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The Experiences of Adults with Severe and Persistent Mental Illness and Long-term Housing

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The Experiences of Adults with Severe and Persistent Mental Illness and Long-term Housing

by

Heather M. Hurner, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This projects is neither a Master's thesis nor a dissertation.

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Abstract

This paper examines the barriers that adults with a severe and persistent mental illness (SPMI) may experience when they approach securing and maintaining long-term housing. According to Substance Abuse and Mental Health Services Administration (SAMHSA, 2011), around 30% of persons who experience chronic homelessness have a mental health condition, and of that group 50% also experience problems with co-occurring substance use. This article utilized six qualitative interviews with service providers who work with this population and housing in some aspect. This study found that relationships between service providers and both landlords and clients play an important role in outcomes.

The Experiences of Adults with Severe and Persistent Mental Illness and Long-term Housing

Homelessness is a serious issue in the United States with 407,966 people living on the street on any given night (U.S. Department of Housing and Urban Development [HUD], 2007). According to HUD (2007) homelessness is defined as:

> people who for various reasons have found it necessary to live in emergency shelters or transitional housing for some period of time… this includes people who sleep in places not meant for human habitation (for example, streets, parks, abandoned buildings, and subway tunnels (p. 1)

Homelessness can negatively impact anyone, but persons with severe and persistent mental illness (SPMI) are over represented within the homeless population (SAMHSA, 2011). SPMI is defined as mental illnesses that have complex symptoms that require continued management and treatment, and usually requiring varied types and dosages of medication accompanied by therapy (Department of Psychiatry, 2014).

According to HUD (2007), 26.2% of individuals utilizing homeless shelters also experience a severe mental illness. In the United States there are 9.6 million persons experiencing SPMI, that makes 4.1% of adults over the age of 18 (National Institute of Mental Health, 2012). Knowing that only 4.1% of the population is diagnosed with a SPMI and that 26.2% of people utilizing homeless shelters experience serious mental illness is illustrative of the overrepresentation of persons experiencing SPMI within the homeless population. According to SAMHSA (2011), around 30% of persons who experience chronic homelessness have a mental health condition, and of that group 50% also

experience problems with co-occurring substance use. Being homeless has negative impacts on a person with an SPMI diagnosis on mental health treatment outcomes (Thompson, Pollio, Eyrich, Bradury, & North, 2004). In order to improve housing outcomes for adults with SPMI it is important to understand the barriers to securing and maintaining long-term housing for those persons. This study will seek to gain insight from social work professionals who work to find long-term housing for persons diagnosed with SPMI in hopes of understanding the barriers to housing and the impact that housing, or lack thereof, has on mental health.

This research paper will review the content of past relevant literature regarding barriers to long-term housing options for adults with SMPI, the implications of substance use on housing, and the impact of housing first programs. The method utilized for data collection was qualitative interviews with social work professionals whose work focuses on clients who have SPMI diagnoses and finding those individuals housing. Lastly, interpretations of the findings and implications of this study for future research are reviewed and discussed.

Literature Review

Long-term Housing Options for Persons with SPMI

Community living. Two of the most prevalent housing options for this population are living within the community and board and lodges. Board and lodges are mental health supportive housing that provides resources and services to the people living there, and community living is a standard market rate apartment or other housing options. Supported independent living programs are defined as, “long-term housing subsidies [that] deliver ongoing individualized services on an ‘as-needed’ basis that targets individuals

with severe functional disabilities emanating from serious mental illness (SMI), sub-stance abuse problems and HIV/AIDS" (Wong, Poulin, Lee, Davis, & Hadley, 2008, p. 417). Wong et al. (2008) reported that the average stay for a person exiting homelessness with a SPMI diagnosis in a supported independent living program was 1.84 years or 673.26 days before moving on to other housing options. This statistic demonstrates the mobility this population experiences.

It is a common misconception that individuals experiencing SPMI require resi-dential treatment for their mental health (Padgett, 2007). Padgett (2007) found that indi-viduals who were homeless and also had a SPMI diagnosis could thrive in an independent apartment and experience daily routines, sense of control, privacy and the ability to con-struct identity.

One factor identified that impacts length of stay within this population is the type of housing they are in. Wong et al. (2008) found that persons experiencing SPMI and in supported independent living programs had longer stays in the program when in scat-tered-site settings, or living in the community rather than a cluster-site setting where all the residents within the building are enrolled in the supported independent living pro-gram. Board and lodges which will be discussed below, are an example of cluster-site housing.

Although many individuals who have a SPMI diagnosis have the necessary skills to live within the community, there are often other factors barring them from accessing those options. For example, within the housing market, discriminatory factors regarding mental illness and the high cost of private housing on the market removes a significant

amount of choice for persons with a SPMI diagnosis (Sylvestre, Nelson, Sabloff, & Peddle, 2007). Similarly, Padgett (2007) also found that persons with SPMI can flourish in independent apartments, but frequently apartments within the community are not affordable or open to housing this population.

Board and lodge. As previously stated, board and lodges typically serve adults with a SPMI diagnosis by providing services and houses many individuals within one facility. Board and lodges can be defined as dependent housing, whereas community living is typically independent housing. Dependent housing is defined as, "residential arrangements that indicated a higher level of structure, care and supervision than SIL [supportive independent living]" (Wong et al., 2008, p. 420). Wong et al. (2008) found that within the group of supported independent living program participants, those who utilized emergency services discharged to dependent housing such as board and lodges at a rate three times as high as those who did not. This could be beneficial for those individuals so that proactive steps can be taken by staff at signs of symptom changes.

Though many individuals experiencing SPMI can live independently within the community, some individuals benefit more from a higher level of care like what is provided by board and lodges. A study conducted by Tsai (2010) found that persons with a SPMI diagnosis reported being just as hopeful about the future as those living independently in apartment settings. Beyond hopefulness being present in assistive facilities like board and lodges, there are other pros, as well as cons. Individuals living in dependent housing like board and lodges reported in regards to housing being most satisfied with safety but least satisfied with privacy, whereas individuals in community housing were most satisfied with their autonomy over choice and least satisfied with the location being

too far from community resources (Tsemberis, Rogers, Rodis, Dushuttle, & Skryha, 2003).

Barriers to Long-term Housing

Substance use. As stated previously, substance use is very prevalent within the SPMI community (SAMHSA, 2011). It is common that community living programs and other living facilities for this population have sobriety standards for their clients. Within supported independent living programs involved in the study by Wong et al. (2008), 85% required drug and/or alcohol screenings of all the residents to continue admission in the program. Housing acquisition and maintenance were reported motivating factors for sobriety (Henwood, Padgett, Smith, & Tiderington, 2012). Additionally, individuals who successfully completed substance abuse treatment reported the treatment was critical to securing and maintaining stable housing (Thompson et al., 2004).

Although substance use screening and sobriety standards are common, there are reports disproving the necessity of these precautions. Housing facilities that did not require sobriety as an eligibility standard for their programs did not show any rise in use of drugs or alcohol within the residents (Tsembris, Gulcur & Nakae, 2004). There are factors that can influence substance use within this population, but those interventions have been shown to have unintended consequences on mental health. It was found that sobriety after experiencing a substance use disorder and a SPMI diagnosis was increased for persons who were institutionalized or removed from their usual environment, but that often the institutionalization had a negative impact on mental health recovery (Henwood et al., 2012).

Maintaining housing. One theme that was prevalent in the research was the complexity of factors impacting maintaining housing within persons experiencing SPMI. Maintained sobriety standards set by many residential facilities cause many individuals that were initially able to secure long-term housing, despite having a SPMI diagnosis and substance use history, to lose their housing if they relapse (Tsembris et al., 2004). One study found that the most common category reported for persons with SPMI in gaining long-term housing stability was strong relationships with both service providers and family (Thompson et al., 2004). Another study relayed the importance of outpatient mental health services and that persons who utilize those services are less likely to leave supported independent living programs (Wong et al., 2008).

Impact of Housing on Mental Health

Housing first. Housing first is a program that takes the lens that housing is a basic human right that informs the care plan for psychiatric rehabilitation (Tsembris et al., 2004). This program acknowledges the challenges of clients pursuing clinical interventions in regards to their mental health when there is little or no housing stability in life outside of therapy, so housing needs should be primarily addressed. Thompson et al. (2004) reported that individuals with SPMI experiencing homelessness do not fully acknowledge the relevance of mental health services because those services do not solve the primary concern of homelessness.

For instance, one study looked at the priorities of case managers who work with clients with a SPMI diagnosis and the priorities of the clients and found that the case managers were more concerned about social and clinical deficits whereas the clients reported more concern surrounding independent living and vocational needs (Henwood,

Padgett, & Nguyen, 2011). This is illustrative of the discrepancy in priorities between housing first and treatment first, where the client is more concerned about housing.

One of the benefits of housing first programs is the choice granted to the individual. Participants in a housing first program group reported higher ratings of perceived choice, increased sense of control and more autonomy which may have contributed to the higher housing retention rate (Tsembris et al., 2004). Additionally, when persons with a SPMI diagnosis are allowed autonomy and preference selection, it can be an impactful predictor of success in goal achievement, housing retention and life stability (Henwood et al., 2011). To echo those results, a study conducted by Tsembris et al. (2004) had two groups of adults with a dual diagnosis (both a serious mental illness and a substance use disorder) where one group received housing first programing and the other received treatment first programing, and they found that the housing first group had an 80% housing retention rate. Affording choice to persons with a SPMI diagnosis has implications for their participation in society. When looking at housing, it is important to acknowledge the citizenship values that refer to equal and fair resource access and educating the housing consumer about their right to secure and maintain housing (Sylvestre et al., 2007).

Housing first and substance use. There have been reported benefits of housing first programs on persons with a SPMI diagnosis and substance use disorders. The housing first program participants in a study by Padget, Gulcure and Tsemberis (2006) found that individuals with an SPMI and substance use diagnosis used alcohol less while in treatment. There was a reported lack of compliance with sobriety standards and higher rate of use within treatment first programs (rather than housing first programs) which the

authors attributed to the consumers initial need for housing (Padget et al., 2006). Interestingly enough, housing first program participants had slightly lower substance use than the treatment first program, while the housing first participants utilized substance use treatment programs significantly less and had fewer program-specific restraints on sobriety (Padget et al., 2006). While consuming fewer resources for substance use, housing first programs still positively impacted the reduction of substance use in comparison to abstinence-based programs (Henwood et al., 2012).

Conceptual Framework

This research will be conducted utilizing the humanistic perspective, and more specifically, Maslow's hierarchy of needs. The reason this framework was selected was because it proposes that that there are innate needs that must be addressed before working on more complex processing.

According to Lundin (2010), there are five stages of human needs depicted in the hierarchy of needs pyramid because each layer builds on the foundation, meaning you need to have the base levels set in order to move up (see *Figure 1* below). The foundational level is basic physiological needs like thirst and hunger, the next level is safety

from attack, followed by love and belonging, then esteem, and finally at the peak is self-actualization (Lundin, 2010).

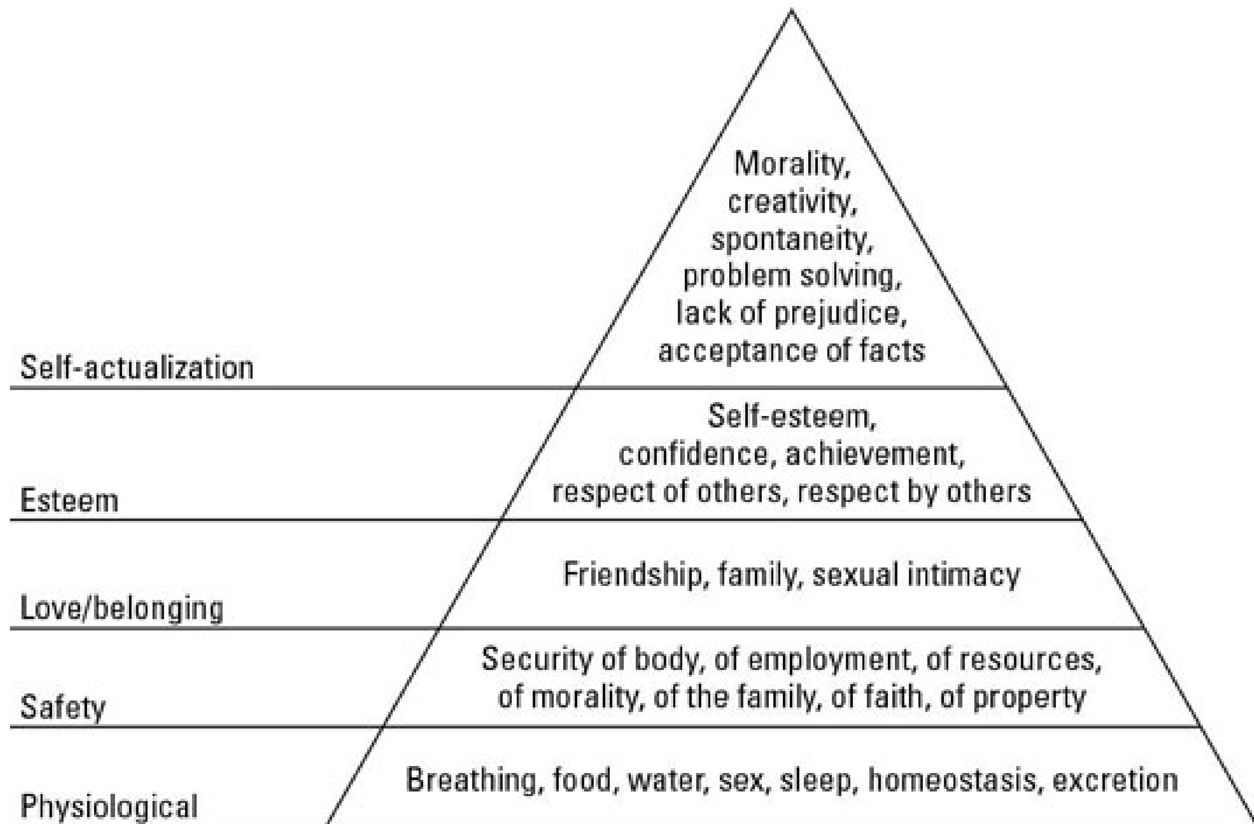

Figure 1. Maslow's hierarchy of needs (McLeod, 2007).

Persons with an SPMI diagnosis who lack long-term housing are not getting their most basic needs met, so therapy for mental illness and/or substance use may not be the best place to start. Best, Day, McCarthy, Darlington, and Pinchbeck (2008) stated that one fundamental implications of the hierarchy of needs is that it suggests, "lower-level interventions must proceed higher-order ones" (p. 306). This idea aligns with the concept of the Housing First model, which recognizes that in terms of the hierarchy of needs, housing falls within the bottom two levels (physiological needs and safety from attack), and treating mental health or substance use symptoms falls within the top two layers (esteem and self-actualization; Best et al., 2008; Lundin, 2010).

Methods

Research Design

This study utilized a qualitative research design. Data was collected in face-to-face interviews.

Sample

The interview respondents were service providers whose work focused on clients with SPMI diagnoses and finding those individuals housing. Agencies that either provide long-term housing for persons with a SPMI diagnosis, or that assist clients with a SPMI diagnosis to find housing were contacted to see if any of their employees were eligible and interested in completing an interview. There was a goal sample size of between eight to ten respondents, however six were interviewed for this study. More potential respondents were contacted, some of those persons did not respond, and one person responded following the completion of the data collection. Respondents were eligible regardless of their age or gender identity, so long as they worked in the field with this population. The sample consisted of five social work professionals and one psychologist. The range of years in the field was two years to 30 years with the median length of 16 years.

Protection of Human Rights

Agencies that serve adults with SPMI to assist them in finding housing were contacted by email and given the information about the study, individual employees who had their information available publicly were also contacted. Potential respondents were contacted and asked if they were interested in being a respondent for a study looking at barriers to housing for persons diagnosed with SPMI and given the information on how to set up an interview. The potential respondents were told their participation was voluntary.

Before the interview, the respondents were given a consent form, and a list of the questions that would be asked if they agreed to participate. Prior to the questions, the consent form was reviewed and the respondents were given the opportunity to ask questions or decline to participate. Following the review of the consent form, the document was signed and kept by the interviewer, and a copy was provided for the respondent to keep. See Appendix A for consent form.

The interviewer explained that the interview would be audio recorded, and that the recording would be kept private and disposed of following the completion of the transcript. The respondents were told that their identities would be kept anonymous throughout the process of this study. They were assured that any identifying information would be removed to ensure anonymity. They were informed that the risks for this study were low and respondents were able to remove themselves from the study at any point during the interview. One potential benefit from participating in this study would be acknowledging that the respondent data contributed to social work research. After explaining the potential risks, benefits and voluntary status of the study, the respondents were given the opportunity to participate in the interview or decline to participate without any consequences. This research study was approved by the Institutional Review Board (IRB) at University of St. Thomas.

Data Collection

After the respondents were enrolled and consent obtained, the face-to-face interviews took place to collect data. There were eleven open-ended questions that were created due to themes gathered from the literature review. See Appendix B for survey inter-

view questions. The questions that were asked of the respondents addressed their professional experiences finding long-term housing for persons with SPMI, housing first programs, impacts of homelessness with adults diagnosed with SPMI, impact of both substance use and violence on long-term housing, and flexibility within eligibility for housing created specifically for persons who experience SPMI.

The interviews were recorded on the researcher's personal audio recording device. The interview duration averaged about 25 minutes in length and were subsequently transcribed verbatim by the researcher.

The interviews took place in the office of the respondent at their agency or at a neutral location. The respondents selected a location in which they felt comfortable to answer the interview questions. Five of the interviews took place at the office of the respondent, one interview took place at a coffee shop in a conference room.

Analysis Technique

The transcript data from the interviews were analyzed by the interviewer to look for themes. Nearly every sentence from the interview was given a code, and the codes came from common content that was provided from the research participants. Some examples of the consistent themes amongst the interviews were financial limitations, the tight housing market, relationship with landlord, symptom management and criminal record. Next, themes emerged within the codes that were collected which led to main themes, with subsequent sub-themes being identified. Themes and sub-themes were coded throughout the entire transcript rather than question by question.

Findings

There were some themes that emerged while coding the data collected through what had emerged from reviewing past research. Those themes included the barriers of substance use, having a criminal record, the benefits of having a positive relationship with the client and the benefit of housing first. There were other themes that emerged throughout coding that were unexpected. These included the downsides of housing first, the lack of services to this population, the shortage of housing on the market today, and the impacts of having a relationship with landlords has on clients securing long-term housing.

Substance Use

When looking at persons experiencing a SPMI as well as chemical dependency issues, it is important to remember to address why this population may use. One respondent spoke to how they have seen clients' substance use as a coping tool, "Coping strategies to deal with symptoms, could be using, could be just impulsiveness that has you making decisions that will be disadvantage the capacity to hang on to their housing." A different respondent acknowledges how use could be beyond a coping strategy and instead becomes a way to escape their current situation:

> Someone once said, "How do the poor go on vacation?" Well, they get high, or get drunk and it 'changes the channel.' To those not living in chronic poverty lives, we get to go on vacation, we get to go home, and we get to meet our friends. We get to change the channel in a positive way often.

The quotation above shows an empathic approach to viewing a client's use. Even if someone is not currently using, their history of use or involvement with controlled substances can impede their housing. "Past substance use can also affect them like with criminal history and then they can't even get housing because they had a drug charge or a possession charge and landlords are very difficult on criminal history these days." This quotation shows that even if a person is sober and has been for a while, that they may still have issues getting housing due to prior incidents. "For some who have great difficulty staying sober, they can repeatedly lose their housing. But even if you are sober, say you've gone through CD treatment, but you still have that history of drug use on your record." This is illustrative of the relationship between both substance use and criminal records, and what an impact those factors can have on securing long-term housing.

Environment. The struggle is not over once a person who has experienced substance use gets housing. Many housing options that are available to this population of persons experiencing SPMI and substance use are not positive environments for sobriety.

> The other thing is when you do find a landlord that will take a client who maybe has some those barriers from the past, you may not be setting them up for the best spot because typically those buildings are pretty crazy filled with other people filled with the same issues so that can enable their use going forward. They can just knock on their neighbor's door and they're using too, and then you use together and oh everybody gets evicted or the police get called, so it can play a wide range of issues for them both past and present.

Another similar statement was made saying, "In a tight market you tend to place people where you can get them a place and that very often that is in an environment that is not

conducive to sobriety, to mental health." These quotations show that it is important to think about where we are housing people which may mean not housing someone in the first available option.

Since many of the housing options are not supportive sober environments, persons with a history of substance use may not be able to maintain the housing the secured. "I mean if they have past use or something of that sort, they might have a criminal record. Or if they're currently using they could run into the same issue of the potential of getting evicted for current use." Understanding the cyclical nature of addiction and substance use is important to understanding the issue of persons not just securing housing, but maintaining housing.

> While on the one hand I'm super happy he's in housing now, a part of me is like, hmm, I wonder how he is going to manage that and maintain that if he's going to be using meth? And so I think that's probably plays a big piece in why people can't keep housing.

The following quotation highlights not only the cyclical nature of substance use, but also the cyclical nature of homelessness:

> Well in my experience, I would say um, it usually has both mental health and chemical health issues, the person does. And there's not that supportive housing in between. So they get the housing and then say they had a slip, they abused drugs, they got kicked out because they argued with someone. Often you can get kicked out for the police being called once. So the police were called and they're back in the shel-

> ter. Again the goal is, is there, well the goal might not be to get housing immediately, it's to get some sobriety and get their mental health stabilized because the more evictions you have the harder it is.

Understanding how persons who secure long-term housing can lose that housing is helpful in the sense that many housing options are zero tolerance for use and police involvement, so recognizing that someone can secure housing is not enough, and that looking at what would be helpful in order for that person to maintain housing is just as important.

Support. It is important to recognize that struggling with chemical dependency is typically a long-term issue. Many persons experiencing addition go through treatment many times before receiving the full benefit. The following quotation illustrates the importance of validating improvement rather than perfection or 100% abstinence:

> Tall steps doesn't work for everybody. We've found that health realization works for lots of folks because some people feel overwhelmed by the pressure of never drinking again whereas we learn as much or more from our relapses as we maybe learn from recovery stretches, so having a real healthy conversation about "the last time you used we didn't see you for a month, and things blew up, and here you are a day or two later saying you don't want this anymore and you want to do something better. That's incredible. How did you find the amazing strength and insight to do that?"

Providing an environment of openness and acceptance for a client to talk about their relapses may help the person be able to maintain sobriety in the future.

Criminal Record

Another barrier to securing housing for persons with a SPMI is having a criminal record. “So off those folk’s credit histories, arrest records, unlawful detainers and things like that that make them a harder sell sometimes so we really, really scramble right now. And everybody is scrambling right now. That’s the tightness of the market.” The criminal records that can impede someone from securing long-term housing could be violent or non-violent offenses. “Many of them will end of having quality of life crimes, drinking in public or little petty crimes, can affect their future especially with housing. It can be very difficult for them to get housing because of these past barriers.” Regardless of whether the criminal record shows violent or non-violent offenses, persons with a criminal record are frequently denied housing. Another example of a non-violent offense that could thwart their chance of securing long-term housing is prior evictions, or unlawful detainers (often referred to as UD). “I have most difficulty getting into housing are probably if they have a felony or an eviction. And then repetitive ones, it’s hard to find landlords who want to rent with that history.” Many clients do not get a chance to speak with the potential landlord to discuss their criminal history. One respondent stated, “It would be nice if the person could explain their situation to a landlord that would listen more to what happened than just seeing the print out of the criminal history.” If clients were able to discuss how they look on paper versus how they are functioning today, perhaps the housing outcomes would be different.

Relationship with Client

Another common theme that came forward was how necessary having a good relationship with a client is to allow for the opportunity to have successful housing options. One respondent spoke to the impact of relationships stating, “Not to mention you have to

have a relationship with clients to be able to get them to trust you to work on getting their shelter or housing needs met." In addition to the importance of trust within the relationship, listening to the client self-determination is important. This idea was portrayed by a respondent stating, "It's not just finding them a place, it's them wanting to find a place and them feeling safe in a place."

Another respondent spoke to the nature of accessing resources through a practitioner like the respondents interviewed:

> The longer you're living here and everything in the service world is coming from this next level up, and you have to somehow contort, or bark like a seal or do something, so you feel like you have to manipulate the system in order to get what's right, because generally whenever the system pauses to notice you, it's usually to tell you how poorly you are doing, not to be motivationally interviewing and going "you know what, that's a heck of a good try."

This quotation highlights that there can be a lot of red tape or hoops clients may have to take in order to gain housing, and that it is important to validate client effort rather than having all interactions with authority be negative. The following quotation also shows how clients may expect interactions with practitioners to be negative:

> So I think finding ways in which people can find positive relationships and engagement out in the world. Often you have that 'imposter syndrome' that you're housed and people are just waiting to find you out and say "Sorry you got to go." and you're waiting for that.

This passage not only points out the expected negative interaction, but it also points out that positive interactions and relationships can be helpful for this population.

Pros of Housing First

Many respondents for this study reported supporting housing first as a beneficial model of intervention for persons with a serious and persistent mental illness diagnosis.

> I'm a big believer in housing first, I think it can be really successful. I work with my clients who have been chronically homeless for most if not all their adult lives and when they get into housing, then you can really start to work on their overall goals like managing their mental illness, getting them a job, working on getting them whatever their goals are, but it's hard for anyone to focus on other goals when all they've really had to do is, they're homeless and they don't have a safe place to be, they don't have a safe space to sleep at night. It kind of goes down to safety I think in a lot of, it's got to be just really super tough for them to manage their lives when it's chaos every day and not knowing where they're going sleep at night, not having places to go, so I think housing first is really important because then they have a home to go to.

This quotation spoke to the many benefits a person can experience by having a place to call home, which is a good reminder for persons who have never experienced homelessness for themselves.

One respondent highlighted the benefit of housing and how it can shift importance from more of a survival mode to a thriving mode, "In my experiences thus far I'd say I'd prefer housing first because like we had talked about with the hierarchy of needs, people need to feel safe and have their basic needs met before focusing on other areas life." When clients have a place that is safe they no longer have to be on high alert. One respondent talked about what it was like to stay at a homeless shelter, "Yeah, I mean people

in the shelters they try to sleep on their backpacks because people might steal their belongings or the lights are left on or the people next to you are snoring or talking to themselves." These stressors can be alleviated by having a place to themselves that has a lock on the door.

Another respondent spoke similarly to their support of housing first by acknowledging the benefit of being able to prioritize other needs rather than basic needs (like housing) by saying:

> Since their basic needs are probably not being met, generally I would assume that they're not focusing on their mental health or making that a ginormous priority because people who are experiencing homelessness are in crisis, constant crisis, and they're in a crisis mind set of getting their basic needs met on a daily basis, and something as simple as taking a shower or getting breakfast are just things that don't happen on a daily basis if you're homeless unless you're lucky to be in a shelter. So focusing on your mental health is just not a priority and so I think it just makes it decline even more since you don't even have the time or resources to focus on it.

These quotation serves as an important reminder for persons who have never experienced homelessness regarding the issues of being homeless and the benefits that one might take for granted of having a residence with a lock on the door.

Cons of Housing First

Another theme that emerged during the coding process was the negative aspects of housing first interventions. One respondent explained the flaws with housing first from their perspective:

> The theory is that you get people into housing and then after words they attend to their other issues such as chemical dependency and mental health, medical issues, things like that. I think that has worked better in some parts of the country because of the housing that was set up for them tended to be in one building so that they could provide a certain level of services all within that one building so people were in kind of a contained place and so you could have several staff people but they would have access to everybody very easily.

Symptom Severity. An additional concern about housing first model is that some individuals experiencing SPMI are not well enough for housing yet. One respondent said:

> Sometimes it's really important to get yourself in the best possible position in order to, because there's responsibilities with housing. I mean, you have to still live sort of gracefully among others and if your behaviors aren't yet ready to not just stick out and lose your gig right away.

This is an important point to remember that some symptomatic behavior can be very impactful on one's ability to maintain housing. One example of symptomatic behavior was provided by a respondent saying, "I've been working with a man who has been barred because of his behavior. He was cutting holes in the mattress and hiding things in the mattress so he was too symptomatic to be here, so that makes it tough." Problematic behaviors like previously described can lead a person to be removed from their housing, which would in time start the housing process again.

One respondent described the importance of addressing symptoms and stated, "If you don't work on your mental health issues first, you often can't keep that housing. It's

kind of that vicious circle." The point this respondent was making is that when an individual is decompensated or has other symptomatic behaviors and they are put into community housing, they may not be able to sustain that housing for long which would begin the cycle again. One respondent went so far to say for clients who are more symptomatic, "I think sometimes the first apartment we call the practice apartment. You may wind up losing it, and that's the cautionary tale." The issue with using this model is that getting evicted goes on your criminal record as an UD. One respondent stated:

> And then the bad part of it is if you get housing and you lose it say due to eviction, that's on your record making housing even more difficult the next time. So ideally everyone wants housing, but if you do it too soon and they get the eviction, and they don't get it the next time for a long time, it's like oh, if you only waited a little longer.

This supports the idea that putting someone in housing if they are not currently able to sustain that based on current functioning and symptom presentation is not only setting them up to fail, but also adding barriers to their future housing options.

Transition. Another sub-theme that emerged as a con to housing first was the transition people go through when they get housing. People who have been experiencing homelessness, often for an extended period of time before finding long-term housing, finally having and adjusting to housing can be a major transition for them. The following quotation speaks to this transition:

> Often we put people in housing and say "here's your remote" and we maybe check in on you once in a while. But when you're homeless, you had a full time

> job to survive. You had to engage actively in pursuit of something. You had to stay at your alert.

Though the transition from homelessness to being housed would likely be more positive than going from being housed to homeless, the transition can still be experienced just as severely. This respondent emphasized the gravity of the transition by saying, “They've got an apartment or room or whatever that’s just four walls and that can actually make their symptoms worse because they're used to this community of homelessness a lot of them are. It’s chaotic, but that’s their life.”

Unrealistic Expectations The next con for housing first was the idea that with housing first, occasionally the expectations that are placed on the clients are unrealistic. One respondent stated:

> They just take whoever pop up in front of you at the shelter and without really learning what their past experiences or barriers might be, just go ahead and house them, and then it falls to the services provider to sort out the problems as they arise and I think that’s a disservice to people.

As mentioned earlier, when a housing placement does not work out, it is often documented in some way on their criminal record. Having a criminal record poses as a significant barrier for future housing options for that individual. Thus, setting someone up for housing that is unrealistic for that individual is not only detrimental in the short term in loss of housing, but also in the long term on their criminal record reviewed by future land lords.

Desire for Housing. The final sub-theme for a con for housing first is that some individuals do not prioritize housing for themselves in the way that housing first treatment does. One respondent stated:

> Being homeless is really stressful and yet we've worked with people that say they don't want to live in a home, they prefer living outside. So I think at the end of the day if their brains were healthy, they wouldn't say that, but that's where they feel safe is staying outside.

This quotation illustrates the importance of self-determination in working with clients. The next quotation shares how it is important to remember that just because one housing placement is right for some persons experiencing homelessness does not mean it will work for all individuals:

> Not everybody is capable or wants to live in their own apartment. That really a very middle class housing structure. Most people in the world live with other people, not on their own, so the model that's being used is efficiency or one bedroom apartment but that really doesn't fit for a lot of people, they're used to living with relatives, friends, care givers, whatever and so it's a bit of an artificial housing model and I think particularly for people who've very serious mental health issues, that sense of being alone and being forgotten, being alienated can be worse if they're in their own housing because of the lack of immediate supports.

Once again, this quotation acknowledges the role of symptoms and functioning in good housing fits, as well as questions the necessity for the push to get everyone in community apartments.

Lack of Services

The theme of lacking services for individuals experiencing homelessness or who have recently been housed was very present throughout the respondent responses. One respondent spoke to how the present services compared to the past services, "Services are dwindling. We have a really great resources here through ***[1] for people who are not connected to services at all and are pretty symptomatic, but even their funding is going away so their team is getting smaller." Another respondent stated similarly to viewing not having services is an issue for this population, "Um I think ongoing services, well lack of ongoing services. I think lack of community support for people who have problems."

Not having the appropriate services for individuals experiencing SPMI and homelessness can have repercussions for more than just their mental health, but it also has financial implications for the community:

> Sometimes it's a lack of opportunity out there because there aren't enough resources out there to house everybody. And it would be cheaper in the long run of course to house people rather than have all the expenses that come from hospitalizations and wind up in jail or prison for a long time.

This quotation highlights how preventative measures like getting people into housing can actually be beneficially financially in the long run.

No in between. Many respondents spoke to the lack of intermediate services for individuals experiencing severe and persistent mental illness. It seems as though there are apartments that completely independent that do not offer supportive services, and then on the other end of the spectrum, there are housing options like adult foster care that provide a high level of supportive services. Respondents spoke to the lack of supportive services

[1] *** indicates removing identifying information to protect confidentiality.

that are in-between the completely independent living that has no support and the high level of support provided in an adult foster care. One quotation regarding this topic stated, “And then there’s supportive housing and there’s no in between and some people lose it because of that.” Another respondent spoke to the abrupt nature of the ending of services and how that can impact a client:

> So program-wise, they eventually end and for a lot of people I think once that program ends, you’re use to whatever level of support you were getting and then you’re on your own essentially. The program I was working with was for 9 months after you were in housing and then after that you were on your own. That can be a shock for those individuals.

Beyond the impact of the potentially startling termination of services, the lack of intermediate services between places like community apartments and adult foster care. One respondent stated:

> Yeah, and I find that there’s, I wish a lot of the SPMI that there could be supportive housing where there would be a nurse or case manager that would be present there, kind of as an intermediate step to living full time on their own, or more group homes. It just feels like there’s not enough of that. They wait a long time and then they get into their own housing, but often there’s not enough support and sometimes they find themselves homeless again.

This quotation again emphasizes the repercussions of not having enough services, and that can mean being homeless again and beginning the cycle of finding housing. Another respondent stated, “I think putting people with SPMI into housing without any services or with services that are not quite prepared to deal with people who are SPMI is a little bit of

a set up for failure." This is a reminder that supportive services can help a client from having to experience homelessness again and would be able to avoid the potential of adding charges to their criminal record which will only make the housing process more challenging.

Lack of Training The final piece to the lack in services sub-themes expressed through respondent interviews was that there was a lack of appropriate training of individuals working within a homeless shelter. One respondent reported:

> Well I think that the level of training or education for people who are supposed to be providing follow up services, especially for housing first is usually inadequate… they really focus on the housing and not the services. So I think that there's sort of a lack of training, a lack of education, a lack of awareness of many of the people who are hired because it's cheaper to hire somebody with a two or four-year degree than it is to hire somebody who has more specific training, and yet their ability to deal with those kind of issues can be kind of limited.

This respondent brought up the issue that for the services that are currently being provided, there is a lack of potentially both skill and education.

Shortage of Housing

One theme that emerged through the coding process was the lack of housing available today in the Twin Cities area. "It's a very tight market right now. There is a 1-1.5% vacancy rate in the system and a healthy market is 5-6% so out of every 100 units, only one is turning over every single month. There's a lot of competition." Due to the low number of available housing options, landlords are able to be more selective with their resident approval process. "It's kind of a landlords' market right now so they can pick

and choose who they take. It can be a challenge." It appears that landlords tend to go with persons without criminal records since the market is in the landlord's favor.

> I think when there is a low vacancy rate, landlords can pick and choose who they want and often times they want people with sterling records or who are working and that doesn't often work in the favor of people with mental health issues.

Financial. Beyond the shortage of long-term housing in general with the market, a sub-theme that emerged within the housing shortage is the shortage of affordable housing there is available in the tight market. Since apartments are hard to come by, the prices tend to be higher. This additional cost can be a barrier to securing housing for a person experiencing SPMI because they may not have the necessary funds to getting and maintain housing.

> The first thing I think of is income-wise, generally people who have SPMI aren't working and are some sort of federal or state assistance, typically SSI income or GA income MSA or something that is minimal to say the least. I think that is one of the biggest barriers is just income alone, which stems from their issues in their lives. But when you're looking for housing one of the main questions is "How much money do you make?" and they don't make much.

Another respondent made a similar statement saying,

> The landlord market is very difficult to get an apartment. And also many of these clients just don't have the income to afford and apartment. So a lot of times depending on subsidies which are not readily available, it is getting a little better, but some of these clients have $0 or $200 a month and I can't imagine how hard it would be to live off of something like that.

Since a person with an SPMI diagnosis may have more limited financial resources that impacts the quality of the housing options available for this population.

> Again income, I would say would be for some people they might get in the door because of a program that they're in or that someone was willing to take a chance on them because I know a lot of good places these days that are safe and that have all the amenities require 2-3 times the rent amount, but for people on a fixed income or SSI who make $745 a month, that's just not going to happen and so if the only place that will take you in something of lesser quality that will just let you in with that income, that might not last very long. They might evict you for the simplest reasons, or they'll come into new management that won't be willing to take that risk anymore you know, it's a lot more risky contracts with those types of landlords that they sometimes don't last as long.

Not only do persons with a serious and persistent mental illness frequently experience the barriers for long-term housing including criminal records and substance use, but also lack of adequate funds. This could perpetuate the cycle of homelessness because it likely would be easier to get to work if you had a place to get ready before work that was secure and stable.

Relationship with Landlord

It is important to take a moment and understand from the perspective of a landlord why they have the expectation for renters that they have. One respondent stated, "Because we see the point, ideally everyone would want someone who had no evictions and no felonies, but if you're trying to help the long-term homeless, that's not who they are."

The relationship practitioners have with the landlords that they frequently work with impacted their ability to place individuals with that landlord in their property. One respondent stated:

> I think much of the flexibility or malleability of the human service delivery system is in the strength and power of relationship that the systems themselves are maybe not really designed for success, it's the people who are there… that relationship has the best chance of success so inevitably programs are run by people who want to be in healthy relationship with the providers. If you have a common vision with the other providers or landlords you say well "I wouldn't take this guy, but I know they're working with you" so you can call and I will come and we will negotiate how we can make this work, and so inevitably it's the people in positions, not the definition of the people themselves, or the position itself that is in fact. That's how, I think, programs can vary slightly from what the rules exactly say.

Another respondent spoke to the benefit of the client by the practitioner having positive relationships landlords that they frequently work with saying, "I think though, you kind of build relationships with people in the community and they kind of know who you are and how you work with clients, it's kind of a lot of networking honestly. It takes time to establish." A different respondent supported the previous quotations with, "We had to advocate a lot for people to be able to rent and not have that looked at." Having a positive relationship between practitioners and landlords seems to increase the likelihood someone will get housed, or that a landlord would take a chance on the client.

Flexibility

Respondents showed some variability within their responses from their experiences with different housing option eligibility standards as well as flexibility. One respondent provided that there was little flexibility by saying, “Not really, occasionally you’ll see it where the incident was 30 years ago so they’ll make an exception type thing. But I’ve seen it where even then they won’t accept that client. It’s pretty rigid.”

Other respondents have had experiences with landlords being more flexible. One respondent stated, “Sometimes if you have a smaller landlord, they might wave a criteria or make an exception compared to big corporation that usually just goes by their criteria and does not really look at individual cases.” Similarly, one respondent shared a story of a client she worked with to secure housing through talking with the landlord and them making an exception:

> There was a gentleman staying here for a couple of years, very dear person and has schizophrenia and before he was diagnosed and stabilized on medication he had committed a crime and was in prison so his application was originally denied, but that we appealed it, and he and I went to the appeal meeting and they listened to his, you know, what had happened and he talked about that I was not medicated and now I know the importance of being medicated and I’m not going to do anything like that again, and he was able to rent.

One perspective provided by a respondent portrays the frustration that professionals who assist persons with SPMI experience when they help find housing, and when that housing establishment has eligibility standards that impact this population:

> I guess in my current role a lot of either assisted livings or independent housing options or group homes, they have zero tolerance for drug use, for violence or

> things like that, that a lot of people with SPMI that are struggling with and in my eyes zero tolerance shouldn't be a one and done kind of thing, it should be we don't tolerate that we're not helping you on this. Like we don't tolerate you falling through the crack because of this. The no tolerance should be that you're not working on it and not that you're failing in some way, you know? I don't think that any of the housing standards whether its institutional or commercially based or independent in the community are realistic for most people because even the programs that are supposed to be helping people with SPMI, they're not designed for people to really get in the door who really need the help.

Unfortunately, as previously mentioned the market for housing is in the landlord's favor which allows them to be more selective with potential tenants and less tolerant of existing ones.

Discussion

There were many themes found in past research that coincided with the findings of this study. One such common theme is the benefit of housing first for clients. As stated previously, SAMHSA (2011) found that of the 30% of chronically homeless persons also have a mental illness, and 50% of that sub-group also have co-occurring substance use issues. With that in mind, this population of persons with a SPMI diagnosis are more likely to have an history of substance use or are currently struggling with substance use. This current use, or even historical use serves as a barrier. According to Wong et. al. (2008) 85% of surveyed housing programs required drug and/or alcohol screenings of all the residents to continue admission in the program. Every respondent in the current study spoke to what a significant barrier past or current substance use is for either securing or

maintaining housing. One respondent stated “Past substance use can also affect them like with criminal history and then they can’t even get housing because they had a drug charge or a possession charge and landlords are very difficult on criminal history these days.”

Another theme that was found in both the research and in the data collected from the respondents was the benefits of housing first. One study discussed in the literature review by Thompson et al. (2004) stated that individuals with SPMI who are currently homeless do not fully acknowledge the relevance of receiving mental health services because those services do not solve their primary concern of homelessness. This view of housing first was shared by many of the respondents throughout the interviews. One respondent stated, “I work with my clients who have been chronically homeless for most if not all their adult lives and when they get into housing, then you can really start to work on their overall goals like managing their mental illness.” Statements like this, as well as past research reviewed supports the conceptual framework utilized by this study which was Maslow’s hierarchy of needs. This framework acknowledged that persons need to have their basic foundation level needs met in order to work on other needs such as self-actualization (Lundin, 2010).

The theme that housing first was beneficial for client’s mental health was common among the interviews, but there were also respondents who were not as supportive of housing first. Some cautioned that when we put clients into housing before they are able to live gracefully among others can be detrimental on their efforts in the future to receive housing because of a criminal record. Placing some people into housing that may not be manageable for them at that time could further perpetuate the cyclical barriers this

population faces. One respondent spoke to the limitation of housing first: “So ideally everyone wants housing, but if you do it too soon and they get the eviction, and they don’t get it the next time for a long time, it’s like oh, if you only waited a little longer.” These respondents spoke to the reality that having a failed housing placement can create a larger barrier that will have to be overcome the next time they are looking for housing. One observation made was that there seemed to be a relationship to time in the field and their attitudes towards housing first. The respondents who have been in the field for longer (30 and 20 years) spoke about the advantages as well as the flaws and spoke to their reservations about the intervention, whereas the respondents who have been in the field for two and seven years have a more positive view about housing first. Additionally, it is important to note that even within this specific pool of respondents who work with this population with five having social work degrees and one psychologist, there was such a variance of views on housing first.

Implications for Social Work Practice

There are four main implications this research has on practice. The first is bringing an awareness of the potential advantage of the practitioner and landlord relationship. The second is acknowledging the importance of the relationship between the practitioners and the clients they serve. Third is the importance of looking critically at the housing first model. The final issue is ensuring that the staff working with persons with a serious and persistent mental illness on housing should be properly trained.

Practitioner/Landlord Relationship. The first implication for practice is surrounding the finding of the benefit the client can receive by working with a practitioner, likely a case manager, who has a good relationship with landlords in the community. The

reason this finding is significant is because while it may be benefitting the clients who get the opportunity to work with someone who has those connections with landlords, it seems as though the people who are placed with case managers that are new or do not have connections maybe at a disadvantage. This could also have implications on how we train case managers in order to best serve the client in finding housing to include interactions with landlords in the area they will be working within.

Practitioner/Client Relationship. There was a strong representation of this theme of the impact the practitioner and client relationship can have on housing placements throughout the respondent answers. Respondents talked about how beneficial and necessary it is that the client trusts them enough to move forward with housing placements. A piece of this relationship means that the client knows their case manager will advocate for them to receive housing when appropriate. Additionally, listening to the client and respecting their self-determination is important to building a positive relationship to benefit housing. Husted and Ender (2001) found that using instruments to ensure that there is less of a discrepancy between provider and client perceptions of goals and progress. Ensuring that the provider meets the client where they are at and respects client self-determination can benefit client outcomes.

Be Flexible with Housing First. The next implication that emerged was that multiple respondents had mixed feelings when it comes to housing first. One respondent stated:

> Well I think that it needs to be kind of a mixture. I think that people need to have hope that they will have housing, but because of the vacancy rate here is so exceptionally low, they also need to be realistic that they are going to be on waiting lists

> for some time, and it might be wise to work on some of the intervening issues during that time so that when the housing becomes available they're ready for it.

This respondent recognized that the reality is that there are not enough openings for everyone to be housed immediately, so it would be advantageous to try to work towards being more effective in their future housing. Another respondent stated:

> I do know that many people who've gotten housing and have lived there long term and blossomed and people developed a real life, even people with mental health issues that are pretty serious can become more secure by having a place to live, but they need to be in a place where they're really supported. And some housing does that really well and most doesn't.

This quotation reflects that housing is inherently important, but that having supportive services can be the most beneficial for persons with SPMI.

Employee Training. Two respondents spoke to their concern surrounding the employees who work with persons with a SPMI diagnosis lack of training to work with this population. One respondent stated, "I've heard many people say 'This person is way beyond my level of skill' and I think that's a real big issue. It's an issue for people who are supposedly doing this service piece." As mentioned in the findings, another respondent referenced that employees working in homeless shelters are underpaid for the service that they do. It is important that practitioners who provide services to this population be equipped through both formal education as well as trainings in order adequately prepare them to serve these individuals to the best of their abilities.

Implications for Policy

There were two main identified implications this study has for looking at policy, the first being addressing and adjusting zero tolerance housing policies, and secondly creating more mezzo-level supports. Many of the respondents endorsed that policies are typically very rigid. Some housing policies mandate that that if the client relapses and uses, they will be removed from housing. Similar policies are common for having police visits as well. If these housing policies were not zero tolerance, there would likely be a fewer resources spent down the road on potential emergency room visits. As previously mentioned in the literature review, it was found that housing facilities which did not mandate sobriety in order to maintain housing did not see any rise in use among their residents in drugs or alcohol (Tsembris, Gulcur & Nakae, 2004). Utilizing a motivational interviewing perspective when addressing substance use in housing may likely be more effective in the long run than removing someone's stability and safety because they used again once, and beginning the cycle of having to find housing with a potential criminal record from the use or being evicted.

The second implication for policy is the clear need for more services. Though it sounds like expanding services surrounding this population would be helpful all around, but specifically expanding supports on the mezzo-level is needed. Respondents report that there are more services for individuals who are new to living in market rate apartments for some time, and for those living in higher levels of care like adult foster homes, yet there are not as many resources for clients in between. Being able to provide long-term assistance to someone who experiences SPMI as well as homelessness may increase their likelihood of being able to stay in the apartment long-term and avoid the housing cycle. This could be in the form of outreach workers, adult rehabilitative mental health

services (ARMHS) worker, utilizing drop-in centers, having an independent living skills (ILS) worker, and many other services.

Implications for Research

This study shed light on two pieces that should be highlighted in future research. The first is looking further at the impact the relationship between the case manager and the landlord have on housing placements for clients. The second is identifying intermediate steps practitioners can do to help clients prepare for housing while they are on the waiting list or while their mental health symptoms are becoming more managed.

Looking at what impact having a pre-existing relationship between case managers and the landlords have on client placement outcomes may be beneficial to the way the social work profession prepares case managers. It appears that this is a gap in the current research, and if future research supports that having pre-existing relationships improves chances of placement significantly, perhaps pursuing a portion of the case manager's training being a meet and greet with different landlords in the area in which they serve would be beneficial. It could lead to a change in the training a case manager goes through to get acquainted with a new job by perhaps adding meet and greets or round table discussions with landlords in their area that they may be working with in the future.

In light of both the strengths and weaknesses that come with housing first, it would be beneficial to look more into what practitioners can do to help their clients prepare for housing after being used to being homeless. Perhaps there are interpersonal skills that would be helpful for persons pursuing market rate apartments, or distress tolerance skills for other pursuing a long-term living option with higher levels of support.

Strengths and Limitations

One strength of this study was the respondent population. Since these professionals were experts in the field and frequently come across barriers of finding and maintaining housing for persons with SPMI, these individuals were a wealth of knowledge in terms of systemic and individual reasons for housing barriers within this population. The respondents' experiences in the field and educational background illustrated how their clients navigate the housing system in a clear and succinct way that may not be achievable by interviewing persons with a SPMI diagnosis.

One limitation is that there was not data collected from first-hand accounts, but rather the professionals that assist those individuals to find them housing. Another limitation of this study was the recruitment strategy used lead to two participants short of the goal of 8-10 with a total of six interviews conducted. It was found that persons who were contacted directly by email were more likely to respond than persons who were told of the research opportunity through their employer. All six respondents were contacted directly based on them having their position be posted publicly on the internet. If this study was to be replicated, it is recommended to contact respondents directly and individually. Upon completing the study, it was interesting to find that the respondents spoke to common themes that were not found in the literature review. Since this finding came about, one potential improvement to the study would be to add a question to the end of the interview list that asked if they could think of barriers other than the ones we have previously discussed.

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Appendix A

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

The Experiences of Adults with Severe and Persistent Mental Illness and Long-term Housing

I am conducting a study about housing options and barriers that adults with severe and persistent mental illness (SPMI) may experience. I invite you to participate in this research. You were selected as a possible participant because you work with this population to assist finding them housing. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Heather Hurner, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Courtney Wells.

Background Information:
The purpose of this study is to gather information surrounding the experience of finding, acquiring, and maintaining housing for adult persons with SPMI. Topics may include housing criteria for eligibility for these persons, barriers that adults with SPMI encounter for securing long-term housing.

Procedures:
If you agree to be in this study, I will ask you to do the following: answer questions that relate to the experiences with long-term housing for adults with SPMI. The interview will take approximately 30 to 90 minutes. The interview will be audio recorded and kept secure and deleted upon completion of the typed transcript. The information being provided by you will be transcribed and analyzed by myself as well as read by my research committee. Following analysis, the findings will be presented the form of a written report and a public presentation of the findings.

Risks and Benefits of Being in the Study:
The study has low risks. One potential risk could be an emotional response due to the open-ended questions asked. The study has no direct benefits.

Confidentiality:
The records of this study will be kept confidential. As a classroom protocol, I will not publish any of this material. Research records will be kept in a password-protected file on my computer. A research partner and my research professor will see a 15-minute transcript of the interview, but will not know who you are. I will delete any identifying information from the transcript before they see it. The audio recording will be deleted upon transcript completion and the transcript will be destroyed after three years being kept in a locked location.

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions
My name is Heather Hurner. You may ask any questions you have now. If you have questions later, you may contact me at (701) 866-7596. Dr. Courtney Wells is the Research Chair for this study and can be reached at well7613@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

______________________________ ________________
Signature of Study Participant **Date**

____
Print Name of Study Participant

______________________________ ________________
Signature of Researcher **Date**

Appendix B

Heather Hurner
Interview Questions

1. How often do you work with adults with Serious and Persistent Mental Illness (SPMI) to find housing?

2. What is it like finding housing for persons with SPMI?

3. Do you have any experience with housing first therapy? If so, please explain in what way.

4. Do you have a preference between housing first or treatment first therapy? If so, please explain why.

5. What impact, if any, does homelessness have on adults with SPMI?

6. What are some barriers to long-term housing for adults with SPMI?

7. What role does past or current substance use play on housing for these individuals?

8. What role does past or current violent behavior play on housing for individuals with SPMI?

9. Have you ever experienced an individual who cannot secure long-term housing? If so, what was the next course of action?

10. In your opinion, do you believe that the eligibility standards set for housing for persons with SPMI are realistic?

11. With the agencies you work with, is there any flexibility in eligibility standards for residents (for example, substance use or prior violence)?