



Statement of Work

Housing and Recovery through Peer Services (HARPS) Program

PURPOSE

The Housing and Recovery through Peer Services (HARPS) Program provides supportive housing services and short-term housing bridge subsidies to at risk individuals. At risk individuals are people who are exiting, or at risk or entering inpatient behavioral healthcare settings.

HARPS uses the Evidence-Based Practice (EBP), Permanent Supportive Housing (PSH) model from Substance Use and Mental Health Services Administration (SAMHSA). PSH makes housing affordable to someone on SSI (either through rental assistance or housing development). It provides sufficient wraparound supports to allow individuals with significant support needs to remain in the housing they have chosen. Certified Peer Counselors (CPCs) deliver these services and follow the principles of the EBP:

- Choice in housing (including location and composition)
- Access to housing (Housing First)
- Integrated housing (Scattered throughout the community)
- Separation of housing and services
- Rights of Tenancy
- Flexible and voluntary services (varying frequency and intensity)
- Safe, decent, and affordable housing

Even though HARPS will not require high fidelity PSH EBP, sites are encouraged to become familiar with the dimensions of PSH EBP. A link to the SAMHSA toolkit can be found at <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>.

HARPS fidelity reviews will be encouraged through the learning collaborative/incentive fidelity review process.

DEFINITIONS

Not applicable

SERVICE POPULATION

HARPS priority populations include the following:

1. Individuals who are not eligible for Medicaid through the Foundational Community Supports, Supportive Housing Services and who are experiencing a serious mental illness, substance use disorder or Co-occurring disorder (Mental Illness & Substance Abuse Disorder).
 - a. Who are released from or at risk of entering:
 - i. Psychiatric Inpatient settings
 - ii. Substance Abuse Treatment Inpatient settings
 - iii. Who are Homeless/At Risk of Homelessness
 - iv. Broad definition of homeless (couch surfing included)

SERVICES

The HARPS program will build from the Permanent Options for Recovery-Centered Housing (PORCH) project. PORCH is designed to transform service delivery by promoting sustainable access to evidence based Permanent Supportive Housing. PORCH provides consumers with meaningful choice and control of housing and support services, utilizes Peer

Housing Specialists, reduces homelessness, and supports the Recovery and resiliency of individuals with serious mental illness.

1. Principal Duties and Responsibilities

- a. Provide peer counseling and support with an emphasis on enhancing access to and retention in permanent supported housing.
- b. Draw on common experiences as a peer, to validate clients' experiences and to provide empowerment, guidance and encouragement to clients to take responsibility and actively participate in their own recovery.
- c. Serve as a mentor to clients to promote hope and empowerment.
- d. Provide education and advocacy around understanding culture-wide stigma and discrimination against people with mental illness and develop strategies to eliminate stigma and support client participation in consumer self-help programs and consumer advocacy organizations that promote recovery.
- e. Teach symptom-management techniques and promote personal growth and development by assisting clients to cope with internal and external stresses.
- f. Coordinate services with other Mental Health and allied providers

2. Housing

- a. Assist participants to find and maintain a safe and affordable place to live, apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, and procuring necessities (telephone, furniture, utility hook-up).
- b. Identify the type and location of housing with an exploration of access to natural supports and the avoidance of triggers (such as a neighborhood where drug dealing is prolific if the participant has a history of substance abuse).
- c. Provide practical help and supports such as:
 - i. Mentoring,
 - ii. teaching self-advocacy;
 - iii. coordination of services,
 - iv. side-by-side individualized support,
 - v. problem solving,
 - vi. direct assistance and supervision to help clients obtain the necessities of daily living including:
 - medical and dental health care;
 - legal and advocacy services;
 - accessing financial support such as government benefits and entitlements (SSI, SSDI, veterans' benefits); accessing housing subsidies (HUD Section 8);
 - money-management services (e.g., payee services, budgeting, managing credit score, financial wellness); and
 - use of public transportation.

3. Landlord Outreach and Engagement

- a. Recruit and cultivate relationships with landlords and property management agencies, leading to more housing options for HARPS Participants.
- b. Make use of printed materials and in-person events, such as landlord organization or rental housing association meetings, to educate landlords and property managers about the benefits of working with supportive housing providers, individuals with treated behavioral health conditions, subsidies, housing quality and safety standards, and the Department of Commerce's Landlord Mitigation Program .
<https://www.commerce.wa.gov/building-infrastructure/housing/landlord-mitigation-program/>

4. Employment

- a. Assist with referrals to job training and supported employment services provided by Foundational Community Supports (FCS) or Division of Vocational Rehabilitation (DVR) or other supports.
- b. Perform mentoring, problem solving, encouragement and support on and off the job site.
- c. Provide work-related supportive services, such as assistance securing necessary clothing and grooming supplies, wake-up calls, and assistance with navigating public transportation.

5. Activities of Daily Living Services

- a. Provide ongoing assessment, goal setting, problem solving, side-by-side services, skill teaching, support (prompts, assignments, encouragement), and environmental adaptations to assist clients with activities of daily living.
- b. Assist and teach/support clients to organize and perform household activities, including house cleaning and laundry.
- c. Assist and teach/support clients with personal hygiene and grooming tasks.
- d. Provide nutrition education and assistance with meal planning, grocery shopping, and food preparation.
- e. Ensure that clients have adequate financial support (help to gain employment and apply for entitlements).
- f. Teach money-management skills (budgeting and paying bills) and assist clients in accessing financial services (e.g., professional financial counseling, emergency loan services, and managing their credit score).
- g. Help clients to access reliable transportation (obtain a driver's license and car and car insurance, arrange for cabs, use public transportation, and find rides).
- h. Assist and teach/support clients to have and effectively use a personal primary care physician, dentist, and other medical specialists as required.

6. Social and Interpersonal Relationships and Leisure Time

- a. Provide side-by-side support, coaching and encouragement to help clients socialize (going with a client to community activities, including activities offered by consumer-run peer support organizations) and developing natural supports.
- b. Assist clients to plan and carry out leisure time activities on evenings, weekends, and holidays.
- c. Organize and lead individual and group social and recreational activities to help clients structure their time, increase social experiences, and provide opportunities to practice social skills.

HARPS Housing Bridge Subsidies funds will be intended for individuals with serious mental illness but can be used for the substance use disorder (SUD) population once any SUD specific funds are exhausted.

Provider may use 10% of the quarterly payment for administrative expenses which are not reimbursed through any other source. The administrative costs can include staff and staff expenses relevant to issuing subsidies in a manner consistent with the HARPS Housing Bridge Subsidy Guidelines below.

HARPS Housing Bridge Subsidies Guidelines

HARPS programs are encouraged to have Housing Subsidy policies in place to address appeals and denials and the following guidelines:

1. The budget for the HARPS Housing Bridge Subsidy is short-term funding to help reduce barriers and increase access to housing. Individuals exiting detox, 30, 60, and 90-day inpatient substance use disorder treatment facilities, residential treatment facilities, state hospitals, Evaluation and Treatment (E&T's) centers, local psychiatric hospitals and other inpatient behavioral healthcare settings could receive up to 3 months of housing 'bridge' subsidy.
2. HARPS Bridge Subsidies are temporary in nature and should be combined with other funding streams, whenever possible, to leverage resources to assist individuals in obtaining and maintaining a permanent residence. HARPS teams are encouraged to work with Dept. of Commerce and the long-term housing subsidies available through the Community Behavioral Health Rental Assistance (CBRA) program.

3. HARPS Bridge subsidies are estimated at \$2,500 per person (This estimation was developed for budget purposes only and regions may adjust as needed to meet Fair Market Rental Housing rates as long as the contractor stays within contracted amount.) Allowable expenses for HARPS Housing Bridge Subsidy:
- a. Monthly rent and utilities, and any combination of first and last months' rent for up to three (3) months. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's may be included with the first month's payment.
 - b. Rental and/or utility arrears for up to three months. Rental and/or utility arrears may be paid if the payment enables the household to remain in the housing unit for which the arrears are being paid or move to another unit. The HARPS bridge subsidy may be used to bring the program participant out of default for the debt and the HARPS Peer Specialist will assist the participant to make payment arrangements to pay off the remaining balances.
 - c. Security deposits and utility deposits for a household moving into a new unit.
 - d. HARPS rent assistance may be used for move-in costs including but not limited to deposits and first months' rent associated with housing, including project- or tenant-based housing.
 - e. Application fees, background and credit check fees for rental housing.
 - f. Lot rent for RV or manufactured home.
 - g. Costs of parking spaces when connected to a unit.
 - h. Landlord incentives (provided there are written policies and/or procedures explaining what constitutes landlord incentives, how they are determined, and who has approval and review responsibilities.
 - i. Reasonable storage costs.
 - j. Reasonable moving costs such as truck rental and hiring a moving company.
 - k. Hotel/Motel expenses for up to 30 days if unsheltered households are actively engaged in housing search and no other shelter option is available.
 - l. Temporary absences. If a household must be temporarily away from his or her unit, but is expected to return (e.g., participant violates conditions of their DOC supervision and is placed in confinement for 30 days or re-hospitalized), HARPS may pay for the households rent for up to 60 days. While a household is temporarily absent, he or she may continue to receive HARPS services.
 - m. Rental payments to Oxford houses or Recovery Residences on the Recovery Residence Registry located at [Workbook: Residence/Oxford House Locations \(wa.gov\)](#).
 - n. HARPS Reporting. A monthly report format (see separately attached Excel Spreadsheet "HARPS Subsidy Log, which includes a worksheet for tracking Landlord Outreach and Engagement) will be submitted to DBHR HARPS Program Manager or DBHR SH/SE Behavioral Health Program Administrator by the 15th of the following month through secure (encrypted) email to the DBHR HARPS Program Manager.

HARPS Housing Services Guidelines

HARPS programs are encouraged to have Housing Service policies in place to address appeals and denials and the following guidelines:

1. Determine Participant Eligibility

- i. Individuals who are experiencing a serious mental illness, substance use disorder or Co-Occurring disorder (Mental Illness & Substance Abuse Disorder, who are Homeless/At Risk of homelessness with a broad definition of homeless (couch surfing included);
- b. Individuals who are released from or at risk of entering:
 - i. Psychiatric Inpatient settings;
 - ii. Substance Abuse Treatment Inpatient settings.

2. Caseload Size

- a. The case mix must be such that the HARPS Teams can manage and have flexibility to be able to provide the intensity of services required for each individual, according to the Medical Necessity of each individual. It is estimated that 50% of individuals accessing HARPS Housing Bridge Subsidy Funding will

receive supportive housing services from HARPS teams each year. HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing.

- b. HARPS Housing Specialists must have the capacity to provide multiple contacts per week with individuals exiting or recently discharged from inpatient behavioral healthcare settings, making changes in a living situation or employment, or having significant ongoing problems in maintaining housing.
 - i. These multiple contacts may be as frequent as two to three times per day, seven days per week, and depend on individual need and a mutually agreed upon plan between individuals and program staff.
 - ii. Many, if not all, staff must share responsibility for addressing the needs of all individuals requiring frequent contact.

3. Response Time

- a. HARPS Teams must have the capacity to rapidly increase service intensity and frequency to an individual when his or her status requires it or if an individual requests it.
- b. HARPS Teams must have a response contact time of no later than two calendar days upon an individual's discharge from a behavioral healthcare inpatient setting, such as an Evaluation & Treatment Center, Residential Treatment Center, Detox, or State Psychiatric Hospital.
- c. Responses include:
 - i. Meetings with patients before discharge to establish housing goals and resources, basic needs and community integration.
 - ii. This may include in person, virtual, and over the phone consultation.

4. Operating as a continuous supportive housing service, HARPS Teams must have the capability to provide support services related to obtaining and maintaining housing. This will include direct contact with landlords on behalf of the participant. Services must minimally include the following:

- a. Hospital Liaison Coordination. The BH ASO's hospital liaison must actively coordinate the transition of individuals from behavioral healthcare inpatient treatment center discharge to the HARPS Team in the community of residence in order to minimize gaps in outpatient health care, and housing.
- b. Service Coordination. Service coordination must incorporate and demonstrate basic recovery values. The individual will have choice of his or her housing options, will be expected to take the primary role in their personal Housing Plan development, and will play an active role in finding housing and decision-making.
- c. Crisis Assessment and Intervention Coordination. Behavioral Health Crisis assessment and intervention must be available 24-hours per day, seven days per week through the BH ASO's crisis system. Services must be coordinated with the assigned Care Coordinator. These services include telephone and face-to-face contact.

5. Supportive Housing Services should include the following, as determined by medical necessity:

- a. Supportive Housing Services. Assess housing needs, seek out and explain the housing options in the area, and resources to obtain housing. Educate the individual on factors used by landlords to screen out potential tenants. Mitigate negative screening factors by working with the individual and landlord/property manager to clarify or explain factors that could prevent the individual from obtaining housing. Ongoing support for both the individual and landlord/property manager to resolve any issues that might arise while the individual is occupying the rental.
 - i. Each HARPS Participant will be assigned a Peers Specialist or Housing Specialist who assist in locating housing, and resources to secure housing, as well as maintaining housing. The primary responsibilities of the Peer Specialist are to work with the individual to find, obtain and maintain housing to promote recovery, locate and secure resources related to housing and utilities, offer

information regarding options and choices in the types of housing and living arrangements, and advocate for the individual's tenancy needs, rights (including ADA Accommodations), and preferences to support housing stability. Service coordination also includes coordination with community resources, including Consumer self-help and advocacy organizations that promote recovery.

- ii. Each individual receiving HARPS Services must have an individualized, strengths-based housing plan that includes action steps for when housing related issues occur. As with the treatment planning process, the individual will take the lead role in setting goals and developing the housing plan.
- b. Housing Search and Placement. Includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing. Services or activities may include: tenant counseling, assisting households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.
- c. Housing Stability. Includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of individuals exiting or at risk of entering inpatient behavioral healthcare settings and helping them obtain housing stability. Services and activities may include developing, securing, and coordinating services including:
 - i. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance;
 - ii. Referrals to Foundational Community Supports (FCS) supportive housing and supported employment services;
 - iii. Seeking out and assistance applying for long-term housing subsidies;
 - iv. Affordable Care Act activities that are specifically linked to the households stability plan;
 - v. Activities related to accessing Work Source employment services;
 - vi. Referrals to vocational and educational support services such as Division of Vocational Rehabilitation (DVR);
 - vii. Monitoring and evaluating household progress;
 - viii. Assuring that households' rights are protected; and
 - ix. Applying for government benefits and assistance including using the evidence-based practice SSI/SSDI through SSI/SSDI Outreach, Access, and Recovery (SOAR).
- d. Education Services Linkage. Supported education related services are for individuals whose high school, college or vocational education could not start or was interrupted and made educational goals a part of their recovery (treatment) plan. Services include providing support to applying for schooling and financial aid, enrolling and participating in educational activities or linking to supported employment/supported education services.
- e. Vocational Services Linkage. These services may include work-related services to help individuals value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers. These activities should also be part of the individual's recovery (treatment) plan or linkage to supported employment.
- f. Activities of Daily Living Services. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, skills training/practice, sufficient side-by-side assistance and support, modeling, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), environmental adaptations to assist to gain or use the skills required to access services, and provide direct assistance when necessary to ensure that individuals obtain the basic necessities of daily life.
- g. Social and Community Integration Skills Training. Social and community integration skills training serve to support social/interpersonal relationships and leisure-time skill training and include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and

assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure individuals' time, increase their social experiences, and provide them with opportunities to practice social skills, build a social support network and receive feedback and support.

- h. Peer Support Services. These include services to validate individuals' experiences and to inform, guide and encourage individuals to take responsibility for and actively participate in their own recovery, as well as services to help individuals identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce individuals' self-imposed stigma. Peer Support and Wellness Recovery Services include:
 - i. Promote self-determination;
 - ii. Model and teach advocating for one's self; and
 - iii. Encourage and reinforce choice and decision-making.
 - iv. Introduction and referral to individual self-help programs and advocacy organizations that promote recovery.
 - v. "Sharing the journey" (a phrase often used to describe individuals' sharing of their recovery experience with other peers). Utilizing one's personal experiences as information and a teaching tool about recovery.

PROGRAM STAFFING

Each HARPS Team will consist of:

1. One (1) FTE MA Professional or Housing Case Manager/Supervisor; and,
2. 2 FTE Certified Peer Counselors (CPCs).

Supervisor

Staffing education, experience and knowledge required:

1. Should have Supportive Housing background and able to mentor Peers in their role of Peer/Supportive Housing Specialist duties; and
2. If the HARPS supervisor does not have MHP credentials, then project needs to demonstrate access to MHP for clinical supervision.

Certified Peer Counselors

Staffing education, experience and knowledge required:

1. Two (2) of the FTEs must be Peer Counselors certified by the state or complete certification within six months of hire.
2. The certified peer counselors must have good oral and written communication skills.
3. Must have a strong commitment to the right and the ability of each person to live in normal community residences; work in competitive market-wage jobs; and have access to helpful, adequate, competent, and continuous supports and services in the community of their choice.
4. It is essential the peer specialist have skills and competence to establish supportive trusting relationships with persons living with severe and persistent mental illnesses and/or substance use disorder and respect for clients' rights and personal preferences in treatment is essential.

COORDINATION

HARPS Teams will partner with Native American/Alaska Native Behavioral Health to promote culturally competent services for participants.

The HARPS Team should work with the Treatment Team:

1. Establish a peer relationship with each participant.
2. Assess each individual's housing needs and provide verbal and written information about housing status. The physician or psychiatric Advanced Registered Nurse Practitioner (ARNP) will review that information with the

individual, HARPS Team members and, as appropriate, with the individual's family members or significant others.

3. HARPS Team Members can provide direct observation, available collateral information from the family and significant others as part of the comprehensive assessment.
4. In collaboration with the individual, assess, discuss and document the individual's housing needs and behavior in response to medication and monitor and document medication side effects. Review observations with the individual and Treatment Team.
5. HARPS Team Members must participate in the HARPS Monthly Administrative Conference Call.

DATA Reports

Behavioral Health Data System (BHDS) Reports

HARPS providers will enter new enrolled Participants into BHDS transaction file with the (Program ID = 29). Each PSH service should be entered into BHDS with the code H0043.

DELIVERABLES

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| 1 | Monthly State Psychiatric Hospital Referral Report (previously weekly) | <p>Send a report in narrative format, including the following elements:</p> <ul style="list-style-type: none"> ▪ Aggregated number of referrals from Western State Hospital; ▪ Aggregated number of referrals from Eastern State Hospital; ▪ Date of each referral; and, ▪ Housing state of each participants as of the date of referral <p>Provide to HCA Contract Manager in Word or Adobe pdf format via email to HCA Contract Manager (cc deliverables@nsbhaso.org)</p> | 15 th of the month following each month of service |
| 2 | Training Report: Confirmation that at least two (2) FTE from the HARPS team attend a HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH). | Sign in sheet verifying program staff attended the HCA facilitated EBP PSH Training Event AND Screen shot of completion. Send confirmation to HCA Contract Manager in Word or Adobe pdf format via email to Contract Manager | By 6/30/2024 |
| 3 | State Psychiatric Hospital Orientation | To be coordinated through HCA Contract Manager | By 6/30/2024 |
| 4 | HARPS Monthly Participant Log | Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants that receive services | Due by the 15 th of each following month |

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| | | <p>and/or subsidies. Complete information on following tabs:</p> <ul style="list-style-type: none"> ▪ Housing Bridge Subsidy Tracking ▪ Landlord Outreach <p>Provide a minimum of five (5) entries each month.</p> | |
| 5 | <p>Quarterly Report: Provider will write report in a narrative format including the following components:</p> <ol style="list-style-type: none"> 1. Project activities and results for the report date range; 2. A participant success story (do NOT include identifying information); 3. Staff Training attended (include subject and dates); 4. Other project activities or events, including meetings with local Continuums of Care, State Hospitals, in patient SUD treatment facilities, Coordinated Entry Programs, Peer Bridgers, and Foundational Community Supports; 5. Description of value/impact of program and barriers experiences; 6. Any additional components as approved by HCA Contract Manager | <p>Quarterly Report submitted to HCA and approved by the HCA program manager.</p> | <p>Due by the 20th of the month following the quarter.</p> <p>Quarter 1: July – September report due October 20th</p> <p>Quarter 2: October - December, report due January 20th</p> <p>Quarter 3, January – March, report due April 20th</p> <p>Quarter 4, April – June, report due July 20th</p> |
| 6 | Fidelity Review | <p>HCA will facilitate a cross-site Permanent Supportive Housing (PSY) Fidelity Review of another HARPS team.</p> <p>The fidelity review will be in-person and/or virtual. One (1) HARPS FTE will attend.</p> | By 6/30/2024 |