

Transcript: Housing Instability Risk: How to recognize it and what to do when you see it

Welcome to the Recovery to Practice webinar. This is Melody Reifer. I am a Senior Program Manager at Advocates for Human Potential, and I have the pleasure of working on this webinar series. We are so happy that you could join us today.

This and all of the Recovery to Practice webinars are funded by the Substance Abuse and Mental Health Services Administration. We are grateful for the support and the opportunity that it creates to help behavioral health and general health care practitioners improve delivery of recovery-oriented services, supports, and treatment.

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A couple of housekeeping details that I want to share with you.

Please use the Chat box, and I see that you are doing so right now, to say hello to each other, to add commentary to the presentation, maybe swap ideas. But, if you have a technical issue, or if you have a specific question for the presenters, please put those in the box labeled Second Topic Questions.

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Now before we get started with our incredible expert, I would like to ask you a quick question and provide you an opportunity to respond.

So the question is, how often do you screen for housing situations with the people you interact with? Now in just a second the layout will change in this room, and you will be able to answer. I think. There we go.

So there are a couple of choices here. How often do you screen for housing situations? Only upon admission, during intake? Maybe with every treatment plan review? Or every time you see a person? Or maybe there is somebody else who is responsible. What answer fits the most for you in your situation?

I see that, gosh, about 40% of you say you ask the person each time you see them. And then the other responses are running neck and neck. Fifteen, 20% only upon admission, or at treatment plan reviews, or somebody else does that. Going to give you just another second to respond to the questions. It is always interesting to see how this plays itself out.

And those percentages are still staying about the same. So that is interesting.

Thank you for sharing with us that information. We are going to move on.

And I want to tell you a little bit about the folks who are going to be speaking to us today and sharing their experience and wisdom.

So we have Keith Scott, who is a CPRP. That's a Credential through the Psychiatric Rehabilitation Association. And he is also a Certified Peer Specialist. Keith is the Vice President for Peer Support and Self-Advocacy at Advocates, Inc., which is in Massachusetts. And he has been with that organization and contributing to the recovery, (inaudible) services that they provide for virtually all of his career. And so, Keith, I thank you for being with us.

The other presenter is home grown in that she works for Advocates for Human Potential. She is one of my colleagues. Pat Tucker is a Housing Specialist, and quite honestly I have heard her speak with passion and expertise on a number of topics. She has an MBA and a Master's degree and is able to bring

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this perspective of those kind of a clinical orientation and a framework for how we do our work in the real world.

So I am glad to welcome these people to our webinar, and I am going to turn this over to Pat, who is going to kick us off, and then she and Keith will continue the presentation.

Thanks, you guys, for being here.

Hi, everybody. This is Pat Tucker. It is great to see people from all over the country. This is excellent. I am pleased to be here to talk with you about homelessness and unstable housing circumstances.

I am going to move off this slide because I want to jump in.

So I have been in this field, and I don't like saying it out loud, but for at least 30 years. So let's just say I started really young. But what we know in this country, and in other countries, is that housing is expensive. And there are tons of people who have been priced out of the market. I know people who work minimum wage jobs, and in a lot of places a minimum wage job doesn't get you a place to live. You still can't afford a place to live with a minimum wage job.

So we're talking about – we're not just talking about people who are not working or even just people with some type of disability. We also have people out there that work who can also be homeless. So I want us to open up our minds a little bit to just, you know, we – typically when you think of homelessness you think of the person sleeping out on the sidewalk. Well, that is one type of person. There are other people who are sleeping on couches, are sleeping in somebody else's home. I know and have known of people sleeping in somebody's garage or their barn. As well as being doubled up and tripled up in houses and apartments.

So I just wanted to give you a little framework for, you know, who we are talking about and that it is not as simple as just seeing a person out on the street.

There are some federal guidelines as to what we should pay for rent. And if you pay more than 30% of your income for rent, then they consider that a housing burden. I am sure a lot of us on this phone call pay more than 30% of our income for housing. And 50% of your income or more for your housing is a severe burden. But in most states, a one-bedroom apartment costs more than 100% of that SSI check. So if you don't – if you are not working a part-time job and you are on SSI or Social Security, you are going to be – a one-bedroom costs a lot more than what you get in a check.

So this – this is for all of us. This is not – this is – all over the country housing is getting more and more expensive. And it is going to be harder for people to be able to afford a place on SSI. Or, for some people, working in a minimum wage job.

What do we mean by homeless? So I gave some guidelines here about what are we talking about? We are talking about people living outside. We are talking about people living in a vehicle. If they are in an emergency shelter. Some people live in – stay in hotels because they get a voucher from a program. Or if you are in transitional housing, you – you are really homeless. You don't have a place in your name that you can go to every night.

Then we have people who are unfavorably housed. And those are the couch surfers. If you have ever heard that term, somebody is living on your couch or living with a friend or a family member and basically whatever place you can find to sleep, that is where you are sleeping.

If you are living with friends and family for long term. If your name is not on that lease, you are unstably housed. If you are living in a hotel or motel and you are paying the bill, that – that's, you know, you still are not stably housed. There is nothing with your name on the lease. Hospitals, jails, prisons, psychiatric, substance use facilities, that all creates an unstably housed situation.

There are lots of circumstances that can lead people to being homeless. Conflict. Having a fight with the family member or friend that you are living with can lead to you being homeless.

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Can't afford the rent, can't pay the rent. You know, for some people medical issues. You have got to determine do you pay your medical bills or do you pay the rent. Or an emergency pops up and you have problems paying the rent because you dealt with an emergency. Or your car breaks down. I mean, there are so many things. Incarceration. Domestic violence. You don't have a safe place to go and you end up out on the street because you can't stay where you are at.

You could be evicted for reasons other than paying the rent. You could be evicted for, you know, too much noise, too, you know, people are coming over to your place. There are tons of reasons why you can be evicted.

And then we just have poverty. Basically a ton of people are homeless because they can't afford a place with the income they have coming in, whether it is SSI or a minimum wage job.

There are lots of factors that can impact housing stability. And there is no way to know which one of these come first. I know a lot of them go together.

Substance use.

Unemployment or underemployment.

Having a physical disability.

Mental illness.

HIV/Aids.

Gambling.

Legal problems.

And I would add to the list, and I should have added it to the list, medical bills. A lot of people get into trouble when there is a medical issue and they have to spend most of their money trying to pay for hospitalization.

Immigration. Somebody put down that immigration status is a factor. Yes, that is, and that should have been on my list. Thank you for adding that.

I like the Chat box. Keep talking to me.

And I am sure there are other things that people can think of that could go on this list. There are lots of things than can impact your housing stability.

Probation fees. Yes. I also – I knew of a woman who, for some reason was very fertile. And it was against her religion to take birth control. And the man in her life left, and she had 15 kids. Talk about how hard it is to find a place to live when you have 15 kids.

Criminal record. The legal and forensic status (inaudible). Yes. You guys are adding a lot to the list.

This – basically I – I wanted you to be able to read the slide, so I didn't put everything up there, but there are tons of reasons why people can end up having stability – housing stability issues.

What are the effects of homelessness? I think we all think about this, but homelessness affects your health. People get tuberculosis. Sleep deprivation. Mental illness. I – if I were on the street, I know that there would be issues that I would have to address that I am not addressing now because I have housing.

Physical abuse. People on the street are more apt to be physically abused.

Sexual assault.

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Skin diseases.

Nutritional deficiencies. You are not eating well.

Mortality. People on the street die sooner than people in housing.

HIV/Aids.

Drug dependency.

There are so many issues of how homelessness affects health. And even if you get your health issues taken care of, that doesn't mean that, you know, once you go back on the street those issues are going to be going away.

So there are lots of issues that affect – or lots of effect of being homeless.

Personal issues. It's hard to have good self-esteem when you are on the street. People don't see you. They don't want to see you. Or people make judgments about you because you are on the street.

A list of things, I'm not going to go through all of them, but there are lots of issues that pop up such as, you know, developing behavior problems. Your chances of going to jail are increased because you are on the street.

I have seen people get picked up just for being homeless, and, you know, public urination or, you know, whatever. Loitering. There's more for the danger of abuse than violence. There are so many issues that come up when one is on the street.

And I am going to turn it over right now to Keith, and I will be back later.

Thank you, Pat.

Good afternoon, everybody. I just want to say that the comments that I will be making, you will notice have a particular slant to them, and it is really from the experience that I have with homelessness in the context of the work that I do with people with psychiatric challenges. And so you will notice in some of my remarks that that is kind of featured prominently. So I just kind of wanted to be transparent about that.

So factors that can increase the risk of housing instability and homelessness. Some of these relate to the things that Pat had already – had already talked about. But some of the other things, like prejudice and discrimination, will be often referred to as stigma that people internalize as a result of their involvement in psychiatric care. Those things can certainly increase the risk of housing instability and homelessness, in part because that prejudice and discrimination is often fomented by media coverage portraying people with psychiatric conditions as being inherently dangerous, and then that can be problematic with current landlords, and it is also problematic when people are looking for housing and need housing.

Some of that stigma is related, and not at all mitigated, unfortunately, by this idea that, you know, people with psychiatric conditions have a biological brain disease. I think – I think the conventional wisdom is that that means that people have very little control over their mental health challenges. And, again, I think it's seen as risky for landlords when considering renting to folks.

Disability identity, you know, kind of relates to the issue of stigma and prejudice. Folks are viewed, particularly those on benefits, as not being productive members of society. Not sort of holding the same values as other people and are, unfortunately, treated prejudicially and are discriminated against as a result.

Poverty associated with that disability identity. You know we spend a lot of time convincing people that they need an income to live, and they do, and so with the best of intentions we help people get on Social Security Disability benefits, for example, apply for SSI. And there is something about that process that I think, again, people internalize. And that set people who realize or come to understand that they have

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disability benefits will make judgments about that are not helpful for them maintaining their housing or getting housing when they need it.

Similarly, social isolation related to their sort of involvement. It is also sort of connected to treatment. Many of the folks that we work with that are receiving treatment for their mental health challenges, that treatment primarily consists of medications, and those medications can be effective, but they also have a tremendous down side associated with them. And part of that is, for many people, sort of their ability to feel connected to the rest of the world. Their ability to be social, which impacts their ability to get adequate support. Also impacts their ability to get employment. Those kinds of things which have implications for their housing stability.

Interactions with police, fire, and EMS developing from their involvement in the mental health system. Many of the folks that we work with, when they are in crisis will contact our psychiatric emergency services programs. And, again, in an attempt to be helpful, we will mobilize police and EMTs to their apartments or to their homes. Oftentimes the neighbors will come out on the street. They will sort of see the activity going on there. Many times folks see police and EMTs in their neighborhood, they sort of tend to get a little bit worried. And it is even more problematic and exacerbated when someone has, you know, multiple crises in a relatively short period of time and police are coming there. We have often had issues with landlords wanting to evict people because the neighbors have complained about the frequency with which police show up there.

Basic life skills issues that can increase housing instability. A lack of budgeting skills. The lack of cleaning skills. Those are two primary areas where people's housing, their ability to pay their rent, the ability to maintain their apartment in accordance with their lease can affect the overall instability of their housing.

A lack of knowledge about their rights as tenants and their knowledge of tenant advocacy organizations in the community that they could access when they are being threatened with eviction.

Fear of consequences, frankly, with regard to their autonomy of personal agency when faced with the challenge of should I seek help or assistance with a situation. Again, I think people are acutely aware that society views them very differently, and they are very reluctant to draw attention to themselves, even when they desperately need some help and support, even on a short-term basis.

Lack of effective opportunities. Employment training. Employment support. Even though about 13% of people who are homeless have jobs, their wages area an issue, I think, as Pat referenced. And employment programs generally don't address the issue of housing. They don't sort of build housing in to the plan that they develop for the person. And, of course, it's, you know, if you don't have stable housing, this is very, very challenging to maintain employment.

Substance use. Substance misuse and addiction. In one study I am familiar with, about 25% of people who are homeless identified drug use as the primary reason for their homelessness. And this is particularly true for veterans with opioid use disorders. A recent study said that those individuals have ten times the rate of homelessness than the general population. So substance use and addiction, again, are a significant factor with regard to the stability of housing.

Racial, cultural, and linguistic prejudices. There is a 2013 HUD study of 28 metropolitan regions across the country. People of color were informed about 11% fewer rental opportunities and shown about 20% fewer homes compared with whites.

Smoking is a huge issue for us. We don't do a good job preparing people to move into their own place, particularly people who smoke. I believe it was the end of 2016, HUD announced that all of their public housing agencies needed to go smoke free by July of next year. Many of the apartment complexes have gone smoke free. Many of the people that we support because of their involvement in the mental health system smoke, and we have really struggled with how to support people to work on that issue prior to moving into housing. Because once they get into housing, and they start smoking in a non-smoking apartment, very quickly they start receiving notices about eviction.

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Physical illness. Some of those things Pat already referenced caused by homelessness. Those things continue while people are being housed and can continue to be a potential factor in the stability of that housing.

(Inaudible) rejects. People who were, you know, involved in the criminal justice system, who have active (inaudible) or who develop (inaudible), which happens frequently to people involved in the mental health system, in no small part due to their poverty. That obviously is a factor.

Domestic violence is a huge issue with respect to housing instability. I think one study from the Family and Youth Services Bureau said among mothers with children experiencing homelessness, 80% of them had experienced domestic violence.

And then lack of remedial accommodations for disability. All sorts of disability. Not just psychiatric disability, but intellectual, cognitive disabilities, physical disabilities, blindness, deafness, those kinds of things. Asking landlords for reasonable accommodations can upset them, even though legally the tenant has the right. Oftentimes landlords won't want to make adjustments, or changes, or accommodations, can't afford them. And we get in sort of this process of planning on not re-renting to that individual.

And then, finally, a lack of affordable and accessible transportation. Particularly in suburban areas. Not as much of a problem in urban areas, although it is still extensive for folks. But in suburban areas there is just a complete absence of accessible and affordable transportation which makes it very difficult to get to appointments, very difficult to get to work, or to school, those kinds of things. And all of those things, kind of factors into a person's housing stability.

Why does stable housing matter? Obviously, without a secure place to live, people are really unable to focus on improving the other parts of their life. You know, safe, stable community-based housing is a social determinant of health and a key contributor to health inequity. And research finds that the people in stable housing generally show consistent improvement in areas such as health, reduced hospital stays, reduced healthcare costs, etc.

According to the National Alliance on Homelessness, stable housing can contribute to a 12% reduction in Medicaid expense. A 20% increase in primary care utilization. And an 18% reduction in emergency room visits.

It is obviously very, very difficult to assist someone in addressing serious life challenges while they are homeless, or they are concerned or anxious about their homelessness. You know, the stress of housing instability often exacerbates underlying mental health challenges, substance misuse and addiction issues, and can itself contribute to homelessness. Very difficult to associate communication when people are homeless. It is difficult for people to be reminded of appointments, to notify the of changes in appointment times. To, you know, call them on the phone, and oftentimes as a result services and supports are discontinued simply because people can't be reached.

Lack of feeling secure and safe, often for folks who are worried about homelessness or are, in fact, homeless. Takes precedence over working on their issues. And even issues that can contribute to their homelessness. So, sort of the anxiety makes it very difficult to have people focus on the things that even may be causing them to struggle with housing stability.

A lack of a sense of belonging to the community. Can magnify a sense of marginalization and increased hopelessness, which is, I think, one of the things that we have to guard against most carefully. I think we have to hold hope for people, folks who are homeless and/or anxious about homelessness can become extremely homeless, and that, in and of itself, can be a barrier to the services and supports that could actually help them.

And just a sense of overall disempowerment for all the reasons that I already mentioned. Those things can lead to apathy, despair, suicidal feelings, suicide attempts. Or it can be focused outwardly in violence towards other people.

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The importance of housing stability and achieving change in recovery, like what is needed. Right? So I tend to like view these sings of issues, the issue of homelessness, in a holistic context. It is very complex, and I think the solutions that we are thinking about kind of have to reflect that complexity.

I think a coordinated community approach, which is challenging to do, in part of communication barriers, but a coordinated approach that involves everything from advocating for more affordable housing. I think currently HUD, under the current Administration, is reducing mental assistance by almost a billion dollars. And that is a huge problem because it is going to reduce the availability of affordable housing for folks. It is going to impact the public housing agencies and their ability to provide subsidies and vouchers to assist people with rent. It will probably impact supportive housing programs which have a very good track record of assisting people with maintaining housing stability.

And there is an opportunity, I think, as we look into the future, shared electronic medical records, care coordination being an emphasis of community treatment, to bring together discreet services that sometimes maybe we don't think about in terms of assisting people to achieve housing stability. Things like occupational therapy assessments for activities of daily living that people may struggle with or have never developed skills in.

Mobile clinicians. People who go out and actually see folks, do therapy, provide support to people where they are at in the community rather than asking people to come to a location.

Mobile psychiatry, tele-psychiatry, and tele-therapy. These are innovations that I think can be extremely useful to people while they are trying to manage all the different aspects of their lives in maintaining housing stability.

Peer support. Providing access to people who have been through similar circumstances and have come out the other side and can relate to people in a relationship built on mutuality and supporting autonomy.

Recovery coaching for folks who have the experience of issues with substance misuse or addiction. Again, the same kind of thing. People who have been through it and who understand what it takes to come out the other side.

Access to housing coordinators who have a really good experience working with landlords and public housing agencies in the community.

Things like visiting nurses, home health aides, personal care attendants. These things can be mobilized to assist people with aspects of their life that if left unattended and neglected can lead to issues with their housing stability and even eviction and homelessness.

Community crisis response teams. Where folks who are, again, having a psychiatric issue, or an extreme emotional issue, can get support in the community without having to go to an emergency room.

Human rights officers and ombuds persons to assist them with issues related to their human and civil rights. Related to housing.

Cleaning services.

People (inaudible), shifts in guardians.

So all these things, I think, can be extremely important in helping the person achieve housing stability and maintain housing stability, but they are often not coordinated. So one community provider does one or two things that some other person in the community that an individual is working with is completely unaware of. And I think better communication and coordination would go a long way to helping people achieve housing stability.

And so some basic things you can do.

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Understand each person's housing and financial situation. I really liked at the beginning the little poll where it said 50% of people were asking folks about their housing situations every time they got together. That's fantastic. I think understanding from the person's perspective where they are at with regard to their housing, and the things that impact their ability to maintain their housing like their financial situation, work, their budget, any supports that they are getting.

Include housing in each person's treatment plan. It is kind of foundational. Again, it is hard to work on issues if your housing isn't stable.

Ask people what they need and what they want. They know best what they are struggling with, and I think people really appreciate, especially those folks who have had trauma experiences in their life, who are often (inaudible) not asked what they want, what they need, and more told what they want and what they need, deeply appreciate being asked and really kind of connect to services and supports better when that happens.

Provide ongoing support to people. Again, constantly checking in with folks. How's it going? Any time we can interrupt situations which may destabilize a person's housing, you know, before it gets to the point where they are looking at eviction, the better.

Understand that language matters to everyone.

And I think most importantly, with respect to this question about coordination, get to know the resources in your area. Be sort of a resource expert.

And with that I will turn it back to Pat.

Well, this is simple, right? So that was great. Thank you, Keith. But so this – we got a simple thing. All we have to do is just ask people, are you homeless, right? And that should work.

Well, I'll tell you what. It doesn't work. When I was growing up, I lived in a situation where we had a three-bedroom house, with one bathroom, and there were three adults, and I think probably at our max we had nine – eight, nine kids in the house. And if you had asked me if I was homeless, I would have said no, I got a place to live. But we moved every year before we got evicted because there were too many people living in the household. Sometimes we had to move sooner than a year because the landlords wanted us out. Too many kids. Too much noise. Too much damage to the unit.

But we never thought of ourselves as being homeless or in danger of being homeless. So if you had asked us this question, we would have been like, no! I don't know what you are talking about. We are fine. Because, you know, we had a place to stay. But was it a good place to stay? No. Some of the places we stayed because we were desperate were places that shouldn't have been inhabited by people.

We had rats crawling through the roof and – not through the roof, but through the walls. You could hear them all night long going up and down. It was not habitable. But I would have never said we were homeless. Not until I grew up and learned more about our situation and what we were really doing (inaudible).

So what I wanted to do was to give you one example of it's a quick checklist that you can give to people to do themselves, or you can do it with them, to just check and see if people are in need of services. As you see, there is a link to this checklist. It is also going to be up on the screen in a minute. But this – there are ways to do this and not just asking because everybody doesn't know what – whether or not they are homeless, or people don't look at it that way. So we really need to give people, you know, a way to talk about it.

There exists – what this goes into, this assessment, it goes into these domains. Family demographics, immediate safety needs, housing and homelessness, self-sufficiency, service use, parent functioning, and child development. Those are key areas that we need to focus on when we are dealing with people and when they may be coming into our office. Instead, you know, asking somebody if they are homelessness

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and they say no because they are embarrassed, or they say no because they don't consider themselves homeless because they are on a couch. This is a way to get at some of the issues and what are the needs of that person.

So this is an instrument that I thought was crucial. And you also have access to it. What it does is it just ask people to put a check in a box, or an X in a box for things that are absent. So people get to rate themselves. They get to rate if, you know, if it is a category that they feel strong in, or if it is a category that is adequate, or if it needs improvement.

And it really is a great thing to use with people. You can't really see it here, but it just says, you know, asking the identifying questions about the person. Do they have – is there a history of domestic violence. Is there a current risk for domestic violence? Is there a restraining order? Is there a risk of harm to self and others? Or any family member?

What about health issues? Do they have health issues that are requiring attention?

It talks about general housing. Where did you stay last night?

And as you see over here, there is a link that has been put up, and this is the link to this assessment. I thought this was – this assessment is just a real basic assessment that anybody can do. It doesn't take up a ton of time. I have actually done it before and worked with people. It goes into, you know, employment, income, benefits, credit history. And it is just basically asking people to put an X by the things that they are struggling with or that they need help with.

You see there is general health questions. There's physical health questions. There's medications, whether or not people are on medications. Or do they need help with medications? I know people who have to make a decision. Do I pay bills or do I get my medications?

It talks about mental health questions. Diagnosis. Are there maybe medications for mental health disorders.

It talks about parents' substance use.

Talks about trauma. And just whether or not people, you know, feel like they need help with this. It focuses on the parents' criminal background. What kind of support does the person need? Do they have any type of informal supports? Any type of friends or family members they can call on. Do they have the formal supports, like are they seeing somebody in the community like some of the people on this phone call.

All of these are questions that, you know, people can just do a quick, you know, check in, and you can kind of see where people are at and what they see as their, you know, crucial needs at that moment.

There are a ton of resources in this – in here for you. But I'm just going to go back again. The last one at the bottom is checking to see if they have been a part of some other system. If they have, you know, have a standardized assessment, or if they have been through a (inaudible), which is basically the coordinated entry system.

You are just checking to see if they are working with somebody else out there so you know if you may need to coordinate services. Because we are not expecting one program to be everything for somebody, but we are expecting programs to ask the question so if somebody else is working with them, and you are working with them, maybe you can work together to help this family do a, you know, deal with some of the issues that they are dealing with.

So, like I said, this is just to give you a real bird's-eye view, right then and right there, about the person and to help you to just make some kind of judgment as to this person needs help right away with this issue. If I am homeless and I have medication that needs to be refrigerated, that's a problem. Where am I going to refrigerate it if I am staying on the street? Now in Chicago in the wintertime it might not be that

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big of a deal, but in most places, if it is not freezing outside it is going to be an issue of keeping your meds on, you know, frozen. Or not frozen but, you know, cold.

In this also we are giving you a ton of resources that you can look at. I have seen a ton of good questions in the Chat box, and I was in the Chat box talking for a while with people. I saw people referring to employment, you know, when Melody introduced me, she, you know, focused on my housing. But I feel very strongly about the employment component. And would love to talk more about employment. I don't think we have time on this call, but I think employment and housing go hand in hand. And so, if somebody, you know, can't afford housing, why not help them with employment to deal with the housing.

So I won't – I won't bore you with my preaching about employment, but I think employment has to be at the table as well as housing. And there will never be enough affordable housing. So we have to be creative, and I saw somebody say we have to think outside the box. And I think we all have to think outside the box. And we also have to look at the people that we are serving as not being helpless or hopeless. I mean, they may feel it at that moment, but our job is to see the hope when they can't see the hope. To see – to see that this person is coming into your place, and they have – they have some skills. And we just need to help them take those skills, and use those skills to better themselves and to move forward in this life.

And I am going to end my part of the discussion. I feel like it went way too quick. But we are going to open it up for questions right now.

So thank you. And I think – Melody, are you doing the questions?

I sure am.

Thank you, Pat. Thank you, Keith.

You know, there is a lot of research and journal articles and data around housing and homelessness. You both have provided us with, you know, substantiated this as a significant issue that is not anywhere near solved. And it is quite complex.

We have a number of comments and questions that have come in from the audience, and I think that we can tell by the activity in the participant Chat box how passionate and concerned people feel about this topic.

In the spirit of transparency, which is something that Keith said at the beginning of his presentation, I want to share with you all that through the course of my illness and my recovery, I found myself at times being homeless (inaudible). You know, I spent time living in my car. I spent time living in a basement that had a dirt floor and dirt walls. It clearly wasn't built to be a residence. But that was part of the way that I could find some degree of shelter. And then trying to move from that and through the systems of, you know, people's expectations, and people's demands, and dealing with issues of privacy and autonomy.

You know, all of those, and the things that you all have referenced, getting creative about ways to work. Being concerned about gender identify and orientation.

The list goes on and on.

A question that we want to speak to that was asked in a couple of different ways is – and I would open this to both of our presenters, what kind of advocacy would be helpful for practitioners to address with the issue of homelessness or at-risk housing?

So can you – can you say that again. Because I want to make sure I understand it.

Yeah. What kind of advocacy would be helpful for practitioners to take up? Where do you think it would be worth people putting their energy to try help address the issues of homelessness?

Transcript: Housing Instability Risk: How to recognize it and what to do when you see it

I think it really does depend on the client. I would have a conversation with the client and go in the direction that the client sees as their urgent need. I think too many times in this field we think we know what is best for people. And we don't always know what's best for people. Or we don't always know what is critical for that person at that moment. I think asking the person, you know, saying what would you, you know, I see on this form, or on this assessment, that you have listed these things. Where should we start? What is critical to you? What is the critical need for you right now? And I think that is where you start with is where that person is at and not just assume that we have all the answers.

Um.

Yeah, I absolutely agree with that on an individual level, that is absolutely, I think, the right way to proceed. I think from a systems perspective I think there are things that on an ongoing basis we can do and educate other people to do if they have an interest in this.

On a federal level, again I think, you know, hold our elected officials accountable. I mean Housing and Urban Development is going to cut almost a billion dollars out of their budget, which is going to impact the availability of affordable housing moving forward, and I think that is going to have sort of a ripple effect for the next several years. So I think, you know, calling your Reps and your Senators and expressing your view that that funding should not be cut and it should be restored. I think that is one thing.

I think on like a state level, you know, I think there are specialty programs and courts that can help significantly with the issue of homelessness on the sort of a bigger scale. Things like Veterans courts to kind of help keep people out of jail, to help keep them from, you know, developing charges which end up on the (inaudible) which impact their ability to secure housing. Mental health courts, very similarly. Drug courts and jail diversion programs. If those don't exist in your state, lobby with your state reps and your state senators (inaudible) them to think about establishing some of these specialty courts. (Inaudible) preservation programs have been very effective when we can connect people early enough on so that they can avoid addiction.

You know, in reach programs for people who are currently incarcerated.

So there is innovative practices that are emerging. If they are not funded, you can advocate for funding for those things. But I absolutely agree with Pat on an individual and personal basis, you kind of have to have a relationship with people and you have to ask them what it is that they want, so.

Thank you.

So what I am hearing is really a multi-pronged approach that you said there are things that we have to continue to work for on a systems level, be that really big at a federal level, or, you know, moving down to state and even local levels. But that practitioners on a one-to-one basis with people, that asking folks about preferences and values is advocacy in and of itself. And that multi-pronged approach feels like it is really important.

What about are there ways to – or any recommendations that you all have about building coalitions between programs? Because it seems like things are still separated. So the question is how do you build a coalition between different types of services? Between maybe a substance abuse program and a housing program. How do you get folks to talk to each other?

That is a great question. And, you know, I think we keep operating in a silo when, you know, even though we know technically we need other programs, we keep operating in our little silos and trying to do everything. And I think at some level we – we – we form coalitions at the bottom level. Like the people who are on the ground working with each other, but we don't have formal coalitions. And I think the formal coalitions should happen, and it is a matter of going to the bosses and, you know, the middle management and the upper management saying we do a lot of work with this group, can we develop some type of formal relationship where we work together. Because we need the substance use treatment, and they need us to get their clients, why can't we work together.

Transcript: Housing Instability Risk: How to recognize it and what to do when you see it

A lot of it has to start with, you know, understanding who your partners are, and understanding how you – what is the best way to use each other, what can you expect from each other. And putting this down on paper and not just having it be between two people who, you know, have made a relationship and work together but when they walk out the door the relationship walks out the door. But having something more formal. And I know we hate to create more paperwork. But I think the only way sometimes to have a relationship outlive staff is to put it on paper. And everybody agrees to it, and everybody holds up their end. And there is a plan for what happens if you are not holding up your end. How do we deal with that?

So that's my – and I know, trust me, I have worked in all levels of agencies. And I don't like, you know, creating more paperwork. But sometimes in order for relationships to work, you need something to tie it together.

Yeah, I agree with Pat. I think we have been forced to take a grass-roots approach and to make the connections in the communities in which we work with other providers of different types of services because we are all starting to recognize that, you know, we could be more successful if we collaborated and communicated more and more effectively.

I do think it is a good sign that some of the contracts that we have been seeing lately that have been coming out actually are building in coordination with other service providers, or sort of an expectation in those outcome measures related to building those kinds of coalitions, which, you know, I think is a good sign. I am surprised it has sort of taken so long. But I am hopeful that that, as being sort of a requirement of some of the contracts, at least the ones that we are bidding on, having that aspect built in is going to help us to sort of elevate this, again, out of – out of the place where it is about individual relationships and networking and that kind of thing, and then it is, you know, again, more of the systems 30,000-foot level, you know, kind of looking at the landscape and working together more closely to get the most out of the limited resources that we are all working with.

Yeah. I think that you are both on point there, that even if coalition building is challenging, it is worth the effort because it helps extend the resources so efficiently.

We are running out of time, but I want to be sure and mention a couple of things. And so for those of you who have questions that were not answered, this is just the first webinar of a series of three where we are going to be talking about housing and homelessness. And I hope that you will join us next month and the month after where we are going to be talking about homelessness.

We are doing so under the framework of SAMHSA's ten principles and four dimensions of recovery of behavioral health. And so the four dimensions, the first one that they list is home. And so, you know, as a critical component of recovery, we know that home and all that that entails is critically important with the Recovery to Practice initiatives where focused on helping practitioners, those of you who are in direct service care, psychiatrists, nurses, therapists, peer specialists, substance abuse counselors, education supporters, employment support folks, all of you are our audience and we want to help you become more comfortable with a broad delivery of services and to help meet people at the individual level.

We also are some CMEs to psychiatrists. Let your psychiatrists who may not generally come to these calls know that we have courses available for them. Docs have a hard time sometimes getting access to CMEs. We have a service available right now, a podcast that they can check out, to get some credits.

And we want to help you continue your learning. So some folks asked about where are the best resources? This particular webinar is chock full of resources. And so download this presentation and you will have all of these links available.

We also have our latest newsletter addressing the issue of housing and stability. So click to receive this newsletter and get access to those services. What we can cover in an hour is never going to be enough. And so we try to build up these other resources so that you can have access to them.

There are some that are specific to services for vets. And other assessment resources. And information about HUD resources.

Transcript: Housing Instability Risk: How to recognize it and what to do when you see it

SAMHSA has the HHRN project, which some of you may be familiar with, some of you may be a part of. But looking at things like the (inaudible), which was the project for assistance in transition from homelessness.

Somebody asked about Social Security and its role in housing and homelessness. Here is a link to the SOAR information.

And then the idea of coalitions exists at – at entry level – I'm sorry, at local levels, but also on the federal level, the United States Interagency Council for Homelessness.

So check these out. Next month, November 1st, is our next webinar looking at housing instability and homelessness for rural and urban communities.

I apologize for running a little long, but you guys are energetic in asking tons of great questions. Thank you for your participation.

Be sure and click on the link to get your Certificate of Attendance or to take the quiz to get your Continuing Education hour.

Thank you for your participation, for your dedication. We will see you next month. This concludes our webinar.