



# MENTAL HEALTH AND HOUSING:

How Texas Can Help Its Citizens Achieve Recovery Through Investment and Innovation in Supportive Housing

The Invest Necessary Time and Energy for General Revenue Appropriations for Everyone's Housing! (INTEGRATE Housing!) Project



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## ***Primary Author***

Tanya Lavelle, MPAff, is the Senior Manager of Advocacy at Easter Seals Central Texas. She began her work with Easter Seals as a Hogg Foundation Mental Health Policy Fellow, and continues her work advocating for individuals with disabilities including individuals experiencing mental illness. She specializes in health care and housing issues, and is working to advocate for systems changes at the state level to ensure that individuals experiencing mental illness have access to affordable, supportive housing.

## ***Easter Seals Central Texas Mission***

The mission of Easter Seals Central Texas is to promote independence and create opportunities for people with disabilities to pursue their hopes and dreams.

## ***Acknowledgments***

We are grateful to the **Hogg Foundation for Mental Health** for generously funding this in-depth examination of current housing systems and resulting challenges facing Texans experiencing mental illness. This report reflects input from hundreds of people experiencing mental illness across Texas, as well as input from other stakeholder organizations and agencies.

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# Executive Summary

The housing climate in Texas is highly competitive and increasingly unaffordable. Texas is home to seven of the 15 fastest growing cities in the nation and the state's housing stock is struggling to meet the demands of that rapid growth. This trend is greatly impacting individuals experiencing mental illness who already commonly face additional barriers to housing like long waiting lists for assistance, discrimination, trouble clearing background checks and poor credit histories. **Housing is an essential component to achieving recovery.** Without access to a more diverse range of affordable, supportive housing options, housing paired with support services, Texans experiencing mental illness risk homelessness and increased risk of incarceration.

Gaining a better understanding of the unique housing challenges facing people experiencing mental illness is important to facilitate progressive, cost effective solutions in Texas. This was the goal of the Invest Necessary Time and Energy for General Revenue Appropriations for Everyone's Housing! (INTEGRATE Housing!) Project. The project was completed in three phases:

- Texas Housing Survey
- Conducting in-person interviews
- Data-driven policy recommendations

The following recommendations aim to improve state housing and mental health services, reduce the painful and costly cycle of homelessness and criminal justice involvement for individuals experiencing mental illness, and promote recovery:

- **Invest time, energy and resources into developing a Texas-based supportive housing program** with general revenue-funded permanent supportive housing vouchers.
- **Improve existing housing programs that serve individuals experiencing mental illness** by expanding the Department of State Health Services (DSHS) rental assistance program and serve more people by making systemic improvements to the HOME Persons with Disabilities (PWD) set aside programs.
- **Ensure the availability of community-based services and supports** through the use of the 1915(i) Home and Community Based Services-Adult Mental Health (HCBS-AMH) program.

In this report you will learn more about the barriers to housing facing individuals experiencing mental illness through analysis of the Texas Housing Survey, and meet some of the study participants to see the impact of this problem through their eyes. We solicited stakeholder input throughout the process, and further input will be necessary as we move forward with these policy recommendations with the goal of improving outcomes for Texans experiencing mental illness.



# INTEGRATE Housing! Project

*The Invest Necessary Time and Energy for General Revenue Appropriations for Everyone's Housing! (INTEGRATE Housing! Project)* is a partnership between Easter Seals Central Texas and the Texas Center for Disability Studies. The project was undertaken to understand the true needs and barriers to housing and support services facing Texans experiencing mental illness. Funded by the Hogg Foundation for Mental Health, this project uses survey research, analysis and in-person interviews to gather a holistic set of data measuring a variety of factors that contribute to a person's housing satisfaction. The research component was twofold: an initial online survey that was distributed statewide through multiple channels, and in-person interviews with survey participants who volunteered to share their stories with project supervisors. After analyzing the survey and interview responses, a set of policy recommendations was crafted to help Texas alleviate the challenges individuals experiencing mental illness face when attempting to secure housing and support services.

## *Phase One: Texas Housing Survey*

Phase one of the INTEGRATE Housing! Project was the online survey entitled the Texas Housing Survey. The survey was 36 questions long and designed specifically for adults who self-identify as having a mental illness. Self-advocates were consulted during the question design process to ensure that the survey was consumer-friendly and reflective of the challenges individuals experiencing mental illness face when trying to secure housing. Questions measured a variety of demographic data and housing-related information, including past and current housing arrangements, affordability, and barriers to housing. There were also questions included to measure respondent satisfaction with case management services. The majority of the survey was multiple choice, but open-ended questions were added to solicit more in-depth information from respondents about their own housing experiences. To reach the widest audience, the survey was done online and kept anonymous. There was excellent stakeholder buy-in with this project and dozens of non-profits, Local Mental Health Authorities (LMHAs) and peers helped distribute the survey widely. Over 320 individuals completed the survey yielding 191 completed, valid responses.

## *Phase Two: In-Person Interviews*

The Texas Housing Survey gave researchers a broad picture of the major housing-related challenges facing people experiencing mental illness; but, surveys do not tell the entire story. Phase two of the INTEGRATE Housing! Project was conducting in-depth, in-person interviews. Upon completion of the online survey, respondents were given the option to volunteer to participate in in-person interviews to share their stories in more detail. A demographically and geographically diverse group of 70 people volunteered to be interviewed. Of the 70 volunteers, ten were chosen to participate in one-hour, in-person interviews with project supervisors. Project supervisors visited interviewees in their hometowns and met with them at local nonprofits to discuss their experiences with housing. All ten stories are included in full at the end of this report.

## *Phase Three: Policy Recommendations*

Currently, Texas invests very few of its own resources in affordable, supportive housing for individuals experiencing mental illness. After analyzing the survey data and in-person interviews, it is clear that there is a huge unmet need for these services. To better meet the need, Texas needs to take action by creating new and innovative housing programs, bolstering the programs that already exist and doing more to ensure that appropriate support services are made available to those who need them.



# Housing and Mental Health in Texas

## Housing

Texas is experiencing vibrant population growth, outpacing the U.S. rate since 2009.<sup>1</sup> In fact, seven of the 15 fastest growing cities in the nation are located right here in Texas.<sup>2</sup> This growth is projected to continue; therefore it is important to anticipate the impact it will have on our cities and the lives of Texans.<sup>3</sup>

As the population swells, the demand for housing also increases, however the supply of housing in Texas is struggling to keep up with that demand. The Texas Department of Housing & Community Affairs (TDHCA) reports that the state currently only has a 3.3 month supply of real estate inventory.<sup>4</sup> Housing is particularly limited in urban core areas where occupancy rates reach 95 percent.<sup>5</sup> Developers have responded to the housing need with increased new construction, but housing availability remains inadequate.<sup>6</sup>

This competitive housing climate in Texas has subsequently impacted housing affordability. As more and more Texans compete for housing, home prices and rent costs are rising, making it increasingly difficult for individuals and families to obtain and maintain housing. In fact, Texas has seen a decrease in the percentage of its population who are able to afford housing, paying more than 30 percent of their income for housing.<sup>7</sup> Even more alarming is the concurrent increase in the number of households that are spending half or more of their income on housing alone.<sup>8</sup> These households are considered cost burdened, and may experience significant challenges affording basic things like food, clothing, utilities, health care, and transportation.<sup>9</sup> Experts caution that this shift could lead to market dysfunction, overcrowding, and social problems.<sup>10</sup>

*“Nearly 833,000 adults in Texas are living with a serious mental illness (SMI) and yet the state public mental health system provides services to only 21 percent of those adults.”*

## Mental Health

Nearly 833,000 adults in Texas are living with a serious mental illness (SMI) and yet the state public mental health system provides services to only 21 percent of those adults.<sup>11</sup> Texans experiencing SMI are not receiving the services they need, in part because Texas is not funding those services. In fact, Texas currently ranks 50th in the nation in funding for mental health services, spending only \$38.99 per capita compared to the national average of \$120.56.<sup>12</sup> This chronic underfunding was noted by the National Alliance on Mental Illness (NAMI) as a factor in assigning Texas a grade of “D” on its state report card. Also cited was Texas’ lack of commitment to permanent supportive housing, a key component of independent living.<sup>13</sup>

<sup>1</sup> Valencia, Lila. Statement to the Texas House of Representatives, Committee on Urban Affairs. *Examine the Population Growth, Its Impact, and Texas’ Ability to Ensure Stability*, Hearing, October 15, 2014. Available at: [http://tchouse.granicus.com/MediaPlayer.php?view\\_id=28&clip\\_id=9256](http://tchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=9256); Accessed: 10/15/2014.

<sup>2</sup> Peralta, Katherine. “Everything’s Bigger, and Still Getting Bigger, in Texas.” *US News*. U.S. News & World Report, 22 May 2014. Web. 30 Nov. 2014. <<http://www.usnews.com/news/articles/2014/05/22/texas-cities-among-nations-fastest-growing-us-census-bureau-says>>.

<sup>3</sup> “Texas Population, 2020 (Projections).” *Texas Department of State Health Services*. DSHS Center for Health Statistics, 27 Mar. 2014. Web. 5 Nov. 2014. <<https://www.dshs.state.tx.us/chs/popdat/st2020.shtm>>.

<sup>4</sup> Irvine, Tim. Statement to the Texas House of Representatives, Committee on Urban Affairs. *Examine the Population Growth, Its Impact, and Texas’ Ability to Ensure Stability*, Hearing, October 15, 2014. Available at: [http://tchouse.granicus.com/MediaPlayer.php?view\\_id=28&clip\\_id=9256](http://tchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=9256); Accessed: 10/15/2014.

<sup>5</sup> Valencia, loc. cit.

<sup>6</sup> Mintz, David. Statement to the Texas House of Representatives, Committee on Urban Affairs. *Examine the Population Growth, Its Impact, and Texas’ Ability to Ensure Stability*, Hearing, October 15, 2014. Available at: [http://tchouse.granicus.com/MediaPlayer.php?view\\_id=28&clip\\_id=9256](http://tchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=9256); Accessed: 10/15/2014.

<sup>7</sup> “Affordable Housing.” HUD.gov. US Department of Housing and Urban Development Web. 01 Dec. 2014. <[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/affordablehousing/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/)>.

<sup>8</sup> Henneberger, John. Statement to the Texas House of Representatives, Committee on Urban Affairs. *Examine the Population Growth, Its Impact, and Texas’ Ability to Ensure Stability*, Hearing, October 15, 2014. Available at: [http://tchouse.granicus.com/MediaPlayer.php?view\\_id=28&clip\\_id=9256](http://tchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=9256); Accessed: 10/15/2014.

<sup>9</sup> HUD, loc. cit.

<sup>10</sup> Henneberger, loc. cit.

<sup>11</sup> *NAMI State Advocacy 2010 State Statistics: Texas*. Fact Sheet. National Alliance on Mental Illness, 2010. Web. 29 Oct. 2014. <[http://www.nami.org/Content/NavigationMenu/State\\_Advocacy/Tools\\_for\\_Leaders/Texas\\_State\\_Statistics.pdf](http://www.nami.org/Content/NavigationMenu/State_Advocacy/Tools_for_Leaders/Texas_State_Statistics.pdf)>.

<sup>12</sup> “State Mental Health Agency (SMHA), Per Capita Mental Health Services Expenditures.” *State Health Facts*. The Henry J. Kaiser Family Foundation, 2012. Web. 29 Oct. 2014. <<http://kff.org/other/state-indicator/smha-expenditures-per-capita/#>>.

<sup>13</sup> Aron, Laudan, M.D., and Ron Honberg, J.D. *Grading the States 2009: A Report on America’s Health Care System for Adults with Serious Mental Illness*. Rep. National Alliance on Mental Illness, 2009. Web. 02 Dec. 2014. <[http://www.nami.org/gtsTemplate09.cfm?Section=Texas\\_Grades09&template=/contentmanagement/contentdisplay.cfm&contentID=74732](http://www.nami.org/gtsTemplate09.cfm?Section=Texas_Grades09&template=/contentmanagement/contentdisplay.cfm&contentID=74732)>.



It is crucial to examine the intersection of housing and mental health in Texas and consider the urgent need that exists here. The current housing trends in Texas will have a disparate impact on individuals and households living on fixed incomes like Supplemental Security Income (SSI). Individuals experiencing mental illness are at an even greater disadvantage: 90 percent of individuals living with serious mental illness are unemployed and many must rely solely on SSI as their source of income.<sup>14</sup> Without assistance, it is unrealistic that they could afford housing on their own, given that the average rent for just a studio apartment in Texas is 92 percent of the average SSI payment.<sup>15</sup> This creates significant barriers to obtaining and maintaining housing and can lead

to homelessness. In fact, approximately 1 in 4 people experiencing homelessness are living with a mental illness<sup>16</sup> and over 60 percent of people who are considered chronically homeless live with a lifelong mental health issue.<sup>17</sup> Additionally, Texas' largest mental health services provider is the Harris County Jail, which often treats more individuals experiencing mental illness in a day than all of Texas' 10 public mental health hospitals combined.<sup>18</sup>

Expanding affordable housing is a cost effective alternative to homelessness, incarceration, or placement in institutional settings for individuals experiencing mental illness. However, Texas is not investing in affordable housing. In fact, only \$3 to \$5 million per year is appropriated for the entire state toward affordable housing.<sup>19</sup> The cost of treating individuals with mental illness outside of the community is high: the average daily cost for placement in an institutional setting is \$401, and the daily cost to incarcerate and treat an inmate with mental illness in Texas is \$137 per day.<sup>20</sup> At the Harris County Jail alone, the combined cost of incarcerating and treating inmates with mental illness is \$87 million annually.<sup>21</sup> However, it only costs approximately \$50 per day to provide community-based supportive housing.<sup>22</sup> Providing affordable, supportive housing for individuals experiencing mental illness is crucial to promoting recovery, preventing homelessness and diverting individuals away from costly placements in the criminal justice system and institutional settings.

*“In fact, approximately 1 in 4 people experiencing homelessness are living with a mental illness and over 60 percent of people who are considered chronically homeless live with a lifelong mental health issue.”*



<sup>14</sup> “Meadows Foundation Strategic Plan for Mental Health 2011-2020.” The Meadows Foundation, 2011. Web. 30 Oct. 2014. <<http://www.mfi.org/grants/files/2011-2020MentalHealthPlanPublic.pdf>>.

<sup>15</sup> NAMI State Advocacy 2010 State Statistics: Texas, loc. cit.

<sup>16</sup> Duckworth, Ken, M.D., comp. *Mental Illness Facts and Numbers*. Fact Sheet. National Alliance on Mental Illness, Mar. 2013. Web. 9 Nov. 2014. <[http://www.nami.org/factsheets/mentalllness\\_factsheet.pdf](http://www.nami.org/factsheets/mentalllness_factsheet.pdf)>.

<sup>17</sup> Caton, Carol L.M., PhD, Carol Wilkins, MPP, and Jacquelyn Anderson, MPP. “People Who Experience Long-Term Homelessness: Characteristics and Interventions.” *2007 National Symposium on Homelessness Research*. Sept. 2007. Web. 12 Nov. 2014

<sup>18</sup> DePrang, Emily. “Want Treatment for Mental Illness in Houston? Go to Jail.” *The Texas Observer*, 13 Jan. 2014. Web. 02 Dec. 2014.

<sup>19</sup> Henneberger, loc. cit.

<sup>20</sup> Health Management Associates (March 2011). *Impact of Proposed Budget Cuts to Community-Based Mental Health Services*. Retrieved November 12, 2014 from HMA at <http://www.tbh.org/Documents/BudgetCutsCommunity.pdf>.

<sup>21</sup> Torrey, E. Fuller, M.D., Aaron D. Kennard, MPA, Don Eslinger, Richard Lamb, and James Pavle. *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States*. Issue Brief. Treatment Advocacy Center and National Sheriff's Association, May 2010. Web. 10 Nov. 2014

<sup>22</sup> The Lewin Group (November 19, 2004). *Costs of Serving Homeless Individuals in Nine Cities*. Retrieved from the Corporation for Supportive Housing at [http://documents.csh.org/documents/ke/csh\\_lewin2004.PDF](http://documents.csh.org/documents/ke/csh_lewin2004.PDF).

# Housing Assistance in Texas: Current Programs, Future Goals

## *Housing Assistance in Texas*

Some housing assistance programs, both at the state and local levels, are available to Texans experiencing mental illness. The state of Texas works with the federal government and local entities to house individuals with disabilities, including mental illness, using a variety of programs that provide community-based housing assistance. These programs are largely administered by the Texas Department of Housing & Community Affairs (TDHCA) and include:<sup>23</sup>

- **Section 811 Project Rental Assistance:** Provides permanent rental assistance to low-income individuals with disabilities that is unit-specific, also known as project-based. Residents pay 30% of their total income toward rent, and program funds cover the remainder.
- **Tenant-Based Rental Assistance (TBRA):** Provides rental assistance to low-income individuals, with or without disabilities, to locate their own apartment. Rental assistance is available for up to 24 months with the potential to extend for an additional 12 months.
- **Homebuyer Assistance (HBA):** Provides mortgage down payment assistance to homebuyers with or without disabilities with incomes up to 80% of area median family income (AMFI).<sup>24</sup>
- **Rental Assistance for Individuals Experiencing Mental Illness:** Provides short-term (three month) and longer-term (12 month) rental assistance to individuals experiencing mental illness currently receiving services through a state Local Mental Health Authority (LMHA). This program is administered by the Department of State Health Services (DSHS).

At the local level, programs can be administered by local housing authorities or local nonprofits, and are funded using federal, state, or local dollars. The most commonly recognized rental assistance program is the *Housing Choice Voucher Program*, also known as Section 8. Section 8 provides housing vouchers to individuals with disabilities, elderly adults, and families earning less than 50% AMFI.<sup>25</sup> For individuals with co-occurring substance use disorder and mental illness, local transitional housing programs provide housing to people exiting rehab programs. Other innovative, locally operated housing assistance programs exist, and are often a way for localities to provide supportive housing to vulnerable populations.

While many programs exist, there are often tremendous waiting lists due to a lack of general revenue invested by the state of Texas into housing. State programs like Section 811 can have waiting lists topping seven years, and local programs are facing similar constraints. Homelessness or group homes, formal or informal group living settings that are uniformly monitored by the state, often become a last resort.

<sup>23</sup> TDHCA Programs Overview. Texas Department of Housing and Community Affairs. Web. 2 Dec. 2014. <<http://www.tdhca.state.tx.us/overview.htm>>.

<sup>24</sup> Homebuyer Assistance Program. Texas Department of Housing & Community Affairs. Web. 02 Dec. 2014. <<http://www.tdhca.state.tx.us/home-division/hba.htm>>

<sup>25</sup> "Housing Choice Vouchers Fact Sheet." *Housing Choice Voucher Program Section 8. US Department of Housing and Urban Development.* Web. 02 Dec. 2014.

<sup>26</sup> Technical Assistance Collaborative. "State of Texas Comprehensive Analysis of Service - Enriched Housing Practices Final Report." 2013. Web. 2 Dec. 2014. <<http://www.tdhca.state.tx.us/hhscc/docs/ServiceEnrichedHousingFinanceReport.pdf>>.

## *North Carolina, a Housing Best Practices Model*

Though little progress has been made to bolster supportive housing services for individuals experiencing mental illness, Texas took a step in the right direction by contracting with the Technical Assistance Collaborative (TAC) to produce a report on state best practices in supportive housing.<sup>26</sup> This report took an in-depth look at six states identified as having national best practices models for providing supportive housing to people experiencing mental illness. Of the six states identified in the report, North Carolina stood out as a replicable model for Texas.

In the past, North Carolina faced similar challenges to those Texas is currently grappling with when trying to house people experiencing mental illness, including over-institutionalization, poor service coordination, and a lack of low income housing units. However, unlike Texas, North Carolina was forced to address its housing shortages after the US Department of Justice (DOJ) became involved.<sup>27</sup> North Carolina had to completely redesign its programs and processes for housing individuals experiencing mental illness to increase community living and bolster crisis services.

Thus far, North Carolina has been successful in executing its agreement with the DOJ. Service coordination has improved through interagency memorandums of understanding (MOUs) and third party contracts, ensuring that each component of the program, from housing placement to tenant supports, is handled by those most qualified to do so. Even before the DOJ agreement, North Carolina began aggressively leveraging its Low Income Housing Tax Credit (LIHTC) program in 2004 to create more affordable units, requiring all LIHTC developers to set aside 10% of their units for people with disabilities, including those experiencing mental illness.<sup>28</sup> This change helped North Carolina increase the number of units available to individuals experiencing mental illness, and ultimately improved the state's ability to comply with the DOJ. But, what is arguably the most impactful change is increased state buy-in: there are new general revenue-funded line items for supportive housing in the annual budget. Now, North Carolina is on its way to providing an estimated 3,000 individuals experiencing mental illness with supportive housing by 2020.<sup>29</sup>

The successes in North Carolina could provide Texas with a basis for creating a winning model for supportive housing for people experiencing mental illness.

<sup>27</sup> United States Department of Justice. Office of Public Affairs. *Justice Department Obtains Comprehensive Agreement Regarding North Carolina Mental Health System.* United States Department of Justice. Web. 02 Dec. 2014. <<http://www.justice.gov/opa/pr/justice-department-obtains-comprehensive-agreement-regarding-north-carolina-mental-health>>.

<sup>28</sup> Targeting Plan and Key Program Operating Assistance: Basic Procedures and Requirements." Rental Developers & Managers. North Carolina Housing Finance Agency, 26 Mar. 2009. Web. 2 Dec. 2014.

<sup>29</sup> United States Department of Justice, loc. cit.



# Texas Housing Survey

The Texas Housing Survey was distributed to adults across Texas who self-identified as having a mental illness. The survey collected demographic information, as well as quantitative and qualitative data to measure satisfaction with housing and support services, affordability, and barriers to obtaining housing.

## Participants

Data was analyzed for 191 primarily Caucasian participants who completed the survey. Respondents ranged in age from 21 to 74 years old with the greatest representation (41.4%) in the 46-55 year age group. Males and females were equally represented. All respondents self-identified as having a mental illness.

## Results

Preliminary analyses were conducted to compare income and household size, determine housing affordability, identify satisfaction with housing and services, and assess common barriers across housing types. Further analysis compared level of satisfaction across all areas (housing type, condition of home, landlord, mental health/case management services, and proximity to transportation) with variables such as housing type, convenience to services, and monthly cost of housing. Analysis also included coding and interpreting responses for three open-ended survey questions and examining a subset of 40 respondents who reported they had experienced discrimination in the last five years.

*“68% of all survey respondents across income ranges are living at or below the federal poverty level”*

### Affordability

The majority of participants (66.5%) reported annual household incomes of less than \$16,000. Further analysis comparing income to household size determined that approximately 68% of all survey respondents across income ranges are living at or below the federal poverty level, which is not surprising as 73% also reported being unemployed.

Housing affordability was determined by comparing respondents' current housing costs to the national affordability threshold of 30% of annual income, the point at which The Department of Housing and Urban Development (HUD) considers a person “cost burdened.” Regardless of whether respondents were receiving any type of assistance, housing remained unaffordable for 40% of all households. Respondents commented that they wished their housing was “more affordable” and that “my rent is too high for my other bills”. This cost burden was reflected in survey responses to the question of whether the cost of housing impacted their ability to afford other necessities. Food (39%), clothing (39%), transportation (36%), and utilities (32%) were the most commonly cited items that were compromised.

Of those receiving some type of local, state or federal assistance money in the last five years, 74.6% reported still being unable to save for future housing costs, which is important to consider in conjunction with the reported barriers to obtaining housing.

It is contextually relevant to also consider that the majority of respondents (51%) are financially supporting only themselves, and an additional 22.5% reported being financially supported by someone else.

### Housing and Satisfaction

Housing type was diverse and well represented, ranging in level of support and permanence, from homeless to homeowner. Housing categories included transitional housing, public housing, Section 8, renter-no assistance, group home, Section 811, living with family, homeowner, and homeless. The majority of respondents (58.6%) reported living alone and feeling safer in their neighborhoods during the day than at night. They also reported that their housing was convenient to a grocery store (80.7%), pharmacy (72.3%) and medical care (63.9%), while convenience to employment (25.3%) was low. In fact, of the eight common community needs and services listed, convenience to employment ranked 6th, suggesting a potential challenge for half of the respondents who are employed or actively looking for work. One respondent specifically commented “I wish there were more employment opportunities closer to my home”.

Overall, satisfaction with housing and related services was fairly high, with the highest satisfaction rate across all variables in mental health/case management services. Participants were overwhelmingly pleased with case management. Almost 83% reported being somewhat to very satisfied with their services, with 43% reporting being very satisfied.

*“Of those receiving some type of local, state or federal assistance money in the last 5 years, 74.6% reported still being unable to save for future housing costs”*

Further analysis indicated some variation in satisfaction by housing type. Data analysis distinguished two groups with increased reports of dissatisfaction: renters without assistance and those living with family. Nearly 41% of renters without assistance and 44% of those living with family members reported being somewhat to very dissatisfied with their current living situation, compared to 25% of all respondents within that same satisfaction range. Narrative responses to qualitative items also supported some dissatisfaction among individuals living with family. Responses included things like “I would like to live apart from my parents and be more self-sufficient” and “I would like to be living alone and not with family”. Both groups also had higher rates of dissatisfaction with the physical condition of their home and dissatisfaction with their landlord.

Additional details about satisfaction emerged in the responses to two open-ended questions: “What do you like about your current living situation?” and “What would you like to be different about your current living situation?” In terms of what participants liked, the most common themes were independence and privacy, followed by convenience and location. Interestingly, similar themes were identified as things people would like to be different about their current housing, illustrating just how important living independently is to this population.



## Barriers

Respondents were asked about barriers experienced in obtaining their current housing and potential barriers in obtaining their ideal type of housing. Many respondents experienced multiple barriers. For instance, one respondent commented “I have been homeless and in and out of hospitals. When I apply to rent, I am denied because of instability and bad credit”. The most common barriers experienced to current housing were security deposit (31.1%), cost of monthly rent or mortgage (28.3%), and credit history (23.3%). Long waiting lists and background checks were also frequently reported. It is worth noting that the barriers experienced to current housing varied by housing type. For instance, long waiting lists was the most common barrier reported by those in transitional housing (29%), while security deposit was the most common barrier for Section 8 (23.6%) and renters without assistance (27.9%), and qualifying for a mortgage was the primary barrier for homeowners (22%). When looking at barriers to ideal housing, monthly cost was most frequently reported (44.2%). Other barriers to ideal housing included security deposit (35.9%) and credit history (37%).

*“The majority of participants (53.7%) identified home ownership as their ideal housing type, while 65.5% reported their ideal living situation as “living alone”, reflecting the desire for independence and privacy in a home of one’s own”*

## Discrimination

Of the 191 survey respondents, 40 reported experiencing some form of discrimination in the last five years. Follow-up qualitative responses were coded, revealing several categories of discrimination. The most commonly reported types of discrimination were attributed to 1) background checks, 2) disability, and 3) credit history.

Noted within this subset were higher rates of current and previous homelessness, larger average household size, and greater dissatisfaction with current living situation and physical condition of home. Additionally, a greater percentage of this subset reported having difficulty paying for other necessities like food (55%), utilities (52.5%), transportation (50%) and clothing (50%) when compared to the entire group. This group reported that monthly cost (42.5%) and credit history (42.5%) were barriers to current housing. Monthly cost (69.2%) and credit history (66.7%) were also cited as top barriers to ideal housing.

## Ideal Housing

The majority of participants (53.7%) identified home ownership as their ideal housing type, while 65.5% reported their ideal living situation as “living alone,” reflecting the desire for independence and privacy in a home of one’s own. Many responses to the survey item “What would you like to be different about your current living situation?” described ideal housing. Common narrative responses about ideal housing type included things like “I would like a place to call my own for me and my son” and “I would like to eventually own my own home”. Narratives also supported the quantitative data about ideal living situation with responses like “I’m ready to live by myself” and “I’d like to be on my own”.

## Conclusion

Results indicate that housing remains largely unaffordable for individuals experiencing mental illness, even for those who are receiving some kind of financial assistance. A lack of affordability means that people are unable to save for future housing costs, a considerable barrier to stable, independent living. Additionally, the cost of housing is impacting people’s ability to afford critical items like food, clothing, transportation, and utilities. Frequently reported barriers to housing include monthly cost, security deposits, credit history, long waiting lists, and background checks.

Although a great deal of individuals report satisfaction with housing and related services, the subsets of renters not receiving assistance and those living with family were less satisfied with their housing. This is not surprising considering that these individuals tend to have less income, but a great desire to live independently. In fact, across all respondents, living independently was reported as both what people liked most, and what people desired most, indicating it is a key component in housing satisfaction.

Unique differences were also identified in the subset of participants who had experienced discrimination. This is presumably a high risk group, as these respondents were more likely to be supporting others and had higher rates of past and current homelessness as compared to the group as a whole. They also reported greater difficulty paying for other basic necessities, and expressed more dissatisfaction with their housing. Although generalization is limited by the sample size, these findings and information from subsequent interviews warrant further consideration.

Housing stability is an ongoing concern for individuals experiencing mental illness. The qualitative responses and survey data indicate that many are, or have experienced, homelessness, incarceration, or placement in institutional settings in lieu of available supportive housing options in the community. The majority of survey respondents want to own a home and live independently, but they reported multiple, substantial barriers to both current and ideal housing. The primary barrier reported was monthly cost, indicating that affordability would be a barrier in planning for future housing, and that concerns exist about maintaining housing.



# Policy Recommendations

The results of the INTEGRATE Housing! Project clearly indicate that there is not enough affordable housing in Texas for individuals experiencing mental illness. When housing assistance is not available, individuals experiencing mental illness often end up in institutional settings, homeless or incarcerated, outcomes that are terrible for people and financially irresponsible for the state. Many changes need to be made to the way Texas delivers housing and support services to ensure that individuals experiencing mental illness can achieve recovery and become vibrant members of their communities. The following are policy recommendations that Texas can implement to begin fixing the state's housing system to better serve its most vulnerable citizens.

## *Create New and Innovative Housing Solutions*

Texas invests very few state resources in supportive housing, resulting in years-long waiting lists for housing assistance. While Texas works with the federal government to provide assistance through different avenues, it's plain to see that it simply is not enough to meet demand. As is evidenced by the Technical Assistance Collaborative (TAC) state best practices report, Texas' needs are not unique and have been successfully addressed by other states. The states that have been most successful, including North Carolina, have improved their supportive housing outcomes by creating state-based housing assistance and support programs that will operate in tandem with the federal programs already in existence. The most direct way to immediately alleviate Texas' current supportive housing shortage is to create a Texas-based supportive housing program reflective of the specific needs of the state.

### **Invest time, energy and resources into developing a Texas-based supportive housing program.**

Creating a Texas-based supportive housing program will allow the state to monopolize upon its strengths, address its weaknesses and tailor housing to help individuals experiencing mental illness in the most meaningful way. This program should be piloted for individuals experiencing mental illness as they are at a heightened risk for homelessness. Once the program is working well, it should be expanded to all extremely low income individuals with disabilities who could benefit from supportive housing. Any program created should include the following elements:

- **General revenue-funded permanent housing vouchers:**

The cornerstone to any new supportive housing program in Texas is general revenue-funded permanent housing vouchers. According to INTEGRATE Housing! Project data, one of the biggest barriers to housing is affordability. Without rental assistance, individuals experiencing mental illness have extremely limited options when it comes to housing and often end up homeless or in other more costly systems like prison and institution-based settings. Assistance should be in the form of permanent housing vouchers: recovery is a process and losing housing can be devastating.

- **Incentives for developers to participate:**

North Carolina got buy-in from housing developers by incentivizing program participation through its Low Income Housing Tax Credit (LIHTC) program. Points were added to the Qualified Allocation Plan (QAP), a federally-mandated document justifying a state's distribution of tax credits, for developers who set aside a percentage of new development specifically serving individuals with disabilities, including mental illness.<sup>30</sup> This change fostered such broad interest that all developers opted in, and the state eventually made it a LIHTC application requirement. In 2014 the Texas Department of Housing & Community Affairs (TDHCA) Board of Directors added points to its QAP for developers who agree to set aside new or existing units for the 811 Project Rental Assistance program.<sup>31</sup> While this is a step in the right direction, affordable housing units are so scarce that developers must be required to set aside units for all housing programs providing rental assistance to individuals experiencing mental illness, including this new Texas-based supportive housing program.

- **Effectively managed community-based services and supports:**

Supportive housing brings together housing and health services, two very different things that must work in harmony. Successful coordination of services is one of the most critical components of the thriving North Carolina supportive housing model. Allowing state mental health providers to manage medical services, housing agencies to manage housing placements and a third party contractor to manage tenant supports has resulted in landlord buy-in to the program, and eliminated any conflict of interest that can arise when someone's health services are linked with their housing. Requiring cooperation between TDHCA, Local Mental Health Authorities (LMHAs) and other service providers is vital to coordinating services within this new program.

## *Improve Existing Housing Programs Serving Individuals Experiencing Mental Illness*

While this new Texas-based supportive housing program is in development, steps must be taken to address the immediate housing needs of individuals experiencing mental illness. The simplest way to do this is to improve and better support existing housing programs that are already serving this population.

### **Expand the Department of State Health Services (DSHS) rental assistance program and remove the one-year limit on assistance.**

The DSHS rental assistance program, the first housing program operated by the state catering specifically to individuals experiencing mental illness, has exceeded expectations since it began in 2012. The program has surpassed its year one goals for number of individuals assisted, and the majority of LMHAs that received funding have spent it.<sup>32</sup> The program was initially created as a bridge program, preventing people from becoming homeless while waiting for more permanent vouchers like Sec-

<sup>30</sup> Gustafson, Jeremy, and Christopher Walker. "Analysis of State Qualified Allocation Plans for the Low-Income Housing Tax Credit Program." *HUD.gov*. US Department of Housing and Urban Development, 1 May 2002. Web. 02 Dec. 2014.

<sup>31</sup> *Section 811 Project Rental Assistance Program*. Texas Department of Housing & Com-

munity Affairs. Web. 02 Dec. 2014. <<https://www.tdhca.state.tx.us/section-811-pra/index.htm>>.

<sup>32</sup> Lacefield-Lewis, Lauren. Statement to 2014 Behavioral Health Institute. 16 July 2014.

tion 8. However, the shortage of Section 8 vouchers means few people can secure a slot during the relatively short time they can currently receive assistance through the DSHS program. To better address the need for permanent supportive housing, Texas should remove the one-year limit on assistance, allowing LMHAs to serve individuals for longer than that if necessary. Texas should also recognize the success of this program, and invest more funding to help more individuals experiencing mental illness gain housing.

***Improve the effectiveness of the HOME Persons with Disabilities (PWD) set aside through equalizing the funding allocation system and bettering the sustainability of the Homebuyer Assistance Program (HBA).***

The HOME Investment Partnership (HOME) funds are federal housing dollars that can be used for a variety of housing activities serving low income individuals and families. Within HOME is a small pot of money set aside specifically for housing activities serving individuals with disabilities, including people experiencing mental illness, called the PWD set aside. Eligible activities include: Tenant-Based Rental Assistance (TBRA), Homeowner Rehabilitation Assistance (HRA), and Homebuyer Assistance (HBA).<sup>33</sup> HOME Funds, including the PWD set aside, are released sporadically by TDHCA and are secured by contracting entities through a reservation system. Currently, programs within the PWD set aside are unfairly pitted against each other, and individuals experiencing mental illness are suffering because of the way that money is being allocated. Additionally, the only homeownership program for this population, HBA, has an application process that actively discourages people from applying. To ensure that the most people possible are served by these programs, TDHCA should:

- ***Make the Homebuyer Assistance (HBA) program sustainable by allowing for project pre-approval.***

When asked about their ideal housing situation, survey respondents and interviewees overwhelmingly answered that homeownership was their dream. However, homeownership is out of reach for many of them largely because of the upfront costs associated with purchasing a home. HBA provides low income families with mortgage down payment assistance to help them buy a home.<sup>34</sup> After qualifying for a home loan from a bank, TDHCA determines the amount of assistance a household is eligible for, and the applicant begins to shop for a house. However, TDHCA will not distribute the funds until after the applicant has gone through the entire process of shopping for a home and has a contract in-hand, a barrier that does not exist for the other two PWD programs. TBRA can be pre-approved, protecting applicants from possible denials due to a lack of HOME funds. As the application process is now, HBA administrators are spending months helping people through the entire home buying process, only to deny their applications because the down payment assistance they were promised is not available. Since there is no pre-approval for HBA projects, individuals with disabilities are wasting their time and thousands of dollars in fees chasing the dream of homeownership. By allowing HBA applicants to be pre-approved for down payment assistance after securing a home loan from a bank, individuals with disabilities and HBA administrators can avoid the wasted time and dollars that result from a lack of available funds. Additionally, making this change will allow HBA applications to be pre-loaded into the reservation system like TBRA and HRA, giving applicants a more equitable shot at securing funding when the reservation system opens once funds become available.

- ***Divide the PWD set aside into three distinct pots of money for each program based on need, ensuring that all eligible projects have an equal opportunity to be funded:*** Currently all three PWD programs compete against each other for the same pot of money. However, the three programs are very different, each with different application processes and funding requirements. To ensure that all programs have an equal chance of being funded, TDHCA should subdivide the PWD set aside pot into three smaller, program-specific pots based on need. This will better serve individuals experiencing mental illness by ensuring that all three programs are funded in a way that reflects the current demand, likely reducing waiting lists for TBRA and allowing more people to realize their dream of owning a home through HBA.

## *Ensure the Availability of Community-Based Services and Supports*

Both the survey data and in-person interviews stressed the importance of community-based services and supports in recovery. Kendrick, an interviewee from Houston, spent time in an institutional setting and the justice system before finding success in the community through housing assistance paired with specialized support services. Maintaining strong community-based services and supports will ensure that individuals experiencing mental illness can avoid institutional settings and live successfully in their communities. To achieve this goal, Texas should:

- ***Make effective use of the 1915(i) Home and Community Based Services-Adult Mental Health (HCBS-AMH) program by pairing the services with the DSHS rental assistance program.***

The purpose of the 1915(i) HCBS-AMH program is to provide home and community-based services to help adults with extended stays in institutional settings transition into community living.<sup>35</sup> While not explicitly spending time in institutional settings, adults receiving housing assistance through the DSHS rental assistance program, including interviewees David and Donald, share similar characteristics to the current 1915(i) HCBS-AMH target population, including co-occurring physical health issues and a history of homelessness. Making 1915(i) HCBS-AMH services available to all individuals receiving assistance through the DSHS rental assistance program will ensure that this vulnerable population has a full array of supports available to them as they transition to more stable housing situations.



<sup>33</sup> HOME Division. Texas Department of Housing & Community Affairs. Web. 02 Dec. 2014. <<http://www.tdhca.state.tx.us/home-division/index.htm>>.

<sup>34</sup> Ibid.

<sup>35</sup> 1915(i) Home and Community Based Services. Texas Department of Housing & Community Affairs. Web. 02 Dec. 2014. <<http://www.dshs.state.tx.us/layouts/contentpage.aspx?pageid=8589991381&id=8589984912&terms=1915+i>>.



# Integrate Housing! Project In-person Interviews

## Meet Marc



Marc lives in a one bedroom apartment outside of Harlingen, TX, a small urban area of about 65,000 people close to South Padre Island. He is able to afford his apartment with a HUD Section 8 voucher that he received from the county housing authority. After losing his job Marc's life turned on a dime, and he was hopeless until getting connected with housing through his Local Mental Health Authority (LMHA).

As a restaurant worker, Marc was self-sufficient for 38 years; but all at once, he lost his job and his sight, rendering him unemployed and homeless. "I went from boss to bum in two weeks," Marc said. He was living on the streets with undiagnosed chronic illnesses, and he had a lot of trouble finding services. "It's hard getting off of the pavement," Marc said. "You have to lose everything first." Tropical of Texas, the LMHA serving the Rio Grande Valley, found Marc at a homeless shelter in Harlingen and set him up with six months of rent and utility assistance. He applied for Section 8 around the same time and was fortunate enough to secure a voucher. "I lucked into it," Marc said. "Section 8 came through and [they]

told me find yourself a place quick...because tomorrow we may not have a voucher for you."

Marc gets his Section 8 voucher from the county, which has a rule that Section 8 units must be located in rural areas. "It's so safe and clean and quiet," Marc says, "we don't even bother to lock our doors." While he likes his apartment, he does feel like it is too far away from many of the things he needs. Marc does not have a car and there is no public transportation where he lives. His only method of transportation is Medicaid transport, which requires two days notice. If Marc needs to go the grocery store or see his psychiatrist, he must plan ahead to get there.

Marc began suffering from depression and substance abuse disorder when he became homeless. "I was very depressed, as you'd imagine I would be with the health problems and homelessness and hunger," Marc said. However, his life improved greatly once he was linked up with a case manager at the LMHA. His case manager connected him with the LMHA's drop-in center where Marc receives psychiatric services; but it's so much more than that to him. "[The drop-in center] has some really intensive group therapy, and it's really improved my mental health," Marc said. "I've learned a lot of really good coping skills, and it's been wonderful socializing, making friends." Marc is even thinking about becoming a peer support specialist so he can help others who come into the drop-in center.

Reflecting on his own challenges finding help after becoming homeless, Marc stressed the need for better services. "It's like you have to crawl on your belly naked through 40 miles of broken glass to get any help," Marc said. "You have to fight for every scrap." But in the end, the most important thing for his recovery is having a decent place to live.

*"It makes all the difference in the world if you have a home to go to," Marc said. "If you have a place to hang your hat and be secure in the knowledge that you're not going to be sleeping in the alley under a tarp and have to go hungry, you can get yourself together from that point."*



## Meet Cedric



Cedric received a Section 8 housing voucher after spending five years on a waiting list. Cedric likes his new San Antonio apartment. He says that although there are a lot of people drifting around his neighborhood at night, the police are very diligent, and he feels safe in his new home. His apartment has a clean shower with nice carpet and new appliances. “Everything in it is nice and clean,” Cedric says. “I’m loving it.” Cedric was able to obtain temporary housing for a year and a half while he was on the Section 8 waiting list. In between temporary and permanent housing, Cedric was homeless for six months during which he stayed with friends, spent time at an outdoor shelter, and slept on the streets. “Six months was starting to mount up,” Cedric explains. “People let you stay, but they don’t let you stay for more than a day or two, so I was pretty much on the street.”

Cedric lost his part time job while he was homeless because he could not maintain clean clothes and could not always find reliable transportation given he was moving from place to place. Cedric is currently looking for a job in order to pay a portion of his rent and utilities as well as his medications. Fortunately, CareLink, a San Antonio-based healthcare services financial assistance program, covers the majority of the cost of his medications and Cedric is responsible for paying \$5 per medicine for each of his six prescriptions. As Cedric says, “when I’m not working, that’s pretty expensive.” Currently

Cedric has no income, and though he has multiple disabilities, including physical disabilities and mental illness, Cedric’s application for SSDI was denied three years ago. He is in the process of appealing that decision with the support of his case manager.

Cedric emphasizes that his case managers have gone above and beyond by helping him get off the housing voucher waiting list, access mental health and medical services, and move into his new apartment. Cedric hopes that the funding for case managers and programs that support people with mental illness is not cut. He feels the support he has received has been invaluable and that this support needs to be available to others. “Help me get back on my feet,” he says. “Then one day I won’t need the services anymore.”

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## Meet Sandra



Sandra lives in Lubbock with her husband in a two bedroom apartment with a Section 811 housing voucher. The couple lives in an apartment complex that is made up solely of Section 811 units. They like their neighbors and love their apartment, which is the first stable place Sandra has ever lived.

In the past Sandra lived in a string of dumpy apartments and trailer homes. “Run down shacks, that’s what I call ‘em,” Sandra said. Oftentimes she stayed on her sister’s couch when her living situation became unstable. Sandra has faced discrimination in the past because of her mental illness. “There’re some places [that] turn us down,” said Sandra. “Why? Because we’re ‘sick people.’”

For much of her life Sandra lived with undiagnosed cases of bipolar disorder and schizophrenia. Her symptoms started when she was in elementary school, but she was scared to tell anybody and held it in. One of her biggest challenges to recovery was getting connected to services. It took her moving to Bay City to get her disability designation because she was denied twice in Lubbock after years of trying. She was finally able to access case management services, and medication, at a Local Mental Health Authority (LMHA) in Bay City.

Even with their SSI checks and housing voucher, Sandra and her husband have trouble affording the things they need to live. They receive food stamps but often run out of their allotment before the end of the month, forcing them to go to their local church for food assistance. “We get social security but it goes to rent, to phones, to clothing,” Sandra said, “you know how it goes.”

When asked about her ideal living situation, Sandra said she and her husband would like to own their own trailer home where they can have animals. “We want our own place where we can have cats and dogs,” Sandra said. But for now, their 811 apartment is all they can afford, which is fine by Sandra. “We’re upstairs in [a] beautiful apartment,” Sandra said. “We both love it.”

## Meet Donald



After eight years of homelessness, Donald recently moved into an apartment after receiving a short-term DSHS rental assistance voucher, followed by a Section 8 housing voucher. “It’s an ideal location for me because it’s located near the bus line, and doctors, and groceries,” Donald says of his apartment in San Antonio. “It’s just perfect.”

After falling ill with tuberculosis eight years ago, Donald lost his job, which then caused him to lose his home. Donald’s mental health was declining while homeless because he was not able to obtain the mental health and medical services he needed. Conditions at the shelter where Donald stayed were crowded and claustrophobic, negatively affecting his mental health. Donald also felt unsafe at shelters, so he instead spent most of his time while homeless sleeping on the streets.

Eventually, Donald began searching for resources to find housing. “It was getting too dangerous out on the streets,” Donald said, “so I decided I needed to do something.” Volunteers at the shelter where he was staying told him about the Project for Assistance in Transition from Homelessness (PATH) program at the Texas Department of State Health Services. Donald contacted PATH and his assigned case manager helped him access medical and mental health services and apply for Section 8 housing.

Donald is looking for part-time work in order to pay his utility bills. Currently, his only income is a small amount of cash from collecting cans. Donald has applied for SSDI but has been denied twice despite having diagnoses of bipolar and PTSD, as well as multiple physical disabilities. Donald is now working with an advocate from the Center for Health Care Services, a local nonprofit that assists persons with disabilities, on the appeals process and is obtaining the medical documentation that he needs.

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## Meet Mari



Mari lives with her mom, her brother, her two sons, and her granddaughter in her mother’s home in Dilley, TX, a small town of less than 4,000 residents. She doesn’t like how cramped the house is, but needs to stay close so that she can help her mother care for her brother with disabilities, and provide childcare for her granddaughter.

Mari has been a full-time Certified Nursing Assistant at the same nursing home for the past 17 years. She does not have health insurance and when changes were made at her health clinic, Mari was no longer able to afford her medications for diabetes, back pain, arthritis, and depression. After she stopped taking her medications, Mari began to experience panic attacks. “I never had panic attacks before, but then I had three in a row,” Mari says. “I had to leave my job. I’ve been there 17 years and I love my job and the people there. When I left, I cried. I like working.” Mari is eager to return to her full-time job at the nursing home. “They told me that once I’m ready they’ll take me back,” she says. “Once I get back [on] my medications I can get back to my routine. I want to go back to work. I like it.”

Mari continues to work part-time as an in-home care provider, but her paycheck is not enough to make ends meet and she still cannot afford her medications. “Sometimes I feel like I want to cry,” Mari explains. “My medications would help me, especially for my pain. Now, I’m just tired all the time. I want to do more and I can’t.”

Mari reached out to the Local Mental Health Authority (LMHA) in the nearest town and was assigned a case manager. With the support of her case manager, she applied for Medicaid, food stamps, and housing assistance earlier this year.

Mari would like to move into a two-bedroom apartment with her 17-year-old son. She wants to find a place of her own near her mom so she can continue to help care for her extended family. “I want my own house for me and for my son,” Mari says. “I think I need to do this for him. I would like for these next two years while he’s in high school for him to have a home where he can feel good.”

## Meet Terri



Terri lives in Austin in a one-bedroom apartment at a property owned by Green Doors, a nonprofit organization that provides affordable, supportive housing to people at risk of homelessness. He has lived in his apartment for over three years, and is only able to afford to stay because of a HUD housing voucher. Terri is on SSI and the market rent of his current apartment would eat up all but about \$25 of his monthly income.

Terri has had a lot of trouble with finding and maintaining housing. He was able to secure housing in the past, but things like background checks and income-based discrimination often left him with few options. “I’ve been homeless,” Terri said, “and the first two apartments I had...neither of them lasted a year.” When asked why, he said “it was due to not enough help with dealing with substance abuse.”

Terri has struggled with substance abuse disorder, and after being evicted from his third apartment, he decided that he needed to take charge of his sobriety. “My biggest enemy was myself,” Terri said, so he got connected with Front Steps, another Austin-based nonprofit that works with individuals facing homelessness. Front Steps helped him go through the process of securing a housing voucher, and referred him to a case manager at Austin Travis County Integral Care, Austin’s Local Mental Health Authority (LMHA), to address his substance abuse disorder. “On November 11th [2014] I will pick up my 18 month [sobriety] chip,” Terri said. “I was only able to get it because of these agencies...that made these services available to me.”

Now that Terri is in recovery and in a stable housing environment, he likes to spend his time helping others. Terri said it’s important to understand that “everybody don’t need to be evicted, a lot of them just need some help to get well.” He serves as a resource to his friends and neighbors who need help accessing the services that were so critical to his success. “I just want to help,” said Terri. “In my recovery, that’s what I want to do.”

*“On November 11th [2014] I will pick up my 18 month [sobriety] chip,” Terri said. “I was only able to get it because of these agencies...that made these services available to me.”*

## Meet Kendrick



Kendrick is a college student at Lone Star College in Houston, studying to become a Petroleum Field Services Technician. Over the past 15 years Kendrick has cycled in and out of jails, mental health institutions, and homelessness, and has struggled with a drug addiction.

As a child Kendrick was in special education classes for learning disabilities. When he was 16 or 17 he fell in with the wrong crowd and got into trouble using and selling drugs. A few years later, Kendrick's nephews were killed and he was the first person on the scene, a traumatic event that led to a crisis-induced, one year hospitalization. He was later diagnosed with PTSD, depression, and paranoid schizophrenia.

Kendrick became homeless after his release from prison in 2013, at which point he “finally decided to change [his] life.” Kendrick moved to Texas after finding out about a drug addiction program, but realized the program didn't have the mental health services he needed. After two months, and much prayer, he packed his bags and made his way to Houston where he once again found himself homeless. He reached out to his mental health counselor at the Local Mental Health Authority (LMHA), a connection he had established during his time in the drug addiction program, and began counseling. After several months of homelessness he learned about Houston Area Community Services (HACS), an agency that could help him find housing, and within a few weeks he received a housing voucher and an apartment.

“What I did next was that I tried to build a structure for the problems that I've had over the last 15 years. My case manager is a pillar in my life. I meet with her every week. After I got a mental health structure in place I started to seek a structure for my narcotic recovery.” Kendrick participates in a church recovery program every Wednesday and attends Narcotics Anonymous meetings almost every night. He also meets with a drug counselor through his LMHA every week. “With all of this new structure my life just continues to improve.”

Kendrick hopes to see homeless people treated with more respect. “Homeless people are some of the strongest people I know.” He believes that he received his services and supports because he was in the right place at the right time, but explains that many people are unaware of the agencies and resources available. Kendrick feels that people experiencing homelessness need better education about resources, and he advocates for better funding for agencies that have a track record of getting people off of the streets.

Kendrick has now been sober for 8 months, his longest period of sobriety in 15 years. Kendrick loves his new 1-bedroom apartment, especially because of the safety and security it affords him.

*When asked if he would change anything about his current living situation Kendrick said, “I wouldn't change anything. How can you change a blessing?”*



## Meet Tannika



Earlier this year, Tannika received permanent housing assistance through Project New Start, and secured her own apartment after experiencing years of homelessness. She loves her new apartment in Fort Worth. “It’s just perfect,” she says of her new home.

Tannika’s housing assistance currently covers the total cost of her rent and will continue to subsidize 80% of her rent after she finds employment. Through Project New Start, a permanent supportive housing program for chronically homeless men and women with disabilities, Tannika also receives monthly home visits. Home visits are very important to Tannika, especially when she is really depressed and avoids leaving her apartment.

Prior to receiving housing assistance, Tannika was homeless for several years and was on a waiting list for housing assistance for over a year. She diligently called every 60 days to check her status on the list in the hope of receiving housing assistance.

Several years ago when she was homeless, Tannika lost custody of her children due to her substance abuse. Tannika knew that, to regain custody of her kids, she needed to create a stable environment for them. She has been working to accomplish her goal over the past several years, pursuing permanent housing, attending group therapy, and quitting alcohol cold turkey. “My kids are the most important thing,” she says. “Instead of walking to the liquor store I walked to church and prayed.”

When she was homeless, Tannika “didn’t even know what services were out there.” She discovered many life-changing services through word of mouth, including Recovery Resource, which helped her find housing through Project New Start. She cautions that others who are homeless need more information about available services, supports, and guidance. “I made it out so strong because I knew what I wanted. I knew there was something better out there and I was going to get it. Some people don’t know there’s something better out there. They don’t have family. They don’t have anybody. They need some kind of support system.”

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## Meet David



David lives in San Antonio. After several years of homelessness, and with the support of his case manager from Haven for Hope, David moved into a one-bedroom apartment using a Section 8 housing voucher.

Seven years ago, David lost his eyesight which had a snowball effect on his life. He lost his job. His mental health deteriorated. His relationship with his wife became strained because she had trouble coping with his blindness, and David eventually moved out of their apartment, leaving him homeless for several years.

David applied for and received Social Security Disability Insurance (SSDI) when he lost his employment. His case manager at Haven for Hope, a local nonprofit that helps people who are struggling with homelessness, helped him apply for Social Security Income (SSI) as well. In the past David worked a variety of jobs at a thrift store, a parking lot, and SeaWorld, among others. Now he depends on SSI and SSDI as his only sources of income. David has difficulty making ends meet, but when he can, he helps his wife if she needs support paying for her expenses. “I don’t have to worry about groceries [since] I’ve got food stamps,” he says. “But sometimes it’s kind of hard. You’re stretching your money to buy toiletries. But I make it.”

David’s new neighborhood has access to the bus system, which he uses to visit the Center for Health Care Services where he receives medical and psychiatric services. His neighborhood also has talking stoplights to safely direct him as he crosses the streets. He’s even gotten to know some of his neighbors in his new apartment building.

## Meet Melody



Melody lives in Sweetwater, a small town of around 10,000 people 40 miles outside of Abilene. She shares her two bedroom apartment with her grandson who has a disability. Melody is a Section 8 voucher holder, but is ready to move to a nicer apartment in a safer area of town where she can feel at home.

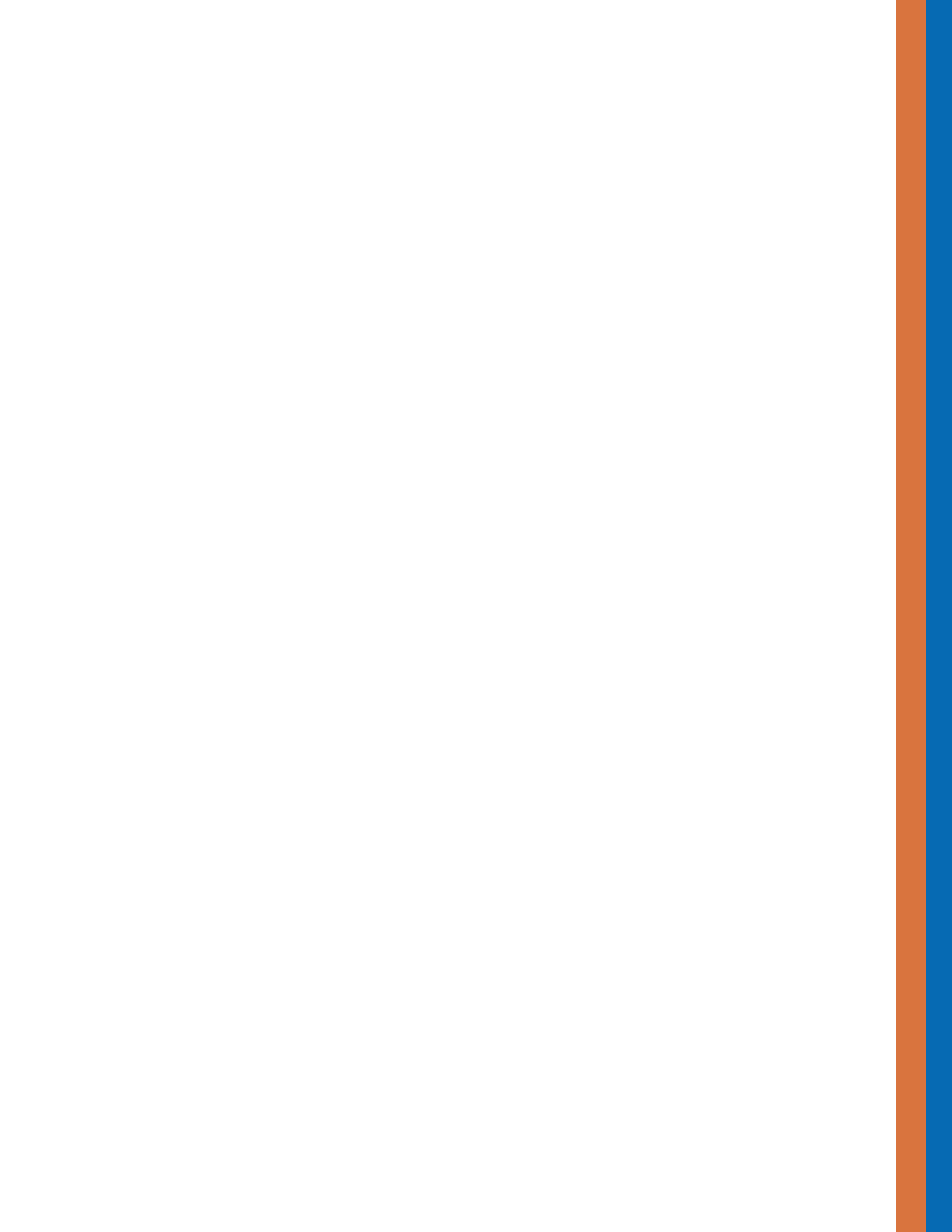
Melody has cared for her grandson for seven years. She knows she cannot afford an apartment without her Section 8 voucher, but the one she has does not meet her needs. Structural problems have led to pests getting in: tarantulas and scorpions are native to her rural area. Her neighborhood also isn't safe for her and her grandson. "Last summer my doors were shut and I hear this noise that sounded like a baseball hitting metal," Melody said. "But what it was is a guy across the street shot another guy." Despite all of that she does worry about keeping her housing because of barriers like rent fluctuations and utility costs.

Melody works 10 hours a week at her grandson's school helping out in the cafeteria, the only job she can get since she can't find daycare for him. "I want him to be in a loving and caring environment," Melody says, "and that's what I provide." Even though she has a job, she is only employed eight months out of the year, which often forces her to turn to her grandson's SSI to make ends-meet. "During the summer, I have to use his money to pay the bills because I don't have any money coming in," said Melody. "It's stressful wondering how you're going to get it."

Since her husband died Melody has struggled with severe depression. "The main reason I'm living right now is because I'm raising a child," Melody said. Fortunately, Melody receives case management services through her Local Mental Health Authority (LMHA), services that have made a real difference for her. Melody can call her case manager when she needs help, and receives home visits every two weeks. "[My case manager] has been helping me deal with a lot of the transitions I'm going through," said Melody. "She's kind of a sounding board for me."

It's no surprise that Melody said that she wants to be a homeowner.

*"I'm tired of living here," says Melody. "I'd like to be off all [assistance] programs...and I'd like to have a house of my own with a yard for my grandson and my other grandchildren."*





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