

## Recovery Requires a Choice of Housing

The chief housing concerns and needs in the opinion of consumers are: (from consumer interviews conducted by PBH Consumer Affairs).

- ❖ Having choice in housing that went along with stages of recovery,
- ❖ Having more education for consumers and their community support workers on knowing the housing market.
- ❖ Having monetary support for up front expenses and to subsidize apartments.
- ❖ Having more in place supports to learn the skills for living independently.

### ***Prevalence of Need for Affordable Housing for those with SPMI:***

The North Carolina Interim Plan for Serving Persons with Disabilities in Appropriate Setting, (December 28, 2000) reported “About 10 percent of people with severe and persistent mental illness (SPMI), **or 9,900 adults** (statewide), **are in need of stable and affordable housing. Yet, there are only 992 adults** (statewide) **with severe and persistent mental illness in NC who receive subsidized housing** through HUD mental health funded units. **This is just slightly more than 10% of those in need of housing.** The existing housing resources are woefully inadequate to address the housing needs of people with severe and persistent mental illness.

The US Census Bureau gives the estimated 2006 population of the PBH catchment area as 682,515. A US Surgeon General 2000 report states that 2.8% of the population has a severe and persistent mental illness. This means that in the PBH catchment area there are an estimated 19,110 individuals with SPMI. Using the above calculation of 10% of those with SPMI needing stable and affordable housing the PBH region has 1,911 individuals with SPMI with inadequate, inappropriate, or unsafe housing. The September 2006 Point in Time Study conducted by the Housing Committee identified 649 individuals with SPMI with 243 having inadequate, inappropriate, or unsafe housing. Clearly there are many other individuals within the catchment area in need of assistance who are not currently receiving services.

### ***Homelessness and Mental Illness***

The May 2005 HUD report, *Strategies for Preventing Homelessness* (Martha R. Burt, the Urban Institute, Carol L. Pearson and Ann Elizabeth Montgomery, Walter R. McDonald & Associates, Inc.) tells us that “For people with serious mental illness, with or without co-occurring substance abuse, permanent supportive housing works to prevent initial homelessness, to rehouse people quickly if they become homeless, and to help chronically homeless people leave the streets (Burt et al., 2004; Shern et al., 1997; Tsemberis and Eisenberg, 2000). Evidence collected in Massachusetts for the HUD study indicates declining rates of homelessness among people with serious mental illness admitted to state psychiatric hospitals over the 10-year period during which the Department of Mental Health was expanding housing with supportive services.

Many individuals with mental illness rely on SSI or Social Security disability as their income (DHHS, NC Interim Plan for Serving Persons with Disabilities in Appropriate Settings 2000). Fair Market Rental (FMR) rates revised annually in October by HUD, range for a one bedroom apartment from \$484/month in Stanly County, \$496/month in

Davidson, \$593/month in Rowan, and \$682/month in Cabarrus and Union Counties. Fair Market rents should represent an affordable rent - defined by HUD as not exceeding thirty percent of one's income. With the SSI payment for a single individual effective January 2009 at \$674 per month clearly this rent is not affordable for an individual who relies solely on SSI for support since they would be required to pay between 72% and 101% of their income to pay the Fair Market Rent depending on the County in which they live.

In an effort to offer options for consumers in the State Hospitals to move back into the Community, PBH has recently renovated and opened the Southgate Group Home in Monroe. The Albemarle House has been similarly renovated for the same purpose and is expected to be opened in 2009. PBH has contracted with Monarch to operate both homes targeted for consumers moving from the hospital into the community with a high level of needs and each home has a five bed capacity.

### *A Continuum of Housing Options*

**Homeless-** A person is considered homeless if without assistance he or she would have to spend the night in a homeless shelter or in a place not meant for human habitation.

A person who is homeless would be considered **sheltered** if he or she is sleeping in an emergency shelter

A person who is homeless would be considered **unsheltered** if he or she is sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings;

**Group Home-** This includes homes that are licensed by the State Division of Health Service Regulation as well as group homes funded through HUD such as Section 811 Supportive Housing for Persons with Disabilities. Typically these are single family residential structures with site-based services that may combine multiple bedrooms with a kitchen, shared living areas, utility areas, and shared bathrooms. Unlike transitional housing there is no time limit on the length of stay and some residents may become long-term while others may cycle out to other housing options. There are three levels of Group Homes:

- **Group Home Low** – Care is provided in a home like environment. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff.
- **Group Home Moderate** – A 24 hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of degree of their dependence or the severity of their disability.
- **Group Home High** – A 24 hour service that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement.

**Lives with Family/Friends** - the person with SPMI/SMI is currently housed with a relative or friend and the situation is inadequate for their set of circumstances.

**Assisted living** - any group housing and services program for two or more adults, which makes available, at a minimum, one meal per day, housekeeping services, and provides personal care directly or through a formal written agreement with a licensed home care agency.

**Nursing home** means a facility, however named, which is advertised, announced, or maintained for the express or implied purpose of providing nursing or convalescent care for three or more persons unrelated to the licensee. A nursing home is a home for chronic or convalescent patients, who, on admission, are not as a rule, acutely ill and who do not require special facilities such as an operating room, X-ray facilities, laboratory facilities, and obstetrical facilities. A nursing home provides care for persons who have remedial ailments or other ailments, for which medical and nursing care are indicated; who, however, are not sick enough to require general hospital care. Nursing care is their primary need, but they will require continuing medical supervision. A Nursing Home provides services similar to those in assisted living, but also provides skilled nursing care.

**Transitional Housing**- temporary housing up to 24 months that would provide services to help consumers gain the skills, stability, and resources they need to move to and succeed in permanent housing.

**Supported Housing**- typically provided in individual apartments, sometimes clustered in a small development, which may or may not have an apartment manager on site during regularly scheduled hours. These apartments are the individual's home and they are not licensed facilities. No mental health services are attached to the apartment but in limited cases, residents may receive an amount of rental assistance from the area program.

**Shelter + Care**- designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness and/or chronic problems with alcohol and/or drugs,) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities. Participants are required to utilize supportive services to maintain housing. For the purposes of qualifying for this program a person is considered homeless if, without HUD assistance, he or she would have to spend the night in a homeless shelter or in a place not meant for human habitation; a person spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; or living in transitional/supportive housing, but having come from the streets or emergency shelters;

**Independent Living**- Independent living means having every opportunity to be as self-sufficient as possible by living in the community in one's own apartment or house. Ideally this would include having a supportive services plan in place to help participants be successful. The goal is to promote self-sufficiency and community integration to the point where disabled persons can acquire their own home. This could be achieved

through a family trust or partnership with Habitat for Humanity, Community Development Corporations, Public Housing Authorities, or with other housing developers.

For further information or a referral for housing programs, contact James Curtin ant 704-721-2100.