

# Permanent Supportive Housing Program in Allegheny County

*Successfully Opening Doors & Creating Homes*  
A 2015 Update





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## **My PSH program experience...**

*“I didn’t like where I was at before. They put a roof over my head... It is just like Christmas. You are your own boss. Words cannot describe... Safe and secure.”*

-Curtis

*“I think it is a good idea if they do not mind [living] alone... I don’t think people should be afraid to take that step. As long as you have supports in place, you’ll do fine.”*

– Carol

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## Overview

The Allegheny County Office of Behavioral Health (OBH) is dedicated to activities promoting a more recovery-oriented system of care whereby services are individualized, focus on strengths and hope, and work towards community integration. This includes OBH's vision for its housing programs. Since 2006, Allegheny HealthChoices, Inc. (AHCI) has provided project management for OBH's Permanent Supportive Housing (PSH) program. The PSH program has offered new housing opportunities to people with serious mental illness and those with co-occurring substance use disorders. It was developed for people living in OBH-funded residential programs, such as community residential rehabilitation programs (CRRs). People in state hospitals and community psychiatric hospitals are also eligible for the program.

Permanent Supportive Housing is housing that is:

- Safe and secure
- Affordable to people with very low incomes
- Permanent, as long as the tenant pays rent and follows the rules of their lease
- Linked to clinical and rehabilitation services that are optional and flexible

PSH uses the evidence-based Housing First model<sup>1</sup> as its foundation. This model is guided by the idea that housing is a basic right and on a theoretical foundation that emphasizes consumer choice and psychiatric rehabilitation, without a prerequisite for treatment or "readiness" criteria. It has been very successful in helping people find safe, affordable housing and access to services. People in PSH tend to have had more positive experiences and better outcomes compared to other housing models.<sup>2</sup> Previous research has also found PSH programs to be integral to a person's recovery and quality of life. The successes of OBH's<sup>3</sup> and other PSH programs in the Commonwealth of Pennsylvania<sup>4</sup> have been highlighted across the country.

The PSH program helps people in three main ways: 1) by providing temporary rental subsidies that assure people do not pay more than 30% of their monthly income on rent until they qualify for a permanent rental subsidy, such as Section 8/Housing Choice Vouchers; 2) by providing contingency funds to help people pay their security deposits or purchase basic household items; and 3) by providing supportive services through the PSH Housing Support Team (HST), which assists people in finding apartments in the community, negotiating leases, moving, setting up utilities, building positive landlord relations, and refining problem-solving skills.

Over the years, the PSH program has fostered a smooth transition for people moving from congregate or institutional settings to the community. AHCI's project management responsibilities include reviewing outcomes data for this successful program. This includes the analysis of housing stability, efforts to transition people to permanent rental subsidies, community tenure, and cost-effectiveness. A summary of this information is included on the following pages.

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<sup>1</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) provides resources related to the Housing First model at <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=365>

<sup>2</sup> Rog, D. J., Marshall, T., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Permanent Supportive Housing: Assessing the Evidence. *Psychiatric Services*, 65(3), 287-294.

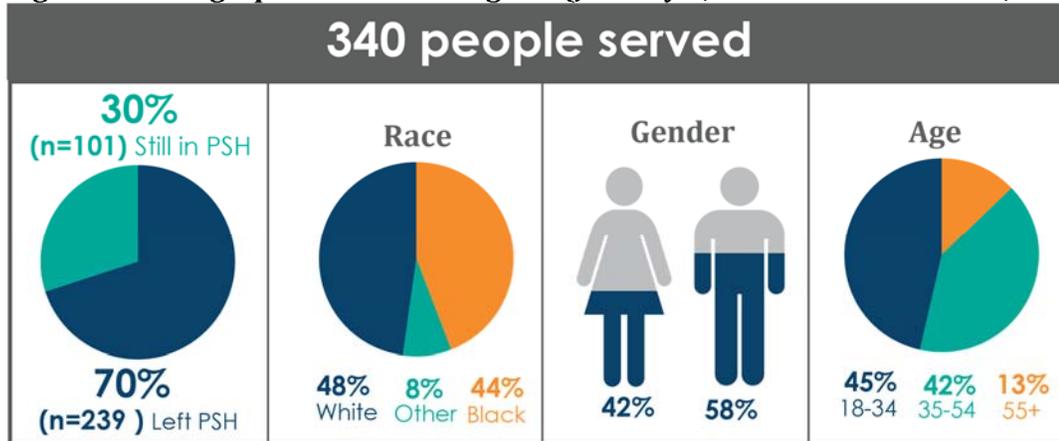
<sup>3</sup> Primus, K., Heberlein, E., & Carey, C. "Allegheny's Housing Support Team Takes an Individualized Approach." *National Council Magazine* 2009: 24. Print.

<sup>4</sup> Please visit <http://www.thenationalcouncil.org/wp-content/uploads/2016/03/Using-Medicaid-to-Finance-and-Deliver-Services-in-Supportive-Housing.pdf> for more information.

## Demographics

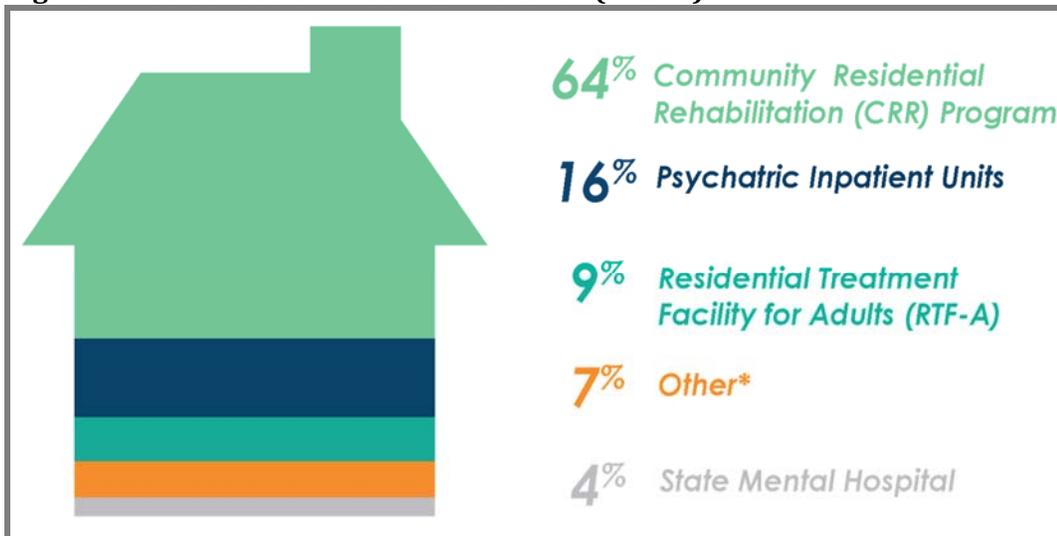
Between 2007 and 2015, a total of 340 people have participated in the PSH program. Of those, 101 (or 30%) are still active in PSH and 239 (or 70%) have discontinued services. Participants have been almost evenly split between white and black and male and female. Most participants are between the ages of 18-54. See Figure 1 below.

**Figure 1. Demographics for PSH Program (January 1, 2007 to December 31, 2015)**



Most of the people who moved to permanent supportive housing were referred to PSH from a community residential rehabilitation (CRR) program. In addition to CRR, other PSH referrals originated from psychiatric inpatient units (16%) and the residential treatment facility for adults (RTF-A [9%]). Figure 2, below, provides a breakdown of peoples' residences at the time of their PSH referral.

**Figure 2. Residence at Time of PSH Referral (n=340)**

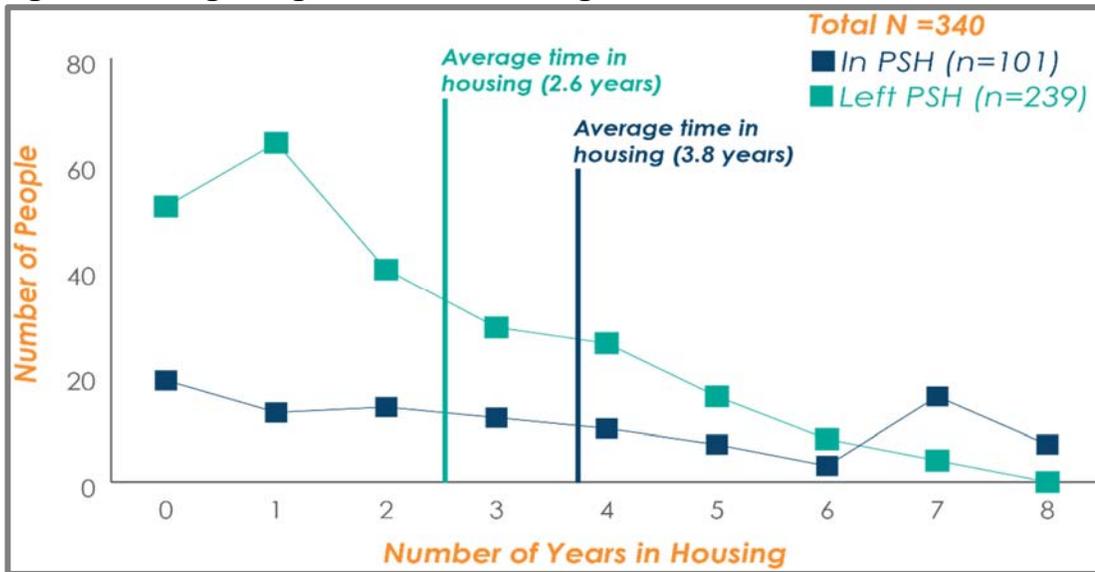


\*This residential category is a combination of people in long-term structured residences; the community-based extended acute care program; and personal care homes.

## Housing Stability & Permanent Rental Subsidies

Housing stability is a critical component of success for this program. Figure 3 highlights the housing tenure for all PSH participants based on whether they are active in PSH or discontinued PSH.

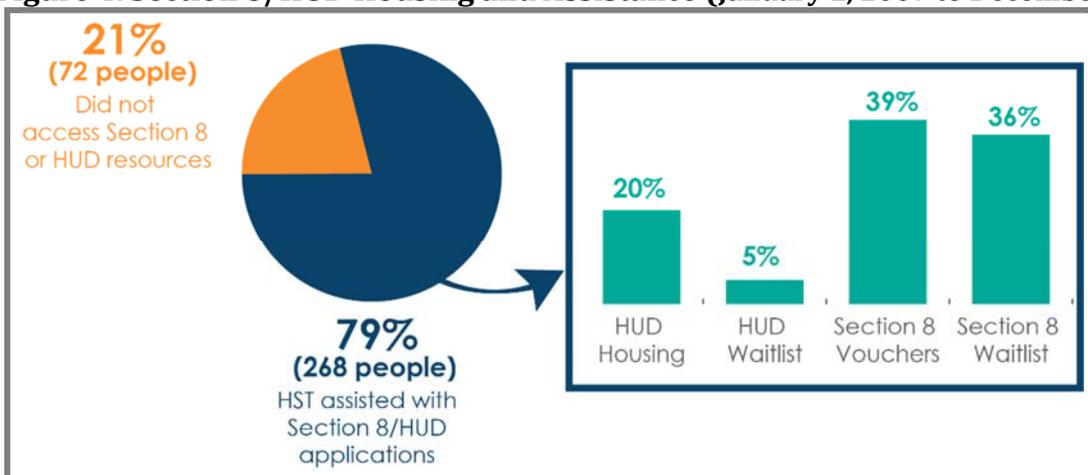
**Figure 3. Average Length of Time in Housing as of December 31, 2015**



In the PSH program, people have an average time in housing of 3.8 years. For those that have discontinued PSH, their average is 2.6 years in housing. Most of those who left PSH have received a Section 8 rental subsidy and “graduated” from the program (27%); moved to other independent living settings (31%), such as with family or friends; placed in other restrictive/congregate settings (17%), such as jail, personal care home or long-term hospitalization; or moved to alternative residential programs (12%).

The PSH program assists people with accessing Section 8/Housing Choice Vouchers. Since the Section 8 waitlists have only opened for brief periods of time during the PSH program, there is also a focus on applying for federally funded housing (Housing and Urban Development [HUD]). Figure 4 details the success in accessing Section 8 and HUD resources.

**Figure 4. Section 8/HUD Housing and Assistance (January 1, 2007 to December 31, 2015; n=340)**

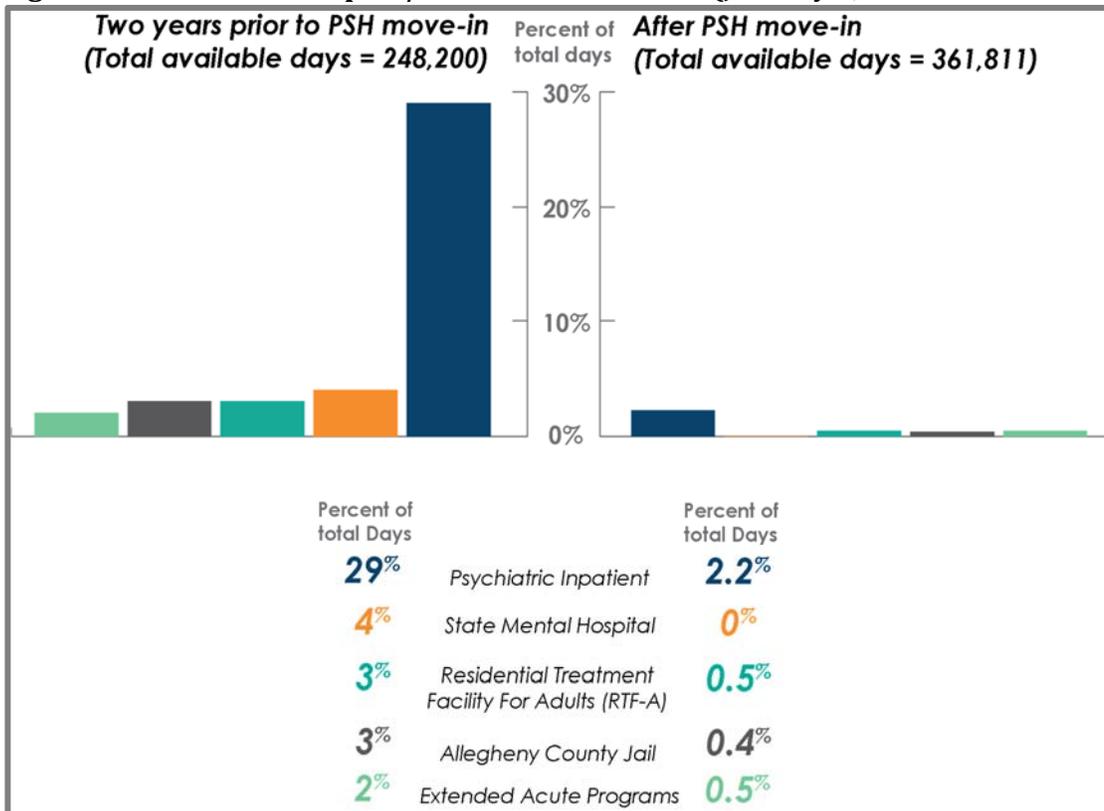


In addition to helping people find housing, move in and set up utilities, the Housing Support Team (HST) has been very successful in helping the majority of people access these resources. Those not accessing Section 8/HUD resources either left the PSH program or received alternative rental subsidies (i.e. Project Based Leasing<sup>5</sup>).

## Supporting Community Tenure

The HST coordinates with the person’s clinical team to provide comprehensive supports and services in the community, in turn decreasing the need for inpatient and other intensive services. See Figure 5 below for an overview of hospital/intensive service use before and while in PSH.

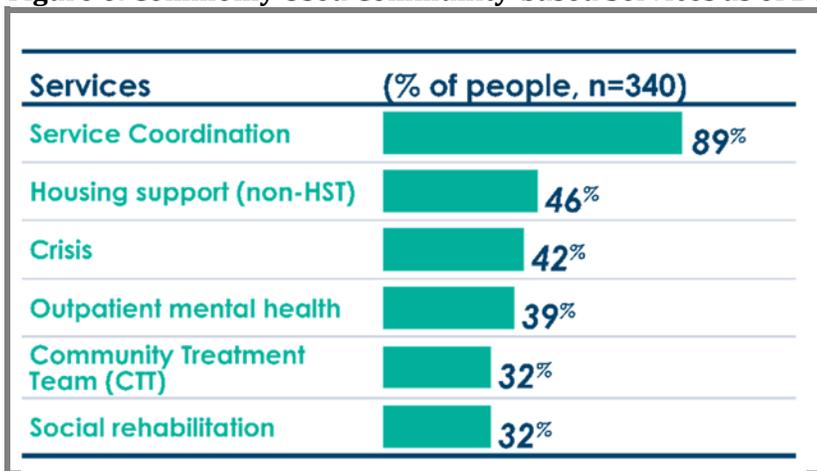
**Figure 5. Overview of Hospital/Intensive Service Use (January 1, 2007 to December 31, 2015; n=340)**



There was an 87% (or 86,189 days) decrease of hospital/intensive service day use between the time prior to PSH and while in PSH. While in PSH, State Mental Hospital use was eliminated and IPMH days decreased by 89% (from 72,135 to 7,874). While the percent of days decreased, so did the percent of people using intensive services. For example, the number of people using IPMH decreased from 75% (or 254 people) to 39% (or 131 people). Even though people are encouraged to use treatment services in the community (see Figure 6), they are not required to participate to keep their housing.

<sup>5</sup>This alternative subsidy is available through the PSH program and is designed for people who would not be immediately eligible for Section 8 due to past felonies. This program allows for more time away from crime/legal issues and/or having people pay down outstanding debt they owe to the housing authority or previous landlords.

**Figure 6. Commonly Used Community-based Services as of December 31, 2015\***



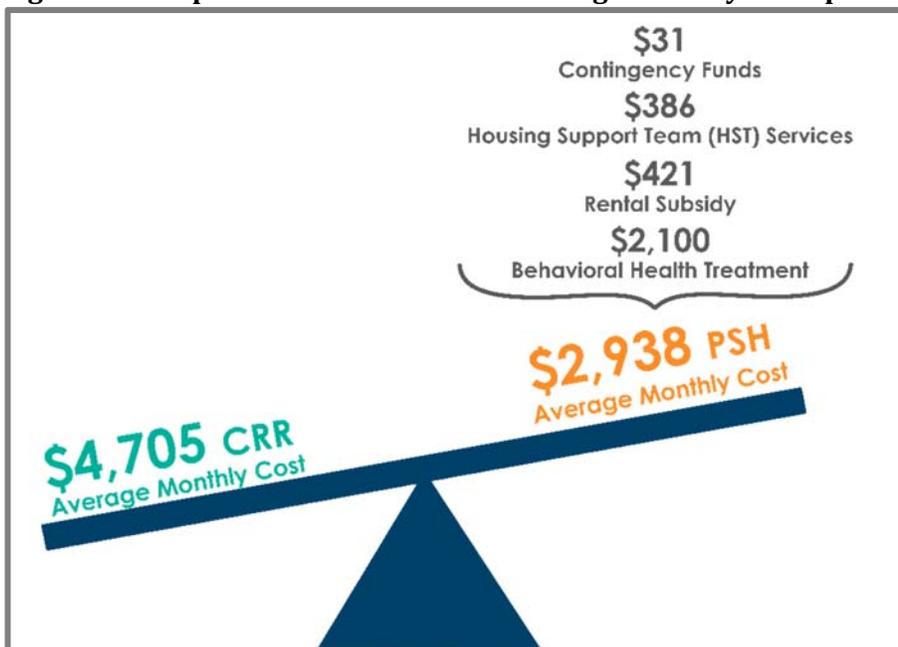
\*People may have used more than one service. As a result, the percentage of service users will equal more than 100%.

Individualized, community-based services are available when people need them. For those using services, most people used a form of service coordination (89%) or housing support (non-HST) services (46%). The HST works with these service providers as needed, especially housing support (non-HST). The housing support service teaches skills necessary for independent living, such as medication support and budgeting. Comparatively, HST focuses more on tenancy, on the Section 8 process and does not provide any medication support.

### *A Cost-Effective Alternative*

Sixty-four percent of the people in the PSH program were referred from community residential rehabilitation (CRR) programs. A cost comparison was completed between the CRR programs and PSH program, including behavioral health (BH) treatment service costs received while in PSH, as of December 31, 2015. Figure 7 illustrates the difference in average monthly costs for these two programs.

**Figure 7. Comparison of CRR and PSH Average Monthly Costs per Person as of December 31, 2015<sup>6</sup>**



<sup>6</sup> Average monthly CRR costs do not include treatment costs.

Total average monthly PSH costs, including BH treatment service costs, were \$2,938. Conversely, the average monthly costs for CRR were \$4,705. This amounts to a monthly savings of \$1,767. Like past analyses, this continues to show, on average, the PSH program is the more cost-effective option.<sup>7</sup>

## ***Meeting Goals and Unmet Needs***

The Allegheny County PSH program has made substantial progress in meeting its goals of helping people find and keep housing; moving people to permanent rental subsidies; supporting the use of community-based treatment; and providing a less costly alternative to congregate residential programs.

This program has been made possible by the use of reinvestment funds from the HealthChoices Medicaid Behavioral Health Managed Care program.<sup>8</sup> This focus on community integration and flexible supports reinforces Allegheny County's efforts to promote a more recovery- and resiliency-based system of care for people with mental illness.

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<sup>7</sup> To review past analyses on the PSH program, visit [www.ahci.org](http://www.ahci.org) and select the reports/projects tab.

<sup>8</sup> Reinvestment funds are funds remaining after medical claims and other obligations are paid in the HealthChoices Medicaid Behavioral Health Managed Care program. They are approved by OMHSAS for use in developing or expanding services and supports based on local needs.

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## **The PSH program impact...**

*“When we get someone an apartment, and they are so happy, it reminds me why I do what I do on a daily basis. Some of it comes with struggles; some of it is an easier process than others. But, at the end of the day, we are able to have people have a home that they can call their own....”*

– Melissa

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444 Liberty Avenue, Suite 240 | Pittsburgh, PA 15222 | [www.ahci.org](http://www.ahci.org) | 412-325-1100

*AHCI's mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.*

*AHCI is a contract Agency for the Allegheny County Department of Human Services' Office of Behavioral Health*