The Key Assistance Report

National M

the Clearinghouse

focus on—**SUPPORTED HOUSING**

SUMMER 2005

What Is Supported Housing?

"Support in housing is different from treatment," says Shelley Bishop, executive assistant for consumer and family issues in Pennsylvania's Department of Public Welfare, Office of Mental Health and Substance Abuse Services. "Supports can encompass mobile psychiatric rehabilitation, home health aides and peer support, to name a few. In fact, many advocates believe that individuals respond best when housing and treatment are handled separately."

Supported housing[1] works from this understanding to provide appropriate housing and flexible support services independently of one another. The participant holds a lease in his or her own name, and housing does not depend on participation in treatment or support services. As participants' treatment or support needs change, they are not required to move, as is the case in residential treatment programs. Instead, each person maintains his or her lease and the supported housing program coordinates provision of appropriate services and supports.

"People should not be punished for getting better," says Eduardo Vega of the National Mental Health Consumers' Self-Help Clearinghouse. "This is essential if we want to encourage recovery. A stable residence is a great contributor to well-being, especially when someone is just coming out of a hospital. Who wants to recover if it means having to move over and over again? A new program often means a new roommate, a new location, new faces and new rules you have to learn. These changes are pretty stressful for anyone and can set people back in their recovery instead of helping advance it."

Types of Supported Housing

Supported housing falls into two main categories: facilities-based and scattered-site. Facilities-based programs offer numerous units in selected buildings or complexes, while the scattered-site approach helps people acquire housing from a wide variety of sources.

of facilities-based supported housing programs is raising capital for building or rdable housing units. Several cities, including New York, have shown success with this cing homelessness as well as hospitalization for people with serious mental illnesses. wbacks to this approach, however, especially where community integration is

ery careful when helping to establish housing options that we don't create 'disability shop points out. "We need to understand that living in the community should be as integrating into our communities."

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Scattered-site supported housing programs may work better toward this end. Under the scattered-site model, staff not only help participants "choose, get, and keep" their own homes, relying on housing subsidies and other opportunities for low-income housing, but also seek to expand opportunities by developing relationships with landlords.

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About the Key Assistance Report. The Key Assistance Report is a series of technical assistance products designed to help consumers everywhere get what they need. Each Key Assistance Report is a concise toolkit of discussion and resources focusing on a specific topic in consumer self-help. Upcoming Reports will focus on such issues as educating state legislators, employment and how to counter the effects of stigma, prejudice and discrimination.

The Key Update, our monthly e-newsletter, provides late-breaking news and notes on important mental health issues through our e-mail listserve. To receive the Key Update go to *www.mhselfhelp.org/contact.html* or send e-mail to *majordomo@majordomo.dca.net*. In the body (not the subject) of your e-mail enter 'subscribe thekey' on one line and 'end' on the next. If you don't have e-mail and would like paper copies sent to you monthly please phone the Clearinghouse at 800-553-4KEY (4539), ext. 256.

Nonetheless, though it is commonly accepted that scattered-site housing offers better opportunities for community integration, many supported housing programs offer facilities-based placements due to the difficulty of obtaining affordable housing in some communities.

Recently, facilities-based programs have begun to develop mixed-income housing that expands opportunities for community integration. According to the U.S. Department of Housing and Urban Development (HUD), mixed-income housing can be defined as a development that is comprised of housing units with differing levels of affordability, typically with some market-rate housing and some housing that is available to low-income occupants below market rate. The "mix" of affordable and market-rate units that comprise mixed-income developments differs from community to community. Communities and developers around the country must evaluate local market conditions, and develop locally supported concepts and characteristics of the mixed-income development.

Most scattered-site and facilities-based programs are focused on the goal of independent living as part of the complete community integration plan. However, there are other options for housing in what is sometimes termed "supportive" as opposed to "supported" housing.

Some individuals find that they prefer to reside with peers in mutually supportive environments such as offered by the Fairweather Lodge model. Developed in California by Dr. George Fairweather in 1963, Lodges are capturing the interest of many as a housing construct that combines safe, secure housing with employment. Fairweather created the first Lodges after extensive research demonstrated that people with serious mental illnesses are less likely to return to the hospital when they live and work together as a group rather than individually. Some Lodges are run by mental health agencies but many are independent consumer-run programs. These and other peer-run housing alternatives have shown a high level of success across the country.

Advancing Supported Housing in Your Community

Here are some tips for advocating for supported housing. Make sure to visit the Corporation for Supportive Housing Web site resources section as well: *http://www.csh.org/*

1. Think through the problems you're attempting to solve and try to generate a clear idea of which supported housing model is most appropriate in your area. Also look at similar programs and resources that are available and establish how your option fills an unmet need (such as community integration or long-term residence). Start with a good group of creative thinkers, consumers and advocates to brainstorm, or create a "task force" to look at the problem and opportunities in your area.

2. Engage a broad coalition of stakeholders. Since supported housing involves several areas of interest, you may want to speak with local housing authorities, mental health service programs, homeless services, local law enforcement and consumer advocacy groups. Community and neighborhood associations can also be helpful. Remember: Power comes from numbers and there are many people interested in reducing the effects of mental illness and homelessness.

3. Be prepared to confront stigma, prejudice and discrimination. This is especially apparent in housing with NIMBYism (Not In My Backyard). NIMBYism often arises when people support programs for housing in general, even vote for them, but then fight against the establishment of such programs in their neighborhood. It is important to note that NIMBYism is a product of prejudice and leads to discriminatory practices that may be illegal. Your local Mental Health Association may be a useful partner in this area. For more information, see publications of the Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center) and/or the Chicago Consortium on Stigma Research (listed in the *Resources* box on the final page).

4. Work at multiple levels. Advocacy efforts in housing often require cooperation of different governments. Municipal, county and State housing authorities are involved and interconnected, as well as the federal HUD agency, which has local offices in most areas.

5. Be prepared with up-to-date information on the latest initiatives and resources that relate to supported housing. For example, President George W. Bush established the goal of "ending chronic homelessness within the next decade" in 2003 and several federal initiatives have been developed as a result. Also be ready with articles, research and other important information on the utility, cost effectiveness and long-term value to the community of supported housing in general and how your proposed project relates. See *Resources* and *References* for some leads in this area.

The Role of Supported Housing in Community Integration of People with Psychiatric Disabilities

The Americans with Disabilities Act (ADA) guarantees the right of people with psychiatric disabilities to live in the community rather than in institutions. In the 1999 *Olmstead v. L.C.* decision, the U.S. Supreme Court upheld this community integration mandate.[2] Although the connection between community integration and housing may seem obvious, states have devoted too few resources to the kinds of housing that make community integration possible. Advocates believe that states should greatly expand the availability of supported housing in order to give people with psychiatric disabilities the opportunities that are theirs by right.

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At the heart of the *Olmstead* decision was a recognition that institutionalization is a form of segregation, limiting the ability of people living in institutions to interact with people who do not have disabilities. In some cases, though, hospital downsizing has led to what many call "moving the institution into the community" — people living in residential treatment programs or community residential rehabilitation (CRR) settings that have significantly fewer residents than a hospital but place similar restrictions on opportunities for interaction with the community at large, such as limitations on coming and going, roommate choice, visitors, and daily activities.

Additionally, homelessness among people with psychiatric disabilities remains a widespread problem. This may result from lack of services in the community or inappropriate placement after hospitalization, despite the Supreme Court's warning (also in *Olmstead*) that the ADA does not call on states "to move institutionalized patients into an inappropriate setting, such as a homeless shelter."

Many mental health advocates and supporters believe that supported housing, which was developed to address homelessness, offers the best opportunity for meaningful community integration of people with psychiatric disabilities. As Mark Salzer, Ph.D., of the UPenn Collaborative on Community Integration points out: "Research has shown that supported housing is an evidence-based practice that increases opportunities for people to live in the community."

Overcoming Barriers

Providing supported housing may require getting past some obstacles. Along with the challenge of developing affordable housing opportunities, the success of supported housing often relies upon changing attitudes within the mental health system. Unlike residential treatment programs, which are often based upon the medical model of illness and symptom control, supported housing is based on rehabilitation and recovery principles. Therefore, providers must hold the belief that people with disabilities have the right to make decisions about their own treatment and that they have the potential to maintain stable housing despite their disabilities.

Perhaps the biggest obstacle is a belief that some people are "too sick" to succeed in supported housing. However, supporters of the model firmly believe that anyone can live in supported housing. They point out that people have achieved residential stability through flexible supports despite past hospitalizations and homelessness, severity of symptoms, and co-occurring disorders and/or substance abuse issues.

Homeward Bound, a residence for homeless people with severe mental illnesses located in Philadelphia and operated by the Mental Health Association of Southeastern Pennsylvania, has been successful in serving people who have been turned away from shelters and traditional mental health residential programs because of their inability to adapt to a more structured environment.

"Often our residents have had difficulty in other settings because of the high level of expectation set at their admission to those facilities. Those expectations could include demonstrating residential stability and a willingness to be involved in meaningful daytime activity," says Program Manager William Kaiser. "We try to have lower barriers to entry; then, once people feel invested in their new home, our staff begin to work on building relationships and trust. That's where the door starts to open for us to challenge people to do better."

The key to success is providing supports that are flexible and voluntary but are always available and geared to helping people choose, get, and keep housing. Examples might include helping people search for apartments and negotiate with landlords, resolve disputes with landlords and neighbors, plan meals and develop shopping lists, and manage finances and pay bills on time. Supported housing staff also help link people to other support services in the community, such as substance abuse services and natural supports.

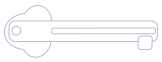
"We try to tailor an approach to each person, based their level of functioning. We're working to help them to improve or gain skills they'll need to live in the appropriate level of care," says Kaiser.

In addition to providing flexible supports and linking people with other resources, a typical scattered-site supported housing program includes:

- Rent subsidies. Programs typically provide short-term financial support until participants become eligible for long-term assistance, such as federally funded tenant-based rental assistance.
- Start-up funds. Programs often provide help with expenses such as security and utility deposits, kitchen staples, and furnishings.
- Rainy-day funds. Emergency assistance is often available to maintain housing by paying rent during hospitalization, paying to repair damages caused by tenants, etc.

The Last Word . . . Housing First!

"Whatever the model, setting or approach," says Bishop, "addressing housing absolutely must come first. It is a basic need and, until someone has this basic need for housing met and is feeling comfortable and secure in this need, it is difficult to focus on recovery,"



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Harkness, J., Newman, S. and Salkever, D. (2004). "The Cost-Effectiveness of Independent Housing for the Chronically Mentally Ill: Do Housing and Neighborhood Features Matter?" Health Services Research 39(5):1141-1360.

Mixed-Income Housing and the HOME Program, U.S. Department of Housing and Urban Development, Community Planning and Development, 2003, page 3. *http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2004/200315.cfm*

Mares, A.S., Rosenheck, R., and Kasprow, W. (2004). "Supported Housing Outcomes for Homeless Veterans with Psychiatric and Substance Abuse Problems." Paper presented at U.S. Department of Veterans Affairs Health Services Research & Development Service National Meeting, Washington, D.C., March 11.

Rosenheck, R., Kasprow, W., Frisman, L. and Liu-Mares, W. (2003). "Cost-effectiveness of Supported Housing for Homeless Persons With Mental Illness." Arch Gen Psychiatry 60: 940-951.

Full text of the U.S. Supreme Court Opinion in the case of *Olmstead v. L.C.*
http://supct.law.cornell.edu/supct/html/98-536.ZO.html

Advantages of Supported Housing

Funding organizations, policymakers and program directors are likely to take notice when shown evidence that supported housing is a best practice for people with psychiatric disorders.

There is a substantial body of evidence to show that supported housing is both effective and cost-effective. Many studies indicate that supported housing incurs costs similar to or lower than those of congregate living facilities such as psychosocial residential programs, while producing better outcomes and greater consumer satisfaction. For example, a study of long-term data from supported housing for homeless people with psychiatric disabilities in New York City revealed that while supported housing cost $17,277 per person annually, placing people in supported housing reduced their use of other services, such as shelters and hospitals, by $16,281, resulting in a net cost of less than $1,000 per person annually (Culhane et al., 2002). In addition, there may be long-term positive gains for employment, education and recovery for consumers, and broader benefits in regard to public health, forensic and other services, since those dollars can be redirected into new programs, facilities, etc.

Other research has proven that shifting housing resources toward supported housing is an efficient way to address homelessness associated with mental illness:

- Researchers at Yale University and the Department of Veterans Affairs (VA) found that placement in supported housing programs resulted in larger social networks and decreased homelessness when compared to placement in traditional residential programs, at only modestly increased costs (Rosenheck et al., 2003).
- At the same time, another study determined that prior placement in a residential facility does not improve outcomes in supported housing, and therefore homeless veterans with psychiatric and substance abuse disorders should be placed directly into supported housing (Mares et al., 2004).
- Harkness, et al., (2004) at Johns Hopkins University found that placement in buildings in good repair and with fewer apartments resulted in reduced use of mental health services.

See *References* (above) and *Resources* (on final page) for more facts and figures.

Resources for Supported Housing

Corporation for Supportive Housing
50 Broadway, 17thFloor • New York, NY 10004•(212) 986-2966
http://www.csh.org

UPenn Collaborative on Community Integration
http://www.upennrrtc.org

Advocates for Human Potential (AHP)
490-B Boston Post Road, Suite 200 •Sudbury, MA 01776
(978) 443-0055 Fax: (978) 443-4722
http://www.ahpnet.com/HousingHomeless.html

Olmstead New Freedom Initiative . . . to Promote Community-Based Care
http://www.olmsteadcommunity.org

Projects for Assistance in Transition from Homelessness (PATH)
Substance Abuse and Mental Health Services Administration/CMHS
http://www.pathprogram.samhsa.gov/

Technical Assistance Collaborative (TAC)
535 Boylston Street, Suite 1301 •Boston, MA 02116 •(617) 266-5657
http://www.tacinc.org

U.S. Dep't of Housing and Urban Development (HUD)*http://www.hud.gov/*. Also try the HUDuser Web site: *http://www.huduser.org/index.html*.

Resource Center to Address Discrimination and Stigma Associated with Mental Illness
http://stopstigma.samhsa.gov

Notes

[1] Facilities-based programs are usually referred to as "supportive housing" and scattered-site housing available on the open market is usually termed "supported housing." However, these distinctions are not always made.

[2] "Specifically, we confront the question whether the proscription of discrimination may require placement of persons with mental disabilities in community settings rather than in institutions. The answer, we hold, is a qualified yes. Such action is in order when the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities." *Olmstead v. L.C. 527, U.S. 581 (1999).*

National Mental Health Consumers' Self-Help Clearinghouse

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This **Key Assistance Report** is a technical assistance product of the National Mental Health Consumers' Self-Help Clearinghouse, which is solely responsible for its content. We encourage copying and distribution of this Report to all who may be interested.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

The National Mental Health Consumers' Self-Help Clearinghouse

www.mhselfhelp.org

Mental Health Association of Southeastern Pennsylvania
NMHCSH Clearinghouse
1211 Chestnut St. Suite 1207
Philadelphia, PA 19107

is the nation's first national consumer technical assistance center, has played a major role in the development of the mental health consumer movement. Since the Clearinghouse was founded in 1986, it has led the consumer movement by example, with a largely consumer-run management and staff.

The Clearinghouse works to foster consumer empowerment through our website, up-to-date news and information announcements, a directory of consumer-driven services, electronic and printed publications, training packages, our personnel and consultation. We help consumers organize coalitions, establish self-help groups and other consumer-driven services, advocate for mental health reform, and fight the stigma that society places on mental illness. We also strive to help the movement grow by supporting consumer involvement in planning and evaluating mental health services, and by working with traditional providers and other societal groups to become more consumer-friendly.

The Clearinghouse sponsors, organizes and participates in a number of national events that bring together large numbers of consumers to discuss the issues that affect us and to work together to bring about change. In addition to developing our own publications, we maintain an extensive library of information on topics important to consumer groups interested in self-help and advocacy.

Consumer- Driven Programs

Each day, the Clearinghouse provides targeted technical assistance to many individual consumers, self-help and advocacy organizations, and consumer coalitions involved in peer support on such topics as how to raise funds, recruit members, develop leadership, and resolve internal conflicts. We also arrange on-site visits from our trained consumer staff or experts from our extensive network of consultants.

The Clearinghouse's new Consumer-Driven Services (CDS) Directory is a major national resource enabling individuals and groups to learn more about leading programs, connect with development staff and access consumer-driven organizations in their area. This directory features listings of consumer driven programs in all major areas of service, including Clubhouse and Drop-In programs, Peer-Case Management and many others.

Visit the CDS Directory at *http://www.cdsdirectory.org*

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