

Two faces of the same issue: Housing instability and homelessness in rural and urban communities [Transcript]

Welcome to November, everyone. We're very glad to have you with us today.

I want to take just a moment to do some housekeeping so that you'll be oriented and able to enjoy this webinar. My name is Melody Riefer. I work for Advocates for Human Potential, and I am going to be moderating and speaking today.

First, the disclaimer: The views, opinions, and contents expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse Mental Health Services Administration, or the U.S. Department of Health and Human Services.

If you are not familiar with the layout, there are different boxes or pods on your computer screen. Up at the very left-hand corner, you should be seeing some photographs. Just below that is an area that you can click and be able to access live captioning for this webinar. The "Participant Chat" is just below that. That's a place where those of you who are attending this webinar can speak with each other and let us know who is on the call, where you're from, perhaps share some resources or some tips or do some networking while listening to the presentation.

To the right of that at the bottom are "Tech and Topic Questions." This is really, really important. If you are experiencing any difficulty with your sound or the way the computer is operating, put your question in the "Tech and Topic" box because we have folks standing by to help you. Also, if you have questions about the topic, about what we're presenting on, we would love for you to put those questions in the "Tech and Topic Questions." That way they come to an area where we can monitor those and moderate those and prepare them for the Q&A.

Again, look to the right... "Download Materials" box... important. You can access the material that is related to this topic and this presentation. Feel free to access any or all of those materials.

You can get a CE, a continuing education unit or credit, for attending this webinar. At the close of the webinar, there will be a link that you can follow to take a quiz. At the conclusion, you'll get a certificate for your continuing education credit. You can also get a Certificate of Attendance if you don't need a formal CEU.

Now let me move ahead and ask you something, a couple of questions, about our topic. We have two questions here, and the screen is going to change in just one moment. When it does, you'll be able to select a response.

Question No. 1: "How would you describe the geographic region you work in?"

We had to categorize these in some form or fashion; choose the one that's most true for your area. I know it might be a little blended, and so it's hard to make a single choice; but choose whatever feels most correct for you.

Question No. 2: "Do you feel that geography affects housing and homeless issues experienced by the people you serve?"

So based on where you are and the land, the resources, the buildings, the lack of buildings... do these kinds of things influence or affect the experience one has if they have unstable housing or are homeless?

I'll give you all just another second before we move forward.

[Pause for responses]

Okay, thank you for giving us your feedback. It's helpful to see kind of where your head is and what you're thinking about this particular topic today.

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We're going to be looking at the two faces of the same issue...housing instability and homelessness in rural and urban communities. We were looking forward to having Charles Sullivan, who is the Director of Housing at Arizona Behavioral Health Corp, today; but, unfortunately, he came down with the flu. That might be a reminder for the rest of us to either get a flu shot, if you do that, or to up the vitamins and handwashing as another intervention. But Charles sends his apologies and his regards. I'm going to be stepping in for him, relying on his expertise and content; and I'm really glad to also have a colleague of mine from Advocates for Human Potential, Sherri Downing.

Sherri, would you introduce yourself to our participants?

I'm Sherri Downing. I am delighted to be here to talk to you a little bit about homelessness and housing instability in rural areas. I have spent my entire life in rural areas. I was born and raised in rural Colorado; and when I was 21, I threw everything that I owned in the back of my brand new husband's pickup truck and we migrated to a more frontier area of Montana that was really -- the town that we settled outside of had a bar and a post office. It's really where I learned what rural and frontier poverty looked like and gave me a passion that I have spent the rest of my career pursuing, which is addressing rural homelessness, rural poverty, and a whole range of rural issues including lack of housing.

At this point, I am the Deputy Director of SAMHSA's Homeless and Housing Resource Network Contract; and in that capacity, I get to often do things like this, where I get to speak about my passion...so thank you.

Melody, back to you.

Sherri, thanks so much. I'm appreciative of certainly your skill and education in this area but also having some truth behind what you say and having lived in rural and frontier areas. It's going to help me listen to and take in the information you share.

Towards that end, I want to talk just a little bit about myself and why I'm stepping in for Charles. I feel like homelessness and unstable housing are critical topics. As part of my experience of living with a serious mental illness, I found myself at a couple of different points in my life being homeless; and it was challenging to access the resources that I needed for a number of reasons. We're going to cover some of those reasons in today's presentation.

I think that what's most important is to realize that each person's experience on an emotional level is going to be very unique. As providers...as therapists and clinicians...we want to be sure we don't categorize people based on a form, but rather the form is a cue for us to dig deeper into what people's personal experience is like.

One of the things we need to note is that for people who have been diagnosed with a serious mental illness, these folks are represented among the homeless community and those incarcerated in a disproportionate percentage. So basically, those numbers are greater than what the percentages are in the general community. More people with a mental illness wind up in jail or prisons, and we're pretty clear on knowing that. These folks end up experiencing homelessness to a greater percentage, but it's not really because of the illness as much as we have to look at issues of poverty and being disenfranchised.

So when you look to try to mitigate some of these issues that contribute to homelessness, it's important to know exactly what is the cause. I remember listening last year to a webinar where a young woman was talking about experiencing homelessness as a child because her family was homeless. She said, "We would go to the mental health center, and everyone would be talking about homelessness and not what the real issues were." So you always have to be sure to ask people...what do you need most? What's your biggest issue? What's most important to you?

To somebody, it might be the fact that they're living in a car. For someone else, it might be that they can't get to school or they can't get to work. So asking folks is critically important.

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Homelessness is defined in a number of ways. I think one of the most simple is that a person lives in places not meant for human habitation...so places where we're not safe. There are much more formal definitions of homelessness that you'll find in legislative language, such as an individual is homeless and lives in a place not meant for human habitation, that is not safe, or an emergency shelter, and has been there for at least a year or at least four separate occasions in the last three years. So people start getting this kind of specificity that is how you define homelessness, and that matters mostly because of funding mechanisms and not so much for the individual's experience.

But we still have to know what they are...a formal definition that continues. An individual who has been residing in an institutional care facility...we know that can include jail or a mental health treatment facility or a hospital and, also, when the person who is the adult head of household meets all this criteria and the family situation has fluctuated because of that.

Barriers to housing...if you sit down and talk to a room full of people who are homeless or who have experienced homelessness, everybody is going to be able to tell you something that's been in the way for their obtaining housing. Perhaps it's their criminal history or they've not been able to get along with landlords or the lack of affordable housing.

I live in Atlanta which, in terms of national statistics, is not supposed to be one of the really super expensive places. But I tell you, if I look at what the cost of a two-bedroom apartment is in this town, it's ridiculous. So if you're trying to pull yourself back into a balanced and stable housing situation, the lack of affordable housing becomes a really real obstacle.

Maybe you've been evicted before, and so nobody wants to take a risk on you. Or perhaps there is some kind of discrimination that's happening because you are known to have an illness or a disability or because of your race.

The other things that can confound people being able to access support that might help benefit their housing...maybe you qualify for some kind of assistance, but it seems like assistance is tied to other things. So if you live in this particular safe housing situation, you're expected to attend meetings; or you're expected to attend treatment, and you can't get there. So transportation is a barrier...finding people within the community.

So it's hard to sometimes know who you can trust or who is going to judge you or not judge you...the risk of asking for help because you're afraid that you're going to get hospitalized or that somebody is going to place your homelessness as a criminal act itself; medication issues induced by weather, and people are like, "You're not medically stable, so you can't stay here"; or your psychiatric symptoms are heightened; or your trauma response symptoms are triggered because of not having a stable and safe environment. All of these things become barriers and tricky when you're trying to deal with housing issues.

If we stopped there, it would be hard enough. But there's still more that makes the issue of housing challenging. The system is built around the provision of housing. This continuum of care for housing can be *very* confusing...how the definitions differ and what the barriers are differ. But then what the rules are, what's mandated for communities to be able to have and offer homeless services has to be well-coordinated.

Each community differs a little bit; in an attempt to try to meet people's need, there's some barriers. Then that makes it hard based on what side of the county line are you in. Are you in Fulton County or are you in DeKalb County? Are you in Alpharetta or are you in Jonesboro? So these differences and the rules and what you can access can be as thin as a line on a map.

A tool that I want to be sure and point out to you...and if you look at this slide, there's a link to a really great acronym cheat sheet. You'll be able to download the presentation, have access to all of these links; and then they can become tools that you can use on a regular basis. So if you're a clinician working with someone who is confounded by the housing world, having a cheat sheet for acronyms can be really helpful so that you can both figure out how to manage that resource and know what people are talking about.

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The other piece of that is understanding that there are different types of housing, and it's less about a description of the actual house and more about the program that's affiliated with that description. Now, the goal is to have all housing to be safe and for people to have choice; and that's a pretty big goal to try to achieve. Some of the types of housing that exist include permanent supportive housing, which is where people are able to get into the housing and even after services end; they're able to stay in that particular apartment or home.

There's a housing type called "rapid rehousing," which is to intervene very quickly with some sort of temporary rental assistance with intensive upfront supportive services. So the goal is to instead of having people feel like they need to earn the right to safe housing, that there are care system says, "Nope, you're here right now; you deserve it right now. We're going to intervene right now,"...so to really try to work within that.

Transitional housing is, as it sounds, transitional. So it's intended to be kind of a short-term housing, but it bridges being homeless to having more permanent housing.

Safe havens...scattered light housing...we're going to actually have next month a provider who works in all of these areas in the continuum to talk about how they use these different levels of housing and these different types of housing to benefit people in their community. We know that there are certain attributes to what creates quality housing; and in a perfect world, each of these attributes would exist in all housing services. It's the goal, and we need clinicians to be supportive and involved in order for these goals to be met.

I mentioned choice. The importance of separating housing and services...it's kind of like the difference between separating housing and work. When things are too enmeshed, it gets tricky for folks to have economy and choice. We would want housing to be decent and safe and affordable for people's right to be honored and for access and for housing services to be voluntary. Getting access to your housing is just a first step. So even in a housing first model, that doesn't mean the work is done; it means that we can begin at working towards establishing a comfortableness where we live and that our house can become a home.

So that you have access to more resources, these links look at some of the best practices related to housing. Each of these could be a day-long training in and of itself just to introduce it. So I would encourage you to, after this webinar, look at these materials and know that we're really just beginning the education of what we need to be successful in housing. We want to be able to know what is discriminatory and what is prohibitive so that we can serve as advocates for the people that we work with.

We want to note that disabilities are to be accommodated for and that these accommodations are guaranteed by law and that many advocates believe...and it sure looks to be true...that there are too few accessible units to meet the needs of people, whether those be in urban areas or in rural areas. So to take a look at how housing is addressed in rural areas, I'm going to turn this over to my colleague, Sherri, and ask you to walk us through the information you know so much about.

Thanks, Melody. That was super helpful, and I think a lot of it applies to rural just as it does to urban areas...so useful information, thank you.

This is a picture of where – actually I took this when we were driving around Montana one year. You can see a couple of vehicles and lots of wide open highway and mountains and not much else. There's a motel there. I can tell you there's a little gas station there. And there's a sign for Three Forks and a sign for Butte, Montana. I'll talk about this more later, but people can get stranded. They can start out with a vehicle with an idea about finding jobs or with a romantic idea of what it would be like to live in the wilderness or a rural community; and cars give out, rides end, people are out of money. As you can see, one of the greatest challenges of finding yourself homeless in a frontier or rural area is there's really nowhere to turn.

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People are deeply rooted to their frontier communities, to their homes. Most of the people who find themselves homeless in rural and frontier areas are from those areas; and yet, when you do get stranded, you're relying on the kindness of strangers without any kind of necessarily formal services. So oftentimes, the next best step is to keep going to Butte or keep going to Billings or one of the larger communities where you can find actually formal services.

So I like to use this picture because it's a reminder of what homelessness can really look like. It's not a desolate picture, but I feel desolate when I think about finding myself stranded in an area where there's no formal route to assistance.

This is – and I want to move on to rural homelessness. Here's a small town; it's a lovely community, and there's no apparent homelessness here. I want to underline the word "apparent" because when I first started working in the area of homelessness, I was hired to coordinate a brand new governor's council on homelessness for the state of Montana and create a 10-year plan. One of the questions that I fielded most often was, "What are you talking about? There's no homelessness in Montana. There's no homelessness in our little rural communities."

But there is...it might look a little different than it does in larger areas. It may not be as obvious for a whole lot of reasons, but it's there...I can guarantee you. People coming from these isolated, sparsely populated areas really do have deep roots; and many, many of them have ties that span multiple generations. People have been in these rural communities from their great-greats on. And then there are always others who have moved to the country to have their quality of life.

I will tell you I left my rural community. Now I'm living in Helena, Montana, which is actually the capital. While it would seem like a very small town to many of you...I think we've got around 35,000 in the city proper and probably 60,000 in the bordering areas...but it's big enough to have services. It's big enough to have recreational opportunities and all sorts of things. But you get very far outside of Helena, and you're back into really frontier areas. We're going to talk about that a little bit more.

So living in rural America can seem like a dream comes true until something happens, and you can't be as self-sufficient as you need to be oftentimes to live in these areas. You have to be able to drive, and you have to be able to sustain your life in these areas, which might mean...particularly in very rural areas...the ability to transcend really bad roads and long distances even to get groceries.

When we first moved to Montana, we lived outside Haugen, Montana. As I said in my introduction, Haugen was a bar and a post office at that time. We drove 90 miles to Missoula to get groceries. My husband worked on the other side of two mountain passes in Wallace, Idaho, which was about 30 miles away. Our kids went to school in a very small, one-building K-12 school; that was 30 miles the other way. The bank was 40 miles away in the same town where my husband worked. You have to be very good at self-sustainability, and that's really where I saw rural poverty come into play and recognized how hard it is to climb out of rural poverty.

So rural homelessness...it can be a challenge to identify, and it can be a challenge to address; and we're going to talk about some of that. Rural homelessness, frontier homelessness, and I'm going to include housing and stability in this larger category...but what does it mean? Who does it affect?

I will say it affects people of all persuasions. It can be the result of a catastrophe. It can be the result of deep intergenerational crisis poverty. It can be the result of domestic violence or behavioral health disorders that make it difficult to hold a job or engage in services. It's young people and old people; it's males and females; it's every color and culture; it's returning veterans. You may find yourself homeless in idyllic settings, but homelessness in any setting is anything but beautiful.

I knew a woman once who would save money for the cold months and camp all summer with her children. She said, "The kids think that we're just on an adventure because we camp all summer. I know that we're homeless and trying to save enough money that we can make it through the winter."

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Domestic violence can be particularly difficult in rural and frontier communities. If there is only one business or a couple businesses or even a small courthouse in the community, if you can find your way to the two center it's not unlikely that your abuser's uncles, brothers, parents, friends, are going to be in the one business that's open when you finally make your escape at two in the morning...and that would be a bar. It can be likely that the police, who would normally respond, are spread so thin that they have a difficult time even getting to you.

The distances when you're living and working in rural communities, rural areas, frontier areas, sometimes feel almost insurmountable. If it's 45 minutes to the grocery store, if it's an hour-and-a-half to the nearest decent sized community...that can feel insurmountable.

So what are the myths?

The myths are...I've already said one: There's no homelessness in rural areas. But other myths are, "Rural America is out West somewhere," and, "There's hardly any rural areas left," and, "Really? The last of the frontier must have disappeared in the early 1900s." All those are myths.

What I will tell you...and I've always been sort of happy to convey this information...is that at least 80% of the United States is rural, and yet it's home to just 20% of Americans. About 62 million people live in frontier or rural areas...62 million, and the frontier is home to just 4% of Americans but covers about 56% of our geography. I'm always interested to see...well, this is what is rural; so this is sort of a prelude to what's coming next: What's rural?

So while you know it if you don't see it, you're not going to see public transportation. You're not going to see public housing authorities oftentimes. You're not going to see a lot of affordable housing; or, if you do see affordable housing, there may not be jobs to support it. Many rural communities are living in deep poverty, as we've already mentioned. You are not going to see a wide selection of services, and a continuum of care may need to be built across multiple counties or even an entire state.

Our state has one continuum of care. Now, there are different services that come together locally to provide continuum of care style efforts, and yet oftentimes everything you need for a true continuum is not going to exist in a small community.

So the rural continuum...I think this is super interesting. Urban is like one end of the spectrum. As you move along the spectrum, you come to rural about one-third of the way down. Then rural, rural, rural...keeps going...and then frontier. Oftentimes if I'm doing a public training, an on-site training, I'll be sort of hopping sideways about one-third of the room and then show that the rest of the room is either rural or frontier. It's very amazing. If you look at this map, even areas on the East Coast or the West Coast that you would think would be all urban also have highly rural and frontier areas mixed in.

This map shows it a little better. These green parts are really frontier. If you could click a little closer up, you would see that even in...I'm not sure if we can see it better on this one...you'll look and see that even in New York and certainly Texas, but even in New York and even in some of the states where we would necessarily think, gosh, there are no really rural areas left there, there are; and they need special consideration in terms of clinical services. I think this is a good reminder.

One of the risks of homelessness is poverty. About 15.4% -- these are some figures that I identified -- but maybe 15.4% live in poverty if you look at rural areas nationwide versus about 11.9% of urban residents. Of course that's going to vary pretty dramatically town by town. There is not a single generality that covers the whole country really aren't good at nailing down the specifics of what poverty looks like, for example, in Twodot, Montana. But in general, the poverty levels are higher in rural areas.

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We also see more health conditions...chronic conditions are more prevalent. Part of that relates to poverty. There's high unemployment, and under employment rates. Oftentimes in very rural areas, they're one-employment areas. It might be the post and poll yard or the mine or it could be agricultural. And if that one employer goes down, suddenly you've got an entire town in crisis.

There's a greatly reduced range of employment options. So it may be that the only jobs available are bartending, washing dishes, waiting tables, cooking...jobs that may be available but may not pay a living wage.

Every single person has a story. This was actually a project that was done by the local Carroll College here in Helena. A few years ago, they became interested in homelessness. So they went out and interviewed people and then told their stories. So it was really quite a wonderful project. I like to use this because the truth is while homelessness has many, many faces and some of the stories are similar, yet everybody has a completely different story.

One of the things we see over and over again with rural homelessness is the pride of people. People who live in the country are enormously proud. They're *very* good at being self-sufficient. Oftentimes, even when they're living in situations where in an urban center you would say, "Well, that person is clearly experiencing homelessness. That person is living in an abandoned trailer that doesn't have windows or doors or running water or electricity. That's certainly not safe for human habitation." But I can tell you a story of someone I met who was living in just such a structure.

I was doing a point-in-time count one year in my community and sat down with a gentleman and his wife. I said, "So, if you don't mind, I'd like to ask you a few questions. My friend Judy suggested that I speak with you, and we're talking today to people about being homeless."

And these folks said, "Well, we're not homeless; but we'll be happy to talk to you."

So, "Oh, that's wonderful, I'm happy to hear that. So you're housed?"

"Well, yeah, we found an abandoned trailer up one of the gulches; and we've been living there for quite a while. Now, it didn't have any windows or doors although we've gotten some plywood to cover some of those areas. And we don't have power, and we don't have running water. But we have a home; we have a place to live; we're not homeless."

And I said, "Well, gosh, it gets really cold here in the wintertime. How do you make it? How do you survive in that kind of dwelling?"

And they said, "Well," -- this is one of my more extreme stories -- "we keep our herd of goats. And when it gets too cold for the goats protection and for the warmth, we bring the goats in. But we're not homeless."

And I think that really speaks to the pride and resourcefulness of people who might find themselves homeless in a rural area. They come down periodically for groceries; and they would also gather huckleberries and rural mushrooms to sell and firewood. So they were self-sustaining; but probably in an urban area, they would definitely be considered homeless.

We've talked a little bit about scarce resources, lack of capacity to compete for state or federal grants. Usually people who would write those grants are stretched very thin. Evidence-based practices may be (inaudible) and difficult to duplicate, and smaller numbers can be hard to sell to funders. They want a big bang for their buck. And data may not be really accurate or truly representative. If you're looking at an environment like this, you really are going to be difficult to count.

With that, I see we may need to pause here, Melody. We can talk a little bit more about -- there's really not a lot of homes on the range through range; vouchers are rare. And then we can talk about solutions. But I don't want to totally goof up our timeline.

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Sure, Sherri, thank you. You've actually got about one more minute or 45 seconds to do a final point before we go on to the Q&A.

Absolutely, so one thing that I would like to encourage you to do is download the presentation because there are a *lot* of resources listed here. One of the things I'd encourage you to look up is the Rural Housing Toolkit. It's on the First Edition's website. I helped write that under subcontracts, but I think that's really helpful.

Don't overlook your community resources. The ones that are local can help and often will help. I've seen churches start interfaith hospitality networks, civic groups gather coats, human resource development councils lead community action...same with United Way. And there are lots of innovations; you'll be able to find lots of these in the Rural Housing Toolkit that I just directed you to.

And, Melody, if I may...one last thing.

I would *really* encourage you to look at the USDA resources. They have housing and technical support opportunity available specific for rural areas. They are awesome in terms of the fact that they have a local presence and some control over resources that can be used locally.

So, Melody...

Yeah, Sheri, absolutely...you have provided some really great links that are going to be able to be found in the PowerPoint when they're downloaded.

I know we're going to move to some Q&A. So I'm going to ask Laurie Curtis, who is the RTP leader of all things and has been with this project longer than anyone else, to guide us through the Q&A.

Hi, everyone, good afternoon.

And thank you, Sheri, for sharing some important information that I don't think a lot of people are all that sensitive to or pay that much attention to.

And, Melody, you did a yeoman's job of stepping in for Charles Sullivan this afternoon and laying the foundation for a great discussion.

We do have a couple of questions.

Sheri, the first one I'm going to direct to you. Perhaps you might want to even revisit some of the material that you skimmed over. That is, what is important for rural clinicians to know about housing? How does it affect their work with the people they serve? And if they know someone is sofa surfing or sleeping in a car or the trailer of the gulch, what should those clinicians be doing?

Well, first of all, I think with rural folks, oftentimes what I've observed is that clinicians may be coming from a bigger town and having a presence in the community one day a week, a few times a month. So they aren't really part of the town. I think one of the important things to remember is that you are an outsider. There's a deep distrust in many rural areas for people coming from outside. So I think it's very important to establish rapport and respectful ways because otherwise you may never learn that someone is living in unstable housing or living moment to moment in the back of the car. In order to hear those personal accounts, someone has to trust you; and the fact that you've been assigned to come out for a couple of hours every other week may account against you more than for you.

So you have something very important to offer, and you oftentimes with rural folks may often have only one chance to really establish rapport. I often say it may not be what you say; it may be how you say it. People can be very sensitive to tone...anything that says, "I'm the expert; I've come to solve your problems," can be problematic for you.

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I don't know if that helped, Laurie?

I think it does, Sherri. And related to that is sometimes – you told a wonderful story of a person living up the gulch in a trailer and that they didn't consider themselves homeless, but they would be to most people looking at that situation because of the inadequacy of the housing and sleeping with goats for heat. But one of the questions one of the participants brought up was for people to be eligible for some of the resources to help them around these housing issues, that homelessness needs to be documented.

Absolutely.

And I'd repeat to this person, this participant, that a lot of the documentation seems to be shelter-focused. So what thoughts do you have about documenting homelessness in some of these more grey areas?

Well, I think that comes down to relationships. So if you can get documentation from other people, a snapshot and a personal record of how long somebody has been camping out in that abandoned trailer, it might be the local food bank who sees these people every so often. If you can get third-party documentation from people who are aware of the situation, that can be really helpful because you're right. Shelter nights are one of the things that we count, and there often aren't shelters.

I have one picture back in the deck of a very small shelter...a very small private shelter on the outskirts of one of the Native American reservations here in Montana that they keep open just through personal donations. And the documentation even in that kind of a case often isn't there. So I think that's my best tip...is the third-party documentation.

And then also, getting the records from the individual who is living in that situation as well...they were able to tell me that they'd been in that abandoned trailer for three years, which is astonishing to me. The strength and resiliency of people who are surviving homelessness in these areas is always awe-inspiring to me.

Sherri, could you also elaborate on some of the more unique resources that might be available in the rural areas? You flipped through a slide on USDA. Can you talk about some of that, please?

I would absolutely love to. I thought you'd never ask!

USDA rural development is one of the best kept secrets. If you go out to their website, you can easily find the local rural development service centers. Most rural counties are going to have them. Sometimes they're called a co-op. But they've got loans and grants that can be applied to single-family homes, housing rehab, low-income apartments, and housing for special populations like elderly and disabled, as well as public facilities. The cool thing with USDA...I can't sing their praises enough...is that funding can be accessed by individuals, non-profits, municipalities, tribes, and others. So it's a wonderful resource.

They also have many units that are treated much like hub units. So the participant may spend 30% of his or her income for rent; and in that case, just like a voucher, there is a public source to pay the rent. So they're oftentimes – the phone just leaped off my desk – they not only have housing resources and technical support for rural areas, but they're known for farm services and food security...like SNAP, used to be known as Food Stamps; WIC -- Women, Infants, Children Nutrition Program. Some call it a co-op. This is a great resource with some local control behind it, which is a huge big deal.

One of the things as far as resources go in rural communities...I've seen some amazing innovations. Here are a few.

AmeriCorps projects – Kentucky had for a long time, and I think it's still going, homes for AmeriCorps programs where volunteers would go out and help renovate homes in rural communities in Kentucky.

NeighborWorks has some *terrific* resources and have done a lot of work around their rural initiative, including funding and resources for people to buy their own trailer park, which was pretty amazing. Somebody (inaudible) a really cool old trailer park that was in an area that could have been very lucratively repurposed, but there was no place people could go because their trailers were old. No one

Two faces of the same issue: Housing instability and homelessness in rural and urban communities [Transcript]

else would have them. They weren't even necessarily – have solid enough structures to even move. So NeighborWorks helped create an initiative where the people got their little village and were able to stay in place and renovate the trailers with energy efficient and better insulation.

Red Feather Development Group was one guy who saw the need of American Indian elders on very poor reservations and decided he wanted to do something about it. He has since left the group, but it's still going strong. And what they do is provide training and technical assistance and resources to build sustainable, warm homes in communities where people are living in deeply substandard areas.

The Veterans are doing some wonderful things with their mobile outreach for telehealth.

And again, I would just encourage you to look to your local community resources because you'd be astonished at the kinds of help they're willing to give if you tell your story.

Sherri, those are wonderful sets of resources. I hope all our participants will download the slides and use those to give them some inspiration and some direction for finding resources for the people that they're serving who are experiencing housing instability and homelessness...especially in the rural and frontier areas.

I'm going to turn it back over to Melody to wrap us up.

Thank you, Sherri.

Thank you.

Melody?

Thank you both so much. I think the takeaway for me is that the solution to homelessness is partnerships, collaboration, and creativity. I'm thankful that SAMHSA has included home and community as part of the core dimensions of recovery in those definitions of recovery because it's absolutely critically important.

It's because of SAMHSA's inclusion that we're able to talk about any of this. The Recovery to Practice initiative is really designed to help clinicians who may not have access to other types of continuing education be able to come together, hear from different experts, get pieces of information, get tons of resources to continue their development improving recovery-oriented services.

We also have information available for physicians. A series on clinical decision support for prescribers treating folks with co-occurring disorders is available. Just go to our website and get that information. We really want to support your continued learning. The folks we serve deserve the very best that we can offer, and our staying continuous learners helps people become involved because of the way we are learning to do outreach.

We've mentioned these resources; the links are here. The resources are intended to be used. We want to spread this information. You can access more information about housing instability through our own newsletter that's available right now, *and* we're going to have Part 3 of this series on unstable housing and homelessness next month, Wednesday, December 6th. I hope that you will invite your colleagues to join and know that collectively this series is going to provide some very excellent information.

Don't forget you can get a continuing education hour for this participation. Just click the link here or the link that's going to show up on your page as we exit. We don't have anyone to talk to if you all aren't here. Your participation is vitally important. The folks that you speak to and attend to every day are vitally important.