

State Profile Highlights



Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

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DRAFT

Housing for persons with Mental Illnesses: 2004

MAJOR FINDINGS

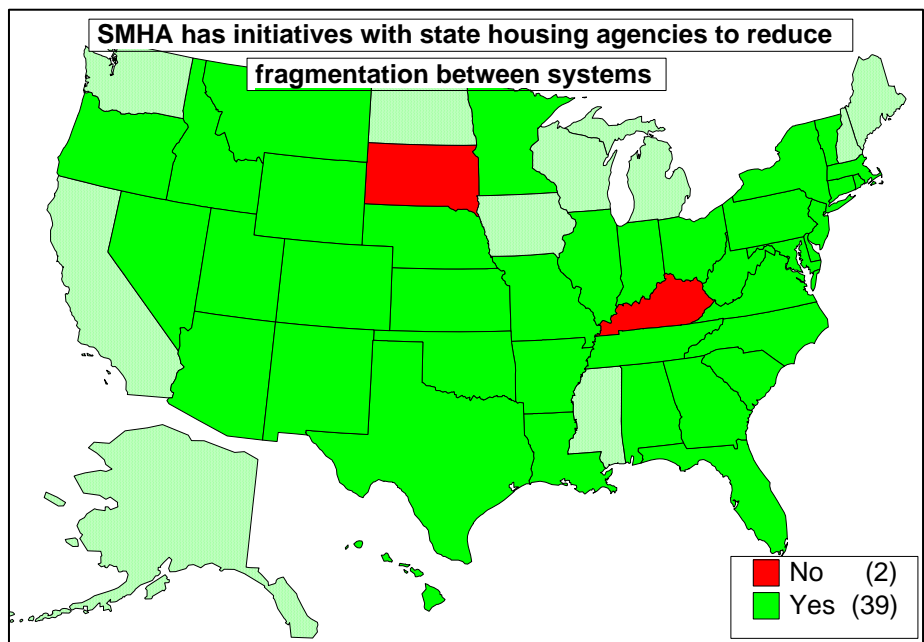
- **65% of SMHAs have a housing plan--a delineated set of strategies to address the housing needs of persons with mental illnesses.**
- **95% of SMHAs are working with their state housing agencies to reduce fragmentation between systems.**
- **90% have developed working interagency relationships with State housing authorities.**
- **Half the SMHAs have recently assessed the housing needs or preferences of their consumers.**
- **Most states are experiencing shortages of subsidized housing for persons with mental illnesses.**

Persons with mental illness often need more than just the provision of mental health services in order to live productive lives in the community. As a result, State Mental Health Agencies (SMHAs) are often working with consumers to provide vocational and housing supports to assist consumers in their process of recovery.

Collaborating with Housing Agencies:

95% of SMHAs (**39** of **41** reporting) indicate that they are working with their state Housing agency to reduce fragmentation in service delivery and eligibility. **88%** of SMHAs are working to combine or coordinate service delivery, **76%** to combine or coordinate funding streams, and **61%** to coordinate client eligibility determinations.

SMHAs have established working interagency relationships with the other major state agencies responsible for the development of housing: **90%** (**35** states) with the state Housing Finance Agency, **31** states with the state Department of Housing/Community Development, **25** states with the state affordable housing coalition, and **38** states with the state coalition for homeless persons.



In **38** states, the SMHA support or collaborate with community development corporations or local housing authorities in communities. In **26** states, the local mental health authority works with community development corporations or local housing authorities.

Housing Needs Assessments:

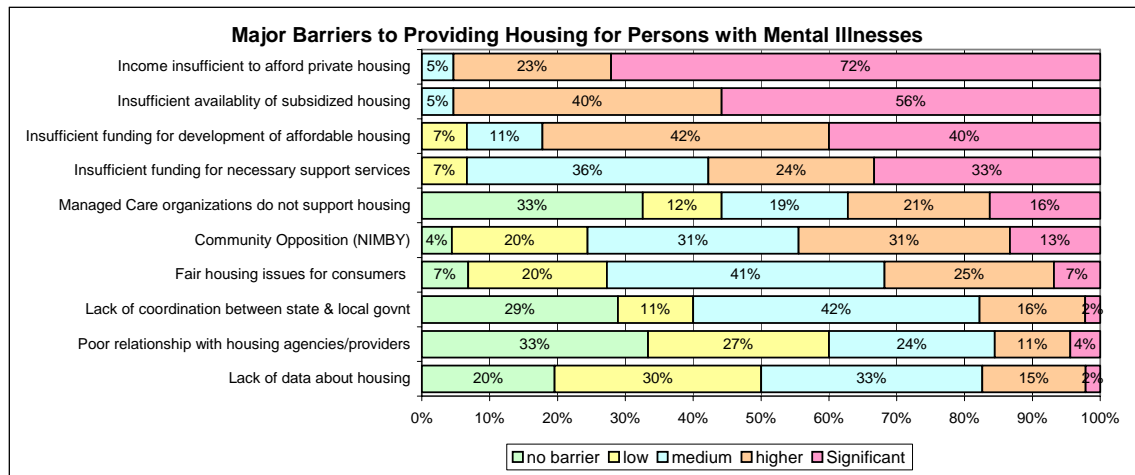
About half (**52%**) of the states (**46** reporting) have recently assessed adult mental health consumers regarding their housing needs and/or preferences. Many of the states report conducting periodic surveys of consumers to assess their housing preferences, while other states require local programs to ask consumers about their housing needs and preferences at intake.

Mental Health Housing Plans at SMHAs:

Most SMHAs **65%** have a housing plan (a delineated set of strategies to address the housing needs of persons with mental illness). There are housing specialists/coordinators responsible for increasing affordable housing opportunities for persons with serious mental illnesses within the SMHA in **32** states, within the state housing agency in **11** states, and within both the SMHA and the state housing agency in **9** states. There were **176.8** full time equivalent (FTE) staff persons employed by or contracted by SMHAs (**35** states reporting) to address housing issues of persons with mental illnesses.

Barriers to Providing Housing:

Finding decent and affordable housing is a major issue for consumers. SMHAs identified the major barriers to addressing consumer-housing needs as: Insufficient availability of subsidized housing (**41** states), Consumer income is insufficient to afford private market housing (**41** states), and Insufficient funding for development of affordable housing (**37** states).



“Poor relationships between housing agencies/providers and mental health providers,” and “Lack of data about housing” were rated as “no barrier” or as “low barriers” by over half the states and as “significant barriers” by 1 state and no (0) states respectively.

Funding Sources For Housing Subsidies And Development:

SMHAs are working with a wide range of federal, state, and local funding sources to help provide housing subsidies and for housing development resources. The major funding sources being used by SMHAs are listed below:

Consumer/Tenant Subsidies	Housing Development Resources
<p>Federal Programs</p> <ul style="list-style-type: none"> 93% HUD Section 8 Certificates/Vouchers 93% Shelter Plus Care (HUD McKinney) 92% HOME Tenant-based Rental Subsidies 92% Housing Opportunities for persons with AIDS (HUD) 91% PATH Homeless Funds <p>State Programs</p> <ul style="list-style-type: none"> 91% State Housing Agency Rent Subsidies 91% State Mental Health Rental Subsidies <p>Local Programs</p> <ul style="list-style-type: none"> 91% City Rental Subsidies 91% County Rental Subsidies 91% Mental Health Service Agency Rental Subsidies 93% Family Member Subsidies 	<p>Federal Sources</p> <ul style="list-style-type: none"> 92% HUD Home funds 92% Continuum of Care Homeless Funds (HUD McKinney) 92% Community Development Block Grant (HUD CDBG) 92% Rural Development (formerly FmHA) 92% Low Income Housing Tax Credits (IRS) 92% Housing Opportunities for People with AIDS (HUD) 84% HUD Section 811/202 <p>State Sources</p> <ul style="list-style-type: none"> 91% State Housing Trust Fund 91% State General Obligation Bond Financing 91% State General Revenue Bond Financing 91% State Mental Health Capital Funds 90% State Housing Tax Credits <p>Local Sources</p> <ul style="list-style-type: none"> 91% City Capital Funds 91% Private Foundations 90% County Capital Funds 90% Mental health agency reserves

The SMHAS Profiles data are available via the Internet at www.nri-inc.org. For further information, please contact Robert Shaw (ext.124) or Ted Lutterman (ext. 121) on (703) 739-9333 or via e-mail at robert.shaw@nri-inc.org or ted.lutterman@nri-inc.org

The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-99-0502 from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS)/Division of State and Community Systems Development/Survey and Analysis Branch. Cited reproductions, comments and suggestions are encouraged. Please contact Ted Lutterman (ext.121) with any questions or comments.

States were asked to identify up to three (3) "best practices" with respect to housing and residential services for adults with serious mental illnesses. The examples provided by states are:

- AZ Housing First Model, Project Stargate, State Hospital and Supervisory Care Home Transition Housing
- CA a. AB 2034 - Integrated Services (Support to locate and sustain housing is a key component.)
b. Supportive Housing Initiative Act - permanent affordable housing with supports/ services on-site and/or in the community (Program ends in June 2005 - no current funds)
- CO Partner with Community MH centers linking services with housing
- CTAdult a) Community Mental Health Strategic Investment Fun (CMHSIF) to provide state funds for capital development, predevelopment, and support services integrated in supportive and affordable housing. b) PILOTS - supportive housing development in access of 600 housing units. c) Integrated of affordable housing and services model.
- DC a. Housing First - pathways to housing is an ideal evidence based practice partner for this model. The program mission to end homelessness by providing housing first and following that up with mental health substance abuse and primary care treatment on a continual, unconditional bases.
b. Supported housing - this initiative provides affordable, safe and decent housing to consumers who sign their own lease, chose where they want to live as well as with whom they want to live. Consumers pay 30% of their income for rent and DMH subsidizes the balance.
3. Shelter Plus Care - HUD program that provides permanent housing to individuals who are homeless, and dually diagnosed with mental illness, substance abuse and/or HIV/AIDS related diseases.
- DE Act teams have supportive housing. PATH services to engage and support homeless mentally ill in obtaining housing. Staffed apartments coupled with ACT teams
- GA A. DCA's S+C Initiative- 610 units as of 12/31/04 with 200 additional units received from HUD in 2005
B. DCA/DHR Housing Choice vouchers collaborative with 200 vouchers
C. DCA Permanent Supportive Housing Program combining HOME and State Housing Trust Fund monies to produce multi-family housing for persons with disabilities
- HI a) Provision/Access to safe, decent affordable housing.
b) Provision of the necessary supports to choose, obtain and maintain housing.
c) Education for understanding and meeting the conditions of tenancy; rights of tenancy are held by consumers.
- IL A) Regional areas (geographical - DMH Networks) develop a Housing Plan in collaboration with community agency and consumer involvement.
B) DHS/DMH collaborative with federal government for housing development via HUD Section 811; HUD continuum of care processes.
C) DMH participates along with other Illinois DHS service agencies in the culmination of the 2005 Illinois' Comprehensive Housing Plan, this Plan was begun with Executive Order 2003-18 that initiated a task force approach to analyzing the states "total" need for housing - and subsequent recommendations for future actions.
- KY Regional Housing Developers employed by Regional MH/MR Boards.
Full time housing developer co-funded by SMHA and state housing finance agency.
Use of Tenant Based Rental Assistance (funded by home dollars).
- LA 1. Homeless prevention through discharge planning. 2. Provision of support services in the consumer's own home. 3. Foundation for acceptance and use of the Housing First Model. 4. Designated Housing staff in each state planning region.
- MA a) Homelessness prevention through discharge planning.
b) Homeless Initiative - leveling external housing resources through state appropriated services funds \$22.2 Million annually in state approp.
c) Mix of supported housing and independent living for homeless and non-homeless individuals with MI
- MD 1.) Separation of housing and treatment services via separate housing development and management entities.
2.) Training initiatives with local housing authorities to develop partnerships between local mental health systems and local housing authorities to further access to affordable housing.
3.) Publication of cross-disability resource guide for local housing authorities to provide information on service resources.
- ME a. State hospitals conduct appropriate discharge in partnership with community systems. No discharges to homeless shelters.
b. In all housing placements except treatment facilities, supports ebb and flow as consumer directs.
c. Emphasis of housing resources on tenant based vouchers (Shelter Plus Care and Brap) which allows for greater housing choice and opportunity.
- MI 1. Michigan's Low Income Housing Tax Credit Program produces approximately 200 units per year through a point system that gives advantages to developers who designate special needs units as a portion of their project a service plan must be in place.
2. Housing service consortiums which plan for the development of housing with services.
3. Use of shelter care and supportive housing program resources with Community Based Organizations providing access to housing and services.
- MN a. Housing mission statement has been part of our adult comprehensive mental health act since 1990 - addresses community-based, integrated housing - consumer choice.
b. Emphasis on permanent housing with services increasing or decreasing based on consumer needs.
c. Minnesota has a state funded crisis housing fund to retain housing for those consumers with no other source of funding who are hospitalized or in residential treatment settings for up to 90 days - Data shows significant reduction in hospital lengths of stay.
- MO a) Semi-independent apartments: separate apartments for consumers with a staff member available on-site.
b) Safe Havens for dual diagnosed MI/SA clients.
c) Dual Diagnosed MR/MI clients living in ISL with cost sharing between divisions of CPS and MRDD.
- NC North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services Local Housing Specialist Positions: Nineteen funded positions applied for by local area mental health programs to build local housing capacity through collaboration with local PHA, advocacy groups, developers, and city/county government.
Low Income Housing Tax Credit Program: Established new threshold requirements that at least 10% or a minimum of 5 units within each development be targeted to persons with disabilities, and or homeless.
Section 811 Capital Advance Program fully utilized.
- ND Shelter plus care

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- NE 1.) Under Behavioral Health Reform, housing was made an issue. LB1083 section 101 authorizes use of the NE affordable housing trust fund for SMI rental assistance. This program is now being developed.
2.) Should be ready to implement by summer 2005. Part of this effort includes NE Health Human Services System Policy. Cabinet endorsement of the federal MH Block Grant definition.
3.) Establish a supportive housing program jointly operated between NE division of behavioral health and the NE Department of Economic Development.
- NJ 1. Providing SMHA rental subsidies and support service dollars.
2. Residential intensive support team to place people into supportive housing directly from the hospital setting without going to a group home first.
3. Funding of housing search program for affordable, acceptable housing for patients so they could spend more time dealing with employment and recovery issues.
4. Train the trainer program regarding how to access subsidized housing.
5. Evidence Based Practices for community living skills intervention that improve consumer self management.
- NM 1. Residential Housing Specialists.
2. Financial Services Specialists
3. Albuquerque Mental Health Housing Coalition
- NV a) Continuum, housing options based on clinical need and client choice.
b) PACT programs for Reno-Las Vegas with one team dedicated to homeless with mental health needs.
c) Residential beds dedicated to clients of local Mental Health Court.
- NY A) NY/NY Collaboration - Agreement between State and NYC to provide permanent housing to individuals who are seriously mentally ill and homeless.
B) NYS OMH has matched some of its housing resources to individuals residing in homeless shelters for more than 2 years (long-term shelter stayer).
C) NYS OMH provides matching grants to agencies who secure HUD McKinney funding to provide housing to homeless mentally ill individuals.
- OH 1. Dept. Mental Health - Housing Assistance Program temporary rental assistance.
2. Mental Health Housing Leadership Institute - expansion of states capacity to use best practices in housing for SMI.
3. Goal of: implementing assertive community treatment by 1/06.
- OK 1. Save haven
2. Tenant Based Rental Assistance
3. Transition House
- PA a. Promotion and development of Fairweather Lodges for individuals with SMI.
b. Develop technical assistance for county MH Programs to create local housing option teams to create new housing.
- RI Threshold \$ is allocated to RIMFAC and distributed when requested for available housing.
Apartment programs with flexible staffing to allow 24-hour or lower staffing depending on the client's situation.
Utilization of state bond money to buy buildings which are then leased to providers for nominal fee.
- SC 1. Shelter Plus Care programs in ten (10) counties.
2. SCDMH match funds in conjunction with Low Income Housing Tax Credits for integrated apartment developments.
3. SCDMH match funds, State Housing Trust Fund, State Home for small (12-16) unit apartment developments.
- SD 1. Development of assisted living facilities for adults with serious mental illness.
2. Collaboration between community mental health system and state corrections agency to assist offenders to locate community housing.
3. Use of PATH to support coordination of resources.
- TN 1) The Creating Homes initiative is a strategic plan to partner with local communities on a grassroots level to create permanent housing options for Tennesseans diagnosed with mental illness and co-occurring disorders. The program has utilized \$2,500,000 in state funds to leverage \$87,863,531 which has resulted in safe and affordable housing units for 4081 persons.
2) The Housing Within Reach program is a federally funded, multi-faceted program to provide effective, consumer directive housing resource system for persons diagnosed with mental illness and co-occurring disorders. The program consists of a) training and outreach provided by four Consumer Housing Specialists; b) housing access and information through the development of a comprehensive website; c) in-depth training to consumers and providers through the development of Housing Academies.
3) The Independent Living Assistance program is a program that assists persons diagnosed with mental illness and co-occurring disorders to live independently in the community by providing for rental assistance and utility deposits and maintenance. The program utilized \$602,000 in state dollars to assist over 2000 individuals annually.
- TX A. Supported Housing
B. Assertive Community Treatment (ACT)
C. Projects of Assistance Transition from Homelessness (PATH)
- UT Housing in home skills best practices www.dsamh.utah.gov/doc/in/home/skill.pdf
- VA 1. "Housing first" pilot blending tenant-based rental assistance with PATH outreach funds. 2. Assertive Community Treatment teams with access to rental assistance funds. 3. New law requires comprehensive state housing plans to include provisions for persons with disabilities (by 7/1/08).
- VT a. Having an FTE housing developer at SMHA.
b. Housing contingency fund (state rental assistance program)
c. Dedicated staff at designated agencies to assess housing needs of clients directly and to assist with housing contingency funding and other resources listed above in this inquiry.
- WV 1. peer run housing and support
2. a provider's 811 program
3. aftercare program which links people with ongoing supports in the community
- WY Housing is one of our biggest issues. Estab of support indepenent programs in 1993.