HIGHLIGHTS BASED ON 46 STATES RESPONDING TO THE HOUSING AND RESIDENTIAL SERVICES COMPONENT OF NRI’S 2020-2021 STATE PROFILES

Note: although 46 states responded to the housing and residential services component, not all states provided answers to all questions; therefore, some of the information presented in this report is based on responses from less than the total number of reporting states.

“A decent, safe and affordable place to live is essential for anyone to achieve full participation in community life. For people with serious mental illness, having a home of one’s own, and choosing that home – the neighborhood, the type of housing and who (if anyone) it is shared with – is also an important element of self-determination, full community integration, and a pathway to recovery.” (NASMHPD Policy Brief: Affordable Housing: The Role of the Public Behavioral Health System, October 2011)

Most (72%) SMHAs have a housing plan or a state strategy that addresses the housing needs of adults with a Serious Mental Illness (SMI) or children with a Serious Emotional Disturbance (SED) but only 39% of states have a plan that stipulates minimum requirements intended to ensure the safety and/or quality of life. Most (76%) SMHAs have a housing coordinator or specialist responsible for increasing the availability of affordable housing opportunities for people who have SMI.

State has a Housing Plan that Addresses Housing Needs of Persons with SMI or SED and/or has a Housing Coordinator to Increase Available Housing

BARRIERS

- Insufficient Income
- Insufficient Availability
- Insufficient Affordable Housing

72% of states have a housing plan or strategy

63% of states have an official Olmstead plan

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Use of Community-Based Care Settings by States

SMHAs use many different types of settings to ensure that people with mental illness are served, as much as possible, in the community. The appropriateness of a particular housing setting for an individual with mental illness depends greatly on the nature and severity of their illness. For the most independent housing settings, no state reported having an adequate supply of housing.

### Independent Settings with Supports

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percent of States Where the Setting is Available</th>
<th>Percent of States with Setting Were the Supply is Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supported Housing</td>
<td>89%</td>
<td>Level is Adequate - 0%</td>
</tr>
<tr>
<td>Independent Housing</td>
<td>87%</td>
<td>Level is Adequate - 0%</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>70%</td>
<td>Level is Adequate - 0%</td>
</tr>
<tr>
<td>Recovery Housing</td>
<td>74%</td>
<td>Level is Adequate - 9%</td>
</tr>
</tbody>
</table>

### Crisis Services

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percent of States Where the Setting is Available</th>
<th>Percent of States with Setting Were the Supply is Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Crisis Stabilization</td>
<td>78%</td>
<td>Level is Adequate - 31%</td>
</tr>
<tr>
<td>Crisis Residential Programs</td>
<td>57%</td>
<td>Level is Adequate - 42%</td>
</tr>
<tr>
<td>Homeless Shelters</td>
<td>93%</td>
<td>Level is Adequate - 14%</td>
</tr>
</tbody>
</table>

### Supervised Housing

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percent of States Where the Setting is Available</th>
<th>Percent of States with Setting Were the Supply is Adequate or There is a Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised Group Homes</td>
<td>85%</td>
<td>Surplus of Beds - 31% Level is Adequate - 3%</td>
</tr>
<tr>
<td>Semi-Supervised Group Homes</td>
<td>51%</td>
<td>Surplus of Beds - 22% Level is Adequate - 4%</td>
</tr>
<tr>
<td>Supervised Apartments</td>
<td>76%</td>
<td>Level is Adequate - 17%</td>
</tr>
<tr>
<td>Semi-Supervised Apartments</td>
<td>50%</td>
<td>Surplus of Beds - 13% Level is Adequate - 4%</td>
</tr>
</tbody>
</table>

### Boarding Homes, Rooming Houses, and Care Settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percent of States Where the Setting is Available</th>
<th>Percent of States with Setting Were the Supply is Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living</td>
<td>85%</td>
<td>Level is Adequate - 15%</td>
</tr>
<tr>
<td>Boarding Homes</td>
<td>52%</td>
<td>Level is Adequate - 35%</td>
</tr>
<tr>
<td>Adult Care Homes</td>
<td>46%</td>
<td>Level is Adequate - 29%</td>
</tr>
<tr>
<td>Rooming Houses</td>
<td>24%</td>
<td>Level is Adequate - 18%</td>
</tr>
</tbody>
</table>
Initiatives to Support Housing Services

Barriers to Housing

The tables above show that the supply of community-based housing services is inadequate in almost every state. SMHAs were asked to rate the following barriers on a scale of 1 (no barrier) to 5 (significant barrier). Insufficient consumer income to afford housing and insufficient availability of subsidized housing, and insufficient funds for development of affordable housing were cited by most states as the greatest barriers to housing for persons with mental illnesses.

Financing Housing and Residential Services for Persons with Mental Illnesses

The most used resources reported by SMHAs to fund housing and residential services are the following federal and state sources:

1. SAMHSA Projects for Assistance in Transition from Homelessness (PATH)  82%
2. HUD Section 8 Tenant-Based Housing Choice Vouchers  71%
3. HUD Continuum of Care (CoC) Funds  71%
4. HUD Section 8 811/202  69%
5. HUD Section 8 Project-Based Housing Choice Vouchers  58%
6. IRS Low-Income Housing Tax Credits (LIHTC)  58%
7. State Rental Assistance  51%
8. HUD HOME Funds  49%
9. HUD Community Development Block Grant (CDBG) Funds  44%
10. State Housing Trust Funds  44%
11. State Housing Tax Credits  31%
Initiatives to Support Housing Services

Formal and Informal SMHA Interagency Relationships
To develop and assure the availability of appropriate, community-based housing for individuals with SMI, SMHAs work with other state and local agencies.

- State Departments of Housing/Community Development: 76%
- State Housing Authority: 76%
- State Housing Finance Agency: 85%
- Local Housing Authorities: 55%

SMHA provided Housing Support Services to Individuals
Most SMHAs provide services and supports to individuals and their families to ensure a comprehensive continuum of housing supports.

- Home-Based Treatments and Supports: 83%
- Consumer/Peer Support or Operated Housing Services: 67%
- Permanent Supportive Housing: 65%
- Family Support Services: 59%
- Other (includes rental subsidies, outreach services, etc.): 27%

Housing In Congregate Settings
Just under a quarter of states (24%) have large, congregate housing for individuals with mental illness, such as group homes or residential facilities with more than twenty or more clients. Six states reported having facilities with 20 to 25 clients and six reported having facilities with 26 to 50 clients. Only Kentucky, New York, and Virginia had facilities serving 51 to 99 clients, and only Kentucky and Oklahoma reported having facilities with 100 or more clients. The SMHA is involved in licensing these large congregate settings in two States (Pennsylvania and Virginia).

Olmstead and Other Lawsuits Impacting Housing for Persons with Mental Illnesses
The majority of responding SMHAs (63%) reported that they have an official Olmstead plan designed to ensure that consumers are treated in the least restrictive setting possible. Six states, including three with Olmstead plans, have other agencies under a lawsuit related to the delivery of housing/residential services to individuals with a mental illness.

Housing for Forensic Clients or Clients Leaving Jail or Prison
Over half (52%) of the SMHAs responding indicated that they offer specialized community-based housing settings or services for forensic clients leaving state hospitals, however the supply, even in states that are expanding these services, is less than the demand. A third (33%) of SMHAs reported having specialized community-based housing settings or services for mental health clients who have been in jail or prison, however the supply, even in states that are expanding these services, is less than the demand. Barriers to offering these services were similar whether it was transitioning someone from a state hospital, jail, or a prison into the community. These barriers included the following: Stigma, Criminal History, Sex Offender Status restrictions, workforce shortages, and the need to turn on benefits for individuals who have not been in the community. The most common successes reported were the ability of these programs to re-integrate individuals leaving state hospitals, jail, and prisons into the community.

For additional information about this Report, or the State Profiles Project, please contact:
National Association of State Mental Health Program Directors Research Institute (NRI)
profiles@nri-inc.org

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