[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

In this training, we will be discussing housing, services, and supports available through the CARE Act.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

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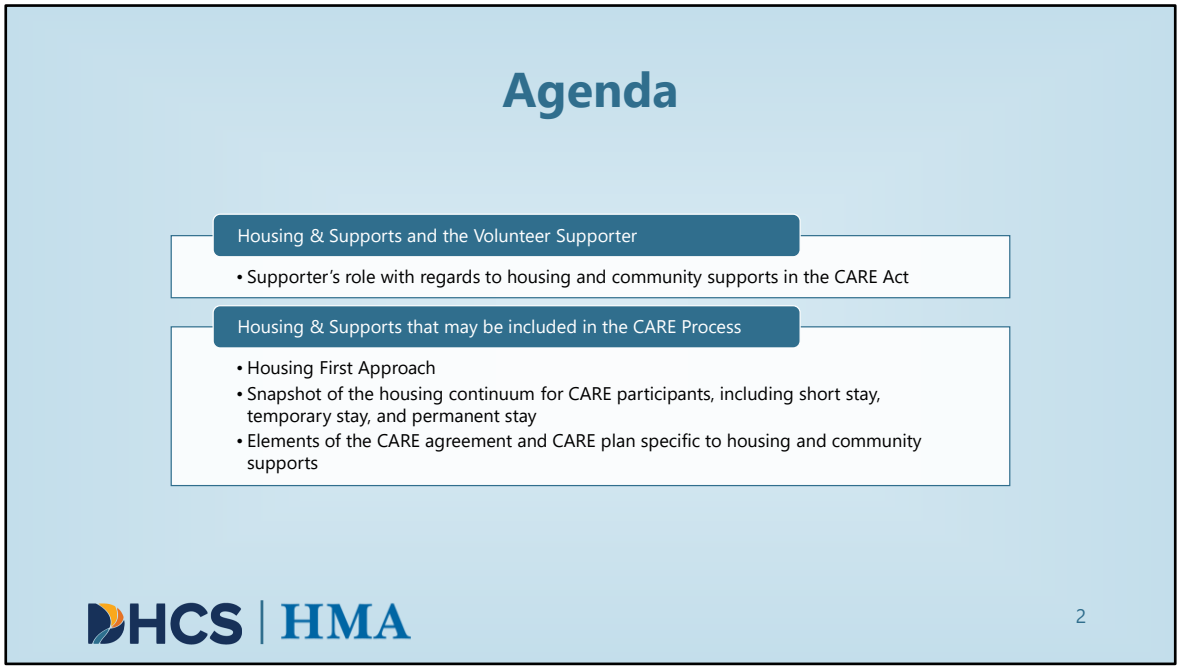
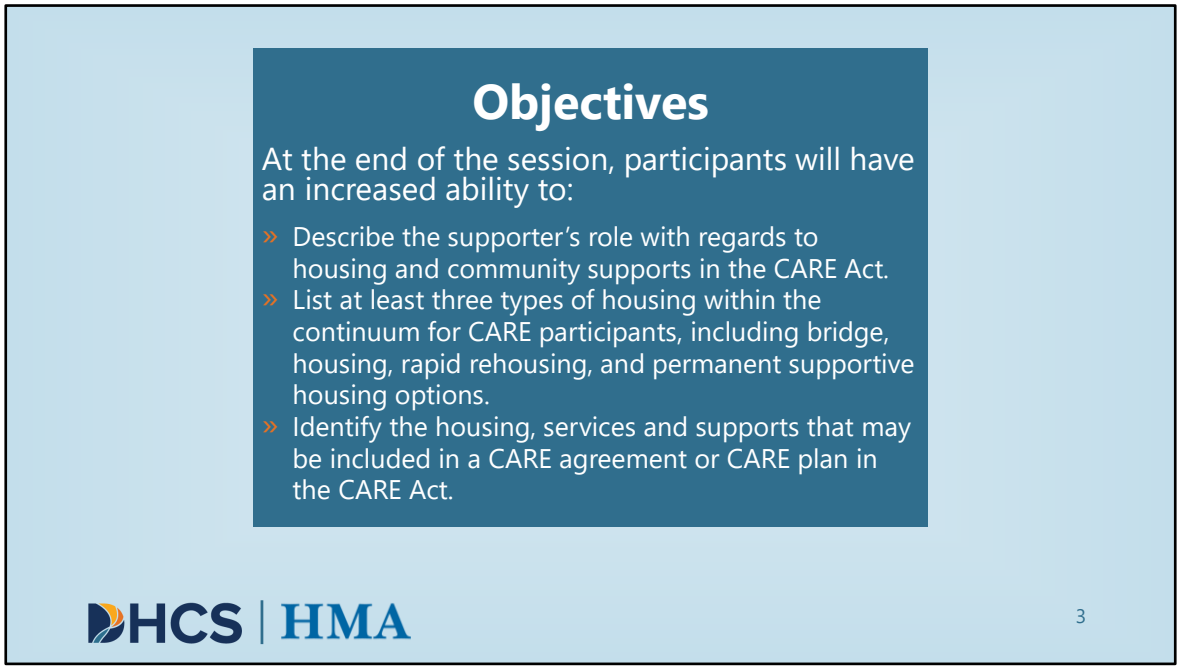


[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

In this training, we will be address the following:

- Housing & Supports and the Volunteer Supporter
    - Supporter's role with regards to housing and community supports in the CARE Act
- Housing & Supports that may be included in the CARE Process
    - Housing First Approach
    - Snapshot of the housing continuum for CARE participants, including short-stay, temporary stay, and permanent stay
    - Elements of the CARE agreement/plan specific to housing, community supports



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Describe the supporter's role with regards to housing and community supports in the CARE Act.
- List at least three types of housing within the continuum for CARE participants, including bridge housing, rapid rehousing, and permanent supportive housing options.
- Identify the housing, services and supports that may be included in a CARE agreement or CARE plan in the CARE Act.

We don't anticipate that everyone will know exactly what they need to do by the end

of this training, but our overall goal is that you have an increased ability to accomplish these objectives.

Presenters

RACHEL JOHNSON-YATES, MA, LMHC, LAC

Senior Consultant

Health Management Associates

ANTHONY FEDERICO, MPA, MA

Senior Consultant

Health Management Associates

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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

The presenters include Rachel Johnson-Yates, MA, LMHC, LAC and Anthony Federico, MPA, MA from Health Management Associates.

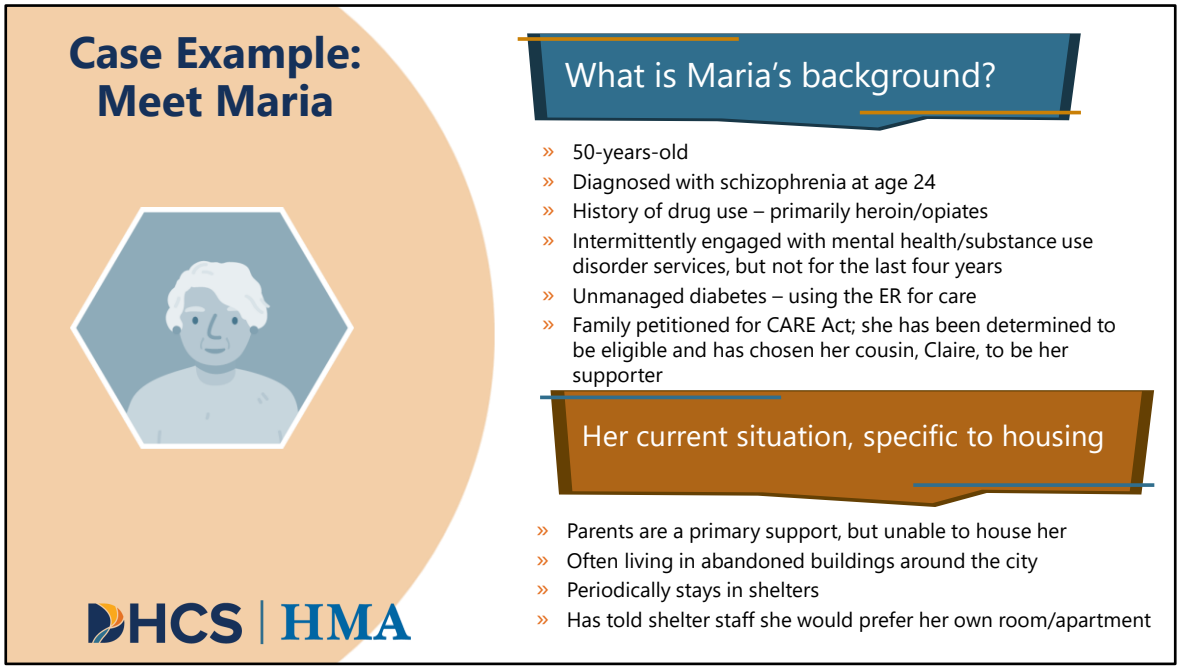
Rachel Johnson-Yates, from Health Management Associates, is a licensed mental health and addiction counselor, public speaker, and educator with a demonstrated track record of developing innovative programs that focus on mental and behavioral health. She has dedicated her career to increasing access to care through approaching her work from an equity-focused and trauma-informed framework. Ms. Johnson-Yates has extensive experience designing, launching, and replicating complex programs to meet the disparate needs of the clients she serves, including low barrier and harm reduction shelter expansion for people with serious mental illness/substance use disorder and experiencing homelessness. She also has led the design and development of a safe haven model for unhoused veterans, in which she facilitated stakeholder engagement, educated the community, developed strong connections between supporting agencies, and implemented wrap-around treatment and case management services for populations with complex needs, including those with serious mental illness. She held

significant leadership roles in outpatient behavioral health, state government, criminal justice, inpatient psychiatric care, low barrier shelters for veterans, higher education, and residential substance use disorder treatment.

Anthony Federico, from Health Management Associates, is a government and non-profit leader with over a decade of experience in housing and homeless services. Mr. Federico is experienced in designing and delivering innovative programs, implementing Medicaid waivers, and managing health system partnerships. While at HMA, he has provided subject matter expertise and evaluation of funding and services on housing and homelessness and projects to a wide range of clients across human services and healthcare. Prior to joining HMA, Mr. Federico served in leadership roles with California local government agencies and community-based organizations to implement and analyze housing, homelessness, and healthcare programs.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Today, we will start with a brief overview of the role of the volunteer supporter related to housing and supports in the CARE Act. We will also bring back a case example, Maria, to help illustrate the housing and supports available through the CARE process.



[Slide Image Description: This slide shows an blue silhouette of a person representing Maria with a description of her background and her current functioning, including specifically related to housing.]

In the training on the CARE housing and supports, we used a case example, Maria, to illustrate her needs around housing and supports. We will continue to reference Maria's case as we talk about the different services and supports that she could be connected to.

Let's remember the details of her situation.

What is Maria's background?

- 50-years-old
- Diagnosed with schizophrenia at age 24
- History of drug use – primarily heroin/opiates
- Intermittently engaged with mental health/substance use disorder services, but not for the last four years
- Unmanaged diabetes – using the ER for care

- Family petitioned for CARE Act; she has been determined to be eligible and has chosen her cousin, Claire, to be her supporter

What is her current situation?

- Parents are a primary support, but unable to house her
- Often living in abandoned buildings around the city
- She periodically stays in shelters
- Has told shelter staff she would prefer her own room/ apartment

The CARE Process & the Volunteer Supporter

- The volunteer supporter is an adult chosen by the CARE participant to provide support throughout the CARE process and to promote the individual's preferences, choices, and autonomy. With the CARE participant's consent, the supporter can help the individual:
  - Understand the process and purpose of each step in the CARE process.
  - Connect with their CARE team, that includes their counsel, the BH team, and other supports.
  - Be able to better voice their needs and preferences with regards to treatment, housing, and other supportive needs.

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[Slide Image Description: This slide shows a person representing Maria and a person representing her volunteer supporter, Claire, within a box with two arrows around it with a description of the volunteer supporter's role within the CARE Act.]

The CARE process may feel complex. It involves many individuals who contribute to and participate in the process, but remember that it's all with the intention to support access to treatment, housing and supports for the CARE participant.

The volunteer supporter is an adult chosen by the CARE participant to provide support throughout the CARE process and to promote the individual's preferences, choices, and autonomy. The supporter helps the individual:

- Understand the process and purpose of each step in the CARE process.
- Connect with their "CARE team," that includes their counsel, the BH team, and other supports.
- Be able to better voice their needs and preferences with regards to treatment, housing, and other supportive needs.

Supporter's Role with Regards to Housing & Supports

- As Maria's supporter, Claire may want to start with the following:
  - Learn about Maria's history with housing and other supportive services.
  - Help Maria understand the potential benefits of engaging in the CARE process, including potential prioritization for housing and community support/services.
  - Use the supported decisionmaking approach to assist Maria in voicing her preferences for housing & supports.

For more information on the supporter role, see the Volunteer Supporter Toolkit, the Supporter Role in the CARE Act brief, and The Supporter Role in the CARE Act training.

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[Slide Image Description: This slide shows an blue silhouette of a person representing Maria and a person representing her volunteer supporter, Claire, with a description of the supporter's role around housing and supports.]

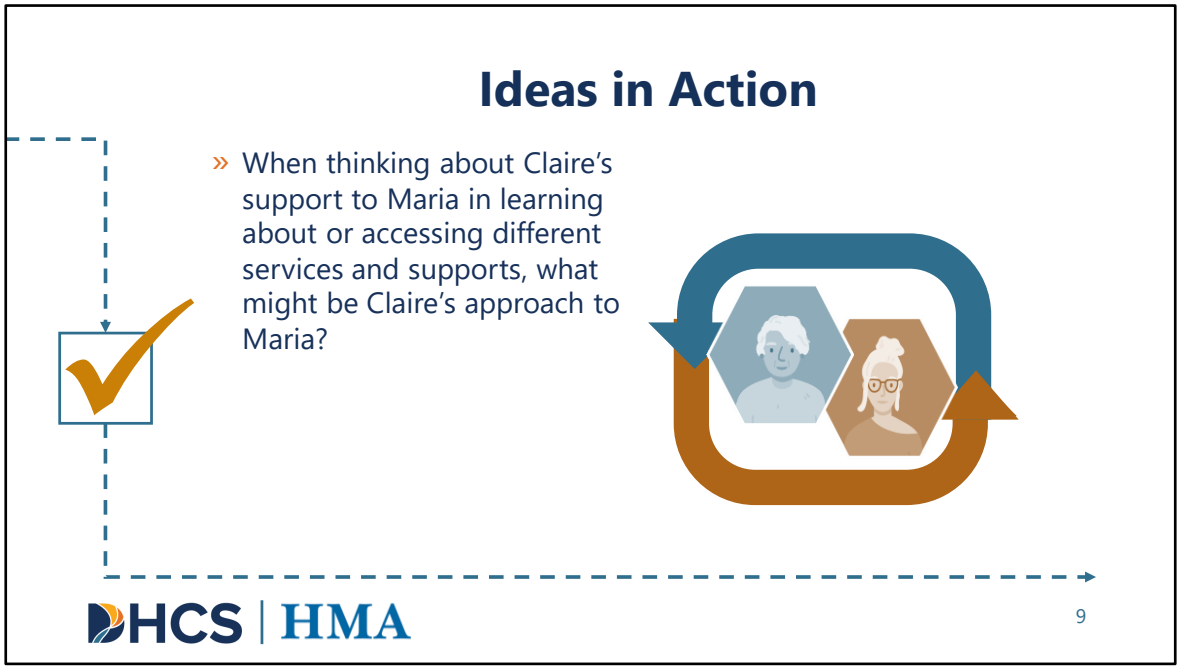
We've discussed the supporter's role and responsibilities in the CARE process in prior trainings. In this training, we are thinking about the supporter's role related to Maria's housing and community support needs.

As Maria's supporter, Claire might want to start with the following:

- Learn about Maria's history with housing & other supportive services.
  - She has talked about wanting her own space – Claire may ask Maria more about that. Has she had her own room in the past? Or her own apartment? What other sorts of services has she has she talked about that are priorities for her right now?
- Claire can help Maria understand the potential benefits of engaging in the CARE process, including potential prioritization for housing & community supports services.
- Claire can use the supported decisionmaking approach – an approach we have discussed in other trainings – to assist Maria in voicing her preferences for housing &

supports.

For more information on the supporter role, see the Volunteer Supporter Toolkit, the Supporter Role in the CARE Act brief, and The Supporter Role in the CARE Act training.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow and a person representing Maria and a person representing her volunteer supporter, Claire, within a box with two arrows around it.]

When thinking about connecting Maria to different services and supports, what could Claire's role entail as a volunteer supporter?

This could look like:

- Approach Maria using trauma-informed principles of empathy, transparency, and collaboration
- Learning about Maria's history with housing and other services
    - What worked for her? What didn't?
    - What aspects of housing or services made her feel comfortable? Uncomfortable?
- Helping Maria understand the different options
- Using supported decisionmaking to better understand and increase Maria's ability to communicate her needs and preferences

Remember that it is up to Maria how Claire is involved.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Now we will review the types of housing, community supports, and services that the CARE participant may have access to through CARE. First, we will provide a brief overview of the housing continuum, including types of housing and community supports that may be available through the CARE process.

At the end of today's training, we will come back to Maria, her preferences, and how Claire (her supporter) may use her role to support Maria in voicing her preferences with regards to these resources.

Housing First

- An approach that:
  - Recognizes housing as a basic human right.
  - Asserts that people can better utilize services, maintain employment, and sustain recovery when they have housing stability.
  - Eliminates housing preconditions and requirements (e.g., sobriety and program completion).
- Study of 2,000 participants found that Housing First:
  - Rapidly ends periods of being unhoused
  - Is a good investment
  - Improves quality of life

For more information, visit the National Low Income Housing Coalition three-pager. For more information on a "housing first" philosophy, see California Department of Housing and Community Development's Housing First Fact Sheet.

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[Slide Image Description: This slide shows a picture of housing and gives a description of the Housing First Model.]

We are starting with an overview of an evidence-based housing approach that is found to be effective for individuals who historically may have difficulty accessing traditional housing models related to their mental health, substance use, and/or other social and economic factors. This is the Housing First model.

- Housing First is an approach that:
  - Recognizes housing as a basic human right.
  - Asserts that people can better utilize services, maintain employment, and sustain recovery when they have housing stability.
  - Eliminates housing preconditions and requirements (e.g., sobriety and program completion).
- A study of 2000 participants found that Housing First:
  - Rapidly ends periods of being unhoused
    - 62% maintained housing at 2 years vs. 31% with treatment requirements
  - Good Investment

        - Every $10 invested resulted in a $21.72 savings
    - Improves Quality of Life
        - Improved quality of life and community functioning

For more information, visit the National Low Income Housing Coalition three-pager. For more information on a "housing first" philosophy, see California Department of Housing and Community Development's Housing First Fact Sheet.

For more information, visit SB-1380 Homeless Coordinating and Financing Council. (note: the council has since been updated to the "California Interagency Council on Homelessness")

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Tenets of Housing First

- Harm reduction philosophy.
- No requirements for sobriety or treatment participation and cannot be evicted for substance use without lease violations.
- No rejection for poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors indicating a lack of "housing readiness."
- Accept referrals directly from crisis response systems.
- Emphasize engagement and problem-solving over therapeutic goals and service plans.
- Tenants have a lease and all the rights and responsibilities of tenancy.
- Prioritize eligible tenants based on criteria other than "first-come-first-serve."
- Case managers and service coordinators use evidence-based practices.
- May include special physical features that accommodate disabilities, reduce harm, and promote health, community, and independence among tenants.

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[Slide Image Description: This slide shows a picture of a key with a house keychain and gives a description of tenants for the Housing First Model per Senate Bill 1380.]

Tenets of Housing First include:

- Harm-reduction philosophy, meaning: strategies and ideas aimed at reducing negative consequences associated with substance use.
- No requirements for sobriety or treatment participation, and cannot be evicted for substance use without lease violations
- No rejection for poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors indicating a lack of "housing readiness."
- Accept referrals directly from crisis response systems
- Emphasize engagement and problem-solving over therapeutic goals and service plans
- Tenants have a lease and all the rights and responsibilities of tenancy
- Prioritize eligible tenants based on criteria other than "first-come-first-serve"
- Case managers and service coordinators use evidence-based practices

- May include special physical features that accommodate disabilities, reduce harm, and promote health, community, and independence among tenants

Per Senate Bill 1380

(1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.

(2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness."

(3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.

(4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.

(5) Participation in services or program compliance is not a condition of permanent housing tenancy.

(6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes.

(7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.

(8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.

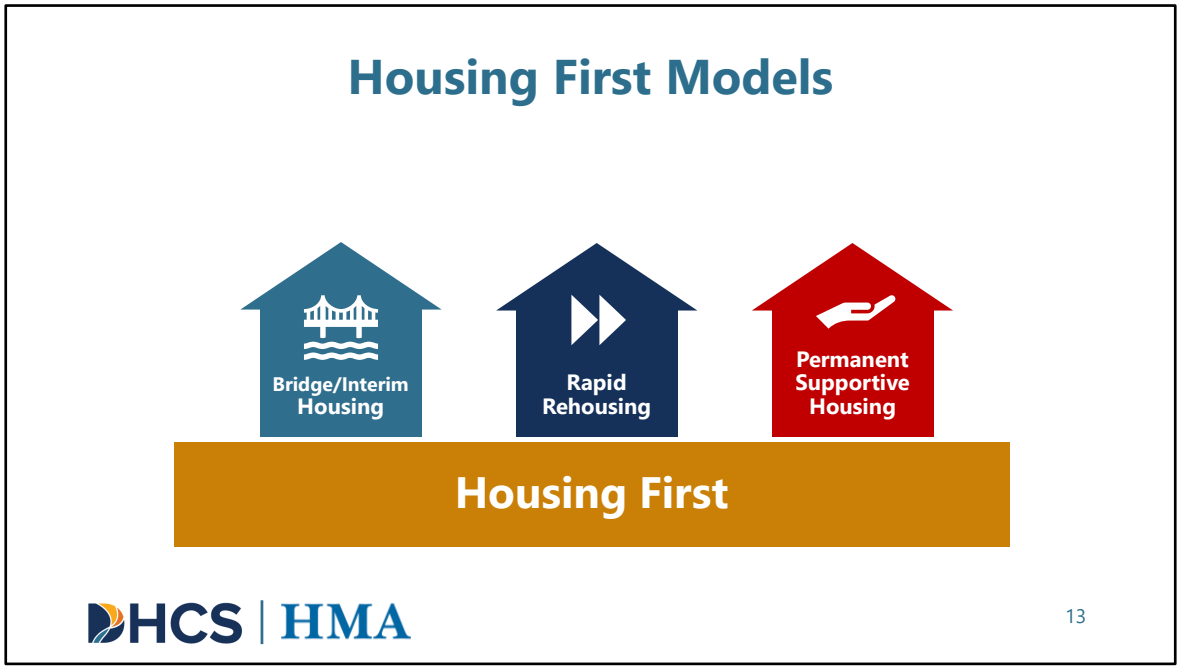
(9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.

(10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are

offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

(11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

For more information, visit SB-1380 Homeless Coordinating and Financing Council.
(note: the council has since been updated to the "California Interagency Council on Homelessness")



[Slide Image Description: This slide shows icons for each of the three parts of the housing first continuum.]

Consider what housing might meet Maria's needs as we go through the next few slides about a range of housing options that adhere to a "housing first" philosophy:

- Bridge or Interim Housing
- Rapid Rehousing
- Permanent Supportive Housing

We just discussed what "housing first" means and tenants of this philosophy to house. Now, let's take a look at these approaches that operationalize this philosophy.

Bridge Housing

- **Description:**
  - Aims to immediately transition individuals from being unsheltered to a stable interim housing that can ultimately lead to permanent housing.
- **Population of Focus:**
  - For anyone who is homeless
- **Outcomes:**
  - Reduces
    - Number of people with chronic conditions who are unsheltered
    - Emergency department utilization
  - Improves
    - Client stabilization, safety, and health outcomes

For more information, visit the Maricopa Association of Governments overview.

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[Slide Image Description: This slide gives a description of Bridge Housing.]

- Description:
  - Aims to immediately transition individuals from being unsheltered to a stable interim housing that can ultimately lead to permanent housing.
- Population of Focus:
  - For anyone who is homeless
  - Typically prioritizes individuals who are close to housing move-in. Depending on the program, this most typically includes either households who have already been enrolled in a Permanent Supportive Housing (PSH) program but are waiting for their unit to become available, or households who are highly vulnerable and will be prioritized for permanent housing options as they come available.
- Outcomes:
  - Reduces
    - Number of people with chronic conditions who are unsheltered
    - Emergency department utilization
  - Improves
    - Client stabilization, safety, and health outcomes

For more information, visit the Maricopa Association of Governments overview.

Shelter & Interim Housing

- Tiny homes
- Emergency shelter
- Motel vouchers
- Motel-based sheltering efforts
- Navigation centers
- Peer respite
- Crisis housing
- Transitional housing
- Recovery housing
- Recuperative care models
- Community-reentry and diversion housing programs

Content provided by Deborah (Deb) Werner, MA, PMP, Senior Program Director, BHBH Program Director, Advocates for Human Potential, Inc.

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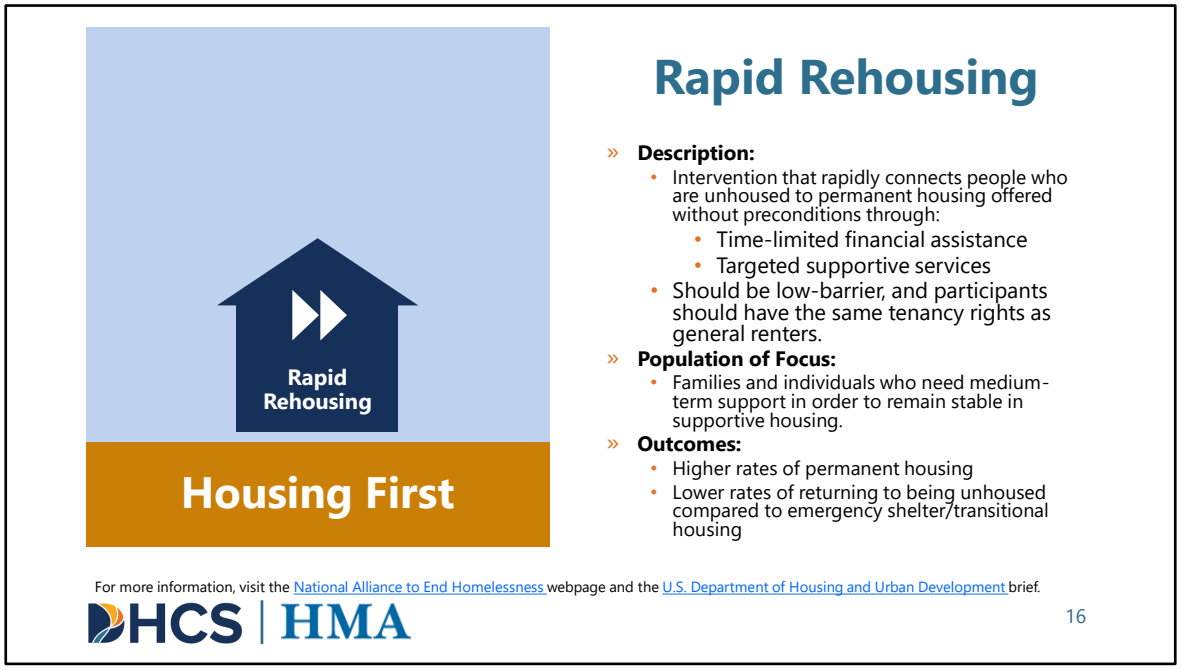
[Slide Image Description: This slide shows a description of Shelter & Interim Housing.]

In terms of Bridge Housing models, these may include shelter and interim housing programs such as:

- Tiny homes
- Emergency shelter
- Motel vouchers
- Motel-based sheltering efforts
- Navigation centers
- Peer respite
- Crisis housing
- Transitional housing
- Recovery housing
- Recuperative care models
- Community-reentry and diversion housing programs

Content provided by Deborah (Deb) Werner, MA, PMP, Senior Program Director, BHBH Program Director, Advocates for Human Potential, Inc.



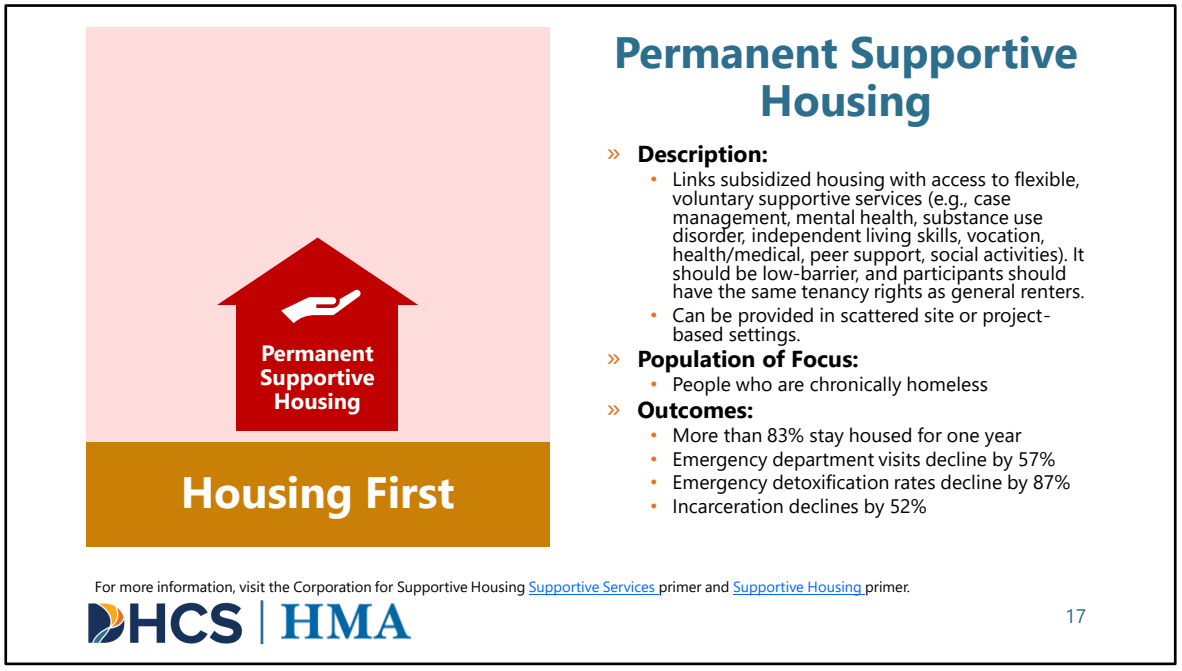
[Slide Image Description: This slide gives a description of Rapid Rehousing.]

Rapid Rehousing Model is shorter term with the goal of transitioning to permanency.

- Description:
  - Intervention that rapidly connects individuals/families who are unhoused to permanent housing offered without preconditions (employment, income, absence of criminal record, sobriety) through:
    - Time-limited financial assistance
    - Targeted supportive services (e.g., case management, housing selection assistance, employment connection, etc.)
  - Should be low-barrier, and participants should have the same tenancy rights as general renters
- Population of Focus:
  - Families and individuals who need medium-term support in order to remain stable in supportive housing.
- Outcomes:
  - Higher rates of permanent housing
  - Lower rates of returning to being unhoused compared to emergency

shelter/transitional housing

For more information, visit the National Alliance to End Homelessness webpage and the U.S. Department of Housing and Urban Development brief.



[Slide Image Description: This slide gives a description of Permanent Supportive Housing.]

- Description:
    - Links subsidized housing with access to flexible, voluntary supportive services (e.g., case management, mental health, substance use disorder, independent living skills, vocation, health/medical, peer support, social activities). It should be low-barrier, and participants should have the same tenancy rights as general renters.
    - Can be provided in scattered site or project-based settings.
- Population of Focus:
    - Focuses on people who are chronically homeless
- Outcomes:
    - More than 83% stay housed for one year
    - Emergency department visits decline by 57%
    - Emergency detoxification rates decline by 87%
    - Incarceration declines by 52%

Finally, we will briefly touch on housing vouchers. Although all voucher programs may

not fit within the Permanent Supportive Housing model, these are an important type of housing program to be aware of for the CARE participant.
Vouchers are a class of programs in which the permanent rental assistance and supportive services are not attached to a specific building; rather, they follow the tenant wherever they get housed, often in the traditional rental market.
Note that vouchers are provided by different agencies, serve different populations, and vary in eligibility rules and services.
A few types or example include: Section 8, Mainstream Vouchers, Emergency Housing Vouchers (administered by local Housing Authorities), Veterans Affairs Supportive Housing (administered by the VA).

For more information, visit the Corporation for Supportive Housing Supportive Services primer and Supportive Housing primer.

Housing and Community Supports/Services in the CARE Agreement or CARE Plan

For more information, visit the 2022 California Welfare and Institutions Code - 5982 (a).

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[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Plan” and five boxes that list the services that may come from a CARE plan.]

The housing resources that we have noted on the housing continuum are examples of programs that may be included in the CARE participant’s CARE plan and are subject to availability in your county, although a judge can order prioritization of any appropriate services (including housing).

In addition to housing resources, behavioral health services and medications are included in the CARE plan; the CARE plan will also include funded community supports and social services.

For more information, visit the 2022 California Welfare and Institutions Code.

Social Services and Supports

- Social Services in a CARE agreement/plan include:
  - Income support (Social Security Supplemental Income)
  - Cash aid (CalWORKS)
  - Funding for nutrition assistance (CalFRESH and WIC)
  - In-home supportive services
- There may be other services or resources that the CARE participant needs, such as employment support, transportation, educational needs, and basic needs (e.g., clothing and toiletries).

For more information on housing resources and community services, visit the 2022 California Welfare and Institutions Code –5982 (a)(3)(4)

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[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Agreement” and “CARE Plan” with a description of what social services could be provided.]

In addition to housing and housing supports that may be noted in a CARE agreement or plan, the CARE Act also specifies social services and supports that can be included in the CARE plan including:

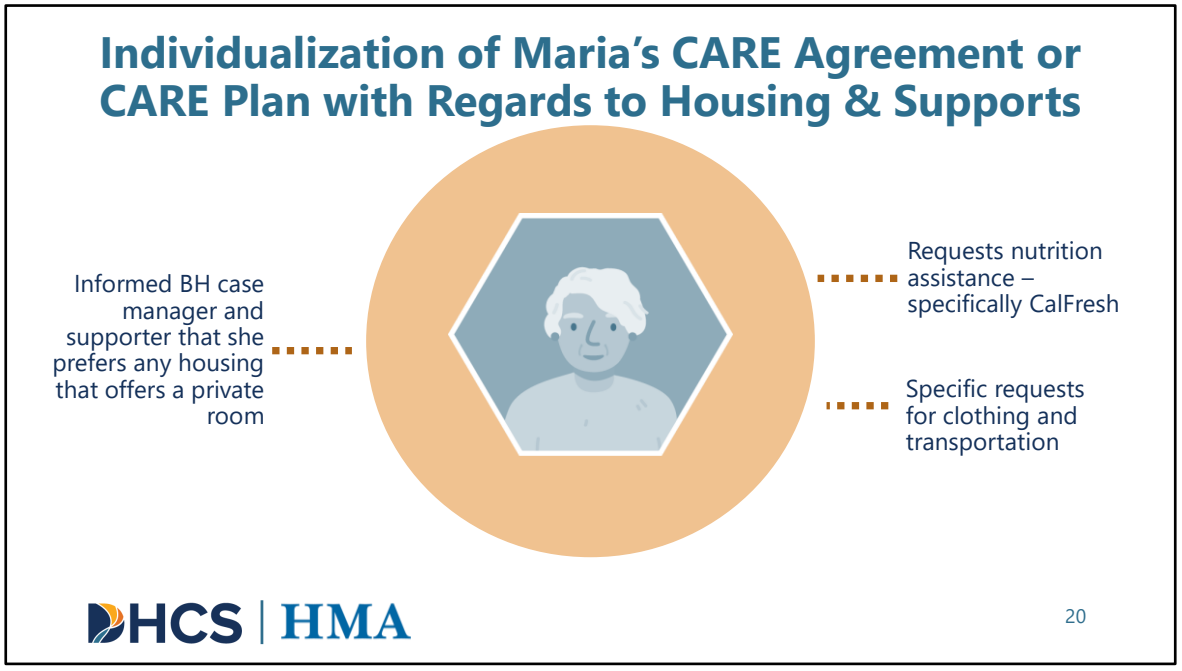
- Social Services: Income support funded through SSI, CalWORKS (cash aid for housing, food, clothing, medical expenses), CA Food Assistance Program (CalFRESH and WIC), In-home Supportive Services

The CARE participant is not limited to these CARE agreement or plan services highlighted in statute. There may be other services or resources that the CARE participant needs, such as employment support, transportation, educational needs, and basic needs (e.g., clothing and toiletries).

Like housing, availability of services and social supports will differ by county. And again, remember that the volunteer supporter’s role is not to track down the right services for the participant. However, it may be helpful for the supporter to understand these

services and talk with the participant about asking their case manager about these services.

For more information on housing resources and community services, visit the 2022 California Welfare and Institutions Code –5982 (a)(3)(4)



[Slide Image Description: This slide shows an blue silhouette of a person representing Maria in a lighter orange circle with Maria's unique needs listed to the sides.]

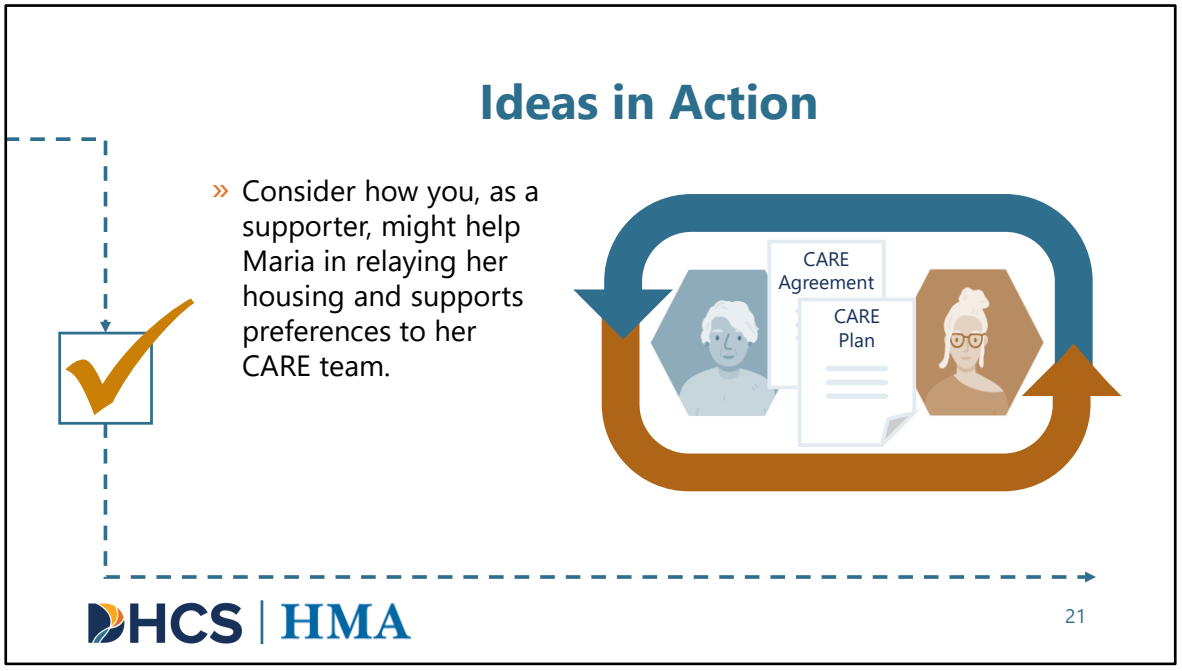
Now that we have discussed the types of housing and community services and supports that can be included in a CARE agreement or plan, let's come back to Maria, and consider how the supporter can assist Maria in individualizing her agreement or plan. We want to think about how the support in Maria's CARE agreement or plan can adequately reflect her priorities, needs, and preferences.

Let's consider Maria's unique needs, which would end up impacting the housing and supports included in her CARE plan.

- Maria has informed her case manager and her supporter that she prefers any housing that offers a private room; she is uncomfortable with roommates and has had trouble sharing spaces in the past and has lost housing related to her illness and periodic verbal outbursts. Other than that, she is open to both transitional and permanent housing options, including a voucher, with the case manager's assistance

in locating a space.

- She has also asked for nutrition assistance, specifically CalFresh (formerly known as food stamps).
- Although not required to be on a CARE agreement or plan, Maria has other specific requests for clothing and transportation assistance.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow and a person representing Maria and a person representing her volunteer supporter, Claire, within a box with two arrows around it.]

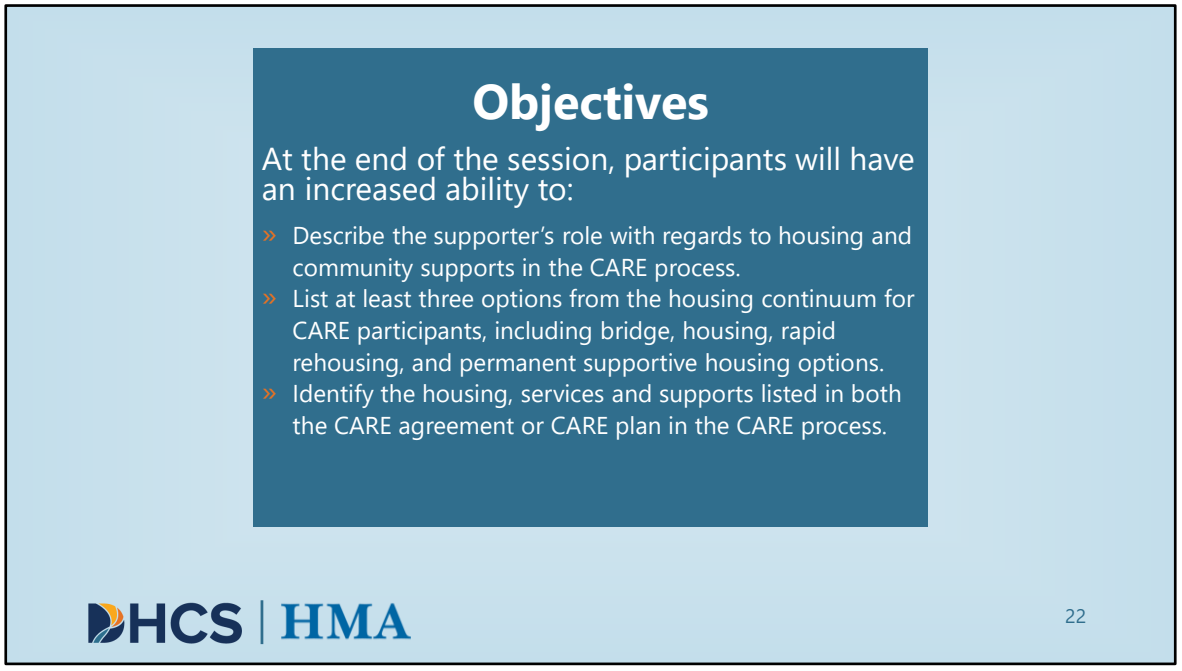
Throughout this training, we have:

- Reviewed several housing resources on the continuum that may be accessed by the CARE participant.
- Briefly covered the types of services and supports that may be on a CARE plan or CARE agreement, and those other services that may not be on a plan or agreement but will still benefit the CARE participant.
- Reviewed how a supporter can support the CARE participant in communicating her preferences.

Consider how you, as a supporter, might help Maria in relaying her housing and supports preferences to her CARE team.

- Help Maria voice her housing preferences to her attorney and to her case manager, or housing navigator, if there is one on the team.

- Ensure the CARE team hears about her other needs including the CalFresh request, transportation and clothing needs.
- Encourage Maria to have open communication with her attorney, treatment team and, in this case, her housing and community supports providers.



[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Describe the supporter's role with regards to housing and community supports in the CARE process.
- List at least three options from the housing continuum for CARE participants, including bridge, housing, rapid rehousing, and permanent supportive housing options.
- Identify the housing, services and supports listed in both the CARE agreement or CARE plan in the CARE process.

Again, we don't anticipate that everyone will know exactly what they need to do by the

end of this training, but our overall goal is that you have an increased ability to accomplish these objectives.

[Slide Image Description: This slide shows an image of a resource being developed on the supporter role.]

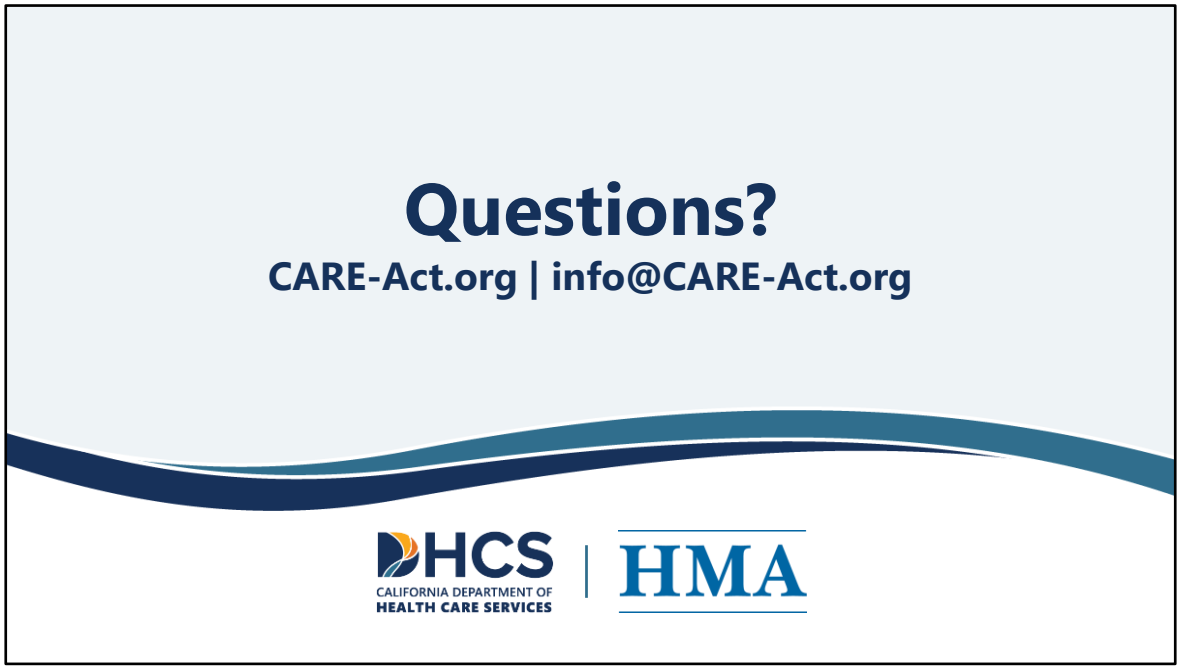
Another resource available to you is the Volunteer Supporter Toolkit on the CARE-Act.org website.

This Toolkit provides resources for volunteer supporters that can help both the supporter and respondent understand the CARE process. The Toolkit includes trainings, briefs, and other resources to help supporters in their roles.

[Slide Image Description: This slide shows which trainings for volunteer supporters are currently available and in development.]

There are a number of trainings available that cover a number of topics, including:

- The CARE Process
- Overview of CARE Plan/Agreement
  Supported Decisionmaking
- Trauma-informed Care
- Elimination of Bias
- Psychiatric Advance Directives
- Volunteer Supporter



[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**