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Housing support services standards for Behavioral Health Care

Requirements

In January 2016, The Joint Commission released a set of new Behavioral Health Care (BHC) [standards for housing support services](#) programs. These standards are applicable to any Joint Commission-accredited behavioral health care organization that is providing such services. The standards are designed to improve the quality and safety of care, treatment, or services provided by these programs; they accomplish this by covering the following critical aspects of care, treatment, or services as they specifically relate to housing support services.

Placing individuals into housing (Care, Treatment, and Services standard CTS.06.01.09). The elements of performance (EPs) require that the organization:

- Make its permanent housing support services known to the community
- Gather information on the individual's preferences regarding choices in housing (i.e., size, location)
- Place no time limits on housing tenure
- Place individuals into affordable housing options
- Place individuals into housing that provides private living areas that are not shared with other tenants
- Have at least one staff member who is skilled in locating properties and negotiating with landlords
- Establish open communication with property management staff regarding any issues that might arise
- Make certain that the housing meets all applicable safety regulations before placing the individual into housing

Placing minimum contingencies on individuals (CTS.06.01.11). The organization is required to:

- Establish regular face-to-face meetings between the individual and staff
- Offer individuals access to housing without any requirements to participate in social, behavioral or physical health care, treatment or services
- Respect the right of individuals to choose, modify or refuse care, treatment or services
- Evaluate the need for and uses of a variety of assertive engagement strategies when working with individuals
- Demonstrate that it encourages (but does not require) the individual to participate in social, behavioral or physical health care, treatment or services
- Help individuals to understand and adhere to their lease or sublease
- Demonstrate good faith efforts to rapidly rehouse individuals who have lost their housing due to eviction
- Continue to offer individuals access to social, behavioral or physical health care, treatment or services even if they lose their housing due to eviction or short-term inpatient treatment

Offering an array of services (CTS.06.01.13). The EPs require the organization to:

- Provide assistance with move-in and securing the essential furniture and appliances
- Facilitate individuals' access to behavioral health care, treatment or services
- Facilitate individuals' access to physical health care, treatment or services

- Perform screenings, brief interventions, and referrals for substance use care, treatment or services
- Facilitate inpatient physical and behavioral health care, treatment or services
- Offer individuals opportunities to provide input to the permanent housing support services program
- Have provisions in place for after-hours emergency care
- Educate the individual about its policies and procedures regarding housing opportunities; the array of care, treatment or services provided by the organization; and how to access after-hours emergency care.

Coordinating the provision of care, treatment or services (CTS.06.01.15).* The organization ensures that the multidisciplinary care, treatment or services team:

- Is comprised of practitioners who meet the needs of the individual and consists of at least a:
 - Physician or advanced practice nurse or physician assistant
 - Social worker or case manager
- Has a peer specialist (if on staff) who has full professional status on the team
- Meets on a regular basis
- Does the following at each meeting: conducts a brief, relevant review of individuals and any contacts with them; documents the status of the individuals reviewed; and develops a staff schedule based on individuals' schedules and emerging needs, and the need for proactive contact to avert future problems

**This standard is for organizations directly providing both permanent housing support services and behavioral or physical health care, treatment or services to homeless individuals. The other housing support services standards are for organizations that only provide case management of permanent housing support services to homeless individuals.*

Specific competencies required of staff (Human Resources Management (HRM) standard HRM.01.06.11) include that they are:

- Trained in and using evidence-based or accepted case management practices
- Trained in communication and advocacy skills
- Knowledgeable about Fair Housing rules and regulations

Rationale

The Joint Commission's Behavioral Health Care Accreditation program has developed standards related to a "housing first" or "rapid rehousing" program aimed at assisting individuals with serious mental illness, substance use disorders, or other behavioral health care issues. These standards are applicable to any Joint Commission-accredited behavioral health care organization that is providing such services; they are not a mandate for all accredited behavioral health care organizations to offer such services. For organizations providing these services, the standards will help "raise the bar" and ensure a uniform provision of services from one organization to the next. The standards also will help lay out a program for those organizations that are considering such services.

The Joint Commission has undertaken this project because of the potential to not only address the housing needs of individuals with serious mental illness, substance use disorders, or other behavioral health care issues, but also to address their physical health issues. According to a research paper titled *A Primary Care-Public Health Partnership Addressing Homelessness, Serious Mental Illness, and Health Disparities*, "... the health problems of people experiencing homelessness are substantial and complex. Most chronically homeless individuals have multiple disabilities including serious mental illness, chronic medical conditions, and co-occurring substance use disorders. Homeless populations in the United States experience a mortality rate 3 to 4 times that of the general population, with the highest mortality rates seen in the 18- to 54-year-old age group. These unacceptable disparities persist despite most chronically homeless people regularly interfacing with multiple systems including shelters, hospitals, mental health and drug and alcohol services, criminal justice, and welfare."

In addition, research has shown that when an individual's housing needs are met and are secure, improvements can often be made in other areas of the individual's life. This would indicate a strong

connection between secure housing and improved health. The research article referenced above goes on to state, “ ... without housing, access to health care may have a limited effect on health; housing has the potential to change profoundly how people perceive and attend to their health care priorities; and for individuals with experiences of both homelessness and psychiatric disability, the prospect of finally being able to authentically consider ‘health’ brings with it new implications for interfacing with the health care system.”

An ancillary benefit of this approach is a potential reduction in health care and public services costs. A recent article in the *Los Angeles Times* titled “Health Agency Moving to Skid Row to Aid Homeless” describes an initiative by a Los Angeles County health agency to move its headquarters and medical clinic to a district where thousands of homeless individuals with mental health disorders, a history of addiction, or both are located in order to directly address homelessness. The article states, “Housing for Health’s approach is based on studies showing that housing not only heals but also saves money. Emergency room visits and hospitalizations of homeless people dropped 77 percent in the year after they were housed at a savings to the county of \$32,000 a person.”

Reference

Engagement with stakeholders, customers, and experts

In addition to the required vetting of the proposed requirements with The Joint Commission’s expert advisory and approval committees, research undertaken included the following:

- The Behavioral Health Care Advisory Council, representing leading experts in the field of behavioral health, provided guidance regarding current principles and practices. This group included clinicians, administrators and educators.
- Conference calls with additional key external experts.
- Learning visits at behavioral health care organizations with housing support services programs.
- Formal field review of the proposed standards.
- Pilot testing at a Joint Commission-accredited housing support services program.

Select bibliography:

The following sources were used as references in the development of the housing support services standards:

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