



Exhibit A
Narrative Description of
Supportive Congregate Housing





Supportive Congregate Housing

I. Précis

Supportive Congregate Housing can provide permanent housing for persons who live with significant barriers to independence in activities of daily living; persons who benefit from the availability of on-site concrete and clinical services 24 hours/day. These barriers to independence may result from serious and persistent mental illnesses, physical frailty, the trauma of homelessness, or mild cognitive illnesses (e.g., mild dementias, personality disorders). Supportive Congregate Housing is designed to be permanent housing, recognizing that some persons will move on to more independent housing, but many persons will enhance their independence and deepen their quality of life while continuing to live in the structure of the congregate setting. Supportive Congregate Housing is designed to build communities for 50-100 persons with 24 hour staffing to provide a range of concrete and clinical services.

II. Philosophy

Supportive Congregate Housing is *housing* with supportive services. Supportive Congregate Housing values the integrity, dignity, and independence of each person. A structured congregate environment can reduce stress, especially for persons at risk for psychotic decompensation and for many people living in recovery from addictive disorders. Supportive Congregate Housing celebrates the dignity and power of each step a person takes in moving towards independence, health, relationship. There is power in community -- congregate services can create healing, caring communities; residents are not simply objects of another's "care," but are also subjects in relationship and care within the community. All services in a Supportive Congregate Housing setting are grounded in choice, whether the choice is what to have for dinner, which physician to see, or what future goals to pursue.

III. For Whom Is Supportive Congregate Housing Designed?

Supportive Congregate Housing is designed for single adults who live with functional impairments for whom 24-hour concrete and clinical services enhance their ability to live safely and with dignity within the community. The etiology of these impairments may vary (for example: serious and persistent mental illnesses, physical frailty, cognitive impairments, or some combination of these conditions). In this housing model the issue is not diagnosis, but rather, *service needs*.

Residents of Supportive Congregate Housing need habilitation/rehabilitation in activities of daily living (at least 3 of the following):

- 24-hour supervision;
- Medication management;
- Supported meals;
- 24 hour on-site crisis intervention;
- Assistance with personal care;
- Assistance with socialization;
- Need for 24-hour/day monitoring of physical and/or psychiatric illnesses;



- Assistance with basic housekeeping, laundry, and/or prevention health and safety hazards in their living space;
- Assistance with mobility within the building and/or community;

Additionally, residents of Supportive Congregate Housing need some or all of the services found in all levels of supportive housing, namely:

- Medical/Psychiatric case management;
- Advocacy;
- Money management;
- Entitlement assistance;
- Day program/vocational assistance;
- Supportive counseling/case management (which might include escort to appointments, family contact advocacy, assistance with parole, etc.)

Supportive Congregate Housing cannot meet the following needs:

- Acute care of persons who are a danger to self and others;
- Skilled nursing care that cannot be provided by periodic visits from a home health care aide and/or visiting nurse in the community.

IV. What Services Does Supportive Congregate Housing Provide?

Except for licensed practitioners, medical, and/or psychiatric treatment and care, services within the Supportive Congregate Housing setting are provided by a single provider. It is important that common mission be shared across provided services. This single provider model also encourages coordination of services and effective communications from within about resident progress and needs.

A. Concrete Services of the Model

- ***Permanent housing:*** This does not preclude someone moving to a less structured setting, but assures that a resident has a choice about whether to move or not.
- ***Single room with private or semi-private bath:*** Promotes the dignity of choice about who and what may happen within private living space.
- ***Assistance with housekeeping, as needed:*** Assures that each person's living space remains clean and free of health and safety hazards. Addresses hoarding issues which have precipitated many persons' entry into homelessness.
- ***Three nutritious meals and two snacks each day, with at least two choices for each meal:*** Supports adequate nutrition, assures contact for persons who are isolative, and promotes choice.



- ***Nutritional consultation available:*** Persons may consult with the program's dietician to address nutritional issues and health (weight loss, weight gain, interaction of foods and particular medications, diabetic diet and choice).
- ***Resident-accessible kitchen:*** For some residents, being able to prepare special meals or snacks is an important step in building independence; for others the ability to cook special family dishes may be an important part of his/her self-identity. A special kitchen specifically for resident use allows residents some autonomy, enabling staff to monitor for safety, as needed.
- ***24-hour supervision:*** Front desk staff monitors building safety and security, with 24-hour/day on-site monitoring for medically and/or psychiatrically frail individuals, 24-hour/day on-site crisis prevention, and skilled crisis intervention services.
- ***Assistance with personal care, as needed:*** Assistance may include hands-on help for frail individuals and structured verbal support for persons who primarily confront psychiatric or cognitive issues.
- ***Assistance with laundry, as needed:*** Two different laundry rooms are provided, one is open to residents who wish to do their own laundry; the second is available for staff to do the laundry of those who want (or need) this service.
- ***Assistance with mobility, as needed:*** Some assistance provided by the accessibility/design of the physical structure (see below), as well as personal accompaniment of frail and/or disoriented persons throughout the building and the neighborhood.
- ***Assistance with medication management, as needed:*** Assistance with obtaining prescribed medications, assuring that the right medication is taken at the right dose at the right time.
- ***Assistance with money management, as needed:*** Although also a clinical issue, the availability of a safe, secure place to hold money is an important service for persons who may not be able to afford to maintain a bank account.

B. Clinical Services of the Model

- ***Caseworkers for residents:*** To provide each resident with assessment of strengths/needs, to design a collaborative plan for addressing those needs for setting personal goals, and to provide support to each resident in meeting their goals. Services may include case management, entitlement assistance, budgeting, advocacy, assistance with day program/vocational programs, liaison with other service providers, and supportive counseling, among others.
- ***Medical, psychiatric, and substance abuse services:*** Choice is the hallmark of Supportive Congregate Housing: Each resident has options for a range of treatment providers. Although limited on-site medical and psychiatric services will be available, residents may choose to receive



services from practitioners throughout the community, with case management assistance as needed/requested.

- ***Escort and advocacy to appointments:*** A range of escort services are available to residents, including simple physical support to attend appointments in the community, emotional support during often-long waiting periods, and advocacy at appointments, all depending upon the service needs of the individual resident.
- ***24 hour supervision:*** Appropriate staff is trained in basic assessment skills so that 24-hour on-site monitoring for medically and/or psychiatrically frail individuals is available. A range of staff are trained in crisis prevention and crisis intervention so that 24-hour on-site crisis prevention and crisis intervention services are available. Social service staff are available for consultation on a 24/7 basis.

C. Community Enhancing Services of the Model:

- ***24-Hour supervision:*** Appropriate staff is trained in basic assessment skills so that 24-hour on-site monitoring for medically and/or psychiatrically frail individuals is available. A range of staff are trained in crisis prevention and crisis intervention so that 24-hour on-site crisis prevention and crisis intervention services are available. Social service staff are available for consultation on a
- ***An atmosphere of dignity and respect:*** Creating traditions of treating all who live and work in Supportive Congregate Housing with dignity and respect enhances resident perceptions of safety and self-worth.
- ***Shared power:*** There is choice given in group decisions, in addition to the choice given in individual decisions (for example which psychiatrist to see). Residents are engaged to make decisions about life in the building (e.g., house rules, décor, menus, holiday plans).
- ***An atmosphere supportive of recovery from addictive disorders:*** The establishment of firm rules about public intoxication, drug and alcohol use in the building, and respect for those in recovery can provide a structure to support sobriety. Since addictive disorders are viewed as illnesses, relapse is not a cause for eviction, but a challenge to approach recovery in new ways.
- ***Traditions of Celebration:*** Holidays, birthdays and special events are regularly celebrated, building community and sharing milestones.
- ***Traditions of Respect:*** Residents are remembered in passing, whether it is a good-bye party as someone moves on to different housing or whether it is a memorial for someone who has died.
- ***Structured opportunities for recreation at the Supportive Congregate Housing site and in the community:*** A full range of activities is offered on-site, as are group outings, with caseworker



assistance making connections to neighborhood resources. Not all residents are eager to participate in group activities, so a range of individual activities (art studio space, for example) offer a chance for recreation without the commitment to group activity.

- ***Unstructured opportunities for socialization and connection:*** The physical structure of the building is designed to promote informal gathering in smoking lounges, music lounges, and TV rooms. Congregate dining allows persons to risk being with others without the pressure to become instantly social.

D. Additional On-Site Services Are Appropriate For Supportive Congregate Housing:

Any such services are voluntary, available for residents who choose not to obtain services in the community or to aid staff in providing appropriate treatment planning. It is recommended that such services be provided by a not-for-profit entity (hospital-based clinic, voluntary organization like the Project for Psychiatric Outreach to the Homeless, etc.).

- ***On-Site Psychiatrist-part/time:*** To provide assessment and treatment to residents who choose not to obtain services in the community. To provide consultation and training to staff about psychiatric issues within the building. To provide psycho-education groups for residents.
- ***On-Site Medical Team (physician, physician's assistant, and/or nurse practitioner):*** To provide assessment and treatment to residents who choose not to obtain services in the community. To provide consultation and training to staff about medical issues within the building. To provide health-education groups for residents.

V. What Does the Physical Structure of Supportive Congregate Housing Include:

- ***Private rooms:*** Promotes the dignity of choice about whom and what may happen within private living space. Actual closets (not armoires) are recommended.
- ***Private baths:*** To decrease stress that occurs in shared spaces. If there is not the ability to have totally private baths, a sink should be provided in each room and toilet rooms should be separate from tub/shower rooms. Tubs with showers are recommended to give maximum choice to residents.
- ***Wiring for Services:*** Rooms should be wired for cable TV, telephone, and internet access.
- ***Wiring for Emergencies:*** An intercom system should be available in each room, along with an emergency pull cord in each bath/toilet/tub room.
- ***ADA Accessible Spaces:*** Promote dignity and independence.
- ***Secure entrance, with space for staff monitoring.***



- *Fire system equipped with sprinklers and addressable alarms.*
- *Congregate dining space.*
- *Congregate kitchen (commercial grade) for preparing meals.*
- *Small kitchen/preparation area (household grade) for resident use:* Recommend that it be adjacent to public spaces to promote monitoring for safety.
- *Several discrete “social areas” for lounging, music, TV, as well as discrete smoking areas.*
- *Several discrete activity spaces, including an “art studio space” and program spaces.*
- *Outdoor space:* a garden and/or outdoor lounging space is recommended.
- *Office spaces:* Social services should be arranged in a “hub” design to facilitate communications. A “consultant” office should be dedicated for outside providers (psychiatrists, physicians).
- *Medication Room:* Should be specifically designed for the purpose of safely storing and dispensing medications.
- *Storage!* It is recommended that significant space be dedicated to storage (to store equipment, to allow for ordering of supplies in bulk, but also to store those items that make for traditions: Christmas trees, barbeque grills, etc.)
- *Commercial-grade laundry room:* Provides that staff may do linens and residents’ personal laundry, as necessary.
- *Resident laundry room:* That residents may have choice to do their own laundry if they so desire.

VI. Staffing Requirements for 50-75-100 Beds (attached)



Job Title & Description	FT Equivalents for 50 bed SCH	FT Equivalents for 75 bed SCH	FT Equivalents for 100 bed SCH
Director: Responsible for overall administration and operation of the building/program.	1	1	1
Administrative Assistant: Provide clerical/administrative support to the Director.	1	1	1
Clinical Coordinator-Psychiatric SW: Responsible for development, coordination, and implementation of social services. Additionally, serve as caseworker for small number of residents.	1	1	1
Caseworker: Responsible for direct services to residents, including assessment, goal planning, case management, and supportive counseling (10-15 person caseload).	4	5	6
Activities Coordinator: Responsible for planning and implementing recreation and activities program.	1	1	1
Medication Supervisor (recommend RN): Responsible for all aspects for medication management and medication administration.	1	1	1
Medication Administration Staff: Responsible for assisting residents in administration of medications. (1 staff/shift.)	4.25	4.25	4.25
Personal Care Staff: Provide direct services to residents in personal care and activities of daily living. Includes aides to cluster with 5-10 residents each day, and aides to be available for emergencies evenings and nights.	7	11	15
Personal Care/Escort Staff: Provide direct service by accompanying residents to appointments and providing assistance and advocacy as needed at appointments.	2	2	2
Desk Staff: Provide assessment and security to residents at front desk. Monitor all emergency systems, building phone, and intercom systems.	4.25	4.25	4.25
Food Service Manager: Responsible for all aspects of food service.	1	1	1
Asst. Chefs/Waiters: responsible for food preparation, service, and sanitation of kitchen and dining room.	3.5	5.25	7
Housekeeper: Assist residents with housekeeping and linen change in resident rooms and baths, as needed. (assumes approximately 1 housekeeper per 20 rooms)	2	3	4
Porter: Responsible for cleaning common areas of the building and assisting with minor repairs.	1	1.5	2
Super: Responsible for overall maintenance of building, grounds, systems, and equipment, liaison with vendors, and minor repairs.	1	1	1