This is the only paper in this book that is a straight forward description of a program element, housing, integrating the vision, principles and practices into a recovery based framework. If you like it, you can probably use the same framework to write your own paper on any other program element, for example employment, financial services, or community integration.

I originally gave this presentation as a keynote presentation at a nationwide housing conference cosponsored by the MHA in Tulsa, Oklahoma and Habitat for Humanity. I followed a depressing speech about how SSI was insufficient income to afford housing in any market in America and that the Bush administration was actively cutting Section 8 subsidies, especially for disabled people, so I tried to be inspirational and upbeat. After the speech a woman e-mailed me asking for the text of my speech. When I told here that I had never written down that speech she persisted saying she knew I had some lecture notes I was referring to during the speech and couldn't she at least have a copy of my notes. I gave in and typed this up for her. It came in handy when twice I was asked to reprise this speech, once for a MHA Arizona workshop and once for a keynote speech at a California Housing Coalition conference.

Give Me a Home – Recovery Based Housing Programs

(2004)

Almost unbelievably, we are peering at the possibility of real change. The recovery movement may transform our entire mental health system. But we must learn from our last great transformation, deinstitutionalization, if we are to truly succeed. And one of the things we must learn is that housing is crucial. Arguably, if housing had been central to deinstitutionalization a great deal of the tragic homelessness and jailings that followed would have been avoided. Let's not make the same mistake twice.

We need a clear housing vision, principles, and practices, all in alignment with recovery.

The Vision

Housing is not a place a social worker places you into. It's somewhere you chose to be.

Housing is not a facility for your illness to be treated in. It's a place you can call home.

Housing is not a place to be taken care of. It's where you can learn and grow and achieve.

Housing is not a place to be protected in away from the world. It's a place to take risks and experience life.

Housing is not an asylum to be hidden away in. It's a base for belonging in our community.

Housing is not somewhere to smoke and drink coffee and exist day to day. It's a place to be proud of, where you prepare for work in the morning and come home to at night, where you make love, host family gatherings, raise your children, roast a turkey and decorate a Christmas tree, display pictures of

meaningful people and events, keep your favorite books and music and movies, read your Bible and say your prayers. It's a home to fill with life.

That's what consumer driven, recovery based housing is.

The Principles

1) Believe it's possible.

The first obstacle is often our inability to visualize someone in their own home. We just can't see it.

For too long we have limited people form having homes if they have certain illnesses or certain levels of symptoms or needed certain levels of care. They were simply too ill to live on their own.

Supported housing changed all that. Services don't need to be prepackaged into residential levels of care. Whatever services are needed can be brought to their homes. People don't need to be independent to have a home. They just need to be tolerable neighbors and willing to accept help. Supportive housing requires money, mobile staff willing to do mundane jobs, and a supportive administrative infrastructure. Once it's in place almost everyone, even people who couldn't succeed in Board and Cares or with their families, can have homes. Many families have better relationships after they move out and the family caretaking burden is drastically reduced.

Once we can see it, we can do it.

2) Put people first, not programs.

Most line staff and administrators believe that they work for a particular program and that their jobs depend on filling beds. They have to find people who want what they're offering and convince them to stay or their program and their jobs will be in jeopardy. They also have to convince funders to pay for a certain number of beds each year. They need to buy "bricks and mortar".

Instead, we should view each new person we meet as our new boss, with their own needs that our job depends on. We have to create a new, individualized program to meet their needs or our job will be in jeopardy. We also have to convince funders to pay for helping a certain number of people each year. We need to buy supports – second hand furniture, pots and pans, and a TV, medication management, payee services, in home supportive services, rental subsidies, social outreach, transportation, etc.

3) Build homes, not just housing.

There is a difference between being homeless and houseless. When we help someone get housed, they may still feel homeless or they may bring their "street home" in with them. Either way, it's unlikely to work. We need to help them make homes.

To make successful individualized plans, we need to rely not just on an objective checklist assessment of "case management needs". We also need to do a subjective assessment of what it's like to be that person to know what supports will be accepted by them. A good realtor goes beyond assessing your

income and family size to find out who you are – Do you have pets? Hate noise? Care a lot about safety? Talk to your neighbors? – and so should we. We're presently helping a young man with learning disabilities and schizophrenia move into his first apartment of his own. The first thing he did was call his sister for the first time in a few years to tell her how proud he is. The second was to look around for a park where he can feed the birds, because that's his main joy in life. We have to be able to see the world through their eyes to know what's really important.

4) Build communities.

Many people we work with are, in effect, refugees in their own country. They've often been rejected by their communities and usually it's not hard to see why: They may act "crazy", disrupting and frightening people. They may use drugs or drink heavily. They may not pay rent. Their apartment may get dirty and full of bugs. They may knock on their neighbor's door looking for cigarettes at 1:00 am. Ask any case manager. The list is endless.

We need to use housing as a learning tool, just like "work hardening" for employment or "motivational interviewing" for substance abuse. Each "failed" housing attempt is an opportunity to learn something, not a time for us to give up, sending them back to the Board and Care or their parents comforting ourselves that "at least we tried." We may need to alter our supports or – and this is the crucial point – they may need to change to become better neighbors. Just because it's a consumer driven approach doesn't mean they can do whatever they want. If they are going to live in our community they have to become tolerable neighbors, and we need to train them.

When someone gets in trouble with their neighbors or landlord or the police, our job is not to "get them off" because "they have a mental illness and can't be held responsible". Who would want to live near someone who is irresponsible and doesn't have to follow the rules? Our job is to help people meet their responsibilities so they can live around other people.

Often we have to begin as their community while they're finding their niche. We have to be the guests at a housewarming party or help them set up a Thanksgiving dinner in their home helping to invite others. We may stop by for coffee or even lunch, but we should always be pushing for them to find friends, family, and neighbors to replace us.

This may involve community development work, for example getting landlords to trust us to rent to mentally ill people, or going with them to a church or YMCA or bowling league to help them be welcomed there. When they are treated badly we have to become advocates and fight stigma alongside them. Sometimes it's our job to help people get along better in our community, and sometimes it's our job to help our community be a better place for them to get along in.

The Practices

The medical model bases housing choices on people's diagnosis and symptom levels. Their illness needs to be stabilized before they can have a home of their own. The rehabilitation model bases housing

choices on people's functional level. They need to be taught skills before they can have a home of their own. Both of these are "wait until you're ready" models.

The recovery model bases housing choices on the peoples' progress in recovery. From a recovery point a view, people can be divided into three groups, irrespective of their diagnosis: 1) "unengaged," 2) "engaged, but poorly self-directed," and 3) "self-responsible."

People who are "unengaged" generally do not collaborate in their recovery. They might refuse all treatment, come in irregularly during crises, only want charity and entitlements but not treatment, or be brought into treatment repeatedly or involuntarily for being dangerous or disruptive. People who are "engaged, but poorly self-directed" might want to collaborate in their recovery, but have trouble coordinating the services they need. They may miss appointments, take medications poorly, abuse substances, or have poor skills or support. They need someone to help coordinate their services. People who are "self-responsible" not only collaborate in their recovery, they can coordinate it.

The three groups are not dependent entirely on consumer traits. System traits, primarily "engageability" and "directability," also affect who is in which group. For example, there were many people who went to the Mental Health Association's Homeless Assistance Program who wouldn't go to a local mental health clinic to make appointments and get medications. However, when I started handing out pills at HAP's drop-in center, most of them wanted to take pills. They weren't really "medication resistant." They were "clinic resistant." When I changed the "engageability" of psychiatric services, many of them changed from "unengaged" to "engaged, but poorly self-directed." Similarly, it is far easier for consumers to coordinate their own services if they are available at one site in an integrated services program, instead of scattered in several separate systems.

1) Unengaged

For these people the major goal is engagement, so housing is both an engagement tool and an end in itself. "Housing first" programs are often built around this idea. Most people in this stage who are asking for help are really asking for charity, not treatment or rehabilitation. (Charity means we give you something to make your life better without you having to change or do anything. Treatment and rehabilitation mean we'll help you change and grow so you have a better life.) Therefore, most housing practices at this stage will have to be either entirely charitable – like housing vouchers – or some combination of charity with engaging in treatment and rehabilitation – like "work for a day, house for a day," shared rent, or some HUD programs.

For the most part, except Section 8 vouchers, there is very little money available for long term charitable housing. This means we have to make strong efforts to move people along to the next step. Charitable housing usually needs an "exit strategy."

2) Engaged, but not self-coordinating

These people usually have very disorganized lives and treatments. They usually need case management services, often ACT, to help them live in our community successfully. They often lose their housing. The

traditional approach to them is to put more structure in their lives and make more decisions for them. If they accept that help, which is a big if, their lives tend to improve because we often coordinate things better than they do. The enormous problem with this approach (besides "disengagement" because they don't like it and starting all over) is that people can't learn to become self-responsible by having things done for them, or to them, so they get stuck in this stage forever.

Whether scattered site or group housing is used, learning self-responsibility must be emphasized instead of care taking and protection. When Board and Cares were first developed many were Halfway Houses. They were built because it was felt it was too much of a leap for some people who had been institutionalized for long periods in state hospitals to move directly into their own home. Halfway Houses were supposed to help them get used to the community, find out where they were comfortable, get benefits established, work on a little on skill building and find a place to move to. Virtually no Board and Cares function that way now. They are largely caretaking, custodial, long term institutions.

My preference is for scattered site housing that are permanent homes within the community with as much support as is needed, even daily. Even with supported housing, it is important to perform the supportive services, whether apartment finding, money management, medication management, In Home Supportive Services, community development, landlord advocacy, or whatever else is needed, in a training way. If the services are "in vivo skill building" instead of "doing things for people" people will become increasingly self-responsible and we can gradually decrease their services. Notice, however, that they don't have to develop the skills first, or ever, to have a home.

3) Self-responsible

For these people interdependence and belonging are the goals. We want to help people not only graduate form governmental supports and subsidies, but also give back to our community. While we are working ourselves out of a job, replacing our supports with friends, self-help, and mutual support, we should be teaching neighborhood involvement, for example, volunteering for neighborhood clean up projects, art walks, PTA, social and political advocacy to help other people like them be more accepted, etc.

Moving form renting to home ownership may also be a major goal in this stage. We have a My Front Door program to assist people with getting home loans.

Closing Image

Every year at the Village we have our Golden Ducky Awards ceremony. It's modeled after the Academy Awards with everyone dressing up, a red carpet, performances and awards. Perhaps my favorite award category is for "having a home of your own for a full year for the first time". Dozens of our members come up to the stage to receive this award each year. Often times it is their proud landlord handing the statuette to them. I'm usually carried away by the emotion of the moment and remember why I do this work.