



Schizophrenia<sup>®</sup>  
& Psychosis  
Action Alliance

# We Need Housing! Now What?

## Assessing Housing in Your State

Research. Compare. Know your options.  
State housing systems vary widely.  
Understand local programs, eligibility  
rules, and available supports so you can  
identify the housing options that best fit  
your loved one's needs.



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# Finding Housing in Any State is Difficult

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Securing appropriate housing is a cornerstone of stability and recovery for individuals living with schizophrenia and related psychotic disorders. To build a safe and supportive living environment, it is essential to consider a variety of housing options and evaluate the balance of support and autonomy your loved one needs to promote quality of life and treatment outcomes. Understanding the options empowers individuals and their families to make informed decisions that align with their unique circumstances, recovery stage, and life goals.

Yet, in the US today, housing for people who need extra support is both hard to find and often inadequately maintained, making accessing housing that is best attuned to your loved one's recovery stage and needs a challenge. The persistent problems of underfunding, shortage of units, misaligned services, complex application processes, aging housing infrastructure, and ongoing discrimination limit access and undermine the stability and well-being of residents with serious mental illness, including schizophrenia (Megibow & Scally, 2022). Evaluating which type of housing would be the best fit starts with asking the right questions:

- What are the professionals and services that can help us?
- Do I need long-term or short-term care? And what type of support?

“[Over the years], a consensus based on humanitarian values and research ... [has grown] that housing is a keystone service for persons with serious mental illness, one that has direct and indirect effects on physical and mental health”

— Leff et al. (2009).



# Who can help you find housing?

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## Professionals and services to help you

Engaging professionals such as social workers, case managers, and housing advocates can help streamline the process of finding housing options and financial support depending on the needs of your loved one's situation. Here are descriptions of their roles and guidance on how to connect with them:



**Social Workers** are licensed professionals who provide counseling, connect clients to community resources, and assist in navigating social services. Social workers might be able to advocate on your behalf to ensure you receive appropriate services and support. Here's where to find them:

- **National Association of Social Workers (NASW):** The NASW offers a "Help Starts Here" directory, allowing you to search for licensed social workers by location and specialty.
- **State Social Service Agencies:** Each state has its own social service department that can connect your loved one with mental health professionals, including social workers. Access contact information through [USA.gov](https://www.usa.gov).
- **Healthgrades Online Directory:** This platform is one of many online directories that allows you to search for social workers in your vicinity by entering your city or zip code.



**Case Managers** coordinate comprehensive care plans, including medical, psychiatric, and social services. Sometimes these case managers or other professionals might be able to link you to community resources, such as housing assistance, financial support, and other guidance. Platforms like [findhelp.org](https://findhelp.org) allow you to search for case management programs by entering your city or zip code.



**Healthcare Providers:** Consult with any healthcare providers your loved one currently regularly sees as part of their treatment team; they may be able to recommend and refer you to case managers within their networks.



**Housing Advocates** are specialists who assist individuals in securing stable and affordable housing, often working within non-profits or government agencies. Housing advocates might help identify suitable housing options and assist in the application process. Contact a local mental health organization to find housing advocates near you.

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## Websites and organizations you can use

**Leverage Artificial Intelligence (AI)** For example, visit **Perplexity’s search platform**, and type in a prompt such as “*housing advocates in [insert your city and state]*” or ask “*Where can I find housing advocacy groups near me?*”

Perplexity\* will typically return a list of local organizations, such as tenant unions, legal aid societies, or community action agencies, often with links to their websites or contact information.



**Just Google it!** Search for mental health organizations near you:

- Find your local **National Alliance on Mental Illness (NAMI)** affiliate
- Reach out to your **regional Substance Abuse and Mental Health Services Administration (SAMHSA)** office
- Locate your local **Mental Health America (MHA)** affiliate

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\*Disclaimer: Information provided by Perplexity may be for general informational purposes only and may not be accurate, complete, or up to date. The information should not be considered as professional advice and always be sure to verify any important details independently.



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## Public services and how to find them

Getting started with your housing search can feel overwhelming, especially if your loved one is living with schizophrenia or a psychosis-related disorder. The good news is that there are public resources available to help you find housing options in your community or state. The websites for the local housing authorities are mostly straightforward and offer guidance on public housing, housing vouchers, and different housing units.

Most state websites offer databases of shelters, transitional housing, and supportive living programs. Use filters or search terms like “mental health housing,” “supported living,” or “disability services” to find programs that specifically address or accommodate psychosis-related disorders.

Getting into housing may take some time and could be challenging—you might confront waitlists, or a shortage of properties accepting applications, but a methodical approach will lead to the best outcome.

## Your state’s department or division of mental health

Every state has a department or division of mental health that provides resources tailored to individuals living with severe mental illnesses. In many states, this agency will have information about housing programs, supportive housing subsidies, and referral networks specifically designed for people who require additional mental health services.

If your loved one is experiencing symptoms of schizophrenia or psychosis, it’s often best to start your housing search here, since these departments or divisions might have specific programs that help reduce barriers to stable housing (such as difficulty managing finances or communicating complex needs).

### Identify Your State’s Mental Health Authority

**Search the Web:** Use search terms like “*Department of Mental Health [Your State]*,” “*Behavioral Health Services [Your State]*,” “*Mental Health Authority [Your State]*.” Enter [Your County] to help narrow down the search.

#### Questions to Ask:

- What housing assistance programs are available for individuals with mental health challenges like schizophrenia or psychosis-related disorders?
- Who can I contact for more information about mental health services and housing support?
- What are the eligibility criteria and application processes for these housing programs?





### U.S. Department of Housing and Urban Development (HUD)'s Housing Locator



HUD's online resource center is a comprehensive tool that can help you find affordable rental properties in your area. Consider looking for properties that are close to mental health services, public transportation, and supportive community resources—factors that may significantly improve daily routines and reduce stress.

HUD's locator allows you to filter by location, price range, and other amenities, making it easier to narrow down housing options that meet your loved one's specific needs.

Additionally, HUD has guidance on fair housing rights and protections for individuals with disabilities—an important piece of information if your loved one requires reasonable accommodations or worries about discrimination in the housing application process.

There are multiple search options that narrow down the type of housing you need: affordable housing, special needs/elderly housing, or homeless services.

- Refer to the HUD resource's FAQ section for more information.
- Use this [step-by-step tutorial](#) to navigate the HUD resource locator.



### Your Local Public Housing Agency (PHA)

PHAs are local entities that manage public housing properties/programs and administer federal funds from the HUD such as the Housing Choice Voucher (Section 8). PHA's are responsible for implementing and administering federal housing programs within their local jurisdictions, **following guidelines set by HUD**.

These programs can be vital for individuals with limited income or who need long-term housing stability. If your loved one is dealing with symptoms of schizophrenia or a psychosis-related disorder, having consistent housing can help focus on treatment, wellness strategies, and daily routines without the added stress of unstable or temporary living conditions.

#### When using the PHA website:

1. Click on your state to see all the PHAs in the state.
2. Each housing authority lists a phone number, fax number, and email address.

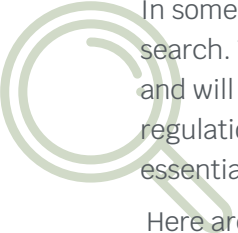
Call or visit your local PHA's website to understand eligibility requirements, waiting list procedures, and any preferences that may apply to people with disabilities or those experiencing homelessness. Sometimes PHA's partner with local mental health agencies—making this another place to ask about supportive or specialized housing programs. Getting into housing may take some time and could be challenging - there are options to get on waitlists, and only a few properties may be listed at a given time as currently accepting applications.

Another valuable resource for finding affordable housing—including Section 8 Housing Choice Vouchers, Public Housing, and apartment waiting lists—is [AffordableHousingOnline.com](https://www.AffordableHousingOnline.com). The site also offers practical guidance on securing housing quickly and navigating low-income housing options. These insights are especially helpful as stability and timely access to housing can make a critical difference for loved ones.



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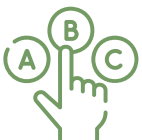
## If housing doesn't exist near you – exploring other options



In some areas, specialized or supportive housing can be in short supply requiring that you expand your search. This process might involve looking into other regions within your state or neighboring states and will require that you research neighboring states' laws and resources: each state will have its own regulations regarding housing and support services for individuals with complicated histories. Build an essential checklist for moving out of a state while living with a disability using the **Ability Toolbox** tool.

Here are some tips for an expanded search:

- **Consider Benefits Impacted:** If you rely on **Medicaid** or **Supplemental Security Income (SSI)**, find out how crossing state lines might impact your benefits. Some states have reciprocal agreements or easy transfer procedures, while others may require additional steps. Understanding the potential delays or paperwork involved can help you plan a smooth transition.
- **Explore HUD and Nonprofit Databases:** The U.S. Department of Housing and Urban Development (HUD) provides national-level resources, including lists of low-income or subsidized housing. Some organizations maintain updated directories of regional resources, making the process easier to compare facilities across state lines.
- **Research State-Specific Rules and Requirements:** Residency requirements can vary by program. Some housing options might open waitlists only to state residents, while others allow out-of-state applicants on a case-by-case basis. Speaking directly with program coordinators or intake specialists can clarify whether relocation is feasible—and if so, what steps to take.
- **Research Neighboring States' Laws and Resources:** Each state will have its own regulations regarding housing and support services for individuals with complicated histories. Investigate the specific resources available in states bordering yours.
- **Contact Neighboring States' Social Service Agencies:** Reach out to the Departments of Human Services or similar agencies in neighboring states to inquire about housing programs for individuals with a specific background and medical history.
- **Maintain Continuity of Care:** Relocating to another state or region might mean changes in your loved one's care team. Talk with your current mental health providers about referrals, medication management plans, and ongoing therapy options in a potential new area. Establishing these connections in advance can ease the transition and help you continue your recovery process without interruption.



# Understanding Housing Options

Each housing model has a distinct role in supporting people with schizophrenia or related psychotic disorders at various levels of recovery. Some individuals may transition through multiple types of housing over the course of their recovery—for example, your loved one might start in a long-term hospital, and then move to a group home, and then to supported housing as they gain skills. The best option is the least-restrictive setting that can meet current ongoing needs.

## Housing types & features

The chart below highlights different housing options for your loved one, outlining key features such as staffing, structure, services, duration, and financial considerations:

	Key Features	Long Term Options					Short Term Options	
		Long-Term Care Facility	Supervised Group Home	Supported Housing	Apartment	Section 8/ Housing Vouchers	Transitional Housing	Immediate/ Short-Term Housing
Staff	24/7 medical supervision and care	✓						
	On-site nursing staff and doctors	✓						
	Staffed for medication monitoring, daily support, programs	✓	✓	✓			✓	
Structure	Structured daily routine and therapies	✓	✓				✓	
	Structured supports but offers some independence		✓	✓			✓	
	Typically, no or very limited on-site supportive services				✓	✓		✓
	Relatively full independence				✓	✓		
Services	May offer skills training (budgeting, job readiness, living skills)		✓				✓	
	On-site psychoeducation or therapy	✓	✓				✓	
Duration	Temporary (few weeks to months) with variable structured support						✓	✓
	Can bridge from homelessness or crisis to long-term housing						✓	✓
Finances	Often run by nonprofits or community agencies		✓				✓	✓
	Typically low/no cost, funded by charities or government programs					✓		✓
	Financial assistance such as rental subsidies, SSI/SSDI, or grants		✓			✓	✓	
	Accepts vouchers					✓		
	Often more expensive; might allow private pay, Medicaid, or insurance	✓	✓					

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## Long-term versus short-term care

The following chart illustrates the most important differences between short-term and long-term housing. Both offer advantages to consider when evaluating potential housing options based on current and ongoing needs.

CONSIDERATIONS	SHORT-TERM HOUSING	LONG-TERM HOUSING
<b>Timespan</b>	Weeks to several months; typically under 6–12 months	Often many years or permanent
<b>Financials</b>	May be covered by federal programs, charities, or grants, but can be expensive if self-pay; limited financial stability for residents	Relies on combination of private pay, insurance, and subsidies (e.g., Section 8, SSI); may be more sustainable for residents
<b>Advantages</b>	Immediate shelter and potential stabilization, intensive support, some access to crisis services	Greater housing stability, improved mental health and engagement, longer available support, reduced homelessness and incarceration
<b>Disadvantages</b>	Temporary; risk of returning to homelessness or instability after exit; limited autonomy	Waitlists and limited availability; requires ongoing funding; may not address acute crises
<b>Stability/Volatility</b>	Frequent moves, risk of cycling through homelessness or institutions after discharge	May be more stable, continuous housing; less disruption and stress

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## Understanding Scoring and Evaluating



Evaluating the reliability of housing facilities for individuals living with schizophrenia and psychosis-related disorders is a critical step in ensuring safety, well-being, and recovery. Evaluating factors influencing credibility might include accreditation from reputable organizations, how the facility is rated or reviewed online, as well as how qualified the staff is to meet your loved one's specific needs.

Accreditation signifies that a housing or treatment facility has voluntarily undergone an evaluation process to meet various established standards of quality and safety. Here's an in-depth look at these accrediting agencies:

### The Joint Commission



Founded in 1951, **The Joint Commission** is a non-governmental, not-for-profit organization that accredits and certifies healthcare organizations and programs across the United States. Its Behavioral Health Care and Human Services Accreditation Program, established in 1969, focuses on organizations providing mental health, addiction treatment, eating disorder care, and other behavioral health services. The Joint Commission accredits over 3,000 behavioral health organizations across the United States.

#### **Joint Commission's Accreditation Process:**

The accreditation process involves an on-site survey conducted by experienced professionals, including psychologists, social workers, and behavioral health administrators. These surveyors assess the organization's compliance with standards related to patient care, safety protocols, staff qualifications, and continuous improvement initiatives. Surveys are unannounced and occur approximately every three years, ensuring that organizations maintain compliance consistently.

To verify a facility's Joint Commission accreditation status:

- Visit **The Joint Commission's website** and use their search tool to find accredited organizations. Use their **Resources** page to learn more about what happens behind the scenes.
- Request documentation of accreditation directly from the facility.

## Commission on Accreditation of Rehabilitation Facilities (CARF)



Established in 1966, **CARF International** is an independent, nonprofit accreditor of health and human services, including behavioral health, rehabilitation, and community services. For health and human service providers in general, CARF accredits more than 68,000 programs and services at over 31,000 locations worldwide.

### **CARF's Accreditation Process:**

CARF's accreditation involves a consultative peer review process, including an on-site survey by a team of experts. The survey assesses the facility's adherence to CARF's comprehensive standards, which cover aspects such as program quality, service delivery, and organizational management. Accreditation is typically awarded for approximately one to three years, depending on the organization's compliance with the standards.

### **To verify a facility's CARF accreditation status:**

- Access **CARF's official website** to search for accredited programs and services (Select Accreditation -> Area of accreditation -> Behavioral Health -> whichever options relevant to you). Consider reviewing their **public resources page** for more details and recommendations.
- Ask the facility for proof of accreditation and details about the scope of accredited programs.

## **Potential Limitations of Accreditation**

By examining a facility's accreditation status with organizations like The Joint Commission and CARF, you can gain valuable insights into its potential commitment to quality care and continuous improvement. However, it's crucial to understand that accreditation does not always guarantee the highest standard of care—some limitations include:



**Variability in Implementation:** While accreditation sets a framework for quality, the actual implementation of these standards can vary widely among facilities. Some institutions may meet the minimum criteria during evaluations but fail to maintain these standards consistently in day-to-day operations.



**Infrequent Inspections:** Accreditation reviews are typically conducted periodically, often every few years. This schedule may not capture ongoing issues or sudden declines in care quality that occur between inspections.



**Focus on Documentation:** Some facilities may prioritize maintaining impeccable records to satisfy accrediting bodies, potentially at the expense of addressing deeper widespread systemic issues affecting patient care.

While accreditation can serve as an initial indicator of a facility's commitment to quality, it should not be the sole criterion in assessing the suitability of a housing facility. Family members should make sure to be actively involved in checking in to safeguard the well-being of their loved ones and to hold facilities accountable for the standard of care they provide.



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## Understanding scoring and evaluating

Many housing providers may have star ratings or other evaluative scores available online. While these reviews and ratings provide a helpful snapshot, they may be inconsistent: some may indicate health and safety inspections or state regulatory compliance, while others may show resident satisfaction or reputation among community peers.

Here are some platforms to search:



The Centers for Medicare & Medicaid Services (CMS) employs a Five-Star Quality Rating System for nursing homes, assessing them based on health inspections, staffing, and other quality measures related to specific types of clinical support needed. Some facilities house **working-age nursing home residents with serious mental illness** such as schizophrenia or a psychosis-related disorder.

- CMS also provides a **care compare tool**, which includes health inspection results – enter the facility’s name or location to view inspection summaries, staffing information, and quality measures
- ProPublica’s **Nursing Home Inspect database** can be helpful with compiled detailed inspection reports and violations from CMS



The National Consumer Voice for Quality Long-Term Care organization features the Long-Term Care Ombudsman (LTCOP) program that advocates for residents of nursing homes, assisted living facilities, board and care homes, and similar residential facilities with treatment components.

- LTCOPs provide information about how to find a facility, what to do to get quality care, and what ways the facilities are trained to resolve problems.
- Their guide on **Assisted Living Facility Inspection Guidelines by State** can help you understand how each state conducts inspections and where to find additional detailed reports for facilities.



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Most states publish inspection reports and facility ratings on their official health department or regulatory agency websites. To locate these reports:

- **Visit the Official Website:** Navigate to your state’s health department or the agency responsible for licensing healthcare facilities. For example:



- Florida’s **Agency for Health Care Administration’s Division of Health Quality Assurance** is responsible for the licensure and regulation of healthcare providers, including various housing options with treatment components.



- California’s **Department of Public Health’s Licensing and Certification Division** can be browsed for compliance details



- New York’s Department of Health has the **NYS Adult Care Facility Profiles** (select the facility you wish to review and click the “Inspections” tab for inspection results) accompanied by the **Resident’s Guide to NYS Department of Health Inspections** document.

- Other states may have similar language or websites to find informative reports and ratings
- **Search for Facility Inspection Reports:** Look for sections labeled “Facility Inspections,” “Health Facility Reports,” “Licensing and Certification,” or similar terms.
- **Utilize Search Tools:** Many states offer searchable databases where you can input the facility’s name, type, or location to access specific inspection reports with more details on the health and safety of the facility’s residents or patients.
- SAMHSA publishes an annual **National Directory of Mental Health Treatment Facilities (2024)** with a listing of federal, state, and local government facilities and private facilities that provide mental health treatment services, including residential care.
  - Page V in the document shares particular details about each housing facility’s service setting, types of treatment/therapies, funding/payment accepted, special programs offered, and more.
  - While this directory does not assign star ratings, the SAMHSA report offers comprehensive information about each facility, aiding individuals in making informed decisions.

Beyond formal evaluations, online reviews and narrative evaluations by residents and their families offer valuable insights into the quality of care provided by housing facilities – looking into platforms like Google or Yelp search can also be a valuable starting point.

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Here is some additional guidance in assessing facilities:

- **Dig Deeper into Reviews:** Determine whether the facility or program provides satisfactory support in areas critical to you or your loved ones —such as staff training on mental health, medication management policies, the availability of quiet spaces or sensory-friendly environments, and opportunities for socialization that respect different comfort levels. Online reviews of housing facilities often reflect individual experiences and sometimes may not comprehensively represent the facility's overall quality.
- **Look for Specialized Mental Health Services:** Check if the ratings and reviews mention on-site mental health professionals, connections to local community mental health centers, or peer support groups. High-scoring facilities might include integrated treatment services or low-stress communal spaces, which can be beneficial for symptom/recovery management in psychosis-related concerns.
- **Talk to Local Organizations Who Can Help:** Sometimes, members of local community mental health organizations like NAMI might have peers with lived experience who can share feedback on the housing option you're considering. Reaching out to the community organization's office can potentially get connected to gain valuable insights and more nuanced perspectives of the housing environment's reliability.
- In addition, if you're on a site like **Inspire** or **Facebook**, post about a particular housing option to solicit comments from the community describing their experiences and challenges in that setting.

Use these reviews and star ratings as a starting point but remember to prioritize looking deeper into personal fit and the availability of support features specific to ongoing needs.



## Staff expertise & qualifications

When evaluating the reliability of a housing facility, a detailed understanding of the staff's expertise, qualifications, and specialized training can provide further insight into the alignment with your loved one's needs. Their level of competence can be pivotal in ensuring your loved one receives appropriate care, support, and opportunities for recovery.

Housing facilities with higher levels of support may have more highly qualified team members, while those with lower levels of support may only have a few. Helpful resources to assess mental health professionals' qualifications include:

- **American Psychiatric Association** to research psychiatrists in addition to using housing search options
- **American Psychological Association** to research mental health professionals licensed to practice various types of psychology such as therapy or social work

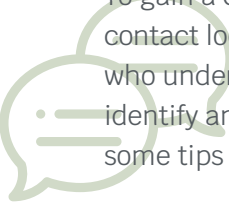
Staff members in a housing facility may include:

Role	Description & Training	How important is this role to you?
Psychiatrist (MD)	Psychiatrists are medical doctors specializing in mental health. They can diagnose psychiatric conditions, prescribe medications (including antipsychotics), and provide overall treatment planning. In a housing facility, a psychiatrist's expertise is often essential for managing complex symptoms with psychosis-related disorders, adjusting medication regimens, and coordinating care with other specialists.	
Psychiatric Nurse (RN or LPN (with psychiatric specialization)	These nurses have direct experience in mental health settings and are skilled in medication administration, LPNs monitor vitals, and recognize emerging psychiatric symptoms, and often serve as a crucial liaison between residents and psychiatrists, ensuring medication adherence and safety.	
Mental Health Counselors/Therapists (LMHC, LPC, or equivalent)	Therapists focus on counseling, psychoeducation, and support groups. They may offer Cognitive Behavioral Therapy for Psychosis (CBTp), motivational interviewing, or trauma-informed therapies.	
Social Workers (MSW, LCSW)	Social workers address social determinants of health—like income stability, benefits enrollment, and community resource linkage. They coordinate psychosocial support, help develop individualized service plans and ensure continuity of care.	
Peer Support Specialists	Individuals who have lived experience with mental health challenges and are trained to offer emotional and social support to others in recovery. Peer specialists can help normalize experiences and help model recovery, especially for psychosis-related disorders. Credentialing standards for peer specialists can vary significantly from state to state.	
Residential Support Staff (Home Aides, Behavioral Health Technicians, etc.)	These are the day-to-day staff who assist residents with activities of daily living, housekeeping, meal preparation, and community integration. They may also help with social and recreational programming.	



Understanding who these professionals are and what they do is essential for understanding the scope and quality of care provided in the housing option. Each professional—from psychiatrists to residential support staff—plays a unique part in potentially fostering a safe, structured, and compassionate living space.

### Tips for Talking to Professionals



To gain a clearer picture of how the various programs align with you or your loved one's housing goals, contact local professionals such as case managers, social workers, or housing advocates (see pages 3–4), who understand both housing and mental health resources. Be sure to use Part One of this toolkit to identify and prioritize your concerns before reaching out to professionals who may be able to help. Here are some tips for those conversations:

Clearly state your main concern upfront:

- Ex. *“My loved one is experiencing challenges maintaining stable housing due to their schizophrenia, and we’re looking for [type of housing] options.”* – see earlier pages 9–10 for types of housing to consider

Provide enough detail to ensure the specialist can accurately guide you:

- Ex. *“My loved one’s condition sometimes makes it difficult for [Name] to handle daily tasks, such as remembering appointments or taking medication. We could use additional support with these areas.”*

Mention if you have limited income, are unable to work consistently, or receive government assistance:

- Ex. *“My loved one receives (program name) due to living with schizophrenia, which means having limited monthly funds. We’re looking for affordable housing options that could work with our financial situation.”*

If you require particular accommodation, explicitly mention these to help specialists find suitable options.

- Ex. *“Due to living with psychosis, it’s important for my loved one to have stable and predictable routines. We’re looking for housing that offers structured support, regular check-ins, or onsite mental health resources (or any other current needs).”*



# Overview of Supportive Housing

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When supporting a loved one, understanding the range of available housing options is an important step forward. Supportive housing provides structured, secure environments tailored to meet varying levels of need. This section outlines both long-term and short-term housing solutions—from supervised group homes and apartment-based programs to transitional and crisis housing—helping families navigate choices that best align with their loved one’s care needs and level of independence.

## Long term facilities

Long-term care includes a wide variety of facilities that cater to individuals with complex or persistent needs that require ongoing, intensive support: assisted living, skilled nursing facilities, human development centers, and residential care facilities. A key factor in determining which facility is the best for your loved one will depend on how controlled the setting in the facility is. This is often referred to as the “restrictive setting,” creating limits on the freedoms of its residents. Understanding how your state defines “restrictive setting” is important to understand how to best cater to loved one’s individual needs and preferences; sometimes housing features like locked doors, constant staff support, and administered structured schedules would be helpful for their treatment and recovery journey.

Long-term care facilities are designed for people who need intensive supervision and medical care that general community settings cannot easily provide.

- 24-hour supervision and structured daily routines, which can include individual therapy sessions, group therapy, and skill-building activities.
- Consistent staff presence can help ensure medication is taken correctly and assist with regular daily tasks such as laundry, meal preparation, and healthcare appointments.
- Benefits are primarily safety and stability: residents have continuous access to mental health professionals, nursing care, and structured daily routines.
- For some individuals with very severe symptoms or those who pose a danger to themselves or others, long-term facilities offer a level of care that family members at home cannot manage.



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## Typical Staff in Long-Term Care Facility

Depending on the overall symptoms, personal needs, and clinical situation, consider which professional staff would be most helpful to have in a housing environment. Different types of access to various professional staff may help your loved one be supported while managing living with schizophrenia or psychosis-related disorder.

Think about which of these staff would be the most relevant for your loved one in a residential treatment facility:

Staff Role	What to Look For
<b>Psychiatrist (MD)</b>	How often is the psychiatrist on-site or available (e.g., weekly rounds, telehealth consultations)? Is there a clear protocol for urgent medication adjustments or side-effect concerns?
<b>Psychiatric Nurse (RN or LPN with psychiatric specialization)</b>	Does the nurse have specific training or prior experience in psychiatric wards or mental health clinics? Are they knowledgeable in crisis prevention, first aid, and basic psychosocial interventions for psychosis-related disorders?
<b>Mental Health Counselors/ Therapists (LMHC, LPC, or equivalent)</b>	Training and certifications specifically related to psychosis (e.g., workshops or certificates in CBT for psychosis, training in early intervention for psychosis). Look for evidence-based approaches tailored to schizophrenia and other psychotic disorders.
<b>Social Workers (MSW, LCSW)</b>	Whether the social worker is licensed (LCSW) and has experience in case management for individuals with severe mental illness (SMI), including schizophrenia and psychosis-related disorders. Skills in family therapy or group facilitation can be helpful.
<b>Peer Support Specialists</b>	Look for recognized credentials like a Certified Peer Specialist (CPS) or Peer Recovery Coach certification and consider asking about how they are supported by the clinical staff).
<b>Residential Support Staff (Home Aides, Behavioral Health Technicians, etc.)</b>	Whether staff have completed specialized training in mental health first aid, crisis de-escalation, and understanding psychosis-related disorders. They should also be trained to observe and report subtle symptom changes promptly.



The inherent nature of long-term care facilities comes with notable downsides.

- Residents may have limited freedom as daily schedules, meals, and activities are typically entirely organized and determined by staff, potentially reducing a person's sense of autonomy and self-efficacy.
- Living long-term in these settings may sometimes lead individuals to gradually lose practical living skills and become overly reliant on staff for basic living tasks.
- Socially, these settings can be isolating as they often might segregate people with mental illness from the community, which might worsen feelings of disconnect or stigma.

Quality of care is another concern. Some facilities (especially underfunded ones) may have problems like overcrowding, inadequate staffing, or even the misuse of medications – for example, overuse of sedating drugs as “chemical restraints.” Another challenge is that long-term beds are in short supply. This means many people who might benefit from extended care cannot get in, and those who do may face distance barriers (e.g. having to choose a facility far from their family).

While this environment can be more restrictive and may not be suitable for everyone, this housing arrangement can be necessary for those who have frequent crises, need a high level of medical or psychiatric care, or who cannot safely live in more independent settings. Stability, safety, and predictable routines are the hallmark potential benefits to consider for long-term care facilities.



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## Supervised group homes

Supervised group homes provide a structured environment where several individuals live together under the supervision of nearby or visiting professional staff.

- Daily or weekly schedules might include meal planning, housekeeping responsibilities, and social or therapeutic activities.
- Group homes may offer a structured environment with fewer residents due to their typically smaller size, whereas long-term care facilities are larger and may feel more institutionalized.
- Residents in group homes may experience greater independence than long-term care facilities due to the home's smaller scale and personalized approach.

Additionally, staff tend to be trained to recognize early warning signs of relapse or distress, ensuring timely intervention and ongoing support. This housing option can be a stable living solution when entirely independent or semi-independent living is not feasible due to the severity of symptoms for living with schizophrenia or psychosis-related disorder.

- Residents in well-run group homes can achieve improvements in social functioning and fewer relapses with outcomes comparable to those of more independent housing, given proper support (Dehn et al., 2022).
- Some studies even found that people with schizophrenia living in group homes reported potentially having lower depression and higher life satisfaction than those living with family (Lee et al., 2019).
- The built-in community of peers and staff encourages social interaction and structured routines that can be helpful for diagnosed individuals.







Supervised group homes may also come with some downsides. The quality of group homes varies widely; low-quality or poorly supervised housing can create further complications in the recovery journey. In some cases, under-trained staff or high resident-to-staff ratios can lead to inadequate care, neglect, or safety issues. It's important to ensure any group home is licensed and well-regulated (families are advised to check staff training and talk to current residents) [see sections XXXXXX](#) on pages # of this toolkit.

Furthermore, **significant societal stigma may be attached** to mental illness and group homes, which can affect perceptions regardless of the actual quality of care.

Many group homes keep certain levels of privacy for residents, resulting in limited public information or reviews, which can create challenges in verifying any suspicions or negative assumptions. Unfortunately, stories of abuse or neglect—while not representative of all facilities—can sometimes overshadow the many group homes that provide safe, compassionate care.

Another challenge is that some group homes may have the potential to focus mainly on custodial care (meals and medication) with minimal rehabilitation services or life-skills training, which can create hurdles for a person's progress in recovery and their potential to reintegrate back into the community in the future. Living exclusively with others who are living with mental illnesses can increase the risk of social isolation from the broader community at large, resulting in reduced familiarity with typical social roles in society thus making later reintegration into the wider community potentially more challenging.

**Note:** Some cities may have zoning laws restricting the presence of group homes or supportive housing. **Contrary to some community fears**, established group homes do not negatively impact neighborhoods in terms of crime, property values, or safety. In fact, neighbors often report negligible or no negative effects after a group home is established, and many express satisfaction with the presence of such homes.





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## Supported housing

Supported housing is a flexible, community-based model that allows individuals to live in a more independent setting, such as an apartment or small home, while receiving wraparound support services.

- A case manager or support worker may visit regularly to help with tasks like budgeting, coordinating medical appointments, applying for benefits, and engaging in meaningful social or vocational activities.
- This support is designed to be person-centered and tailored to the individual's needs, ensuring they receive assistance without reducing individual autonomy.

The goal is to help residents build life skills, maintain recovery, and prevent hospitalizations by catching potential problems early through consistent check-ins and support.

- Supported housing leads to greater housing stability and higher rates of independent living for people with serious mental illness (Rog et al., 2014).
- Supported housing is beneficial in giving people the choice and control, treating them as people who can contribute to society instead of as patients (Nelson, 2010).
- Over time, individuals in supported housing have shown improvements in functioning like those in more structured settings, as long as adequate services are in place (Fossey et al, 2020).

Importantly, quality of life and satisfaction are often higher in supported housing. Residents having their “own place,” can improve self-esteem and normalize their lives. They also live among neighbors who may not have mental illness, fostering community integration rather than segregation.



While supported housing is effective, some challenges need to be understood. Supported housing settings assume a person can handle a fairly high degree of independence, which may not suit everyone. One risk is isolation – unlike group homes, there isn't built-in companionship or daily supervision. If an individual is very withdrawn (due to negative symptoms of schizophrenia like social withdrawal), they might spend long periods alone in their apartment, potentially worsening their isolation and/or psychosis-related symptoms.



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Support staff do visit or call but not being on-site regularly means that problems could go unnoticed until they become serious. For example, if someone in supported housing stops taking medication or begins neglecting self-care, there's some chance the issue won't be immediately detected, leading to potential relapse or danger to safety. Another challenge is that supported housing programs often have eligibility rules (e.g. no current substance abuse or mandatory meeting attendance). If individuals don't adhere to treatment plans, they might lose their housing. Furthermore, the availability of medical services can be limited: staff might only come by a few times a week, and if a resident needs help at odd hours, they are limited to reaching out to a local off-site crisis line or nearby clinic.

Another challenge is that federal funding for essential supportive services (mental health care, substance use counseling, case management) has not kept pace to the demand and needs of residents, leading to high caseloads for staff, reduced service quality, and difficulty retaining qualified case managers. Cuts to social service funding may also mean that residents in supported housing with complex needs may not get adequate support to maintain housing stability. Providers in supported housing may be expected to serve residents with increasingly complex needs without corresponding increases in resources or staff, leading to burnout and impaired service quality (Quinn et al., 2018).

The process of finding and applying for supported housing is **often described as a “housing labyrinth,”** with no centralized application system and confusing eligibility rules; waiting lists are not always tailored to those needing accessible or specialized units, leading to frequent mismatches between available housing and resident requirements.

Lastly, while supported housing aims for permanent solutions, some people may still cycle through hospitalizations or require periods in higher-care settings if their stability or psychosis fluctuates. In essence, the supported housing model's freedom is a double-edged sword: this option empowers recovery for many, but those who need more structure or are living with more severe symptoms might struggle without the continuous supports or oversight found in the earlier housing types.



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## Apartment housing

In many states, policymakers and community programs increasingly steer people toward apartment-style housing, often with minimal or no onsite staffing. This approach aligns with the **nationwide long-standing and evidence-based “Housing First” model** that prioritizes providing immediate, permanent housing to individuals experiencing homelessness, including those with mental health and substance use disorders, without requiring treatment-adherence, sobriety, or other factors as preconditions.

This approach can be both beneficial and challenging:



**Benefits:** Apartment settings can offer greater independence, privacy, and a sense of empowerment. For some, successfully managing their own home—whether alone or with roommates—can be a significant step toward recovery and self-determination; Use the “Your Loved One’s ADLs” Worksheet to assess your loved one’s ADLs to determine if they would thrive in an apartment setting.

- For those much further along in their recovery journey, living in a mainstream apartment setting allows for more natural community integration, as individuals can choose where they want to live and develop social connections in their neighborhood.
- Since apartments don’t involve receiving treatment services or supervised medical support, the cost will be significantly less than supportive housing and is worth considering if living in this arrangement works.



**Challenges:** The absence of onsite staff or structured support increases the risk of isolation, especially if an individual is not comfortable engaging in community-based activities or does not have a solid support network.

- Increased family burden: Families or other caregivers often shoulder the burden of coordinating treatment, monitoring mental health status, and ensuring ongoing adherence to medication regimens or therapy appointments. If the individual is isolated in an apartment, this situation might elevate the burden, making the process in recovery more difficult and time consuming.
- Difficulties getting references: Additional difficulties may include getting references from previous landlords to get a new lease. Individuals with previous justice-system involvement may struggle getting into an apartment-type setting due to background checks and other requirements.
- Less support: While this housing strategy can be cheaper for states and health systems—due to fewer staffing costs—apartment settings can lead to less support for individuals who need more frequent assistance and create additional stress and responsibility for families.

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For individuals who are further along in their recovery or who have minimal ongoing support needs, fully independent living is achievable. This typically involves securing a private apartment or home without built-in staffing or structured support. While this option provides the highest level of autonomy and privacy, independent living also requires individuals to be proactive in managing treatment, medications, and daily responsibilities; loved ones might help step in to assist occasionally or regularly in those living needs.

Furthermore, having a place to call home can result in substantial improvements to someone's overall wellbeing while living with a schizophrenia or psychosis related disorder:



“Firstly, identifying with a place as home was appreciated as transforming participants’ lives, or restoring a sense of home lost while experiencing mental health issues. The freedom and privacy of living in a place of their own greatly improved their lives from these participants’ perspectives. Secondly, specific qualities of their immediate neighborhoods, notably friendly interactions, safety in the vicinity, and accessibility of local amenities, contributed to participants feeling at home where they lived and their sense of well-being.” – Fossey et al. (2020)



Having a reliable network—whether family, friends, or mental health professionals—who can step in for emergencies or offer encouragement can be invaluable. Regular check-ins, whether through community mental health services or supportive friends, can help individuals within apartment settings maintain stability, address emerging challenges, and prevent isolation.

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## Section 8 voucher housing

Housing vouchers are essential tools designed to assist individuals with low incomes, including those living with schizophrenia and related psychosis disorders, in securing affordable and stable housing. These vouchers help bridge the gap between market rental rates and what individuals can reasonably afford, promoting community integration and independent living.

The Section 8 Program offers rental subsidies to low-income individuals and families, often including those with serious mental health conditions. Under this program, tenants typically pay about 30% of their income toward rent, and the voucher covers the remaining cost (up to approved limits). Participation in Section 8 can empower individuals to choose their own housing, which can reduce stigma by allowing them to live in integrated settings within local communities. Persistence and support from case managers or social workers often play a key role in helping to navigate these challenges.



However, Section 8 programs typically have downsides where waitlists can be long – from many months to several years. The process of securing a voucher and then finding a suitable landlord; furthermore, section 8 housing might not be situated in the best locations, often in under-maintained neighborhoods and can have challenges related to being farther away from public transportation. This geographic distancing can greatly challenge residents' ability to receive necessary mental health care, making those existing health challenges worse. This housing may be difficult and expensive to modify for accessibility problems such as poor air quality, mold, and lack of accommodation, which may occur all too often.

To apply for Section 8, follow these steps:



**Contact Your Local Public Housing Agency (PHA):** Begin by reaching out to your local PHA to inquire about available programs and application procedures. They can provide specific information on eligibility, required documentation, and application timelines.



**Prepare Necessary Documentation:** Gather documents that verify your loved one's income, disability status, citizenship or eligible immigration status. This may include medical records, income statements, and identification documents.



**Submit the Application:** Complete and submit the application as instructed by your PHA. Be thorough and ensure all required information is provided to avoid delays.



**Await Confirmation:** Due to high demand, many PHAs have waiting lists. It's crucial to apply as early as possible and maintain communication with the PHA regarding the application's status.



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## Section 811 Supportive Housing for Persons with Disabilities

The **Section 811** program is specifically aimed at creating affordable housing opportunities for adults with disabilities, including those with serious mental illness. This program is unique in combining the affordability of subsidized housing with access to on-site or nearby supportive services, such as case management, counseling, and crisis support. The objective is to help individuals live as independently as possible in a setting that accommodates their disabilities. Integration within the community is also a priority, reducing social isolation and promoting sustained recovery.



To apply for Section 811 Supportive Housing for Persons with Disabilities, follow the same steps as the Section 8 process. However, instead of using the standard HUD local office directory, visit the **Section 811 Portal** to access program details and state-specific contacts. Be sure to check availability in your area, as offerings may vary by state.

Much like Section 8, competition for the Section 811 program can be stiff, and the application process may take a long time, but the benefits in terms of both affordability and supportive services might make undertaking the process worth the time and effort.

For government housing, applying sooner is better, as waitlists can be very long and sometimes may even take from many months to several years.



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## Short term housing

### Crisis housing

When your loved one is in crisis or at immediate risk of homelessness, short-term housing options can provide a crucial, if temporary, lifeline—especially for individuals managing schizophrenia or other psychosis-related disorders. Taking advantage of these resources, such as temporary shelters, might offer a secure place to sleep, maintain medication routines, and stabilize before pursuing more permanent solutions.

- Unfortunately, a vast percentage of these short-term housing options are homeless shelters, which tend to provide limited clinical support when individuals experience psychosis-related symptoms.
- According to the Annual Homelessness Assessment Report in 2023, approximately 60.7% of the 653,100 individuals experiencing homelessness at any given night in the U.S. were sheltered, with many utilizing emergency shelters (Fine, 2025).

Therefore, these short-term arrangements should be approached with some considerations in mind. Many short-term facilities may not have staff trained to respond to the specific needs of individuals experiencing psychosis, and rules or environments in certain shelters can sometimes heighten stress or even worsen symptoms. Whenever possible, staying connected with a case manager, **local mobile crisis unit**, or other mental health professionals during this temporary period can help ensure that medications and treatment plans have the potential to remain on track.





Consider looking into these additional resources that may be available in your area for temporary support related to immediate housing needs:



Some families may find that using motels for their loved ones to live in for several weeks to months, such as the popular [Extended Stay America](#), can help bridge the gap while looking for more long-term housing solutions. If financially viable, buying a condo or mobile home somewhere close to family members or trusted loved ones may also be an option when other housing types are not available.



[Emergency motel vouchers](#) are short-term solutions that provide immediate shelter for individuals and families facing homelessness or crises. These vouchers are typically offered through government programs, nonprofits, and local charities, and can cover the cost of a motel or hotel stay for a limited period—usually from one to seven days, depending on the program.



Settings such as [NAMI's The Living Room](#) provide an alternative to traditional shelters by offering calm, home-like environments and trained staff who are sensitive to psychiatric crises. Although designed to be used briefly—often just a few days—spaces like these ([if there are any in your area](#)) can help prevent psychiatric symptoms from escalating, reduce the risk of hospitalization, and give individuals an opportunity to rest and regroup.



[National Empowerment Center – Directory of Peer Respite](#) offer respites as a nonclinical, community-based alternative to hospitalization, combining short-term housing with the support of staff who have lived experience with mental health challenges.



[ARCH's National Respite Locator Service](#) can also help parents and family caregivers find respite services for their loved ones in their state and local area, while matching their specific needs.



Another valuable resource is [211](#), which connects callers (or website visitors) to a potential existing network of local services. This might include food banks, clothing closets, and emergency financial assistance to cover rent or utility bills, all of which can relieve some pressures that might otherwise worsen mental health challenges.



[FindHelp.org](https://www.findhelp.org) can also help find local services like the 211 resource number.

**HOMELESS SHELTERS DIRECTORY**  
Helping The Needy of America

**JUST SHELTER**

[The Homeless Shelter Directory](#) compiles contact information for shelters and social services throughout the country, making it easier to see which programs might be available close by.

[Just Shelter](#) can also help find local resources for temporary housing or related options.



[Family Promise](#) focuses on preventing homelessness for families or helping a family who recently has become homeless – they can help with temporary hotel/motel stays, rental assistance, landlord mediation. Family Promise can provide longer-term funding to help a family get back on their feet once housing is found.



[Volunteers of America](#) provides assistance in finding and/or providing affordable housing, temporary shelters, and rapid re-housing.

In times of crisis or imminent risk of homelessness, immediate short-term housing can provide critical but temporary relief for individuals living with schizophrenia or other psychosis-related disorders. Ultimately, these short-term arrangements serve as a stopgap, with consistent mental health care and community support guiding the pathway to more stable, long-term housing.



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## Transitional housing

Transitional housing programs are short-term or time-limited living arrangements focused on helping individuals develop the skills and stability they need to move on to more permanent housing. These programs often include life skills training—such as meal planning, money management, job readiness, or medication adherence—plus structured support from case managers or counselors.

- While each program’s specific criteria and length of stay vary, the overarching goal is to bridge the gap between homelessness, hospitalization, or crisis settings and a more permanent housing solution.
- Transitional housing can be a steppingstone for those who may not yet be ready for fully independent living but also do not require a longer-term housing option.
- Residents might stay for a few months up to two years while they continue treatment and work on skills for independent living. The environment is usually less restrictive than a hospital but more supervised than an apartment; for example, staff might be on-site some of the time, group activities may be provided, and support may be offered for required appointments (like life skills classes or therapy sessions).

The benefit of this model is that it gives people time and support to adjust to community living. Someone just coming out of a long hospital stay can practice cooking, cleaning, taking medication regularly, and re-learning how to navigate daily life, all within a supportive setting.



The primary limitation of transitional housing is that it’s temporary by design. If suitable permanent housing isn’t secured in time, the person risks becoming homeless or returning to an institution, potentially undoing progress made.

Transitional programs often come with a lot of rules and requirements – curfews, mandatory participation in programs, sobriety rules, etc; so broken rules may mean the person is asked to leave the program early. There’s also the issue of care continuity: building a trusting relationship with providers takes time, yet transitional stays are relatively short – a person might have to change therapists or case managers when they leave, disrupting care.

In essence, while transitional housing is meant to be a supportive stopover, its short-term nature and strict expectations can be stressful, and it’s not a permanent solution—merely a step in the process. The goal is always to move on to something more stable, so its success hinges on that next step becoming available.

Weighing these advantages against potential disadvantages is crucial for individuals, family members, and mental health professionals. One size does not fit all, and some people may thrive in a more independent setting, while others might require a higher level of ongoing support to maintain stability.

**Shattering barriers to treatment,  
survival and recovery for people  
with schizophrenia and other  
psychosis spectrum disorders.**

**Schizophrenia & Psychosis Action Alliance**  
**2308 Mount Vernon Avenue, Suite 207**  
**Alexandria, VA 22301-1328**  
**240-423-9432**  
**[sczaction.org](http://sczaction.org)**

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