

**“Welcome Home: Addressing Today’s Challenges in Homeless Services”**

**Keynote Address**

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Well good morning. On behalf of all of you, I'd like to thank the Department of Mental Health, Mental Retardation and Substance Abuse Services for paying for this conference and for paying for your hotel rooms.

This conference is focused on meeting the needs of those who experience homelessness and struggle with mental illness and / or addiction.

Homelessness is primarily a problem of an inability to afford housing. Yet mental illness and substance use disorders create additional barriers to housing for many very poor people. And those with mental illness and substance use disorders are disproportionately represented in the homeless population.

Approximately half of people experiencing homelessness suffer from mental health issues. At a given point in time, 45 percent of people experiencing homelessness report indicators of mental health problems during the past year, and 57 percent report having had a mental health problem during their lifetime. About 25 percent of the homelessness population has serious mental illness, including such diagnoses as chronic depression, bipolar disorder, and schizophrenia. Let's compare this with the fact that about 5 percent of the adult population has serious mental illness, yet 25 percent of the homeless population has serious mental illness.

And then there's also the impact of substance use disorders on a person's ability to get and maintain housing. 46 percent of the homeless respondents had an alcohol use problem during the past year, and 62 percent had an alcohol use problem at some point in their lifetime. Thirty-eight percent had a problem with drug use during the past year, and 58 percent had a drug use problem during their lifetime.

So what does it mean for homeless prevention and assistance programs that such a large percentage of those experiencing homelessness suffer from mental illness and addiction? Well it means that in addition to the barrier of poverty, there are additional barriers to housing. It is more difficult to be stably housed, more difficult to get and keep a job, and sometimes a person may have a serious enough issue that they won't ever quite be employed and ever quite be completely independent. The prevalence of these issues among the homeless population also means that we have to understand mental illness, addiction and co-occurring disorders. Because how we see the world is not how a person with mental illness may see the world. And we have to ensure that the services we provide in our programs meet the needs of this population and don't create additional barriers. Let's figure out how to make it easier rather than harder.

We're trying to reduce barriers to housing so therefore we have to ensure that our own programs aren't creating barriers for those who have mental illness and addiction. And the first step is to understand these issues and that's what we're going to get today - a better understanding of mental illness and addiction and their impact on homelessness.

While the prevalence of mental illness and addiction within the homeless population means that we may have to make some changes to our programs, what the prevalence of mental illness and addiction does not change is the ultimate goal. And the ultimate goal is housing - to get everyone stably housed.

What we know about those experiencing mental illness and addiction is that even those with the most barriers have the ability to live in permanent housing. There is strong evidence demonstrating that when assisted with housing and services, people with severe mental illness can live in their own homes and stay there. Many programs demonstrate that 80 - 90 percent of tenants in permanent supportive housing remain housed. That's true for the Richmond-based Virginia Supportive Housing and that's true for many other programs across the country including those in rural areas.

Permanent supportive housing is permanent housing - meaning no time limits - with wrap around services.

There's no such thing as not being ready for housing. It's instead a matter of what services and supports does each individual need to thrive in permanent housing.

We know that housing has an incredibly positive impact and we know that treatment enables a person to improve their quality of life. And a person is more likely to engage in treatment if they are in housing.

Studies have shown that permanent supportive housing results in increases in earned income by 50 percent and a significant decrease in dependence on entitlements.

Once people with histories of substance use achieve sobriety, their living situation is often a factor in their ability to stay clean and sober. A one-year follow-up study of 201 chemical dependency treatment programs in Minneapolis found that 56.6% of those living independently remained sober; 56.5% of those living in a halfway house remained sober; 57.1% of those living in an unsupported SRO remained sober; while 90% of those living in supportive housing remained sober.

A home is the foundation. Until you have housing, you can't focus on anything else. You can't get and keep a job; children can't perform well in school; and you certainly can't recover from mental illness and addiction. My belief is that you can't expect more than people than what you would expect from yourself. How many of us could live on the streets or in shelter and not have something to take our minds away from reality?

The name of this conference is Welcome Home to remind all of us that the ultimate goal is a home for everyone, no matter who they are, no matter what they struggle with, no matter what they have done in the past.

I have a friend who operates a program in Chicago that uses a harm reduction model. Harm reduction is a policy designed to reduce the harmful consequences associated with drug use and other high risk activities. Harm reduction involves softening punishments on risky behavior, assisting people to stop the behavior and addressing the reasons that people engage in such behavior. The key to his harm reduction program is that he does not require anyone to do anything that they don't want to do. He doesn't have very many rules to his program and instead services are voluntary. The voluntary services approach is touted by many as a better way to engage people in services - and a better way to get people to want those services. When asked why he can get people to engage in services when so many others have such difficulty engaging clients, my friend said "The people that I'm working with have spent much of their lifetimes being told what to do. They struggle with mental illness and have been in mental health hospitals, many have been incarcerated for drug use, many have received services from other agencies ranging from homeless shelters to their parole officer to xxx. Everyone tells them what to do - their mothers who are disappointed with them, their xxx. They're shocked when I don't tell them what to do, when I ask them what they want to do. Once they get over their shock, they are often eager to participate in services. Because it is their choice to participate in services. Everyone wants the best for him or herself. My job is to help them figure out what that best is and how to obtain it."

I have talked a lot about permanent supportive housing. I know that most of you don't provide that type of housing. But I also know that many of you are engaged in conversations in your communities about how to create sros. And certainly one thing we need is more funds for sros, more funds for services. ADVOCATE

We need more resources but the reality is that we will never have enough. And when you don't have enough resources, one of the smartest things we can do is to partner.

We also can be hard on ourselves and take an honest look at the effect we are having on our clients. And understand how we can get better.

An example of someone who is putting her and her agency's feet to the fire is a woman named Susan Mullins who runs Family Support Services in Norton. Norton is deep in southwest Virginia and close to the Kentucky border. It is typical of a rural community - there are very few resources available. And on top of many other issues, Norton has a big prescription drug addiction problem. Even though there are big obstacles, Susan has set a goal that 75% of her client living in transitional housing will transition to permanent housing. And if she doesn't meet that goal, well Susan is going to ask why and adjust her program. Family Support Services will be helping their clients find and access housing and will provide case management once people are in housing to help them keep that housing.

In the beginning, Family Support Services didn't have a lot of clients - their beds weren't full - it being a rural area. But knowing that there were in fact many people in need they conducted outreach. Once the beds were full, they realized that they were seeing the same people over and over again which made them rethink what they were doing and put in place the 75% goal.

There's a lot to do and there's a lot that we can do. So again I encourage you to enjoy your free hotel room and learn everything that you can from this conference. And please join the

Virginia Coalition to End Homelessness so that we can all work together to ensure that we have increased funds for the programs that really work to prevent and end homelessness for those who struggle with mental illness and addiction.

At this point, Rhonda is going to come back up here and introduce today's presenters.