

UPDATE ON THE "HOUSING AS HOME" PERMANENT SUPPORTIVE HOUSING PLAN

MORE THAN 100 PEOPLE WITH SERIOUS MENTAL ILLNESS HAVE MOVED TO PERMANENT SUPPORTIVE HOUSING SINCE 2006

The need for safe, affordable housing tops the list of priorities for people with serious mental illness (SMI). To address these needs, the Allegheny County Office of Behavioral Health (OBH) developed a strategic housing plan in 2005 called "Housing as Home."

The goal of the plan is to use over \$5 million to help 220-240 people currently living in a state hospital or OBH-funded residential program to move into

permanent supportive housing (PSH) within three to five years.

Through the end of June 2008, 107 people have moved into PSH, and an additional 68 people are working on finding housing that meets their needs. If the current pace of people moving in is maintained, the plan's target of housing 220-240 people by the end of 2009 will be met.

PSH is safe, secure, affordable, and permanent, as

long as people pay the rent and follow the rules of their lease. Participating in support services is not required. The program follows the guidelines of Section 8, although people do not need to be eligible for Section 8 to receive PSH.

A growing number of research studies have found that people with SMI who move to permanent supportive housing spend less time in hospitals,

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Permanent supportive housing is safe, secure, affordable, and permanent, as long as people pay the rent and follow the rules of their lease.

A SNAPSHOT OF PEOPLE IN PSH THROUGH JUNE 2008...

- 107 people have moved to PSH, about 45% of the planned capacity.
- 68 people are looking for PSH with TSI.
- People's housing preferences have been met 93% of the time.
- People are living in a variety of communities throughout the county, leased from 39 different landlords.
- At the time of their referral to PSH, 53% were living in a Community Residential Rehabilitation (CRR) group home or apartment, 20% were in a community hospital, 10% were in the Residential Treatment Facility for Adults (RTF-A), and 12% were in Mayview State Hospital.
- Three people have been evicted, two due to drug related issues such as selling drugs and one for violating the lease terms. TSI continued to work with each person for a time after eviction. Two ultimately withdrew from the PSH program, and TSI found housing for the third individual.
- Nearly all people have received other services beyond the PSH program, including: service coordination (58%), community treatment teams (23%), and mobile medication team services (13%).
- Some people in PSH will need more intensive services at times. After moving to PSH, 17% have been hospitalized, 5% have used respite services, and 3% have had an admission to the RTF-A (3%). In these situations, people keep their apartments and return after discharge.

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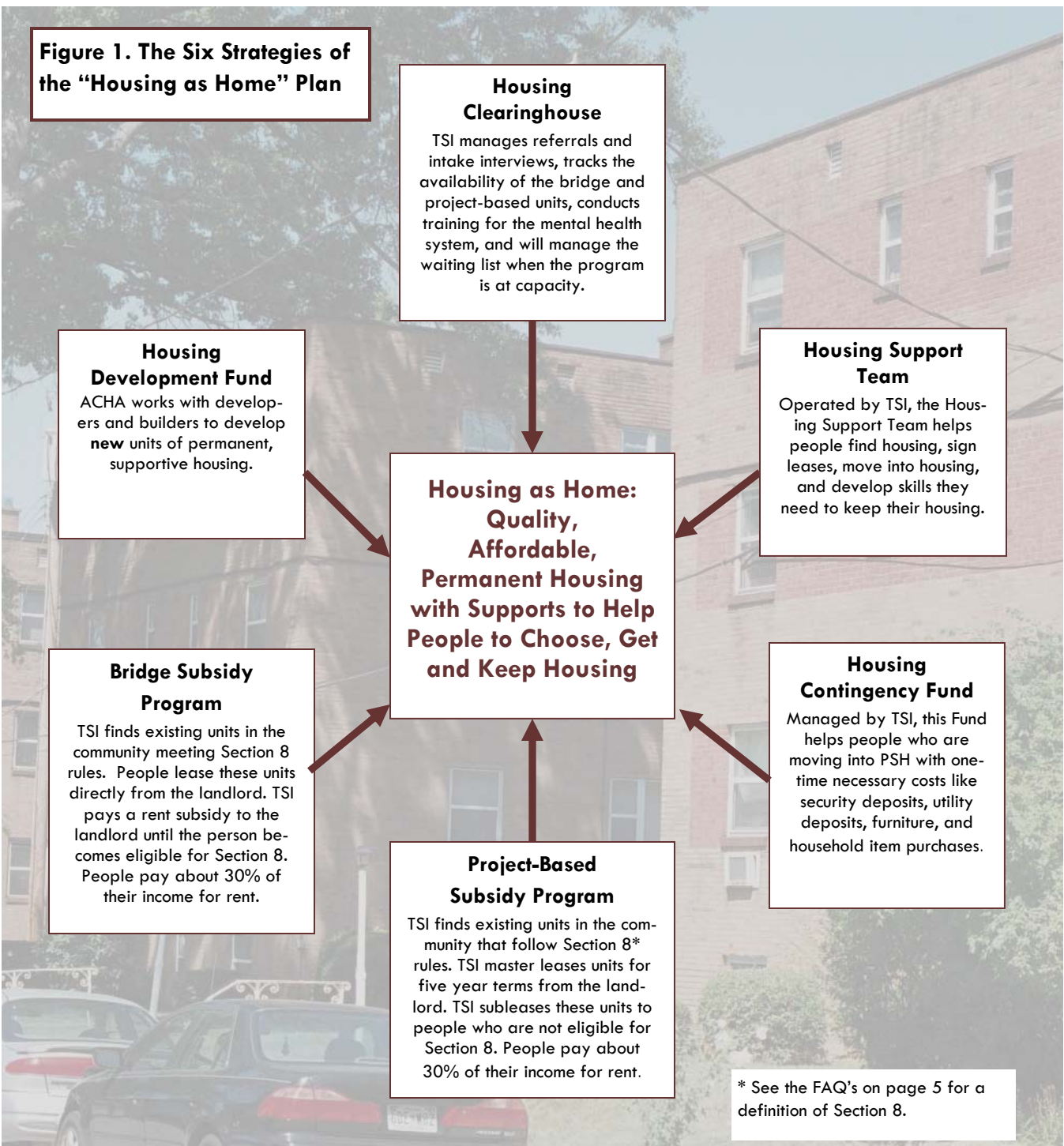
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SIX STRATEGIES OF THE “HOUSING AS HOME” PLAN

The “Housing as Home” Plan included six strategies to develop quality housing opportunities, manage referrals, keep housing affordable, and provide support to help people get and maintain their housing.

In early 2006, through a stakeholder-driven selection process, Transitional Services, Inc. (TSI) and the Allegheny County Housing Authority (ACHA) were selected to put the “Housing as Home” Plan into action. Figure 1 describes the six strategies. Table 1 on page 3 summarizes some key statistics on the strategies.

Figure 1. The Six Strategies of the “Housing as Home” Plan





**TABLE 1. PROGRESS IN
IMPLEMENTING THE SIX STRATEGIES
THROUGH JUNE 2008**

Strategy	Update
Housing Clearinghouse	<ul style="list-style-type: none"> • 428 referrals have been received. 202 (47%) people met the eligibility criteria for the program. • When the PSH program began, some providers were unclear on who the priority population was, resulting in many referrals not meeting the eligibility criteria (most were not living in a state hospital or residence funded by the Office of Behavioral Health). • The time from referral to eligibility determination has improved to less than one day, on average, for people who moved into PSH in May and June 2008. • On average, the time from referral to the intake interview was six days for people who moved into PSH in May and June 2008, an improvement from an average of 33 days (the goal is 5 days).
Housing Support Team	<ul style="list-style-type: none"> • The Housing Support Team (HST) has found housing for 107 people, and is working on finding housing for 68 more people. • For people who moved into PSH during May and June 2008, it took on average 3.5 months for people to move in after their intake interview. This is an improvement from the previous average of over four months (the goal is three months). • The HST has approached 508 landlords to participate in the program. 310 (61%) were willing to accept information. • In June 2008, 39 landlords were leasing to people directly through bridge subsidies or to TSI through project-based subsidies. • 230 units have been inspected against Section 8 quality standards.
Project-Based and Bridge Subsidy Programs	<ul style="list-style-type: none"> • In June 2008, 16 people (15%) had project-based rental subsidies. • 91 people (85%) had bridge rental subsidies. • People pay 30% of their income for rent, with the remainder being paid by a project-based or bridge subsidy to keep rent affordable.
Housing Contingency Fund	<ul style="list-style-type: none"> • 99 people (93%) have used contingency funds. • Approximately 60% of funds were used for security deposits, 33% for furniture and household items, and 5% for utility deposits or back balances. • Expenditures have averaged \$763 per person.
Housing Development Fund	<ul style="list-style-type: none"> • Two proposals for new housing development have been submitted to the Pennsylvania Housing Finance Agency (PHFA). • One proposal for five one-bedroom units as part of a senior housing development on Braddock Avenue has been funded and will be available in 2010.

(Continued from page 1)

shelters and jail. They also report a higher quality of life.

PSH is based on the “Housing First” model. In the PSH program, Transitional Services, Inc. (TSI) manages all referrals, helps people find, move in, and keep their housing. While some areas of improvement remain,* TSI has generally instituted the key components of successful “Housing First” programs:

- Housing is **affordable** and **permanent**. In the Allegheny County PSH program, rent is kept affordable through two subsidy options (see page 2) and funds are available to help people with move-in expenses.
- Housing **matches people’s preferences and needs**. TSI respects people’s choice and their readiness for changing their housing.
- People can **move directly** into housing without trial periods, transitional placements, or being in remission from symptoms of their mental illness.
- TSI takes a **low demand approach to substance use**. Also called harm reduction, this approach addresses the harm associated with substance use without requiring abstinence.



The PSH program is based on the “Housing First” model. Support services are available but not required, and housing is permanent.

- TSI provides **community-based, client-driven services**. At the pre-tenancy stage, staff focuses on engaging people in the service, discussing their preferences, and identifying acceptable apartments.

At the move-in stage, staff helps people find furniture, set up utilities, move their belongings, and manage any anxieties or concerns.

After move-in, staff supports people through helping them become familiar with their community, skill-building in cleaning, shopping, managing money, and landlord relationships.

- A **wide array of optional supportive services** are available to people in PSH but are not required (for example, mental health, substance abuse, independent living skills).
- There is **coordination among services**. While effectively collaborating with other providers has been a challenge, TSI has been working to address this through attendance at treatment team meetings and provider education.

* Based on chart reviews and interviews with TSI, OBH, Community Care, and AHCI conducted during the first two quarters of 2008.

A SAFE HOME IN THE COMMUNITY OF ONE’S CHOICE

Charles has been living in his own apartment for over a year. Now 54 years old, Charles had been exposed to a lot of violence earlier in his life, and lost several family members to violence.

For Charles, living in a safe neighborhood is therefore very important so he can feel secure in his surroundings. He has found this opportunity through the PSH program. TSI works hard to find apartments for people in neighborhoods they choose, where they can afford the rent and feel safe. Figure 2 shows the variety of places people are living through the PSH program.

Charles enjoys going to nearby parks and various places in his neighborhood, often taking the bus. He has a friend in the building he visits and goes to a local clubhouse regularly. By both his and TSI’s accounts, he feels safe and is doing well.

Figure 2. Location of PSH Residents

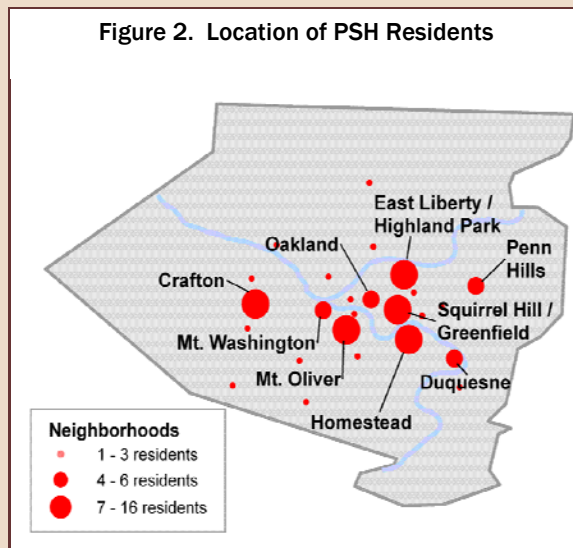


TABLE 2. FREQUENTLY ASKED QUESTIONS (FAQ'S)

<p>Who is eligible for the PSH program? How do I make a referral?</p>	<p>Adults with serious mental illness living in Mayview or Torrance State Hospitals or in OBH-funded residential programs are eligible. OBH-funded residential programs include Community Residential Rehabilitation (CRR) group homes and apartments and Long-term Structured Residences (LTSRs).</p> <p>While many people in PSH are eligible for Section 8, Section 8 eligibility is not required for the program.</p> <p>To make a referral, contact the Clearinghouse Manager at 412-461-1322.</p>
<p>What is Section 8? What are Housing Choice Vouchers?</p>	<p>The Housing Choice Voucher Program, usually referred to as Section 8, is funded through the Housing and Urban Development (HUD) Department of the federal government. It helps low-income individuals and families to rent or purchase safe, affordable and decent housing. By providing rent subsidy vouchers, the Section 8 program helps give low-income people access to housing in the private market.</p>
<p>Why does it take an average of three to four months to move someone in to PSH?</p>	<p>Because the Housing Support Team (HST) finds people housing based on their preferences rather than from a specified housing pool, the search can take several months. There are also challenges to finding landlords with affordable rents who are willing to accept Housing Choice Vouchers (Section 8) in the future. Criminal background checks required by Section 8 rules can also take several weeks.</p>
<p>How long will the rent subsidies last? Is PSH really permanent?</p>	<p>PSH is permanent. The goal of the PSH program is to allow people to move to Section 8 vouchers as they become available. Allegheny County understands that the Section 8 waiting lists are currently closed and have budgeted for subsidies for people up to five years.</p>
<p>When someone has PSH and other services, who is primarily responsible for treatment?</p>	<p>An individual's service coordinator (case manager) or Community Treatment Team (CTT) acts as the treatment coordinator and is the single point of accountability.</p> <p>The Housing Support Team does not provide clinical services. Their responsibility is to help people find, get, and keep their housing. Their work with individuals focuses on what people need to do in order to maintain their tenancy.</p> <p>Coordination among services is essential, and the HST is expected to regularly attend treatment team meetings and communicate with other providers.</p>
<p>What does TSI do if someone in PSH stops taking their medications or starts using alcohol or drugs?</p>	<p>If the HST notices that someone has stopped taking their medication, starts using alcohol or drugs, or some other substantial change in behavior, staff will talk this over with the individual in the context of how this may affect his or her ability to remain a good tenant.</p> <p>Taking medications and remaining abstinent are not required for housing, but staff will talk with individuals about possible consequences of use. The HST will also communicate any observations or concerns with other providers.</p>
<p>How often does TSI visit people in PSH?</p>	<p>TSI discusses the frequency of visits with the individual and the other service providers involved. From the time TSI begins working with someone until they move in to housing, TSI will generally visit an individual twice per week. After move-in, the HST will visit at least once a week for the first six months. This frequency can change based on individual needs, and is frequently reviewed with the individual and other service providers.</p>

MAKING A HOME IN SQUIRREL HILL

Gerald's father tells him he's moved more often than anyone else in the family. He's lived in CRRs, personal care homes, with family, on his own, and at Mayview State Hospital. Over a year ago, he moved in to his own apartment in Squirrel Hill through the PSH program.

He was anxious about living in his own apartment again and thought it would be hard. But, he says it hasn't been. He's built a life of his own in Squirrel Hill. His apartment is clean and cozy, with a certificate showing he quit smoking five years ago proudly hanging on the wall. He is welcoming to visitors and

has a quiet sense of humor.

Gerald enjoys getting out in the neighborhood and often does his grocery shopping with another resident who is also in the PSH program. They spend time in each other's apartments and go out for coffee.

He takes the bus to People's Oakland, a drop-in center, regularly. He plays an unofficial custodian or watchdog role at his apartment, reporting maintenance concerns from time to time. He also checks in on another resident when the resident's mother calls Gerald concerned about her son.

He sees his father about once a month and has several siblings; a sister, although she lives on the west coast, is a great support to him and the person he calls when he really needs to talk.

The Housing Support Team (HST) visits Gerald every couple of weeks, scheduling their visits at times convenient to Gerald. Gerald also has a service coordinator and a psychiatrist. He manages these appointments on his own. He's renewed his lease for a second year, and is very happy to have his own permanent place to live.



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ALLEGHENY HEALTHCHOICES, INC.

OUR MISSION IS TO SUPPORT EQUITABLE ACCESS ACROSS ALL POPULATIONS TO QUALITY, HOLISTIC, COST-EFFECTIVE BEHAVIORAL HEALTH CARE.

AHCI works with counties, providers, advocacy groups, and individuals using mental health or substance abuse services. Through our full-time staff and network of consultants, we provide:

- Relevant financial and program data analysis and evaluation, at both the agency and system level, for quality improvement and planning purposes
- Project management services for new program development and strategic planning
- Training and technical assistance for providers in building their capacity to provide evidence-based, recovery-oriented services
- Educational opportunities for individuals with mental illness and/or substance abuse and their families
- Information systems consulting, including needs assessment, systems design, data warehousing solutions, information security, and web development

Acknowledgements. All the photos were taken by James Kindler, Recovery Specialist at AHCI. The pictures are all of rental housing in Allegheny County. To protect the confidentiality of those in the PSH program, PSH residences were not photographed.