

June 2015

Region 7E Mental Health Assessment

Focus on individuals experiencing homelessness

DEFINITIONS

Homelessness, as defined by the U.S. Department of Housing and Urban Development, falls under four categories:

- 1) Literally homeless
- 2) Imminent risk of homelessness
- 3) Homeless under Federal statutes
- 4) Fleeing/attempting to flee domestic violence.

RURAL HOMELESSNESS

There is a perception that homelessness is a predominately urban issue. However, many of the problems that contribute to homelessness in large metropolitan areas also exist in rural areas. Factors such as a lack of affordable housing, higher rates of poverty, and a shortage of jobs all contribute to homelessness in rural areas. On average, the rates of homelessness in rural regions tends to be about half that of urban regions. However, trends in homelessness vary widely. Some rural areas can see much higher rates of homelessness than that of urban regions.

What is the relationship between mental illness and homelessness?

Rates of mental illness are higher in the homeless population than in the general population. The U.S. Department of Housing and Urban Development reports that at least 20 percent of the homeless population has a severe mental illness.ⁱ Other reports indicate that this rate might be higher than 30 percent.ⁱⁱ These rates are much higher than that of the general population, in which only 5 percent suffer from a serious mental illness.ⁱⁱⁱ Although these illnesses can be managed, they often go untreated due to the myriad of complex problems that can contribute to homelessness. Issues such as severe poverty, substance abuse, lack of transportation, criminal history, and past traumatic life events make it difficult for those experiencing homelessness to find stability needed to maintain housing and gain access to mental health services.

Homelessness and criminal history

Having a criminal history can greatly complicate a person's ability to find stable housing. Almost half of all homeless Minnesotans (47%) have spent time in a correctional facility.^{iv} Homeless adults who have been incarcerated report more episodes of homelessness and longer periods without stable housing than homeless adults who have not been incarcerated. In addition, homeless adult ex-offenders are more likely than other homeless adults to have spent time in a facility for persons with emotional, behavioral or mental health issues; to have spent time in a drug or alcohol treatment facility during adulthood; and to have a traumatic brain injury. A criminal background is not only a barrier to obtaining stable housing, but also makes it difficult to find and keep gainful employment. In a 2012 study, 26% of homeless adult ex-offenders cited their criminal background as a barrier to finding employment.^v

Homelessness on American Indian reservations

Homelessness continues to be a serious problem on American Indian reservations in Minnesota. Many people living in shelters are homeless or "near-homeless," meaning they live doubled up with friends or family in overcrowded (and sometimes substandard) living conditions.^{vi} Many of the same factors that contribute to homelessness in other regions also exists on reservations. On reservations, 43% of the homeless population had spent a month or more in county jail vs.

38% for rest of the state. A higher percentage of homeless youth had also spent a week or more in juvenile detention (29% vs. 20%).

Homeless youth

Homeless youth frequently report traumatic childhood events and could likely benefit from mental health services. Complex challenges like physical or sexual abuse, neglect, and out of home placements are common. 58% of Minnesota unaccompanied youth experiencing homelessness have lived in a foster home, group home, or treatment facility at some point. Additionally, 52% have been diagnosed with serious mental illness.^{vii}

What does homelessness look like in Region 7E?

According to a study conducted by Wilder Research, the homeless population in Central Minnesota, which includes Region 7E, is growing; the homeless population grew 20% from 482 in 2009 to 605 in 2012.^{viii} The majority of homeless individuals in Central Minnesota report having a mental illness. In 2012, about 56% of homeless individuals in Central Minnesota reported that they had been diagnosed with a mental illness, compared to 48% of homeless in the entire state. Many of these individuals are living in a shelter, although doubling up or couch surfing is a common strategy for people experiencing a housing crisis. According to key informants, this is especially true of transition age youth, who may not be considered homeless even though they are not stably housed.

What services exist for homeless individuals in the region?

Two shelters in Region 7E provide housing, case management, skills training, and other resources for individuals who are homeless or experiencing a housing crisis. One shelter located in Cambridge, MN serves families and children through a day center model with evening accommodations provided by local churches. The other is a transitional shelter located in Pine City, MN and serves single adults. Although these shelters provide much needed services and opportunities to those experiencing homelessness, they do not directly provide mental health services to clients who need it.

Adult Rehabilitative Mental Health Services (ARMHS) is available through several providers for those living in Region 7E. ARMHS workers have been identified as being helpful in assisting homeless individuals connect to the mental health services and resources. In particular, interviewees noted that ARMHS works well for the shelter environment since the worker can meet with the individual on-site or at another preferred location. However, homeless individuals might have to wait months before they can access services through ARMHS.

The Region 7E Adult Mental Health Initiative currently taking steps to develop supportive housing for people with mental illness facing potential homelessness. The apartment-style building would be an affordable and safe place to support mental health stability. The building would also provide a secure place to provide on-site supports like case management and ARMHS. Advocates and researchers have championed this model as cost-saving and beneficial to maintaining health and recovery for homeless persons with mental illness.^{ixx}

What are the gaps in services?

Interviews with shelter staff revealed several challenges exist for those that need treatment for a mental illness in Region 7E. A common feature of rural homelessness is a lack of access to services,^{xi} which holds true for Region 7E. Most of the mental health service providers in the region are located in the larger cities or towns, presenting a challenge for homeless individuals living in more rural areas. Transportation within the region is also limited. Few buses run outside of the cities to the more rural areas. Many people do not get to the facilities that could help them simply because they have no viable transportation options to get them there. In addition to the other barriers such as criminal history, limited transportation also impacts the ability of people to search for housing or employment which are important supports for maintaining a mental health treatment plan and returning to the community.

Staff interviews highlighted that individuals and families experiencing homelessness are often highly transient. Frequent moves can cause disruptions in medication management and attendance at regular appointments. It is difficult for staff at shelters to stay in contact and follow-up with individuals and families. As people move across county lines, one shelter interviewee said disconnects in communication and information occur which can give people experiencing homelessness a sense of “starting over” each time they reach out for assistance.

Recommendations

Disseminate information about mental health resources to shelters and complementary service providers that serve individuals and families experiencing homelessness.

Shelters are a community resource and offer valuable services to those experiencing homelessness. It is mutually beneficial to share information about resources available across organizations serving individuals with mental health needs and who are at risk of homelessness. Shelter staff expressed a need for a reference guide listing the mental health services available in the region so they are more prepared to refer clients to services when a need is identified. As part of their larger efforts, the Region 7E AMHI needs to ensure that efforts to increase knowledge of local resources includes shelter information and is communicated to shelter staff.

Provide outreach to shelters through staff education and training opportunities, as well as for those individuals and families served by shelters.

Shelter staff shared that while some people are savvy about researching and accessing services, others require more assistance and can become frustrated when they face barriers to navigating processes like referrals and insurance. Stronger linkages and partnerships between shelters, county Human Services, and Public Health departments could improve access to additional mental and physical health supports for individuals and families. Ongoing partnerships could include trainings for shelter staff about mental and behavioral health issues. In addition, bringing information about public programs to individuals and families receiving shelter services and offering assistance with eligibility and applications is a strategy to overcome access barriers like transportation. This type of outreach could also help familiarize staff and individuals with programs that are available across the state should they move in the future.

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- ⁱ <http://www.usatoday.com/story/news/nation/2014/08/27/mental-health-homeless-series/14255283/>
- ⁱⁱ <http://treatmentadvocacycenter.org/problem/consequences-of-non-treatment/2058>
- ⁱⁱⁱ <http://www.calpsych.org/publications/access/homelessness.html>
- ^{iv} [http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness in Minnesota 2012 Study/Survey Shows - Seven Key Facts About Homeless Minnesotans With a History of Incarceration.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness%20in%20Minnesota%202012%20Study/Survey%20Shows%20-%20Seven%20Key%20Facts%20About%20Homeless%20Minnesotans%20With%20a%20History%20of%20Incarceration.pdf)
- ^v Ibid.
- ^{vi} [http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness in Minnesota 2012 Study/Homelessness and Near-Homelessness on Minnesota Indian Reservations.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness%20in%20Minnesota%202012%20Study/Homelessness%20and%20Near-Homelessness%20on%20Minnesota%20Indian%20Reservations.pdf)
- ^{vii} <https://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness%20in%20Minnesota%202012%20Study/Homelessness%20in%20Minnesota%20-%20Findings%20from%20the%202012%20Statewide%20Homeless%20Study.pdf>
- ^{viii} <http://www.wilder.org/Wilder-Research/Publications/HomelessStudyTables2012/CentralMN-2012-Homeless-Counts-3-13.pdf>
- ^{ix} http://repository.upenn.edu/cgi/viewcontent.cgi?article=1067&context=spp_papers
- ^x http://shnny.org/uploads/Supportive_Housing_and_Acute_Care_Services_Use.pdf
- ^{xi} <http://www.endhomelessness.org/library/entry/geography-of-homelessness>