



SUPPORTIVE HOUSING: The Most Effective and Integrated Housing for People with Mental Disabilities¹

Introduction

People with mental disabilities can successfully live in the community like everyone else, as envisioned by the Americans with Disabilities Act. Supportive housing makes this possible. Supportive housing gives them their own apartment or home while making available a wide variety of services to support recovery, engagement in community life and successful tenancy.

A growing body of evidence confirms that supportive housing works for people with mental disabilities, including those with the most severe impairments. Indeed, these individuals may benefit the most from supportive housing. Supportive housing gets much higher marks than less integrated alternatives; research confirms that people with disabilities vastly prefer living in their own apartment or home instead of in group homes or buildings housing primarily people with disabilities. Moreover, supportive housing is less costly than other forms of government-financed housing for people with disabilities. Studies have shown that it leads to more housing stability, improvement in mental health symptoms, reduced hospitalization and increased satisfaction with quality of life, including for participants with significant impairments, when compared to other types of housing for people with mental disabilities.² Supportive housing has been endorsed by the federal government, including the U.S. Department of Housing and Urban Development,³ the Surgeon General,⁴ the U.S. Department of Health and Human Services⁵ and the National Council on Disability.⁶

The Basic Principles of Supportive Housing

Three basic principles guide supportive housing.⁷ First, supportive housing gives participants immediate, permanent housing in their own apartments or homes. Unlike most other housing for people with disabilities, there is no limit on how long the person can stay in the residence, and temporary absences do not lead to disenrollment. Treatment compliance or sobriety is not a requirement for receiving or remaining in housing.⁸ Supportive housing participants have the same rights and responsibilities as any other tenant. They may lose their unit, for

example, for disruptive behavior or drug use. Supportive housing staff, however, try to avoid this situation by providing supports and the accommodations necessary to help ensure successful tenancy.

Supportive housing provides housing first, allowing participants the opportunity to focus on recovery next. Adequate, stable housing is a prerequisite for improved functioning for people with mental disabilities and a powerful motivator for people to seek and sustain treatment.⁹ Studies find that providing immediate, permanent housing leads to more long-term housing stability when compared to housing conditioned on treatment.¹⁰

Second, individuals in supportive housing have access to a comprehensive array of services and supports, from crisis mental health services to cooking tutors.¹¹ Services are provided as needed to ensure successful tenancy and to support the person's recovery and engagement in community life. Services and supports are provided in the home and other natural settings, allowing individuals to learn and practice skills in the actual environment where they will be using them.¹² Services are available whenever people need them, including after working hours and on weekends when necessary. Service providers are highly flexible and supports are highly individualized. A creative "whatever it takes" approach is pursued. No "program" attendance is required and services are increased, tapered or discontinued as decided by the individual in consultation with the provider. As a result, individuals "buy in" to the treatment plan—the most important predictor of plan success.¹³

Available services and supports include mental health and substance abuse treatment and independent living services, including help in learning how to maintain a home and manage money as well as training in the social skills necessary to get along with others in the community. Medication management, crisis intervention and case management are also available. Peer-support services are especially effective in securing good results.¹⁴ For individuals who are unable to do certain tasks, such as cooking and cleaning on their own, personal care and/or home-care services are provided until no longer needed.

Assertive Community Treatment (ACT) teams serve the clients with the greatest challenges, including individuals with serious mental illnesses who have co-existing problems such as homelessness, substance abuse or involvement with the judicial system.¹⁵ ACT teams are interdisciplinary and mobile, typically including a social worker, psychiatrist, substance abuse counselor, nurse, vocational counselor and housing specialist. They develop individualized treatment plans with their clients and provide services around-the-clock in consumers' homes and in the community. Among the services ACT teams may provide are: case management, initial and ongoing assessment, psychiatric services, rehabilitation services, employment and housing assistance, family support and education, substance abuse services, and other supports critical to an individual's ability to live successfully in the community. ACT teams have

been widely recognized as one of the most effective ways to provide services to individuals with mental illnesses. They can be covered by Medicaid.¹⁶

Third, supportive housing facilitates full integration into the community. Individuals are encouraged to integrate into the community through employment, volunteer work and social activities. People are encouraged to participate in neighborhood activities or become members of community organizations of their choosing. Vocational training, training in managing symptoms in the workplace and conflict-management skills are available to those ready to seek employment. Research has shown that employment can be critical to recovery; it helps individuals with mental disabilities live autonomously, build meaningful personal relationships, become integrated into society, improve self-esteem and learn to control symptoms.¹⁷ Moreover, unlike the case with traditional disability housing, supportive housing participants do not live and interact only with other mental health clients; nor are they in an identifiable mental health program.¹⁸

Supportive Housing Works

Supportive housing is effective for various reasons. First, housing is a key aspect of well-being and recovery.¹⁹ People with mental disabilities cannot be expected to succeed without a safe, secure home, particularly if they are struggling to recover from a mental illness.²⁰ Moreover, stable housing can act as a motivator for people to seek services and supports and to engage in and sustain treatment.²¹

Second, supportive housing is built around individuals' preferences and strengths. Client-driven planning provides an opportunity for individuals to gain control over their lives and determine their own path of recovery. Supportive housing participants are involved in the process of choosing their housing unit, rather than unilaterally being placed in a residence.²² The services offered are highly flexible and individualized to meet the participant's needs and preferences, rather than defined by a "program." Research shows that greater choice of residence not only correlates positively with consumer satisfaction but also is a significant predictor of housing stability.²³ It also establishes that consumer choice and buy-in to service plans is a great predictor of success. A "good" plan that is not accepted by a consumer is not likely to work.²⁴

Supportive housing takes advantage of the clear preferences of people with mental disabilities about how they want to live. Studies show that consumers prefer living in their own homes, either alone or with one or two roommates, rather than in congregate settings with many other people with mental disabilities, particularly when they receive supports to help them engage socially in their own communities.²⁵ "They want to be able to choose, among other things, the type of housing in which they live, the neighborhood, with whom they live (if they choose not to live alone), what and when to eat, whether or not to

participate in mental health services (and, if they want services, to choose the ones they want) and how to schedule their days.”²⁶

Hence, it is no surprise that study after study has found that supportive housing programs work for people with mental disabilities, even those who are hardest to house, such as chronically homeless individuals with mental illnesses.²⁷ Research has shown that providing immediate, permanent housing leads to more long-term housing stability when compared to traditional housing programs.²⁸ Other positive outcomes for supportive housing participants include reduced hospitalization, decreased involvement with the criminal justice system, participants’ greater satisfaction with their quality of life and improvement in mental health symptoms.²⁹

Supportive Housing Reduces Costs

Supportive housing is less costly than other forms of government-financed housing for people with disabilities. Even for clients with the greatest challenges, quality supportive housing, including necessary community treatment and support services, compares favorably with the cost of traditional mental health housing and services.³⁰ Supportive housing also costs far less than other places where people with mental disabilities end up: The cost of serving a person in supportive housing is half the cost of a shelter, a quarter the cost of being in prison and a tenth the cost of a state psychiatric hospital bed.³¹ Moreover, most of the cost of supportive housing can be funded through existing programs, including Medicaid and federal housing and rental assistance programs.³²

Supportive housing reduces costs in several ways. It saves money by utilizing apartments or houses available for rent on the market. Unlike other housing for people with disabilities, such as group homes or buildings designated exclusively for people with disabilities, supportive housing does not require investment for new construction or purchase and rehabilitation. Moreover, supportive housing’s use of scattered-site rental units avoids the delay and expense of fighting neighborhood opposition to the siting of permanent housing for people with disabilities, as often occurs.³³ In addition, supportive housing saves money by reducing participants’ use of expensive resources, such as day programs, shelters, inpatient psychiatric hospitals, public hospitals, and prisons and jails, which can cost tens of thousands of dollars per person in a year.³⁴

Implications

Supportive housing should be the primary housing option available through mental disability service systems. In most communities, this will require a substantial shift, including replacing existing congregate settings with scattered-site supportive housing. Public officials and stakeholders should work to ensure that housing, when provided as a service, has the following characteristics:

- Housing units are scattered-site or scattered in a single building.
- A wide array of flexible, individualized services and supports is available to ensure successful tenancy and support participants' recovery and engagement in community life.
- Services are delinked from housing. Participants are not required to use services or supports to receive or keep their housing.
- Participants have a say in choosing their housing unit, any roommates (if they choose not to live alone) and which services and supports (if any) they want to use.
- Participants have the same rights and responsibilities as all other tenants. They should be given any accommodations necessary to help ensure successful tenancy.

To achieve this end, mental health systems must play an active role, both by contracting with supportive housing providers and helping them secure rental subsidies and by declining to finance or support the expansion of congregate housing, including through building purchases.

Conclusion

Supportive housing is what people with disabilities want. It is the most integrated type of housing and helps people with mental disabilities be a successful part of the community—an opportunity to which they are entitled under the Americans with Disabilities Act. Supportive housing programs are the most clinically and cost-effective and offer the most integrated housing available for people with mental disabilities. Public officials and stakeholders should push for supportive housing and turn into reality the desire of people with mental disabilities to live in the community like everyone else.

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² See Rogers, Sally, et al., *Systematic Review of Supported Housing Literature 1993-2008*, The Center for Psychiatric Rehabilitation, 2009.

³ U.S. Dept. of Housing and Urban Dev. Office of Policy Dev. and Research. *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness*. July 2007: 102-03. Available at <http://www.huduser.org/publications/homeless/hsgfirst.html>.

⁴ U.S. Surgeon General. *Mental Health: A Report of the Surgeon General*. 1999: chapter 4. Available at http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec6.html#human_services.

⁵ U.S. Dept. of Health and Human Services. Substance Abuse and Mental Health Services Admin. *Transforming Housing for People with Psychiatric Disabilities: Report*. 2006.

⁶ National Council on Disability. *Inclusive Livable Communities for People with Psychiatric Disabilities*, 17 Mar. 2008: 17-26. Available at <http://www.ncd.gov/newsroom/publications/index.htm>.

⁷ There is not consensus about the name for this service – some people use the term “supportive” housing while others call it “supported” housing. Fidelity to the basic principles set out in this paper – not the terminology – is what is important. In many communities, much of the housing that is called “supportive” or “supported” does not follow these basic principles.

⁸ The strict admission criteria and program rules of traditional mental health housing often deny housing to those most in need. Pathways to Housing, Inc. “Providing Housing First and Recovery Services for Homeless Adults with Severe Mental Illness.” *Psychiatric Services*, 56:10 (2005): 1303.

⁹ Tsemberis, Sam, Leyla Gulcur, & Maria Nakae. “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis.” *American Journal of Public Health*, 94:4 (2004): 655.

¹⁰ Tsemberis, Sam & Ronda F. Eisenberg. “Pathways to Housing: Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities.” *Psychiatric Services* 51:4 (2000): 487; Burt, Martha R. & Jacquelyn Anderson. “AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness.” *Corp. for Supportive Housing*. (2005): 3. Available at <http://www.csh.org/index.cfm/?fuseaction=Page.viewPage&pageID=3621>.

¹¹ In some communities, existing “supportive” or “supported” housing is of uneven quality because the full array of necessary services and supports is not available.

¹² Tsemberis. *supra* note 10, at 488.

¹³ Id. Nelson, Geoffrey, John Lord, & Joana Ochocka. *Shifting the Paradigm in Community Mental Health: Toward Empowerment and Community*. Univ. of Toronto Press. 2001.

¹⁴ Surgeon General, *supra* note 4.

¹⁵ Some supportive housing providers have their own dedicated ACT teams, while other individuals in supportive housing receive ACT services through the mental health system.

¹⁶ U.S. Dept. of Health and Human Services. *Medicaid Support of Evidence-Based Practices in Mental Health Programs*. (2005): 6-7. Available at <http://www.cms.hhs.gov/PromisingPractices/HCBSPPR/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS030888&intNumPerPage=2000>.

¹⁷ “Promoting Independence and Recovery through Work: Employment for People with Psychiatric Disabilities.” Briefing Document for the National Governors Association, Center for Best Practice (NGA) Webcast Transforming State Mental Health Systems: Promoting Independence and Recovery through Work: Employment for People with Psychiatric Disabilities. 31 July 2007. Rogers, S.E., et al. “A Benefit-Cost Analysis of a Supported Employment Model for Person with Psychiatric Disabilities.” *Evaluation and Program Planning* (1995). Bond, G.R., et al. “Implementing Supported Employment as an Evidence-Based Practice.” *Psychiatric Services*, Mar. (2001).

¹⁸ National Council on Disability, *supra* note 6, at 23.

¹⁹ Id.

²⁰ Id.

²¹ Tsemberis, *supra* note 9, at 655.

²² The federal government has recognized the importance of consumer choice in housing and the role of housing in promoting recovery. U.S. Substance Abuse and Mental Health Services Administration. *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders*. Rockville, MD: SAMHSA, 2003. Available at <http://mentalhealth.samhsa.gov/publications/allpubs/sma04-3870/Chapter6.asp#C6TocEvidence>.

²³ Srebnik, Debra et al. "Housing Choice and Community Success for Individuals with Serious and Persistent Mental Illness." 31 *Community Mental Health J.* 31(1995): 139.

²⁴ Tsemberis. *supra* note 9, at 651. Nelson, *supra* note 13, at 160.

²⁵ Yeich, Susan et al. "The Case for a "Supported Housing" Approach: A Study of Consumer Housing and Support Preferences" *Psychosocial Rehabilitation J.* 18.2 (1994): 75-77. Tanzman, Beth. "An Overview of Surveys of Mental Health Consumers' Preferences for Housing and Support Services." *Hosp. & Community Psychiatry* 44 (1993): 450-55. National Council on Disability, *supra* note 6, at 21.

²⁶ National Council on Disability, *supra* note 6, at 22-23. This paper is not intended to imply that all people with mental disabilities prefer supportive housing. Some do not. Individuals with disabilities should have choices, like everyone else, about their living options.

²⁷ *Id.* at 654-55. U.S. Dept. of Housing and Urban Dev., *supra* note 3, at 80-104.

²⁸ Tsemberis. *supra* note 9, at 654-55.

²⁹ U.S. Dept. of Housing and Urban Dev., *supra* note 3, at 82-84. Culhane, Dennis P. Culhane, Stephen Metraux, & Trevor Hadley. "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative" *Housing Policy Debate* 13.1 (2002): 137-38. Available at: <http://works.bepress.com/metraux/16>. National Council on Disability, *supra* note 6, at 23. U.S. Dept. of Health and Human Services, *supra* note 5, at 25.

³⁰ Based on a survey of costs in several states.

³¹ Houghton, Ted, *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals*, (May 2001) 6-7. Available at <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=3251>.

³² These include the Section 8, Section 811, Home, Shelter Plus Care, and Hope VI programs. See www.nationalhomeless.org/publications/facts/Federal.pdf

³³ *Id.* at 4. U.S. Dept. of Justice. "Department Sues Florida County for Refusing to Allow the Operation of Six Homes for Individuals with Mental Illness and a History of Substance Abuse." *Disability Rights Online News* Aug. 2006. Available at <http://www.ada.gov/newsltr0806.htm>. U.S. Dept. of Justice. "Department Intervenes to Secure Site for Adults with Mental Illness." *Disability Rights Online News* Feb. 2006. Available at <http://www.ada.gov/newsltr0206.htm>.

³⁴ See Culhane, *supra* note, at 135-41.