A PLACE TO LIVE & RECOVER: ADDRESSING HOUSING & HOMELESSNESS FOR PEOPLE WITH BEHAVIORAL HEALTH DISORDERS

Housing is a human right

In 1984, the United States recognized adequate housing/standard of living as a human right under the <u>Universal Declaration of Human Rights</u> (UDHR).



A look at homelessness nationally and locally

There is a <u>documented shortage</u> of affordable housing and affordable rentals across the U.S.

Over 653,000 people experienced homelessness on a single night in 2023.

In Illinois, approximately 12,000 individuals experienced homelessness in 2023. 86.4% were in sheltered settings, and 13.6% were living in unsheltered environments such as the

Sexual and gender minorities. as well as Black and indigenous people, are overrepresented among the unhoused.

Intersectionality of homelessness and behavioral health

Nationally in 2023, 21% of unhoused individuals reported serious mental illnesses and 16.5% reported substance use disorders.

In Illinois, close to 16% of unhoused individuals reported serious mental illnesses and 8% reported long-term substance use in 2023.





Housing is a Social Determinant of Health

<u>SDOH</u> are factors that impact people's physical and mental health, including where they live, learn, work, and play.

Poverty and unemployment are two widely recognized drivers of homelessness, which are especially prevalent among unhoused populations with mental illnesses and substance use disorders.

<u>Discrimination</u> against people with lived experience of behavioral health disorders and those with criminal justice involvement are major barriers to finding and maintaining housing.

When housing needs are unmet, <u>physical</u> and mental health decline.

Residential workforce shortages

Evidence-based practices, such as Housing First, require a significant amount of residential staff training, supervision, and monitoring that are lacking in most states. Because many housing program costs are not Medicaid reimbursable, general revenue and other local sources that are already overstretched must be used.

Individuals with complex medical, behavioral, and social needs often cycle through different care systems, eventually residing in settings that have insufficient services and supports.

There is a serious <u>lack of providers</u> prepared to deliver complex care and a <u>lack of</u> training for residential staff on how to support people with complex needs, including those who lack independent living and work skills to maintain housing.





What works?

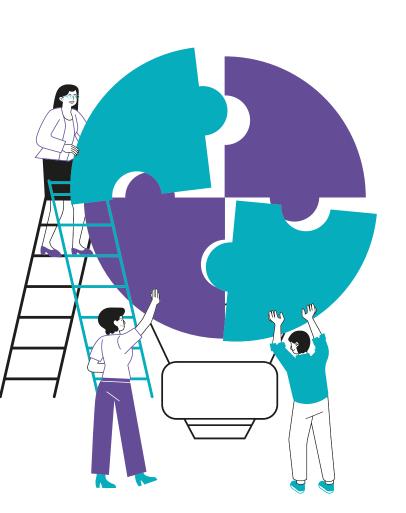
Housing subsidies: <u>Applying federal and state</u> <u>funding/incentives</u> can make existing housing more affordable by subsidizing the costs of existing units.

Increasing housing stock: Increasing the supply of affordable housing can be achieved by <u>creating tax incentives</u> for investors to build or rehabilitate existing properties that are made available to lower-income individuals.

Housing assistance programs: <u>Housing First</u> models and supervised supportive housing are effective ways to ensure that mental health and other needs are met onsite in people's homes and surrounding communities to improve access and outcomes.

Specialized staff training programs: Some provider agencies create their own residential staff training in trauma-informed care, recovery-oriented care, motivational interviewing, and other approaches that empower clients to live independently.

Thinking outside the box: Novel approaches include the emerging "tiny house" movement that provides small affordable homes that are within reach for lower income individuals. <u>Research suggests that tiny homes are a</u> <u>viable interim solution</u> when compared to shelters, but ultimately, must be tied to social services and a path to livable, permanent housing. Some social service provider agencies create "tiny home villages," which are collections of these smaller homes, with access to services/supports, that also create a community for people with behavioral health disorders.



Sources

Burke, C.E. & Dreslin, S.R. (2023). Supporting individuals with complex needs: Care delivery that provides the right services and supports in the right settings. Albany, NY: SUNY Rockefuler Institute of Government. https://rockinst.org/wp-content/uploads/2023/10/Supporting-Individuals-Complex-

nowiecki M, et al. (2018). Blueprint for complex care: advancing the field of care for viduals with complex health and social needs. Retrieved from: os://www.chcs.org/media/Blueprint-for-Complex-Care_UPDATED_030119.pdf.

idall, M. (2022). Do tiny homes really work as a solution to homelessness? Here to the data shows. USC Annenberg Center for Health Journalism. Retrieved fror post/centerforhealthjournalism.org/our-work/reporting/do-tiny-homes-really rk-solution-homelessness-heres-what-data-shows

lational Alliance on Mental Illness. (no date). Social determinants of health: Housing. letrieved from: https://www.nami.org/Advocacy/Policy-Priorities/Supporting-ommunity-Inclusion-and-Non-Discrimination/Social-Determinants-of-Health-

National Alliance to End Homelessness. (2009). Organizational change: Adopting a Housing First approach. Washington, DC: Author. https://endhomelessness.org/wp-content/uploads/2009/08/adopting-a-housing-first-approach.pdf#page=7

es, F. (2023). Housing supply and the drivers of homelessness. Washington, DC: Bipartisan Policy Center

ps://files.hudexchange.info/reports/published/CoC_PopSub_State_IL_2023.pdf

Infographic/content developed by: Annie Jung, MSW: Judith Cook, PhD: Virginia Selleck, PhD; & Jessica Jonikas, MA



Brought to you by:

The Center is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research, a Center within the Administration for Community Living (ACL) of HHS. Contents do not necessarily represent the policy of NIDILRR, ACL, or HHS, nor endorsement by the federal government.

Judith A. Cook, PhD, Director