Recovery-Based Housing and Support Services for Adults with Serious Mental Illness

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Our Mission: Helping improve lives of adults with serious mental illness through quality housing and recoverybased support services.





- Founded in 1997
- Currently provide support services to 106 individuals and own 30 housing units in Fayette County
- Continuum of housing services
- Primary sources of funding:
 CHFS, LFUCG, HUD, Lexington
 Housing Authority
- Services based on the
 Permanent Supportive Housing model with a Housing First approach

What is Permanent Supportive Housing?

- Permanent: Not time limited. People may live in their homes as long as they
 meet the basic obligations of tenancy, such as paying rent on time;
- Supportive: People have access to voluntary and flexible support services that they need and want to retain housing; and
- Housing: Just like other members of the community, people with SMI need a decent, safe, and affordable place to call home, with the same rights and responsibilities.



Key Principles of PSH

- Choice of housing
- Separation of housing and services
- Decent, safe, and affordable housing
- Integration
- Access to housing
- Flexible, voluntary services



Choice of Housing

- Maximize client choice, in clients' housing options and the services they receive.
- If consumers are "placed" in a setting that does not meet their needs and preferences, they are not likely to succeed.
- Basic choices include:
 - > Who else lives there?
 - What kind of housing is it?
 - > Where is the housing?



Separation of Housing and Services

❖ PSH is most successful when a functional separation exists between housing matters (rent collection, physical maintenance of the property) and services and supports (case management, for example).

Continued tenancy is not subject to any special rules or participation in any particular services.



Decent, Safe, and Affordable Housing

- Housing is similar to what is available to others at similar income levels in the community.
- Tenants pay a reasonable amount of their income toward rent and utilities.
- HUD affordability guidelines are 30% of adjusted income for housing expenses. The reality is that people on SSI often pay 60% to 80% of their income toward their housing.



Affordable Housing?

HUD defines households as "cost burdened" when they must spend more than 30% of their income on housing and "severely cost burdened" when it exceeds 50%.

- → Lexington Fair Market Rent for a 1-bedroom unit = \$728.
- \rightarrow 2021 monthly SSI benefit = \$794
- → Cost burden of <u>92%</u>

People with SMI experience higher rates of housing insecurity and homelessness than the general population. SAMHSA estimates that 6.2% of Kentucky's adults have an SMI, but they constituted 20% of the individuals experiencing homelessness in Lexington's 2020 PIT Count.



Integration

- Tenants live independently in apartments or single-family homes in residential neighborhoods where the majority of housing units are not reserved for people with disabilities.
- Access to public transportation, grocery stores, parks, and other neighborhood amenities common to all other residents.
- Natural supports are encouraged.



Access to Housing

- Eliminate barriers to housing.
- Research does not show that people with mental illnesses do better in housing if they pass a readiness screen.
- Access to housing should be restricted to those elements required of any tenant, for example, ability to pay rent.



Flexible, Voluntary Services

- Services are voluntary for tenants, not staff!
 - Tenant can accept or refuse services, but staff must continue to offer support and use flexible engagement strategies.
 - Service providers must have a "whatever-it-takes" attitude toward helping people stay in the housing.
- Type, location, intensity, and frequency of services adjust to meet tenants' changing needs.
- Recovery-oriented, consumer-driven, and evidence-based services work best.

Recovery-Based Services

Recovery is...

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Substance Abuse and Mental Health
Services Administration



One Size DOES NOT Fit All

Support services are voluntary and individualized to meet what each client wants and needs. A broad array of services are made available. For example:

- → Referring and connecting to physical and behavioral healthcare services
- → Linking with vocational and employment opportunities
- → Assisting with accessing mainstream benefits
- → Connecting to rent subsidy programs
- → Teaching independent living skills
- → Building community connections
- → Advocating with landlord



Housing First Philosophy

- Housing First is an approach to quickly connect individuals to permanent housing without preconditions and barriers to entry.
- Research supporting this practice confirms that before individuals can thrive, they need safe and stable housing.
- Following this guidance, our clients are not required to demonstrate sobriety, medication compliance, participation in treatment, or proof of "housing readiness" to be accepted into our program.
- We are Housing First, but not "Housing Only".



Supportive Housing Works

- → Increases community tenure.
- → Reduces the use of costly systems such as use of homeless shelters, prisons and jails, and health care — including emergency room visits, inpatient hospitalizations, and stays in nursing homes or psychiatric hospitals.
- → Helps people with disabilities receive more appropriate health care resulting in improved health outcomes.
- → Improved quality of life measures.



The Bottom Line

Housing is a basic human right and people with SMI have the right to live in safe, decent, and affordable housing with access to individualized supports.

