

# Initiatives to Support Housing Services for Individuals with SMI and SED

NRI's 2020-2021 State Profiles

January 12, 2022

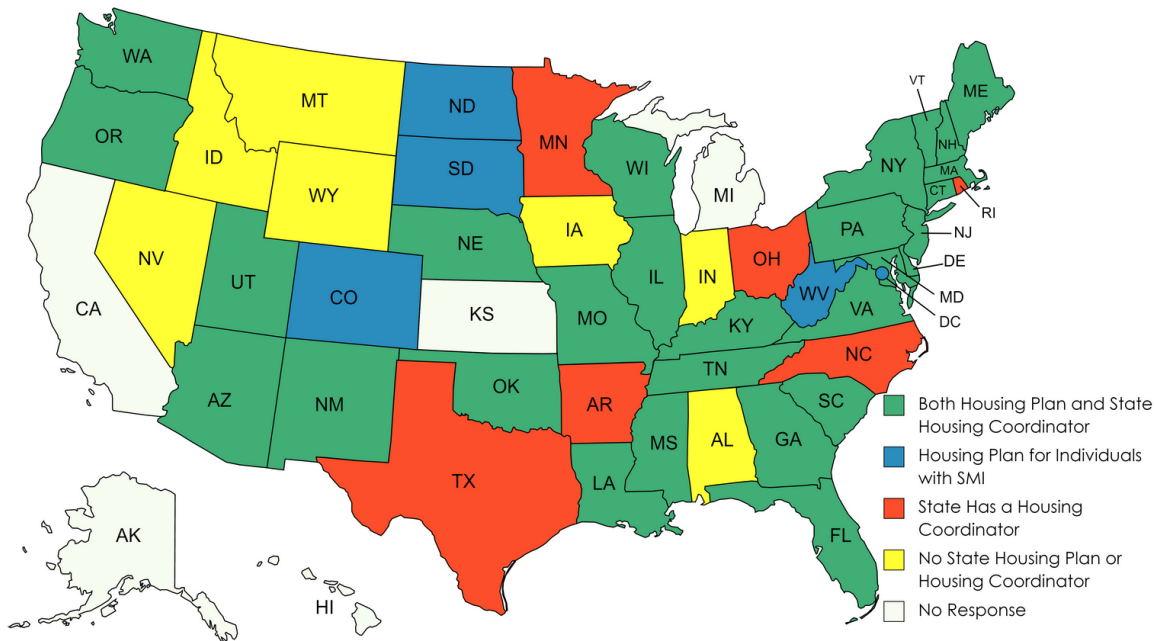
## HIGHLIGHTS BASED ON 46 STATES RESPONDING TO THE HOUSING AND RESIDENTIAL SERVICES COMPONENT OF NRI'S 2020-2021 STATE PROFILES

Note: although 46 states responded to the housing and residential services component, not all states provided answers to all questions; therefore, some of the information presented in this report is based on responses from less than the total number of reporting states.

***“A decent, safe and affordable place to live is essential for anyone to achieve full participation in community life. For people with serious mental illness, having a home of one’s own, and choosing that home – the neighborhood, the type of housing and who (if anyone) it is shared with – is also an important element of self-determination, full community integration, and a pathway to recovery.”*** (NASMHPD Policy Brief: Affordable Housing: The Role of the Public Behavioral Health System, October 2011)

Most (72%) SMHAs have a housing plan or a state strategy that addresses the housing needs of adults with a Serious Mental Illness (SMI) or children with a Serious Emotional Disturbance (SED) but only 39% of states have a plan that stipulates minimum requirements intended to ensure the safety and/or quality of life. Most (76%) SMHAs have a housing coordinator or specialist responsible for increasing the availability of affordable housing opportunities for people who have SMI.

### State has a Housing Plan that Addresses Housing Needs of Persons with SMI or SED and/or has a Housing Coordinator to Increase Available Housing



**72%**

of states have a housing plan or strategy

**BARRIERS**

Insufficient Income  
Insufficient Availability  
Insufficient Affordable Housing

**63%**

of states have an official Olmstead plan

## Use of Community-Based Care Settings by States

SMHAs use many different types of settings to ensure that people with mental illness are served, as much as possible, in the community. The appropriateness of a particular housing setting for an individual with mental illness depends greatly on the nature and severity of their illness. For the most independent housing settings, no state reported having an adequate supply of housing.

### Independent Settings with Supports

Setting	Percent of States Where the Setting is Available	Percent of States with Setting Were the Supply is Adequate
Permanent Supported Housing	89%	Level is Adequate - 0%
Independent Housing	87%	Level is Adequate - 0%
Rapid Re-Housing	70%	Level is Adequate - 0%
Recovery Housing	74%	Level is Adequate - 9%

### Crisis Services

Setting	Percent of States Where the Setting is Available	Percent of States with Setting Were the Supply is Adequate
Residential Crisis Stabilization	78%	Level is Adequate - 31%
Crisis Residential Programs	57%	Level is Adequate - 42%
Homeless Shelters	93%	Level is Adequate - 14%

### Supervised Housing

Setting	Percent of States Where the Setting is Available	Percent of States with Setting Were the Supply is Adequate or There is a Surplus
Supervised Group Homes	85%	Surplus of Beds - 31% Level is Adequate - 3%
Semi-Supervised Group Homes	51%	Surplus of Beds - 22% Level is Adequate - 4%
Supervised Apartments	76%	Level is Adequate - 17%
Semi-Supervised Apartments	50%	Surplus of Beds - 13% Level is Adequate - 4%

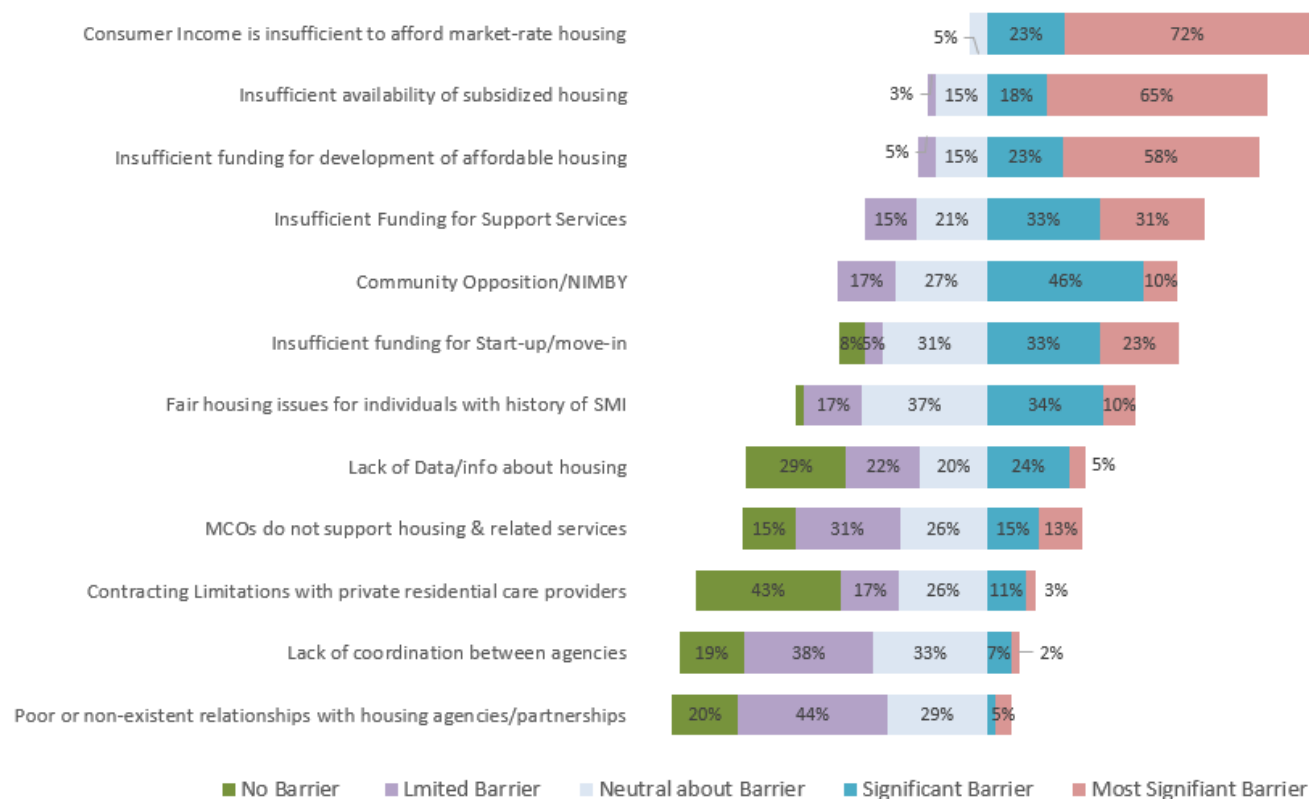
### Boarding Homes, Rooming Houses, and Care Settings

Setting	Percent of States Where the Setting is Available	Percent of States with Setting Were the Supply is Adequate
Assisted Living	85%	Level is Adequate - 15%
Boarding Homes	52%	Level is Adequate - 35%
Adult Care Homes	46%	Level is Adequate - 29%
Rooming Houses	24%	Level is Adequate - 18%

# Initiatives to Support Housing Services

## Barriers to Housing

The tables above show that the supply of community-based housing services is inadequate in almost every state. SMHAs were asked to rate the following barriers on a scale of 1 (no barrier) to 5 (significant barrier). Insufficient consumer income to afford housing and insufficient availability of subsidized housing, and insufficient funds for development of affordable housing were cited by most states as the greatest barriers to housing for persons with mental illnesses.



## Financing Housing and Residential Services for Persons with Mental Illnesses

The most used resources reported by SMHAs to fund housing and residential services are the following federal and state sources:

1. SAMHSA Projects for Assistance in Transition from Homelessness (PATH) 82%
2. HUD Section 8 Tenant-Based Housing Choice Vouchers 71%
3. HUD Continuum of Care (CoC) Funds 71%
4. HUD Section 8 811/202 69%
5. HUD Section 8 Project-Based Housing Choice Vouchers 58%
6. IRS Low-Income Housing Tax Credits (LIHTC) 58%
7. State Rental Assistance 51%
8. HUD HOME Funds 49%
9. HUD Community Development Block Grant (CDBG) Funds 44%
10. State Housing Trust Funds 44%
11. State Housing Tax Credits 31%

# Initiatives to Support Housing Services

## Formal and Informal SMHA Interagency Relationships

To develop and assure the availability of appropriate, community-based housing for individuals with SMI, SMHAs work with other state and local agencies.

State Departments of Housing/Community Development	76%
State Housing Authority	76%
State Housing Finance Agency	85%
Local Housing Authorities	55%

## SMHA provided Housing Support Services to Individuals

Most SMHAs provide services and supports to individuals and their families to ensure a comprehensive continuum of housing supports.

Home-Based Treatments and Supports	83%
Consumer/Peer Support or Operated Housing Services	67%
Permanent Supportive Housing	65%
Family Support Services	59%
Other (includes rental subsidies, outreach services, etc.)	27%

## Housing In Congregate Settings

Just under a quarter of states (24%) have large, congregate housing for individuals with mental illness, such as group homes or residential facilities with more twenty or more clients. Six states reported having facilities with 20 to 25 clients and six reported having facilities with 26 to 50 clients. Only Kentucky, New York, and Virginia had facilities serving 51 to 99 clients, and only Kentucky and Oklahoma reported having facilities with 100 or more clients. The SMHA is involved in licensing these large congregate settings in two States (Pennsylvania and Virginia).

## Olmstead and Other Lawsuits Impacting Housing for Persons with Mental Illnesses

The majority of responding SMHAs (63%) reported that they have an official Olmstead plan designed to ensure that consumers are treated in the least restrictive setting possible. Six states, including three with Olmstead plans, have other agencies under a lawsuit related to the delivery of housing/residential services to individuals with a mental illness.

## Housing for Forensic Clients or Clients Leaving Jail or Prison

Over half (52%) of the SMHAs responding indicated that they offer specialized community-based housing settings or services for forensic clients leaving state hospitals, however the supply, even in states that are expanding these services, is less than the demand. A third (33%) of SMHAs reported having specialized community-based housing settings or services for mental health clients who have been in jail or prison, however the supply, even in states that are expanding these services, is less than the demand. Barriers to offering these services were similar whether it was transitioning someone from a state hospital, jail, or a prison into the community. These barriers included the following: Stigma, Criminal History, Sex Offender Status restrictions, workforce shortages, and the need to turn on benefits for individuals who have not been in the community. The most common successes reported were the ability of these programs to re-integrate individuals leaving state hospitals, jail, and prisons into the community.

**For additional information about this Report, or the State Profiles Project, please contact:**

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