



CATHOLIC COMMUNITY SERVICES  
CATHOLIC HOUSING SERVICES  
SERVING PEOPLE OF ALL BELIEFS



## HOUSING & HOPE

A monthly email series on housing & homelessness.

### Mental Health and Housing Stability

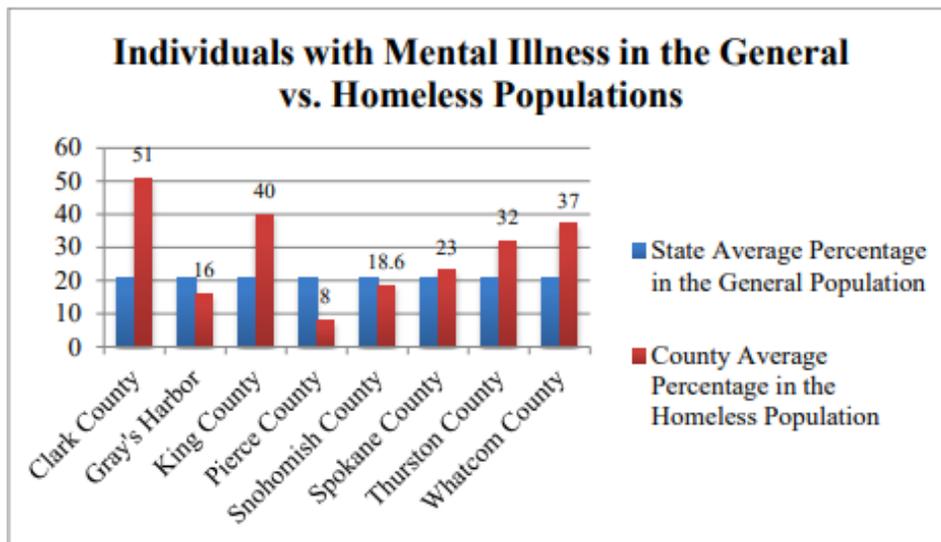
Through the Housing & Hope Email Series, we aim to share Catholic Community Services' philosophy for housing and supportive care with our readers, particularly highlighting the systemic barriers to housing that our clients face. May is Mental Health Awareness Month (as well as Asian American and Pacific Islander Heritage Month), an appropriate time to focus on the deep-rooted relationship between mental health and housing stability. To that end, this month's story highlights the work of our CReW (Counseling, Recovery and Wellness) Behavioral Health Programs, which, often in partnership with other CCS/CHS programs, provides mental health care, counseling and supportive resources to adults in King County.

#### Homelessness and Mental Health:

The relationship between mental health and homelessness is complex. Research suggests that mental illness can be considered both a cause and outcome of experiencing homelessness, though one study found that "mental illness had preceded [sic] homelessness in about two-thirds of cases [studied]." Cognitive and behavioral problems often increase the difficulty of maintaining housing, leading to homelessness. On the other hand, experiencing homelessness can exacerbate existing or underlying mental disorders, or may even trigger new disorders (such as high levels of psychiatric distress). Whether mental illness is a cause or result of homelessness, the American Psychological Association notes that "People with mental disorders experience even greater barriers to accessible housing than their counterparts: income deficits, stigma, and need for community wraparound services." Mental illness can also limit an individual's ability to perform daily tasks (such as taking daily medications) and maintain stable relationships and support systems. Individuals experiencing both homelessness and mental illness can also face [increased barriers](#) to employment and psychiatric care. Living unhoused or in shelters can complicate gaining and maintaining employment, due to lack of hygiene supplies and fresh clothes for interviews and work, strict hours of operation in shelters making working untraditional hours difficult, and lack of storage for personal belongings while at work. Leaving mental disorders untreated also represents a major obstacle for many people experiencing homelessness. Accordingly, access to psychiatric care poses another challenge for

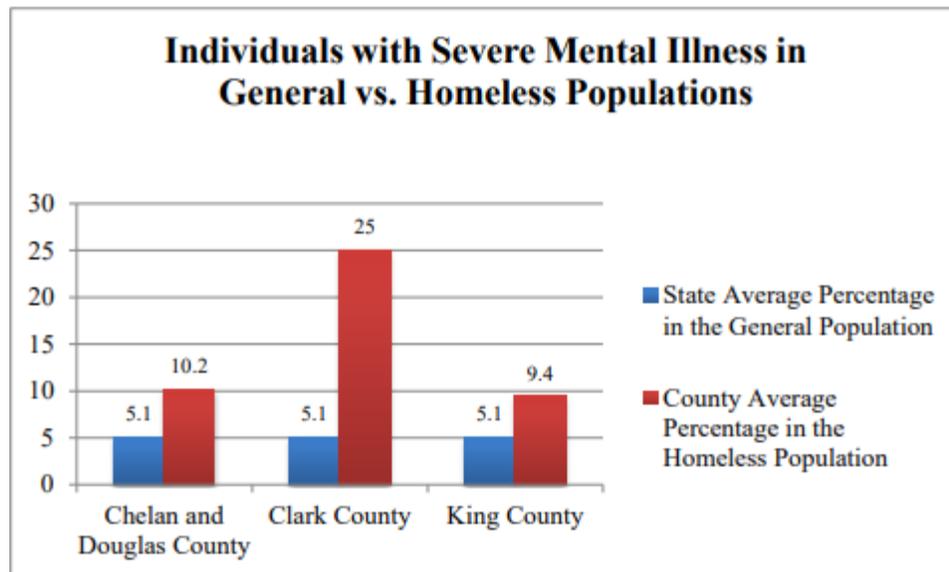
the homeless population due to lost or stolen medications, as well as lack of transportation or technology to attend appointments.

Further, evidence suggests that rates of contact with the criminal justice system are higher for individuals experiencing both homelessness and mental health issues than for housed individuals with the same illnesses. Individuals with a criminal record, in turn, face increased systemic barriers to housing (for more on the relationship between the criminal justice system and homelessness, see HES email #8). Studies have also found that rates of violent victimization are highest among the homeless mentally ill, “with a reported lifetime incidence of 74% to 87% of violence being perpetrated against them,” according to a 2014 study. **Recently released prisoners with mental health disorders are also 40 times more likely to be homeless than those without mental disorders**, according to a [study](#) published by the University of Pennsylvania. In sum, mental health, criminal justice, and homelessness represent an important intersection for community health that requires further attention.



The population of mentally ill individuals experiencing homelessness has steadily increased since the 1970s. The U.S. Department of Housing and Urban Development (HUD) reported in 2015 that 45% of the homeless population had a mental disorder, compared with 4.2% of adults in the general population. Other reports indicate that this number may be as high as 75% for women experiencing homelessness. At least 35% of Washington’s homeless population has a mental disorder (compared to the state average of 20.8%), and 13% suffer severe mental health issues.

Despite the growing numbers of mentally ill experiencing homelessness, policy solutions are still lacking. The National Coalition for the Homeless reports a national need for increased funding for mental health providers and outreach workers, as well as increased permanent supportive housing programs that combine supportive services and affordable housing and encourage clients to maintain housing long-term.



Source: *Discrimination at the Margins: The Intersectionality of Homelessness & Other Marginalized Groups* (2015)

#### **CRew:**

Recognizing this need, CCS/CHS staff established the CRew program nearly eight years ago. Staff working across CCS/CHS permanent supportive housing programs realized that clients were receiving housing, but maintaining that housing was a challenge due to severe and chronic mental health challenges, substance use disorders, and underdeveloped social skills. Further, “homeless people are not as isolated as we think,” reveals Lisa Bowie, CRew Clinical Program Manager. “Living alone in a new apartment can be really hard, especially due to the lack of natural support.” The CRew program was therefore developed to address these challenges to housing stability by serving highly vulnerable, marginalized community members and helping them navigate mental health issues, build life skills, connect with natural support systems, and maintain stable housing.

CRew is a state licensed outpatient mental health and substance use treatment provider within King County. The program assists adults with mental health, substance use, or co-occurring challenges to improve their quality of life and to achieve increasing levels of stability in recovery. Understanding that there is no one-size-fits-all type of treatment, CRew services are tailored based on the individual’s unique strengths and barriers. This individualized care is made possible by the range of staff and services associated with the CRew program. The CRew team is multidisciplinary, including psychiatrists, nurse practitioners, psychiatric care coordinators, a peer specialist team, mental health practitioners and clinicians who are all part of each and every client’s care team. Services include medication management, therapeutic counseling, care coordination, and peer support. Providing integrated treatment is critical to holistic care, and support is offered in multiple life domains, such as symptom management, social skills training, and relapse prevention. CRew staff also partners with client’s other providers (in housing, employment, and/or healthcare) in order to provide support as a team.

“Our intention is to make sure that we are really able to meet the psychosocial needs of our clients,” Lisa says.

The collaborative nature of the CReW program also includes partnerships with CCS/CHS housing programs, including the Josephinum, Noel House, the Wintonia, Patrick Place, and the New Bethlehem programs. CReW assists clients and residents at the various CCS/CHS programs with physical and behavioral health as well as implementing healthy practices. A newly formed partnership with St. Martin de Porres Shelter also consists of an on-site resident physician and shelter case manager who assist with outreach and enrollment in mental health services for St. Martin’s residents.

CReW Outreach Services, a discreet behavioral health program grant-funded by the Health Care for the Homeless Network, was implemented three years ago due to an observed and increasing need to “meet people where they are at.” Because the people CReW serves may be living on the streets or in shelters, may be in housing throughout King County, or may be frequent visitors of the local jails or hospitals, they may also have difficulty accessing the resources to navigate public transportation or keeping consistent appointments at an office-based setting. To reduce barriers to care, CReW staff aim as much as possible to bring services to the shelters, homeless encampments, and day centers where people live or visit. The CReW Outreach also team sends clinicians and outreach staff to South and East King County, as well as to downtown Seattle, where the staff are able to connect individuals seeking support to nearby CCS/CHS programs.

The Foundational Community Supports (FCS), another program within the CReW behavioral health department, part of the Washington State Medicaid Transformation Project, includes Supportive Housing and Supportive Employment Services. This Medicaid behavioral health project offers hands-on assistance with housing or employment search, placement, and ongoing stability to individuals who are experiencing a number of complex health and compounding risk factors. The goals are to connect people to the resources they need—like health care, income, social supports—in order to get and keep housing and employment. Foundational Community Supports services are embedded in a wide variety of our programs within the agency. Case Managers within the Rapid Rehousing program, Housing and Essential Needs, Regional Access Points, CCS/CHS Permanent Supportive Housing buildings or one of the CCS/CHS shelters screen the majority of clients in their services for FCS eligibility in order to provide this service for interested individuals. The services provided under the Foundational Community Supports program both can complement the case management needs of individuals seeking housing and employment as well as facilitate a linkage for those individuals to access mental health or substance use treatment. Care is closely coordinated across programs among case management and clinical staff.

The wide variety of partnerships are crucial in order for CReW to address the systemic barriers to housing for their clients, barriers which include decreased access to transportation, education, employment, and technology. Lisa shares this insight: “When you think about

counseling, we have this idea it's going to be traditional in an office setting, where a person sits down to 60 minute session. It can be that way, but it's more than that. It is about meeting someone where they're at, physically and mentally. Maybe the work gets done on the bus to doctor's appointment, or sitting outside getting fresh air with a client who is afraid to go outside."

According to Lisa, the beauty of the CReW team is their ability to be creative in their approach so that support feels real, not contrived. "To me, that's half the battle because it allows for compassion to arise in a natural setting," she says. "And for folks who are not amenable to the traditional counseling setting, our approach allows them to receive the care that is valuable for them to heal." In fact, Lisa notes that when psychiatric appointments moved from in-person meetings to telehealth and phone communications during the COVID-19 pandemic, the CReW team saw increased outcomes with 80-90% of clients showing up for telehealth appointments (versus an average 50% in-person show rate).

The relationship between mental health and housing stability is complicated and wrought with systemic barriers to support and success. Increased availability of permanent supportive housing programs, increased outreach to those not yet connected to supportive services, and increased attention to the complexity of the intersection between mental health and housing is crucial to continue providing wraparound, holistic services to our most vulnerable Washington neighbors.

To support those struggling with mental health and housing instability, CCS/CHS advocates for increased affordable housing units across Western Washington, coupled with supportive programs and services that are targeted to the intersection of each individual's lived experiences, personal challenges, and systemic barriers to maintaining stable housing. Outreach to vulnerable communities, such as those in prisons, reentry programs, or shelters, is also crucial for proactive and effective solutions. Services which focus on minimizing barriers to employment and psychiatric care are important for reducing the disparate impact of experiencing homelessness and mental health disorders.

#### Ways to get involved:

- To learn more about the CReW program, please visit our CReW [webpage](#).
- To donate to support CReW services, please visit our CReW [donate page](#).
- To learn more about the relationship between housing stability and mental health, please email Leah at [LeahD@cccsww.org](mailto:LeahD@cccsww.org).

