



**Housing for Individuals and Families
With Serious and Persistent Mental Illnesses
In the North Sound Region**

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Executive Summary

Decent, safe, affordable housing is a basic need for anyone to live with stability in our communities. With the continuing movement towards treating individuals with serious and persistent mental illnesses in the community and less in institutions, housing is an essential element in being able to serve these adults, children and families. Under the new Washington Administrative Code (WAC), RSNs are required to encourage the development of housing.

Housing is not affordable to most consumers involved in the public mental health system. The basic income for a single adult with a chronic mental illness on SSI is \$560 per month and \$440 for a parent on TANF with one child. Fair market rent is between \$518-\$582 for a one bedroom apartment and \$618-\$732 for a two bedroom apartment in our Region. Most consumers' need subsidies to obtain housing in our Region.

The NSRSN is fortunate to have a continuum of housing available which our contracted providers have expended major efforts and resources to develop. In 2001, the NSRSN consumers had 916 beds of affordable housing available. It is estimated that 1,292 beds are needed, or a 40% increase. Housing for specialized populations such as the elderly who are resistive to care, people with co-occurring disorders, and people coming out of the criminal justice system are very limited.

Conclusion and Recommendations

Hundreds of housing units need to be developed for people of all ages with mental illnesses.

- The NSRSN should set up an on-going sub-committee to promote and encourage further development of housing options which involves consumers including homeless or past homeless people, advocates, mental health providers, housing developers, and representatives from other systems. The committee should meet regularly to become a strong advocacy presence in the North Sound Region.
- This sub-committee needs to look for ways to support and encourage housing development such as developing additional funding sources and strengthening cross-system relationships. This could include having housing development organizations and housing funding organizations give presentations to the committee and encourage mental health advocates and providers to participate in their county's housing and homeless coalitions.
- The sub-committee should have discussions and set out plans with time schedules so the variety of housing needs for the many special population identified in this report are being addressed.
- A combined Housing and Homelessness Committee should accept ongoing responsibility for homelessness issues.
- The sub-committee shall develop an analysis of the entire costs of a homeless mental ill person not having adequate housing and services.

Introduction

Housing was a priority in the past two NSRSN Strategic Plans. Housing was again rated as one of the highest priorities in the current Strategic Plan. With the continuing movement towards treating individuals with serious and persistent mental illnesses in the community and less in institutions, housing is an essential element in being able to serve these adults, children and families. Under the new Washington Administrative Code (WAC), RSNs are required to encourage the development of housing. “The regional support network must ensure: active promotion of consumer access to, and choice in, safe and affordable independent housing that is appropriate to the consumer’s age, culture, and residential needs” (WAC 388-865-0235.1).

The NSRSN conducted a workgroup starting in 2001 to survey the current housing needs in the North Sound Region. The workgroup met two times and this report is a summary of the groups’ efforts as well as NSRSN staff work. There were numerous individual consultations. The participants in the Housing Work Group were Pam Reff, Linda Pettit, Claire deArmond, Boone Sureepisarn, Jane Relin, and Greg Long. The commitment of their knowledge and time to this workgroup is greatly appreciated.

**Housing is unaffordable to most people
with serious and persistent mental illnesses
served by the Community Mental Health System**

All consumers on SSI or TANF can be considered at least being at risk of being homeless which is the vast majority of people served by the NSRSN community mental health system. The basic income for a single adult with a chronic mental illness on SSI is \$560 per month or less than \$6,800 a year. The income for a single parent with one child on TANF is \$440 per month or \$5,280 per year and the income for a single parent with two children is \$546 per month, \$6,552 per year. It is usually considered prudent for a person or family not to spend more than 30% of their income on housing. The average monthly rents in our Region are shown in the table below:

HUD Fair Market Rents by Number of Bedrooms

Area	0 BR	1 BR	2 BR	3 BR	4BR
Island	\$478	\$582	\$736	\$1,022	\$1,208
San Juan	\$389	\$531	\$708	\$933	\$1,100
Skagit	\$429	\$524	\$618	\$772	\$863
Snohomish	\$478	\$582	\$736	\$1,022	\$1,208
Whatcom	\$395	\$512	\$682	\$942	\$1,117
Washington State	\$420	\$511	\$684	\$893	\$1,033

Sources National Low Income Housing Coalition, “Out of Reach”. September 1999; BAE, 2000. From Washington State Consolidated Housing Plan

A national study found that it takes 103.5% of benefits in the State of Washington and 98.2% of benefits nationally to rent a single bedroom apartment.

The Housing Shortage

The actual shortage of housing is large enough and so long standing that it is difficult to estimate. Housing coordinators for the mental health providers estimate that at any given time more than 100 consumers in treatment across the NSRSN are in need of housing. According to the NSRSN (MIS), 252 consumers being served in March 2001 were homeless. The NSRSN's homeless study projected that 560 homeless people with mental illness on any given night in the North Sound Region.

These estimates do not count the people living in sub-standard housing, people who do not even ask for housing for they know of its scarcity, or the homeless people who can not be offered housing so they leave the Region. Nor does this count the number of people with mental illness placed in group or clustered living situations because there is insufficient individual housing.

An alternative way of looking at the need for housing is to look at the number of individuals with mental illnesses in the North Sound Region as compared to the availability of subsidized housing. There are currently 916 subsidized beds in the North Sound Region for adults. As reflected in Tables 1, 2, and 3, there are at a conservative minimum 1,623 seriously and persistently mentally ill individuals in the Region and realistically thousands more.

In 1998, APN did a detailed analysis of residential needs. They projected a need of 1.36 beds per 1,000 people, which they considered a very conservative estimate. It was projected that 1,017 beds would be needed in 2001. Using this same methodology, but with updated population data, the need is now estimated at 1,292 beds. Over a 40% increase in housing units would be needed to meet this estimated need. With the increasing focus on Medicaid eligible people, and people with greater severity of problems, the need is probably greater than these estimates. By whatever method on analysis, there is a large unmet need for housing. (Attached is the residential portion of the APN Long Term Integrated Residential and Inpatient Plan. Their ideas and recommendations remain relevant three years later.)

Current Housing

Fortunately, providers and some counties have recognized the need for a continuum of housing for the past twenty years. Considerable financial resources, much collaboration with housing authorities and developers and great staff efforts have lead to the development of the current continuum of housing. See the attached Tables 1, 2, 3, 4, and 5, on Adult Residential Resources for the housing continuum currently available in the North Sound Region for consumers

with serious and persistent mental illnesses. Providers should be commended for the significant growth in housing over the last three years. Super-Supported Living is being phased out as a category and no longer appears in NSRSN contracts. Adult Family Homes is a new category and covers some of the beds counted under Super-Supported Living Beds in the past.

The largest percentage growth and unit growth has been in low-income housing. This is principally funded under the Section 8 and related programs of the federal agency, Housing and Urban development. This is an excellent program for it allows individuals with mental illness to rent apartments in our communities and pay only one third of their income. This supports and encourages community integration. Currently, Snohomish and Whatcom Counties have a significant number of these certificates available so community mental health center staff are able to place eligible individuals into this housing fairly rapidly. This is a tremendous adjunct to other community mental health services. In the recent Performance-Based Audit Review, two complex cases were presented where the rapid placement of these individuals into housing was a major support to these individuals and their successful community treatment.

This period is one of the few times that these certificates have been so available. It is important that we continue to advocate for their availability in these counties and increase advocacy for them in our other three counties. It must be noted that people with mental illness and the public mental health system are becoming highly dependent on this excellent federal program that could present problems in the future if this program changes. No changes are known at this time and it is the best source of funding for housing for people with low-incomes.

Current efforts to develop additional housing options include:

- Compass Health is securing funds for 18-20 units at their remodeled Bailey Center.
- Compass Health is looking at acquiring 38-40 units near the Bailey House.
- Catholic Community Service is developing low-income housing in Skagit County. At least five of those units will be for disabled people.
- Skagit County and Community Mental Health Services has a Housing Planning Committee meeting on a regular basis.
- North Islands Mental Health has developed a relationship with the Housing Authority in Anacortes so mental health consumers in San Juan County are now being placed in subsidized housing.

Future Housing Needs in the NSRSN

In general, more independent housing is needed for individuals and families.

The Mental Health Division's plan for further reduction in inpatient beds at Western State Hospital has identified the following needs:

- Residential settings that can handle demented patients who are resistive and combative at times.
- Increased number of ARRC Beds to handle the young and middle-aged adults being discharged from the hospital.
- Increased independent housing that can be used in support of enhanced case management programs taking people discharged from the hospital.

The mental health system is serving increasing numbers of individuals with co-occurring disorders (substance abuse and mental illness). Mixing individuals that maybe using or even abusing substances with people who are striving to gain to be substance free is ineffective. Specialized housing for consumers with co-occurring disorders is needed. Some people advocated for supporting more Oxford-style housing programs for people with co-occurring disorders.

Homeless Shelters are serving large numbers of people with mental illnesses. Specialized housing for people with mental illnesses who do not cope well in shelters or who need longer term transitional housing than is typically provided by shelters is needed.

The community mental health system is servicing more people with mental illnesses being released from the criminal justice system. Housing to support these consumers is needed. Many of these individuals cannot be placed into group living situations for the risk is too high for the other consumers. Many property owners are reluctant to rent to individuals with mental illnesses who have criminal records. In similar programs in California, it has been found that a small transitional group home and then independent housing is an effective approach to serving these people. It prevents them from relapsing and returning to prison. Setting up Oxford-style housing programs perhaps in conjunction with the Department of Corrections is one approach.

Housing for families with children with serious mental illnesses is needed. For some families, if they have adequate housing, placement of children out of their home or abuse can be prevented.

Our society is aging. A range of housing options for older adults with persistent mental illnesses is needed.

Conclusion and Recommendations

Hundreds of housing units need to be developed for people of all ages with mental illnesses. The NSRSN is fortunate to have a continuum of housing available. Now, under the new WACs, the NSRSN has an even clearer responsibility to ensure that this continuum of housing services expands.

- The NSRSN should set up an on-going sub-committee to promote and encourage further development of housing options which involves consumers including homeless or past homeless people, advocates, mental health providers, housing developers, and representatives from other systems. The sub-committee should meet regularly to become a strong advocacy presence in the North Sound Region.
- This sub-committee needs to look for ways to support and encourage housing development such as developing additional funding sources and strengthening cross-system relationships. This could include having housing development organizations and housing funding organizations give presentations to the sub-committee. Mental health advocates and providers should be encouraged and supported to participate in their county's housing and homeless coalitions.
- The sub-committee should have discussions and set out plans with time schedules so the variety of housing needs identified in the Future Housing Needs section of this report are being addressed.
- A combined Housing and Homelessness Committee should accept ongoing responsibility for homelessness issues. Having an adequate supply of affordable housing is one of the essential elements in better serving the homeless.
- The sub-committee shall develop an analysis of the entire costs of homeless mentally ill persons not having adequate housing and services.

**Table 1
Adult Residential Resources--1998**

County	ARRC	Boarding Home	Super Supported	Adult Family Home	Total Adult Resources by County	Low Income Housing	Total Adult Resources by County
Snohomish	16	66	18	-----	100	252	352
Whatcom	0	73	8	-----	81	158	239
Skagit	0	15	0	-----	15	30	45
Island	0	0	0	-----	0	14	14
San Juan	0	0	0	-----	0	5	5
Total by Type of Resource	16	154	26	-----	196	459	655

**Table 2
Adult Residential Resources--2000**

County	ARRC	Boarding Home	Super Supported	Adult Family Home	Total Adult Resources by County	Low Income Housing	Total Adult Resources by County
Snohomish	20	68	18	-----	106	407	513
Whatcom	0	66	6	-----	72	210	282
Skagit	0	15	6	-----	21*	51	72
Island	0	0	9	-----	9	10	19
San Juan	0	0	1	-----	1	7	8
Total by Type of Resource	20	149	40	-----	209	685	894
% Increase over 1998	+25%	-3.36%	+12%	-----	+6.6%	+49%	+36%

**Table 3
Adult Residential Resources--2001**

County	ARRC	Boarding Home	Super Supported	Adult Family Home	Total Adult Resources by County	Low Income Housing	Total Adult Resources by County
Snohomish	20	66		18	104	419	523
Whatcom		72		17	89	226	315
Skagit		15		6	21	29	50
Island			7	2	9	10	19
San Juan				1	1	8	9
Total by Type of Resource	20	153	7	44	224	692	916
Increase over 1998	25%	-.6%	-272%		12.5%	33.7%	40%
Increase over 2000	0%	2.6%	-471%		2.23%	1%	2.5%

**Table 4
Adult Residential Resources—2001**

County	ARRC	Boarding Home	Super Supported	Adult Family Home	Total Adult Residential Resources by County	Low Income Housing	Total Adult Resources by County
Snohomish		46			46	8	54
Rainbow	20	20		18	58	411	469
Compass							
Whatcom		67		2	2	148	2
Lake		5		9	67	39	215
What.				6	14	21*	53
W.C.P.C.					6	3**	21
CCS/N.W.						15***	9
Sun Comm. County/H.A.							15
Skagit		15		6	21	29	50
CMHS			7	2	9	10	19
Island				1	1	8	9
CMHS							
San Juan							
CMHS							
Total by Type of Resource	20	153	7	44	224	692	916
Increase over 1998	25%	-.6%	-272%		12.5%	33.7%	40%
Increase over 2000	0%	2.6%	-471%		2.23%	1%	2.5%

*Catholic Community Services is adding five additional beds for disabled people

**Whatcom County is funding 3 COD beds

***Willow Creek Apartments in Bellingham

**Table 5
Homeless Shelters**

Shelter	Location	Number of Beds	Number of people served in 2000 (Bed Nights)	Estimated number of people with Mental Illness
Men's Gospel Mission	Everett	140	40,856	
Women's Mission	Everett	75 Women and Children	20,366	
Lighthouse Mission	Bellingham	80	33,982	30-60%
Agopi House	Bellingham	16	4,929	30-60%
Friendship House-Men	Mt. Vernon	24	8,217	50%
Friendship House-Women and Children	Mt. Vernon	24	4,784 (women) <u>2,308</u> (children) 7,092 (total)	50%