

POSITION STATEMENT ON HOUSING AND SUPPORTS FOR INDIVIDUALS WITH MENTAL ILLNESS

Preamble

In this country, the shortage of affordable housing and accompanying support services prevent individuals with mental illness from achieving recovery and living and fully participating in their communities. As President Bush's New Freedom Commission on Mental Health observed, the lack of housing and supports "causes people with serious mental illnesses to cycle among jails, institutions, shelters, and the streets; to remain unnecessarily in institutions; or to live in seriously substandard housing."

The National Association of State Mental Health Program Directors (NASMHPD) recognizes that housing and housing supports are essential factors in the stability and recovery of people with mental illness, and therefore issues this position statement to affirm our commitment to:

- the development and sustainability of decent, safe, and affordable housing;
- the availability of flexible and individualized quality housing services and supports;
- housing policies that do not tie the status of mental health treatment to the acquisition or protection of housing;
- a more active and determined effort by the federal government to protect and bolster current federal housing policies and programs; and
- state mental health authorities providing leadership in the housing arena, especially in housing development.

Principles and Values for Housing

Individuals with mental illness must have the option of living in decent, stable, affordable, integrated, and safe housing that reflects individual choice and available resources. Options should maximize opportunities for participation in the life of the community and promote self-care, recovery, wellness and citizenship. Individuals should not be required to change living situations or lose their place of residence if they are hospitalized and they should be able to choose their living arrangements from among those living environments available to the general public.

The New Freedom Commission's Subcommittee background paper on Housing and Homelessness stated, "Housing is more than a basic need. Living in one's own home also brings new freedoms and responsibilities and marks the transition to adulthood in contemporary American culture. Finding and maintaining a home is a fundamental indicator of success in community life."

Housing should not be contingent upon the individual's choice of services and treatment or compliance with a treatment plan. Services and supports, similarly, should be designed to reflect the individual's choices and needs, and be flexible to meet the changing needs of the individual.

Provision of Services

Housing services and supports, such as discharge planning, case management, on-site crisis interventions, and recovery services, are critical to assist individuals with becoming fully integrated into their community and to promote recovery and should be available at the level and duration required to support the individual in their housing choice. These services and supports should be flexible, individualized, promote recovery, respect, and dignity, and can be enhanced through partnerships with nontraditional partners such as banks, community foundations, and local businesses. In addition to advocacy, community education and resource development, critical support components include:

- Financing – in collaboration with state and local housing coalitions and organizations, securing funding for an adequate supply of available housing resources;
- Rent subsidies – includes rental assistance, start-up funds, and contingency funds;
- Broad array of services – which should be consumer directed and initiated, including access to case management, supported employment, necessary therapeutic services, health and dental care, access to assertive community treatment, community support, outreach including in-home supports and advocacy in the living environment, and connections to natural support systems;
- And linkages to available benefits such as food stamps, Social Security, Medicaid/Medicare and local benefit plans.

Role of the Federal Government

The problems of homelessness and lack of affordable housing and housing supports among people with mental illness cannot adequately be addressed without an active and determined effort by the federal government. We call for the federal government to protect and enhance federal programs aimed at ending chronic homelessness and enabling more people with mental illness to live in and be productive members of their communities.

Federal Subsidized Housing Resources

Federal programs such as the Section 8 Housing Choice Voucher program, McKinney/Vento Homeless Assistance program, and the Section 811 Supportive Housing Program are critical to people with mental illness, and we strongly urge the Administration and Congress not only to preserve and sustain these vital programs, but also to require the Department of Housing and Urban Development, the Department of Health and Human Services and the Department of Veterans Affairs to collaborate to improve housing opportunities for people with mental illness.

Because the Section 8 Housing Choice Voucher program is targeted to those with the lowest-incomes, it is particularly important to people with mental illness. We support keeping this vital program focused, as it was when it began in 1975, towards assisting those most in need and acting as a firewall to homelessness.

The New Freedom Commission highlighted widespread housing discrimination against people with mental illness and discussed the declining number of federally subsidized “non-elderly” public and assisted housing units. People with disabilities (including psychiatric disabilities) have the highest level of unmet need for housing assistance of any group eligible for federally subsidized housing. More than 3 million people with disabilities receiving SSI do not currently receive any housing assistance from HUD. We urge HUD, with the support of HHS, to ensure that housing authorities are properly implementing federal “elderly only” designation policies. In addition, HUD should strengthen its commitment to the U.S. Supreme Court’s *Olmstead* decision by adopting federal policies that would increase the number of set asides by housing authorities exclusively for people with disabilities.

Homelessness

Homelessness disproportionately affects people with mental illness because they tend to be the poorest of the poor. According to the New Freedom Commission, “people who rely solely on SSI benefits – as many people with mental illness do – have incomes equal to only 18% of median income.” In addition, the Commission found that “of the more than two million adults in the U.S. who have at least one episode of homelessness in a given year, 46% report having had a mental health problem within the previous year, either by itself or in combination with substance abuse.” According to the National Center for Children in Poverty, 37% of all children in this nation live at or below 200% the rate of poverty, which puts them at risk of homelessness and serious emotional disturbance.

We commend the Administration’s commitment of creating 150,000 new units of permanent supportive housing and ending chronic homelessness in ten years, but we believe more robust federal action is needed if this important goal is to be met. Specifically, because of its flexibility and targeting, HUD must not only act to preserve and sustain the McKinney/Vento Homeless Assistance program, but also must invest additional resources into this program as it is used to create new, permanent supportive housing. We also support the bipartisan effort in Congress to create a National Housing Trust Fund. By leveraging the surplus revenues from Federal Housing Administration and Ginnie Mae programs, this Trust Fund would build, rehabilitate, and preserve 1.5 million units of rental housing targeted for low-income people by 2010. These two programs have the greatest potential of facilitating a significant increase in the number of permanent supportive housing units across the nation and accomplishing the goal of ending chronic homelessness.

Role of the State Mental Health Authority

Housing and housing supports can be the pivotal catalyst to long-term stability for mental health consumers and should be a priority for state and local mental health systems. State mental health authorities should exercise leadership in the housing arena, addressing housing and support needs and expanding affordable housing stock. This is a responsibility shared with consumers, housing authorities, and all levels of government. Additionally, it requires coordination and negotiation of mutual roles of mental health authorities, public assistance and housing authorities, and the private sector.

- State Mental Health Directors should reach out to their counterparts from other key state agencies, such as housing and Medicaid, to collaborate and share information, especially concerning best practices in the delivery of services and supports.
- State mental health agencies should also be working with local mental health and housing agencies to secure additional housing resources, such as local trust funds and rental subsidies and to increase access to supportive services, including working on homelessness issues through local Continuums of Care and Plans to End Homelessness
- State mental health authorities should be educating state and local leaders and providers on 1) the need for housing and housing services and supports, 2) how the housing system works, and 3) the opportunities and resources in housing.
- State mental health authorities should participate in the national policy academies on chronic homelessness sponsored by the federal Interagency Council on Homelessness, and dialoguing with the other participating state agencies.

NASMHPD is committed to improving the lives of people with mental illness by striving to improve their ability to secure stable housing and quality support services.

Approved by the NASMHPD Membership on July 10, 2005.