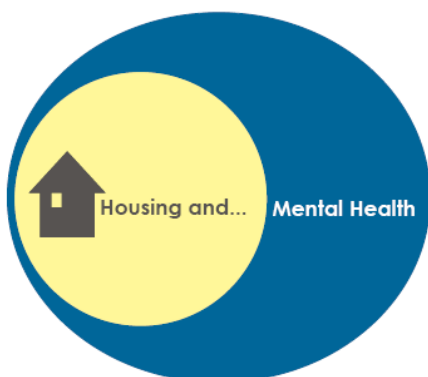


Housing and Mental Health Report Out



Housing and Mental Health Summit

May 15th, 2019

9am-12pm

Tukwila Community Center

JPMORGAN CHASE & CO.



Background

The **Housing Development Consortium of Seattle-King County** began its “Housing And...” series to examine the intersection of housing and other cross-sectional efforts that are linked with affordable housing such as education, community development, transit, and mental health. All these issues impact one another in a person’s life therefore the policy solutions must reflect that interconnectedness. As an association with a diverse membership, HDC wanted to bring together the powerful knowledge-base and experiences of our members and partners to have a comprehensive conversation on Housing and Mental Health.

Understanding the complexities and the stigma associated with mental illness, HDC amplified the voices of those leading this work such as National Alliance on Mental Illness, NAMI of Washington, DESC, King County, Plymouth Healing Communities, frontline staff from Compass Housing Alliance, and 60+ participants including housing developers, local housing authorities, building contractors, government agencies, funders, and supportive services providers to explore the intersections of housing and mental health. We know, from extensive research done about housing and mental health, that having a stable living condition is critical for maintaining mental health and accessing the services needed to properly treat mental illness. We also know that the quality of living conditions impacts mental health. Beyond these links, we also know mental illness can be debilitating and without stable, affordable housing with onsite supportive services and case management its nearly impossible to get the help needed.

Currently, the Washington state health care system is grappling to meet the challenging needs of people cycling in and out of homelessness and housing. Without a safe, stable, and affordable place to live, it is extremely difficult to achieve a high level of mental health and wellness. The conversations that took place during the summit amplified the call for greater investment in permanent supportive housing, behavioral health resources, and in the people on the frontline doing the work to connect people with the resources they need. Washington state is the 34th worse state in ranking of mental health beds. Washington state has the seventh highest housing wage. These problems are not siloed. We need a stronger social safety net to support people while we work to improve our policies to close the gap between access and need.

As an advocate, broker, convener, HDC will continue to engage in cross-sector collaboration to respond to the challenging needs impacting the communities. Through bringing together people with a variety of experiences, we expand our thinking on an issue and get better, more inclusive policies.

Policy Presentation, NAMI



Brad Forbes, Director of Public Policy and Advocacy from the National Alliance on Mental Illness (NAMI), one of the leading mental health organizations dedicated to advocating, educating and building awareness around mental health illnesses, opened the summit with a policy presentation which examined the relationship between housing and mental health.

When talking about mental health illnesses, it's important to destigmatize mental health conditions, and to cultivate a culture that creates a shame free

environment for individuals to feel empowered to ask for help. Willingness to get help is that crucial first step in seeing positive outcomes. According to (NAMI), approximately 1 in 5 adults in the U.S (46.6 million) experience mental illness in a given year. Several factors can contribute to risk of mental illness such as trauma, chronic conditions, substance abuse, and the absence of stable and affordable housing. Often these factors are layered and exacerbate one another. Additionally, discriminatory laws exist that create barriers within the system for treatment, access to services, and flexibility to meet people where they are at.

Brad strongly asserted that having a safe and secure place to live is an important part of recovery, along with policies that support meaningful treatment options for individuals with mental health conditions. By providing permanent-supportive housing to people experiencing homelessness, a model coined as "Housing First", it ensures a foundation of stability with access to on-site services to build up from as they transition out of homelessness, situations of distress, and other traumatic situations. HDC members, Plymouth Housing and DESC as well as others, were pioneers of the Housing First model. Their leadership has inspired implementation across the country.

A crucial component to the Housing First model is case management that focuses on determining the client's unique needs for housing assistance and connecting them with the relevant services. The premise around Housing First's approach is that people are better able to manage their lives if they are first safely housed. It's important for housing providers, architects, and mental health experts to develop programs that take a holistic approach to addressing mental health illness. For example, extending units so that each facility has the capacity to have direct care, or partnering with health care providers to have necessary resources on-site.

Brad's points culminated in the point that there needs to be an interconnected relationship between developers, case managers, and health care providers in order to ensure that facilities are meeting the unique needs of residents and tall those accessing affordable housing.

Representative Laurie Jinkins



After the policy presentation by Brad Forbes of NAMI, keynote speaker Rep. Laurie Jinkins of Washington's 27th District opened up with a powerful statement: **"If you're going to do one thing for someone struggling with mental health, it's get them housing."** Housing with supportive services not only stabilizes people struggling with mental illness, but it also provides sustainable intervention that keeps families and individuals safe and secure.

Rep. Jinkins believes we need to repair a broken mental health system that has failed so many communities, particularly low-income communities who have limited access to health care. While Washington state is making significant strides and investing in improving our behavioral health system so that people can access treatment and care, we are still falling short in providing adequate services and resources to Washington state residents.

For example, many health care facilities in the state lack enough beds for patients. The state is looking to invest \$47 million to expand community behavioral health beds and services. This expansion would be a critical investment because it will help people with mental illness get the treatment they need in their own communities, rather than trying to access care in a state hospital system.

Rep. Jinkins also spoke about the importance of ensuring the safety of patients and staff as they navigate complex mental health illness. Folks working in residential housing as case managers are often caring for people with chronic mental illness. Therefore, case managers need additional support and training to ensure adequate intervention and care.

Additionally, as we think about the intersections of mental health and housing, it's important for us to address the challenges of affordable housing and homelessness crisis. Folks cycling in and out of hospitals, particularly low-income families and individuals with disabilities, are facing additional barriers as they seek housing options to meet their unique mental health needs.

Rep. Jinkins made it clear that we need to prioritize investing in permanent supportive housing. In thinking about the unique challenges of individuals cycling in and out of housing because their needs aren't being managed adequately, permanent supportive housing would take a holistic approach to treatment. While the state is struggling to find a way to budget for mental health services, more funding for permanent supportive housing needs to be a priority to address health disparities as well as the homelessness crisis.

Our Leaders Panel



Left to right: Jacob Stuvenga, Plymouth Healing Communities, **Tyler Kuhns**, Compass Housing Alliance, **Noah Fay**, DESC, **Brad Forbes**, NAMI, **Brook Buettner**, King County,



Ray Morales, Compass Housing Alliance

The summit consisted of subject matter experts which included a behavioral health specialist, case managers, policy experts, and frontline staff. Each of the panelists has a breadth of experience in housing and mental health. Often, we don't hear from frontline staff who work intentionally and go beyond their job description to support residents who have various needs. Therefore, we thought it was important to integrate and amplify their voices in this discussion, along with leaders in the field. The questions below helped guide the conversation as we engaged the panelists and summit attendees:

- 1. Health and housing are inextricably linked, and residents who have access to wrap-around supportive social services are better equipped to live healthy lifestyles. What is the relationship between housing insecurity and mental health?*
- 2. How do we ensure that the efforts of housing developers, behavioral health professionals, and service providers are well coordinated?*
- 3. What type of housing models and supportive services are available?*
- 4. What essential support do frontline staff need? How can they get it?*
- 5. What are the elements of a Housing First Program?*

Panel Takeaways

- “Housing is a human right.” Investing in a Housing First model is not only essential in addressing homelessness and the cyclical nature of behavioral health conditions, but Housing First model prioritizes permanent housing to people experiencing homelessness. Without a safe, stable, and affordable place to live, it's difficult for people to achieve a high level of mental health and wellness.
- Meaningful housing options for people experiencing homelessness, mental illness, and substance use conditions are extremely limited because housing must be affordable, but also paired with the support and services that are needed to achieve stability and success. When there is a lack of affordable supportive housing in the community, people experiencing mental illness and substance abuse conditions often end up homeless or hospitalized.
- Increasing funding that invests in early interventions and stability helps us get ahead of trauma. We need programs that provide permanent housing to homeless individuals that is recovery oriented and that addresses harm reduction.
- To ensure well-coordinated services, everything must be in one place to address mental health conditions and to provide supportive services to residents. The old model of services was disconnected from the individual's need.
- Empowering residents is essential in addressing gaps in services and designing a program that meets their unique needs. Engaging with individuals on a humanistic level builds community and empowers folks to navigate services.
- We must help people understand that unless you create a system of housing options in the community, people will cycle through hospital systems and homelessness. These options need to examine how we think about helping people as they transition out of housing. Case managers can play a vital role in identifying, empowering, and directing individuals to figure out the best wraparound services for their unique needs.
- Case managers and frontline staff play a huge role in supporting residents. Not only are they experiencing burnout, but they also need hands on approach training to help them address substance disorder illnesses while engaging with residents.
- The case load coupled with secondary trauma puts a huge burden on frontline staff and case managers. There needs to be better advocacy for wage increases for frontline staff and case managers as well as a well-coordinated partnership with providers to help develop a working relationship, since they're supporting the same individuals.

Group Discussion Takeaways



The policy presentation from Brad Forbes, keynote presentation from Rep. Jenkins, and our leadership panel all helped frame the discussion around the intersections of housing and mental health, to better engage our attendees. To continue this rich discussion, and to better examine our efforts as a sector our attendees engaged in discussion groups to bring forward ideas and perspectives from many different lenses. Together, they were able to process and unpack the challenges while using each other's

expertise to bring about sustainable solutions as they relate to housing and mental health, service and engagement, and policy solutions.



Housing and Mental Health

Housing and mental health are closely linked. If you don't have access to affordable housing, it impacts your health, and causes a lot of stress. Additionally, we know that your zip code is a predictor of your health. We need to ensure that the effects of housing developers, and behavioral health professionals, and service providers are well coordinated, and can respond thoughtfully to the following challenges:

- Redlining and its lasting effects on racial inequities have further displaced people.
- Developers need to respond to geographic displacement and examining racial inequities.
- Rural communities have unique challenges because they lack public transit and have limited access to psychiatric and medical care.
- In order to respond to unique needs, we need to make sure that property managers and social service providers aren't siloed.

- We need to ensure that affordable housing is built in accessible places, outside of food deserts.
- Developers are getting money to build, but a portion of that money should be invested for social service needs within the buildings.
- Frontline staff should be included in the development process of a new building. They understand the unique needs of the residents and the gaps in services.



Services and Engagement

Addressing the unique needs of individuals as they relate to housing and mental health is also about examining the holistic needs of residents and creating services that help stabilize them. Therefore, we should think about the following when engaging residents:

- Use “one stop shops” for wraparound services that engage with residents and create community.
- Standardize resources for housing, and lower housing rates in King County through policy change.
- Create peer-support groups that then create empowerment for residents.
- Develop and use proactive measures instead of reactive approaches.
- Affordable housing must have a continuum of care and shared resources to take it to the next level.
- Adjust tax credit housing because some middle-income folks don't qualify who are living on the margins.
- Take away barriers. Often people are jumping through unnecessary hoops to access medical care.
- Structurally, the system is built for those who have unlimited amount of resources, and that needs to change.

- Low-income families need more education on accessing housing and eligibility.



Policy Solutions

We need to create pathways for people to tell their stories to legislators. Storytelling is a powerful way of bringing the humanistic approach into legislation and showing how minor policy changes can impact individuals living a paycheck away from homelessness.

- There needs to be a convening of housing providers, mental health, and behavioral experts to talk about what services and legislations have worked, and how they addressing the gaps in housing and mental health services.
- There needs to be an analysis of public services costs that compare the costs of a supportive housing models.
- In terms of policy efforts, we need to focus on housing care integration. Additionally, our system needs to examine and redefine who qualifies for housing. Often, people cannot access housing if they have a criminal background. These policies create additional barriers for vulnerable populations and reinforce a system of inequities.
- Legislators are advocating for policies that fund housing through the Medicaid Waiver. Such policies would bring solutions for the aging, in place population that's accessing affordable housing.
- Policy conversations need to consider the return of investments because affordable housing is one of the most cost-effective solutions to the homelessness population. When individuals have access to safe and affordable housing, one that integrates wraparound services, they're more likely to be stable and independent.
- Housing programs need to implement a housing voucher system to assist very low-income families, the elderly, and individuals with disabilities to afford decent, safe, and sustainable housing.

Conclusion

As we continue to examine how housing and mental health conditions are linked, it's important for us to acknowledge that housing conditions have a huge impact on the residents' health and well-being. Poor housing conditions increase stress and instability. To safely house people, we need to ensure that all aspects of housing from the development of the buildings to services being provided by frontline staff and case managers are well managed and coordinated.

Therefore, our state needs to invest in policy efforts that increase resources to improve and address gaps in housing. With increased funding for supportive services within affordable housing, residents can have access to wraparound services with high levels of integrated support to address complex mental health needs.

For this reason, we should urge our legislators and housing sector to expand resources for Permanent Supportive Housing which views housing as the foundation aspect of solving homelessness by providing housing that integrates supportive services and that supports the unique needs of individuals. This model moves from a prescriptive approach to housing to a holistic approach that examines individual's economic reality, unique situation, and social and behavioral challenges to provide relevant and reflective intervention and support.

As we work to support the needs of people with mental illness, we need to support the workers providing the support. Frontline staff and case managers are not adequately equipped to deal with such complicated interventions and don't have sufficient training to navigate complex mental health conditions. Therefore, investing in adequate training for frontline staff and case managers is not only necessary, but also can improve the living conditions of residents. We need to value the important work that frontline staff do and create peer support environments for frontline staff that acknowledges proximity trauma. We also need to increase wages to increase retention rates.

As we continue to grapple with the challenges of homelessness and lack of resources in affordable housing, it's important for us to leverage the power of our networks for cross-sector collaboration in order to find effective solutions. In order to do that, we must convene to exchange ideas, perspectives, and frameworks that encompass all aspects of stable and safe housing for individuals to thrive.

Action Steps and Resources

Action Steps:

- Contact Aselefech Evans at aselefech@housingconsortium.org to suggest ways to continue this important work and conversation.
- If you're a frontline staff, join the HDC's Residential Service Affinity Group. Please contact Dan Cantrell at dan@housingconsortium.org.
- Check out the NAMI Advocacy Toolkit to get involved in creating legislative change. You can locate the tool here: <http://namiseattle.org/wp-content/uploads/2018/08/Advocacy-Toolkit.pdf>
 - HDC will be coordinating with NAMI to advance policy priorities that align at the intersection of housing and mental health.

Resources:

Housing Quality is Key to Mental Health by Miriam Alex-Lute

<https://shelterforce.org/2019/02/06/housing-quality-is-key-to-mental-health/>

Housing First - National Alliance to End Homelessness

<https://endhomelessness.org/resource/housing-first/>

DESC: Housing and Health to End Homelessness

<https://www.desc.org/what-we-do/housing/housing-first/>