NAMI Broward County
National Alliance on Mental Illness

Vision of Supportive Housing for Those with Mental Illness

Overview

Motivated by the need for our loved ones to have a safe place to call home, the NAMI Advocacy Group of Broward County has created this vision of an affordable integrated community in which adults with mental illness have on-site opportunities for physical and social recreation and NAMI programs, and access to wellness services that address mental, physical, and emotional health, as well as vocational and educational services that promote recovery.

SAFE, SUPPORTED HOUSING IS THE CORNERSTONE OF RECOVERY.

Recovery from mental illness is a process that can take a lifetime. While psychotherapy, medication, peer support, and other factors help, **stable housing** is key to recovery and continued stability. Unfortunately, according to a 2008 analysis: "Due to low incomes, stigma, difficulties in daily functioning inherent with severe, persistent, mental illness (SPMI), and fluctuations in symptoms, persons with SPMI generally cannot compete for market rental housing, or gain entry to scarce social and supported housing units." (Kyle & Dunn, 2008)[1]

Housing with supportive services has proven to be effective in improving the lives of people with mental illness and reducing hospitalizations and healthcare costs. However, while these housing models exist in the United States, they do not come close to meeting the demand in Broward County in particular and Florida in general.

Broward County Policy

We are fortunate to live in a county which gives serious policy consideration to the needs of those living with mental illness. At NAMI Broward, we advocate for the implementation of such policies.

The 2019 Broward County Board of County Commissioners Visions, Values, and Goals document states that two of its core values are:

C. VALUE: Approaching human services collaboratively and compassionately, with special emphasis on the most vulnerable;
G. VALUE: Offering sustainable, compatible, innovative housing options for all income-levels, including integrated, permanent supportive housing

We are pleased to see the Commission re-iterating the position stated in planning documents as early as 2014:

POLICY 2.36.1 For local and regional land use policy and public infrastructure and services decisions, local governments and agencies should ensure environmental justice when considering the impacts to *vulnerable* populations, including but not limited to, the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless and those with chronic health conditions, *including severe mental illness.*(BrowardNext 2014).[2]

While these policies are good on paper, in an environment of intense competition for resources, NAMI Broward must advocate for their continued application in practice.

Support, Advocacy, Vision

With this document, NAMI Broward seeks to provide a VISION for cost-effective supported housing for Broward residents living with serious mental illness, to ADVOCATE for that vision, and to SUPPORT that community with NAMI programs, SAVing and improving lives.

Supported Housing

The supported housing model was developed as a response to deinstitutionalization (the movement against mentally ill persons living within institutions for their entire lifespans) and **provides a cost-effective alternative to traditional in-patient care** on a long-term basis. Supported (also known as supportive) housing is defined as "an approach to meeting the housing and support needs of individuals with psychiatric disabilities that is rooted in core principles of *consumer empowerment and community integration*" (Tabol, Drebing, & Rosenheck, 2010)[3]. This model places an emphasis on personal choice and allows people with mental illness to recover in place, to live and thrive within a community by fulfilling their basic needs.

Five core outcomes of a successful supportive housing community:

1. Residents stay housed.
2. Residents are satisfied with the services and housing.
3. Residents' physical and mental health improves.
4. Residents have social and community connections.
5. Residents increase their employment opportunities and income.

(Corporation for Supportive Housing, 2013)[5]

Components of Supported Housing[4]

1. Permanent, long-term housing (room, apartment, or home). Residents have same expectations as other tenants but with accommodations and support from staff.
2. Access to case management and therapeutic services including mental health, vocational, social and recreational services.
3. Integration into the greater community via volunteering, employment, and recreational (physical, social, creative) activities.

Benefits of Supported Housing

For Individuals with Mental Illness:

- **Decreases homelessness, hospitalization, and incarceration**
- **Encourages re-entry into the workforce**
- **Allows for participation in community activities**
- **Supports recovery**

For the Community:

- **Significantly reduces aggregate costs of care for those with mental illness**
- **Reduces homeless population on the streets**
- **Integrates people of all backgrounds into the community**
- **Reduces stigma of mental illness by integration**

Cost Effectiveness

Not surprisingly, the "bottom line" is often the primary factor in analyzing the effectiveness of permanent supportive housing for policy makers. Funds are limited and public priorities are many. While mental health service providers are focused primarily on improving the quality of life of those with mental illness, pragmatism dictates that services require funding and the importance of cost-effectiveness as well as improvement in people's lives is well understood.

Although it is difficult to quantize the difference in costs pre-supported housing and post-supported housing for the SMI population, a number of recent studies have effectively done just that.

In Maine, a random sampling of housing vouchers in 14 counties identified 263 residents who had been chronically homeless prior to at least two years in supported housing. All participants were mentally ill or physically disabled and were receiving federal disability support and Medicaid or Medicare. After completing multiple releases of information, detailed service utilization data before and after housing were gathered and distilled into categories. As seen in Figure 1, for six months prior to housing, (Services Only) cost an average of $18,629 per participant, while once in supported housing, the cost of (Services + Housing) for the same period was reduced, to $17,281. *Figure 2 shows cost savings by category*. Most significantly, **mental health care costs after the provision of supported housing were less than half the previous amount**, and **jail costs were almost eliminated**. *Undoubtedly, there were **major improvements in quality of life** of individuals who broke the cycle of incarceration and required fewer crisis driven mental health services**, while also saving the state money***. (Chalmers McLaughlin, 2011)[6]

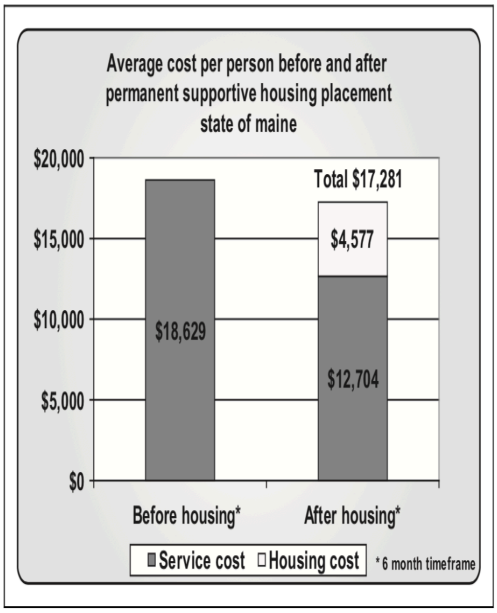


Figure 1. Total average cost per person.

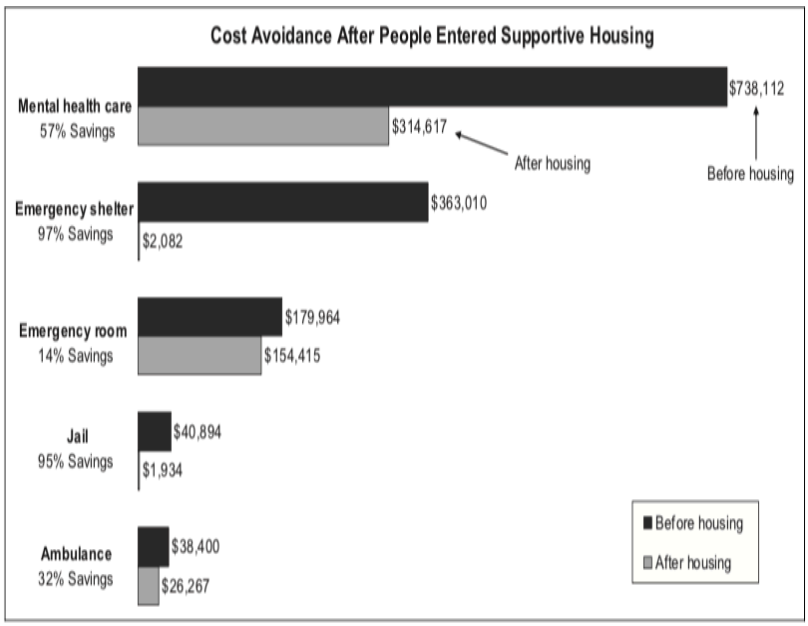


Figure 2. Graph of cost avoidance of the top five services.

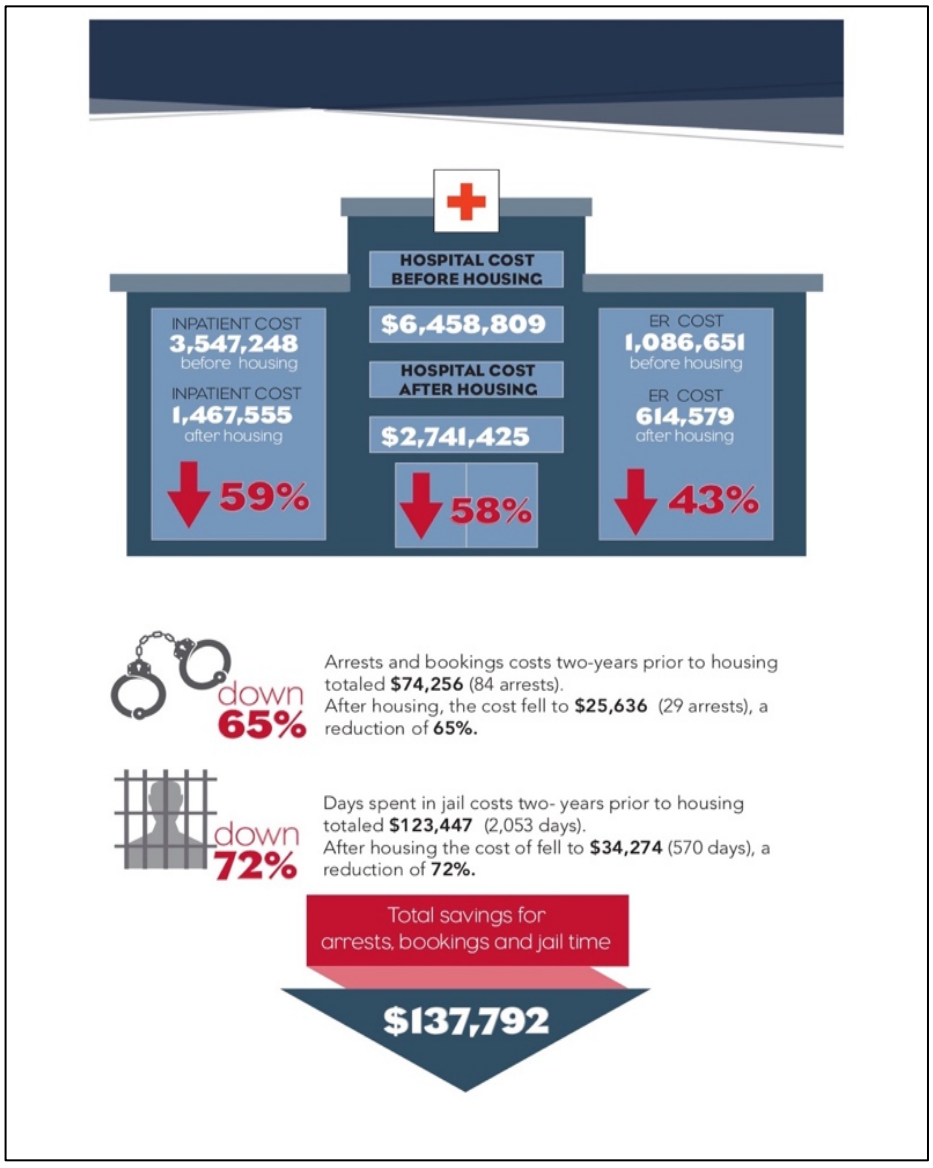
(Chalmers McLaughlin, 2011)[6]

In Florida, supported housing agencies in Miami-Dade, Duval, and Pinellas Counties are conducting an important pilot program to determine the impact of the utilization of publicly-funded systems of care. A primary goal is to compare the relative costs of providing and not providing Permanent Supportive Housing to individuals who require an abundance of crisis services and experience housing instability. Ability Housing, located in Duval County, in collaboration with multiple government and healthcare entities, is the first provider to publish its results.

Collaborating entities include the Agency for Health Care Administration, Department of Children and Families, Department of Elder Affairs, Department of Health, Department of Veterans Affairs, and Florida Housing.

Using pre-post measures**, Ability's *Solution that Saves* Program** found **very significant savings in healthcare and incarceration costs.** Hospital costs, in particular, saw a dramatic 57.6% decrease, from $6,458,809 incurred during the two years prior to housing, to $2,741,425 during the first two years in housing. Emergency services decreased by $472,073 (43.4%) while inpatient costs dropped $2,029,693 (58.6%), and costs for outpatient services decreased $1,165,617 (63.9%), for a total savings of $3,717,384.

The pilot project found that arrest and booking costs experienced a reduction of arrests equating to 65%, and costs of days spent in jail experienced a drop of 72%, which represents an aggregate savings of $137,792. While the savings here are not as dramatic, the fact that there were 29 arrests and 570 days spent in jail post-housing as compared to 84 arrests and 2,053 days that study participants were incarcerated prior to receiving supported housing services, speaks volumes about the **outstanding improvement in the lives of individuals while simultaneously saving taxpayer money.** It also illuminates the link between homelessness and incarceration for those with serious mental illness. (Weaver, Cover, and Wilburn, 2018)[7]



(Weaver, Cover, and Wilburn, 2018)[7]

> *"This [housing] is helping me to get back on my feet and be more independent. My case manager gave me a lot of knowledge on certain financial and legal things I didn't know about. These will help me be independent in the future and make sure that I don't ever go back to jail."*
> --Henderson Permanent Supported Housing Client

Homelessness and Incarceration–The Revolving Door

There is a unique relationship between serious mental illness, housing instability, and incarceration that cannot be overlooked or understated.

Homelessness worsens the symptoms, chronicity, and intensity of mental illness. Both continuing and sporadic periods of homelessness dramatically increase the likelihood of engagement in the criminal justice system and repetitive cycles of hospitalization. In the tragic revolving door of homelessness and incarceration, engagement in the criminal justice system greatly increases the probability that a person suffering from mental illness will once again become homeless upon release from jail or prison.

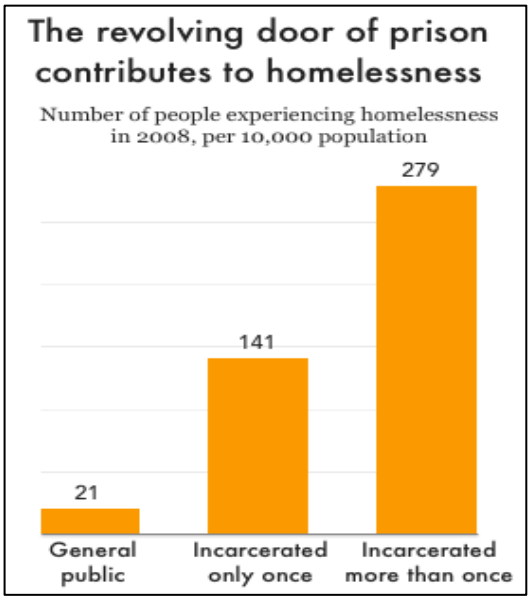
On the positive side, studies show that permanent supportive housing is highly effective for individuals who have experienced long-term homelessness coupled with severe mental health issues. Moreover, an impressive amount of research demonstrates that people appropriately placed in permanent supportive housing remain stably housed for longer durations. (Dennis, Locke, & Khadduri, 2007)[8]

The Revolving Nightmare

It's dark outside. I have a serious mental illness and don't know where I'll lay my head tonight. Depression bears down, or psychosis and paranoia hijack my thoughts. Roaming the streets, I need a safe place to sleep, a bathroom, somewhere to take a shower. I run into all sorts of people. Some of them scare me, offer me drugs, want sex. My symptoms are getting worse. There's a good chance I'll end up in a mental hospital . . . or jail. If I'm lucky, I won't be assaulted sexually or physically, on the streets or locked down, but when I'm released from jail or the hospital, where will I go? Without housing and support or a family, there is nowhere, and I'm back on the streets.

Sobering Statistics

- People with an untreated serious mental illness (SMI) comprise an estimated one-third of the U.S. homeless population.
- Persons living with SMI are 10 to 20 times more likely to be homeless.
- Various studies show a lifetime rate of victimization of the SMI population at 74% to 87%, and a lifetime rate of arrest from 63% to 90% (Markowitz, 2006)[9]
- People who have been to prison just once are 7 times more likely to be homeless, and people who have been incarcerated two or more times are 13 times more likely to experience homelessness than the general population.[10]



(Couloutte, 2018)[10]

Statistical evidence mounts that being homeless makes a person more likely to be arrested and either incarcerated or hospitalized, both expensive to the public coffers. Even well-meaning law enforcement agencies often

criminalize sleeping in public areas, panhandling, or public urination by the vulnerable population, not to mention alcohol and drug abuse which are not criminalized in the confines of a home. Upon release from incarceration, a mentally ill person faces even greater obstacles than the background and credit checks which complicate the search for housing by all individuals upon release from jail or prison. Making matters worse, people with serious mental illness are often released with little or no psychiatric medication and must act quickly to access indigent health care services while struggling to find a place to live. Without family or supported housing upon release, the likelihood of re-arrest is significant.

Deinstitutionalization Has Turned Jails into the New Asylums

A tragic, unintended consequence of the deinstitutionalization that occurred in the U.S. over past decades is the prevalence of mentally ill, untreated homeless people on the streets and in jails. When long-term state psychiatric facilities were shut down, the proposed funding for alternative community-based treatment failed to come to fruition. Unfortunately, the trend continues as the numbers of acute stabilization units and residential options continue to dwindle. In 2005, the last directly comparable data found in our research, shows that five times more people with mental illness in Florida were incarcerated (23,763) than the number of beds available in psychiatric facilities (4,826).(Treatment Advocacy Center, 2019)[11]

Supportive Housing for the Homeless Is Cost Efficient

Individuals with disabilities and histories of homelessness residing in supportive housing reduce use of costly systems including emergency hospitalizations, corrections, homeless shelters, and civil commitment to long-term psychiatric hospitals. Homeless individuals are among the highest utilizers of costly systems.

Supportive housing for homeless individuals living with persistent mental illness has shown tremendous promise of reining in the rampant personal and financial costs of victimization, criminalization, hospitalization, and homeless services. Appropriately placed, individuals with SMI have opportunities to live lives of dignity and productivity. Additionally, state and local governments may reinvest the savings in rental assistance and other community housing endeavors.

A recent RAND study found that Los Angeles County has quietly succeeded in moving some of its most chronically homeless and vulnerable residents into permanent housing, providing them also with health care and social services--while saving taxpayers millions of dollars.

(*Rand Review,* 2018)[12]

Prevention of Homelessness among SMI Population Saves Money and Lives

A PARENT'S PERSPECTIVE

"My son has been seriously ill with schizophrenia for ten years. I've looked at residential options in Broward County and have been unable to find an affordable home for him where he can move toward recovery in a safe place."

- Broward County Mom/Caregiver/Case Worker

"A safe, stable, decent home is key to recovery. My son continues to need assistance with medication compliance. This feeling of safety is very important. Independence is great, but he needs assistance with care."

- Mother of an adult living with mental illness

We all know in our hearts that a roof over one's head with supportive services from mental health professionals is a far better outcome than incarceration, and we have seen the studies that show that providing permanent supportive housing reduces the cost to taxpayers of caring for homeless individuals with serious mental illness (SMI).

We at NAMI advocate for the funding of permanent supportive housing for the SMI Population: it is humane, it is cost-effective, and it is time!

Best Practices from Successful Models

This Vision booklet seeks to describe and elaborate on best practices, exemplary housing models, and the expressed desires of adults living with SMI in our community who want to live in dignity, safety and decency, and receive support to achieve their goals.

We researched several successful facilities in the United States which provide supported housing for the seriously mentally ill and have identified practices that we believe make them successful.

Facilities with 24/7 supervision can be effective at reintegrating people with mental illness into the community, or serve as a safe place for someone to remain stable and live out their life. In both cases, residents reach their highest level of independence.

Less-supervised supported housing works well for those no longer needing 24/7 oversight. This type of housing still offers weekly case management and a safety net. If possible, it is best not to impose a time limit on stay, since recovery varies greatly among individuals, and a permanent option allows residents to age in place, without disruption to the recovery process.

Many of the best practices are applicable across all levels, such as:

- All residents have case management and advocacy at medical appointments.
- Medication management is provided, in accordance with patients' ability to comply. Classes on medication compliance are taught to allow residents to be empowered to manage their own meds.
- Vocational and educational opportunities are provided by trained experts, either staff or contracted consultants, including onsite cooking, money management, and other life skills classes.
- Social programs, such as weekly hikes, game or movie nights, and community volunteering are organized and encouraged. There was often a calendar of events.
- A wide variety of physical, social, and creative recreational activities are provided.
- Group therapy dealing with a number of specific and everyday challenges is available; participation is actively encouraged.
- Whenever possible, family members (or other advocates, such as guardians) are involved in their loved one's recovery and have a voice in the administration of care. They may sit on a Board of Trustees that also includes administrators, mental health experts, and interested community and business partners.

- Staff is motivated to engage in a positive and nurturing way with residents. Staff are provided with incentives to remain long-term.
- Residents control their participation in social and leisure activities to help promote skill development, autonomy, and time management. They have access to varying levels of support and supervision depending on their *individualized* needs, with the ability to ask for assistance at all times.

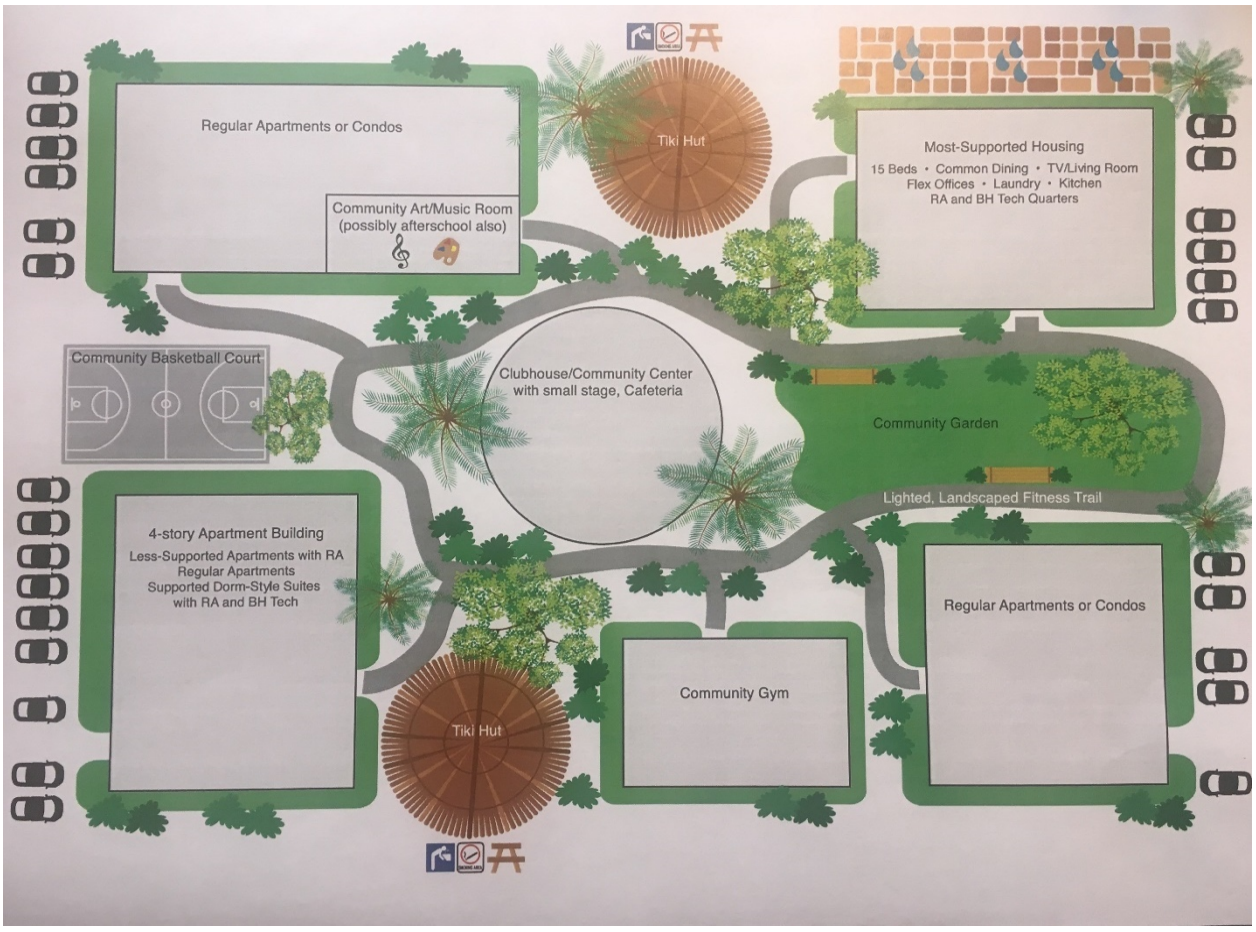
Vision of an Integrated Community

As found by Jackie Goldstein, psychologist and author of *Voices of Hope for Mental Illness,* communities that welcome people with mental illness into the life of the village decrease stigma of the illness and promote recovery. We propose a community that integrates people with mental illness who require supportive services with those who do not require special services and may not have a mental illness, combining supportive housing for those with SMI with traditional affordable rental housing.

Multiple approaches are required to address the severe deficiency of supportive housing for the mentally ill. Housing may be scattered within the county or city, or part of a larger affordable-housing development, or designed to be its own community.

Residents with the greatest needs for mental health services may be housed together for support and convenience of providing services, perhaps in dorm-style housing with communal areas for meals, recreation, community meetings; while those requiring less services could live in the same buildings as residents without mental illness. All would share in the same community enrichment areas and activities, such as a cafeteria, gym, fitness trail, basketball court, and community center.

Vision Map of Community



Created by Gayle Giese; Artist: Nancy Rehm

Features include:

- Mixed-Use Affordable Housing, Integrating:
    - Residents with SMI, including some from the Homeless Population:
        - Home for those requiring 24/7 support
        - Home for those requiring less support
        - Home for mostly-independent residents who still require a case worker
    - Workforce Residents (those who work full-time, but cannot afford market rent)
- Clubhouse/Community Center to provide programs, classes, restaurant, performance stage
- Community Music and Art Room (possibly for Afterschool use as well)
- Gym, Fitness Trail, and Basketball/Tennis Court to encourage physical recreation
- Safety features such as Lighted trail and parking areas
- Green Spaces, such as Vegetable Garden with produce used in restaurant
- Tiki-Hut or designated covered smoking areas with water fountain, water cooling sprinklers, picnic tables

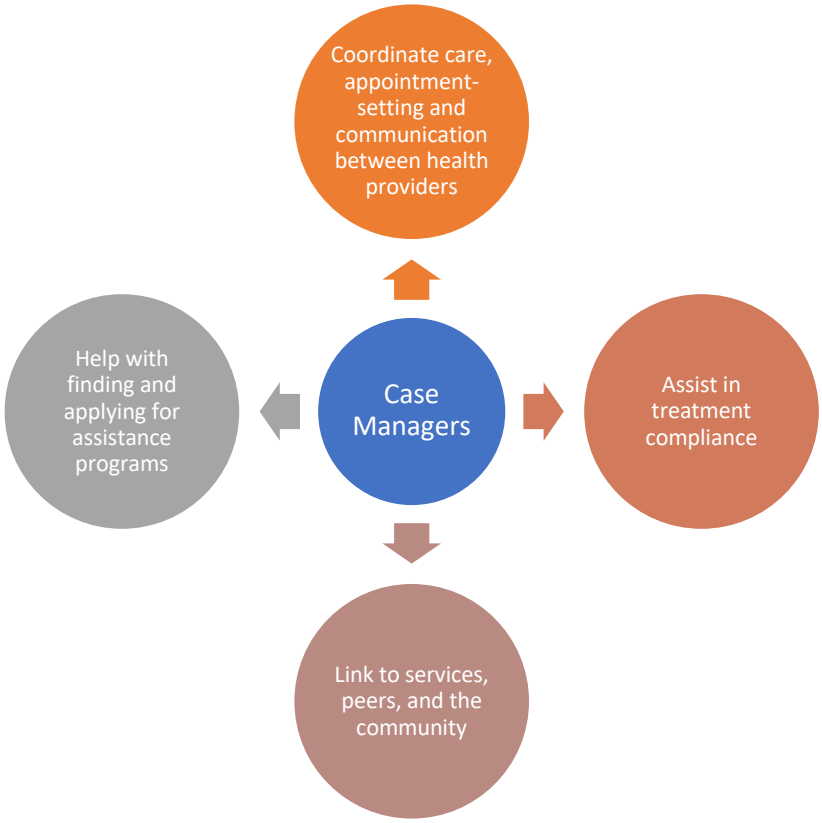
The spatial configuration of units will play a significant role in how mental health services are delivered. With scattered-site housing, residents or their case workers would need to locate and schedule appointments at traditional outpatient clinics. For people with SMI who need 24/7 support, this can be a challenge and can interfere with their recovery; bringing mental health care directly *to them* is preferable. Scattered-site housing, for those who are ready for increased independence, may be preferred and effective for some, but would not be advisable for those who may require ongoing supervision.

Meeting Residents' Health Care Needs

Access to Mental Health Services
In the community we envision, access to quality Mental Health Services is necessary for stability and recovery. Whenever possible, providing access to these services "on campus" is desirable, potentially through a satellite clinic from a licensed provider. An equally-effective option is the designation of a flexible office space that could be used by visiting physicians, psychiatrists, and therapists in a "House call" model.

Proposed Mental Health Services

- 24-hour Behavioral Health staff for residents needing most support
- Available Behavioral Health staff for more independent residents, as needed
- Crisis Management
- Case Management
- Medication Monitoring with Oversight
- Coordination of Provider Care through Case Managers
- On-Site Stress Reduction and Anger Management Groups
- Behavioral Health Interns
- NAMI Peer Support Group (Connection) and other NAMI programs
- Peer Support Coaches provided by Managing Entity



Additional Health Care Services

Physical health care (including dental care) is an important component of maintaining wellness and stability. Community Primary Care Physicians and providers (especially those accepting Medicaid/Medicare) may opt to access an on-site flexible office space to meet with residents, in the same manner as Mental Health Providers. Case Managers may assist residents in finding and selecting providers, coordinating appointments and care, and providing transportation (if off-site) and advocacy, accompanying patients, if needed.

The following services are fundamental to achieving and maintaining good health:

- Healthy Living and Diabetes Education Classes (may be facilitated by student interns)
- Healthy meals and planned, cooperative community meals which will feature fresh, wholesome food choices
- Facilitation in accessing low-cost dental programs, including preventive care
- Part-time nurse (LPN) on staff to monitor weight, blood pressure, oversee ordering of medications and bloodwork

Physical health care, including dental care needs, may be met by the *existing* relationships of residents with their providers. In the case of recently homeless individuals, case managers may help residents identify new providers from community health clinics. Case management will likely be a requirement of residency initially, and depending on the partnerships initially formed to develop the supported housing community, it could be one of many health care services offered on-site and paid for out of tenants' existing Medicaid and/or Medicare benefits. Complete medication management, including scheduled administration of daily medication as needed for residents requiring 24/7 monitoring may be provided in an intensive setting in the community where housing may or may not be transitional.

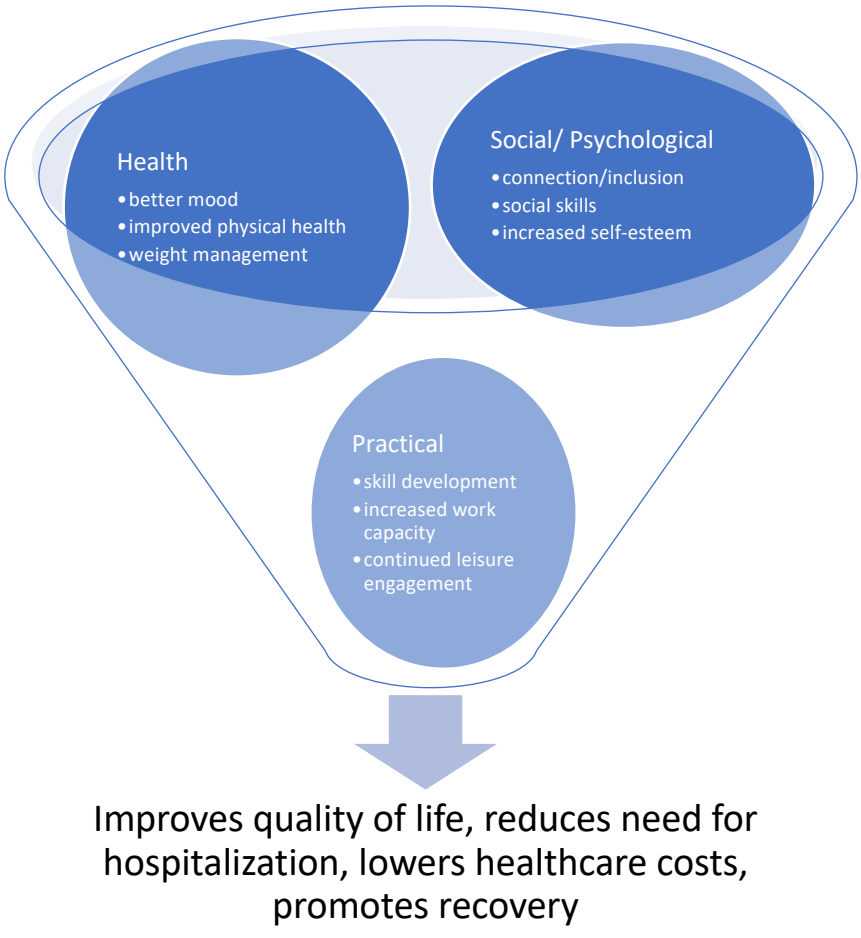
Meeting Residents' Social and Recreational Needs

It is an understatement to say that living with mental illness is a challenge. Physical and social recreation and community involvement can greatly improve the quality of life for participants.

Benefits of Recreation

The mind-body connection is as strong in individuals with mental illness as it is in the population at large. For many years, medications which have major sedating side effects and cause increased rates of obesity were administered without attention to the need for physical recreation. Granted, when a patient presents with psychosis, that is the first symptom to be addressed, but, as the patient stabilizes, physical activity will help maintain stability and improve overall health.

Recreation was found to be *significantly* correlated with recovery among those with mental illness (Lloyd, King, & Scanlan, 2007).[13] A program that not only offers various options for engagement in physical fitness activities, either on campus or in nearby facilities, but also works to motivate and engage residents who may be significantly socially withdrawn and physically unhealthy is a vital component of our vision. If funding is sufficient, a recreational therapist devoted to this program would improve residents' health, reduce symptoms of their illness, provide social interaction and creative outlets, promote teamwork through team sports, and save money in health care costs by helping to prevent obesity and related diseases.



Potential Recreational Activities/Facilities: (Fenton et al, 2017)[14]

- Sports
- Fitness facility and classes
- Safe walking trails "on campus" or nearby

- Music, dance, and art activities
- Community gardening
- Volunteering in surrounding community
- Basketball Court (can be combined with tennis court)

The program for engagement in social and recreational activities must be individualized, and residents engage and are empowered when they have options. Quality medical care, recreation (physical, creative, and social), and vocational and educational opportunities, can be the cornerstones for long-term success of the community.

When the community is part of a larger affordable-housing development, the population may have frequent contact with members of the larger community, some from the workforce. In this setting, volunteer opportunities such as preparing and delivering meals to the physically disabled, teaching a skill such as painting or guitar, picking up litter, vacuuming the community center, cooking and washing dishes, creating a newsletter, gardening, etc. can benefit both the person with SMI and the entire community, and enable others to see the value of each person.

Integrating Vocational and Educational Programs

Employment is a vital part of recovery for many people with severe mental illness.

Educational and vocational programs are important parts of recovery for people living with SMI. Sometimes, usually with assistance, persons with SMI are able to enter the job market and thrive with or without added on-the-job support. Others may be able to engage in volunteer employment which provides purpose and social interaction and teaches skills. In any of these scenarios, increased self-esteem and a sense of community and the productive use of time improves quality of life and aids in recovery.

Both educational and vocational programs can be provided in conjunction with community partners. Broward Behavioral Health Coalition and Footprint to Success Clubhouse (based on the successful Fountain House in NYC) provide vocational services in a central location in Broward County, which can be utilized by residents. The Clubhouse model encourages participation in one or more of seven areas: communications, culinary, education, horticulture, reception and membership, research, and wellness.

Community members should have the option to:

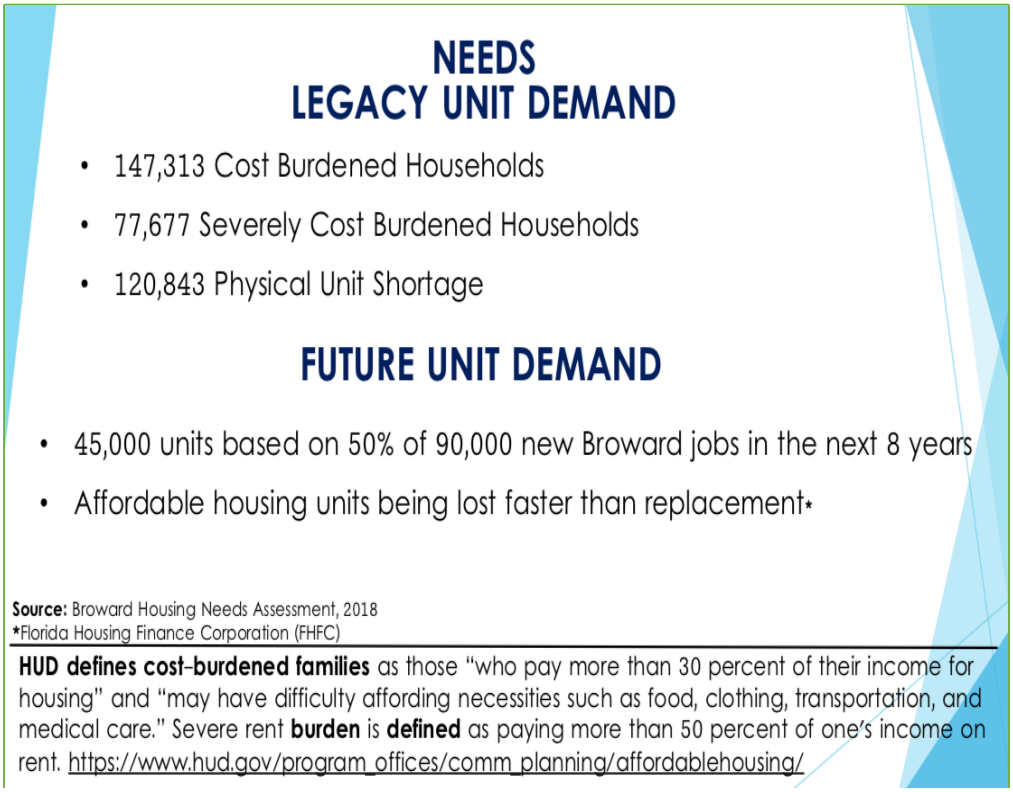
- Volunteer (at community organizations or within the community)
- Gain employment through supported and transitional employment
- Develop trade and vocational skills via classes with community partners
- Complete their GED and gain support toward pursuing educational goals

The Situation Today in Broward County

A **significant portion** of the population in Broward County **lacks access to affordable housing**, from moderate-income members of the workforce, to extremely low-income workers, those on disability income, and the homeless.

With a deficit of approximately 70,000 affordable units for those who make 80% of the average mean income or below, the **need for affordable housing is severe** in Broward County. The median monthly rent was $1,226 in 2016 according to the US Census Bureau and is rising yearly. (US Census Bureau, 2016).[15]

The lack of housing for the seriously mentally ill population is a subset of the affordable housing shortage, but most help for the seriously mentally ill (SMI) comes from programs that target the homeless population, a significant percentage of which has been diagnosed with SMI. Many people living with a disabling mental illness receive Social Security incomes of less than $800 per month. They often do not technically meet the criteria for homelessness, yet they are unable to achieve a stable living situation without supported housing.



Slide: Broward County Affordable Housing Needs Assessment, from May 14, 2019 presentation: "Affordable Housing: Current Conditions and Next Steps," by Ralph Stone, Executive Director, Housing Finance Authority of Broward County[16]

An alarming dearth of housing exists in Broward County for people with mental illness. The 2016 *Reports to the Florida Department of Children and Families in Response to the Governor's Executive Order 15-175* (p. 75)[17] estimates that there are 57,602 people in our county with severe mental illness. **Appropriate, safe housing is often impossible to find**. Families often bear the burden for as long as they are able, but many with SMI become homeless. While the incidence of SMI is higher among younger people, their access to supported housing is worsened by the policies of many Assisted Living Facilities which do not accept residents with chronic mental illnesses who are under the age of 40.

The options in Broward County today for those living with SMI are as follows:

- **Family Residence**: Family members are usually the first to realize something is wrong when a loved one becomes mentally ill. However, they are ill-equipped and untrained to handle the situation. They may work full-time and not be able to provide or afford supervision for their loved one. They likely do not possess the skills of a therapist, case worker, or other mental health professional. The strain of loving and caring for someone with SMI is exhausting and can destroy a family. Respite care for family caregivers is difficult, if not impossible, to find, and unaffordable for most. Often crises arise and the ill member is removed from the home. Even if the family is able to provide housing for their adult children with SMI, it is often best for the person to live elsewhere and have the necessary supports to gain independence.
- **Assisted Living Facilities:** As of this writing, there are currently 30 ALFs in Broward County that hold limited mental health licenses. Unfortunately, *many of these ALFs do not accept residents with Severe Mental Illness*; *fewer take people with SMI under age 40*. They are licensed by the Agency for Health Care Administration (AHCA), often for-profit, and accept SSI or SSDI, which may be supplemented by a government housing certificate, although there are a limited number of these vouchers. ALFs have recently been hit with higher insurance rates and laws requiring them to purchase and install generators, causing some of them to go out of business. **Over 2000 Florida Limited Mental Health beds have been lost in recent years**, exacerbating the housing options for the most vulnerable persons with SMI.

- **Adult Family Care Homes:** Residences accepting up to five adults with a disability (including SMI) or elderly individuals can be *desirable options*. These settings are operated by owners and offer meals, medication management, and some life skills training. Some assist in transportation to day programs, classes and vocational training. Services are usually coordinated by a case worker. Of the 15 licensed homes in Broward County, only five accept young adults with SMI. Payment is usually made from a resident's SSI or SSDI, and supplemented by a government housing certificate. Licensure is obtained through AHCA.
- **Residential Treatment Facilities:** These permanent or transitional facilities provide mental health (and sometimes healthcare services) on-site. They usually offer group and individual therapy, psychiatry, medication management, recreation, vocational and educational opportunities, meals on-site, volunteer opportunities, etc. They allow for recovery in place. *Non-profits cost around $5000 per month; for-profits often cost much more, making them unaffordable for most*.
- **Government-Funded Housing:** Henderson Behavioral Health, the largest mental healthcare provider in Broward County, offers residential treatment options from *Transitional Group Homes* with a nurse available 24/7 (Level I) to more *permanent Level III supervised apartments*. There is often a waiting list. They also offer placement in *scattered-site housing for more independent living*, tailoring support services to the individual, and providing a limited number of government vouchers to supplement rent. Henderson also offers some *housing for the homeless*. Archways offers similar residences, with three levels of services: 1) *A Transitional group home* for 16 residents; 2) *Two supervised apartments* for 42 people who have achieved a limited capacity for independent living, but require frequent supervision; 3) *A semi-independent group home* for six residents who have attained independent living skills. Both Archways and Henderson are licensed by AHCA.

NAMI's Role

NAMI (National Alliance on Mental Illness) is "the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness." NAMI advocates at the county, state and national levels for non-discriminatory access to quality healthcare, housing, education, and employment for the mental health community.

EDUCATION, ADVOCACY, TRAINING

NAMI provides education, advocacy, and training with the goal of reducing the stigma surrounding mental illness and improving lives.

NAMI Broward's mission is to bring awareness and programs to Broward County to support a world-class treatment and recovery system for people with mental illness and their families by:

NAMI Programs (some in both English and Spanish):

- Family-to-Family Class, a 6-week (twice a week) educational class for family members
- Peer-to-Peer Class, a 10-week class taught by peers, for those with mental illness
- HOPE "Young" Adult Group–Healthy, Optimistic People Enjoying Life
- Friday Night Socials for Adults Living with Mental Illness, quarterly at Tree Tops Park
- NAMI Connection Recovery Support Groups, weekly
- Family Support Groups –Support group for caregivers, family members & friends
- NAMI "Ending the Silence" for Students, School Staff, Families
- NAMI "In Our Own Voice," promoting recovery through telling personal stories
- Mental Health First Aid
- Guardian Advocate Training

- Providing support to people with mental illness and their families
- Educating families and consumers
- Advocating for improved opportunities for housing, rehabilitation, and meaningful jobs
- Supporting public education programs designed to help eliminate the pervasive stigma surrounding severe mental illness

NAMI Broward's expertise in providing programs, advocacy, and building partnerships strives to create a successful, stigma-free community for all.

For more information on NAMI free programs, visit www.namibroward.org

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For more information about this booklet,
contact Gayle Giese at the NAMI Advocacy Group,
Broward County: Gayle@NAMIBroward.org

NAMI Broward County
National Alliance on Mental Illness
4161 NW 5 St., Suite 203, Plantation, FL 33317