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The Role of Housing and Employment in the Recovery Process

What is Old is New Again: Recognizing the Value of Housing and Employment in Recovery

By Ashley Brody, MPA, CPRP
Chief Executive Officer
Search for Change, Inc.

To successfully navigate unprecedented epidemics of mental illness and substance use we must address both an enduring workforce crisis and the myriad political and socioeconomic factors that undermine behavioral health, particularly for members of vulnerable populations. Many individuals with serious mental illness or substance use disorders are unable to access effective treatments for their conditions due to a marked shortage of qualified behavioral healthcare professionals and inadequate insurance coverage for the care they provide (not to mention insurers' repeated failure to abide by parity provisions codified in state in federal law). Stakeholders to public health have rightfully advocated for investments in workforce development and the enforcement of existing parity provisions to eliminate the foregoing obstacles to treatment. These actions are laudable and necessary but insufficient to achieve lasting improvements in behavioral health. Social Determinants of Health (SDoH), the conditions in which people are born, live, learn, work, play, worship, and age, are fundamental constituents of health and wellbeing whose role in the recovery process has finally garnered the attention of public health officials and policymakers (U.S. Department of Health and Human Services, 2023). Stable housing and employment are particularly essential to optimal health, but they continue to elude many for whom they promise to deliver the greatest benefits.

Sigmund Freud described love and work as "cornerstones of our humanness" long before their virtues were espoused by the modern recovery movement (Koller, 2018). The proverbial father of psychoanalysis did not include housing in his prescription for the good life, but it was likely implicit in his assessment of what is required for optimal health (or the full actualization of "humanness"). Although subsequent advances in our understanding of behavioral health have discredited elements of the psychoanalytic model and its epistemic foundation, its most vociferous opponents would acknowledge the import of loving relationships, meaningful activity, and sanctuary from the elements to human health and wellbeing. Tragically, however, the prevalence of loneliness, unemployment, and housing instability among the most vulnerable segments of our population suggest we have failed to recognize what was obvious to Dr. Freud more than a century ago.

An extensive body of research has affirmed the role of safe, stable, and affordable housing in the recovery process for persons living with behavioral health disorders. A study of the efficacy of a "Housing First" approach for homeless individuals with schizophrenia and bipolar disorder revealed improvements in housing stability and reductions in the use

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Critical Questions for the Development of Housing that Supports Recovery

By Michael B. Friedman, LMSW
Mental Health Advocate

There is no doubt that recovery (i.e., having a satisfying life as a person with a serious mental illness) depends first and foremost on having a decent place to live and that many people need help to have decent housing.

It's amazing that that was not recognized in the initial phase of deinstitutionalization. The Community Mental Health Centers Act of 1963 called for vastly reduced use of state hospitals and for the provision of five critical community services to make this possible—crisis services, inpatient treatment, outpatient treatment, partial hospitalization, and community education. Not a word about housing. Hard to believe! Now there is no question about the need for housing for people with serious mental illness.

There are, however, questions about what sort of housing should be made available. Should it be transitional or permanent? Should it be in congregate facilities or scattered in units in the community? Should it be open only to people who are "ready to" live in a community setting or should people be given a place to live even if they don't meet standards of readiness? Should housing programs for people with co-occurring serious mental illness and substance use disorders require abstinence or use principles of harm reduction? Should housing be provided in places only for people with serious mental illness or should it be provided in places for mixed populations? Should it be in subsidized generic housing or in specialized settings? Should mental health housing provide care for people who also have chronic physical conditions and or dementia or should they be transferred to nursing homes as they age?

There are no correct answers to these questions. It depends on the individual abilities and preferences of people with serious mental illness and it depends on local circumstances. What sort of housing stock is available? What is the tolerance of a neighborhood for people who are different? What are the political circumstances? What can be funded? These are the kinds of issues advocates try to address systemically, but frankly there is too much need and too little time for ideal solutions. A few words about each of these questions.

Transitional vs. Permanent

Housing programs for people with serious mental illness were originally designed to be transitional - roughly speaking from hospital to halfway house to supported

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Working Works: Considerations and Resources for Navigating Employment in the Recovery Journey

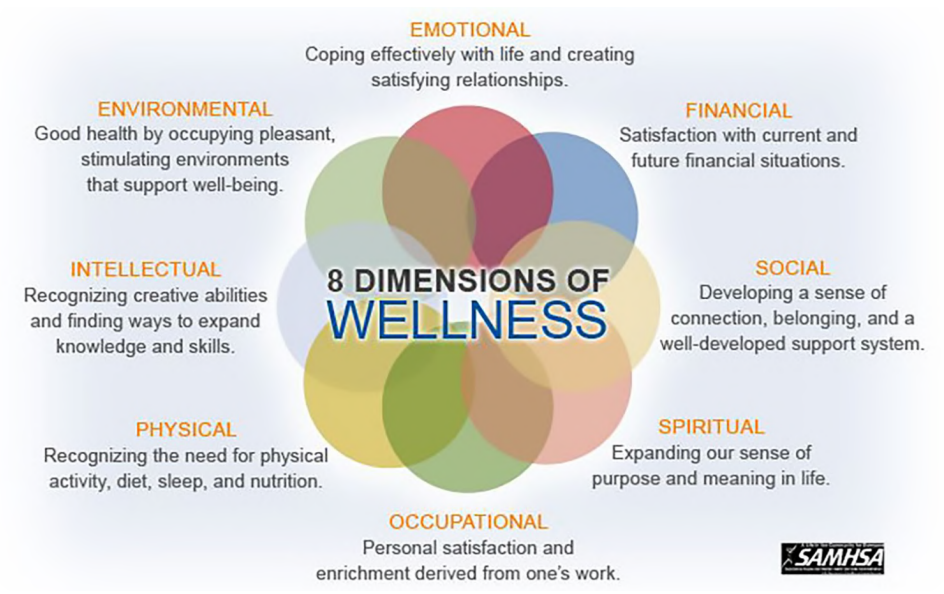
By Kim L. MacDonald-Wilson, ScD, CPRP, and Tracy A. Carney, CPS, CPRP
Community Care
Behavioral Health Organization

Behavioral health best practice incorporates a whole-health perspective that emphasizes wellness, is person-centered, and focuses on the whole person and their strengths, not on their illness (Swarbrick, 2006). Occupational Wellness, that "personal satisfaction and enrichment derived from one's work" (SAMHSA, 2012), is key to identity for many, and not being able to work can be a barrier to achieving wellness and even a roadblock to recovery. Community Care Behavioral Health Organization (Community Care), a nonprofit behavioral health managed care organization that is part of the UPMC Insurance Services Division, encourages exploring employment as part of recovery-oriented care and has developed supportive resources for practitioners and individuals on the journey back to work.

Viewing Disability Benefits Through a Whole Person Wellness Lens

When individuals in recovery are unable to work, they are encouraged to apply for income support programs such as Social Security Disability benefits (SSI, SSDI) and associated health insurance (Medicaid, Medicare). Applications for these benefits require people to provide evidence that they are unable to work due to a medical condition and initial denials, appeals, and reapplications are the norm. Working and earning money during this period, which may take years, may jeopardize receiving benefits.

Eligibility to receive disability benefits also requires a person to define themselves as a "patient," assuming a "sick" identity that can erode self-confidence and increase feelings of worthlessness (Brice, 2018; Yanos, Roe, & Lysaker, 2010). Once approved for benefits, the individual starts receiving money as long as they are ill and unable to work, potentially disincentivizing some who want to work.



SAMHSA's Eight Dimensions of Wellness (SAMHSA, 2012)

It is widely known that like mental illness, long-term unemployment is associated with lower self-esteem and motivation, poor physical and mental health, increased substance use and social isolation (Marrone & Golowka, 1999; Marrone & Swarbrick, 2020). Employment has the potential to support financial, social, emotional, mental, and physical wellness for some with behavioral health conditions, and at Community Care, we view employment as a potential tool in the recovery toolbox and encourage exploration of work for individuals in recovery-oriented care.

Exploring Employment's Healing Potential in Recovery-Oriented Care

Employment can be a critical motivator for recovery, and individuals can work if they have the interest, the skills for the job, and adequate medical and social supports. At Community Care, we have witnessed work empower individuals to use their strengths, actively participate in choosing a direction for their lives, and engage their team to support their recovery goals.

In addition to being foundational to a new identity, work can enhance one's self-esteem and reveal skills and talents that may have been dormant for years. Revisiting work with supports may be a powerful tool for moving forward if work was a past source of stress or not an experience the individual may have had. Belonging to a workplace can impact social and emotional wellness and promotes social connections and relationships - for many, friends are people met at work. Achieving employment goals may also provide purpose and meaning in life to both the individual and those around them. Peer specialist colleagues, who have experienced recovery and successfully returned to the workforce to serve as supportive role models, can find personal fulfillment through their work. One peer specialist shared: "Working gave me a reason to get out of bed in the morning. It's so rewarding to support someone else to move ahead in their recovery by going back to work."

Addressing Challenges to Focusing on Employment

Working, even when positive and desired, can be stressful and managing that stress is paramount to fostering wellness and promoting the positive impact of employment. Commun`ity Care offers digital resources for members to navigate stress and promote wellness such as the Academy & Library , Self-Management Articles developed by Pat Deegan & Associates, and the new RxWell app, which includes on-demand and ongoing supportive health coaching to address depression, anxiety, and healthy living.

For people receiving SSI and SSDI benefits, worries about losing these benefits can be a barrier to exploring work as the rules about working are complex and may be difficult to understand. Community Care's Working with Benefits webpage offers a compilation of resources for both members and providers that includes a provider Toolkit and training that demystifies this process and supports the transition to work.

Shifting Wellness and Workforce Paradigms and the Ripple Effect of Working

Work can support and enhance recovery and employment has the potential to produce a ripple effect, improving other domains of wellness. The change in identity to a valued social role, from patient to employee, can impact emotional wellness. The working person has more money to spend on environmental wellness essentials like safe housing and transportation, healthy food and health care services that support physical wellness, and other expenses like leisure, education, and creative pursuits that influence intellectual wellness.

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[1] *https://www.cdc.gov/nchs/products/databriefs/db379.htm Villarroel MA, Terlizzi EP. Symptoms of depression among adults: United States, 2019. NCHS Data Brief, no 379. Hyattsville, MD: National Center for Health Statistics. 2020.*

A State Agency's Role in Supporting Housing and Employment within Substance Use Disorder Treatment and Recovery

**By Esteban Ramos, MSW,
Brenda Harris-Collins,
Gregory James,
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NYS Office of Addiction Services and Supports (OASAS)**

Historically, the substance use disorder (SUD) service delivery system has operated within an episode of care, with separate programs and unrelated options. There has been an evolution towards the development of a continuum of care for SUD treatment and recovery services. These community-based services meet individuals and families wherever they are in their path to recovery, increase access to assessments, referrals, and family support, and attempt to reduce any barriers to receiving needed assistance.

Employment security and housing are key social determinants of health that play essential roles in supporting individuals in all stages of SUD treatment and recovery. Vocational rehabilitation counseling and employment services can be embedded within the SUD prevention, treatment, harm reduction, and recovery systems of care. Also, there are existing opportunities that states can leverage to expand access to safe housing, such as permanent supportive housing (PSH) and recovery residences.

Vocational Rehabilitation Counseling

Within SUD treatment settings, vocational rehabilitation counseling provides evidence-based, person-centered, and data-informed counseling to support individuals who are enrolled in treatment with their stated employment goals. This includes individuals who are newly employed, are considering career changes, and/or are maintaining long-term employment while in recovery. Vocational rehabilitation counseling, alongside treatment team supports, provides education, training, employment referrals with follow up, and direct job placement within the immediate community with ongoing and brief assessments.

Permanent Supportive Housing

Safe and affordable PSH, when combined with comprehensive, person-centered support services, promotes self-sufficiency. However, PSH is not always available. While homelessness in New York State (NYS) has decreased 18.7% between 2020-2022[1] there are still approximately 39,000 individuals experiencing homelessness in NYS according to the 2022 United States Housing and Urban Development (HUD) Point-in-Time count.[2] This data is reflected in the consistently high occupancy rates within PSH programs in NYS and necessitate innovation in the ways housing is being provided.

Recovery Residences

Dozens of studies have detailed the effectiveness of recovery residences in peer-reviewed journals and by national experts. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) compared men and women leaving residential SUD treatment and returning to their prior living circumstances with those leaving residential treatment and moving into a recovery residence. Those who went to recovery residences showed significantly better outcomes at their two-year follow-up. Individuals who moved into a recovery residence, when compared to individuals who returned to their prior living circumstances, reduced their substance use (31% vs 65%), probability of returning to use (22% vs 47%), rates of incarceration (3% vs 9%), and increased their employment (76% vs 49%). Moreover, recovery residence residents earned $550 more per month than their non-resident counterparts. This research demonstrates communal housing settings enhance SUD recovery.[3]

Through linkages to community recovery supports and the influence of the recovery residence model, better outcomes have resulted for those involved. Becoming immersed in new environments filled with caring, positive, empathetic, empowering people can have significant impact on those whose ability to thrive has been compromised by SUD.[4] Although recovery housing varies in structure, size, etc., common elements include being centered on peer support, connection to services to promote long-term recovery, reinforcement of lifestyles free of substances, and supportive of medication for opioid use disorder (MOUD) and medications for co-occurring substance use and psychiatric disorders.[5]

State-Level Innovations in Employment, Recovery, and Housing

Qualified Vocational Rehabilitation Counseling Staff

A statewide vocational rehabilitation coordinator, in collaboration and communication with regional management, review and approve all electronic documentation related to academic achievement, employment counseling experience with individuals who use substances, and applicable certifications (Certified Rehabilitation Counselor, Certified Social Worker, Certified Alcoholism and Substance Abuse Counselor, Certified Recovery Peer Advocate). Additionally, statewide technical assistance and professional training offered specifically for new and seasoned vocational rehabilitation counselors, which may include the treatment team, administration, and support staff, can ensure ongoing best practices are shared and followed.

Recovery-Ready Workplaces

Employers throughout all labor sectors are being encouraged to adopt a supportive environment for their employees in recovery as well as hiring individuals in recovery. Employment has been shown to be one of the key pillars in helping individuals sustain recovery and there is a mutual benefit identified for both the employer and the employee. Recovery-ready workplaces adopt policies and practices that facilitate access to needed services, treatment, and recovery supports for employees in recovery and expand employment opportunities for people who are in or are seeking recovery.

NYS is expanding recovery-ready workplace initiatives throughout all workforces by launching the Recovery Friendly Workplace Tax Credit, the first program of its kind in the nation to help rid the workplace of the stigma surrounding addiction and increase employment opportunities for New Yorkers in recovery. All eligible employers can apply to receive up to $2,000 of tax credit per eligible employee hired in the current tax year.

Recovery Residences

In early 2022, NYS enacted legislation that required a process for the voluntary certification of recovery residences through the Office of Addiction Services and Supports (OASAS). These non-clinical residences provide low-threshold admission for individuals in recovery seeking a safe, healthy living environment to support them in their recovery journey.

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Safe, Stable Housing and Employment are Key Social Determinants of Health, and Critical for Recovery!

By Ann Sullivan, MD
Commissioner
NYS Office of Mental Health (OMH)

Safe and stable housing, together with appropriate employment, are important determinants of mental and physical health. For people who are living with mental illness, housing and employment can play a critical role in their journeys towards recovery.

Governor Hochul has long recognized the importance of housing for individuals living with mental illness. Her $1 billion plan to overhaul and strengthen the State's mental health care system includes the creation of 3,500 new units of housing, including 1,500 supportive housing units, 900 transitional step-down units, 600 units of apartment treatment housing, and 500 community-residence single room occupancy units.

But even before the Governor initiated this historic investment into mental health services, she was already focused on providing much needed support to people living with mental illness who were experiencing homelessness and sheltering in the NYC subway system.

The Governor directed OMH to create Safe Option Support (SOS) teams to conduct outreach and engage and support unsheltered homeless individuals, connect them with services, and help them secure permanent housing. SOS teams are comprised of licensed clinicians, care managers, peer specialists, and registered nurses and they provide intensive outreach and support, focusing on building a trusting relationship and partnering with clients to connect with services, enter housing and work together to realize their goals.

To date, SOS teams have had more than 11,500 outreach encounters, enrolled more than 1,200 people into the SOS program and, most importantly, have helped place 228 formerly homeless clients into supportive housing, where they can live successfully in their community.

One such client is a 30-year-old woman who was battling homelessness as well as a number of mental health challenges, including depression, anxiety and post traumatic stress disorder. An SOS team built a rapport and worked with her as she was admitted to a local hospital, actively participated in her discharge planning, and helped ensure a successful transition to community-based services and temporary shelter when she was discharged.

When she told the SOS team she wanted to live independently in her own home, the team's peer specialist worked tirelessly to help her secure placement into permanent housing with support services. Her life changed dramatically, from homelessness and despair to optimism and personal growth.

Another SOS success story concerns a man who had been homeless for 10 years after a five-year incarceration for drug possession. He was battling feelings of despair and hopelessness when he encountered an SOS team last August. Over several visits, the team helped him learn more about the services that were available and assisted him in attaining emergency housing.

SOS staff (L to R) Richard Byamugisha, Charisse White, Jemima Babb, Crystal McClellan, Sandrine Clarke. NYS Governor Kathy Hochul (3rd from left), and NYS OMH Commissioner Ann Sullivan (far right)

When he agreed to receive services, SOS team members accompanied him to his appointments, served as his advocates and helped him attain permanent supportive housing. His life has improved markedly, and he recently notified the SOS team that he has started a new job.

Finding a job has given him a sense of pride, accomplishment and greater independence. In fact, studies show that people with even the most serious mental illnesses report a higher quality of life, greater self-esteem and fewer psychiatric symptoms when they are employed. Conversely, unemployment and underemployment have been linked to increased anxiety, depression and other negative outcomes.

Unfortunately, unemployment rates for people with mental illnesses are far higher than the general population.

OMH is addressing this problem by increasing support and investment in several employment programs that help people develop the skills they need to attain and sustain competitive, integrated employment. A $2.8M increase in the 2022 budget, followed by a historic $12.9M increase in 2023, enabling OMH to not only incentivize employment as a primary outcome for our provider community, but to enhance the level of support, training and technical assistance necessary to achieve those outcomes. Peer Specialists are critical to enabling recovery throughout all OMH services, and to enabling individuals to fulfill their hopes and dreams.

We have increased funding and support for all employment and rehabilitation programs to implement Individual Placement and Support (IPS) principles and practices. IPS is an evidence-based model of supported employment for people with serious mental illness. IPS supported employment helps people living with behavioral health conditions work at jobs of their choosing.

OMH also leads New York Employment Services System (NYESS), a unique collaboration with the Department of Labor, the Office of the Chief Disability Officer, State Education Department, Commission for the Blind, Office of Alcoholism and Substance Abuse Services, Office for People with Developmental Disabilities and the Office for the Aging, which helps remove barriers to employment for all individuals with disabilities, including those with mental illness.

NYESS is a comprehensive resource for all subjects related to employment and disability for job seekers and their families, providers of employment services, businesses and state agencies. NYESS is also a collaborative employment services case management data system, and a statewide Ticket-to-Work Administrative Employment Network.

Personalized Recovery Oriented Services (PROS) programs across the state also help people living with mental illness find appropriate employment. PROS incorporates IPS, and is a comprehensive model that integrates rehabilitation, treatment, and support services for people with serious mental illness, enabling them to achieve their goals, including finding and keeping a job.

One client of a PROS program said employment *"...has helped me get back into society ... and has given me friends. My job means a lot to me, it gave me a perspective on life again, especially after living on the sidewalk for 20 years. My employment specialist helped me do all the stuff on the computer; the application process was long. The employment group helped me reach my goal of getting a*

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Spotlight on Janian Medical Care

By Rachel A. Fernbach, Esq.
Executive Director and General Counsel
New York State Psychiatric Association (NYSPA)

Janian Medical Care is a group practice of mental health clinicians and the largest provider of psychiatric care to homeless and formerly homeless people in New York City. Janian Medical Care partners with housing providers across the city and operates the Project for Psychiatric Outreach to the Homeless (PPOH).

The following are excerpts of a December 7, 2023 conversation with Tony Carino, M.D., Director of Psychiatry. This interview has been edited for clarity.

Rachel A. Fernbach, Esq.

Tony Carino, MD

Rachel A. Fernbach, Esq.: Good evening Dr. Carino. Thank you so much for taking the time to speak with Behavioral Health News. Can you tell our readers a little bit about the history of Janian Medical Care and PPOH?

Tony Carino, MD: Janian Medical Care and PPOH began as a volunteer organization started by Dr. Kathy Falk in 1986 to address the homelessness crisis among people with severe mental illness in New York City. Dr. Falk sent a letter to her colleagues in the New York County District Branch of the American Psychiatric Association, making a call to arms and asking psychiatrists in New York City to volunteer their time. The group's mission was to provide care to people with serious mental illness who were experiencing homelessness. Over the years, the PPOH team and model of care have grown and developed. Janian Medical Care, P.C. was formed in 2012 to integrate psychiatry and primary care and enhance access to care for people experiencing homelessness. We are now a very large organization and still a nonprofit. We have 40 psychiatric practitioners working at 80 sites in New York City. Our clinicians provide care in permanent supported housing sites, transitional housing sites, street psychiatry teams, Assertive Community Treatment teams and intensive mobile treatment teams. Our mission is the same as it was in the 80s - to provide quality healthcare to folks experiencing homelessness in the community. Last year we were able to provide psychiatric treatment to more than 3,100 people experiencing homelessness with serious mental illness who otherwise would not receive care. We provided more than 16,000 psychiatric visits and more than 2,000 psychiatric evaluations for housing.

Rachel: Can you describe Janian's treatment model and approach?

Tony: Our model is to embed clinicians in social service agencies where people experiencing homelessness receive services. This way, we are able to provide accessible psychiatric care to people in the community. We are affiliated with the Center for Urban Community Services (CUCS), a nonprofit that is the largest provider of permanent supportive housing in New York City. CUCS provides administrative and technical support for our clinicians and we provide psychiatry and primary care services for all of the CUCS program sites. This model of pairing clinicians with community based organizations is very powerful because it allows psychiatrists to intervene in addressing social determinants of health. We are directly involved in advocating for permanent supportive housing, supported employment, and other benefits for our patients. We are able to offer these other interventions (housing, employment, benefits) as part of psychiatric practice and those interventions have more of an impact on the clinical and health course of our patients than some of the other traditional treatments that we think about.

Rachel: Can you tell us more about your Street Psychiatry and Street Medicine programs?

Tony: Street psychiatry is something we have done since the beginning of PPOH - where a well-trained psychiatrist goes into the community with an outreach team to engage individuals with chronic street homelessness who are not able to access traditional clinic based care. In a street psychiatry model, you work with outreach teams to identify people in need and then provide assessment and treatment on the street. Street medicine is the primary care analog of that approach that grew to address those same barriers. People with complex health care needs and chronic street homelessness are rarely cared for by traditional clinic based models of care. The idea is to bring the primary care services to them. These outreach teams and primary care clinicians have the patience and clinical know-how to address primary care needs, especially for folks with substance use and mental health conditions that may be barriers to traditional care models. Street medicine clinicians work to treat many common health conditions, improving physical health outcomes and addressing chronic diseases like diabetes and cardiovascular disease. This program is a reverse integration model where primary care is embedded into a robust psychiatric model. Street psychiatry and street medicine tailors care to fit the experiences and needs of those experiencing homelessness, such as blister packs of a few days of medication (to avoid losing larger supplies) and long acting injectable medications. In fact, earlier today, I administered a long acting injectable version of buprenorphine for someone with opioid use disorder. This individual is very high risk - chronically street homeless and has had four opioid overdoses with Narcan reversals in the last 5 months. It is very powerful to be able to deliver care to him out on the streets. Our approach is that there is no wrong door of access.

Rachel: What are some of Janian's other treatment settings?

Tony: One model that is very powerful is the safe haven model where rooms are provided to people that are chronically street homeless who either can't tolerate a shelter or would not do well in a shelter setting due to their psychiatric condition physical health conditions or trauma history. By embedding psychiatrists in a safe haven location, individuals can visit our onsite offices or we in-reach, where we knock on doors in the safe haven and

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Children and adolescents are treated in distinct, age-appropriate programs with the treatment milieu focused on each age group's developmental issues. Each unit, led by a multi-disciplinary clinical team, mirrors a school setting that promotes shared competencies and encourages bonding. Family/caregivers are a primary focus within all age groups and we encourage their active participation.

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The Integrated Role of Housing and Employment in Recovery

By Jose Cotto, LCSW
SVP of Residential Treatment
Institute for Community Living (ICL)

When you think of recovery, you often think of what we would consider our social determinants of health: financial stability, housing and surrounding environment, health care access, education, and social connections. When a person is doing well in all of these domains, they're generally thriving and recovering. They're returning to a healthier version of themselves. And there are various pathways a person can choose for this journey.

At Institute for Community Living (ICL), we run nearly 140 programs throughout the New York City boroughs, and we have learned a thing or two about serving those in recovery. Our services address all levels of Maslow's hierarchy of needs. We have a partnership with Community Health Network (CHN) to provide primary care at our East New York HUB location, where you'll also find mental health clinics, a food pantry, a day-treatment program with an art room, an employment center, a high number of mobile-treatment teams, housing programs, and specialized and innovative clinical teams that support the full lifespan spectrum—from children to older adults. And East New York HUB is just one of our New York City sites that exemplifies the menu of options people can turn to when they need support to move forward in their life.

Regardless of which direction a person chooses for their recovery, they'll require a few important supports along the way. Housing, an essential social determinant of health, should happen sooner rather than later. In New York City, housing and the physical address it gives a person is essential when someone is applying for benefits and other resources, including employment. As a part of our behavioral health services, we have been able to provide a spectrum of housing—including community residences, treatment apartment programs, and supported and mixed-use housing (both permanent options).

A bed or a unit in one of these settings is more than a physical space, it's a place one can call home (even if transitional) where you feel safe and have the privilege to think beyond some of your basic human needs. Having a home helps propel the overall recovery process. It becomes the launching point for some great trajectories. With this very basic need taken care of, a person can focus on life goals like creating healthy long-term relationships or developing skills and talents through vocational and employment routes. Can you have a home without income? Technically you can, but the number of people in need of housing drastically outnumbers availability. This is why employment is such an important building block in a person's recovery process.

Employment and vocational opportunities serve many functions. It gives a sense of purpose. It can be the very reason a person gets out of bed in the morning. It

Jose Cotto, LCSW

can provide a routine outside of your home. Employment also offers a person self-governance/autonomy. When you begin to receive income, the money can leverage decision-making, empowering you to have choices in your life.

One often feels a sense of pride and inclusion from their employment because it makes them a part of the overall community. Most people feel a sense of genuine happiness from being what they consider a productive citizen in our society. If your values align with the mission and vision of the employer, your work produces even more gratification. You become part of something bigger than yourself. One might even become involved in creating what they feel is social change in a positive direction.

The relationship between housing and employment can also provide a window into what's happening internally for some of us. If our homes are in complete disarray, it may be a sign that we're overwhelmed and that areas of our lives may be a bit chaotic. If a pattern begins to develop in which a person is arriving late to work or calling out sick more than usual, it can be an indication that a disconnect has formed or that the person is losing motivation. These social determinants of health become opportunities to reflect and make adjustments so that recovery doesn't come to a halt or stagnate. It can be a call for well-being maintenance so that a person doesn't lose their source of financial stability and potentially their home. We have seen this happen, time and time again, regardless of who has a diagnosis. And it's an opportunity to review the situation without judgment and take a compassionate look at inner well-being.

At ICL, whole health is the overall principle that guides our mission and treatment strategies. During an agency-wide, whole health drawing exercise, almost everyone included a representation of housing and earned income as essential elements to whole health. When we host health fairs for different communities, we provide a slew of services: yoga, health screenings, nutrition counseling, self-love tables, speed networking, salsa dancing, housing, behavioral health services and food. But we don't forget about the essential role that employment plays in people's lives. Our human resources recruitment team is present at these events, as well as our Ticket to Work program. Our guests have two employment resources, with varying specialties, that can accommodate anyone. It is our hope that through the support of this kind of community work, every person in our city has a chance at the successful life they deserve to lead.

For more information about the Institute for Community Living services, please visit iclinc.net or call 844-ICL-HOPE or email ICLHOPE@ICLINC.ORG.

Why Ticket to Work Changes Lives

By Dr. Tasrina Kahn
SVP of Integrated Services,
Institute for Community Living (ICL)

Dr. Tasrina Kahn

In collaboration with Ticket to Work, the Institute for Community Living (ICL) Personalized Recovery Oriented Services (PROS) program is designed to support all clients, ages 18 through 64, who are seeking employment regardless of their disability. The PROS employment program holds vocational groups and provides assistance with resume writing, interviewing, career exploration, and referrals to training programs that build employment skills. The goal is to help ensure successful outcomes that lead to stable, long-term employment. Two of our leaders in Ticket to Work are Karenlisa Depanfilis and Leslie Peters, who were instrumental in helping Ann,* who is now one of our colleagues. Ann's journey is a great example of the challenges a person can face when seeking employment and how overcoming them can lead to success:

Ann's Success Story

Ann had been diagnosed with bipolar and post-traumatic stress disorder when she reached out to ICL to receive support services. She felt challenged when coping with stress and pressure. In seeking employment, her goal was to become self–sufficient and financially stable. In her journey toward recovery, she had to face her challenges, integrate into the community, and re-enter the workforce. Her success path included balancing her medications and therapeutic assistance. She then applied for a part-time Peer Specialist position in one of our Supported Housing programs. She was offered the position and was given support by her direct supervisor. She thrives in this role and has helped many people remain stably housed by not only providing excellent care but by also being a model for others and instilling hope.

When Ann was re-entering the workforce, she enrolled in Ticket to Work so that she would be able to maintain Medicaid and other benefits, which are provided by the Ticket to Work program. These benefits were an important part of her recovery support. Without them, her successful transition into the workforce would have been less likely. According to Ann, she felt properly supported through the Ticket to Work Program. And she has grown to learn life will always have challenges and stress, but with the support from family, staff at ICL, and her own determination for personal success, she will continue to move forward in her career and life.

** While this story is real, the name has been changed to protect privacy.*

Celebrating Whole Health Care in East New York

This year, ICL celebrates the 5-year anniversary of our East New York Health HUB located at 2581 Atlantic Avenue.

This community center takes a whole-health approach to tackling long-standing health disparities and provides a full array of services to better support New Yorkers with behavioral health challenges.

The East New York Health HUB is an integrated whole-health community center providing:

- Ticket to Work
- Comprehensive behavioral health treatment
- Housing and social services support
- Substance use disorder outpatient treatment
- Food pantry
- Arts, nutrition, fitness, and other wellness programming
- Primary care services provided through Community Healthcare Network (CHN)

The Impact of Housing on Mental Health Issues and Substance Misuse

By Jodie N. Dionne, MS, LMHC
Director of Intake Services
WellLife Network Inc.

In Maslow's hierarchy, physiological needs – food, water, shelter – are the base upon which all other human activity rests. As a population, particularly in more privileged areas, we tend to take these needs for granted: a house or apartment, food and clean water, and clothing are readily available with achievable resources. For unhoused populations, however, these most fundamental needs are unmet, rendering further potential stunted and unsupported and opening the door wider to substance misuse and either inherent or environmentally triggered mental illness to emerge.

Stigma surrounding these individuals creates a sense of fear from those who don't walk in their shoes. The assumptions about how someone became homeless, and even the lack of associating those experiencing homelessness as humans, creates an ongoing discord (Zwick et al, 2020).

Those working in housing are on the front lines of this struggle. They strive every day to best match individuals with housing that suits their needs, guided by two principles: first, every person deserves a stable home, and second, every person deserves to have a life there are happy with, not just a life in which they simply exist. Exploring the barriers to making those two statements a reality is an ever-moving conversation, a constant work in progress to ensure everyone finds the care that works for them.

Jodie N. Dionne, MS, LMHC

The language used for individuals changes when the subject population is those experiencing homelessness (Zwick et al, 2020). Often, when considering someone experiencing homelessness, the labels that come out are words like "crazy" or "addict," with the populati`on thus treated as a monolith. These labels paint a severely overgeneralized and, most importantly, untrue picture of every person who experiences homelessness. Data in 2023 suggests that approximately 21% of the homeless population in the United States experiences some form of mental illness, and approximately 16% of the homeless population experiences some form of substance misuse (Saluda, 2023; Continuum of Care Subpopulation Report). These numbers vary slightly based on the reporting source, with other reports citing as high as 30-50% (Lo et al, 2022).

Recognized overlap in these two populations exacerbates the concern, as it indicates that those rough percentages account for a significant number of individuals in need of support. Not every person who is homeless requires care for either or both challenges, but we must be prepared to provide care for those who do.

People who experience homelessness have difficulty consistently accessing services. The dropout rate in services is stunningly high, potentially reaching as many as two-thirds of those who seek treatment for substance abuse or mental health challenges (Lo et al, 2022). There are several factors that come into play, including lack of a permanent address to register for services, potential lack of consistency in sleeping/bedding down locations, and, overwhelmingly, stress: the level of stress an individual feels without housing can significantly impact their overall ability to manage mental hygiene or avoid substances (Lo et al, 2022). Individuals report a high need to escape their situation, however temporary that escape may be. That escape can come in the form of any number of drugs, alcohol, or behaviors, even in the form of not managing psychiatric symptoms.

When an individual simultaneously experiences homelessness alongside either mental illness, substance misuse, or both finds housing that suits their needs, they find the space needed to decompress. This can be a long, slow adjustment. Housing designed to address both high need populations must offer a range of support services, including assisting with access to therapy, psychiatric treatment, and outpatient substance use services as needed. On -site services can include case management, client-centered approaches to treatment plans within housing, as well as day-to-day life skills coaching.

Guidance suggests that there are 4 stages from homeless to housed: Survival, Adaptation, Integration and Precarity (Marshal et al 2020). These 4 stages are identified distinctly as they account for one's feelings and actions during this transitional period.

1. Survival is the state one must exist in to survive (hypervigilance, anxiety, aggressiveness, mental status, substance use).

2. Adaptation is the period where one becomes housed and can begin exiting survival mode, ideally resolving some of their hypervigilance and altered mental status/heightened substance use with help from established supports.

3. Integration refers to achieving feelings of security in housing that begin to

see Impact on page 40

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Preparing Youth with Behavioral Health Needs to Enter the Workforce: A Pathway to Housing

By Jacqueline Brown and Lisa Furst
Vibrant Emotional Health

Imagine sitting in a classroom, expected to absorb the curriculum, when you are extremely worried about whether your family will be evicted from their home. What can you, a young person trying to graduate from high school, do to change your circumstances? What if you have also survived traumatic experiences and are working on your recovery from a mental health challenge? Chances are, you will be disconnected and unable to see past the barriers and the stressors to learn and grow to your full potential.

Many assume that once youth living with mental health challenges receive treatment, they should be able to complete middle and high school solely with the educational resources provided. Our experience working with youth in Vibrant's three Adolescent Skills Center (ASC) programs has demonstrated that this is not always the case. The youth we serve often report that traditional school settings were the worst possible places for them to be when attempting to manage their feelings of sadness, dread, hopelessness, fear, racing thoughts, and anger. This environment can trigger or worsen all those feelings

Jacqueline Brown

Lisa Furst

because students are expected to perform at a level beyond what they have been prepared to achieve, leading to increased stress and anxiety.

It is not necessarily the engagement with education that causes such feelings, but rather the expectation that academics are all they need to focus on when life suddenly gets in the way of the expectation. These feelings and behaviors interfere with their academic success, including obtaining and maintaining youth employment. In the words of a youth, we were fortunate to work with, "Don't stress me with facts about history or essays; teach me how to live, how to manage my life!" This student's plea highlights the real-life consequences of living with mental health challenges while also struggling with environmental stressors that interfere with young people's educational success and their ability to obtain steady employment and, ultimately, prevent homelessness.

For New York City youth struggling with unmet mental health challenges who have not been successful in traditional educational settings and who are at risk of not completing their education or developing marketable job skills, there are ASCs available to help. Vibrant operates ASC programs in the Bronx, Queens, and Manhattan. These programs support youth aged 16-22 and offer a comprehensive vocational and educational program with a unique focus on mental health support. The youth entering ASC programs have typically been unable to succeed academically, nor have they been able to manage their mental health challenges. The ASCs offer youth the opportunity to participate in GED preparation, vocational assessment and evaluation, vocational and educational remediation and social-emotional support services.

The ASCs also provide lessons on critical life skills, such as time management and conflict resolution. Specialized groups are offered so youth can obtain support from their peers and trained staff. They teach money management and other skills using group simulation activities to prepare them for real-life experiences. These include engaging in an apartment

see Preparing Youth on page 38

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Expanding Permanent Supportive Housing is Essential to a Robust Social Safety Net

By Ralph Fasano
Executive Director
Concern Housing

The current housing climate leaves millions of Americans at risk of housing instability or homelessness – and it is those who are living with mental and physical health challenges that are the most vulnerable. As communities battle the ever-escalating "cost-of-living" and a rising economic crisis across the country, we need to invest in – and defend against misinformation – the one solution we know works to end homelessness: permanent supportive housing.

Supportive housing, especially when paired with workforce development programming, is an evidence-based model to help vulnerable residents get back on their feet. Countless studies over the decades have shown that the care and security provided to supportive housing residents is the best way to address chronic homelessness.

Expanding the supply of permanent supportive housing should be a foundational goal of lawmakers, elected officials, and community leaders everywhere – we will never have the robust housing social safety net Americans deserve without it.

First, though, it is worth taking a broader perspective. America is currently experiencing a shortage of about 7.3 million rental homes[1] affordable and available to renters earning extremely low-incomes, to say nothing of dwindling homeownership opportunities. This is a function of rigid land use policies that restrict supply and create more expensive housing.

In New York, where my organization, Concern Housing, currently operates, a person must work 98 hours a week1 on minimum wage to afford a modest one-bedroom rental home. That is not tenable for many households, and the high cost of housing – which is as foundational an expense as it gets – diverts resources away from other critical areas, like health care and education.

The story typically ends there, but much more is to be said. Lost in the shuffle are our most vulnerable neighbors – those who have been housing insecure for years or who may have been grappling with the rise of increasingly addictive and potent narcotics like fentanyl.

When the entire market is squeezed, where should these residents turn if fewer homes are available? And should we be surprised if these challenges are exacerbated without the security of steady, secure housing? As such, to help build a new housing safety net that can respond to the increasing needs of all our neighbors, we need a plan that will create more affordable housing everywhere as well as supportive housing to treat those with especially acute needs. The result will be a rising tide that lifts all boats.

For one, affordable housing investment can boost an individual's physical health just as much as it can financial health. Access has been proven to improve mental and physical health outcomes[2] by freeing up family resources for food and healthcare expenditures. Stable housing access may also improve health outcomes[2] for individuals with chronic illnesses by providing an efficient healthcare delivery platform. Meanwhile, well-constructed and maintained affordable housing can reduce health problems associated with poor-quality housing.

Supportive housing – which is affordable housing with onsite services for individuals living with a disability or have previously experienced homelessness – provides an even more robust care model. Connection to supportive housing is the number one way to reduce chronic homelessness, with only 5% of all tenants[3] returning to the street or shelters. It also can provide the direct physical and mental healthcare resources that individuals need to thrive in their new environment – simultaneously cutting costs for care and housing. It proves that housing is essential to healthcare.

Supportive and affordable housing creation also works to counteract systemic discrimination and racism in our zoning system. Take my home state of New York as an example, where New York City consistently ranks[4] as one of the most segregated cities in the United States, in part due to the state's land use policies that prevent multi-family and affordable development. The history of redlining – which denied communities of color from access to housing options – lives on through a lack of affordable housing, particularly in "high-opportunity" neighborhoods. Without amending zoning regulations to encourage affordable and multi-family development, towns will continue the cycle of racial segregation that prevents economic mobility among marginalized communities.

And development spurs economic investment into communities. During construction, 100 units of affordable housing generates[5] about 121 construction jobs, 65 indirect jobs, and $46 million in economic spending. On average, after a building is complete, it generates about $10 million in economic spending annually, along with 32 permanent jobs. In five years after completion of a supportive housing building, the prices of those nearby properties experience strong and steady financial growth[6]. Over time, the economic impact of the buildings practically pay for themselves all while also connecting tenants with affordable housing rents that are just not available in the market right now.

On top of the jobs these projects create, when paired with workforce development for tenants within the building, these projects extend the economic impact of the building. Many affordable and supportive housing units in New York also include access to career development programs, which will grant tenants an on-ramp to financial empowerment and encourage economic participation. This is a mountain of academic evidence, but it is hardly invisible. At Concern Housing, where we've been building and managing buildings like these for 50 years, we see it every day.

Consider Surf Vets Place on Coney Island. The apartments opened in 2019, bringing 135 units of affordable and supportive housing for veterans and families with low-income backgrounds. About 10% of these units are reserved and accessible to people with hearing or visual impairments.

Then this October, Concern helped start construction on a bagel shop called Cyclone Bagels that will employ veterans, with priority hiring given to residents of Surf Vets Place. We have partnered with BYOB Bagels – a non- franchised independent business – to help provide job and skills training. It's an example of maximizing all space to provide a true continuum of care that will uplift our residents and provide value to the entire Coney Island community. Although this is just one example of impactful development, Surf Vets Place represents the broader continuum of care that supportive housing can provide to its tenants and its neighborhood.

Despite the anecdotal and peer-reviewed evidence showing that housing – particularly affordable and supportive housing – is a net benefit to everyone and a key tool to helping others thrive, we still face intense "Not In My Backyard" opposition to proposals to emulate this formula.

At times, these opponents enact harmful language against residents of these buildings. There is a false sentiment that "low-income tenants" would affect property values or that new development would disrupt the town by causing crime or other disturbances and other beliefs rooted in years of racism and discrimination.

These claims help perpetuate the very systems that caused housing insecurity in the first place and stand in the way of the healing and growth we need to move past it. As community members who care deeply about the well-being of our neighbors, it is our shared responsibility to overcome these narratives and fight for the basic right of shelter.

After all, if we are ever to truly end our housing crisis and ensure the fundamental human right of housing, we will need to dramatically scale the affordable and supportive housing that we know works, including with workforce programming.

This process will not be easy. It will require collaboration and compromise and facing misinformation head-on. But the facts are on our side – and through a concerted effort and a focus on the communal benefit that investment can bring, we can change our communities for the better, one home at a time.

To reach Mr. Fasano call (631) 758-0474 and visit Concern Housing at www.concernhousing.org.

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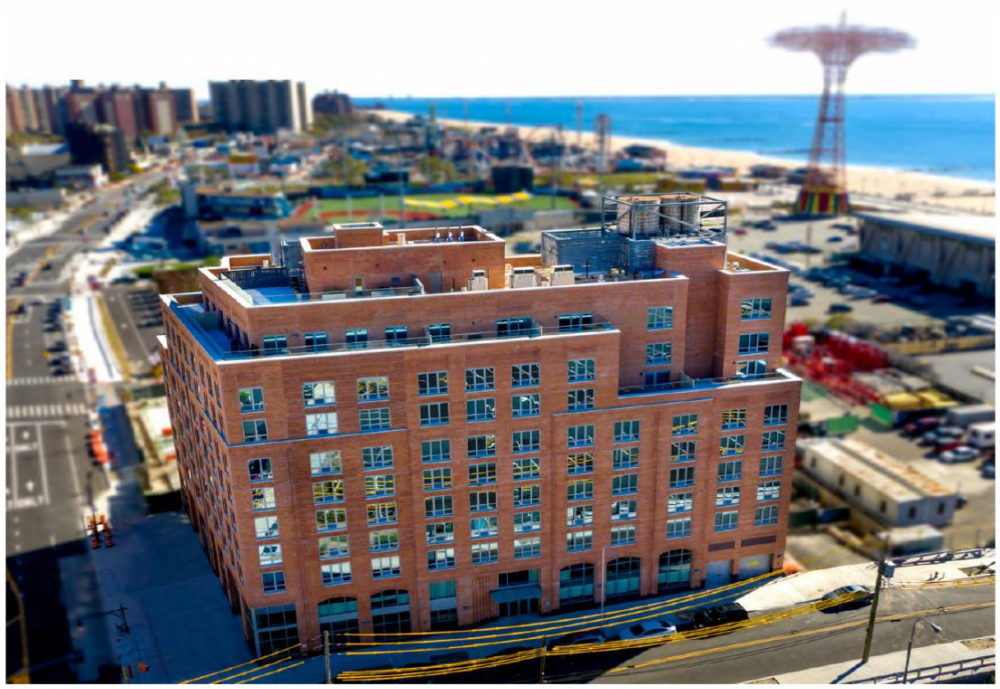


Are You Looking For a New Employment Opportunity?

Addressing Social Determinants of Health Among Individuals Experiencing Homelessness

By Mark Saldua
Center for Behavioral Health Statistics and Quality, SAMHSA

Over 582,000 individuals across the country were experiencing homelessness on a single night in 2022. The Point-in-Time (PIT) census is a count of sheltered and unsheltered individuals experiencing homelessness on a single night in January. The PIT count is valuable in quantifying homelessness, identifying year-over-year trends, and supporting policy development. Key additional findings from the 2022 Annual Homelessness Assessment Report (AHAR) to Congress (14.8 MB) and Continuum of Care Homeless Populations and Subpopulations Report (178 KB) include:

- 21 percent of individuals experiencing homelessness reported having a serious mental illness, and 16 percent reported having a substance use disorder.
- A 16 percent increase among individuals experiencing chronic homelessness between 2020 and 2022.
- The homeless population comprised 37 percent of individuals who identified as Black and 24 percent identifying as Hispanic.

Homelessness is associated with a higher prevalence of mental and substance use disorders when compared to stably housed individuals. Individuals experiencing homelessness continue to face health disparities, including increased mortality due to suicide (PDF | 192 KB). Homelessness is a complex problem, and the social determinants of health serve as a key factor in addressing and developing comprehensive solutions to prevent and end homelessness. SAMHSA's 2023-2026 Strategic Plan recognizes the importance of social determinants of health as a lever to achieve its goal of promoting whole-person care, advancing policies and programs, and improving health outcomes to meet the needs of individuals experiencing homelessness.

Economic Stability

A prominent risk factor for homelessness is the lack of affordable or stable housing. According to Healthy People 2030, 35 percent of renter households are cost-burdened in the United States, meaning that families spend more than 30 percent of their income on housing costs and utilities. Rental home costs continue to increase while household renter incomes stagnate. Although gentrification is not an area of focus for SAMHSA, it is necessary to acknowledge that gentrification can have an impact on neighborhoods and built environments. Gentrification revitalizes poor urban neighborhoods by developing new businesses and homes to attract potential affluent residents. A central issue with gentrification is the displacement of low-socioeconomic status households and Black and Hispanic incumbent residents in reaction to increased rent. Additionally, unemployment and underemployment disproportionately impact individuals experiencing homelessness (PDF | 1.1 MB). While many express the desire to work, individuals experiencing homelessness encounter obstacles that make finding and maintaining employment challenging. Without affordable housing and stable employment, families face adversity and expend a significant portion of their income on shelter without having enough funds for necessities, such as food, transportation, and healthcare. Economic instability can create chronic stress for individuals and may lead to illegal drug use and mental health issues, such as anxiety or depression.

Education Access and Quality

Individuals with lower educational attainment are at greater risk of unemployment and poverty compared to their more educated counterparts. Lack of income due to unemployment is a direct cause of homelessness. Youth with less than a high school diploma or General Educational Development (GED) are especially vulnerable. Compared to youth with at least a high school degree, youth without a high school diploma or GED have a 346 percent higher risk of experiencing homelessness (PDF | 191 KB). Furthermore, the lack of education on mental health is associated with increased mental health challenges. A 2020 study found that K-12 students who participated in school-based mental health treatment were over 15 times more likely to attain improved mental health status. Increasing high school graduation rates for students and prioritizing the need for school-based mental health services are critical to preventing homelessness and improving mental health.

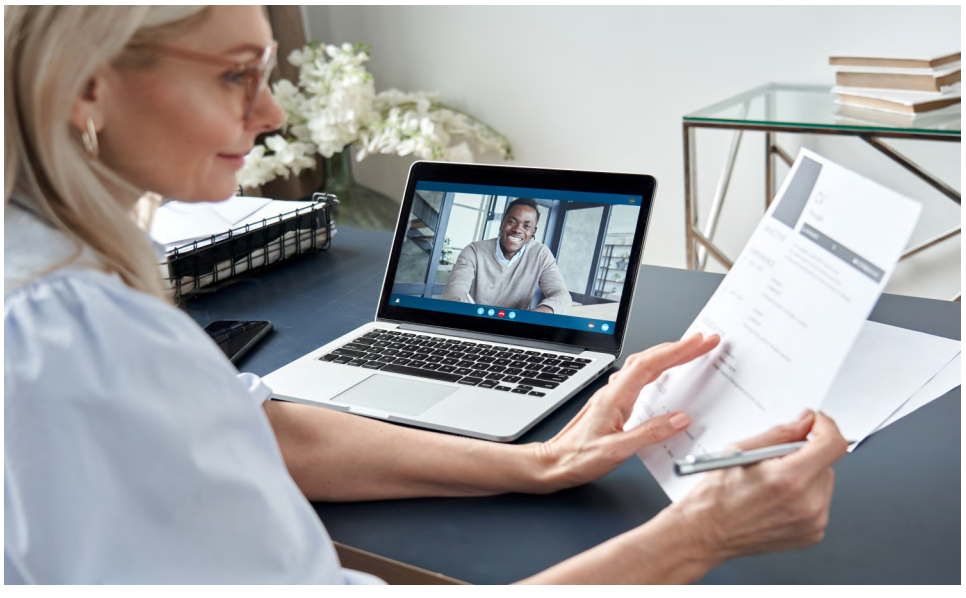
Healthcare Access and Quality

Barriers that prevent individuals who are experiencing homelessness from accessing health care may contribute to the increase in individuals experiencing chronic homelessness and can lead to increased risks of adverse health outcomes. Sixty percent of individuals experiencing homelessness lack health insurance, which restricts them from obtaining

see SDOH on page 40

Finding the Perfect Fit with Peer Support: Navigating Employment with Mental Illness

By Jonathan Landau, MA, and Kristopher Migliore, LMSW ACMH



Searching for the right job, or even any job can be a stressful process dragging on for weeks, months or even years. The challenges may not even stop after obtaining gainful employment. They can bleed into maintaining that job, which then shields us from engaging in the stressful process of a job search. These challenges may not look the same for everyone as some individuals face unique challenges that others may not have to worry about. Individuals with mental illnesses and/or substance use disorder are among those who face unique challenges when finding and maintaining employment.

One of the challenges that can get in the way of individuals with mental illness obtaining employment is stigma. There can be hesitancy for companies to offer employment opportunities to individuals with mental illnesses due to a perceived risk of failure (Manning & White, 1995). What if an individual with mental illness completes their goal and gets hired by a company? Knowing that companies may hold stigmas against you can create new or exacerbate existing stress for an individual. ACMH Peer Specialist Jonathan Landau expresses that he has experienced a lot of challenges with finding and maintaining employment. Mr. Landau recounts, "It was hard to hold a job with a disability, especially teaching, which is challenging to begin with" and "especially when employers don't know about your condition". When asked if having your employers not being aware about your disability adds to the stress of maintaining your job Mr. Landau responded, "Yes. But it is a catch-22. Because you never have to reveal your condition to your employer. It is actually suggested not to."

You get past one stressful experience (searching for a job) only to face another stressful experience (maintaining that job). So how does one maintain a job while facing these challenges? Mr. Landau says it is about "finding the perfect fit". The challenges such as facing stigma from your employers dissipated when Mr. Landau obtained employment as a Peer Specialist. When asked why the Peer Specialist position was a perfect fit for him, he stated, "because of lived experience mostly. I can relate to what the clients share and try to guide them the best that I can."

Aside from monetary gains used for bills, sustenance, and leisure, working a job is linked to social inclusion. Work provides individuals with mental illness the chance to participate in society as active citizens, and is important in both maintaining mental health and promoting recovery from the mental health problems experienced (Boardman et al., 2003). Individuals who receive mental health services experience a process that can remove them from 'normal' social roles and entitlements. That can lead to internalization for that individual of being the sick or 'patient' role as the dominant feature of their lives (Boardman et al., 2003). Obtaining and maintaining employment can compensate an individual with having a social identity and status, along with a sense of personal achievement (Shepherd, 1989). Counteracting the individual's main identification in life as the "patient".

I am proud that ACMH is an agency that values and promotes peer support within the services it provides and to those it employs. I think it is a beautiful thing that peer support can have a symbiotic relationship for the individual receiving services and for the individual providing the services. On one hand, peer support can assist an individual dampen the

see Perfect Fit on page 35

Redefining Supported and Transitional Employment as Key Tools for Recovery

By Gayle Parker-Wright, LCSW-R, LSW, and Angela Gralian, LCSW
Services for the UnderServed (S:US)

Mental health challenges affect millions of individuals worldwide, impacting their daily lives, including their ability to work and contribute to society. According to the United States Department of Labor, around 1 in 5 adults in New York experiences a mental health disorder each year. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that approximately 16.5% of the U.S. population aged 12 or older has a substance use disorder. The unemployment rate for individuals with mental health conditions in New York is higher than the general population, at above 80% (Mental Health America, 2023).

Individuals living with serious mental illness and co-occurring substance use disorders have continuously been stigmatized and subjected to discrimination in the workforce. This is a population that has often times been overlooked, excluded, and discouraged from working due to their disability (Mental Health America, 2023).

At Services for the UnderServed (S:US), we are dedicated to implementing scalable solutions that bring about transformative changes in the lives of people with disabilities, those facing poverty, and individuals experiencing homelessness. Our mission is aligned with rectifying societal imbalances, envisioning a city where every individual has shelter, good health, productivity, and the ability to enjoy meaningful social connections.

Recognizing the significance of employment in the recovery journey, supported and transitional employment have emerged as crucial tools to empower those facing mental illnesses. These innovative approaches have been implemented by S:US through evidence-based programming, such as Assisted Competitive Employment (ACE) Services and the Brooklyn Clubhouse that fosters independence and a sense of purpose.

Supported Employment

Supported Employment is a model designed to assist individuals with mental health conditions in obtaining and maintaining competitive employment. At S:US, the ACE program is designed to support individuals living with Serious Mental Illness (SMI) towards their employment goals. The key principle is individualized support, tailoring assistance to meet each person's unique needs and aspirations. Employment Specialists work closely with individuals to identify suitable job opportunities, provide on-the-job coaching, and facilitate communication between the employee and the employer. Regular check-ins and open communication help the Employment Specialist understand the individual's progress and address any challenges that may arise during the employment journey. ACE receives referrals from psychiatric settings, such as hospitals and clinics, in addition to shelters and housing programs. In particular, ACE collaborates with S:US behavioral health housing which is an important referral source. This partnership illustrates the importance of housing stability in relation to job retention. Often times, individuals who are unstably housed are unsure of where they will find housing and therefore, are hesitant to find a job and build roots in one particular area. The individuals we serve prefer to work in close proximity of their housing location, which minimizes transportation costs and additional job-related stressors. ACE has placed individuals in local retail stores, laundromats, hotels, security positions, and roles within S:US as residential aides and peer specialists. On average, these participants were able to retain employment up to 18 months at a time.

Benefits of Supported Employment to Participants' Recovery

- Increased Self-Esteem: Employment Specialists collaborate with participants to set achievable employment goals, breaking them down into manageable steps. Celebrating small milestones and recognizing achievements during the job search or in the workplace enhances their self-esteem. Participants have also reported that obtaining and maintaining employment has provided them with a sense of accomplishment and purpose.

- Community Integration: Staff conduct social skills workshops to help participants feel more comfortable in social settings. Additionally, staff assist participants in building a professional network by introducing them to local community events, job fairs, and/or industry -related gatherings. By actively participating in the workforce, they were able to break the cycle of social isolation. They also reported feeling a sense of belonging and community within their work sites and amongst their peers.

- Financial Independence: Staff support participants in developing budgeting skills, emphasizing the financial benefits of employment. Together, they create a budget that considers the participant's income, expenses, and savings goals, thereby promoting financial independence. Participants have reported that employment contributed to their financial stability, reducing reliance on external support systems and promoting independence. They were also experiencing food insecurity and were able to sustain themselves while working.

- Skill Development: Employment Specialists provide on-the-job coaching that helps participants develop and refine their skills, enhancing their professional growth and adaptability. Some of our participants began at the part-time level and as they developed their skills were promoted to full-time positions.

Transitional Employment

Transitional Employment (TE) programs act as a bridge between rehabilitation and competitive employment. At S:US, the Brooklyn Clubhouse is a community-based center that provides a supportive environment where individuals facing mental health challenges can engage in meaningful activities, socialize, and contribute to the daily operations of the Clubhouse. The Clubhouse TE program provides temporary, supportive work experiences in a structured environment. Individuals gain valuable skills and build confidence while working towards transitioning into mainstream employment. We currently have four TE positions as front desk receptionists within four different S:US housing sites and two urban farmer positions at one of our rooftop urban gardens. In addition, we have two maintenance positions at a local cleaning company. Our goal is to add more employers within the community to offer a variety of entry level positions suitable to our members.

Person-Centered Skill Building Key Features of Transitional Employment

- Structured Learning Environment: Transitional employment provides a structured and supportive setting where participants can learn and practice work -related skills. Participants work 12-20 hours per week for 6-9 months so they are able to enter the workforce without fully committing to it. This has been helpful in building skills and resumes while navigating employment interests for those who lack experience as they maintain work-life balance.

- Gradual Transition: Participants gradually move from supervised work in a supportive setting to less supervised roles, preparing them for the demands of competitive employment. Several participants graduate from TE positions and feel ready for supportive or independent employment.

- Personalized Support: Similar to supported employment, transitional employment programs such as the Clubhouse offers personalized support, acknowledging the unique challenges and strengths of each participant. Staff actively train participants, provide on-site support and coverage when they are unable to work. Participants have shared that TE support allows them to not feel the same level of pressure when experiencing mental health challenges or lack motivation from time to time.

- Skill Building Opportunities: Participants engage in meaningful work that

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The Synergy of Housing and Employment Services in Mental Healthcare

By Christina, Kirk, Krystal, and Shakirah
Services for the UnderServed (S:US)

This article is part of a quarterly series giving voice to the perspectives of individuals with lived experiences as they share their opinions on a particular topic. The authors are served by Services for the UnderServed (S:US), a New York City-based nonprofit that is committed to giving every New Yorker the tools that they can use to lead a life of purpose.

We are New Yorkers in our 30s and 50s. Three of us are members at the Brooklyn Clubhouse, which helps us with our mental health, employment, and community support. The fourth lives in S:US supportive housing and gets support from her caseworker.

Joining the Brooklyn Clubhouse

We each appreciate the Brooklyn Clubhouse for different things. The Clubhouse provides comprehensive recovery and rehabilitation services to adults living with a mental illness and/or co-occurring substance use. The program offers individuals access to the necessary tools to obtain and maintain employment, cultivate meaningful relationships, participate in recreational opportunities for socializing, overcome stigma, and pursue wellness in a supportive and nurturing environment. The Clubhouse provides valuable social and vocational opportunities, support from peer advocates, and assistance in developing critical life coping skills and work readiness. Clubhouse members participate in all aspects of its operation, including recruitment of new members, hiring staff, organizing activities, and orienting new members. Peer counselors drive and enhance the recovery-oriented environment, which encourages members to find their own voice, recognize their strengths, and use available services and supports to facilitate their own recovery.

When one of us first joined the Clubhouse, she had a challenging time in crowded areas and often avoided spaces when there were many members onsite. "At the moment I am only receiving mental health services at the Clubhouse, and I have been spending my days there helping out with making phone calls, doing paperwork, and helping to assist new people that come in for services," said Christina. "I know that I need more support than most people, but it's ok to need help and coming to the Clubhouse has shown me that it's possible for me to get better. Since being a member, I have gradually become more comfortable in crowds."

Kirk joined the Clubhouse with the aim of strengthening his vocational and socialization skills. "While there, I often enjoy activities like playing board games and going on Clubhouse trips," said Kirk.

Another one of us also joined the Clubhouse to work on obtaining a job. "I have transitional employment through the Clubhouse's Transitional Employment program and I'm a receptionist there. I assist staff with outreach calls, completing monthly statistics, and cooking meals," said Shakirah.

Housing Is Essential

Housing is an essential element that helps us stabilize our lives. It's necessary in order to be able to work and thrive.

"It's very hard to afford an apartment in New York City, especially when you have mental health and substance use issues, and you can't work a job. Not that I don't want to work, but my anxiety stops me from being able to hold a job," said Christina. "Housing is very important to keeping my recovery. It will help me to feel secure with having a place of my own, have better hygiene, to be able to rest, wake up, and get ready for work or school easily. I am waiting to get housing through S:US and I pray every day I get approved. The challenges I face are not having a home of my own right now, and not being comfortable enough to be around a lot of people that I don't know."

"Housing and employment are very important in my recovery process. It's a roof over my head for me and my three boys," said Krystal. "I have been living in S:US supportive housing since 2014. My caseworker helps me with housing and employment goals. If I need something, she helps me right away. I'm very happy with my caseworker. S:US housing really helped me to be stable and showed me how to live on my own. I can always count on S:US."

"I get housing services with S:US; they got me a 1-bedroom apartment," said Kirk. "I was in the shelter on Ward's Island. Then S:US got me to a men's shelter there on Patchen. From there, my caseworker got me the apartment. You know, it took time because even though I was doing all my programs, my caseworker saw that I didn't want to stay there. Like my mom told me 'You gotta take little steps before you take big steps.' I went from the shelter to a 2-man room (I showed that I can take care of myself), then a single room, then finally my *own* place."

Employment Helps Us Thrive

Two of us receive employment support from the Clubhouse, which is helpful for every area of our lives. The other two of us help out at the Clubhouse in other ways.

"My biggest problem was trying to get

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Deadline: September 12, 2024

Winter 2025 Issue
Understanding Suicide and Its Impact on Family and Friends
Deadline: December 10, 2024

Assisting Individuals with Employment at WJCS Certified Community Behavioral Health Clinics

By Valerie Rosen, LCSW
Director of Integrative Services
Westchester Jewish Community Services
Certified Community
Behavioral Health Clinics

WJCS operates four Certified Community Behavioral Health Clinics (CCBHC), with funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) in Westchester County, NY. When individuals first enter our clinic, they are greeted by a member of the Care Coordination Team prior to meeting with their clinician. At this initial meeting, individuals learn about the array of services provided by WJCS, including those of the Care Coordination Team comprised of a Peer Specialist, a Care Manager, and an Employment and Educational Specialist. At this time, they are asked to complete a Social Determinants of Health (SDOH) screen to better understand how the team can be helpful in coordinating care and identifying their concrete and non-clinical needs. This initial session, the SDOH, and the individual intake session with the clinician, help to guide the course of treatment and identify goals for recovery. The Clinical and Care Coordination Team work closely to support the individual with their recovery goals. When someone identifies employment as a goal, the individual is connected to our WJCS Employment Specialist.

Our Employment Specialist provides person-centered educational and employment support to individuals requesting assistance with educational and vocational needs and ambitions. The Employment Specialist shares timely information and resources regarding educational and vocational opportunities, including assistance with applying for the GED, vocational programs, and mainstream educational opportunities, such as community, city and state colleges, and financial aid. The Employment Specialist assists individuals with completing and interpreting career assessments, creating resumes, navigating resources on the internet, the job application process, interview preparation, how to dress for success (including resources that provide free or reasonably priced career clothing), and provides personalized job development for competitive employment and ongoing support, including coaching surrounding interpersonal and problem-solving skills and solutions after individuals have successfully secured employment.

Research shows that 60 to 70 percent of people with severe mental illness want to work.[1] It is evident when we meet with individuals at our clinics that this is true; a large number of individuals want to be employed but each person is in a different stage of work readiness. Some individuals have a significant work history but have now found themselves unemployed or underemployed; not utilizing their skills to their full potential. Some individuals have never worked but would like to explore the possibility and many have worked here and there but haven't found what they would call, the "right" fit.

It is our experience that often times individuals are frightened and feel nervous, anxious, and vulnerable to enter or return to the workforce and many are hesitant to change jobs, even when their current position might not be best suited to their needs. Most individuals that we see in our clinics have experienced significant mental health and substance use challenges that have set them back on their recovery and vocational path. The risk of failure is something that crosses everyone's minds, but this is especially true when you have had significant negative experiences and question whether you can put yourself out there again. We all know that negative self-talk can be defeating and can creep in when you are not feeling secure and confident, and this can ultimately result in keeping one stuck and not moving forward with their identified goals. This is where the coordinated approach to working with individuals is essential through partnering with the client to work through whatever is holding them back from moving forward and providing ongoing support from both the clinical team and the Employment Specialist. When an individual is assisted, guided, encouraged, and supported in this way, individuals can and do accomplish their goals and can find their personal definition of success. Many of our staff at WJCS are trained in Evidence-Based Models and Treatment Approaches, which is also true of our CCBHC Employment Specialists who are all trained in the evidence-based practice of Individual Placement and Support (IPS). IPS is a practice that helps people with mental illness and other disabilities identify and acquire part-time or full-time jobs of their choice in the community with rapid job-search and placement services. It emphasizes that work is not the result of treatment and recovery but integral to both.[2]

When clients come to WJCS for services, they are coming to us for guidance and support to assist them on their recovery journey. Employment, for many individuals, is an integral part of their recovery. We wholeheartedly embrace SAMHSA's guiding principle, the belief that recovery is REAL, in all that we do.[3] Our WJCS Employment Specialists take time building a relationship with these individuals, understanding their current situation, identifying their strengths and challenges, assessing what work environment and type of employment would be a good fit and listening to their hopes and dreams for the future, all the while not making any assumptions about what a person can or cannot do. Truly understanding what would be the best fit for the client regarding employment, not just finding any available job for that person, is the goal.[4] This process is what builds acceptance and trust and becomes the backbone of a relationship that will continue after the individual is employed.

Our WJCS Employment Specialists have assisted many individuals with career assessments, resume writing, coaching for interviews, assistance with web-based sites (such as Indeed, LinkedIn, etc.) and they provide ongoing encouragement during the search and interview process. When individuals accept a job offer, the Employment Specialists continue to work closely with the individuals, as needed, to provide ongoing support and connection; often acting as a sounding board. As the studies concur, many individuals report that as a result of meaningful employment, they feel better about themselves.

Individuals report being proud of their accomplishments, they feel connected to co-workers and find themselves socializing more all around. Individuals also report improvements in physical health and an increased desire to take better care of themselves, by eating healthy, exercising more and some even report having joined health clubs because they feel

see Assisting on page 33

SPOP
SERVICE PROGRAM FOR OLDER PEOPLE

HEALTHY AGING

Working Toward Employment: A Journey of Growth and Support

By Nancy Harvey, LMSW
Chief Executive Officer
Service Program for Older People (SPOP)

As a young woman, Lisa was told that she would never work. She suffers from serious mental illness and has experienced multiple traumas during her lifetime. Now 59 years old, she lives in a supportive group home and is a participant in the Personalized Recovery Oriented Services (PROS) program at SPOP, where she receives group-based rehabilitation support, medication management, and other services for older adults with serious mental illness. She has never worked, and her goal is to enter the workforce before she turns 60.

One of the defining features of the PROS model is a belief that we all have the capacity to dream and aspire toward personal goals at any age. For an older adult with serious mental illness, a goal can be anything – to make a friend, reconnect with family, move to an independent apartment, find a part-time job, quit smoking, or exercise more. We have assembled a diverse treatment team comprised of social workers, create arts therapists, psychiatry, a peer specialist, and counselors who work collaboratively with each person to support goal acquisition. Most importantly, we encourage participants to be in the "driver's seat" at every step, making decisions, identifying barriers, and charting their own course.

The vast majority of the participants in our PROS program have little or no experience in the workplace, and when they express a goal of earning money, they know that they face multiple challenges, including age discrimination, their history of mental illness, and limited skills. Notwithstanding these barriers, some 15-20% of our program participants have set a goal of finding a job.

Nancy Harvey, LMSW

A key member of our treatment team is an employment specialist, who conducts groups on skills building, social interaction in the workplace, technology, the job application process, and strategies for success. For many of our participants, this may be the first time in many years – or ever – that they are pursuing employment, and we let them take their time to explore ideas and provide emotional support for one another. Working within the group, participants use tablets to familiarize themselves with technology, search for employment opportunities, prepare resumes and correspondence, and explore community resources and training programs.

When Lisa first came to PROS her main goal was to live with greater independence. She has learned about her medication and symptom management and has acquired new skills for self-expression and advocacy. She has also worked on coping skills for anxiety and depression. Last year she joined our Employment Group, where she has learned about different opportunities to pursue part-time employment.

Lisa recently decided that she would like to work as a home health aide, stating that she has seen first-hand how the power of helping care for others has supported her own recovery. The employment specialist helped her to enroll in a no-cost training program specifically for people with serious mental illness, and as she approaches completion of her training our staff is in touch with a network of community partners and employers that offer a safe and supportive work environment where she will be able to thrive.

This has been a long journey for Lisa. Our group-based model has allowed her to develop diverse skills over time, all of which are now coming together. For instance, our "Rising Above It All" group, on disability education services, has helped her to recognize behaviors and symptoms associated with trauma, such as difficulty trusting others and diminished interest in activities. Our staff has worked with her to strengthen her skills needed to deal with emotional responses that may erupt in the workplace by practicing social interaction, de-escalation skills, and grounding techniques. Groups have also allowed her to overcome her natural shyness and form empathic and supportive relationships with fellow participants, members of her treatment team, and her church community.

SPOP's mission is built around the premise that people can grow and change at any age. Lisa is just one example of our clients who show us that neither age nor behavioral health challenges preclude their ability to vision and manifest new goals. Given our status as the only provider of older adult recovery and rehabilitation services in New York State, SPOP feels privileged to play a vital role in supporting older adults who are our clients, participants, or neighbors and friends – and in helping them create their own pathway to success.

Visit www.spop.org to learn more about SPOP and its work as a community-based mental healthcare provider for older adults.

Recovery Reimagined: Integrating Housing and Employment Supports

By Jorge R. Petit, MD
President/Founder
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Stable housing and meaningful employment are cornerstones in the recovery process any individual struggling with mental illness and/or substance use disorders. Within our healthcare system these must be seen as basic needs that provide stability, purpose, and a sense of agency - instrumental in the journey towards recovery - helping individuals rebuild lives, regain self-esteem, and reintegrate into community.

There are a number of proven and evidence-based housing and employment support(s) models, for example: Housing First or Individual Placement and Support (IPS), that have been shown to be effective across different populations (veterans, families, individuals with substance use disorders) and communities/settings. We must better appreciate the importance of these core bedrock principles from several perspectives:

Stable Housing = Foundation for Recovery

Safety and Security: Stable housing provides a safe and secure environment, which is crucial for individuals dealing with mental health challenges or recovering from substance use disorders. It offers a space free from the stressors and triggers that can exacerbate these conditions and should be viewed as a basic human right. Housing is

Jorge R. Petit, MD

more than just having a roof over one's head; it is about dignity and creating space for growth and overall wellbeing.

Consistency and Routine: Having a stable place to live helps establish routines and consistency, which are beneficial for overall wellbeing. Regular routines aid in a whole host of important aspects: school or employment related, medication adherence, attendance to regular follow-up appointments and other aspects of treatment, and even planning for shopping, meal preparation, exercise, that are the building blocks of a person's recovery journey.

Social and Community Support: Stable housing means being part of and being integrated in a community, which provides for better social support and a deeper sense of belonging. We know this is vital for reducing feelings of isolation and loneliness and promoting social integration.

Improved Outcomes: Research shows that individuals with stable housing are less likely to experience relapses and require hospitalization, directly impacting their overall health and well-being[1] and models, such as Housing First, which integrate housing and support services, show higher rates of housing stability.[2]

Meaningful Employment = Path to Recovery

Sense of Purpose and Self-Esteem: Employment offers a sense of purpose and achievement, which significantly boosts self-reliance and self-worth. For individuals recovering from mental illness or substance use disorders, this can be a critical aspect of regaining control over their lives and their overall recovery.

Structure and Engagement: Work provides a structured routine and keeps individuals engaged and focused. This structure is beneficial for one's mental wellbeing, offering the opportunity to increase self-confidence, generate personal income and better integrate into the community.

Financial Independence: Employment can assist in achieving financial independence and reducing stress associated with financial insecurity. This independence can lead to improved access to healthcare, better living conditions, and overall enhanced quality of life.

Social Interaction and Skill Development: The workplace is a social environment where individuals can interact with others, build relationships, develop new skills and boost self-confidence. These aspects are important for personal development and social reintegration.[3]

Improved Outcomes: Employment has been shown to play a critical role in behavioral health care with gainful employment improving an individual's overall mental health even for those with serious mental illnesses.[4] Studies have also shown that individuals with severe mental illness who hold competitive jobs demonstrate benefits such as improved self-esteem and better symptom control.[5]

Synergistic Effect of
Housing and Employment

Stable housing and meaningful employment reinforce each other. A stable home environment makes maintaining employment easier, while employment can lead to better housing opportunities and longer-term stability. Together, housing and employment address multiple facets of an individual's life, contributing to a more holistic approach to recovery; addressing not just the immediate needs but also to the long-term wellbeing.

see Reimagined on page 36

The Road to Recovery Through Housing and Employment

By Steve Miccio
CEO
People USA

People USA is thrilled to contribute to this important *Behavioral Health News* issue on housing and employment. We first considered sharing data that would demonstrate our positive outcomes in these areas. Instead, we thought the true story of a person with lived experience would better illustrate the importance of peers in the recovery process.

"Why am I even here?" Catherine recounted a question she had posed to her AA sponsor. Her sponsor's reply: "Your purpose is to help the next sick and suffering addict."

By the time she was 20 years old, Catherine had developed the habit of ingesting ten to twenty bags of heroin per day, overdosing multiple times while homeless, and losing track of the number of times she had been to rehab.

For Catherine, it all started in high school when she was struggling with anxiety and depression. When the family doctor overprescribed ADHD and anxiety medications, she figured out she could snort the extra pills. She liked the escape they provided, and it wasn't long before

Steve Miccio

she was using other drugs like heroin injectables and cocaine simultaneously.

Despite her ongoing struggle with addiction, she had entered college with a Human Services major, determined to help others like her uncle who lived with severe paranoid schizophrenia. "I dropped out of college six credits short of a degree because the two classes I was taking got in the way of my using. I would go to the Bronx every day to buy heroin and I would drive past the Fordham campus, and I thought it was so beautiful. I would watch the kids walking on campus, and I thought about how I wished I could be normal like them."

Catherine's drug use eventually led her to homelessness: breaking into abandoned buildings and motels, sometimes sleeping in her car, and eventually on the street.

"I always tried to work because I was raised to work hard. But it is extremely hard to work when you're homeless. You have all your clothes in the trunk of your car, you may have slept in your car, you feel like crap, you might not be able to shower, do laundry or anything, and employers start to notice. And then instead of focusing on getting to work, you have to focus on survival. So, I would say it's basically impossible."

Today, Catherine works at People USA, a 100% peer-led mental health non-profit helping individuals with mental health issues, substance use, and homelessness in New York's Hudson Valley. Being peer-led means that all of their services are developed and operated by people who have personally overcome these same experiences.

As a Housing Coordinator for the organization, and with her own lived experience, she became passionate about People USA's "Housing First" approach.

"A lot of housing programs or agencies require you to be clean and housing ready. If you use drugs, you get kicked out. If you get arrested, you get kicked out. They have a no-tolerance policy for any of that stuff, even though that's not evidence-based practice. So, with Housing First, we take you as you are. You don't have income; we'll help you get that. You're still using drugs, okay, we'll work on that later. Housing happens first, and the belief is once you're housed, then you can work on all that other stuff. And at the end of the day, housing is a human right. So, whether somebody's using or not using, they are still worthy of housing."

Each year, People USA provides more than 120 individuals with stable, permanent, independent housing, going on to deliver wrap-around services that support recovery, employment, and so much more.

Catherine went on to share how the lack of peer support in her own recovery contributed to isolation and feeling misunderstood. "I never heard of a peer advocate. I never heard of the peer movement. Every CASAC (Credentialed Alcohol and Substance Abuse Counselors) that I got at

see Road on page 32

Lived Experience as a Professional Pathway

**By Ruthanne Becker, MA,
AnnMarie Wilhelm, NYCPS, CRPA,
and Marion Laby
The Mental Health Association
of Westchester (MHA)**

The philosophy of The Mental Health Association of Westchester's (MHA) housing and employment services and supports is rooted in the principles of person-centered practice and the belief that individuals with behavioral health conditions—even those with histories of instability or little experience of living in the community—have the right to make choices with regard to their living, working and social environments, and that making their own choices will speed recovery.

At MHA's recent Power of Connection Gala, we highlighted the transformative power of personal connection in recovery – a connection that we witness each day through our therapeutic services, care management, peer support, medical treatment, housing programs and employment services. We proudly welcomed AnnMarie Wilhelm, Coordinator of the MHA's Peer Specialist Training, and Marion Laby, a soon-to-be-graduate of our Peer Specialist Training program. Together, AnnMarie and Marion shared their story of resilience and how Peer Support helped them both on their recovery journeys as well as offered a meaningful path forward in new careers.

Peer Support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with behavioral health conditions, substance use disorders, or both. This mutuality—often called "peerness"—between a peer specialist and person in or seeking recovery promotes connection and inspires hope. Peer Support offers a level of acceptance, understanding, and validation which has not always been experienced in other professional relationships. By sharing their own lived experience and practical guidance, Peer Specialists help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

MHA's Peer Specialist training is rooted heavily in human rights and Peer Support values and principles. In order for a person to become an effective, skilled peer specialist, these core values and principles serve as the foundation to ensure best practice and ethical approaches. Students completing the course acquire knowledge, experience, and skills necessary to offer trauma-informed peer support, and upon graduation are eligible to apply for the NY Peer Specialist Certification. Since its inception, our Peer Specialist training program has worked with close to 300 individuals, with many of these trainees later completing internships and finding employment as peer specialists.

"Peer support and the Peer Specialist Training program have given both of us hope, purpose, and a new life," shared AnnMarie from the stage at MHA's Gala. "I started my own journey in the Peer Specialist Training program in March 2017. I've always been in a helping profession. I worked for many years as a Certified Occupational Therapy Assistant in a big rehab facility. Unfortunately, escalating difficulties at work led to a partial outpatient program at a local hospital. That's when I found out about Peer Specialists and the Peer Training program."

At first, AnnMarie didn't believe that she had what it takes to become a Peer Specialist. "I didn't think my experience was the right experience. I had doubts, that maybe my story wasn't 'enough' or that I didn't have enough 'mental health cred,'" she remembers. "But my supervisor told me that didn't matter. He said, 'You know what it's like to not have hope. And that's what you have to give.' It's about giving people hope in their own journeys."

"It's true. MHA and AnnMarie have given me so much hope," added Marion, who spoke alongside AnnMarie to a crowd of 230 guests. "I grew up in a dysfunctional family, with a mother with untreated mental illness. I suffered with abandonment issues, I lacked self-esteem, and I could easily be controlled by people I loved. I first sought out psychiatric help at the age of 32."

"While medication did help, I unfortunately kept repeating the same cycles in my relationships and ultimately entered an abusive one," recalls Marion. "After years of living in fear, experiencing obsessive thoughts, and an experience in an inpatient mental health institution in 2012, I was finally able to escape the relationship. At the age of 60, I started my life all over again. I secured a small room with a bed, microwave, and a refrigerator for $500 a month. I didn't even have a roll of toilet paper or a saltshaker."

Previously, Marion had worked for many years managing a healthcare practice. By coincidence, she came into contact with a practitioner that she had known in her former career, who was opening a new office in a new town. After being offered a job managing the new practice, Marion moved to a new town. After a period of time helping to grow the practice, Marion felt her confidence and self-esteem increasing. However, a change in leadership led to worsening treatment on the job, including verbal abuse. Marion was ultimately told she was no longer part of the practice's future and was let go. "When I lost my job, I felt completely abandoned. I became paranoid. For months after, I barely ate, barely functioned. I was a bag of bones. In May of 2021, my now-husband brought me to White Plains Hospital to meet with the psychiatric team, and from there, I spent three weeks in a local inpatient program. I transitioned to outpatient, and later, into a volunteer role. Last Spring, my volunteer supervisor encouraged me to apply to MHA's Peer Specialist Training program."

Marion's new journey was not without hurdles, however. "I've been challenged with tech stuff my whole life – it was part of the reason I was let go from my job," she shared. My confidence was still so low."

When Marion and AnnMarie first met last spring, it was immediately apparent to AnnMarie how much Marion wanted this new path in life despite her fears and low confidence. "If the tech aspect was the one thing hindering her or impacting her confidence, I knew I could give her the extra support," recalls AnnMarie. "I knew that Marion just needed to find that hope. As we got to know each other, we realized we had very similar lived history, with major depression, anxiety and even the career paths we had dreamed about when we were younger. So, I kept telling Marion, 'I've been there, I understand. If I can do it, you can do it.'"

AnnMarie's personal and professional trajectory as a Peer Specialist highlights the powerful opportunity for connection and hope through employment. "MHA's Peer Training program gave me back my life. I was hired as a Peer Specialist after I completed my certification, and I was promoted to Coordinator of the Peer Training program this spring," she shared. "I am so honored to give back, to show people that you can move past whatever is going on in your life. There is hope. There are people out there for you, people that will help you and guide you."

Marion echoed AnnMarie's sentiments. "Peer Specialist Training puts us back

see Pathway on page 35

What is Imposter Phenomenon and How Can it Result in Anxiety and Depression?

By Ashley Zultanky, PsyD
Psychologist
Behavior Therapy Associates

Have you ever felt like an imposter in your own life? People who experience this phenomenon express the feeling that they might not be as talented or intelligent as others might believe them to be. They hesitate to credit their experience or problem-solving skills when responding to compliments or positive reinforcement, instead replying with invalidating comments related to receiving help from others or "dumb luck." In addition, the perception that others are surely acutely aware of any shortcomings leads to a fear of being exposed as a fraud (Gadsby & Hohwy, 2023). Unfortunately, feeling like an imposter can contribute to poor self-esteem and low confidence, as well as symptoms of depression and anxiety.

Imposter phenomenon is characterized by persistent self-doubt and feelings of inadequacy despite external success (Pákozdy et al., 2023). Individuals experiencing imposter phenomenon are prone to cognitive distortions such as perfectionism, overgeneralization, and catastrophic thinking. The individual reframes these maladaptive thought patterns to serve as motivation to overcome a challenge or prove someone wrong. However, an over-reliance on this strategy might encourage the individual to believe the thoughts and view themselves negatively.

The Cognitive Mechanisms at Play

Symptoms that manifest within an individual experiencing imposter phenomenon are like the maladaptive thoughts and behavior patterns of depression and anxiety. In a recent study by Gadsby and Hohwy (2023), participants were tasked with completing a problem-solving assessment in an online format; those participants exhibiting high levels of imposter phenomenon were found to both underestimate their own performance as well as overestimate other participants' scores on the task. This tendency for comparative thinking renders the individual incapable of accurate self-perception. The study found that low confidence in their ability to complete tasks affected participants' motivation to exert effort, causing the participants either to reduce their effort for a task seen as futile–common in individuals experiencing depression–or increase their effort to overcome any perceived shortcomings (Gadsby & Hohwy, 2023), as is common with anxiety.

The Intersection of Imposter Phenomenon, Depression, and Anxiety

The perpetual fear of being exposed as a fraud, coupled with the relentless pursuit of their idea of perfection, drains an individual's mental and physical well-being. Chronic stress and subsequently high levels of cortisol production can lead to burnout, characterized by emotional exhaustion, detachment, and a reduced sense of accomplishment. Recovery from burnout often takes several months to a year, and the individual can be susceptible to additional burnout experiences if they are not cautious with their time and energy. As the individual feels the effects of burnout, depressive symptoms may also set in, including low self-esteem, feelings of worthlessness, and a diminished interest in previously enjoyed activities. Those who compare themselves to others, especially those perceived to be in positions of higher status or "non-imposters," are more likely to fuel their depression with a negative self-perception. In turn, these individuals experience high levels of anxiety, which can manifest as general worry or social anxiety. These states, coupled with fear of exposure and anticipation of failure, negatively impact daily functioning.

Normalizing the Imposter Phenomenon

To combat the negative outcomes of the imposter phenomenon, individuals can engage in awareness and acceptance of these maladaptive thoughts, feelings, and reactions, and commit to value-driven actions that align with how the individuals desire to see themselves in the world. Therapeutic interventions, such as Acceptance and Commitment Therapy (ACT), assists individuals by teaching them strategies to acknowledge their thoughts while engaging in behaviors that foster psychological flexibility. Cognitive Behavioral Therapy (CBT) encourages individuals to reframe their maladaptive thoughts and replace them with more flexible and adaptive cognitions.

Value systems can originate from one's family of origin, workplace or community organization, or even larger society - and an individual will elevate these values in an attempt to feel safe within their environment. Imposter phenomenon can be exacerbated by societal change and pressures to succeed. However, the practice of pursuing inclusion and success can lead to an individual viewing themselves as unworthy. An outsourced value system is designed to bring an individual closer to society's definition of competence or success, while further from the ability to self-assess relative to their own skill levels and genuine desires.

Conclusion

The impact of imposter syndrome on professionals' mental health is a multifaceted and complex issue that requires a comprehensive and integrated approach. Understanding the cognitive mechanisms, recognizing contributing factors, and implementing evidence-based strategies for coping and prevention are essential steps in mitigating the negative effects of imposter syndrome on a person's well-being. By fostering a supportive professional culture, promoting inclusivity and diversity, and equipping individuals with the tools to address imposter syndrome, society can contribute to creating healthier and more resilient professional environments. As we strive for progress in our workplaces, it is imperative to recognize and address the profound implications of imposter syndrome on the mental health of professionals and work toward a future where individuals can thrive authentically and without the burden of unwarranted self-doubt.

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Safe at Last: SOS Offers Options to Support the Homeless

By Barry Granek, LMHC, Gerald Ramos, MPA, MSW, and Melissa Queliz, LMHC

Homelessness in NYC is a complex issue, rooted in factors like the lack of affordable housing, mental illness, substance use, unemployment, and poor health conditions. Following the deinstitutionalization of the mentally ill, New York City (NYC) has grappled with a significant number of individuals and families seeking shelter. The late 1970s and Callahan v. Carey in 1981 paved the way for "The Right to Shelter", yet stable and affordable housing remains elusive.

Those experiencing homelessness often grapple with mental illness, substance use, chronic medical conditions, and higher mortality rates —four times the general adult shelter population and ten times for those living on the streets. They often face challenges navigating the health and mental health systems, resulting in a reliance on emergency department visits or inpatient hospitalizations. Limited access to healthcare results in reliance on emergency services, straining the healthcare system.

In 2019, NYC had 3,588 unsheltered individuals, with 2,178 in the MTA transit system, emphasizing the need to provide connections to housing services and support, benefiting both homeless individuals and the MTA's 8 million daily riders. Unsheltered individuals using the train stations as a dwelling place, face challenges accessing shelter services. It is unclear how many have been engaged in shelter services with no success. Furthermore, their chronic illnesses often go unaddressed, reflecting the broader societal struggle in supporting the homeless population.

Implemented in April 2022, Safe Options Support (SOS) is a joint effort between Coordinated Behavioral Care (CBC), the New York State Office of Mental Health, and well-known not-for-profit organizations that provide services to homeless. CBC serves as the SOS Hub managing SOS referrals, quality, data and reporting, training, and the learning community. The 14 SOS teams, operating seven days a week by agencies within the CBC Independent Practice Association (IPA) network including ACMH, Argus, Bronx Works, Services for the Underserved, Federation of Organizations, and The Bridge, provide direct care. Eleven teams cover daytime hours from 7 am to 9 pm, and an additional three overnight teams cover the overnight hours. The SOS programs cover outreach in New York City, and are currently expanding to NYS Regions, such as Westchester County.

Tailored to address the unique needs of homeless individuals who have been utilizing the train stations and adjacent areas as a dwelling place, SOS employs a comprehensive approach to outreach, engagement, and support, with a primary emphasis on facilitating the acquisition and retention of permanent housing. Each

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Peer Support Workforce Shortages Anticipated: What You Can Do

By Rita Cronise, Co-Director Peer Support Services Technical Assistance Center (PeerTAC), Faculty at Rutgers University Academy of Peer Services

Rita Cronise

Image this: You are the manager in a behavioral health agency that has decided to hire peer support providers. This position can give the agency a boost in revenue, additional help in needed areas where there are shortages in personnel, and hope and practical help to service participants. You have posted the peer support provider positions on all of the major job search sites. Crickets. You quickly find out there are no qualified peer providers available to hire.

Why? Quite simply, there is more demand for peer support providers than supply.

Where are all the Qualified Peer Support Providers?

Peer support providers are increasingly being hired not only for their unique ability to use their personal lived (and living) experience but also to cover gaps left by the shortage of other mental healthcare professionals, particularly in underserved communities (Bipartisan Policy Center, 2023; Ostrow, 2023).

Policy makers are creating pathways for federal and state governments to cover peer support services through both Medicaid and Medicare (The White House, 2022; Bipartisan Policy Center, 2023). In New York State, outpatient programs were recently reclassified from clinic to rehab through a Medicaid State Plan Amendment. With 500 of these programs now able to bill Medicaid for peer support services, the competition for qualified peer support providers is growing.

Outpatient clinics are just one example. Peer support providers provide services in crisis settings, safe options support (SOS) for people experiencing homelessness, emergency departments (CPEP), inpatient units, forensic units, jails and prisons, partial hospitalization, bridger programs, Assertive Community Treatment (ACT), Intensive and Sustained Engagement Team (INSET), continuing day treatment, adult homes, reentry programs, housing programs, care

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New York State Qualified Peer Support Providers

ACADEMY OF PEER SERVICES

NY PEER SPECIALISTS

Families Together in New York State

NYASAP

N.A.P.S. NATIONAL ASSOCIATION OF PEER SUPPORTERS

PeerTAC PEER SUPPORT SERVICES TECHNICAL ASSISTANCE CENTER

Stand Up for Mental Health: Comedy that Gets Respect!

By Carl Blumenthal
Peer Specialist

While performing at hotels in the Catskill Mountains of New York, Rodney Dangerfield first complained in the 1960s, "I don't get no respect." Born "Jacob Rodney Cohen," he was one of many Jewish comedians, such as Jackie Mason, George Burns, Mel Brooks, Carl Reiner, and Sid Caesar, who helped transform the Catskills' dairy farms of the mid-20th-century into the "Borscht Belt," a haven for vacationing Jews who were not welcome elsewhere.

Thus, it's poetic justice that six decades later several people living with mental health challenges glibly proclaimed their self-respect by performing standup comedy on the stage of the Villa Roma Resort in Callicoon, NY, not far from where Jewish dairy farmer Max Yazgur hosted the Woodstock Festival in 1969.

For the 10th year in a row, David Granirer, a Vancouver-based comic with a diagnosis of mental illness, taught participants in the annual conference of the Alliance for Rights and Recovery, formerly the New York Association of Psychiatric Rehabilitation Services (NYAPRS), how to knock dead an audience of their peers on September 27, 2023, with the kind of self-deprecating jokes that made those Jewish comics famous.

While I went on to little fame and no fortune as a member of the first class of NYAPRS' crack-up artists in 2014, I have lived to tell the tale of Stand Up for Mental Health (SUMH). In his one-man comedy classroom, David has trained online some 500 peers since 2004, leading to hundreds of shows in tens of venues that he has then stage-managed in person.

His students have not only performed at mental health conferences like NYAPRS' but also for other behavioral health programs, colleges, corporations, and governments, throughout North America and Australia, including the U.S. Secret Service. Of course, their most important audience is the general public.

One technique I learned from David is that for maximum impact (and rhythm) a punch line should have a series of three rejoinders. So, I asked him, "What are the three primary impacts of SUMH?" Without missing a beat, he replied:

1. Building confidence and self-esteem: Performing is life-changing, making many peers feel they can do anything. (One of his students has become a comedy headliner.)

2. Tackling public stigma: So-called "normal" audiences are shocked to learn that, for instance, a guy with schizophrenia can be funny.

3. Laughing is therapeutic: It's a high that is free, legal, and without side effects (other than those listed above).

To quote from his website, "We use comedy to give people with mental health issues a powerful voice and help reduce the stigma and discrimination around mental illness. The idea is that laughing at our setbacks raises us above them. It makes people go from despair to hope, and hope is crucial to anyone struggling with adversity. Studies prove that hopeful people are more resilient and also tend to live longer, healthier lives."

[He] "got the idea for Stand Up For Mental Health™ from watching students in his Langara College Stand-Up Comedy Clinic course. 'Though Stand-Up Comedy Clinic isn't intended as therapy, I've had students overcome long standing depressions and phobias, not to mention increasing their confidence and self-esteem. There's something incredibly healing about telling a roomful of people exactly who you are and having them laugh and cheer.'"

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Supporting Recovery Together: The Impact of Family Involvement on Housing and Employment Outcome

By Temitope Fabayo, BA, MBA
President
DMC HomeCare

The journey of recovery from substance abuse or mental health challenges requires a multifaceted approach. While professional interventions are crucial, the significance of family involvement cannot be overstated. This article explores how family support enhances housing and employment outcomes for individuals navigating the complexities of recovery.

A Foundation of Emotional Stability

Recovery is rarely a smooth path. Emotional turbulence, anxieties, and periods of self-doubt are everyday experiences. In these moments, the presence of a supportive family serves as a vital anchor. Family members can offer encouragement, understanding, and unwavering love, providing a safe space for individuals to express their emotions and build resilience. This emotional stability is essential for maintaining focus, motivation, and the strength to persevere through challenges.

Combating Social Isolation and Rebuilding Connections

Social isolation is a significant obstacle for individuals in recovery. It can exacerbate loneliness, contribute to low self-esteem, and hinder reintegration into society. Family involvement acts as a powerful counterforce to this isolation. By providing constant companionship, engaging in meaningful conversations, and offering opportunities for social interaction, families can help individuals rebuild connections, enhance their social skills, and feel a sense of belonging. This develops a sense of community and strengthens their resolve to stay on the path to recovery.

Building a Supportive Living Environment

Stable housing is a cornerstone of successful recovery. It provides a sense of security, a safe space for healing, and a base from which individuals can pursue their goals. Family members can play a vital role in securing and maintaining decent housing. This may involve assisting with the search for suitable accommodation, providing financial support during difficult times, and creating a supportive and drug-free living environment. A well-maintained, positive home atmosphere can significantly reduce stress levels and contribute to better mental well-being, ultimately minimizing the risk of relapse.

Collaborative Decision-Making for Informed Choices

The path to recovery often involves numerous crucial decisions, from choosing appropriate treatment options to finding suitable employment. Family involvement in these decision-making processes develops collaboration and ensures a more comprehensive perspective. By offering their insights, experiences, and unconditional love, families can empower individuals to make informed choices that align with their long-term goals and aspirations. Collaborative decision-making also fosters ownership of the recovery process, increasing the likelihood of successful outcomes.

Empowering Job Search and Skill Development

Finding and maintaining employment is critical to achieving financial independence and self-sufficiency. Families can be crucial in supporting individuals during the often-challenging job search process. This may involve assisting with resume writing, interview preparation, and networking opportunities. Moreover, families can encourage the development of new skills and provide emotional support throughout the job search, increasing the individual's confidence and chances of securing meaningful employment.

Providing Financial Stability and Security

Financial difficulties can pose significant obstacles to recovery. Family members can offer temporary financial assistance, especially during periods of unemployment or unexpected expenses. This support can help individuals meet their basic needs, alleviate financial stress, and focus on their recovery goals without undue pressure. By providing a safety net, families can empower individuals to overcome financial challenges and prioritize their physical and mental well-being.

Long-Term Accountability and Relapse Prevention

Recovery is a lifelong journey, and the need for support and accountability extends far beyond initial treatment programs. Family members play a critical role in offering long-term support and encouragement. This may involve participating in relapse prevention strategies, attending support groups together, and providing ongoing guidance and motivation. By holding individuals accountable and reinforcing positive behaviors, families can significantly reduce the risk of relapse and contribute to sustained recovery success.

Beyond the Traditional Family Definition

In today's diverse society, it's crucial to recognize that the definition of "family" extends beyond the traditional nuclear family. Close friends, extended family,

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What OCD is and What it Isn't: Demystifying Obsessive Compulsive Disorder

Hongmarie Martinez, PsyD
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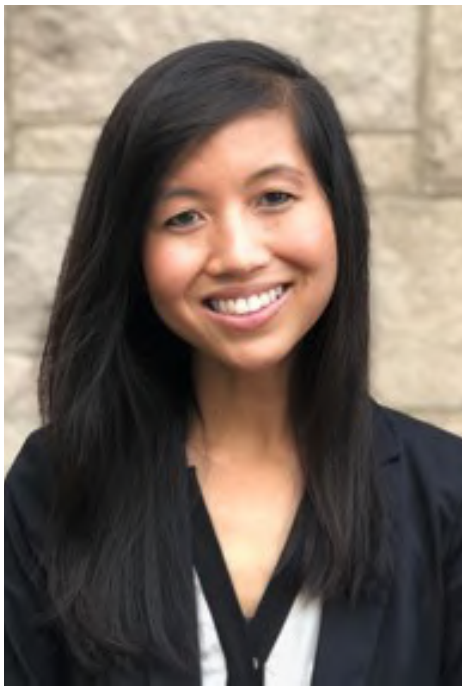
Behavior Therapy Associates

Obsessive Compulsive Disorder or OCD is a mental health diagnosis that is sometimes casually referenced in everyday conversation and unfortunately may be commonly misunderstood as a result. For example, you might've heard someone say, "I'm so OCD" and identify themselves in this way because they consider themselves to be a "neat freak" or prefer that they are clean and organized. As a result, people may mistake OCD as primarily being associated with people who like to be tidy or those who are "germophobes" and like to wash their hands. While an individual with diagnosable Obsessive Compulsive Disorder (OCD) can have contamination related concerns or feel the need to order/arrange items in a particular way, OCD is not limited to these areas. It's also important to note that just because someone has preferences for cleanliness or organization doesn't mean that they have OCD. In fact, there are various characteristics that are associated with OCD and distinguish it from the personal preferences some of us may have.

So what is OCD then? Obsessive Compulsive Disorder or OCD is a mental health condition that can impact individuals across all ages and backgrounds (i.e., SES levels, race/ethnicities, gender, etc.). The National Institute of Mental Health indicates that about 1.2% of adults in the US are affected by OCD, and those impacted can experience its onset at any time. OCD is characterized by the interaction of two parts - obsessions and compulsions. Obsessions are *unwanted* thoughts, urges, or images that *repeatedly* enter one's mind and result in unpleasant feelings for an individual, such as extreme fear, distress, or disgust. Due to the extreme discomfort experienced from the obsessions, an individual will often feel compelled to engage in compulsions. Compulsions (also known as 'rituals') can be in the form of repetitive behaviors (which can include avoidance) and/or mental actions that often alleviate the unpleasant feelings from the obsessions in the short-term. Given that an individual's compulsions can be in the form of mental compulsions, one's compulsions may not always be observable. Due to the temporary relief that compulsions can provide, an individual will usually continue to engage in compulsions any time obsessions enter their mind; in turn, this combination of ongoing obsessions and compulsions can result in getting caught in the "OCD cycle."



Hongmarie Martinez, PsyD

So what does all of this actually mean and how can OCD present in someone's life? When it comes to OCD, *anything goes,* meaning a person can have obsessions or unwanted thoughts/urges/images about any content. Some of the common obsessions that occur in OCD can include but are not limited to obsessions related to contamination, harm to self or others, religious/moral concerns, sexual obsessions, a need for ordering/arranging/symmetry, and perfectionism. For example, an individual with a harm obsession may have *unwanted thoughts* of handling sharp objects and may fear accidentally hurting someone; some examples of compulsions that the individual may then feel driven to engage in to alleviate their distress could include avoidant behavior and removing all sharp objects, such as knives, from one's possession or reviewing over and over mentally in their mind if there was blood or injury to anyone when holding a sharp object. A person with a sexual obsession may have *unwanted images* that come to mind related to sexual behavior with friends or strangers; a compulsion could include seeking reassurance from others that they didn't look at them or touch them in an inappropriate way. Someone else's OCD may involve experiencing an *unwanted urge* involving the need to rewrite until their penmanship is perfect, is exactly on the lines, and the letters are all evenly spaced apart; the compulsion would then be the act of rewriting and positioning their letters in a particular way. For some, an individual's obsessions and compulsions can seem unrelated to one another. For example, a person may have obsessions related to something bad happening to their family if they don't re-read every line in a book at least five times; in this case, the compulsion would involve re-reading, despite it seeming disconnected to the obsession.

Just as the content of obsessions can be vast, there are a variety of compulsions that people can engage in. Common compulsions include but are not limited to washing/cleaning (e.g., excessive showering, excessive cleaning of items), checking (e.g., excessive checking of locks, excessive checking of kitchen appliances being turned off), repeating tasks (e.g., rereading, going in and out of a doorway), seeking reassurance (e.g., asking others that the feared outcome didn't occur), counting/re-counting (e.g., counting objects such as books in a bookcase, counting when you repeat certain activities like washing), and mental compulsions (e.g., mentally reviewing or replaying in one's mind that the feared outcome didn't come true, such as accidentally harming others).

OCD often involves an individual experiencing doubt at the core of the condition; therefore, the compulsions may serve as a way to re-gain certainty and reduce the likelihood in the individual's mind that their obsession comes true (e.g., accidentally harming others, engaging in unwanted sexual behavior with one's friends, an unfortunate event happening to one's family). In these various examples, the person gets caught in the OCD cycle when they repeatedly engage in their compulsions in response to their re-occurring obsessions.

It's important to keep in mind that individuals with OCD do *not* want to be having their obsessions, and they find them highly distressing. In the aforementioned examples, one does not want to hurt others with sharp objects or engage in sexual behaviors with friends and strangers. The term 'obsession' in the context of OCD is significantly different than how we may typically view the word when we talk about a person being *obsessed* or *having an obsession* for something (e.g., someone may be obsessed with watching crime shows). In this context, the obsession is a positive preference for a genre of tv; however, an individual with OCD does not have a liking for their obsession, but rather it's perceived as intrusive.

The compulsions or rituals in OCD should also be made distinct from commonly known repetitive behaviors people may engage in, such as collecting items like baseball cards, engaging in religious rituals, daily routines, or game-day rituals for sporting events; most often, these forms of rituals are usually desirable to perform. Similarly to obsessions, individuals with OCD do *not* necessarily want to be engaging in their compulsions but rather feel the need to perform their compulsions out of an intense urge, fear, or discomfort from their obsessions.

It's likely that many of us have had an obsession or engaged in a compulsion at some point, as occasional intrusive thoughts are considered to be a common human phenomenon. However, this in itself doesn't qualify as someone having OCD. Rather, it's the *reoccurring* and *unwanted* nature of obsessions and compulsions along with the accompanied distress that can differentiate those impacted by OCD. Because of this, additional characteristics of OCD may include the obsessions and compulsions occupying more of a person's time than desired and may be time consuming (usually the threshold is about an hour per day). Due to the distressful, time consuming aspect of the condition, or the specific nature of one's obsessions/compulsions, a person may also find that their OCD interferes with their daily life, such as getting in the way of their performance at school/work, preventing them from engaging in their daily activities and what's important to them, or causing difficulties in their relationships.

OCD can be a difficult condition for individuals to experience and manage. However, it doesn't need to be addressed alone. Fortunately, there are evidence-based or scientifically proven and effective treatment options available for those impacted. In pursuing a mental health therapist, you may be able to better understand the nature of your OCD symptoms and gain the tools to address them.

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of inpatient hospital services among participants assigned to the experimental group when compared to a control group whose members did not receive expedited access to housing and care coordination services characteristic of the Housing First model (Tinland et al., 2020). Other findings suggest the relationship between housing stability and behavioral health is bidirectional. That is, the presence of a serious mental illness or other behavioral health condition might compromise an individual's capacity to secure or to retain stable housing, whereas a loss of housing through eviction or other circumstances can undermine the mental and emotional health of one who has no preexisting or diagnosable condition (Department of Housing and Urban Development, 2022). Economic factors have produced an inextricable link between housing instability and serious mental illness in the United States, as many individuals with schizophrenia, bipolar disorder, and other severe forms of illness rely on Supplemental Security Income (SSI) to meet their living expenses and are unable to secure housing without a rental subsidy or other source of financial assistance. One analysis determined the national average rent for a studio apartment exceeds the standard SSI allowance for a single individual (Fallon, 2023).

Initiatives that promote employment opportunities for those with serious behavioral health conditions promise to ameliorate housing instability and to yield other benefits both for recipients and for society overall. Some reports suggest only one quarter (27.9%) of individuals with serious mental illness are employed, but a significant majority expresses interest in competitive employment (Gühne, et al., 2021). Chronic unemployment is associated with financial distress, although its adverse effects are not limited to the economic arena. Employment has been repeatedly proven to promote a sense of purpose, independence, and opportunities for affiliation that might otherwise be lost (Australasian Faculty of Occupational and Environmental Medicine, 2023). In short, employment is potentially empowering for those whose health status and socioeconomic disadvantages have deprived them of agency. Employment also mitigates against social isolation common among individuals with serious behavioral health conditions, many of whom have become more isolated during the Coronavirus pandemic. The Surgeon General of the United States recently proclaimed loneliness an epidemic with serious implications for public health whose adverse effects are not limited to the emotional or psychological domains. In a comprehensive report on this subject, he cited an association between loneliness and a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death (Office of the U.S. Surgeon General, 2023). Individuals with serious behavioral health disorders are predisposed to comorbid physical illnesses that undermine their health and life expectancy, and chronic loneliness has been proven to exacerbate underlying vulnerabilities for which employment may yield salutary benefits. The virtues of employment have been so widely acknowledged as to merit their enshrinement in Article 23 of the United Nations Universal Declaration of Human Rights.

The determinants of our national behavioral health crisis are multifaceted, and lasting improvements in public health require interventions of corresponding complexity and nuance. Few would recommend a "one size, fits all" approach to navigating dual epidemics. But any pathway to success must include solutions to a housing affordability crisis and widespread unemployment among individuals with behavioral health conditions. In enacting such a pathway we honor our social contract, advance the common good, and fulfill our collective commitment to the most vulnerable among us.

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Expanding Affordable Housing and Jobs Programs as Strategies for Addressing the Mental Health and Overdose Crises

By Eric Rosenbaum
President & CEO
Project Renewal in New York City

Our society is grappling with mental health and overdose crises. In the United States in 2021, 22.8% of adults experienced mental illness1 and more than 106,000 Americans died from drug-involved overdose2. As the leader of a New York City nonprofit provider of shelter, housing, health, and employment programs, I know that addressing the needs of individuals experiencing these complex challenges is both critical and profoundly difficult. Our existing systems—necessarily—focus on treating the symptoms, including mental illness, substance use disorders, and homelessness. Sadly, this approach comes at the expense of addressing the root causes.

In order to make meaningful progress in our efforts to support sustained mental health and substance use recovery for both individuals and entire communities, we must improve stability for families in the first place—by expanding access to affordable housing and employment opportunities.

It is a common misconception that mental illness or substance use disorders are a primary cause of homelessness. However, for many individuals, it is actually the opposite. According to the National Health Care for the Homeless Council[3], the precarity of living in poverty in childhood, including being unhoused, can lead to higher Adverse Childhood Experiences (ACE)[4] scores—which increases the risk for negative health outcomes, including mental illness. Preventing ACEs by creating and sustaining safe, stable, nurturing environments for children and families could potentially reduce the risk for mental illness and substance use challenges in adolescence and adulthood. Affordable housing and reliable income are critical building blocks for creating these environments.

In New York City, we are unfortunately on the wrong track for the next generation. There are nearly 33,000 children living in shelters right now,[5] and it is estimated that well over 100,000 children in our school system have experienced homelessness during the past year. There is a severe lack of affordable housing,

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Supportive Housing Workers are Burnt-Out, Overworked, and in Dire Need of Support

By Pascale Leone, MPP,
and Rebecca Zangen, MSc
The Supportive Housing Network of NY

Pascale Leone, MPP

Rebecca Zangen, MSc

Essential to the health and recovery of our formerly unhoused neighbors with the most complex needs are critical workforce investments for those who serve and support them. The future of supportive housing, the most effective tool available to combat chronic homelessness, is threatened by a severe staffing shortage, which has been slowly growing more dire and was exacerbated by the pandemic. Workforce issues and behavioral health are inextricably linked, requiring a stable and healthy workforce to effectively serve program participants, especially within the peer workforce.

Existing programs are grappling with a 20-30 percent vacancy rate — making it increasingly difficult and dangerous to manage the sector's current portfolio, let alone to staff new programs. As tenants require a higher level of services due to increasingly complex physical and behavioral health challenges, including the increased prevalence of more additive and deadly narcotics like fentanyl and Xylazine, under-resourced and over-taxed staff are burning out at an alarming rate, with many opting to leave the profession altogether.

In March 2023, the Supportive Housing Network of New York (the Network) convened a series of roundtables with our members — who comprise the overwhelming majority of supportive housing providers in the state — to compile feedback informed by those doing direct, in-the-field work. The results were crystal clear: to live up to the promise of supportive housing, we need to address the staffing crisis in supportive housing immediately. If we do not, workers and tenants will be at risk.

New York has an opportunity to do just that in the upcoming state legislative session and budget process that begins in January. Gov. Kathy Hochul should set the table by prioritizing the creation of a human services staffing infrastructure based on good wages and other benefits like loan forgiveness, as well as prioritizing long-term retention by providing more training and certification opportunities in her budget proposal.

While supportive housing is designed to handle complex social issues, recent years have seen the size and scope of these challenges significantly escalate. Residents require more intensive care since the pandemic, and many are aging, posing significant challenges. At the same time, staff are now trending younger and less experienced, grappling with chronically low pay and inconsistent cost of living adjustments (COLAs) forcing many to hold multiple jobs to make ends meet. Moreover, many staff members are regularly experiencing trauma and programs do not have the capacity to address the causes of that trauma or support residents in the way they deserve.

This is a dangerous combination. In fact, it creates a vicious cycle: these issues lead to heavy turnover, and supportive housing staff only get less experienced.

To break out of this cycle, we need a real roadmap to recruit and retain workers in the field – and that starts with wages. Wages for supportive housing staff should be regularly increased to reflect inflation. The state should codify this in the upcoming budget process – something for which the Network has repeatedly advocated over the years.

It would also help to establish more uniform standards industry-wide. Pay parity across supportive housing programs and settings with similar job titles (such as those in state agencies like the Office of Temporary and Disability Assistance, Office of Mental Health or Office of Addiction Services and Supports) incentivizes recruitment for all programs and provides certainty to the workforce.

As has been continuously demonstrated, bonuses are also a clear way to attract and retain skilled workers. Facing an overwhelming shortage of healthcare staff, the 2023-24 state budget authorized funding bonuses for certain front-line healthcare and mental hygiene workers. These bonuses were paid in phases to employees who worked for a period of at least six months. Because of inconsistencies with roles and job titles, some supportive housing staff were eligible for the Healthcare Workers Bonus and some were not. A unified approach across the health and human services sector would pay dividends for supportive housing and could be partnered with student loan forgiveness packages.

However, higher wages are not the only adjustment needed. Partnering with colleges and universities to create training programs for students has been a useful recruitment tool. The Schools of Social Work Project, which is run by the New York State Office of Mental Health (OMH), partners with social work schools

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job – we worked on resumes, we talked about experiences and provided feedback. When it was time for the interview my employment specialist helped me get all dressed up, she gave me encouragement, helped me calm my nerves and told me to "just be myself."

Another client of a PROS program said her experiences have taught her, *"You can accomplish your goals and dreams of who you want to become. Do not allow your mental health to stop you from achieving in life. You can do it. There may be obstacles and challenges; however, you can overcome them because I did, and I still am every day."*

Those words are extremely powerful and important for all of us to keep in mind when we're facing difficult and challenging times. Her philosophy can be a guiding principle to a fulfilling and successful life in the community.

Each of us has hopes and dreams and goals that we want to reach in our lives. We all need a safe and supportive place to live in order to reach those goals. We all need the opportunity to live to our full potential including friends and family

Ann Sullivan, MD

and work opportunities. When anyone is facing mental health challenges, it is essential that they have available the opportunities and supports needed to achieve their goals.

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outpatient, I was like, are you in recovery? All of them said no and I just wrote them off. There's no way that you can understand what I'm going through. I was almost like, why would I talk to someone who doesn't get that?"

Catherine believes that if she had access to the type of peer support she now provides, she would have seen that "recovery is truly possible." "You can go that low and then you can become someone who's not only employable but someone who can then go on to help others. You have something to offer, and your experience is valuable. All the bad stuff you went through, you can use that and help someone with it. I never knew that."

Catherine is proud to work for an organization that utilizes peers in every facet of their programming. People USA peers embedded in local hospitals help over 1,000 individuals each year with education and connections to community-based resources. Their Rose Houses—home-like alternatives to hospital psychiatric ERs and inpatient units—are hosted by peers who can greet guests with a whole different level of empathy and understanding. The Stabilization Center is the first peer-run crisis stabilization center in the world, where people of all ages can connect 24/7 with an integrated team of peers and professionals for support with emotional distress, psychiatric symptoms, substance use challenges, or other life stressors. These programs are all part of a continuum of care meant to treat the whole person at every step, providing a variety of ways individuals can access People USA's services.

Perhaps most impressive is the impact the organization seems to have on its own employees and their personal journeys. "Every other job I've had except this one I did not reveal to anybody who I really was. It's terrifying and there's a big stigma and people judge you. I always felt like I was hiding," Catherine explained.

"People USA has really helped me stay clean because I can openly share my experience with the participants, and I know they look up to me," said Catherine. The imposter syndrome she mentioned earlier about a former job had disappeared. "Working here has positively impacted my mental health so much. Their mission and their values align with my own, which is very fulfilling. It's something that I really believe in, which makes me happy."

Today, Catherine has been sober for nearly seven years. While working for People USA, she was able to finish her Associate's degree, and then her Bachelor's, graduating summa cum laude with a 3.97 GPA. She beamed with pride as she told me that she has officially become one of the kids she envied when she drove by Fordham University, currently pursuing her master's in social work so she can further her work as a peer advocate.

She left me with a message for the larger behavioral health community. "Sometimes all people need is for just one person to give them hope."

People USA's mission is to educate, support, and empower people and communities to understand, manage, and overcome mental health, addiction, and social determinant of health challenges. Their programs are proven to significantly reduce hospital utilization, incarceration rates, and overall healthcare spending. Because of its success, People USA's program models have been studied and replicated across the United States and Europe. Government agencies and community organizations can receive consultation services directly from CEO Steve Miccio, the visionary behind the organization's innovative approach. To learn more, for consultation, or to support this work, visit people-usa.org.

Working Works from page 4

Having a place to "belong" and new social connections fosters social wellness.

In addition to personal benefits, encouraging people with behavioral health conditions to work also benefits others and society. People with lived experience of recovery diversify our workforce with their unique talents and perspectives. They inform health care programs and services. Community Care employs people with lived experience of recovery not only as Peer Recovery Support Specialists, but also in all levels/positions – leadership, direct care, and business operations. At Community Care, we believe that employment is an essential consideration in an individual's journey toward recovery and wellness and that working works!

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Questions from page 1

apartments to independence. Not a great model for people whose illness is very frequently recurrent. Nor a great model for grown-ups who don't want to live like college kids in shared rooms with community meetings, etc. And not a great model for people who are, like most of us, stressed out when they move. Of course, transitional housing is useful for some people, but for many getting into a place they can call home permanently or for as long as they like is the better solution.

Congregate vs. Scatter-Site

The transitional model assumed that congregate living is a higher level of care than living in apartments scattered throughout the community and that as a person with a serious mental illness gets better, they need a less intensive level of care. It's just not so. For some people living in congregate settings, with services on site, permanently, is what works best. For others getting into an apartment on their own as fast as possible is the way to go, particularly if they have a hard time living with other people. Individualization of housing type is a key to successful housing.

Readiness vs. Housing First

Early on, it seemed self-evident that people needed to be "ready to" live in the community before they could be given a place to live. That translated into reasons for excluding people from housing programs. People with histories of violence/crime had a particularly hard time getting into housing programs as did some people with histories of substance use disorders. Believe it

Michael B. Friedman, LMSW

or not, some residences required that a person with a history of substance abuse - alcohol or illegal drugs - had to live outside a hospital for six months without using substances before they were ready for housing. Where were they supposed to live while waiting for admission? With family? On the street? NYS responded to this ridiculous standard of readiness by developing state operated community residences, which proved that many people who were thought not to be ready in fact were.

Now almost everyone subscribes to the housing first model. Get people into permanent homes, provide mobile support services, and tolerate behavior such as use of drugs and alcohol so long as it does not result in significant harm.

Abstinence vs. Harm Reduction

Is harm reduction with regard to substance abuse a good enough goal for housing providers or should abstinence be required. Obviously there continues to be a debate about this. Equally obviously, it seems to me, there's a need for both kinds of program. Some people can only thrive if they abstain totally. Others can use alcohol and drugs safely.

Segregated vs. Mixed Populations

Unfortunately, in my view, service systems for people with serious mental illness or other problems tend to be designed to serve people with similar problems together. Wouldn't it be better to help people blend into the mainstream? Wouldn't it be better to provide them housing in apartment buildings or neighborhoods where people without serious mental illness also live? Maybe, but that's far easier said than done, and for many people living in a setting with onsite services is better than living more or less on their own dispersed in the community. Here again individualization is the key.

Sub-Sized Generic Housing?

For those for whom integration into the mainstream is the best option, there's a large policy question about whether their housing should be the responsibility of the mental health system or on the system responsible for the development of affordable housing, with subsidies for people with disabilities, including serious mental illness, to cover the rent. Over the years some mental health officials have been tempted by the argument that housing should not be their responsibility any more than income supports are their responsibility. Careful! History has made it abundantly clear that people with serious mental illness do not fare well in the competition for affordable housing. Are subsidies a way to pay for housing? Sure, but the mental health system needs to be sure that people with serious mental illness are not short-changed.

Treatment of Chronic Physical Conditions and Dementia?

Sad to say, people with serious mental illness who find a home in the mental health system frequently are forced into long-term care in nursing homes as they age because they develop chronic physical conditions and/or dementia, which can be tricky to manage in mental health housing programs. For interesting historical reasons, which I have written about elsewhere, care for dementia and other chronic conditions is not regarded as a responsibility of the mental health system. Should this continue or should the mental health system finally take continuity of care seriously and, like a family, accept a lifetime responsibility for those who need it?

The questions I have touched on above are all complex and very tough to answer. But they are fundamental to development of housing programs for people with serious mental illness, and each, I think should be continuously confronted so as to improve housing programs and insure that they contribute to recovery, that is to having a personally satisfying and meaningful life.

Michael B. Friedman, LMSW, is a retired social worker and mental health advocate who continues to advocate for improved care for people with cognitive and/or behavioral health conditions as a volunteer. His writings are available at www.michaelbfriedman.com. He can be contacted at mbfriedman@aol.com.

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increasingly comfortable being more active and social. *In a study by Jahoda, having employment provides people with five latent functions: 1) structured time; having planned activities to fill the day, 2) collective purpose; the feeling of being useful, of being needed by other people, 3) social contacts; enlarging the social horizon outside the family, 4) social status; even a [seemingly] low status, for example as a manual worker, is better than no status at all, and 5) activity; being active, even due to external forces such as the need for earning a living, is better than being passive.*[5]

We have visibly seen overall improvements in our clients; their presentation is different; they often have a more positive affect and a happier outlook on life. There are still problems and challenges, but they do not seem as catastrophic and appear to the individual as more manageable. When issues arise on the job, the individual often relies on the support and collaboration of the clinician and Employment Specialist behind the scenes. As a result, some clients have moved to other jobs that are a better fit and some have been coached on having courageous conversations with supervisors and co-workers. A few clients we have worked with have decided to continue their education to pursue specific careers as a result of their positive work experience.

When clinicians and coordinated care teams work together in partnership with individuals receiving behavioral health services around employment, it is beneficial for their health, especially mental health.[6] In addition to self-reports about feeling an increase in self-esteem, self-rated physical and mental health

improvements and a feeling of mastery and happiness, Luciano reported findings that concluded that entering paid employment was also associated with decreased psychiatric treatment and increased self-esteem among persons with schizophrenia or other severe mental illnesses.[7] I think it is safe to conclude that if one is feeling better about themselves, they will present with less severe symptoms of mental illness and be in a position to be able to work more on their treatment plan goals which will ultimately move them forward in their recovery.

Having meaningful employment encompasses so much more than a paycheck. Having structure, having an opportunity to learn new skills, growing professionally and building relationships with supervisors and co-workers, all contribute to feeling valued and creates an overall increase in self-worth. No one is successful at work single-handedly, not even entrepreneurs and other business owners. Each of us relies upon others—coworkers, colleagues, family members, and friends—to vent emotion, to brainstorm, to problem solve, to strategize, to share the stories of our successes, to do our jobs well.[8] We at WJCS provide that extra layer of support to help individuals succeed in both work and in life. It is a privilege to walk alongside them and be a part of their story.

Valerie Rosen, LCSW

Valerie Rosen, LCSW, is Director of Integrative Services for the WJCS Certified Community Behavioral Health Clinics. They are located in Yonkers, Peekskill, Mt. Vernon, and Hartsdale. For more information, please email vrosen@wjcs.com or visit the WJCS website www.wjcs.com.

Footnotes

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2. Bob Drake and Debbie Becker Founders of IPS https://ipsworks.org/index.php/what-is-ips/

3. SAMHSA-Substance Abuse and Mental Health Services Administration

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Janian Medical Care from page 8

work to engage participants in their rooms. We also reach people through a combination of in person work and creative telepsychiatry. Many people experiencing homelessness have smart phones and they are able to access our clinical staff through telehealth. In addition, to improve and boost access to care, we are able to provide telepsychiatry at different safe havens throughout the city. One of our primary goals is to provide continuity of care and support. Janian clinical staff work in 40 supportive housing residences affiliated with multiple different agencies around the city. In many cases, care is initiated on the street and then is transitioned to a colleague working on-site at transitional or permanent housing operated by a different social service agency. So, if an individual is no longer part of a street outreach team and they move to transitional housing and then to permanent supportive housing, they can often work with Janian and have continuity of care. Our clinicians often do warm handoffs to other members of the team, allowing individuals to enjoy continuity of care with a known entity.

Rachel: How are your services funded?

Tony: Many people experiencing homelessness are Medicaid eligible but have inactive Medicaid or have challenges or restrictions with their Medicaid coverage. In order to fund and support our programs, we utilize multiple funding streams including foundation grants, government grants, philanthropic funding and Medicaid billing when feasible. Our multiple funding sources allow us to be more creative. For example, I do outreach in the Bronx and sometimes I'll go out and just bring someone coffee and try to go for a walk around the block to talk. This flexibility allows the relationship to build over time and people are more likely to accept care. We also have the ability to check in on high needs and high complexity individuals who move into supportive housing but might not be ready to receive more traditional psychiatric services.

Rachel: What are some of the unique aspects of Janian that make you different from other group practices or programs?

Tony: The relationship is the most important aspect of the care. Everything we do involves connecting with people who have complex health conditions and have not been receiving accessible care from the traditional healthcare and housing system. Our clinical work involves supporting and fostering a strong relationship between clinicians and patients. The leadership at Janian consists of psychiatrists and other clinicians that are actually practicing in the trenches. I'm doing street psychiatry and homeless ACT psychiatry care. Our CEO is doing supportive housing psychiatry. To have a leadership that is practicing and leading at the same time is really valuable and makes us more thoughtful administrators and managers. Janian is extraordinarily recovery oriented and person-centered. We have a vocal and active consumer advisory board that advises us on programs and services we should consider. Also, we employ a reverse educational model where people with lived experience are teaching us grand rounds and helping us to provide better care. This year, we will be having a presentation on housing evaluations and the best way to assess trauma in an individual you are only seeing one time as part of a psychiatric evaluation. Janian is a great group of people who are very social justice minded and idealistic and we have significant peer-to-peer support and collaboration.

Rachel: What do you see as a successful approach to recovery?

Tony: Our experience working with this population tells us that the most valuable aspects of care are a meaningful relationship, rapid access to permanent supportive housing, rapid access to street psychiatry and more safe havens with embedded psychiatric and social services. These models of care dramatically improve homelessness and the negative consequences of homelessness. Each time New York City is able to increase its supportive housing stock, you see a reduction in homelessness, particularly amongst people with disabilities who experience chronic homelessness. The vast majority of people would accept access to safe and secure private apartments. However, there are some individuals whose psychiatric conditions are barriers because symptoms and belief systems lead to a delay in accepting housing opportunities. For those individuals, we advocate for access to treatment, providing care on the streets and if care is accepted and symptoms are reduced, sometimes they are able to come inside and accept housing.

We have also seen benefit from collaborating with novel hospital programs. The new Transitional Housing Unit or Extended Care Units in the city offer a longer length of stay for people with inpatient psychiatric needs who experience homelessness. Many people might not benefit from a 2-7 day stay in a psychiatry inpatient hospital and might need a longer length of stay because they have had unmet physical and psychiatry care needs for some time. We have seen a really positive collaboration between Janian's community-based services and the transitional housing unit at Manhattan Psychiatric Center and the extended care units at Bellevue and Kings County. In these cases, people experiencing homelessness who need longer hospitalization are able to get that long-term care and when discharged, experience better treatment of their health and mental health conditions and can move into transitional housing and ultimately permanent housing. We aspire to provide the services that fit the person and their needs.

Rachel: In your view, what role does housing play in the recovery process?

Tony: When we think of recovery for someone with serious mental illness, everyone has their own individual journey. However, almost all individuals are motivated to have the stability that comes with a safe space and home on some level. The housing first model includes supportive housing for people experiencing homelessness with wraparound supports of social services, psychiatric services and primary care services embedded in the community. This model is associated with more rapid access to permanent housing options, decreased homelessness, decreased hospitalization and decreased incarceration rates. We see supportive housing as a clinical intervention, something we prescribe and recommend. We use our clinical skills and advocacy to ensure that people have access to high quality, permanent supportive housing. Part of a recovery journey necessarily involves the stability of a home or safe place to be.

Rachel: Is there anything else you would like to share with our readers?

Tony: Janian is seeking psychiatrists who are interested in doing this kind of work. Any resident or psychiatrist who is interested in serving this population and community may reach out to Janian for more information. Please contact Dr. Carino at 212.803.2799 or by email to: tony.carino@janianmed.org.

Rachel Fernbach is the Executive Director and General Counsel of the New York State Psychiatric Association, a division of the American Psychiatric Association.

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Recovery residences are a unique and essential service in the continuum of care for recovery from SUD. Recovery residences provide a home-like environment and incorporate the social model of recovery, social determinants of health, and recovery capital because they recognize that there are multiple pathways to recovery. Recovery capital are internal and external resources that support an individual in their recovery.[6] Recovery residences provide safe, quality housing by utilizing a common set of standards and code of ethics in their operations, while also linking individuals to a recovery-oriented system of care.

Transitional Safety Units

In 2021, NYS piloted an innovative new program that provides temporary, transitional supportive housing for individuals in need, and for whom a space in a PSH program is not currently available. The program, called Transitional Safety Units, follows the Housing First approach by providing a safe home for individuals for a short period of time, and support services staff assist them in finding an appropriate permanent housing unit. The program specifically targets individuals with SUDs, who are experiencing homelessness or are at risk of homelessness, and either exiting a SUD treatment facility or the criminal legal system. For these populations, if PSH is not immediately available, it can create a barrier to success in maintaining recovery and staying actively engaged in supportive services. The program allows for individuals to remain in these Transitional Safety Units for up to a year, with the ideal length of time being between 6 and 9 months, as the individual pursues permanent housing. Support services are person-centered, and as such, the subsequent permanent housing should be whatever is the best fit for the individual. They may need a place in a PSH program, or they may be able to transition into fully independent living in a private apartment.

To date, these Transitional Safety Units have been successful and have provided an important interim place to live for individuals who would otherwise be homeless. This program, operated through NYS OASAS, has expanded the continuum of care and is another way in which we can provide support and care for our vulnerable neighbors.

Conclusion

Embedding supportive employment and housing services within statewide SUD prevention, treatment, harm reduction, and recovery systems can provide unique opportunities to meet individuals where they are. As states focus on expanding access to community-based services, focusing on the social determinants of a person's health can support them beyond the settings of SUD treatment.

Esteban Ramos, MSW, is the Director of the Bureau of Housing Services; Brenda Harris-Collins is the Director of the Bureau of Recovery Services; Gregory James is the Assistant Director in the Bureau of Recovery Services; Angela Lockhart, MA, CRC, is the Statewide Coordinator for OASAS-VR Counseling Support and Employment Services; Henry Kurcman is a Program Specialist in the Bureau of Recovery Services; Jeffrey Strauss, MS, is a Project Manager in the Bureau of Recovery Services; Maggie Taylor, PhD, is the Assistant Director in the Bureau of Housing Services; Sarah Gorry, MS, is an Empire State Fellow in the Chief Medical Office at the NYS Office of Addiction Services and Supports (OASAS).

Footnotes

1. The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2022 (huduser.gov), page 17, exhibit 1.8

2. The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2022 (huduser.gov), page 28)

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Perfect Fit from page 19

challenges they face with maintaining employment. On the other hand, peer support can help an individual receiving the services on their own road to recovery and assist them with breaking free of the challenges they face with finding and maintaining employment. It can be the perfect fit for all those involved.

ACMH has operated housing programs with a rehabilitative focus which are licensed by the New York State Office of Mental Health (OMH) since 1979. These programs, transitional by nature, provide the support and rehabilitative services which many adults with serious mental illness require in order to live successfully in the community in the least restrictive environment while acquiring skills for greater independence.

Since 1993, ACMH has also operated permanent supportive housing programs which provide both the financial subsidy and case management support that many persons with serious mental illness need to access and maintain housing in the community.

Jonathan Landau, MA, is a Peer Program Specialist, and Kristopher Migliore, LMSW, is Director of Recovery & Empowerment Support, at ACMH. Please visit our website at www.acmhnyc.org

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Jonathan Landau, MA

Kristopher Migliore, LMSW

Comedy from page 28

"There's something amazing about having members of your community take the stage at an event and rock the house. It's incredibly empowering and a great way of fighting public stigma. Most so-called normal people would never want to go anywhere near stand-up comedy. Seeing people with mental illness do it forces the audience to re-evaluate their perceptions of and prejudices against people who have a mental illness."

Granirer credited Harvey Rosenthal, CEO of NYAPRS, with recruiting peers who have innate talent as cutups. This year's crop consisted of Luke Sikinyi, Chacku Mathai, Becca Atkins, Stephen Nawotniak, and Helen "Skip" Skipper, reflecting the diversity of NYAPRS' membership.

Said Rosenthal, "David and his yearly group of brave and bold comedians have played a central role in bringing fun and laughter to hundreds of conference attendees for well over a decade. Together, the BBQ and comedy show have always represented the high point of the conference. I don't think anyone in our broader NYAPRS family could imagine a conference without our comics….and I don't expect they'll have to."

While this year's class may be considered "old-timers," Granirer has worked with the young adults of OnTrackNY, the program for peers experiencing altered states of consciousness (aka "psychosis") for the first time. Just a day after the NYAPRS conference, he directed their encore performance of "Funny…in my head" at the New York Psychiatric Institute's Pardes Auditorium.

David's own "up by the shoe laces" recovery story is instructive because he attempted suicide at age 17, and, as a young guitar player, aspired to rock stardom but a wrist injury ended his nascent career, plunging him into a "huge depression" that lasted several years. At the Vancouver Crisis Center, where his father and brother set an example by volunteering first, he became a volunteer, then a trainer and a counselor.

Always the class clown, he tried out his *shtick* for amateur nights at comedy clubs but bombed. Then he took a standup course in 1994 and packed the house with family and friends to rousing applause. Voila! A star with bipolar was born.

I tested my hypothesis on David that men either take themselves too seriously or think they are natural comedians. He confirmed that the comedy scene has been predominantly male for years, though women have been making inroads slowly but surely.

In contrast, if the performers listed on standupformentalhealth.com are representative, 60% of peers who have the *chutzpah* to make fun of mental illness are female. This confirms my other hypothesis that because women are socialized to be emotionally transparent they are best at revealing their distress to an audience rather than keeping it to themselves.

And, if you don't think Stand Up for Mental Health should be taken seriously, read Andi Cuddington's M.S. thesis for the London School of Economics and Political Science.

Also, please consult these resources on the health benefits of humor:

www.verywellmind.com/health-benefits-of-humor-and-laughter-5101137

www.helpguide.org/articles/mental-health/laughter-is-the-best-medicine.htm

www.healthcentral.com/article/15humorous-mental-health-quotes

www.psychologytoday.com/us/blog/humor-sapiens/201911/the-relationship-between-humor-and-depression

www.va.gov/wholehealthlibrary/tools/healing-benefits-humor-laughter.asp

To book David and his program of "Recovery-One Laugh at a Time," email david@standupformentalhealth.com. He is also the author of *The Happy Neurotic: How Fear and Angst Can Lead to Happiness and Success*.

Carl Blumenthal has been a peer specialist in New York for 20 years and is the founder of Beyond Compare Peer Counselors. If you would like an outline of his curriculum, "Humor and the Healing Arts," email carlblumnthl@gmail.com.

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into society with the rest of the world," she said, reflecting on the unique career path of a Peer Specialist. "This isn't just some random job – it validates me. Because of what I've been through, I have so much hope, strength and experience to share with others who live with mental health conditions. I want to give back and let people know they do not have to be alone – I understand, and I lived it too!"

Ruthanne Becker, MA, is Senior Vice-President of Rehabilitation Services. AnnMarie Wilhelm, NYCPS, CRPA, is Coordinator of Peer Training. Marion Laby, MHA Peer Specialist Training Program Graduate at the MHA of Westchester.

To learn more about our Peer Specialist Training and upcoming training cycles, please visit mhawestchester.org.

Reimagined from page 24

Integrated service models that address both housing and employment are a more person-centered and holistic approach to treatment and psychosocial rehabilitation.

These models recognize that addressing only one aspect of a person's needs (such as clinical treatment without considering housing or employment or any of the other health-related social needs determinants) are not sufficient for sustainable recovery. These models are based on the understanding that recovery is multifaceted, involving not just clinical treatment but also social, economic, and personal wellbeing. Integrated service models focus on the individual's needs, preferences, and goals, offering personalized support and increase agency, empowerment and promote autonomy and self-determination in their recovery journey.

It has been demonstrated that combining housing and employment services leads to better outcomes in terms of stable living conditions, sustained employment, increased income, improved mental health, reduced substance use, and ultimately, by preventing homelessness and repeated hospitalizations, these models can be cost-effective in the long term. Regrettably though, these models can be resource-intensive—the diverse needs and situations of individuals mean that services must be highly adaptable and responsive—requiring adequate funding, trained staff, and coordination among multiple agencies and systems of care. There are also systemic barriers such as limited affordable housing, housing and employment discrimination, and bureaucratic complexities that compound the challenges.

There are new flexibilities under Medicaid that health-related social needs, such as housing, transposition, employment, education, meals, can be considered a covered benefit. The behavioral health sector, across a wide swathe of stakeholders (practitioners, government entities, payers, community-based organizations, hospital systems, employers, schools, etc.) must advocate for legislation, policies and funding mechanisms that support integrated service models. We must strive for better cross-sector/inter-agency collaboration and reduce systemic health and racial inequities and barriers. We must all join in the effort to reimagine recovery by developing integrated service models as an essential component of our healthcare system.

Jorge R. Petit, MD, is a Behavioral Healthcare Leader and Author. For more information, visit his website: drjpetit.org, blog: Behavioral Health: Matters, LinkedIn: Dr. Jorge Petit, MD, and Substack: drjrpetit.substack.com.

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coordination programs, Community Oriented Recovery and Empowerment (CORE), Personalized Recovery Oriented Service (PROS) programs, OnTrack, supported education, supported employment, geriatric advocacy and support programs, recovery and wellness centers, drop-In centers, and community inclusion programs. Family support services also employ peer and family advocates who provide services in school-based clinics, special education programs, foster care, juvenile justice, vocational services, and a variety of settings addressing complex child healthcare needs (PeerTAC, 2023).

What Can Be Done?

As the number of positions has increased, the number of available candidates has decreased. To get ahead of this expected shortfall, we encourage you to talk to people you know who are in recovery – whether you are an agency leader, provider, family member, peer provider, supporter, or someone who has been touched by the magic of peer support; your voice can be a powerful agent of change. By encouraging people you know to consider becoming a peer support provider you can make a difference not only in that person's life, but in the lives who will be changed through the person's support. Personal experience is the first step. Certified or credentialed peer support providers complete training to inspire hope, build trust, and let people know they are not alone in their journey to mental wellness. In addition to the rewards of helping others, those in a peer support role also experience their own transformation from service recipient to service provider (Shalaby, 2020).

As you encourage people to consider the role, share the descriptions of different types of peer support providers below. Each description contains links to learn more about becoming certified or credentialed.

Mental Health - Adult Certified Peer Specialists (NYCPS) - New York Certified Peer Specialists are adults over 18 years of age with lived (or living) experience of a life disrupting mental health challenge who have completed specialized training and are certified to deliver peer support services under a state approved training program (Siantz et al., 2023; NYPSCB, 2020). In New York State, training and testing is provided by the online Academy of Peer Services (APS) and the certification is approved through the New York Peer Specialist Certification Board (PeerTAC, 2023).

Learn More:

- Academy of Peer Services
- NY Peer Specialist Certification Board

Mental Health - Youth Peer Advocates (YPA-C) - Credentialed Youth Peer Advocates are young adults (18-30 years of age) with first-hand experience of a social, emotional, medical, developmental, substance use, or behavioral challenge and/or received services in a child-serving system (juvenile justice, foster care, special education, or addiction recovery). YPAs promote resiliency, recovery, wellness, and self-efficacy in young people and promote the practice of youth-guided and family-driven approaches (PeerTAC, 2023).

Learn More:

- Families Together in New York State or email YPACredential@ftnys.org or call (518) 432-0333 ext. 18.

Mental Health - Family Peer Advocates (FPA-C) - Credentialed Family Peer Advocates do not necessarily have first-hand experience but instead count their 'lived-experience' as the parent (biological, foster, adoptive) or primary caregiver of a child/youth with a social, emotional, behavioral, mental health, or developmental disability. Family Peer Advocates often have experience navigating multiple systems to support their children (i.e.: educational, mental health, judicial). In addition, these family advocates receive training to develop skills and strategies to empower and support other families. They nurture effective collaborative parent-professional partnerships and promote the practice of family-driven and youth-guided approaches. (PeerTAC, 2023).

Learn More:

- Families Together in New York State or email FPACredential@ftnys.org or call (518) 432-0333 ext. 18.

Addiction (Substance Use) Treatment - Adult Certified Recovery Peer Advocates (CRPA) - Certified Recovery Peer Advocates are adults who are in recovery from or have supported someone who is in recovery from a substance use disorder. CRPA-F is a designation for family members. In New York State, these peer advocates have completed training and testing recognized by the Office of Addiction Services and Supports (OASAS).

Learn More:

- New York Certification Board (ASAP)

We hope you will be on the lookout for people who could use their lived experience to help others by becoming certified or credentialed to join the peer support workforce. It is a very rewarding role!

Help Wanted, Right Now!

That's all good, you say, but suppose you are an employer that is seeking to fill one or more peer support provider positions right now? You are in luck. Families Together has a Job Board where you can post FPA and YPA positions: https://www.ftnys.org/workforce/jobboard/. The National Association of Peer Supporters (N.A.P.S.) has also established the New York Peer Advancement Network (NY-PAN) that is creating opportunities for peer support providers to come together to further develop the workforce. They have a self-serve Job Bank where you can post openings.

Learn More: National Association of Peer Supporters Job Board

I've Hired a Peer Provider, Now What?

Suppose in spite of the shortage of qualified candidates, you have successfully hired a peer support provider. While this role is becoming increasingly popular in clinical service settings, peer support providers have their own unique values and scope of practice. The continuous use of their experiential knowledge means they are not duplicating the efforts of other providers. Instead they offer something new and practical. Something that is unique rather than a duplication of what other providers have to offer.

To assist agencies with including peer support providers in ways that meet billable requirements while remaining true to the values and fidelity of peer support, OMH funded a Peer Support Services Technical Assistance Center (PeerTAC) to provide training and consultation to organizations and agencies: https://peertac.org/

What Now?

While there may be shortages on the horizon, you can take an active role in letting more people know about this rewarding role. Share this article with people receiving treatment, families, or anyone else who might have experiential knowledge and willingness to help others. The process to become credentialed or certified is (with the exception of CRPA) completely free of charge. If instead you know people seeking peer support providers, share the links to the Families Together and N.A.P.S. NY-PAN Job Banks or the PeerTAC website.

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Peer Support Services Technical Assistance Center (PeerTAC):

see Shortages on page 38

SOS from page 27

multidisciplinary SOS team consists of 12 staff, comprising licensed clinicians, nurses, care managers, and peers.

Outreach and Engagement

Housing aspirations begin at the outreach stage. SOS extensively utilizes homeless outreach engagement techniques. The initial encounters can be characterized as compassionate, supportive, and person-centered. During this initial phase, SOS staff collaborates with various stakeholders, including homeless outreach teams, public transit systems, public safety, law enforcement, hospitals, and community providers, to identify those in need of support. This may include those living in public spaces, transit hubs, or deemed high-priority cases, with a specific focus on individuals chronically homeless with behavioral health conditions, substance use disorders, or other social challenges.

Outreach is performed with patience and persistence to establish trust and facilitate receptiveness. SOS engages in persistent outreach throughout NYC's subway and terminals, making multiple visits per week. Assertive efforts are done flexibly, acknowledging the hesitancy some may initially have in accepting help due to mistrust or negative past experiences with service providers. A trauma-informed approach is used, approaching with sensitivity, actively listening to stories, and avoiding re-traumatization.

Priority is on building relationships by attending to what matters most, understanding immediate concerns, preferences, and challenges. It includes providing essential items like food, water, clothing, blankets, and necessary hygiene supplies, establishing not only survival support but also laying the foundation for building rapport. Peers, individuals with lived experience, are included to enhance understanding and provide hope. SOS understands that outreach is not just a one-time interaction. Rather an assiduous and tailored effort to engage, meet immediate needs, and gradually guide toward stable housing and supportive services.

When the member is ready, SOS secures emergency housing, addresses mental and physical health concerns, and fosters a support system for those transitioning from homelessness to stable housing. SOS has outreached thousands and completed over 13,000 outreach encounters to date, 61% of which occurred in the NYC transit system. The support, compassion, and willingness to meet the members where they are at, has contributed to the success of the program.

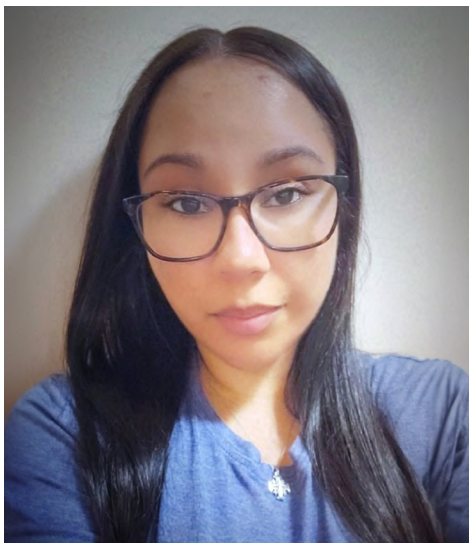
Path to Permanent Placement

Paramount emphasis is on housing obtainment. SOS's approach involves a multifaceted strategy, commencing with intensive homeless outreach designed to guide members from the streets to stable housing. Often this may include a stay in emergency housing (i.e. shelter) on the way towards a more permanent housing goal.

SOS adeptly tackles the challenges of housing placement by actively coordinating with the NYC Department of Homeless Services and streamlining access to essential shelter services. Recognizing the barriers individuals face in traditional shelters, SOS employs creative strategies, including Safe Havens and mental health shelters, to bridge the gap between street homelessness and stable housing. Partnerships with initiatives like ICL's Launching Pad and the Transitional Housing Unit at Manhattan Psychiatric Center further enhance their reach. In addition, agencies such as Services for the Underserved utilized some of their own housing stock to support placements.

Barry Granek, LMHC

Gerardo Ramos, MPA, MSW



Melissa Queliz, LMHC

The work is extensive yet rewarding. As members are getting a fresh start, SOS aids members in obtaining essential documents like ID cards, birth certificates, and social security cards to kickstart housing applications. The program assists with housing applications, scheduling and accompaniment to behavioral health and health appointments, and provides advocacy. To ensure stability, staff work on securing benefits like Food Stamps and SSI for members' daily needs.

Housing Retention

Obtaining housing is only the initial step. Central to SOS's success is the utilization of Critical Time Intervention (CTI), a time-limited, evidence-based approach that intricately tailors services to individuals during transitional periods. The CTI model allows for flexible service intensity, ensuring each member's unique needs are met throughout their engagement. Upon entering housing, staff begin following the CTI multi-phased model for up to 9 months post-housing placement. The CTI model allows for flexibility and intensity of services, tailoring support to each member's unique circumstance.

The comprehensive post-housing support framework encompasses practical assistance, emotional support, continuity of care, and community integration. Skill-building initiatives and practical assistance are offered, such as securing essential items. C*ontinuity of care* ensures seamless and uninterrupted support through active linkages to support systems including both the formal and informal supports. *Community integration* actively involves members in their local community, helping build connections, establish a sense of belonging, and engage in meaningful activities. Success in community integration is pivotal, supporting access to resources, forming social connections, and participating in activities that contribute to overall well-being—extending the focus beyond immediate housing needs for a holistic reintegration into society. This fortifies against potential challenges, preventing factors like loneliness from leading to a return to homelessness. Beyond mere housing placement, SOS adopts a holistic strategy, striving to create a sustainable and supportive environment that fosters lasting stability and well-being for those transitioning from homelessness to housing.

Success Stories

Thomas, a 42-year-old African American served by SOS at Services for the Underserved, exemplifies the program's impact. Identified by the transit system as a top priority for intervention, Thomas embarked on a journey from chronic homelessness to stable housing. Thomas fell on hard times after leaving his mother's apartment due to a rent increase. Working part-time as a hotel cleaner, he couldn't afford rent or care for his daily needs. Thomas lost his housing and began sleeping on the streets and train in East Harlem.

Encountered by SOS clinicians in June 2022, SOS placed him in a shelter, initiated permanent housing placement and full-time employment. SOS teams provided immediate essentials and offered ongoing support, addressing Thomas' unique challenges and guiding Thomas to independent living. By November 2022, Thomas secured a maintenance position within SUS, leading to a promotion to peer specialist in July 2023. He obtained permanent housing in November 2023. Thomas' journey is a testament to SOS's dedication to homeless populations, illustrating that with support, it's never too late to transform your life.

Real-life testimonials from SOS members underscore the program's pivotal role in their recovery journey.

· "SOS helped me with furniture, food, job leads, and weekly check-ups on my living and medical status. They are attentive to my needs and concerns."

· "SOS assisted in receiving keys to my own apt, within 6 months. I was welcomed with warmth and respect. My care manager is attentive and works daily to meet my every need. From providing me with clothing, food, metro cards to go to job interviews and a place to do my laundry in peace."

· "SOS helped with hygiene and shelter, an absolute blessing. I love you all for that, appreciate it."

· "I was depressed, angry, and hostile in the shelter. The SOS staff were friendly and showed concern in helping me find an apartment. I feel more relaxed when speaking with the staff each week. This helped me be positive and I have obtained my goal of getting an apartment."

Housing Placement and Retention Data

During the last 18 months, over 1,500 members have engaged and enrolled in SOS services. Most are males (76%), most 21% falling within the 31-40 age range (21%) and the 51-60 range (26%). 72% identifying as Black or African-American and an additional 28% identifying as Hispanic/Latino. Remarkably, over 600 members have been relocated from train stations to shelters and about 250 have been placed in permanent housing. Once housed, 94% have retained their housing throughout the intervention which typically lasts 9 months post-housing placement. This challenges the conventional belief that engaging chronically homeless individuals takes months or even years, showcasing the program's ability to effect change swiftly.

Future Plans

As SOS looks to the future, the program aims to perpetuate its collaborative, impact-driven approach. The intended system-level outcomes encompass modeling a more collaborative service system, creating a community of best practice, increasing access to supportive housing, and ultimately reducing the number of New Yorkers experiencing homelessness. Member outcomes will focus on temporary and permanent housing placements, maintaining entitlements, improved health self-management, increased community integration, enhanced daily living skills, and decreased hospitalizations over time.

Future plans include specific action steps to achieve these outcomes. Initiatives will involve continued engagement with stakeholders, the exploration of innovative housing solutions, expanded outreach efforts, and ongoing data analysis to ensure the program remains responsive and adaptive to the evolving needs of the homeless population in NYC.

Stay tuned for the next article on the SOS program: A Perspective from an Outreach Worker with Street Homelessness.

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Preparing Youth from page 14

search, completing the eligibility checker to see if they qualify for government assistance programs, calculating expenses, and exploring employment programs. The ASC staff assist with referrals to external vocational resources such as Access VR, which provides training that leads to employment, while also providing work experience support by placing youth in paid internships. In addition, they aid homeless youth by navigating housing programs and the shelter system while helping them obtain medical insurance and other needed support. This gives the youth an understanding of the workplace and a space to test the skills they are learning at the ASCs. The support the ASCs provide can be central to helping youth avoid homelessness and gain the skills and experience they need to ensure they can obtain and maintain housing in the future.

For example, Nadia* entered the Adolescent Skills program at 16. She and her family have lived in and out of shelters since she was six. Nadia had been diagnosed with depression and learning and behavioral disabilities and had a long history of being bullied in school from an early age. She had only obtained seven high school credits at the time of her enrollment. Nadia was enrolled in the GED and vocational programs, where she was scheduled to attend five days a week. But Nadia struggled with her attendance. She often told her case manager she did not have anything to eat or wear and that she struggled to manage angry feelings that caused her to lose sleep most nights.

Nadia's case manager helped her develop a strategy to help her participate in the program more easily. At first, Nadia attended the program gradually, beginning with only two times per week. Over time, she increased her attendance in the educational program and then moved into an internship working with children at an afterschool program. Nadia obtained her GED diploma at seventeen, applied to college and successfully graduated with her associate's degree. She began to ask herself what was next, which had never been a question that had entered her mind. Upon graduation, it dawned on Nadia that she didn't know what to do next, and she realized she had never thought she would get this far with her education. She met with several ASC staff and asked them for guidance about her next steps. She told the ASC staff that she had lived most of her life in homeless shelters and had never before thought she could obtain gainful employment or housing for herself. After exploring her interests and life goals with the ASC team, Nadia applied to John Jay College to continue her education and pursue a bachelor's degree. She is studying full-time and working to gain continued job experience; she and her family are now living in permanent housing.

Nadia's success story demonstrates that with appropriate support in place, youth living with mental health and educational challenges can meet their life goals, including obtaining and maintaining housing. However, to continue assisting youth struggling with mental illness and learning and behavioral disorders, more support is needed to ensure they can obtain and maintain housing. These include, but are not limited to 1) increased units of low-income housing accessible to youth, young adults, and their families; 2) more programs that provide alternate pathways to achieving a high school equivalency while also addressing youth mental health needs; 3) the proliferation of life skills and vocational training in traditional educational settings; 4) increased number of early intervention programs to identify and address burgeoning mental health or learning challenges among elementary and middle school students; and 5) more shelter programs available to youth living with mental health challenges.

Recovery, as we know in our sector, is possible. We also know that recovery is difficult, if not impossible, to achieve fully without adequate housing. Youth living with mental health challenges deserve to receive the care and support they need to thrive emotionally, educationally, and vocationally; we owe it to them to improve our systems so that they can blossom.

Note: *Not the student's real name

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my resume together, and my caseworker and Clubhouse staff helped with that," said Kirk. "The Clubhouse helped me. It built up my confidence to help me pursue the things that I want. I now have a part-time job with a cleaning company."

"Employment is very important because for me, I like to be productive. This opportunity right now is giving me a chance to do that because I'm learning new skills and building on the skills I already have. I'm working with great people. Right now, at my job, I take progress notes. I help clients with their lease and if they need SSI or SNAP benefits. I go out into the field and do wellness visits. I also do filing and creating flyers—these are skills I learned," said Shakirah.

Christina said, "I am not ready for a job until I have my own place, but I love helping out at the Clubhouse daily. It helps me to learn to interact with people because I suffer from anxiety in public spaces. Since coming here, I have gotten much better. The Clubhouse has worked with me at my own pace, in order to get me to be comfortable interacting with others around me so I can get a job."

Overcoming Mental Health Challenges

Three of us have major depressive disorder and other challenges that the Clubhouse helps us with.

"I became very depressed and was abused so my mental health was very bad. Thanks to the help I get from the staff and members at the Clubhouse, my anxiety in public places has gotten better. Without the help I get here, I don't think I would be in a very good place right now. Having to deal with my substance use problem is difficult when I am not treated for my mental depression issues, but with help, I make better choices in my life. Without the right help, I would keep using and doing other things that are bad for me," said Christina.

"One of my caseworkers calls and I give her the times of my appointments and tell her what's going on with my programs. Sometimes she asks me how I am going about it. Most of the time, however, I just get stressed out because I have a problem with depression. My Care Coordinator helps me with that, she'll reach out and ask me if I've taken my medication, and I do my breathing exercises—that has helped me," said Kirk.

"Right now, I'm with the Brooklyn Clubhouse receiving psychiatric treatment and medication for major depressive disorder," said Shakirah.

Taking Different Approaches for Coping Strategies

We all have different coping strategies to deal with our mental health and other challenges in our lives.

"My coping strategy is to never be afraid to ask for help and to keep busy. I have also learned to focus on other things when I get very depressed and I feel like using. I love to go on long walks, going to parks, listening to music, and going to the Clubhouse. I know now that I am not alone with these problems," said Christina.

"I put myself in my room and watch TV, that's my self-care. I take my mind off of whatever is stressing me out," said Krystal.

"I take medication, listen to music, play games, and come to the Clubhouse (when I'm able to). I like being productive because if not, my mind just isn't there and I don't feel like myself. I like cooking, painting and I occasionally knit," said Shakirah.

Messages for Others Experiencing Similar Challenges

We all want to encourage others to ask for help, access resources, and keep going.

"My advice to others is to never be afraid to ask for help, go to the doctors and don't miss any of your doctor's appointments, take your medicine regularly, and get involved in activities with other people that suffer from the same issues like you do. I was so happy to find that I wasn't the only person in the world that needs help and that suffers from substance use or mental health issues," said Christina. "Always remember that you are not alone, and that you'll never get better if you don't ask for help. There are many people out there that are just like you and that are willing to stick by your side to help you in every step of your new life journey."

"I would say take advantage of everything they're offering you, don't be afraid to express how you're feeling," said Krystal.

"Keep your head up! The next day is gonna be better than the one that you had. Every day is a challenge, it's just how you go about it," said Kirk.

"Try to find someone that's on your side to guide and support you, someone you can trust. I'll also say to take your medication every day and be mindful of when you're not well. Don't put everything on your shoulders, make sure you share it with someone you can trust. It may be challenging or hard, but just keep going after your goals, and whatever you set your mind to - just work towards those goals," said Shakirah.

We're all glad to be making progress in our lives and hope that others can too.

Learn more about S:US' Behavioral Health Services at https://sus.org/our-services/behavioral-health/.

Permanent Housing from page 16

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aligns with their abilities, fostering skill development and confidence. The units of the Clubhouse are designed to simulate the work-day experience while developing skills specific to each unit. The Clubhouse currently has a culinary unit, where individuals learn cooking, maintenance, and horticulture skills and a business unit, where they learn administrative and clerical skills, data entry, computer skills, media and communication skills.

Challenges and Future Direction

While these employment models offer numerous advantages, persistent challenges such as stigma, limited employer awareness, and funding constraints remain. To overcome these obstacles and encourage widespread adoption, it is essential to focus on advocacy, education, and destigmatization efforts.

Combining supported and transitional employment can create a comprehensive approach to mental health recovery through employment. Initially starting with a transitional employment program to build foundational skills, individuals can then transition into supported employment, where ongoing assistance is provided as they navigate mainstream job opportunities. Several participants have become Clubhouse members. They developed vocational skills, received their first transitional employment position, and eventually obtained independent competitive employment while still receiving support within various S:US programs. The individuals we serve have access to ACE Employment Services, the Brooklyn Clubhouse, and an array of services within the larger S:US network.

Looking ahead, sustained research, policy development, and collaboration among mental health professionals, employers, and communities will play a pivotal role in refining and expanding the impact of supported and transitional employment. Recognizing the unique potential within each individual and providing tailored support can collectively contribute to fostering a society where mental health is prioritized, and everyone has the opportunity to lead fulfilling, meaningful lives through gainful employment.

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For more information on S:US' Brooklyn Clubhouse, Assisted Competitive Employment, and Transitional Employment, please visit https://sus.org/our-services/behavioral-health/.

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Expanding from page 31

with the number of apartments available for low- and middle-income residents at a 30-year low as of 2021[6] and rent costs reaching record highs.

The history of housing policy in the United States provides context for the current crisis. The GI Bill of the 1940s and 50s, while creating a generation of homeowners, systematically excluded Black soldiers and their families. Denying them the wealth-building opportunity of homeownership had devastating consequences—many of which continue to reverberate today. Unfortunately, the GI Bill was just one of the many discriminatory housing practices that created profound inequality. Urban renewal projects of the 1960s and 70s - such as the development of Lincoln Center in New York City[7] - often led to the displacement of non-white and low-income communities.

These deeply embedded barriers certainly present challenges, but by increasing funding and resources for affordable and supportive housing, we can make a substantial impact on reducing homelessness - and in turn mitigate mental health and substance use challenges - in New York City.

Eric Rosenbaum

Housing is an important first step. We also need more opportunities for those facing significant barriers to employment, including mental illness and substance use disorders. At Project Renewal, we prioritize vocational training, job placement, and job retention programs, especially those that do not just stop at entry-level work. We support people to get that first job, then a better job, and ultimately a long-term career.

For example, our Career Advancement Program (CAP) provides retention and advancement services tailored to helping our clients build a career. Last year our CAP participants received an average annual salary increase of $8,507. Programs like this ensure career growth and maximize earning potential so participants can attain financial independence. This level of employment stability not only supports individual recovery but creates the conditions for entire families to thrive.

If we truly want to address the root causes of mental health and substance use challenges, we must prioritize the creation and fast-tracking of affordable housing and job opportunities across New York City and in every city in the nation. By welcoming new affordable housing developments into our neighborhoods and supporting programs that put people back to work, we can protect against some of the factors that can lead to mental health and substance use challenges—and move in the direction of greater justice and opportunity for all.

Eric Rosenbaum is President & CEO of Project Renewal in New York City. For more information, visit projectrenewal.org.

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Support from page 31

and departments to give students real-world training in treating adults with Serious Mental Illness (SMI).

Due to its success, the program has already expanded significantly, and this year will grow to include mental health counseling services. Further growth into the supportive housing realm could be incredibly helpful in addressing the problem of inexperienced staff and could aid with recruitment once students graduate. Similar programs could be combined with internship programs and expanded to associate's and bachelor's degree programs. It would be important to ensure that programs like this do not exacerbate the current overworked staff and that student supervision falls under the school's responsibility.

That will get workers in the door. To retain them, we need to provide opportunities to continue to build their skills and provide career roadmaps. Out-of-pocket costs for certificates and credentials in programs related to supportive housing create financial barriers to advancement, and setting aside funds to support staff receiving this education makes the field more equitable, increases employee satisfaction, and creates a better-trained staff ready to address the needs of the residents.

The Network, with the support of our membership and other external partnerships, is taking steps to fill these gaps. One such solution is the Readying Emerging Leaders in Supportive Housing (RELISH) program, which is designed to support emerging Black leaders in nonprofit homeless and housing organizations with the management, leadership, and networking skills necessary for upward mobility paired with mentorship from senior level Black leaders in supportive housing. Nonprofits help cover the costs. Programs like these are critical to addressing deep-seated systemic racism and sexism in the housing community and provide tenants – many of whom are women of color – with role models who might share, or at least be more familiar with, their lived experiences.

The Network will soon launch a supportive housing training academy in New York City with six professional trainings and skills development sessions focused on de-escalation and crisis mitigation and helping to build community and peer support among workers in the field. This sort of professional development program can better equip staff for their often very challenging work.

Of course, the Network's program is only the beginning — others in the community need to provide further opportunities for continuous training, certification, and advancement through senior case management positions. These positions also must include increased pay and reward employees' mastery of the job, or staff will continue to leave for higher pay and less stressful work environments. As it exists now, the only way to be promoted is to become a manager or director, which may increase burnout and retention issues, or involve work that housing staff is not interested in or does not have experience in.

Retaining supportive housing staff depends on a safe and supportive work environment. Connecting staff to free or low-cost therapy programs is one critical way to ensure they are supported consistently throughout the stresses of their position. This could be enabled by partnering with insurance companies, online mental health platforms, and service providers. Additionally, when they are faced with traumatic events, such as the death of a tenant, enabling rapid-response teams to provide emotional support can help staff process and integrate challenging feelings, rather than burning out and leaving the field emotionally exhausted.

It is also important to note that workers and members often overlap in identities. Improving conditions with trauma-informed, race-conscious, and culturally responsive ideas should not only be applied to addressing issues for residents of supportive housing but for its employees as well.

Supportive housing providers have worked tirelessly to address the problems of workers and residents but cannot solve this challenge alone. Governor Hochul and the Legislature need to join our fight to ensure the most vulnerable New Yorkers receive the care and support they desperately need and deserve.

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replace previous survival mechanisms with healthier coping strategies.

4. Lastly, Precarity refers to a period where insecurities can emerge.

These phases can be cyclical, and individuals may pass through each of these stages several times before they find successful integration (Marshal et al, 2020). Any treatment strategies should take this cycle into consideration for client-centered approaches to treatment.

In recent years, Housing First Models have emerged. Housing First suggests that a low barrier placement (for example, streamlining intakes and reducing criteria for placement) can help place people from homelessness to housing faster, thereby moving them more quickly to the adjustment phase. Initial data shows a 41% reduction in homelessness and improved quality of life when low barrier placement is implemented (Hahn et all, 2020). There is also a significant difference in the drop-out rate for treatment, with housed individuals leaving treatment in one third (as opposed to up to two thirds for unhoused individuals) of instances (Lappan et al 2019, Lo et al, 2022).

In conclusion, housing is a basic need that underpins recovery, integration, and the resumption of a life well lived. Accordingly, housing for persons struggling with mental illness and or substance use is a necessary benchmark that must be met if better and faster outcomes are to be achieved.

To contact WellLife Network's intake services, please email the author at Jodie.dionne@welllifenetwork.org. To explore our other services, please visit https://www.welllifenetwork.org or email info@welllifenetwork.org.

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preventive and primary care services. Research has shown that health insurance coverage is associated with improved health monitoring and lower mortality rates. Additionally, participants with mental and substance use disorders experiencing homelessness in a 2020 study felt that they received poor quality care due to clinician bias. Increasing healthcare access and culturally competent care can ensure that concerns are adequately addressed for individuals experiencing homelessness.

Social and Community Context

Stigma involves negative stereotypes that lead to discrimination against individuals experiencing homelessness. Individuals experiencing homelessness are erroneously stereotyped as lazy, dangerous, and solely responsible for their homelessness. However, research has shown that experiencing domestic violence can precipitate homelessness. Moreover, homelessness disproportionately impacts LGBTQ+ youth due to discrimination and increased risks for mental and substance use disorders. In the United States, 10 percent of the general youth population identifies as LGBTQ+; however, nearly 40 percent of LGBTQ+ youth comprise the homeless youth population. The intersectional stigma surrounding homelessness and mental and substance use disorders worsens health and well-being by creating barriers that prevent recovery. Addressing stigma within healthcare and the general public is vital to ending discrimination and supporting individuals experiencing homelessness.

What SAMHSA is Doing to Address Homelessness Among People with Mental and Substance Use Disorders

Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness offers evidence-based practices for behavioral health providers to directly support and maintain relationships with people experiencing homelessness, provide mental health and substance use treatments, and boost retention in treatment services. The Projects for Assistance in Transition from Homelessness (PATH) supports outreach and engagement, case management, and housing assistance for individuals. Grants for the Benefit of Homeless Individuals (GBHI) supports treatment and recovery services, housing services, and health insurance enrollment guidance. Treatment for Individuals Experiencing Homelessness (TIEH) promotes access to treatment services, peer support, and resources for permanent housing. Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) aims to increase Social Security disability benefits for eligible children and adults with medical impairments and co-occurring disorders.

The Certified Community Behavioral Health Clinic (CCBHC) program addresses disparities in the behavioral health care system by increasing access to high-quality, coordinated comprehensive behavioral health care to individuals regardless of their age, ability to pay, or place of residence – including individuals experiencing homelessness. CCBHCs also provide housing assistance and 24/7 crisis intervention services for individuals experiencing a mental health or substance use crisis. The Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT) grant programs aim to reduce homelessness, hospitalization, and mental and substance use disorders. Lastly, the Homeless and Housing Resource Center (HHRC) provides accessible, no-cost training for health and housing professionals in evidence-based practices on housing stability, recovery, and homelessness to effectively meet the needs of individuals experiencing homelessness.

Conclusion

Homelessness and behavioral health are inextricably linked and recognizing the social determinants of health is crucial to ending homelessness. Homelessness is an intricate and multifaceted issue with systemic issues related to housing affordability, economic opportunities, healthcare access, and stigma. SAMHSA utilizes its national surveys and grantee data to create effective programs and services to prevent and end homelessness among people with mental and substance use disorders. Efforts to increase accessibility to stable housing and treatment services while simultaneously addressing the social determinants of health can be an effective strategy to reduce health disparities for individuals experiencing homelessness.

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and chosen families can also provide invaluable support and contribute to successful recovery. By embracing inclusivity and acknowledging the unique support systems individuals rely on, we can ensure that everyone has access to the emotional and practical assistance they need to thrive.

Expanding the Scope of Support

The impact of family involvement in recovery can be further enhanced by incorporating the latest advancements in technology and community resources. Online platforms offer access to support groups, telehealth consultations, and educational materials, providing valuable tools and information for families. Additionally, collaborations between healthcare professionals, community organizations, and support groups can create a comprehensive network of resources and services tailored to individual needs.

By promoting strong family support systems, incorporating innovative tools and resources, and advocating for policies that support family involvement, we can empower individuals to achieve positive housing and employment outcomes, ultimately leading to lasting recovery success. Together, we can create a more supportive and inclusive environment where individuals can heal, rebuild their lives, and contribute meaningfully to society.

By incorporating these latest insights into strong family support systems, we can continue to empower individuals to achieve positive housing and employment outcomes, ultimately leading to lasting recovery success.

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BHN provides hope through education by collaborating with leading provider agencies and educational institutions across the US that are improving lives every day. The publication serves to unite and improve our evolving systems of care, build bridges, and increase visibility to connect consumers to quality community programs and evidence-based services, bring awareness to important policy issues, and advocate to address the harmful effects of the stigma which surrounds mental illness and substance use disorders in the community.

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