process that promotes and expands supportive housing services.**

#### Implementation Tasks:

- Appoint an official DCF District or Regional Mental Health Program Office liaison for supportive housing.
- Encourage active participation of individuals, DCF, AHCA Area offices, and providers with local homeless coalitions.
- Focus on persons with serious and persistent mental illnesses and /or those who earn less than 30% of the local area median income (AMI).
- Require DCF contract managers to receive training on supportive housing and the use of rent subsidies, start-up and contingency funds.
- Ensure that DCF contract or AHCA-Medicaid community mental health providers meet the statewide standards to be developed for supportive housing.
- Create a proactive plan that identifies matching funds, leveraging or sustainability funds to compete for Federal HUD funding.
- Convert under-utilized residential treatment programs to scattered site supportive housing with intensive wrap-around services.
- Promote continuous treatment team models for supportive housing services, including persons with co-occurring disorders.
- Encourage the employment of peer specialists and/or service recipients to be part of supportive housing service provision.
- Provide technical assistance to providers, i.e. benefits planning, fidelity measures, accessing Housing Choice Vouchers (Section 8), affordable housing development, accessing capital and operational funds.
- Encourage the expansion of supported employment as a complementary service to supportive housing.

