

ISSUES RELATED TO  
AFFORDABLE HOUSING  
FOR  
PEOPLE WITH  
BEHAVIORAL HEALTH DISORDERS

RESEARCH AND VIEWS FROM THE COMMUNITY

Prepared for:

Milwaukee County Behavioral Health Division

February 2008

Prepared by:

Carol Johnson  
Quinton Cotton  
Patrick Linnane  
Deborah Rosen  
Susan Tragesser



1442 North Farwell Avenue Suite 300 Milwaukee WI 53202-2913  
(414) 224-0404 FAX (414) 224-0243 [www.planningcouncil.org](http://www.planningcouncil.org)

Member of the National Association of Planning Councils  
A United Way Agency

## **Table of Contents**

Executive Summary .....	1
Introduction.....	3
National Perspective .....	5
Evidence-Based Practices .....	7
Key Informant Interviews.....	11
Case Manager Interviews.....	13
Housing Status of SAIL Consumers .....	19
Supportive Housing in Other Cities.....	21
Issues for Further Discussion and Planning.....	24

## **Appendices**

Housing Process Questions.....	27
Language of Special Needs Housing .....	29
Research on Special Needs Housing.....	31
Affordable Supportive Housing Financing.....	33
Supportive Housing Resources .....	38
Endnotes.....	41

## Executive Summary

In 2006 Mayor Tom Barrett and County Executive Scott Walker formed an inter-agency Special Needs Housing Action Team. The team was charged with improving inter-governmental cooperation in creating affordable housing for persons with mental illness. The Planning Council was concurrently engaged to take the community's "pulse" on behavioral health housing issues through a series of key informant interviews, which included case managers. To guide the development of a housing "blueprint," the Planning Council also amassed and summarized research on supportive housing, including best and evidence-based practices, housing models and their outcomes, and financing.

### **Milwaukee is not alone**

In 2004 a seminal background paper was published by a team of national experts in the housing and mental health field. They said: "The lack of decent, safe, affordable, and integrated housing is one of the most significant barriers to full participation in community life for people with serious mental illness." They made a number of recommendations, but by 2007 progress was said to be "uneven." Major issues were affordability; the lack of housing expertise in mental health systems; and lack of consumer choice. Milwaukee's issues are much the same.

### **Evidence-based practices in supportive housing**

Two approaches stand out in a review of the literature of evidence-based practices related to supportive housing:

- A **Housing First** approach that bypasses the traditional shelter-based model and moves a person who is homeless directly to permanent supportive housing. It does not require a demonstration of housing readiness, and it has a high degree of choice, integration, and community inclusion.
- A **Blended Management** approach which involves property managers and case managers working together to make sure that residents have all the support they need to become housed, stable and as self-sufficient as possible.
- Evidence-based practices have also started to emerge in housing approaches for persons with co-occurring disorders and for criminal justice populations.

The literature contains many examples of supportive housing in cities throughout the country (a number of which are cited in this report).

### **Key informant interviews**

The Planning Council conducted 20 key informant interviews. Recurring themes from these interviews are as follows:

- The biggest shortages in housing type are in the supply of single room occupancy units (SROs) and single occupancy supported apartments. There is also said to be a need for more capacity in Shelter+Care with the caveat that soft entry arrangements such as Safe Havens are often necessary prior to Shelter + Care. Finally, some saw a need for expansion of choices along the continuum. For instance, case managers cited "a lack of 'mid-range' housing arrangements, more supportive than independent apartments but less supportive than group homes."
- Section 8 vouchers are always in short supply. One concern raised during interviews was the number of vouchers that remain "unspent," i.e. are currently "in play," but have not been used yet.
- Some felt there should be "a central intake function for people in need of affordable, transitional or permanent housing."

- Several interviewees proposed that a “single point of entry,” to include technical assistance, be created for potential developers.
- Another suggestion was for development of a community resource guide as a tool for property managers who wish to learn more about mental health needs and securing resources for tenants.
- Likewise, consumers could benefit from a directory of housing resources – some communities have put a tool such as this online.
- Case manager/ landlord relationships are very important. Landlords felt that that “some case managers are very inaccessible” and some key informants expressed concern that case managers may not typically prioritize housing in their planning with clients, preferring to focus on clinical issues.

### **Case manager interviews**

The Planning Council interviewed selected BHD case managers. Among their observations:

- Case managers uniformly reported that, to their knowledge, there is no established tool through which housing needs in general may be evaluated.
- Case managers said independent housing can be both the best and worst option: worst when there are concerns about landlords, housing stock, safety of neighborhoods, and affordability. Conversely, it can be ideal when coupled with appropriate case management.
- When asked, “What tools do you need to help consumers locate and maintain safe, affordable, and quality housing?” they cited:
  - Network of case managers to discuss options;
  - Relationships and experience with landlords;
  - Money to purchase services to support housing;
  - HODAP money for security deposit and first rent;
  - County-sponsored list of eligible and interested landlords;
  - Time to discuss and problem-solve options with consumers;
  - Increase in Section 8 vouchers.

During 2006, Milwaukee County BHD/SAIL (Behavioral Health Division/Service Access to Independent Living) conducted a survey of all case managers which showed that while 84% of clients were living in acceptable housing, 14% (402) were living in housing that was substandard or did not promote recovery. The five top things needed to get them out of substandard housing were: 1. Safe, decent quality neighborhood; 2. Monitoring of medications; 3. Assistance with daily living, homemaking; 4. Intermittent supervision; and 5. Preparation of meals.

### **Issues for further discussion and planning**

In reviewing the input from the community, certain issues and questions emerge for further discussion, study and planning:

- Housing continuum: How to build capacity where shortages exist, expand choices along the continuum, and maximize use of vouchers?
- Case management: How to assist case managers in developing screening protocols and assuring that their clients have adequate choices in quality housing options?
- Accessibility/choice: Mechanisms for providing clients with choice, e.g. a consumer directory, online resources.
- Collaboration: Continued collaboration among all stakeholders, including governmental entities, providers, developers, the foundation community, and consumers.
- Evidence-based practices: Are they being employed here? How best to do that?
- Landlord issues: How to give more attention to landlord issues, including relationships with case managers and incentives for renting?

## INTRODUCTION

Throughout 2006, the media focused attention on the lack of safe, decent and affordable housing in Milwaukee County for low-income persons suffering from mental illness. In response to these stories, Mayor Tom Barrett and County Executive Scott Walker convened a meeting of top city and county officials, officials from the U.S. Department of Housing and Urban Development (HUD), and representatives from the Milwaukee foundation community to determine what could be done as a community to address this critical issue.

One of the outcomes of that meeting was an agreement to form an inter-agency special needs housing Action Team. Mayor Barrett and County Executive Walker invited representatives of government, local foundations, social service providers, mental health professionals, housing developers, advocacy groups and mental health consumers to join the team. The Action Team issued its final report in June of 2007. The report contained a variety of recommendations on how to improve and enhance affordable housing for persons with behavioral health disorders.

Concurrent with the work of the Action Team, BHD contracted with the Planning Council to take the community's "pulse" on behavioral health housing issues through a series of key informant interviews, which included case managers. To guide the development of a housing "blueprint," the Planning Council has also amassed and summarized research on supportive housing, including best and evidence-based practices, housing models and their outcomes, and financing.

The report begins with a "national perspective" showing that the issues that have surfaced with respect to special needs housing are not unique to Milwaukee.



## NATIONAL PERSPECTIVE

### Federal subcommittee calls attention to housing problem

In 2004 a seminal background paper was published by a team of national experts in the housing and mental health field who served together on the Subcommittee on Housing and Homelessness of the President's New Freedom Commission on Mental Health.<sup>1</sup> They said: "The lack of decent, safe, affordable, and integrated housing is one of the most significant barriers to full participation in community life for people with serious mental illness." The Subcommittee cited multiple causes:

- Mental health systems' lack of attention to housing issues.
- Problems accessing the public housing system.
- Supportive services must be available with housing.
- Erosion of affordable housing.
- Stigma, discrimination, and housing enforcement.
- Poverty.

### 2007 Update: Progress is uneven

So what has happened since the Subcommittee first issued its report? An article published in the July 2007 issue of *Psychiatric Services* says progress has been "uneven." We will elaborate on these findings since they mirror many of the same problems Milwaukee is facing.<sup>2</sup>

#### Housing affordability gap

People with serious mental illnesses often have pronounced difficulties in affording housing.<sup>3</sup> They share the same housing affordability problems experienced by all very-low-income Americans who, according to federal guidelines, should pay no more than 30% of income for housing. Households that include persons with disabilities are more likely to have housing problems because they are twice as likely to have incomes below federal poverty guidelines.<sup>4</sup>

#### Mental illness and homelessness

People with serious mental illnesses are particularly vulnerable and are overrepresented among the homeless population.<sup>5</sup> According to a study by the Urban Institute, as many as 46% of people who are homeless have a mental illness. Furthermore, this same research indicates that 31% of individuals using homeless services report a combination of mental health and substance use problems within the previous year.<sup>6</sup>

#### Obstacles to affordable housing for special populations

*The State of the Nation's Housing 2006*, published by the Joint Center for Housing Studies of Harvard University,<sup>7</sup> noted the housing challenges faced by people with extremely low incomes who have disabilities and the lack of response from the federal government. Federal "elderly only" housing policies enacted in the 1990s prevent people with mental illness and people with other disabilities under age 62 from accessing many federally subsidized rental properties.<sup>8</sup> Programs that can help people with mental illness obtain affordable housing, including the Section 8 Housing Choice Voucher program and the Section 811 Supportive Housing for Persons With Disabilities program, have experienced a decline in federal support in recent years.<sup>9</sup> With the notable exception of funding targeted specifically to people who are chronically homeless, recent federal housing policy has focused on homeownership opportunities for households above 30% of median income rather than on increasing the availability of affordable rental housing for the lowest-income Americans.<sup>10</sup>

Where housing opportunities exist, major barriers prevent people with serious mental illnesses from obtaining more access to housing intended to benefit people with the lowest incomes. For one, affordable housing programs are extremely complex, highly competitive, and difficult to access. In addition, during the 1990s the federal government devolved decision making for most housing programs to state and local housing officials, state housing finance agencies, and public housing agencies, which often do not understand or prioritize the needs of people with mental illnesses.<sup>11</sup>

#### Overburdened mental health systems

Affordable housing and the community support services that consumers need to access and retain housing are not high priorities for many state and local mental health systems. This is evidenced by most systems' conventional categorical funding streams, bureaucratic program requirements, administrative approaches to resource allocation and management, and staff skills that are not geared toward rigorously supporting consumers in normal housing.<sup>12</sup> In many programs, case managers are faced with large caseloads, leaving them insufficient time to provide the more intensive support typically needed by persons with serious mental illnesses.<sup>13</sup> Categorical or "silo" funding streams, which are widespread in mental health systems, also make it difficult to serve the multiple needs of people who are homeless and have serious mental illnesses.<sup>14</sup>

#### Consumer choice and housing approaches

In addition to affordability, effective housing solutions for persons with mental illness should also reflect the housing choices of consumers themselves. Consistently, research demonstrates that this preference is for an innovative and independent form of housing known as supported housing, or more recently as permanent supportive housing.<sup>15</sup>

## EVIDENCE-BASED PRACTICES IN SUPPORTIVE HOUSING

It is essential in planning for behavioral health populations to look at the evidence-based practices in that particular area of study or inquiry.

### **What are evidence-based practices and where do they come from?**

The phrase “evidence-based practices” is heard often in the behavioral health arena, but what are they and who issues them? Many groups have attempted to define evidence-based practices; however, SAMHSA (the federal Substance Abuse and Mental Health Services Administration) is usually regarded as the principal authority on evidence-based practices as they relate to behavioral health.

### **SAMHSA’s National Registry**

SAMHSA has compiled a “National Registry of Evidence-based Programs and Practices (NREPP).”<sup>16</sup> The website states: “In the health care field, evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. ... One concern is that too much emphasis on EBPs may in some cases restrict practitioners from exercising their own judgment to provide the best care for individuals. For this reason many organizations have adopted definitions of evidence-based practice that emphasize balancing the ‘scientific’ with the ‘practical.’ NREPP does not attempt to offer a single, authoritative definition of evidence-based practice, and SAMHSA also recognizes that there is a wide spectrum of possible definitions of ‘evidence.’ By providing a range of objective information about the research that has been conducted on each particular intervention, SAMHSA hopes users will make their own judgments about which interventions are best suited to particular needs.”

### **SAMHSA’s evidence-based practices**

The following evidence-based practices appear on SAMHSA’s Registry:

- Illness Management and Recovery;
- Assertive Community Treatment;
- Family Psychoeducation;
- Supported Employment;
- Integrated Dual Diagnosis Treatment;
- Cognitive Behavioral Social Skills Training ;
- Critical Time Intervention (CTI).

While SAMHSA’s evidence-based practice registry does not, at this point, include supportive housing models, many of the practices that appear on the list above would be appropriate for the services component of supportive housing. SAMHSA’s Supportive Housing toolkit to support the implementation of evidence-based practices is expected to be released in early 2008.

### **Other supportive housing toolkits**

The Corporation for Supportive Housing (CSH) has published a toolkit titled “Toolkit for Developing and Operating Supportive Housing”<sup>17</sup> which includes sections on development and finance, housing operations, and supportive services. CSH is a national resource, incubated by the Robert Wood Johnson Foundation, that helps communities create permanent housing with services to prevent and end homelessness. The National Alliance for Mental Illness also has a Housing Toolkit<sup>18</sup> containing information “to help the public mental health community meet the housing needs of people with mental illnesses. Some states and local areas have developed their

own toolkits. The Texas Homeless Network, for example, has developed a housing toolkit with a variety of documents, even including a “dear landlord” letter.<sup>19</sup> Portland, Oregon, has a supportive housing toolkit with tools for both housing providers and service providers.<sup>20</sup>

## **Housing First Approach**

### **Origins**

Although it does not yet appear on the SAMHSA Registry, “Housing First is an approach that continues to accumulate evidence to support its use. The Housing First concept first appeared in the legislation that created the federal grant program known as PATH (Projects for Assistance in Transition from Homelessness) in 1990. PATH funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.<sup>21</sup> A Housing First approach bypasses the traditional shelter-based model and moves a person who is homeless directly to permanent supportive housing. It does not require a demonstration of housing readiness, and it has a high degree of choice, integration, and community inclusion.<sup>22</sup> Housing First programs currently operate throughout the United States in cities such as New York City, Denver, San Francisco, Atlanta, Chicago, Philadelphia, and Quincy, Massachusetts.

### **Pathways to Housing**

Pathways to Housing in New York City is one of the most well known “housing first” models. Founded in 1992, Pathways works with individuals who have been turned away from other programs because of active substance use/abuse, refusal to participate in psychiatric treatment, histories of violence or incarceration, or other behavioral problems. Indeed their mission states that they provide “immediate access to permanent independent apartments without requiring treatment or sobriety as a precondition for housing.” Currently over 500 individuals in New York City receive permanent housing and are served by interdisciplinary Assertive Community Treatment (ACT) Teams located in: Queens, Brooklyn, East Harlem, West Harlem, and in Mt. Vernon serving Westchester County.

### **Housing First outcomes**

The Pathways to Housing program has been heavily evaluated. Among the outcomes and conclusions:

- Housing first models lead to higher rates of housing retention. An evaluation of the Pathways program showed a much higher level of residential stability over time and a much lower proportion of time spent homeless as compared with non-housing first models that had sobriety and other “housing readiness” requirements. At the 24-month follow up, survey respondents in the Pathways group spent almost no time homeless whereas respondents in the comparison group spent about a quarter of their time homeless, on average.<sup>23</sup>
- There is very little difference in the level of tenant substance use and psychiatric symptoms between housing first and non-housing first models. The Pathways to Housing evaluation measured levels of substance use among participants in both the housing first and non-housing first models. Few differences were found, providing evidence that housing first models do not increase the use of alcohol and drugs despite the lack of abstinence. The number of psychiatric symptoms was also similar in housing first and non-housing first models, indicating that the housing first model is as successful at addressing mental health issues despite the fact that services are not required as a condition of tenancy.<sup>24</sup>

Another Housing First program targeted to frequent users of public health services in San Francisco reports 67 percent of residents remaining housed in permanent supportive housing since the program opened in 1998, along with a 58 percent decrease in emergency room use.<sup>25</sup>

Housing First experts are developing a scale to assess program fidelity to the Housing First Model. Critical program ingredients appear to include: no housing readiness requirements, individualized services, a harm reduction approach, participants choosing the type, frequency and sequence of services, and housing that is scatter site and otherwise available to persons without disabilities.<sup>26</sup>

### **Blended Management**

The concept of “blended management” has also emerged as a “best practice” approach; it is thought to have originated with Mercy Housing Lakefront, a Chicago developer of supportive housing. Mercy Housing Lakefront has developed 1,536 units of supportive and program enriched housing in the Chicago area. They claim to be “nationally known for our Blended Management approach which involves property managers and case managers working together to make sure that residents have all the support they need to become housed, stable and as self-sufficient as possible.”<sup>27</sup>

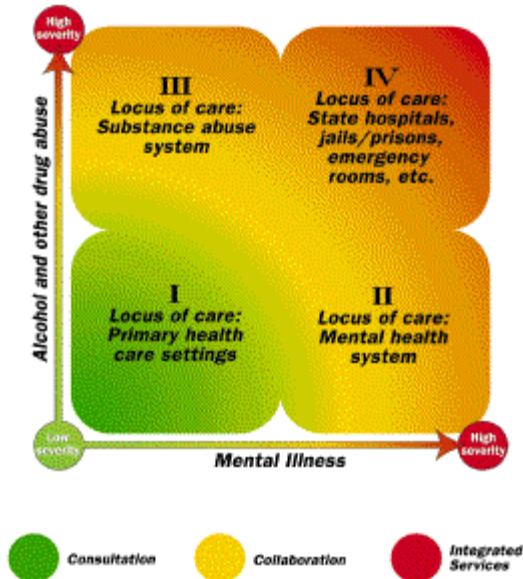
### **Examples of blended management**<sup>28</sup>

- ***Deborah’s Place*** in Chicago created a Director of Supportive Housing position to bring together property management and resident services functions. The individual in this new position oversees the property manager and housing case management administrator, and facilitates communication between the two components of the program. In this way, a more holistic approach can be taken to address the needs of individual tenants.
- ***Century Place Development Corporation*** encourages regular communication between property management and support services staff. At its Karibuni Place SRO (single room occupancy facility), property managers work closely with case managers as tenant issues arise, and are required to work through social services channels before initiating eviction or termination proceedings. However, the property managers are allowed the final word, given that the financial viability of the property is of paramount importance.
- At ***Union Hotel, Seattle***, property managers have MSW degrees and responsibility for both case management and property management aspects of the program. The facility also has case managers who work more intensively on support services, but they, too, are responsible for property management. Because housing longevity is the goal of the program, tenant evictions are considered a case management failure. Thus far, the Union Hotel has been successful in keeping turnover very low. However, for some SRO projects this can be a difficult balance to maintain because the more comfortable the social workers get with management processes, the more they may use them to advocate for tenants – possibly to the detriment of the property. In the case of the Union Hotel, the tension is minimized by the staff’s shared commitment to the “harm reduction” model, which does not tolerate tenant behavior that harms the property or others.

### **Best Practices for Persons with Co-Occurring Disorders**

What about persons with co-occurring mental illness and substance abuse disorders? Are there special considerations in planning housing for this population? We are fortunate in that the state of California has actually prepared a *Compendium of Housing Models that Meet the Needs of Persons with Co-Occurring Disorders* (see Appendices). The Compendium employs the Four Quadrant framework (pictured below<sup>29</sup>) that is used to coordinate services by varying degrees of severity. For instance, the Compendium recommends:

## Service coordination by Severity



- Permanent supportive housing may be effective for those in quadrants 1, 2 and 3 who have a high level of commitment to sobriety. It may not be best for those in quadrant 4 who are not engaged in treatment outside crisis settings.
- Sober Living Environments (SLE) work best for those in quadrant 2 with a high level of commitment to sobriety.
- Transitional housing – special needs models – is recommended for women completing treatment who need a place to live & support during family reunification.
- Transitional housing – homeless models – has limited capacity to serve people with more serious COD and may be more appropriate for quadrant 1.
- Affordable housing (may be service enriched) is best suited to persons who

have successfully used treatment services and supports to stabilize COD problems and have established linkages to ongoing community supports.

### Re-Entry Populations

In 2006 the Urban Institute published a report for the National GAINS Center titled “Principles and Practice in Housing for Persons with Mental Illness Who Have Had Contact with the Justice System.” The report identified a set of “Reentry Housing Promising Principles,” derived from interviews with program directors of reentry housing programs, as well as 25 housing and mental health experts. The report states:

It has been found that reentry housing programs for persons with mental illness seem to be designed around the concept of a supportive peer community that acts as a change agent. In virtually every reentry housing program described, group counseling sessions and social activities with peers are an integral and generally required part of the service delivery model. Because the peer community is often an integral part of reentry housing programs, the housing is usually in single-site, congregate settings where most, if not all, residents are program participants. The housing configuration may also be clustered scattered-site or mixed-use, but there is still a significant portion of program participants living under the same roof.

The common themes or program aspects that emerged from interviews with the directors of reentry housing programs are:

- a reliance on housing ready approaches,
- integration of housing and services,
- a structured daily routine,
- a central community location,
- single-site configuration,
- the use of peers, and
- coordination with the criminal justice system.<sup>30</sup>

## KEY INFORMANT INTERVIEWS

The Planning Council conducted interviews with a wide variety of key informants in Milwaukee County, representing funders, housing providers, housing developers, service providers, advocates, and landlords. Please see *Mental Health Housing Process Questions* in the Appendices of this document for the interview questions that were used. The range of information gathered from these discussions is summarized below.

### Housing options/supply

By most accounts, there is an appropriately conceived continuum of housing options for persons with behavioral health issues; however, supply is an issue, especially toward the independent end of the continuum, including Shelter+Care. In more detail:

- There is said to be less need for additional capacity in some of the more supportive arrangements. Group homes remain an important option. Case managers indicated that group homes are ideal for consumers that benefit from internal programming and are willing and able to meet standardized expectations.
- An overarching theme regarding the range of options along the housing continuum is that there should be smaller increments of support/restriction. As one interviewee said, “There should be 15 different levels of support instead of 6.”
- While many interviewees expressed support and enthusiasm for newer congregate developments, some were more hesitant, pointing out that Milwaukee does not have experience with medium or large-scale niche housing for this population. Others felt that the decision to move forward with new development may or has already resulted in diminished interest in improving and expanding existing housing options.
- We learned that there is no waiting list for the Shelter + Care program, short wait periods to access the Safe Haven program, and a long waiting list for Section 8 Vouchers. There are 140 BHD-contracted CBRF (community based residential facility) beds, always full. A prominent concern lies in an apparent gap in supply of single room occupancy units (SROs) and single occupancy supported apartments. There is also said to be a need for much more Shelter+Care.
- One issue with respect to Section 8 vouchers is the number of vouchers that remain “unspent.” It was explained to us by the Housing Authority that there are as many as 500 individuals/families “shopping” for a unit at any given time. This means that they have been

“We need a wide variety of housing that can match a consumer’s roadmap to recovery.”

“There are as many as 500 voucher holders “-‘shopping’ for a unit at any given time.”

issued a voucher but they have been unable or unwilling to find a unit which meets the program standards. Some of the reasons that voucher holders do not lease include seeking locations where the rent exceeds the Housing Authority payment limit, landlords who won’t accept a voucher, selecting a unit that does not meet the mandatory Housing

Quality Standards, change in health or family status. A voucher holder has up to 120 days to execute a lease. If the voucher is not leased within that period, the voucher is terminated. The total amount of money allocated by HUD for Housing Assistance Payments determines how many vouchers can be leased. Currently the Housing Authority is authorized to lease up to 5,569 vouchers but has budget authority that will support about 5,000 vouchers.

- Case managers said that independent housing can be a real challenge when faced with landlord issues, housing stock, and safety of neighborhoods. Conversely, it can be ideal when coupled with appropriate case management.
- It may be helpful to gather more information regarding the City Wide Policy Plan and its discussion of affordable housing, particularly niche housing for disabled populations. Thus

far, information gathered indicates that the City encourages homeownership and is invested in mixed-use catalytic developments, both of which may create increased resources for this population.

- The Housing Authority of the City of Milwaukee is currently housing a significant number of disabled people and provides on-site case management for many residents with mental illness.

### **Choice in housing**

Many interviewees expressed concern that consumers do not have adequate choice regarding their housing, especially those who use vouchers. Other observations:

- Interviewees expressed divergent opinions regarding desirable housing locations. A small number of those interviewed thought that consumers should be directed to settings that are quiet and not densely populated. A greater number thought that consumers tend to prefer densely populated urban settings, where they have easier access to resources and services.
- Interviewees were asked about their perception of “ideal” housing models or arrangements for people with severe and persistent mental illness. The greatest concentration of responses focused on the success of the Shelter + Care model, with the caveat that soft entry arrangements such as Safe Havens are often necessary prior to Shelter + Care. Many interviewees indicated that consumers are most comfortable with the balance between independence and support in such arrangements.
- It is felt that some consumers remain in overly restrictive settings not only because of the lack of more independent options, but because, in some cases, professionals underestimate their abilities.
- There was general concern reported about the absence of a central intake function for people in need of affordable transitional or permanent housing. Some interviewees cited previous programs that performed this role.

We need much more Shelter + Care. Shelter + Care is “people supported in the housing of their choice.”

### **Partnership between housing and services**

- There is general agreement that case managers and property managers must function as partners. However, roles and responsibilities must be clear. Many interviewees felt that case managers must take the lead in meeting the property managers’ need for knowledgeable, reliable, and accessible partners in housing this population.
- As is stands now, landlords often view BHD as the tenant, and look to BHD to respond to their concerns, such as timeliness of rent payments, medication compliance, and issues of conduct.
- We were told that when a focus group was held with landlords, they stated that “some case managers are very inaccessible.” This has been a major issue for them in deciding whether to stay in the business of renting to persons with mental illness.
- In order to maintain supply of housing options, case managers must forge and maintain relationships with landlords who do not contract with BHD but do have an interest in providing housing for disabled people.
- There may be a paradox in that good case management prevents homelessness, and can therefore disqualify people from HUD-funded programs.
- It was suggested by a wide range of interviewees, including case managers, that a community resource guide would be a great tool for property managers who wish to learn more about mental health needs and securing resources for tenants.

See Resources chapter for information on *Developing the “Support” in Supportive Housing: A Guide to Providing Services in Housing and Landlords as Partners for Promoting Success in Supported Housing: “It Takes More Than a Lease and a Key.”*

### Development issues

- The statement was made that “Developers are not exactly coming out of the woodwork.” Many feel this is partly because of the complexities involved in developing housing for this population – and lack of technical assistance.
- It is also felt that nonprofit agencies generally do not have the technical expertise to secure funding and move development forward on their own.
- A non-profit service provider who is developing scattered site supportive housing described receiving a great deal of informal support and information from HUD and other non-profits in the field.
- Several interviewees proposed that a “single point of entry,” to include technical assistance, be created for potential developers.
- There were contradictory perspectives on the amount of technical support available for the Exhibit 1 process and other elements of competitive and development processes.

It would be easier to have a single point of entry when presenting development plans for initial review.

### Affordability/funding issues

Comments included:

- This is a poverty issue just as much as it is a mental health issue.
- Section 8 vouchers are helpful to low-income persons, but there is a long waiting list for them.
- There is a need to preserve and expand programs like HODAP (Housing Organization and Direct Assistance Program) which provide consumers with a security deposit and 3 months rent.
- We need to decrease dependency on dwindling federal funds.
- The policies and requirements of Title 19 managed care tend to “work against principles of community-based recovery efforts that are adequately individualized”.

### Coordination/collaboration in housing planning

The housing issues of this population can be addressed successfully only through ongoing discussion, planning and collaboration among all appropriate stakeholders. Following is a compilation of the organizations interviewees felt should be invited to the housing planning table (this list largely coincides with recommended membership of the proposed Special Needs Housing Development Commission as put forth in the SNHAT Final Report).

#### Ideal Table for Housing Discussion and Planning

- City Department of Neighborhood Services
- City of Milwaukee Housing Authority
- Milwaukee County representatives
- Mental health, residential, AODA providers
- Landlord association
- Developers
- WHEDA (Wisconsin Housing and Economic Development Authority)
- HUD
- Department of Corrections
- Child Welfare (continued on next page)

### **Housing Round Table**



- Red Cross
- Advocates
- Poverty/hunger agencies
- Consumers

### **Zoning/NIMBY (Not In My Back Yard)**

- State licensing criteria for housing persons with a disability no longer includes a public hearing requirement for facilities that house eight or less persons, and facilities are now able to be located less than 2500 feet from each other. However, some housing providers, such as Transitional Living Services, still hold community meetings in areas where such housing is planned.
- Because zoning requirements for landlords who want to provide supportive services to tenants change when services are added, landlords and service providers may be dissuaded from creating more ambitious and enhanced settings.
- The involvement and orientation of alderpersons to the issue of housing for disabled people varies widely and can be the pivotal measure of success or failure of a proposed or existing residence.

The 2002 evaluation of the Connecticut Supportive Housing Demonstration Program analyzed the impact of nine supportive housing projects on surrounding property values. They found that neighborhood property values in the areas surrounding the supportive housing projects increased for eight of the nine projects; the property values remain stable in the neighborhood where property values were the highest. In addition, the majority of neighbors and nearby business owners reported that the neighborhoods looked better than before the permanent supportive housing developments were built. Similar results were found in a Denver supportive housing study.

**Arthur Anderson LLP, Connecticut Supportive Housing Demonstration Program.**

See Resources chapter for information on:

*Addressing Community Opposition to Affordable Housing Development: A Fair Housing Toolkit*

### **Special populations**

- There is an inadequate plan for providing housing options to persons re-entering the community from the child welfare and correctional systems.
- Some landlords will not rent to persons with criminal backgrounds, especially drug dealing, damage to property and violent acts.
- Many interviewees stated that the challenges of housing sexual offenders are “prohibitive.”

See Resources chapter for information on *A Guide to Re-entry Supportive Housing and New Beginnings: The Need for Supportive Housing for Previously Incarcerated People*.

See also, *Case Manager Interviews* below for additional insights regarding housing special populations.

### **Best practices**

People specifically mentioned efficacy of the following approaches and practices:

- Social Rehabilitation Model.
- Peer Support Model, especially where persons in recovery act as resident property managers. Clients are said to be more receptive to receiving assistance from a person who is in recovery, rather than working solely with a case manager.
- Blended Care Management.
- Housing First.

The Peer Support Model is a good one. Clients are said to be more receptive to receiving assistance from a person who is in recovery.

Some key informants expressed concern that case managers in the field may not typically prioritize housing in their planning with clients, preferring to focus on “clinical” issues. While the Housing First approach to the issue was widely described as ideal, concerns were raised as to whether or not case managers are prepared for and supportive of the approach.

## CASE MANAGER INTERVIEWS

The Planning Council held a separate set of interviews with selected case managers. As a means to gather as much useful information within a manageable number of interviews, case managers selected for interview were experienced and high-performing. The case managers who were interviewed uniformly described housing as their first priority in working with their clients. In the words of one case manager “Housing is everything, because it’s the first symptom of things going wrong and it can have the worst impact on their recovery.” Here are the responses of the case managers that we interviewed:

1. **Describe case management tasks related to housing.** Case managers identified the following activities as being routine in their jobs. Some described their role in these activities as assisting consumers with activities, while others described themselves as performing these activities without much input from consumers.
  - Function as payee;
  - Ensure safe and secure housing through home visits;
  - Search for housing, including cold searches through newspaper ads or drive-by’s;
  - Apply for rentals;
  - Work with MyHome and rent assistance;
  - Work to maintain Safe Haven and THP placements when clients are most vulnerable;
  - Establish and maintain relationship with landlords through consistent availability;
  - Clean apartments;
  - Move belongings;
  - Advocate publicly for fair housing;
  - Apply for benefits.
2. **How do you screen and assess for housing needs?** Case managers described the following processes as being central to their determinations of housing needs. Case managers uniformly reported that, to their knowledge, there is no established tool through which housing needs in general may be evaluated.
  - Specific protocols must be followed to gain access to certain housing arrangements such as group homes;
  - Advise management or other decision-makers regarding appropriate steps up and down continuum of care;
  - Discuss housing needs and status in supervision, team meetings, treatment reviews (at 6 months);
  - Coordinate with SAIL for placement in group homes, supported apartments, and Safe Haven;
  - Observe and engage to understand needs;
  - Determine needs for food within the housing arrangement and work from there.
  - Conduct daily assessment of stability;
  - Routinely question consumers about their satisfaction with housing and the affordability of independent arrangements.
3. **In observation of your clients, what characteristics of consumers can result in housing problems?**
  - Chronic drug use;
  - Criminality associated with drug use;
  - High-symptom manic clients who are aggressive with other residents or neighbors;

- Loud behavior of any kind;
  - Prostitution;
  - Transient by choice.
4. **In observations of your clients, what housing types and services lead to increased stability? Is there an adequate supply of housing types and services?**
- Independent housing was described by some as the worst option of any, with concerns about landlords, housing stock, safety of neighborhoods, and ignorance about symptoms. Conversely, several case managers described independent housing as being ideal when coupled with appropriate case management. Supply is limited if one is selective about the landlords and housing stock;
  - Transitional Housing Program described as “extraordinary”;
  - Safe Haven described as “getting better”;
  - Group homes were described by more than one case manager as “disappointing” for the following reasons: first, that the staff are sometimes untrained; second, that the housing stock is unacceptable; third, that admission criteria are unrealistic and so placement feels impossible to secure. Group homes with on-site programming were described as more desirable. There was concern about low availability of group home beds for consumers who would be appropriate for such placements;
  - Need more single room occupancy and supervised apartments with prepared food and some amount of on-site management;
  - Availability of prepared food on-site was uniformly described as crucial to consumer health;
  - Would like to see greater ability to subsidize shared apartments.
5. **What tools do you need to help consumers locate and maintain safe, affordable, and quality housing?**
- Network of case managers to discuss options;
  - Relationships and experience with landlords;
  - Money to purchase services to support housing;
  - HODAP money for security deposit and first rent;
  - County-sponsored list of eligible and interested landlords;
  - Time to discuss and problem-solve options with consumers;
  - Increase in Section 8 vouchers.
6. **What additional information would you like to make us aware of as we gain understanding about housing needs for persons with a mental illness or substance abuse disorders?**
- There has been a diminishment in housing resources, particularly given Marquette’s purchases on Wisconsin Ave. and around campus;
  - There is a lack of “mid-range” housing arrangements, more supportive than independent apartments but less supportive than group homes;
  - Substance abuse facilities are unprepared to manage consumers with CMI;
  - Observation that many case managers appear not to provide their clients with housing choices but rather make choices unilaterally and expect clients to comply;
  - Case managers and consumers often disagree with each other about the safety of a given neighborhood and this is resolved only through long-term trusting relationships;
  - Case managers’ “personal leverage” with property owners and professional staff is the only tool that improves housing outcomes;

- While many independent arrangements may not be “the prettiest places,” they serve an important role in housing;
- For some clients, homelessness is better than some independent arrangements because they know what neighborhoods are safe for them.

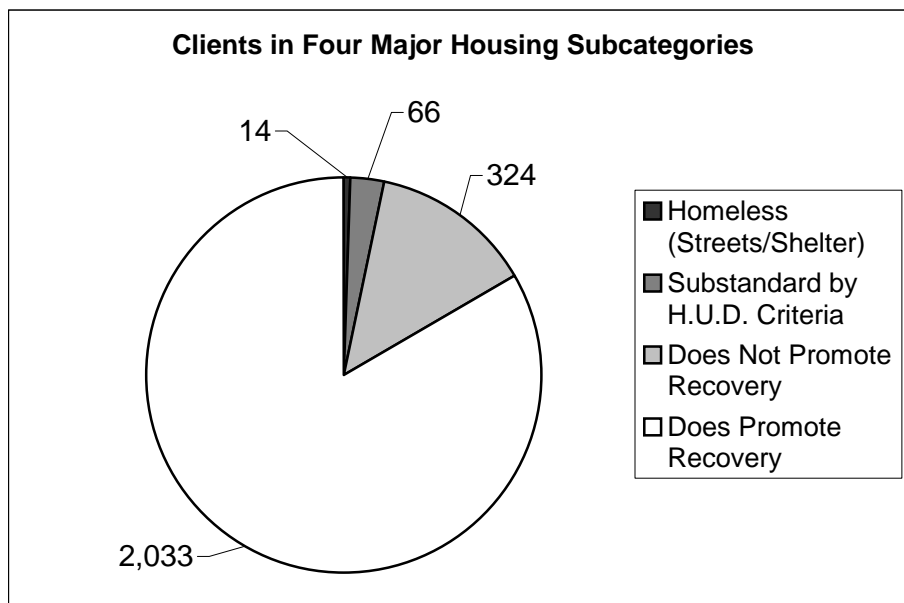
## HOUSING STATUS OF MILWAUKEE COUNTY BHD SAIL CONSUMERS

To look on the proverbial “bright side,” the majority of the County’s behavioral health consumers are living in housing that is acceptable and promotes recovery.

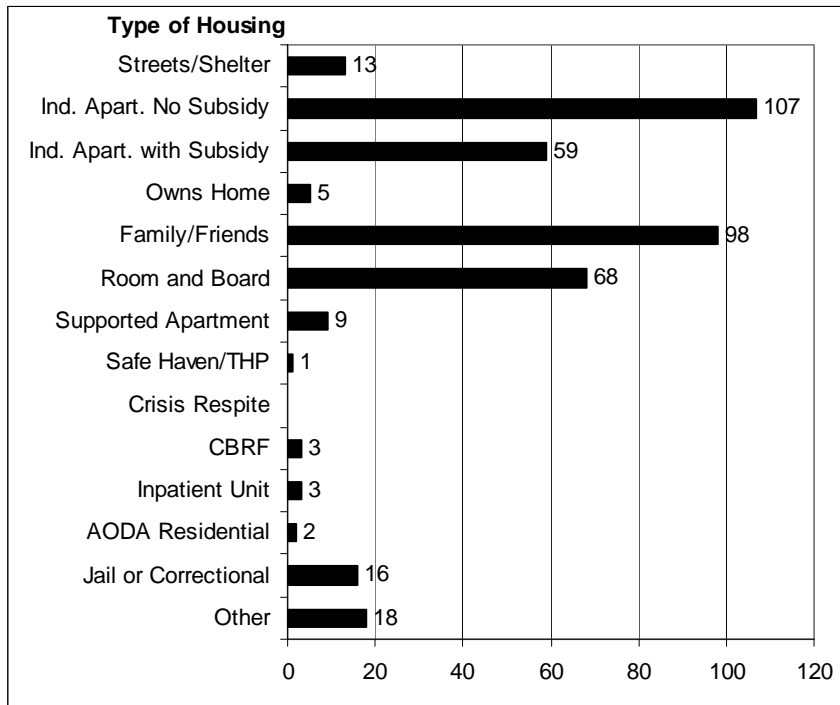
Between August 22, 2006 and September 28, 2006, Milwaukee County BHD/SAIL (Behavioral Health Division/Service Access to Independent Living) conducted a survey of all case managers in SAIL’s Community Support and Targeted Case Management programs. The objective was to obtain a “snapshot” of the housing circumstances and housing needs of all clients of these programs at a given point in time. It showed that while 84% of clients were living in acceptable housing, 14% (402) were living in housing that was substandard or did not promote recovery.

Responses were received and tabulated on 2,437 clients. Of these:

- Three percent (80) were living in substandard housing as defined by HUD criteria (including 14 who were considered homeless).
- Another 13% (322) were not in substandard housing, as defined by HUD, but were living in housing that case managers felt did not promote recovery.
- 84% (2,035) were living in housing that was deemed acceptable.



**Number of clients living in housing deemed unacceptable( either substandard by HUD definition or “does not promote recovery” according to case managers)**



N = 402 out of 2,437 clients surveyed.

The above graph depicting consumers living in housing deemed unacceptable shows that:

- About one-fourth were living in individual apartments with no subsidy.
- Another one-fourth were living with family or friends.
- 17% were in room and board situations.
- 15% were in subsidized individual apartments.

Case managers were asked what each of these consumers would need to be upgraded to an acceptable housing status. This question allowed multiple answers to be given, since an individual consumer might have more than one need not being met. Their responses were as follows:

Consumer Housing Need	Number of Responses	Percent with Need
Safe, decent quality neighborhood	208	51.5%
Monitoring of medications	156	38.6%
Assistance with daily living, homemaking	156	38.6%
Intermittent supervision	135	33.4%
Preparation of meals	127	31.4%
Other (specified)	89	22.0%
Acceptance of eviction history	84	20.8%
Acceptance of criminal history	82	20.3%
“Damp” housing	56	13.9%
“Wet” housing	44	10.9%
24/7 supervision	40	9.9%
Provision of furniture (in supported apts.)	37	9.2%
<i>Total in housing that does not promote recovery</i>	404	

## SUPPORTIVE HOUSING IN OTHER CITIES

Following are summaries of selected supportive housing developments, many of which are not far from Milwaukee.

**MERCY LAKEFRONT:** Mercy Housing Lakefront was founded in 1986 to stem the loss of single-room-occupancy housing in Chicago. Over the years, single-room-occupancy hotels (affordable shelter for individuals teetering on the brink of homelessness) were rapidly disappearing from Chicago's housing scene. In response to growing numbers of homeless people, and the subsequent loss of affordable housing, Lakefront sought to provide safe, permanent housing for men and women who would otherwise find themselves on the street. More than just a roof, however, Lakefront provides all the services people need to remain permanently housed and to reach their full potential. Mercy officials feel that the key to their success is their "Blended Management Model" in which each tenant has both a case manager and property manager. While the case manager works with the tenant on his or her needs, the property manager works with tenants on taking responsibility through paying rent and being a good neighbor.

**REBECCA JOHNSON APARTMENTS:** is a newly renovated building located in the East Garfield Park neighborhood of Chicago, owned and operated by Deborah's Place. The building offers 90 single room occupancy units to formerly homeless women, with on-site management and support services. Each unit has a private bath, a kitchen, and central air conditioning. Other amenities include lounges, laundry facilities, a private exterior courtyard, and a gymnasium. A front desk staffed 24 hours a day ensures the security and comfort of the tenants. Case managers link tenants to services including group and individual meetings, goal setting, and referrals to outside agencies for medical care and mental health and addiction services.

**SOUTH LOOP APARTMENTS:** Lakefront SRO developed the South Loop Apartments at 1521 South Wabash in Chicago. The 207-unit, new construction building provides housing and on-site supportive services for a range of low-income individuals. Each unit has a private bath, a kitchen and central air conditioning. The building also includes a tenant lounge, laundry, 24-hour front desk coverage and a rooftop garden. On the first floor of the building is the USG Job Training and Employment Center, also operated by Lakefront SRO, which provides a full range of employment and job readiness training. Case managers work with tenants to establish goals and connect to various outside services and agencies. The South Loop Apartments was the recipient of the 2002 Fannie Mae Foundation's Maxwell Award of Excellence.

**ST. ANDREW'S COURT:** Opened in 1999, St Andrew's Court is a 42 unit brick building in Chicago that provides permanent supportive housing for men exiting prison. Each studio apartment features a kitchenette and private bath, and residents have access to shared community space and on-site laundry facilities. Owner/ Sponsor is St Leonard's Ministries/ Lakefront SRO. Of the 42 units, 30 are reserved for homeless ex-offenders with disabilities. The additional 12 units are set aside for Illinois Department of Corrections parolees. St Leonard's Ministries provides comprehensive, individualized case

management, including substance abuse and mental health services, to help each resident successfully adjust to life after incarceration.

**A** **LLIANCE APARTMENTS:** provides 124 efficiency apartments for formerly homeless men and women in Minneapolis. 100 of the apartments carry HUD Section 8 subsidies. Most applicants for these units come from chemical dependency treatment and after care programs. The additional 24 units provide transitional housing, accessible to any homeless applicant who has been sober for five days. After two months of sobriety, transitional residents are eligible for the permanent units. All residents are expected to work full or part time or be involved in a training program. Training and job placement programs are provided on- and off-site. The staff of the Alliance Apartments are themselves formerly homeless, and emphasize the nurturing of a strong supportive community in the building. RS Eden provides supportive services including case management, counseling, AA/NA meetings and financial management.

**T** **HE GRAND APARTMENTS:** The Grand Apartments in Rockford, Illinois, first offer 45 efficiency apartments to adult men and women who are homeless. Residents at the Grand Apartments may remain there as long as they pay their rent and abide by their lease. Although Rockford has excellent crisis and transitional housing opportunities and a sophisticated Continuum of Care plan, the Grand Apartments provides the community with its first and only permanent supportive housing facility.

**S** **UNSHINE TERRACE:** The Columbus Metropolitan Housing Authority and the YMCA of Central Ohio partnered to convert Sunshine Terrace, a 180-unit public housing high-rise, into supportive housing for chronically homeless men and very low-income individuals in Columbus. The residence and unique partnership is being created in response to the Rebuilding Lives Initiative that has a goal of creating 800 units of permanent supportive housing over the next five years for chronically homeless men with disabilities.

**D** **IRECT ACCESS TO HOUSING:** The Direct Access to Housing Program (DAH) emerged from a City-sponsored planning process in San Francisco that brought together consumers, providers, and local policy makers to address the critical need for safe, affordable housing for people with mental illness, particularly those exiting institutions in the mental health, substance abuse, and criminal justice systems. DAH is an initiative of the Housing and Urban Health (HUH) unit within the Community Programs Division of the San Francisco Department of Public Health (SFDPH). HUH funds and controls access to housing units that are master leased from private owners and infused with supportive services and professional property management. Established in 1998, the San Francisco Department of Public Health's (SFDPH) Direct Access to Housing (DAH) program provides permanent housing with on-site supportive services for approximately 600 formerly homeless adults, most of whom have concurrent mental health, substance use, and chronic medical conditions. SFDPH acquires sites for the DAH program through a practice known as "master leasing". The main benefits of this approach include the ability to rapidly bring units on-line and the reliance on private capital for the upfront renovation costs. In addition, the renovated buildings combined with on-site services stabilize properties that have often been problematic for the surrounding neighborhood.

**T**ENNESSEE HOUSING WITHIN REACH The purpose of Housing within Reach is to provide an effective, consumer-directed, accessible housing resource system for Tennesseans diagnosed with mental illness or co-occurring disorders, that will assist them in living in quality, safe, affordable, permanent housing. Another purpose is to educate the public about the realities of mental illness, the stigma of mental illness and co-occurring disorders, and provide a more welcoming environment for residents of Tennessee neighborhoods. One of the unique features of Housing Within Reach is their website, which states: “Finding a quality, safe, affordable, permanent place to call home can be a very complicated process but one of the most rewarding journeys a person ever takes. We have designed this website to help make this process easier. Below we have provided some resource information that you may find useful as you begin your search for housing and housing related information.” The website’s pages include consumer housing options, TennCare, case management, Peer Support Centers, developer information and frequently asked questions.

## ISSUES FOR FURTHER DISCUSSION AND PLANNING

In the course of our research and interviews, there were concerns and issues raised that could serve as the basis for further discussion and planning. They are summarized below.

### Capacity/housing stock

**Issue 1:** By most accounts, people believe that there is an appropriately conceived continuum of housing options for persons with behavioral health disorders; however, there remain supply limitations in some areas along this continuum, and some felt that there is a need for more levels on the continuum that reflect stages of recovery and independence.

- Is there a need for additional housing options that promote incremental inclusion and independence in the current housing continuum?

### Case management

**Issue 2:** There is reportedly variability in the expertise and ability of case managers to assist consumers to secure and maintain appropriate housing. Questions for further discussion and planning:

- What are best practice case management modalities with respect to securing and maintaining housing? What are the benefits and feasibility of standardizing practices throughout the system? Can we implement recommended practice changes through policy review, training curriculum development, supervision, etc.?
- Using case management staff input, what type of housing resources which would be helpful “on the ground”? Examples, based upon recent case management interviews, may include creation of a centralized list of the quality and availability of existing housing options and the creation of “housing mentors” within each site of case management.

### Access/Choice

**Issue 3:** Many interviewees stated that consumers need more choices in selecting their housing. Questions for further discussion and planning:

- Is it possible to create a centralized list or directory of available properties that consumers can access?
- What else can be done to give consumers more choice in housing?
- Are there ways to better utilize the voucher system for this population? (We heard during our interviews about the number of “unspent” vouchers at any given point in time. We need a better understanding of these issues).

## Inter-governmental collaboration

**Issue 4:** The City of Milwaukee and Milwaukee County are exploring inter-governmental collaboration and will need non-profit and philanthropic contributions to advance and implement housing plans. Questions for further discussion and planning:

- The City of Milwaukee is in the process of further developing the housing component of the City Wide Policy Plan. In order to elevate understanding of the City's role in housing people with special needs, can details of the City Wide Policy Plan be disseminated to the commission charged with evaluating housing improvements for this population?
- Could there be a County-City forum dedicated to educating alderpersons and County supervisors about zoning and other considerations related to service-enriched housing for the special needs population? It may be important to explore their support and their desired role in building public awareness and political will to deal with the issues associated with special needs housing.
- Is it possible to create a Special Needs Housing resource web-page on [www.milwaukee.gov](http://www.milwaukee.gov) as a tool to keep the community engaged and up to date on the issue of special needs housing. Potential uses of this web resource could include:
  - a. recruitment of outside developers
  - b. compiling notes from public meetings
  - c. post RFPs.

## Best practices

**Issue 5:** Evidence-based practices in special needs housing are emerging and should be taken into account as planning proceeds. For instance, research is showing effectiveness for the Housing First model, for blended care management, and for specific practices that work with re-entry populations, persons with substance abuse disorders, and persons with co-occurring disorders.

- To what extent does the system employ best practices that relate to housing?
- Can there be a commitment to a set of best and evidence-based practices that we wish to implement as we move forward?

## Landlord incentives

**Issue 6:** The special needs population as a whole could benefit from a program wherein landlords who currently provide affordable, decent and safe housing are offered the opportunity to increase the volume of their properties. Questions for further discussion and planning:

- Can opportunities be created for respected landlords to purchase additional property through competitive bidding on tax-foreclosed properties?
- Is there a way to "incentivize" the creation of "make-ready" rentals for specific consumers upon case management or County request?

## **APPENDICES**

## **Mental Health Housing Process Questions**

### **Values and Community Involvement**

1. What are the characteristics of a community that includes an adequate supply of affordable housing for persons with mental health or substance abuse disorders?
2. What in the community needs to change to increase housing options for persons with mental health or substance abuse disorders?
3. Who should be at the table (organizations, government offices and persons) to increase housing options for this population?
4. What is the best way to engage community members to reduce NIMBY?

### **Housing Models and Service Delivery**

1. What housing models are most effective in assisting persons with mental health and substance abuse disorders progress toward recovery?
  - a. Is there research to show that these models result in an increased level of functioning based on a clinical assessment?
  - b. Is there research to show that certain housing models work better for certain types of clinical diagnoses?
2. What is the ideal location for housing options of persons with mental health and substance abuse disorders?
3. What are the physical characteristics of housing units that assist persons with mental health and substance abuse disorders work towards recovery?
4. What support services are necessary for clients to have successful housing outcomes? Do you feel that most housing clients are getting the level of support that they need?
5. How important are things like geographic location and the physical layout of the housing unit?

### **Housing Policies and Access**

1. In what ways can local government encourage developers to participate in housing projects for the mentally ill?
  - a. What internal procedures can local government put in place to facilitate the development of housing for persons with mental illness?
  - b. What are the typical zoning or planning issues that interfere with moving projects forward?
2. How important are Section 8 Choice Vouchers in providing housing options to person with mental health or substance abuse disorders?
3. What opportunities are we missing?
4. In what ways can clients better assist themselves in accessing housing (i.e. applying for rental assistance, repairing tenant history record)?

(continued next page)

**Funding**

1. What are the typical funding mechanisms and strategies for housing this population?
  - a. What has already been done successfully in areas such as Milwaukee County, Dane County; or in other states like Ohio, or Virginia?
2. Which models of housing for people with mental health or substance abuse disorders have been shown to be the most cost-efficient?

**Process Questions for  
Case Managers**

1. Describe case management tasks related to housing.
2. How do you screen and assess for housing needs?
3. In observations of your cases, what characteristics of consumers can result in housing problems?
4. In your experience, what housing types and services lead to increased stability for consumers?
  - a. Is there an adequate supply of housing types and services?
5. What tools do you need to help consumers locate and maintain safe, affordable, and quality housing?
6. What additional information would you like to make us aware of as we gain understanding about housing needs for persons with a mental illness or substance abuse disorders?

**Process Questions for  
Property Managers**

1. What are your major concerns about renting to persons with mental health or substance abuse disorders?
2. How do you handle situations that arise?
  - a. Is this process formal or informal?
3. Describe any training on interaction with law enforcement, case managers and/or mental health clients in which you have participated.
  - a. Do you think there is such a need for this type of training?
4. Describe your relationship (level of contact) with case managers of clients who face mental health and substance abuse disorders.
5. What is your observation on characteristic(s) that makes tenants with mental health or substance abuse successful in their tenancy?
6. Have you ever been asked to provide property management for a site with a significant number of tenants with mental health or substance abuse disorder?
  - a. Are you aware of property management companies that do?
7. What suggestions do you have to create an ideal housing situation for persons who have a mental health or substance abuse disorder?

## THE “LANGUAGE” OF SPECIAL NEEDS HOUSING

### **Transitional Housing**

A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children (HUD definition).

### **Supportive housing/permanent supportive housing**

The term “supportive housing” appeared in the Stewart B. McKinney Homeless Assistance Act in 1987 which created the Supportive Housing Demonstration Program (SHDP). It was initially used to describe an alternative to residential treatment models that required consumers to progress from more to less restrictive living situations as they were deemed housing “ready.” “Permanent supportive housing,” the term now more commonly used, usually refers to affordable rental housing chosen by the consumer, linked with voluntary community-based supports, and specifically does not make housing conditional on participation in a supportive services program.<sup>31</sup> Extensive consumer preference studies show a desire to live in one's own house or apartment, a disregard for segregated settings, and greater housing and neighborhood satisfaction with the permanent supportive housing model.<sup>32</sup>

### **HUD-funded supportive housing programs**

- **Shelter Plus Care Program:**<sup>33</sup> Provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. Program grants are used for the provision of rental assistance payments through four components:
  1. Tenant-based Rental Assistance (TRA);
  2. Sponsor-based Rental Assistance (SRA);
  3. Project-based Rental Assistance with (PRAW) or without rehabilitation (PRA); and
  4. Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO) Dwellings
- **Safe Haven**<sup>34</sup> is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services. Safe Havens serve as a refuge for people who are homeless and have a serious mental illness.
- **Single Room Occupancy (SRO) Program:**<sup>35</sup> The SRO Program provides rental assistance for homeless persons in connection with the moderate rehabilitation of SRO dwellings. SRO housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both.
- **Section 811:**<sup>36</sup> Under this program, HUD provides interest-free capital advances to nonprofit sponsors to help them finance the development of rental housing such as independent living projects, condominium units and small group homes with the availability of supportive services for persons with disabilities. The capital advance can finance the construction, rehabilitation, or acquisition with or without rehabilitation of supportive housing. HUD also provides project rental assistance; this covers the difference between the HUD-approved operating cost of the project and the amount the residents pay--usually 30 percent of adjusted income. The Section 811 program is often referred to by the disability community as the “one stop shopping” program because it provides both capital funding and a project rental assistance contract for non-profits to develop new permanent supportive housing for persons with disabilities. The major issue facing the Section 811 program is the insufficient funding of the program.

**Section 8 Rental Assistance**

A Federal program that provides rental assistance to low-income families who are unable to afford market rents. Assistance may be in the form of vouchers or certificates.

**Blended Management**

Blended management is the term given to the approach of combining housing management and individualized services in a plan designed to help tenants remain stably housed.

**Housing First**

A Housing First approach bypasses the traditional shelter-based model and moves a person who is homeless directly to permanent supportive housing. It does not require a demonstration of housing readiness, and it has a high degree of choice, integration, and community inclusion.<sup>37</sup>

**Peer support model**

In this model, consumers who are stable in their recovery mentor and assist consumers who are newly diagnosed or have had an exacerbation of their illness. This approach assumes that individuals who have experienced a mental illness can better understand and relate to individuals trying to deal with their mental illness. Additionally, it promotes a wellness model which considers clients to be normal, as opposed to a medical model which considers clients to be sick.<sup>38</sup>

**Dry, damp and wet housing**

According to co-occurring disorders expert Kenneth Minkoff: “In developing systems of care, we try to provide housing options for people who are at different levels of willingness and capacity to address their substance use. This implies that there is a range of supported housing options (wet, damp, and dry) for people with psychiatric disabilities. **Dry** is for those people who really want to live in a sober setting, who want that kind of support, and who have those kinds of skills. **Damp** is for those people who want to live in a setting where substance use is limited. They are willing to live in this setting, but they are not willing to make an absolute commitment to being abstinent. **Wet** housing is for those people who do not want to make any commitment at all, but who, if they are not assisted to obtain housing, will actually be homeless.”<sup>39</sup>

## RESEARCH ON SPECIAL NEEDS HOUSING

### **Research said to be lacking on housing and mental health**

There is a paucity of research on housing and mental illness. In a review of studies published between 1975 and 2000, the major conclusion was that “no set of theories appears to be guiding this work, nor is there consistency in the methods or measures used. It is not much of an exaggeration to say that, with few exceptions, each study appears to be starting over. As a result, much remains unknown. Deinstitutionalization is in its fourth decade, and a focus on homelessness is in its third. It is fair to ask why a systematic body of knowledge about housing and mental illness has not yet been compiled.” According to this review, the strongest finding from the literature on housing as an input and an outcome was that living in independent housing was associated with greater satisfaction with housing and neighborhood.<sup>40</sup>

### **Different approaches produce good outcomes**

Oregon’s Office of Mental Health Services analyzed the effectiveness of supportive housing in four Oregon counties. The three supportive housing approaches studied included: Integrated Supported Housing (ISH), Site-specific Supported Housing (SSH) and Supportive Communities (SC).<sup>1</sup> It was found that all three approaches offer consumers affordable accommodations and individualized services: “The majority of current consumers in all three supportive housing options enjoy considerable residential stability and collectively average three years in their current housing.”<sup>41</sup>

### **Not always permanent – some do leave**

Another study found that while permanent supportive housing is a long-term housing arrangement for many, it is not a “permanent” housing arrangement for everyone. Analysis of three permanent housing entry cohorts between 2001 and 2003 in Philadelphia indicates that more than ten percent left within six months, and nearly a quarter left within the first year after entry. The experience of leaving permanent housing was not limited to those who had relatively short tenure. In illustration, 41 percent who had entered permanent housing units in the city before 1999 left in the period between 2001 and 2003. Leaving may not be an adverse outcome; for some clients, leaving is a desirable event that leads to better housing or to a higher level of independence and self-sufficiency. One-third of the leavers were designated as “positive leavers” who left permanent housing to go to independent and other living arrangements that are not associated with professional residential support, and two-thirds were designated as “non-positive” leavers who left permanent housing to go to congregate residential settings.<sup>42</sup>

### **Reentry populations do best with peer support**

It has been found that reentry housing programs for persons with mental illness seem to be designed around the concept of a supportive peer community that acts as a change agent. In virtually every reentry housing program described, group counseling sessions and social activities with peers are an integral and generally required part of the service delivery model. Because the peer community is often an integral part of reentry housing programs, the housing is usually in single-site, congregate settings where most, if not all, residents are program participants. The housing configuration may also be clustered scattered-site or mixed-use, but there is still a

---

<sup>1</sup> The ISH approach assists consumers with acquiring housing from private community landlords and provides outreach-oriented support services. The SSH approach offers housing at designated sites where all or most units are for persons with mental illness; services are provided both on site and at other community locations. The SC approach offers housing and services at designated sites with larger numbers of units; the services offered on site tend to be more comprehensive than in the other approaches.

significant portion of program participants living under the same roof. When directors of reentry housing programs were interviewed, the common themes or program aspects that emerged were:

- a reliance on housing ready approaches,
- integration of housing and services,
- a structured daily routine,
- a central community location,
- single-site configuration,
- the use of peers, and
- coordination with the criminal justice system.<sup>43</sup>

### **Cost effectiveness studies**

- An evaluation of the New York/New York initiative – an agreement between the City and State of New York to create over 3,500 units of supportive housing – found decreases in use of homeless shelters, inpatient hospitals, emergency rooms, and jails and prisons among supportive housing tenants as compared with a matched comparison group. These reductions in service utilization resulted in an annualized savings of \$16,282 per unit, which if reinvested would offset 95% of the cost of providing supportive housing.<sup>44</sup>
- A study conducted by researchers from the University of Pennsylvania tracked the cost of nearly 5,000 mentally ill homeless people in New York City for two years and for two years after they were housed. The study by Penn Center for Mental Health Policy and Services Research concludes that, on average, the homeless mentally ill use \$40,500 a year in public funds for shelter, jail and hospital services. But providing them with supportive housing would cost the same amount while also providing them with comprehensive health support and employment services.<sup>45</sup>
- Financial profiles were reviewed of 153 properties developed for persons with mental illness by five nonprofit housing organizations that participated in the Robert Wood Johnson Program on Chronic Mental Illness. The findings indicate that while this type of development requires greater management attention than conventional housing, there is little that separates the financial profile of housing for persons with mental illness and that of market-rate housing for low-income tenants. The 153 properties, developed between 1988 and 1992, continue to operate and serve individuals with mental illness. The nonprofit housing developers, none of whom had previous experience with housing developed for the mentally ill, continue to operate and thrive. Housing for mentally ill persons can be financed, developed, and managed successfully.<sup>46</sup>

## **AFFORDABLE SUPPORTIVE HOUSING FINANCING**

The National Alliance on Mental Illness points out that affordable housing usually requires a mix of public and private resources. Federal resources, provided either directly to a project or through a state or local government, are commonly used resources. These federal programs include:

- Shelter Plus Care
- Supportive Housing Program
- Section 8 Moderate Rehabilitation SRO (S8SRO)
- HOME
- Community Development Block Grant (CDBG)
- Low Income Housing Tax Credits (LIHTC)
- Section 811
- Section 8

### **Blend funding for development and operation of stable, affordable housing**

The most successful housing partnerships are those that identify several funding sources that will allow them to make housing affordable for people with disabilities such as mental illness. Since funding sources frequently impose restrictions on the use of their available funds, this blending of funding sources may be the only way to gain access to funds for both development and operation of properties.

As an example, Common Ground, a New York City nonprofit organization that develops and manages large, congregate, supported housing properties, receives funding from more than 30 different sources. Their funders include foundations, private sector corporations, the New York City Departments of Housing, Human Resources, and Homeless Services, and the New York State Office of Mental Health, among others.

### **HUD Programs**

HUD's McKinney/Vento Homeless Assistance Programs include the Shelter Plus Care (S+C) program, Section 8 Moderate Rehab Single Room Occupancy (Section 8 SRO) program, and the Supportive Housing Program (SHP). All of these programs provide rental assistance funding for supportive housing for homeless people with disabilities. The SHP program can also provide up to \$400,000 in capital funding for permanent supportive housing, but it must be "matched" with at least an equal amount of non-McKinney/Vento capital funding. It is important to note that HUD McKinney/Vento programs can only assist people with disabilities who meet HUD's restrictive definition of "homeless" and cannot be used for those at risk of homelessness.

The Section 811 Supportive Housing for Persons with Disabilities program (Section 811) provides funding exclusively to non-profit developers building and operating housing for low-income households with disabilities. The Section 811 program is often referred to by the disability community as the "one stop shopping" program because it provides both capital funding and a project rental assistance contract for non-profits to develop new permanent supportive housing for persons with disabilities. Section 811 provides housing for people with physical or developmental disabilities, or people with chronic mental illness who are 18 years of age or older and have very low incomes. The major issue facing the Section 811 program is the insufficient funding of the program.

**Corporation for Supportive Housing (CSH)**

CSH is a national technical assistance resource that helps communities create permanent housing with services.

- CSH has raised over \$221 million from foundations, corporations, and through government contracts for use in expanding supportive housing nationwide, and has leveraged over \$1 billion in federal, state, and local public and private sector financing for capital, operating, and service dollars.
- Since inception in 1991, CSH has committed nearly \$125 million in loans and grants to support the creation of 16,708 units of supportive housing that are now operational, with an additional 10,837 units in the pipeline now. The units in operation have ended homelessness for at least 21,000 adults and children.

CSH has published a comprehensive Financing Supportive Housing Guide. An outline of this guide appears on the following page.

**Enterprise**

Enterprise helps build affordable housing for low-income Americans by providing financing and expertise to community and housing developers. Enterprise is the nation's leading provider of the expertise and development capital for building decent, affordable homes and revitalizing poor communities. Recently, Enterprise has launched a Supportive Housing initiative that will:

- Generate more than \$400 million in investment to produce over 9,000 homes linked to services for people with special needs by 2009.
- Provide consulting services, grants, low-interest loans and tax credit equity investments to developers for projects that serve people in need of intense support services, including: people struggling with physical, psychological or developmental disabilities; homeless or emancipated youth; the formerly incarcerated; and homeless families with children.
- Train and support developers and government agencies in the production, finance and management of supportive housing; and
- Encourage government agencies at all levels to increase and streamline funding for supportive services linked to housing.

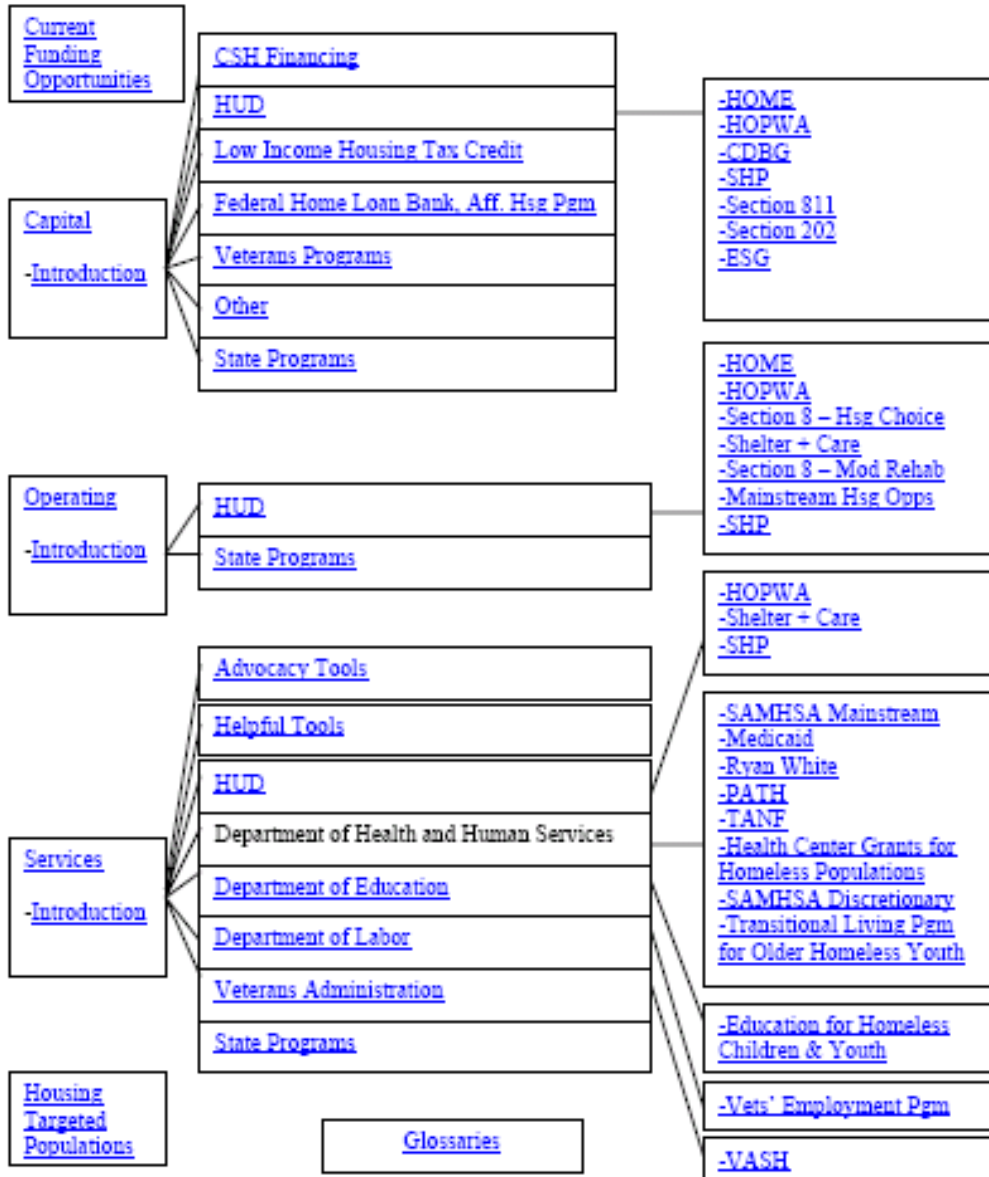
**Supportive Housing Investment Partnership (SHIP)**

SHIP is a partnership of Enterprise and the Corporation for Supportive Housing. SHIP leverages the individual and complementary expertise of CSH and Enterprise, each of which has a longstanding and significant track record in supportive housing.

- The partnership uses the collective expertise and resources of the partners to create more supportive housing—permanent housing with services—for youth, adults, and families who are homeless or at risk of becoming homeless.
- The partnership provides project sponsors with a unified resource for grants, low-interest loans, technical expertise, low-income housing tax credit (LIHTC) investments, and advocacy. This financial support and technical assistance are available to nonprofit developers of housing designed specifically for adults, youth, and families who are homeless or at risk of becoming homeless.
- SHIP will enable nonprofit developers to build more than 3,000 new supportive housing units over the next two years.



### Financing Supportive Housing Guide: Site Map



[www.csh.org/financing](http://www.csh.org/financing)

7/603

### **The importance of state involvement**

In a 2005 position statement<sup>47</sup> on housing and supports for individuals with mental illness, the National Association of State Mental Health Program Directors (NASMHPD) advised that state mental health agencies should 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.

In June 2002, the Council of State Governments issued the Consensus Project Report in which they recommended “establishing leadership and coordination at the state level to provide technical assistance and ensure access to resources.”<sup>48</sup> The report states:

Although solutions to the housing shortage for people with mental illness ultimately must be locally based, state agencies should encourage local providers to address this issue, and they should facilitate such projects with assistance and funding. Creation of a state-level office that concentrates on housing for persons with mental illness indicates the centrality of housing in the service array. By providing centralized expertise, state offices can help local agencies learn to negotiate regulations and requirements related to zoning, property acquisition, licensing, federal funding mechanisms, and the many other issues that arise in housing development. Similarly, state housing offices can locate disparate funding sources and assist local communities in accessing them.

### **Ohio’s Office of Housing**

As an example, The Ohio Department of Mental Health has created an Office of Housing and Service Environments. In 1989, this office, which has since been sub-divided into three offices, began to redirect some funds, formerly used in the development and renovation of hospitals, to housing development. The DMH Office of Housing also provides technical assistance to local community health boards to create independent corporations to develop housing for individuals with serious mental illnesses.

### **Rhode Island Housing**

In another example, Rhode Island Housing is a state agency that helps everyday Rhode Islanders find homes they can afford. In 2007, a \$2 million pilot program from Rhode Island Housing will create more than 50 affordable apartments for persons with special needs. The agency’s new Special Needs Rental Production Program provides low-interest and deferred-payment loans to create apartments targeting low-income persons with disabilities such as behavioral health issues or mobility-related impairments. The agency already has earmarked \$1.5 million in funding for eight proposals totaling 52 homes. The organizations receiving funding are AIDS Care Ocean State, Amos House, Crossroads Rhode Island, East Bay Community Development Corporation, Pawtucket Citizens Development Corporation, Smith Hill Community Development Corporation and SWAP. Proposals for the remaining \$500,000 must have service plans ensuring that social services will be provided to residents. The service component must have a separate funding source.<sup>49</sup>

### **New Jersey: Special Needs Housing Trust Fund**

In the State of New Jersey, a “Special Needs Housing Trust Fund” was established when the Governor’s Mental Health Task Force called on the state to dramatically shift its vision to a “Housing First” philosophy for people with mental illness. Their recommendations called for creation of 10,000 new affordable, permanent housing opportunities for people with mental illness and other disabilities. Coupled with the housing would be community-based services that

are flexible, comprehensive and accessible and which meet the consumers and their families in their environment. The priority housing model for the initiative is Supportive Housing.

Recommendations for the Special Needs Housing Trust Fund were approved in the 2006 NJ State Budget. The plan authorized establishment of a \$200,000,000 Housing Trust fund to be administered by the NJ Housing and Mortgage Finance Authority, a division of the Department of Community Affairs. This is not enough money to create 10,000 new housing units. The fund is intended to be used to leverage other financial resources from a variety of sources, including The US Department of Housing and Urban Development, foundations, local municipal developer trust funds, private financing, etc. The trust funds can be in the form of grants or low- interest loans made to non-profits.

For the first time, the state will be in the business of developing affordable housing for people with mental illness. Before the state provided housing vouchers and support services or relied upon treatment programs to obtain sites for group homes or apartments, either through lease or purchase with state grant funds. A major focus of the NJH&MFA is now identifying housing developers, both nonprofit and for-profit, to develop viable plans for new housing and to work with them to find the leveraging to make the Trust Fund dollars go as far as they can.<sup>50</sup>

## SUPPORTIVE HOUSING RESOURCES

### **Corporation for Supportive Housing (CSH)**

Since 1991, the Corporation for Supportive Housing has been working to respond to the need for supportive housing. CSH, supported by the Robert Wood Johnson Foundation, with other major foundations, tests the feasibility of supportive housing, raises funds to support its projects, and offers technical assistance to local and state agencies dealing with homelessness. CSH has offices in California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, and the District of Columbia. It also works on targeted initiatives in Colorado, Kentucky, Maine, Oregon, and Washington. Functioning as a national resource center, CSH responds to individuals and organizations from throughout the country, giving them the best available advice on how to navigate the financial and bureaucratic labyrinth confronting anyone trying to develop supportive housing. The CSH website contains a series of “Profiles on Developing and Financing Supportive Housing” on a range of projects from around the country. [www.csh.org](http://www.csh.org)

The Planning Council contacted CSH. They suggested several options for providing technical assistance to Milwaukee, should officials here be interested in taking advantage of their expertise.

### **MetLife Foundation**

MetLife Foundation supports programs that increase affordable housing, spur economic development and create opportunities for people to learn and grow together. MetLife helps to fund the Corporation for Supportive Housing (CSH), mentioned earlier. Through CSH, MetLife grants are awarded to nonprofits to jumpstart supportive housing projects. MetLife works in close collaboration with the resource that follows, the Enterprise Foundation. [www.metlife.com](http://www.metlife.com)

### **Enterprise**

Enterprise is a national nonprofit with 25 years of experience in the community development and affordable housing field. Enterprise has launched a Supportive Housing initiative that will:

- Generate more than \$400 million in investment to produce over 9,000 homes linked to services for people with special needs by 2009.
- Provide consulting services, grants, low-interest loans and tax credit equity investments to developers for projects that serve people in need of intense support services, including: people struggling with physical, psychological or developmental disabilities; homeless or emancipated youth; the formerly incarcerated; and homeless families with children.
- Train and support developers and government agencies in the production, finance and management of supportive housing; and
- Encourage government agencies at all levels to increase and streamline funding for supportive services linked to housing.

MetLife and MetLife Foundation (described above) have supported Enterprise’s housing and neighborhood revitalization activities with grants and loans of more than \$34 million. Enterprise launched the MetLife Foundation Awards for Excellence in Affordable Housing in 1996. The 2005 first place award for supportive housing was won by Seattle’s Downtown Emergency Service Center for the Kerner-Scott House, which offers 40 apartments for formerly homeless adults. The 2004 supportive housing award went to The Association for Community Housing Solutions in San Diego for Del Mar Apartments, recognized for its effectiveness in permanently housing people with severe mental illness. Organizations working to rebuild their communities can find free resources and tools at [www.enterprisefoundation.org/resources](http://www.enterprisefoundation.org/resources).

**Center for Urban Community Services (CUCS)**

CUCS claims to be “the nation’s largest provider of social services in supportive housing as well as a comprehensive human services agency that implements new practices, actively shares our knowledge and assists in shaping local, state and national strategies so that persons who are homeless, low-income, living with mental illness or have other special needs can live successfully in the community.” CUCS was one of the first groups to tie permanent housing and on-site services into a single package.

[www.cucs.org](http://www.cucs.org)

**Supportive Housing Investment Partnership**

*Using the Housing Credit for Supportive Housing: An Assessment of 2005 State Policies* represents a collaboration between Enterprise and CSH to take a comprehensive look at the innovative policies states have adopted to foster and encourage supportive housing development within qualified allocation plans for the Low Income Housing Tax Credit. This publication was developed as a basic resource for supportive housing developers, policymakers and advocates interested in advancing public policies that dedicate financial resources for the development of supportive housing. The purpose of this report, which analyzes each of the 50 states’ 2005 Housing Credit allocation plans, is to develop a baseline and identify policies that foster and encourage the development of new supportive housing opportunities. This report identifies a variety of innovative Housing Credit policy approaches to supportive housing, including:

- Credit Set-Asides, under which states pledge to allocate a certain portion of available Housing Credits during the year to supportive housing developments
- Scoring Incentives, under which states encourage supportive housing development through the award of points in the competitive scoring process
- Threshold Requirements, under which states pledge to support only developments that meet minimum requirements to be considered supportive housing projects

Access at: <http://www.shippartners.org/>

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA’s Co-Occurring Center for Excellence has housing resources at: <http://www.coce.samhsa.gov/links/housing.aspx>. The National Mental Health Information Center has information on “Housing Options For People With Mental Illness” at <http://nmhicstore.samhsa.gov/publications/allpubs/ken98-0048/default.asp>. Currently SAMHSA has a grant program for “Services in Supportive Housing.”

**Strategic Initiatives**

Strategic Initiatives, Mercy Housing's consulting division, works directly with its clients to complete feasibility studies, housing needs assessments and master plans for affordable housing development. Mercy Housing has a wide array of housing options for various populations all over the country.

[http://www.mercyhousing.org/serv\\_planning.aspx](http://www.mercyhousing.org/serv_planning.aspx)

**KnowledgePlex.org**

Website states: “We strive to be your most complete source of information about affordable housing and community development. Relevant news. Timely research. Tools to collaborate with peers. Important events.”

[www.knowledgeplex.org](http://www.knowledgeplex.org)

## **Publications**

- Housing Alliance of Pennsylvania. *Addressing Community Opposition to Affordable Housing Development: A Fair Housing Toolkit*, 2004. <sup>51</sup> Gives “gives common sense, hands on tools to deal with public hearings, building community support, using the media, working with officials, and if need be moving to legal action. It includes an extensive list of websites, articles and books on issues relating to affordable housing development and fair housing, as well as legal resources.” Can be accessed at <http://content.knowledgeplex.org/kp2/cache/documents/68549.pdf>
- Center for Urban Community Services. *Developing the “Support ”in Supportive Housing: A Guide to Providing Services in Housing*, 2002. Focuses on “strategies to maximize residential stability, quality of life, choice, and independence among tenants. The principles and practices discussed are meant to be applicable to a variety of settings and supportive housing models. The guide is intended as a resource for new and experienced staff members and for program development efforts.” Can be accessed at <http://www.cucs.org/pdf/DevelopSupportiveHsng.pdf>
- *Landlords as Partners for Promoting Success in Supported Housing: "It Takes More Than a Lease and a Key."* *Psychiatric Rehabilitation Journal*. Winter 2002. This paper examines the potential value of working with landlords and property managers to promote success in supported housing or people with psychiatric and addictive disabilities. Can be accessed at <http://people.cas.sc.edu/kloos/pubs/Landlords.pdf>
- Corporation for Supportive Housing. *A Guide to Re-entry Supportive Housing and New Beginnings: The Need for Supportive Housing for Previously Incarcerated People.*, Can be accessed at [www.csh.org](http://www.csh.org)

**ENDNOTES**

- 
- <sup>1</sup> Subcommittee on Housing and Homelessness: Background Paper. Rockville, Md, US Department of Health and Human Services, New Freedom Commission on Mental Health, 2004; Technical Assistance Collaborative, Inc: Permanent Supportive Housing: A Proven Solution to Homelessness. Opening Doors, issue 20, Jan 2003. Available at [www.tacinc.org/pubs/odpubs.htm#20](http://www.tacinc.org/pubs/odpubs.htm#20)
- <sup>2</sup> Ann O'Hara. Housing for People With Mental Illness: Update of a Report to the President's New Freedom Commission. Psychiatric Services. 58:907-913, July 2007.
- <sup>3</sup> Achieving the Promise: Transforming Mental Health Care in America. Pub no SMA-03-3832. Rockville, MD, US Department of Health and Human Services, New Freedom Commission on Mental Health, 2003.
- <sup>4</sup> American Community Survey. Washington, DC, US Census Bureau, 2005. Available at <http://factfinder.census.gov>
- <sup>5</sup> Rosenheck R, Bassuk E, Salomon A: Special populations of homeless Americans, in Practical Lessons: The 1998 National Symposium on Homelessness Research. Edited by Fosburg L, Dennis D. Washington, DC, US Department of Housing and Urban Development and US Department of Health and Human Services, 1999.
- <sup>6</sup> Burt M: What Will It Take to End Homelessness? Washington, DC, Urban Institute Press, 2001.
- <sup>7</sup> The State of the Nation's Housing 2006. Cambridge, Mass, Joint Center for Housing Studies of Harvard University, 2006.
- <sup>8</sup> Technical Assistance Collaborative, Inc: Permanent Supportive Housing: A Proven Solution to Homelessness. Opening Doors, issue 20, Jan 2003. Available at [www.tacinc.org/pubs/odpubs.htm#20](http://www.tacinc.org/pubs/odpubs.htm#20)
- <sup>9</sup> Center on Budget and Policy Priorities: The Effects of the Federal Budget Squeeze on Low-Income Housing Assistance. Washington, DC, Center on Budget and Policy Priorities, 2007; Priced Out in 2006. Boston, Technical Assistance Collaborative, Inc, 2007.
- <sup>10</sup> Newly Proposed Housing Legislation Would Leave Public Housing Agencies Vulnerable to Substantial Funding Cuts and Shifting HUD Mandates. Washington, DC, Center on Budget and Policy Priorities, 2005.
- <sup>11</sup> Technical Assistance Collaborative and the Consortium for Citizens With Disabilities Housing Task Force: Affordable Housing in Your Community: What You Need to Know! What You Need to Do! Opening Doors, issue 8, Sept 1999. Available at [www.tacinc.org/pubs/odpubs.htm#20](http://www.tacinc.org/pubs/odpubs.htm#20)
- <sup>12</sup> Carling P: Housing, community support, and homelessness: emerging policy in mental health systems. New England Journal of Public Policy 8:281-295, 1992.
- <sup>13</sup> Morse G: A review of case management for people who are homeless: implications for practice, policy, and research, in Practical Lessons: The 1998 National Symposium on Homelessness Research. Edited by Fosburg L, Dennis D. Washington, DC, US Department of Housing and Urban Development and US Department of Health and Human Services, 1999.
- <sup>14</sup> Ending Chronic Homelessness: Strategies for Action. Report From the Secretary's Work Group on Ending Chronic Homelessness. Washington, DC, US Department of Health and Human Services, 2003.
- <sup>15</sup> Tanzman B: An overview of surveys of mental health consumers' preferences for housing and support services. Hospital and Community Psychiatry 44:450-455, 1993.
- <sup>16</sup> Can be accessed at: <http://www.nrepp.samhsa.gov/>
- <sup>17</sup> Can be accessed at <http://www.csh.org/index.cfm?fuseaction=page.viewPage&pageID=3647&nodeID=81>
- <sup>18</sup> Can be accessed at <http://www.nami.org/Content/ContentGroups/Policy/housingtoolkit.pdf>
- <sup>19</sup> Can be accessed at <http://www.thn.org/supportive.htm>
- <sup>20</sup> Can be accessed at <http://www.portlandonline.com/bhcd/index.cfm?c=43440>
- <sup>21</sup> Can be accessed at: <http://www.pathprogram.samhsa.gov/about/overview.asp>
- <sup>22</sup> From: Housing First, Work Fast. An Edited Transcript of the PATH National Teleconference Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) September 5, 2005.
- <sup>23</sup> S Tsemberis, L Gulcur, M Nakae, Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis, (American Journal of Public Health, 94(4), 651-656, 2004).
- <sup>24</sup> Op. cit. Tsemberis and Gulcar.
- <sup>25</sup> Can be accessed at <http://www.endhomelessness.org/content/article/detail/1116>
- <sup>26</sup> Can be accessed at <http://www.pathwaystohousing.org/Articles/Research.html>

- 
- <sup>27</sup> Can be accessed at [http://www.lakefront.org/pdf/fact\\_sheet.pdf](http://www.lakefront.org/pdf/fact_sheet.pdf)
- <sup>28</sup> Housing Homeless Individuals Through HUD's Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program, March 2001. U.S. Department of Housing and Urban Development, Office of Community Planning and Development.
- <sup>29</sup> Taken from SAMHSA's Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders, November 2002.
- <sup>30</sup> Can be accessed at: <http://www.urban.org/publications/411314.html>
- <sup>31</sup> Technical Assistance Collaborative, Inc: Permanent Supportive Housing: A Proven Solution to Homelessness. Opening Doors, issue 20, Jan 2003. Available at [www.tacinc.org/pubs/odpubs.htm#20](http://www.tacinc.org/pubs/odpubs.htm#20); Strategic Framework for Ending Long-Term Homelessness. New York, Corporation for Supportive Housing, 2002.
- <sup>32</sup> Tanzman B: An overview of surveys of mental health consumers' preferences for housing and support services. Hospital and Community Psychiatry 44:450–455,1993; Newman S: Housing attributes and serious mental illness: implications for research and practice. Psychiatric Services 52:1309–1317,2001.
- <sup>33</sup> Can be accessed at: <http://www.hud.gov/offices/cpd/homeless/programs/splusc/index.cfm>
- <sup>34</sup> Can be accessed at:  
<http://www.hud.gov/offices/cpd/homeless/library/shp/understandingshp/components.cfm>
- <sup>35</sup> Can be accessed at <http://www.hud.gov/offices/cpd/homeless/programs/sro/index.cfm>
- <sup>36</sup> Can be accessed at: <http://www.hud.gov/offices/hsg/mfh/progdsc/disab811.cfm>
- <sup>37</sup> From: Housing First, Work Fast. An Edited Transcript of the PATH National Teleconference Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) September 5, 2005.
- <sup>38</sup> Can be accessed at <http://www.mentalhealthconsumer.net/peer-support.html>
- <sup>39</sup> Interview with Dr. Kenneth Minkoff, MD. Can be accessed at  
[http://www.athealth.com/Practitioner/particles/interview\\_kennethminkoff\\_3.html](http://www.athealth.com/Practitioner/particles/interview_kennethminkoff_3.html)
- <sup>40</sup> Housing Attributes and Serious Mental Illness: Implications for Research and Practice Sandra J. Newman, Ph.D. Psychiatric Services \_ October 2001 Vol. 52 No. 10, 1309 – 1317. Can be accessed at: <http://psychservices.psychiatryonline.org/cgi/reprint/52/10/1309.pdf>
- <sup>41</sup> A Look At Supportive Housing For Mental Health Consumers In Four Oregon Counties. Office of Mental Health Services, Mental Health and Developmental Disability Services Division, Salem, Oregon, February 1999.
- <sup>42</sup> Predicting Staying in or Leaving Permanent Supportive Housing That Serves Homeless People with Serious Mental Illness. Final Report Prepared for: U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Prepared by: University of Pennsylvania Center for Mental Health Policy and Services Research, Philadelphia, PA March 2006.
- <sup>43</sup> Can be accessed at: <http://www.urban.org/publications/411314.html>
- <sup>44</sup> Dennis Culhane, Stephen Metraux, and Trevor Hadley, Public Service Reductions Associated with Placing Homeless Persons with Severe Mental Illness in Supportive Housing, (Housing Policy Debate, Vol 13, Issue 1).
- <sup>45</sup> Can be accessed at: <http://www.upenn.edu/pennnews/article.php?id=376>
- <sup>46</sup> The Financial Viability of Housing for Mentally Ill Persons. Joseph Harkness, Sandra Newman, George Galster, James Reschovsky. Fannie Mae Foundation, 2004. Can be accessed at:  
<http://www.knowledgeplex.org/showdoc.html?id=38179>.
- <sup>47</sup> Can be accessed at:  
[http://www.nasmhpd.org/general\\_files/position\\_statement/Housing%20Position%20Statement.pdf](http://www.nasmhpd.org/general_files/position_statement/Housing%20Position%20Statement.pdf)
- <sup>48</sup> Can be accessed at: [http://consensusproject.org/the\\_report/toc/ch-VII/ps38-housing-mental-illness](http://consensusproject.org/the_report/toc/ch-VII/ps38-housing-mental-illness)
- <sup>49</sup> Can be accessed at: <http://www.rihousing.com/sp.cfm?pageid=2049>
- <sup>50</sup> Can be accessed at: <http://www.namimercer.org/advocacy/Housing/Housing.htm>