

PRACTICING RECOVERY: Recovery-oriented Approaches to Housing Instability

Supports for Individuals with Serious Mental Illness Experiencing Housing Instability

A stable and safe place to live is a critical element to recovery for individuals diagnosed with serious mental illness (SMI). In fact, “Home” is one of the [four major dimensions](#) identified by SAMHSA that support a life in recovery. In addition, safe and affordable housing is a social determinant of health highlighted in the Office of Disease Prevention and Health Promotion’s (ODPHP) [Healthy People 2020 program](#).

As such, providers want to pay as much attention to the housing situations of the people they serve as they pay to health, community supports, and other holistic factors. This issue of *Practicing Recovery* explores the clinical importance of safe and secure housing for individuals with mental health conditions and how you can understand, screen for, and assist those experiencing housing instability or homelessness. The following resources are a great starting point to help you learn more about how housing affects the people you serve and what you can do about it.

HUD Exchange

The U.S. Department of Housing and Urban Development’s (HUD) [HUD Exchange](#) is an interactive website with resources and tools for understanding and applying for the many federal housing assistance programs, including [public housing and voucher programs](#). In addition, the site offers information on housing [grants](#) and education and [training](#) to learn more about HUD’s services.

HUD Continuum of Care Program

The [Continuum of Care \(CoC\)](#) program funds local nonprofit and government programs and supports them in their efforts to re-house individuals and families experiencing homelessness in a timely way. The CoC does this by helping to cohesively coordinate services and programs at the local level, helping local organizations work together, and promoting access to other programs within the community. The CoC is often the first resource for providers or practitioners looking to help the people they serve access housing.

United States Interagency Council on Homelessness

The USICH is a partnership between 19 federal agencies and offices that lead the national effort to prevent and end homelessness in the U.S. USICH developed [Opening Doors](#), the nation’s first comprehensive federal strategy to prevent and end homelessness.

SAMHSA Homeless Programs and Resources

SAMHSA offers a number of [homelessness prevention and support programs](#), including grant-funded programs for people [experiencing homelessness](#) and cooperative grant programs jointly funded by the SAMHSA [Center for Mental Health Services \(CMHS\)](#) and [Center for Substance Abuse Treatment \(CSAT\)](#) for people with behavioral health conditions who need permanent supportive housing.



PROGRAM SPOTLIGHT

Mental Health America of Los Angeles (MHA) Village Homeless Assistance Program (HAP)

One of the keys to effectively providing services to individuals with behavioral health conditions is to “meet them where they are”—that is, to both physically and emotionally address what individuals want and need in that moment and help them move forward toward their goals, big or small. This is the proven approach the MHA Village [Homeless Assistance Program \(HAP\)](#), in Long Beach, California, takes to addressing housing instability among individuals with mental health conditions.

MHA Village’s HAP operates a drop-in center that serves as a starting point for developing relationships between staff and individuals with mental health conditions who are experiencing homelessness. The drop-in center allows the agency to help people determine what types of services or resources they want, both short-term and long-term. For example, today a person may only need a shower and a clean pair of socks, but tomorrow he may want to talk to someone about his mental health issues or finding an apartment. MHA of Los Angeles’ staff deftly addresses whatever a person needs in that moment while also providing linkages to mental health services, housing services, or other supports a person may want later.

HAP follows a [Housing First](#) model for getting individuals who want a place to live into safe and secure housing as a first priority. In addition, they use [Whole Person Care \(WPC\)](#) to provide individualized, coordinated services to people who are experiencing homeless through approaches such as [harm reduction](#), [motivational interviewing](#), and [outreach](#).

HAP is not a residential program; rather, it serves as an umbrella under which people who do not have access to other services can find long-term housing and connections with comprehensive care. The program has a variety of housing options and wraparound services available to those who want them. Community integration, empowerment, and recovery are woven into HAP’s service mix. HAP staff work with people who may not qualify for traditional supports—such as individuals with criminal records, no credit, or who have been homeless for a long time. The program can help people connect with vital resources such as legal services and obtaining or replacing IDs and Social Security cards.

MEETING PEOPLE WHERE THEY ARE

MHA Village’s HAP team is focused on connecting with people with mental health conditions who are experiencing homelessness and helping them address their immediate and long-term goals. Assisting someone with feeling productive and recognizing that they have potential can be a starting point for developing a long-term relationship. HAP does this through three key areas:

Outreach and engagement. HAP teams visit homeless encampments, shelters, and other areas frequented by people with unstable housing to reach out and offer assistance ranging from clean blankets to referrals. HAP can connect individuals experiencing mental health crises with a crisis intervention team, if needed.

Drop-in center. HAP’s drop-in center is the umbrella under which all other services are offered. People can take a shower and get out of the elements, receive personal mail, and do laundry at the drop-in center. But they can also talk to staff about applying for federal or state benefits, finding housing, or getting mental health services.

Case management. Through the drop-in center, HAP offers short-term case management to help people on their paths to recovery. The case management team connects individuals with more permanent mental health services, if desired, and with housing services.

Special thanks to MHA Los Angeles Programs Manager Marjorie Solorzano for contributing information to this article. For more information about MHA Village’s services, visit <http://mhavillage.squarespace.com>.

THOUGHT LEADER

Ann Denton, M.Ed., Senior Fellow, Center for Technical Assistance, Advocates for Human Potential, Inc.

Ann Denton has spent more than 30 years working to advance systems change, provide training, and advocate for the needs of individuals experiencing homelessness. She has served as the director of SAMHSA's Homeless and Housing Resource Network (HHRN) and provides leadership, training, and support to other federal homelessness programs.

People with mental illness are more likely than the general population to experience homelessness or housing instability. In fact, in 2016, [one in five people](#) experiencing homelessness had SMI. There are many factors that contribute to this, but one stands out more than any others, according to Ann Denton. If there is a single fact that behavioral health providers should know about housing instability, it is that anyone living on Supplemental Security Income (SSI)—the income that many people with SMI depend on—is at serious risk of homelessness. “This is just a grim economic reality,” says Denton. “Regardless of where an individual is in their recovery journey, unstable housing is a poverty issue above all else.”

According to the report [Priced Out in 2014](#), in 17 states and the District of Columbia the statewide average one-bedroom rents were higher than an individual's entire monthly SSI payment. According to [federal standards](#), housing that costs more than 30 percent of one's income is considered a cost burden; more than 50 percent is considered a severe cost burden. When SSI is a person's only source of income it becomes clear that, without a housing voucher or other supportive programs, accessing and sustaining housing is exceptionally difficult. Similarly, people who are not on SSI but earn a low wage are also at high risk of housing instability and homelessness.

Why Stable Housing Matters to Recovery

Helping the people you serve with housing issues is part of providing comprehensive behavioral health care, says Denton. Furthermore, stable housing is critical to recovery, she notes, because without a secure place to live, people are unable to focus on improving any other part of their lives.

[Safe, stable, community-based](#) housing is a [social determinant of health](#) and key contributor to health inequality among individuals with disabilities. Research finds that people in stable housing show consistent improvement in areas such as health, reduced hospital

stays, and reduced healthcare costs. Addressing unstable housing as a barrier to recovery is [person-centered](#), [improves treatment engagement](#), and can be a powerful tool for instilling hope for the future.

Understanding Housing Options

Ms. Denton recommends that behavioral health providers and others who work with individuals with behavioral health conditions become adept at how and where to access housing services and supports. The links in the table below provide the basics on selected housing programs and other supports.

Housing and services delivered with fidelity to the [Permanent Supportive Housing \(PSH\) model](#) offer high housing retention rates and reduced substance abuse over time, supporting long-term recovery. [Housing First](#), a high-fidelity form of PSH, has proven successful for people with many barriers to housing.

Housing for People Experiencing Homelessness

Continuum of Care Resources

- [CoC Homelessness Assistance](#)
- [Rapid Rehousing \(RRH\)](#)

Other HUD Housing Assistance

- [Public housing agencies provide Housing Choice Vouchers](#) (formerly Section 8)
- [Other subsidized housing includes units with built-in subsidies or other types of rental assistance. \(See HUD's Multifamily Inventory.\)](#)
- [Cities and larger counties receive HUD resources for affordable housing through the HUD Consolidated Plan](#)

United States Department of Agriculture (USDA)

- [Provides multiple forms of financial assistance](#)
- [Maintains an online inventory of assisted and subsidized housing \(see USDA Multifamily Inventory\)](#)

How to Screen for Housing Instability

Asking “are you homeless” is not useful for learning if a person you serve is experiencing homelessness or at risk, according to the [National Health Care for the Homeless Council](#). People are often fearful of the negative association with homelessness or they feel that their living situations—couch surfing, staying in settings not suitable for occupation (e.g., no running water or heat)—do not qualify as homelessness. So how can you effectively ask about homelessness?

The [National Association for Community Health Centers](#) has a simple screening for homelessness as part of its [Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences \(PRAPARE\) tool](#)—a national effort to help providers collect and act on data on social determinants of health. PRAPARE has just [two basic questions](#) for effectively screening for housing instability and homelessness:

- What is your housing situation today? (Options include: I have housing today or I do not have housing today, e.g., I am staying with friends or staying in a car.)
- Are you worried about your housing?

In addition, several comprehensive screening tools are available online.

- The [VA Supportive Services for Veteran Families \(SSVF\) Homelessness Prevention \(HP\) Screening Toolkit](#)
- The [Minnesota Family Homeless Prevention and Assistance Program \(FHPAP\) screening tool](#)
- The [Barriers to Housing Stability Assessment](#)

WHAT YOU CAN DO

UNDERSTAND INDIVIDUALS’ HOUSING AND FINANCIAL SITUATIONS

The best way to find out about the housing status of the people you serve is to ask them! Become aware of people’s financial stability (to the extent that they want to share), and learn what, if any, housing supports they may currently receive. Housing vouchers can be time-limited, so stay on top of their status and help where and when you can. Talk to the people you serve about ways to establish and sustain [financial stability and wellness](#).

INCLUDE HOUSING IN YOUR TREATMENT PLANS

Safe and stable housing is a crucial piece of a person’s whole health and should be [included in a treatment plan](#) whenever possible. This makes housing a priority for everyone involved on the care team.

ASK PEOPLE WHAT THEY WANT

[Research shows](#) that when people are in the housing they want, they are happier and healthier. Ask the people you serve if they have secure housing, and if they don’t, ask what that would look like to them in terms of location, amenities, and support services, for example.

PROVIDE ONGOING SUPPORT

A big misconception about securing housing is that the work ends when an individual moves in. Many people need ongoing support to be a [good tenant and neighbor](#).

UNDERSTAND THAT LANGUAGE MATTERS

Speaking to and about individuals experiencing homelessness in a respectful and [person-first](#) way is important for people who may feel that they are not seen or understood. Likewise, MHA Village endorses open communication and strengths-based language within their care teams and in working with others who may encounter people experiencing homelessness.

GET TO KNOW THE RESOURCES IN YOUR AREA

HAP doesn’t offer every service anyone could ever need, but they have created a diverse network of connections and referral sources to assist the people they serve as completely as possible. [One Degree](#) is an online directory of support services in the California area; the [National Coalition for the Homeless](#) offers a [national directory](#). Local emergency departments and large social services agencies are great places to ask for resource directories you could share with the people you serve.

CONFERENCES & EVENTS

September is National Recovery Month

This year’s theme is *Join the Voices for Recovery: Strengthen Families and Communities*. To plan and promote your own Recovery Month event, take advantage of the resources packaged in the [Recovery Month Toolkit](#).



International Association of Peer Supporters National Conference

October 16–18, Phoenix, Arizona
[Learn more](#) or [register to attend](#)

OCT
16-18

American Public Health Association Annual Meeting and Expo

Nov 4–8, Atlanta, Georgia
[Learn more](#) or [register to attend](#)

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