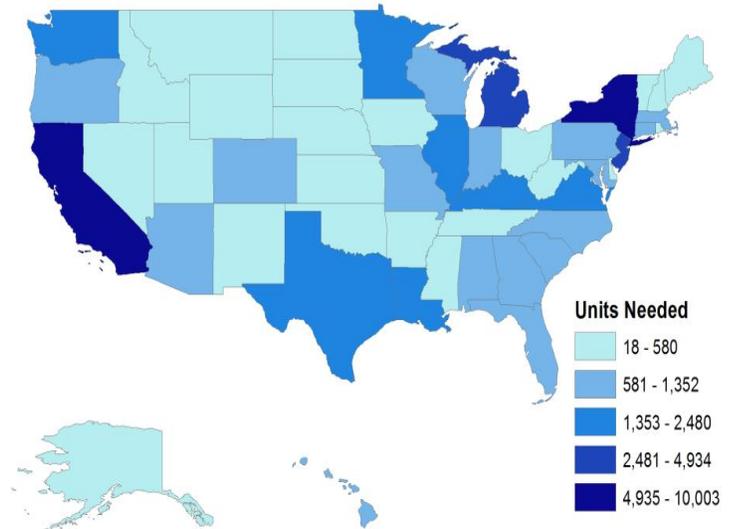


MENTAL HEALTH SYSTEMS



ESTIMATED SUPPORTIVE HOUSING NEED - 65,000 HOMES

What do we hope to achieve?

A day when all individuals living with a mental health disorder can access affordable housing and the supports they need to achieve long-term recovery, and lead lives of dignity and maximum independence, reducing the overreliance on institutional care, corrections, and shelters as warehouses for vulnerable individuals.

What do we know so far?

Promising Trends:

- Advocacy and legal actions in support of the *Olmstead* mandate of access to most integrated settings is advancing deinstitutionalization in preference of community-based housing and services.
- Increased acceptance of supportive housing as an evidence based and effective practice to enable recovery and community integration for people with mental health needs.
- Integration of behavioral and primary health services creating new opportunities for services streamlining, funding, and efficacy.

Problematic Trends:

- Despite health integration, service for mental health and substance use remain disjointed.
- Jails and Prisons remain the largest providers of mental health services in the country.
- Efforts to create billable supportive housing services packages through Medicaid are slow to develop.
- Inadequate supply, income requirements, and loss of affordable housing prevent community living.

How is CSH making a difference?

Capacity Building: Assist government partners and providers to develop Medicaid billable service models.

Improving System of Care: Advance framework for recovery-oriented systems of care in housing; develop peer services as key component of effective recovery and an entry point to human services employment; develop innovative services models, including Pay for Success, to bridge transition to mainstream services and support shifts from institutional to community-based care.

Increase Affordable supportive housing stock: Support increased production of supportive housing; work with government partners to align housing and service funding for streamlined unit creation.





ESSENTIAL PARTNERS

Federal, State and Local Housing Agencies: Increase the availability of housing vouchers and affordable housing units linked to services for people with mental health disorders.

Mental Health and Addiction Services: Increase individualized, recovery oriented and trauma-informed services for persons experiencing homelessness or leaving institutions; expand capacity by aligning services with housing.

Federal and State Agencies Charged with Integration: Continue federal and state efforts to support and enforce transition from institutional care to community-based services; integrate mental health with addiction and physical health services.

Homelessness and Criminal Justice Agencies: Effective coordination between discharge planning, diversion, outreach, shelter services, and mental healthcare facilities to better identify and triage resources.



CALCULATION OF SUPPORTIVE HOUSING NEED

CSH estimates that 65,021 people identified by the Substance Abuse and Mental Health Services Administration census of residential and institutional care settings for mental health have needs consistent with supportive housing. Data on transition to supportive housing from residential mental healthcare varies greatly by state and setting, although efforts to facilitate better data collection and retention are becoming more common nationally. CSH applied a 24% estimate of supportive housing need for each of these care settings:

- CSH estimates that 24% (20,108) of the 83,782 people receiving services in institutional care settings have needs consistent with supportive housing.
- CSH estimates that 24% (44,913) of the 187,138 people receiving services in residential care settings have needs consistent with supportive housing.

This is part of a national supportive housing needs assessment prepared by CSH. The goal of this assessment is to use the best data available to make clear and transparent projections of supportive housing need, foster development of national level data, and promote discussion and refinement of this assessment over time. CSH is using a point in time, or average daily census, approach to assemble data across different systems of care. The intention is to show current snapshot of need in each system and does not represent need over time or annualized need for any single system of care. For further information on the national needs assessment, data and sources, please visit www.csh.org/data.



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- ❖ Advancing solutions
- ❖ Using housing as a platform for services
- ❖ Improving lives of vulnerable people
 - ❖ Maximizing public resources
 - ❖ Building healthy communities