

Position Statement 38: Supportive Housing and Housing First

Policy

People with mental health and substance use conditions, like all Americans, are entitled to safe and affordable housing. Mental Health America supports Housing First policies that expedite access to permanent supportive housing, increase the availability of a full array of housing options, and increase governmental support for the mental health and social services needed to ensure that persons with mental health conditions can remain housed.

Background

- Homelessness is a serious problem in the United States. The 2022 “point in time” data found 421,392 people were homeless and there were 127,768 people who were chronically homeless.ⁱ In addition to persons who are unhoused at any time, many individuals are at imminent risk of losing their housing.ⁱⁱ While the majority of unhoused people are White, the rate of homelessness among African Americans is four times that of Whites, and the rate of homelessness among every non-white racial group except Asian Americans is at least twice that of Whites.ⁱⁱⁱ
- People with mental health and substance use conditions comprise a disproportionate percentage of people who lack stable housing compared to individuals without mental health and substance abuse conditions.^{iv}
- Individuals who are unhoused are more prone to become involved with the criminal justice system-- often being arrested for non-violent “crimes of survival,” particularly trespass.^v Unhoused individuals are also more apt to become victims of crime.^{vi} Additionally, in many states, there are more people with mental illnesses in prisons and jails than in the public and private mental hospitals combined.^{vii}
- People who are unhoused or lack stable housing and those leaving jails, prisons, psychiatric facilities and nursing homes often need supportive housing.^{viii}
- Within supportive housing programs, there are programs characterized as “Housing First,” meaning that an individual is housed regardless of whether they are engaged in treatment or experiencing significant symptoms. Other programs will only admit those who are “Housing Ready,” Housing Ready program will only provide housing to those who are free of behavioral health symptoms and compliant with recommended treatment.^{ix}
- Housing ready policies are counter-productive because they ignore the vital role of housing in providing stability, reducing stress, and decreasing symptoms, so that people are able to consider treatment and equitable support options. Additionally, the stress of experiencing homelessness makes it difficult to recover even if one receives appropriate mental health and substance use services.
- “Housing Ready” practices also result in some people being placed or kept in hospitals, nursing homes, or other institutional settings when they could live safely in the community. A policy requiring all applicants for housing to be housing ready violates the community inclusion mandate of the Americans with Disabilities Act^x as interpreted by the United States Supreme Court in *Olmsted v. L.C.*^{xi}
- Housing First does not mean housing only. MHA’s experience operating Housing First programs across the nation point to the importance of providing mental health services in concert with housing, as well as the need for some individuals to require ongoing support in negotiations—and, in some cases, litigation—to enforce rights of tenants in disputes

with landlords. This does not mean that only persons willing to accept treatment can or should be offered housing.

- Housing First has proven to be an effective strategy to permit persons with mental health conditions, even those with severe symptoms, to live safely in the community and avoid homelessness, psychiatric hospitalizations, and involvement in the criminal justice system.^{xii} Housing First policies are also cost-effective.^{xiii}

Call to Action

- Federal, state, and local governments should continue to support and expand Housing First programs and resist efforts to deny housing to individuals with mental health or substance use conditions who can live in the community while receiving appropriate outpatient services to help them achieve remission and recovery, consistent with *Olmstead*.
- The Center for Medicaid and Medicare Services (CMS) should continue to permit and encourage states to take advantage of Medicaid waiver programs to provide financial support for supportive housing and the services needed to make supportive housing an effective and equitably administered program for people with mental illnesses and substance use problems.
- Federal, state and local financial support for various types of housing, including permanent supportive housing, must be dramatically increased, including Section 8 and other housing vouchers and low-income tax credits for real estate developers. The Veterans Administration should continue and expand its successful efforts to respond to homelessness among veterans.^{xiv}
- Housing First is not housing only. Creating a secure place to live for people with mental health and substance use conditions creates the opportunity and the obligation to provide comprehensive, individualized, culturally appropriate and responsive client-driven mental health and substance use services to assist in ongoing recovery. There must be enforceable and enforced rules requiring the provision of needed services.
- Local zoning laws frequently constrain housing supply and increase housing prices.^{xv} Zoning reforms in cities such as Minneapolis have demonstrably increased housing supply.^{xvi} Communities must review zoning, transportation, and other policies to ensure they promote the creation and sustainability of safe housing options and encourage economic mobility for persons with mental health conditions.

ⁱ “State of Homelessness: 2023 Edition” National Alliance to End Homelessness.

<https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/#sources-and-methodology>. This report also details a substantial increase in homelessness among transgendered individuals.

ⁱⁱ Often referred to as “housing insecure, this category includes people who are “couch surfing” with family or friends and people are also at serious risk of being evicted due to discrimination by landlords or because they are not being provided with the mental health and other services needed to comply with the conditions of their tenancy.

ⁱⁱⁱ “State of Homelessness: 2023 Edition”, supra.

^{iv} “Behavioral Health Services for People who are Homeless” Substance Abuse and Mental Health Service Administration Advisory (2021). <https://store.samhsa.gov/sites/default/files/pep20-06-04-003.pdf>.

^v Roy, *et al.*, “Criminal behavior and victimization among homeless individuals with severe mental illness: a systematic review.” *Psychiatric Services* (July, 2014) <https://pubmed.ncbi.nlm.nih.gov/24535245/>

^{vi} Id.

vii See MHA’s Position Statement 52: In Support of Maximum Diversion of Persons with Serious Mental Illness from the Criminal Justice System (detailing the large number of people with mental health conditions in prisons and jails) <https://mhanational.org/issues/position-statement-52-support-maximum-diversion-persons-serious-mental-illness-criminal> and Position Statement 56: Mental Health Treatment in Correctional Facilities (detailing the lack of mental health services in prisons and jails). <https://mhanational.org/issues/position-statement-56-mental-health-treatment-correctional-facilities>

Local communities and correctional facilities need funding and technical assistance to provide behavioral health care, case management services, family services, and other transitional programming for adults returning from incarceration into the community.

viii Supportive housing provides affordable housing with wrap-around, person-centered and culturally-appropriate supportive services to improve client’s quality of life. Services may include: case management, advocacy, alcohol and substance use treatments and mental health treatments. Supportive housing should be provided in a variety of settings based upon the client’s needs to include single family homes, 100% site-based housing, scattered site rental units and multiple units in single-site projects.

ix There has been a recent effort opposing Housing First programs based upon the claim that they increase homelessness. “Homelessness” The Cicero Institute. <https://ciceroinstitute.org/issues/homelessness/>; “Federal Policy on Homelessness Becomes a New Target of the Right” New York Times (June 20, 2023) <https://www.nytimes.com/2023/06/20/us/politics/federal-policy-on-homelessness-becomes-new-target-of-the-right.html?searchResultPosition=1>. This claim is unsupported. Rather, homelessness is complex problem that is the result of an increasing shortage of affordable housing, zoning restrictions, unemployment, low wages, persons fleeing domestic violence, racial discrimination in the housing market and in the economy generally and persons made destitute by a health care crisis or large, ongoing healthcare expenses. Colburn & Auburn, *Homelessness is a Housing Problem*, University of California Press (2022); Brooks, “Homelessness Rose in the U.S After Pandemic Aid Dried Up” CBS News (June 21, 2023) <https://www.cbsnews.com/news/federal-homelessness-statistics-us-2023-data/>; “What Causes Homelessness” National Alliance to End Homelessness <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/>; “Homelessness in America: Overview of Data and Causes” National Law Center on Homelessness and Poverty (January, 2015) https://homelesslaw.org/wp-content/uploads/2018/10/Homeless_Stats_Fact_Sheet.pdf

x 42 U.S.C. 12132

xi 527 U.S. 581, 119 S.Ct.2176 (1999).

xii Baxter, *et al.*, “Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials.” *J. of Epidemiology and Comm. Health*, vol. 73, Issue 5. <https://jech.bmj.com/content/73/5/379.abstract>; Aubry, *et al.*, “Housing First for People with Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home–Chez soi Demonstration Project” *Can. J. Psych.* (Nov., 2015).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679127/>. A collection of some the studies supporting Housing First may found at “Data Visualization: The Evidence on Housing First” National Alliance to End Homelessness, (May 25, 2021) <https://endhomelessness.org/resource/data-visualization-the-evidence-on-housing-first/>

xiii One study found an average cost savings on emergency services of \$31,545 per person housed in a Housing First program over the course of two years. Another study showed that a Housing First program could cost up to \$23,000 less per consumer per year than a shelter program. “Data Visualization: The Evidence on Housing First,” *supra*.

xiv <https://www.va.gov/homeless/>

xv (<https://www.cato.org/policy-analysis/zoning-land-use-planning-housing-affordability>).

xvi (<https://fortune.com/2023/08/09/minneapolis-housing-zoning-real-estate-inflation-yimby-nimby-minnesota/>) “Addressing Challenges to Affordable Housing in Land Use Law: Recognizing Affordable Housing as a Right” 135 *Harv. L. Rev.* 1105 (Feb. 2022) <https://harvardlawreview.org/print/vol-135/addressing-challenges-to-affordable-housing-in-land-use-law/>