Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Family Peer Support: An Emerging Profession Session 8: How Families Can Foster Independence: Housing

Mogens Bill Baerentzen, PhD, CRC, LMHP
University of Nebraska Medical Center
Behavioral Health Education Center of Nebraska
Mid-America Mental Health Technology Transfer Center

UNMC MUNROE-MEYER INSTITUTE
SAMHSA Substance Abuse and Mental Health Services Administration

Disclaimer

This presentation was prepared for the MHTTC Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the MHTTC Network Coordinating Office. This presentation will be recorded and posted on our website.

At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

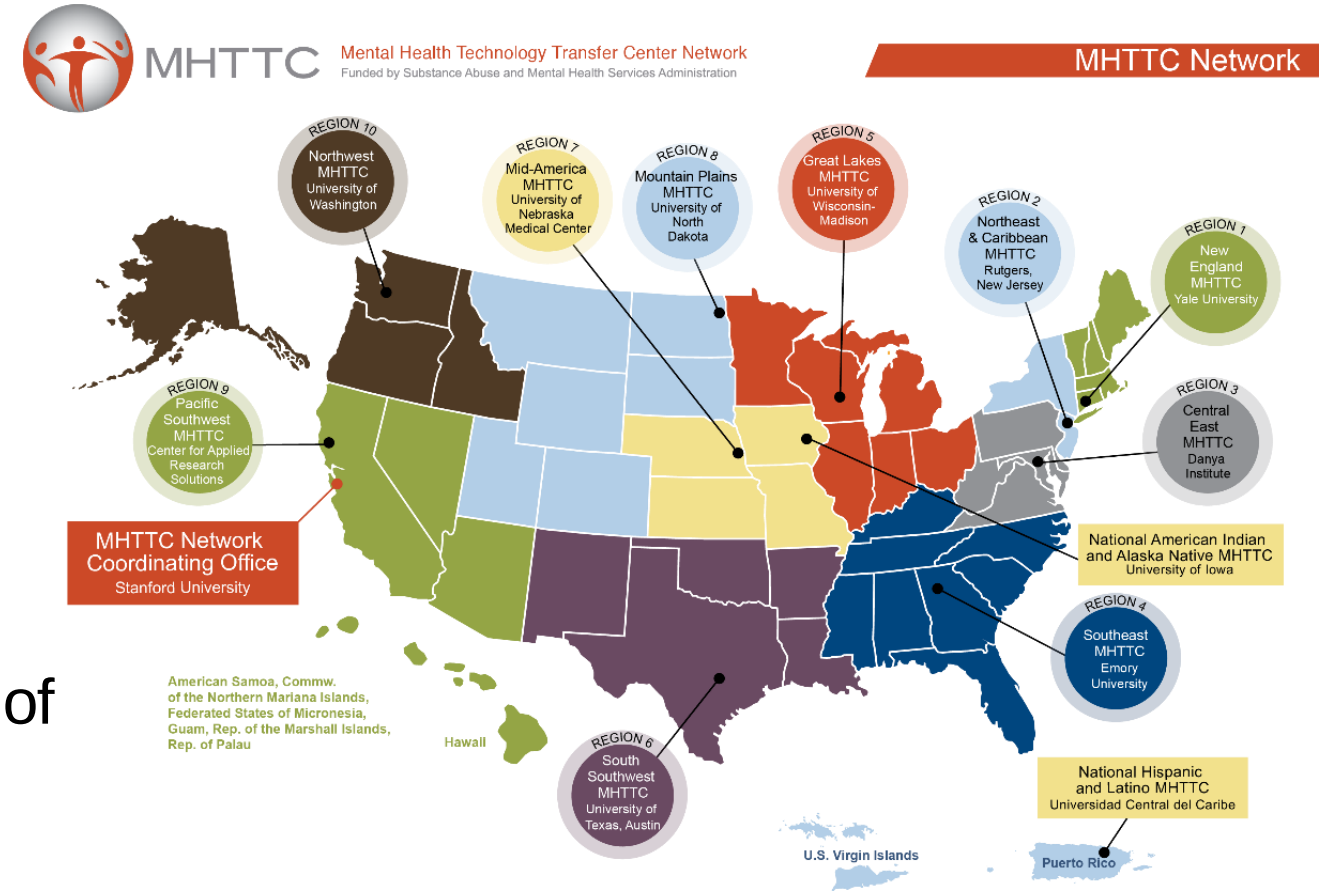
- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered/ trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
  (5 years, $3.7 million, grant number: H79SM081769)



Family Peer Support: How Families Can Foster Independence: Housing

In this presentation, Mid-America MHTTC specialists and partners with Omaha-based Community Alliance will demonstrate ways in which family peer support empowers families to support their loved one's desire to live independently. In particular, participants will learn how recipients of family peer support:

- Learn to engage their loved ones in conversations about housing and independent living;
- Learn to support their loved ones with finding housing and housing supports;
- Learn to help their loved ones be successful with independent living.

Housing and Psychiatric Treatment

- The role of families related to housing has increased in the last many decades
  - Since the deinstitutionalization of persons with mental illness, beginning in the 1950's fewer people with serious mental illness are living in hospitals, nursing homes and assisted living facilities.
  - Most are living in the community independently or with formal supports.

- Institutional living for persons with a serious mental illness has decreased
  - From 1955 to 1983 there was a 75.3% reduction in the state-hospital population (Goldman, Adams, & Taube, 1983).
  - In 1955 there were 558,239 psychiatric beds for a population of 164.3 million (Bureau of the Census, 1956).
  - A report from the Treatment Advocacy Center estimate the number of inpatient beds across the United States in 2004 to be 51,413 for a population of 269.4 million (Torrey, Entsminger, Geller, Stanley, & Jaffe, 2007).

Support for Recovery

- The transition from hospital to community created a significant concern about how to help persons with serious mental illness live meaningful lives (Gudeman, Miles, & Shore, 1984).
- Families are important supports for their loved ones.
  - how to support people in housing, and
  - how to improve the quality of their lives.

Housing and Quality of Life

- Persons with serious mental illness are better off in the community than in the hospital.
  - In a study that compared the quality of life among people in hospital settings and different levels of independent living, quality of life increased as independence increased (Anderson & Lewis, 2000).
  - Several studies have found that the quality of life for persons with serious mental illness is higher in community-based housing compared to hospital settings (Barry & Crosby, 1996; Lehman, Possidente, & Hawker, 1986; Shepard, Muijen, Dean, & Cooney, 1996).
- Harding, Brooks, Ashikaga, Strauss, and Breier (1987) follow persons discharged from state psychiatric hospitals for decades and find that one-half to one-third of persons with schizophrenia improve considerably or recover while the other half to two-thirds do not.

Housing and Psychiatric Treatment

It is well established that homelessness is associated with service utilization and cost, and that there is a financial offset by providing housing.

- A study by Culhane, Metraux, and Hadley (2002) estimate annual utilization costs of a person with serious mental illness who are homeless to be $40,449 (in 1999 dollars).
  - This includes shelter, psychiatric hospitalization and incarceration costs. Culhane, Metraux, and Hadley (2002) provide evidence on implementation of Supportive Housing in New York City from 1989 to 1997 from 4,679 persons with serious mental illness placed in supportive housing.
  - Annual housing costs are estimated at $17,277 and service off-sets are estimated at $16,282, with a total annual cost differential at $995. Similarly, Rosenheck et al. (2003) find that supported housing cost on average $2000 when considering financial offsets by acute care services.
- A study of 2,974 currently homeless persons in the United States found that utilization of emergency department services are substantially higher for homeless than non-homeless population (Kushel, Vittinghoff, & Haas, 2001).
- A study of persons with psychiatric illness in state psychiatric hospitals fount that hospitalization is often initiated to address a housing situation rather than a psychiatric crisis (Lewis and Lurigio, 1994).

Housing and non-housing outcomes

- Tsemberis, Gulcur, and Nakae (2004) found that participants in the Housing First condition utilized substance abuse treatment services significantly less than participants in the Continuum of Care condition in which attendance at substance abuse treatment was a prerequisite for continued housing. Importantly, however, authors noted that self-reported rates of substance use did not differ between the groups.
- Sylla, Franzen, Srebnik, Hoffman, and Shoenfeld (2017) find that Housing outcomes include increases in housing stability and reductions in emergency shelter service utilization, jail bookings and length, sobering center episodes, emergency department utilization, and community psychiatric hospitalization.
- In a review of 12 published and 22 unpublished studies, Ly and Latimer (2015) find that shelter and emergency department costs decrease with supportive housing. Also, across pre-post studies, there is a significant decrease associated with housing first models.

Housing Stability with Supports

- Findings from the 2004 Tsemberis and colleagues study indicate that nearly 80% of the Housing First participants retained housing over the 24-month study period, and these participants experienced faster declines in homelessness and increases in housing stability.
- Sylla and colleagues (2017) additionally found client-level outcomes of permanent supportive housing included increases in housing stability and reductions in emergency shelter service utilization.
- In San Diego 362 persons with a serious mental illness who were homeless were randomized in 4 conditions across two variables; with/without Section 8 housing and with/without case management. Hurlburt, Wood, and Hough (1996) found a significant effect of the housing subsidy and not of case management on housing stability. 57% of participants with housing subsidy established housing stability compared to 30% of participants in case management conditions (Hurlburt, Wood, and Hough, 1996).

Features of PSH

According to the U.S. Department of Housing and Urban Development, six features embody a housing first mentality when implementing permanent supportive housing (U.S. Department of Housing and Urban Development, 2014).

- Homelessness is primarily a housing crisis that should be addressed through safe and affordable housing
- All people who experience homelessness can achieve housing stability with customized levels of support
- All people are “housing ready” and should not be subject to comply with additional requirements in order to obtain housing
- The achievement of housing often leads to improvements in other quality of life indicators
- All people who experience homelessness deserve to be treated with dignity and respect and should be given autonomy to determine their futures
- The most appropriate type of housing for an individual will depend on that individual’s preferences and needs

Refences

Anderson, R. L., & Lewis, D. A. (2000). Quality of life of persons with severe mental illness living in an intermediate care facility. Journal of Clinical Psychology, 56, 575–581. doi:10.1002/(SICI)1097-4679(200004)56:4<575::AID-JCLP11>3.0.CO;2-S

Barry, M. M., & Crosby, C. (1996). Quality of life as an evaluative measure in assessing the impact of community care on people with long-term psychiatric disorders. The British Journal of Psychiatry, 168(2), 210–216. doi:10.1192/bjp.168.2.210

Bureau of the Census, U.S. Department of Commerce, Statistical Abstract of the United States, 1956 (Washington, D.C.: Government Printing Office, 1956).

Culhane, D.P., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate, 13*, 107-163.

Goldman, H. H., Adams, N. H., & Taube, C. A. (1983). Deinstitutionalization: The data demythologized. Psychiatric Services, 34(2), 129–134. doi:10.1176/ps.34.2.129

Gudeman, J.E., Miles, F., & Shore, M.F. (1984). Beyond deinstitutionalization: A new class of facilities for the mentally ill. The New England Journal of Medicine, 311(13), 832–836. doi:10.1056/nejm198409273111306

Harding, C.M., Brooks, G.W., Ashikaga, T., Strauss, J.S., & Breier, A. (1987). The Vermont longitudinal study of persons with severe mental illness, II: Long-term outcome of subjects who retrospectively met DSM-III criteria for schizophrenia. American Journal of Psychiatry, 144(6), 727–735. doi:10.1176/ajp.144.6.727

Refences

Hurlburt, Michael S., Patricia A. Wood, and Richard L. Hough. 1996. Providing Independent Housing for the Mentally Ill Homeless: A Novel Approach to Evaluating Long-Term Housing Patterns. *Journal of Community Psychology* 24:291–310.

Kushel, M. B., Vittinghoff, E., & Haas, J. S. (2001). Factors associated with the health care utilization of homeless persons. Journal of American Medical Association, 285(2), 200–206.

Lehman, A. F., Possidente, S., & Hawker, F. (1986). The quality of life of chronic patients in a state hospital and in community residences. Psychiatric Services, 37(9), 901–907. doi:10.1176/ps.37.9.901

Lewis, Dan A., and Arthur J. Lurigio. 1994. The State Mental Patient and Urban Life. Springfield, IL: Charles C. Thomas.

Ly, A.B. & Latimer, E. (2015). Housing first and costs and associated cost offsets: a review of the literature. *Canadian Journal of Psychiatry, 60(11)*, 475-487.

Rosenheck, R., Kasprow, W., Frisman, L., Liu-Mares, W. (2003) Cost-Effectiveness of Supported Housing or Homeless Persons with Mental Illness. Archives of General Psychiatry 60(9) pp. 940-951.

Shepherd, G., Muijen, M., Dean, R., & Cooney, M. (1996). Residential care in hospital and in the community--quality of care and quality of life. The British Journal of Psychiatry, 168(4), 448–456. doi:10.1192/bjp.168.4.448

Refences

Sylla, L., Franzen, R., Srebnik, D., Hoffman, M., & Shoenfeld, A. (2017). Creating a Regional Model to Coordinate and Prioritize Access to Permanent Supportive Housing. Journal of Behavioral Health Services & Research, 44(4), 564-573.

Torrey, E.F., Entsminger, K., Geller, J., Stanley, J., & Jaffe, D,J. (2007). The shortage of public hospital beds for mentally ill persons – A report of the Treatment Advocacy Center. Retrieved from http://www.treatmentadvocacycenter.org/storage/documents/the_shortage_of_publichospital_beds.pdf

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. American Journal of Public Health. 94(4), 651-656.

U.S. Department of Housing and Urban Development. (2014). Housing First in Permanent Supportive Housing Brief. Accessed from https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf.

Today's Presenters and Panelists

Dr. Lilchandra Jai Sookram has been in the mental health field for over 40 years. At the Nebraska State Hospital, he provided psychological services to persons with serious mental illness and to their family members, and he directed clinical services including psychology, nursing, social work, therapeutic recreation, education and return-to-work programs. He is the former director of mental health services in Kansas and clinical director of a juvenile correctional facility. Currently he is manager of family and peer services at Community Alliance.

Today’s Presenters and Panelists

Aileen Brady is the chief operating officer at Community Alliance, a behavioral health care organization serving Omaha and surrounding communities. Community Alliance provides an integrated health care approach with a broad range of programs for adult men and women with co-occurring mental illness and substance use conditions. Aileen earned her undergraduate degree from the University of Missouri and her master's degree in public administration from the University of Nebraska, Omaha.

Family Peer Support (FPS) role in promoting independent housing for relatives experiencing Behavioral Health challenges

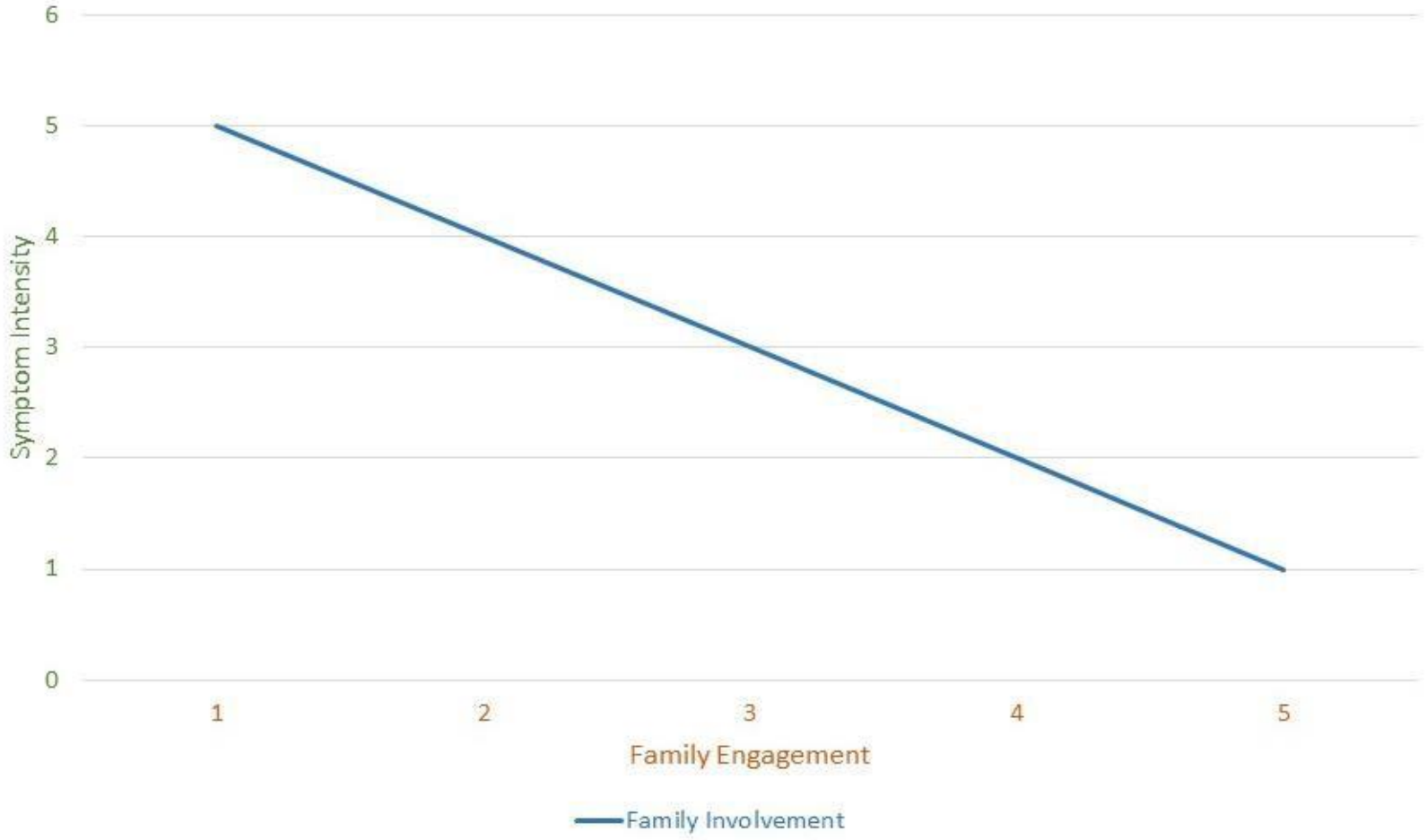
---

L. Sookram Ph. D.
Family and PeerServices
Community Alliance
May 20 , 2021

Key family guidelines to encourage independent living

- → The goal of recovery is a healthy and independent lifestyle that sustains wellness.
- → A healthy connection with our relative is achieved in a partnership emphasizing collaboration on important life goals such as Housing.
- → Important principles to follow in this partnership are informed consent, inclusion and shared decision making.
- → Set agreements down in writing.
- → All parties understand that we will hold each other accountable for agreements and
- → We will not do for someone what they can do for themselves.

Respecting Autonomy



Family support towards independent house or apartment living

Ensuring - if needed :

→ Understanding of housing options.

→ help with transportation and contractual arrangements.

→ Health maintenance practices.: emotional self regulation: Stress and anxiety management.

→ Social connections : forming relationships with neighbors, dealing with landlords or loan agencies.

→ What if you are the landlord?

→ Financial management : timely rent or other payments.

→ What about income security?

Role of Family Peer Support (FPS)

- → Connecting with Families through their stories
- → Talking about collaboration and partnership
- → Enabling recovery conversations about person driven wellness .
- → Supporting, empathizing, encouraging, educating, motivating and advocating for families in their caregiver roles
- → Connecting with housing Resources in Region Six .
- → Connecting with community Alliance Housing options.

Resources

→ The 19th Rosalyn Carter Symposium on Mental Health. The Carter Center, Atlanta ,Georgia. Pillars of Peer Support- 2014: Report from the Carter Foundation Atlanta Georgia.

→ NAMI : https//namimainlinepa.org/housing options for peopleliving with mental illness: finding stable housing.

→ TransitionalHousing .org - Nebraska Transitional Housing (2021)

→ Debra J Rog : (2005) The evidence on Supported Housing In Recovery from Severe Mental Illness Vol 1. Larry Davidson et al (2005) Center for Psychiatric Rehabilitation , Boston MA 02215.

Questions?

Thank you very much

Please do not hesitate to contact me regarding family peer support services

Mogens Bill Baerentzen, PhD., CRC, LMHP

Mogens.Baerentzen@unmc.edu

Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Connect With Us

JOIN OUR MAILING LIST:

SCAN ME

FOLLOW US ON SOCIAL MEDIA:

/MidAmericaMHTTC

@MidAmericaMHTTC

/company/MidAmericaMHTTC

EMAIL: midamerica@mhttcnetwork.org

WEBSITE: mhttcnetwork.org/midamerica

UNMC MUNROE-MEYER INSTITUTE

SAMHSA
Substance Abuse and Mental Health Services Administration