

Recommendations from Housing Workgroup

Introduction

The lack of safe and affordable housing is one of the most significant barriers to recovery for persons living with a behavioral health disability. A safe and affordable place to live is essential to recovery. Without options to meet this basic need, many will cycle in and out of homelessness, correctional institutions, shelters and hospital emergency rooms. An array of housing options is critical to providing people living with behavioral health disabilities the stability they need to achieve recovery outcomes and reduce the utilization of hospitalizations and involvement with the criminal justice system.

Reduce Barriers to Obtaining Housing

Identified Barriers to Housing

- Criminal background including registered sex offenders
- Poor credit and rental history
- Lack of funds for application fees, security deposits and first month's rent and/or rental subsidy
- Past due utility bills and utility deposit
- History of domestic violence (not the perpetrator)
- Lack of supportive services and/or difficulty accessing services due to location, eligibility requirements, documentation
- Lack of transportation
- Timing of being released from correctional institutions (often released at night or early morning)
- Lack of housing options
- Length of time it takes to get into housing
- No access to medication after release from correctional institutions - Released with a prescription for 3 days of medication with no transportation to the pharmacy to fill prescription and length of time to be seen at a service agency is often more than 3 days

Recommendations

Barriers

Develop a system of interaction between service/housing agencies and persons with behavioral health disabilities before release from correctional institutions, hospitals or a crisis facilities

- Develop a system that allows the housing agency to begin working with the tenant prior to release from criminal justice facilities or a crisis facility to facilitate and expedite the housing process.
- Develop a system where the service agency begins to work with the client prior to release from the Criminal justice facilities to facilitate the delivery of services including medication and transportation.
- Compile a list of landlords that are more flexible with applicant eligibility. Several agencies currently work with landlords for rental voucher programs and a list could be compiled and distributed to all agencies.
- Provide funding for application fees, security deposits and monthly rental subsidies.

Increase Housing Options and Affordable Housing Stock

A review of the supportive housing inventory indicates that there are few options for housing choice and what is available is usually full or has very specific eligibility requirements.

- Housing placement should be determined based on individual needs and not on availability of housing. Placement in housing that is not appropriate for the individual/family can result in loss of housing.
- Develop a continuum of housing options that include:

Crisis Housing – Respite Housing

This type of housing is appropriate when there is a behavioral health crisis but hospitalization is not needed or when a person is being released from a psychiatric facility or criminal justice facilities and the process for permanent housing placement has not been completed. Bedrooms are private or semi-private with shared living, kitchen and bathrooms.

- Short-term stay (usually 7 to 14 days)
- Can be Peer to Peer managed housing
- 24-hour supervision and assistance
- Assistance with basic daily living skills
- Food and meals provided
- Assistance with medication
- Assistance with connecting with housing and service providers
- Transportation assistance

Supervised Group Housing/Congregate Living

This type of housing provides 24-hour care. These facilities need to be licensed by the state. Bedrooms are private or semi-private with shared living, kitchen and bathrooms. Group housing can provide:

- 24-hour supervision and assistance
- Assistance with basic daily living skills
- Food and meals provided
- Assistance with medication
- Assistance with managing money and paying bills
- Assistance with making appointments
- Transportation assistance
- Residents are encouraged to participate in day programs
- Socialization by interaction with staff and other residents

Partially Supervised Group Housing or/Congregate Living

Staff on-site only as needed. These homes are not licensed. Individuals considering this type of housing should have adequate life skills to function well with very little supervision or assistance. The number of people living in this type of home and the number occupying each bedroom may vary depending on many factors.

- Provides minimal supervision and assistance
- Staff on-site during the day
- Daily living skills are performed independently or semi-independently
- Residents are able to manage medications

- Residents help with cooking and cleaning
- Residents may pay own bills or have a representative payee
- Residents are encouraged to participate in day programs, volunteer activities, schooling or employment
- Socialization by interaction with other residents

Supportive Housing – Project Based (Transitional and Permanent)

- Individual rental units in a single complex
- Provides minimal supervision
- Residents must be able to live fairly independently
- Case Manager and/or Property Manager may be located on-site
- Daily living skills are performed independently
- Residents are able to manage medications
- Residents are responsible for cooking and cleaning their units
- Residents may pay own bills or have a representative payee
- Residents are responsible for transportation but may receive assistance and bus passes from case manager
- Depending on the type of program, participation in services can be mandatory or if a Housing First model are not required for housing

Supportive Housing – Scattered Site (Transitional and Permanent)

- Individual units rented from private landlords
- Residents get to choose type of housing and location
- Residents must be able to live independently
- Daily living skills are performed independently
- Residents are able to manage medications
- Residents are responsible for cooking and cleaning their units
- Residents may pay own bills or have a representative payee
- Residents may pay a portion of the rent depending on the household income
- Residents are responsible for transportation
- Depending on the type of program, participation in services can be mandatory or if a Housing First model are not required for housing
- Home visits may be conducted

Recommendations for Funding

The U.S. Department of Health and Human Services released a report in 2011 entitled Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan. This report includes mechanisms by which Medicaid can be utilized to assist in the provision of supportive housing services. The Center for Medicare and Medicaid Services is expected to release a report soon that is a “blueprint” in the utilization of Medicaid to provide supportive housing services. Similarly, SAMHSA has issued a report on how Medicaid can be utilized to support crisis response services including stabilization and respite beds. These publications suggests the following measures to fully utilize these funding streams.

- State Plan Amendment: Amendment could be utilized to include targeted case management for individuals with severe mental illness, include residential treatment centers and group homes for persons with severe mental illness, expand use of Home and Community Based

Services for persons with severe mental illness, and expand use of Rehabilitation Option services for persons with mental illness.

- Utilizing waivers-1115 and 1915(i) to maximize support of supportive housing and crisis services. This could include a bundled rate for services other than housing and board cost.

Other federal dollars include:

- HUD CoC bonus grants when available and when population includes chronic homeless
- Bureau of Justice Assistance grants when system involved
- Work with local housing authorities to loosen restrictions on persons with criminal histories when supportive services are provided
- Work with local housing authorities to identify target populations for priority
- Work with local housing authorities to simplify process for persons with mental disabilities

Other state funding opportunities include:

- Elimination of restriction on provision of services to CSA's so that needed services such as CCSS and PSR are more widely available
- Expanded use of general behavioral health dollars to fill gaps in services
- Direct appropriation for services currently unfunded by state plan and general behavioral health dollars such as crisis triage and supportive housing (general BH dollars apparently support a very small supportive housing program in Bernalillo County).
- Explore opportunities for funding of housing costs from the NM Mortgage Finance Authority

Local funding sources include:

- Direct appropriation
- Gross receipts tax under consideration by both the city and the County.
- Re-alignment of savings; savings accruing to MDC or first responders can be re-allocated to support the services
- Restructuring of services, e.g. first responders could provide some of the staffing of a crisis response center.
- Matching funds from the City of Albuquerque for the project funded by the Bernalillo County Commissioners (1.1 million) for the 150 beds for inmates coming out of MDC.
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Private funding sources include:

- Contribution by agencies/entities that accrue savings from these behavioral health services such as hospitals.
- Foundations
- Agreements with landlords to maintain a certain level of occupancy in exchange for discounted rents
- Agreements with utility companies to utilize a "grant" to cover utility deposits
- Set asides of a number of units for participation in supportive housing program for projects approved for development
- Utilize peer programs to provide staffing for crisis center and crisis/respite housing. UNM has a peer program. Peers could be utilized to provide staffing in housing programs in exchange for an apartment/bedroom. This model is being successfully implemented in other parts of the US.
- The group homes could charge those individuals who are on disability benefits to pay \$500 or \$600 per month as long as food and laundry supplies/toiletries are included.

