

*June 2014*



# A 2013 Update on the Permanent Supportive Housing Program in Allegheny County



*Allegheny HealthChoices, Inc.*

# *The Permanent Supportive Housing (PSH) program*

Since 2006, the Allegheny County Office of Behavioral Health's (OBH) Permanent Supportive Housing (PSH) program has offered new housing opportunities to people with serious mental illness. OBH developed the PSH program for people with serious mental illness living in OBH-funded residential programs, including community residential rehabilitation programs (CRRs) and long-term structured residences (LTSRs). People in state hospitals and people in community psychiatric hospitals, extended acute care programs, and residential treatment facilities for adults (RTF-A) are also eligible for the program. The PSH program is one part of the OBH housing system.

Permanent Supportive Housing is housing that is:

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

People are not required to participate in treatment services to keep their housing, although they are encouraged to use them. Individualized services are available when the person needs them and where the person lives. This "Housing First" model is considered an evidence-based practice, and has been adopted in locations across the United States.<sup>i</sup>

The Allegheny County PSH program, operated by the local non-profit, Transitional Services, Inc. (TSI), helps people in two primary ways: 1) by providing temporary rental subsidies that assure people do not spend more than 30% of their income on rent until they qualify for a permanent rental subsidy and; 2) through the supportive services of the Housing Support Team (HST), which ranges from helping people find apartments, move in, and set up utilities, to helping people become familiar with their community, and learning basic skill-building such as landlord relations.

The four main goals of the PSH program are to:

1. Help people find and keep, safe and affordable, permanent housing.
2. Assist people in accessing permanent rental subsidies (Section 8 Housing Choice Vouchers) or federally funded public housing (Housing and Urban Development [HUD] funded housing) outside the behavioral health system.
3. Support people in the community by minimizing the need for psychiatric hospitalizations while assuring people have access to coordinated treatment and rehabilitation services.
4. Provide a less costly alternative to County-funded residential programs for people with serious mental illness.

Costs for the PSH program are paid for by reinvestment funds<sup>ii</sup> from the HealthChoices Medicaid Behavioral Health Managed Care program. Therefore, assisting individuals in the PSH program to apply for and receive Section 8 Housing Choice Vouchers, a program providing permanent rent subsidies for low-income individuals and families, or HUD-funded housing, is critical to help assure the sustainability of the program.

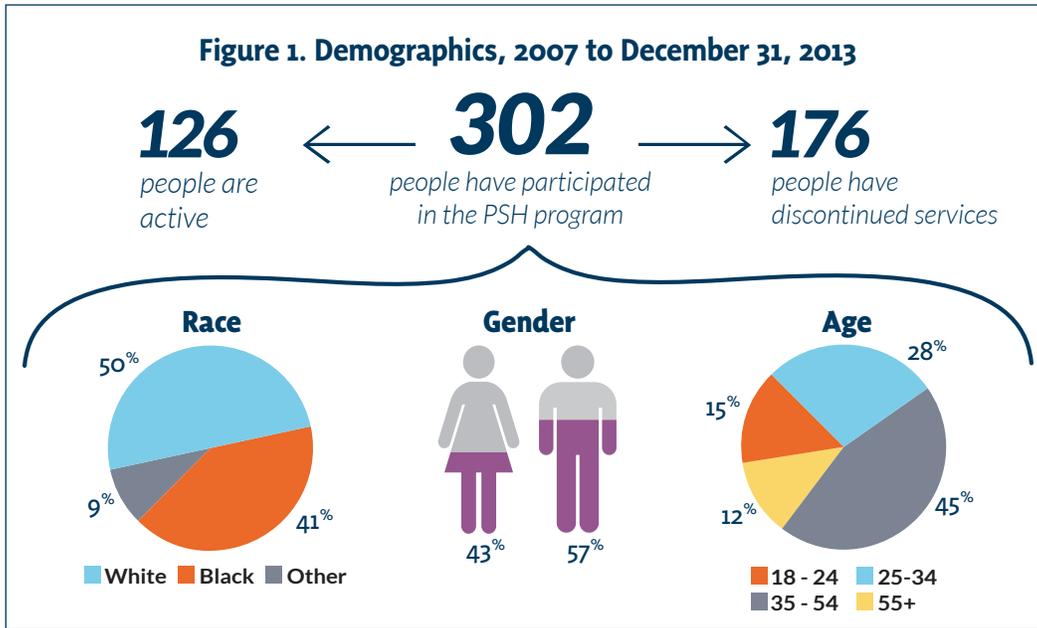
The purpose of this report is to provide an overview of the PSH program and examine how the program is meeting the goals outlined above.

<sup>i</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) provides resources related to the Housing First model at <http://homeless.samhsa.gov/channel/housing-first-447.aspx>. The Pathways to Housing "Housing First" model is listed in the National Registry of Evidence-based Programs and Practices at <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=155>.

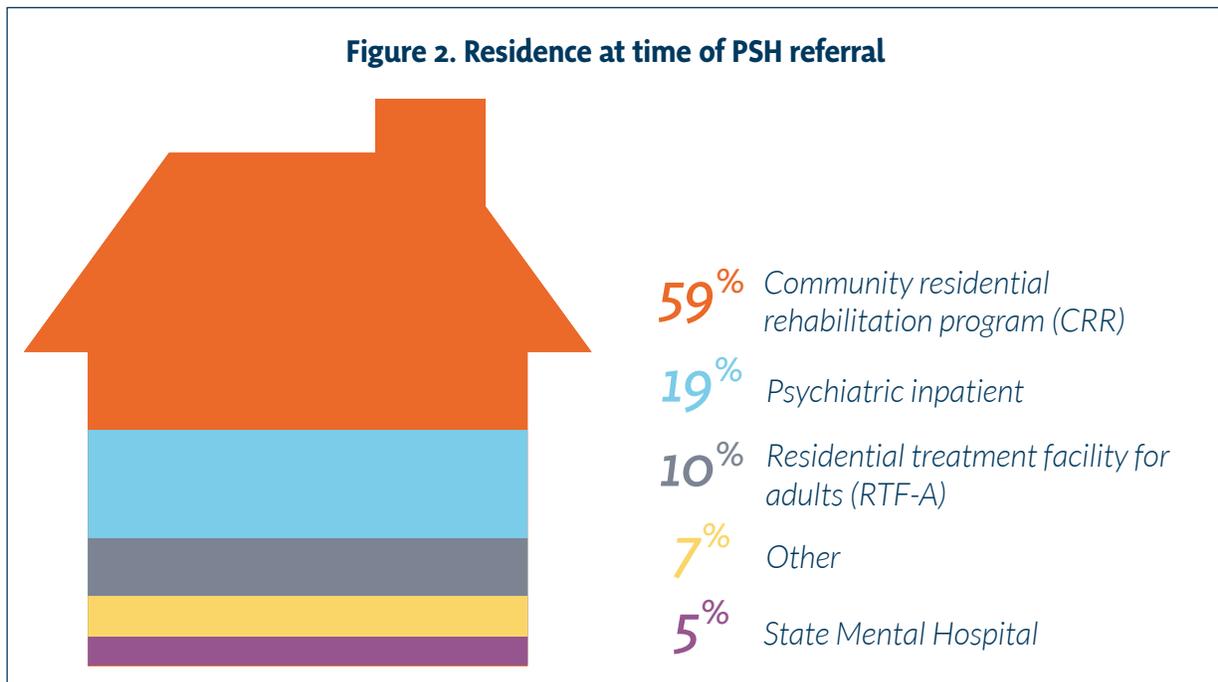
<sup>ii</sup> Reinvestment funds are funds remaining after medical claims and other obligations are paid in the HealthChoices Medicaid Behavioral Health Managed Care program. They are approved by OMHSAS for use in developing or expanding services and supports based on local needs.

# Who participates in the PSH program?

Between 2007 and 2013, 302 people have participated in the permanent supportive housing program; 42% are still active in the program and 58% have discontinued services.<sup>iii</sup> Figure 1, below, provides the demographic characteristics of these 302 individuals.



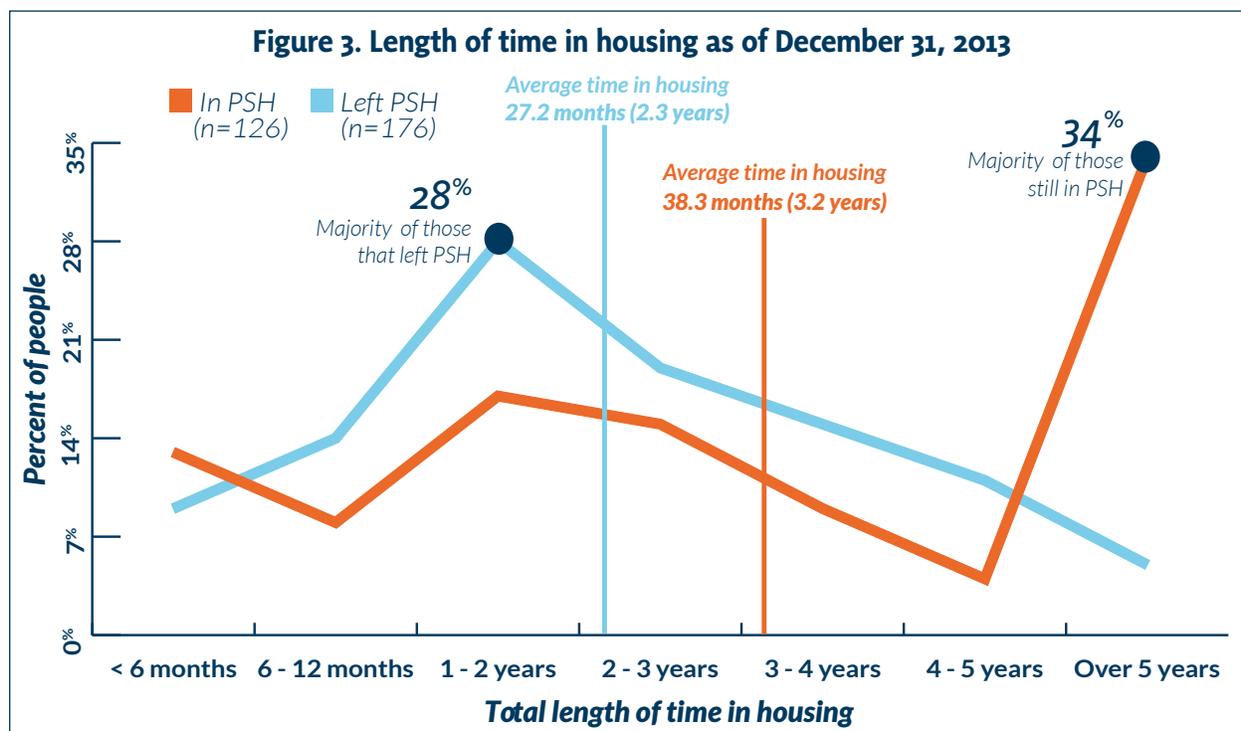
More than half (59%) of the people who moved to permanent supportive housing were referred to PSH from a community residential rehabilitation program (CRR) - Figure 2. A majority of the remaining referrals (29%) were from psychiatric inpatient units and the residential treatment facility for adults (RTF-A).



<sup>iii</sup> This report defines people as being in permanent supportive housing if they receive a rental subsidy from the PSH program and/or support services from the Housing Support Team (HST). A number of people choose to keep the HST services after they begin receiving Section 8 vouchers or move to HUD housing (also refer to page 7); these individuals are still considered part of the PSH program.

## How long have people kept their housing?

Figure 3 displays the housing tenure for all PSH participants based on whether they are currently in PSH or when they left PSH.<sup>iv</sup>



For those still active in the PSH program, the average time in housing is 3.2 years, and a majority (34%) have been in their housing for over 5 years. For those that left the program, the average time in housing was 2.3 years, and a majority (28%) had been in their housing for 1-2 years.

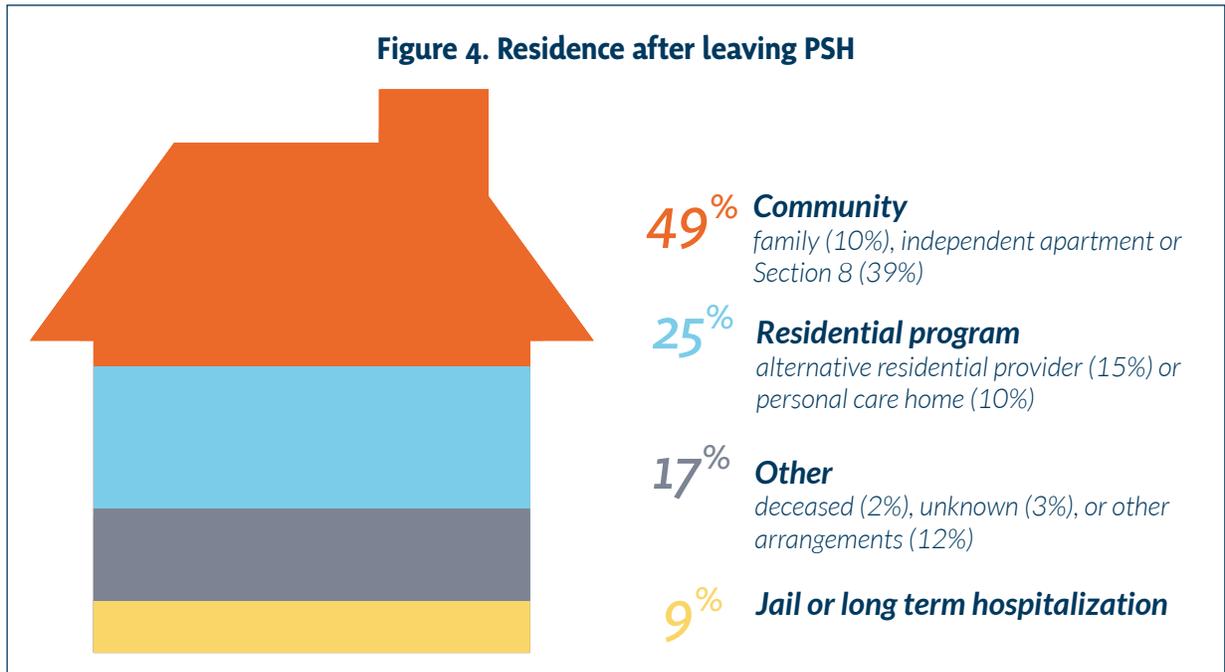
While the Housing Support Team (HST) staff works with clients, landlords, and other services and supports to prevent evictions, they do occur. As of December 2013, 12% (36) of the program participants were evicted from their housing at least once. TSI successfully rehoused 39% of those evicted, however, six people (2%) were evicted twice and became ineligible to continue participating in the program. Other individuals (36%) chose to move to more structured residential programs or with friends or family.

Some of the main reasons for eviction were non-payment of rent, unauthorized tenants in the unit, issues related to substance use disorders, property damage, and an inability to get along with neighbors and the landlord. The HST works with people in the PSH program to prevent evictions. They help people with interpersonal skills training, convene team meetings with the person's treatment team members to address issues, and use motivational interviewing techniques to assess people's interest in changing behaviors.

<sup>iv</sup>This report defines people as being in permanent supportive housing if they receive a rental subsidy from the PSH program and/or support services from the Housing Support Team (HST). A number of people choose to keep the HST services after they begin receiving Section 8 vouchers or move to HUD housing (also refer to page 7); these individuals are still considered part of the PSH program.

# Where do people go when they leave PSH?

The PSH program also aims to help people live in the least restrictive environment. Figure 4 below shows where people resided after leaving PSH. Of the 176 people that have left the PSH program, almost half went to live independently (39%) or with family (10%). Some individuals (25%) were in need of more structured or intensive assistance with daily living activities and went to other residential programs. A small percentage (9%) of individuals left the program due to incarceration or long-term hospitalization.



## Calvin's Story

Calvin was raised by his aunt from the age of three, after the death of his mother. Early in life he had trouble with authority and being disciplined, which led to juvenile placement and eventually incarceration. He had his first onset of mental illness after his release from jail in 2000, "I began to have this all pervasive feeling that I was being watched ... no voices, no psychotic thoughts . . . just a feeling that . . . someone was following me." As his mental illness progressed from paranoia to hearing voices Calvin says, "I couldn't cope, I didn't know of the supports that were in the community, it was a new encounter, a new experience."

During another episode of incarceration, Calvin's mental illness led to multiple transfers between jail and the state hospital (Mayview and then Torrance). Finally, he was transferred to a long-term structured residence (LTSR).

After some time in the LTSR, he made progress coping with his mental illness. He was able to go out on his own or with his family, and he even obtained a part-time job. "But there was only one thing missing," he says, "I could not get any housing... I searched and searched. [There were] background checks, [I did not want] nothing too expensive, [and] I didn't have good credit history." One of his counselors came across information about the permanent supportive housing (PSH) program and made the referral. He was interviewed, met the criteria for the target population and has been in his own housing for almost a year and a half.

Calvin has a knack for interior decorating and his apartment showcases this skill. When asked what he liked the most in his apartment he replied, "I like it all together." He carefully picked the paintings, lamps, accent pillows, centerpieces and throw rugs to create an inviting and relaxing atmosphere. Calvin says he likes being able to have family and friends over to visit.

To maintain his mental wellness, he goes to his groups and counseling sessions, researches and studies information on his mental illness, and prays and reads his bible. All of which he says has helped him to be able to remain stable and cope.

When asked about his challenges he says that they include maintaining and keeping up with the bills, being able to go out and work with a mental illness, and getting back to fully supporting himself. He notes, however, that, "with the help that TSI provides it's a little easier." He is currently in a job search program and hopes to be able to fully support himself within the next two years.

Calvin's advice to others: "People can and do recover from mental illness . . ."

## *Sarah's Story*

**"I got my freedom back. It's great. I feel like an adult again. I feel like it's like a whole new lease on life."  
– Sarah**

Sarah, a Pittsburgh native and mother of three, was diagnosed with bipolar disorder eight years ago. When discussing her mental illness she says, "I had struggles but I ignored the signs because I really didn't know what to look for... I really didn't know what was going on with me." About one and a half years ago, she wasn't taking her medication and was involuntarily committed to a psychiatric hospital for the first time. Sarah said, "I used to cry, 'I'm never getting out of this place' . . . I promised myself that if I [got] out. . . I would take my meds when I'm supposed to and make [it to] my appointments . . ." After 6 months she was transitioned to a CRR – where she stayed for one year.

While in the CRR, she was referred to the PSH program. On her wish list for housing was having a safe place, being on a bus route, having a laundry room in the building, stores close by, and not having to pay all of the utilities. It took 9 months to find her perfect apartment but she said it was well worth it, "Everything that was on my wish list for living in my own apartment came true . . . [the HST staff] showed me this place and I just fell in love with it!"

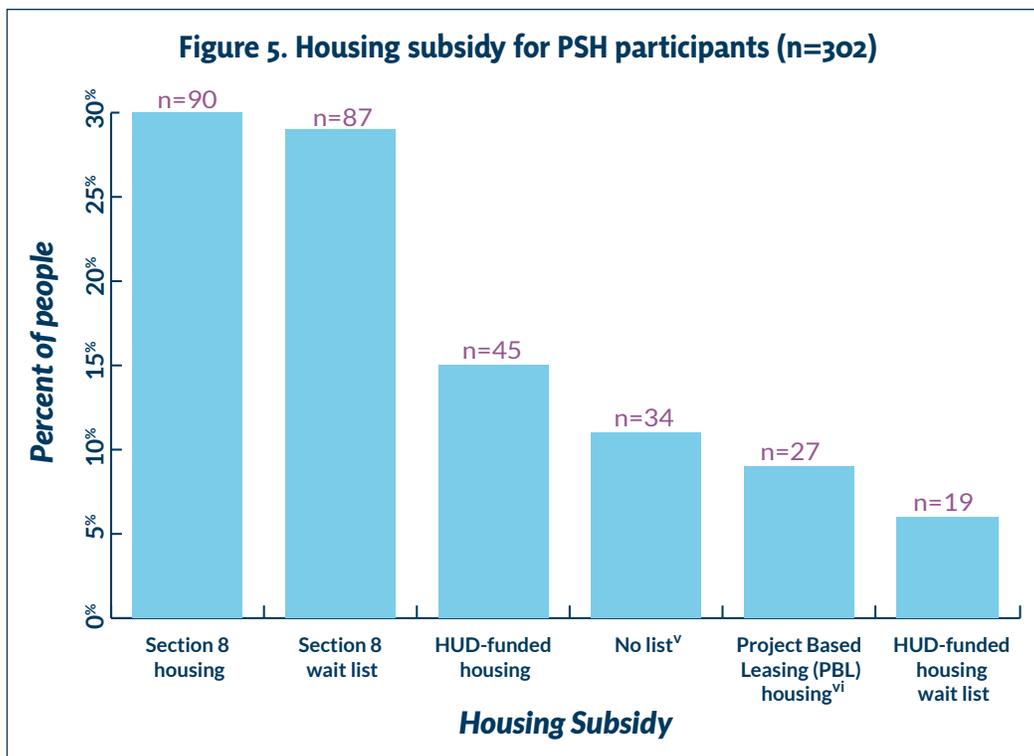
Sarah says she couldn't have done it without the help of HST staff, "They've been tremendous. They've really helped me to make my move easier." The program helped her buy furniture and household supplies. They even arranged the move-in and delivery. "I was in shock . . . it's all falling into place . . . It actually brought tears to my eyes. After everybody left I just sat down on the new furniture and I just cried like a big baby because I was just so happy. It was such a big relief."

When thinking about her future plans she says, "I'm just taking it one day at a time. I just want to live a nice, peaceful, calm, hospital-free life."

# Who has applied for and received Section 8 Vouchers and HUD-funded housing?

A key strategy of the PSH program is to assure long term sustainability by assisting people in applying for and receiving Section 8 Housing Choice Vouchers. Since the PSH program began, there have only been brief periods when the Section 8 waiting lists in Allegheny County have accepted new applications; otherwise, the waiting lists have remained closed. As an alternative, until the Section 8 waiting lists re-open, the PSH program has also assisted people in applying for HUD-funded housing.

Figure 5 shows the housing subsidy status for all 302 PSH participants.



The PSH program has been successful in helping people access permanent housing rental subsidies outside the behavioral health PSH funds. Even when a person receives Section 8 or HUD-funded housing they are not automatically discharged from the program. As of December 31, 2013:

- 40 people with Section 8 Housing Choice Vouchers continue to receive services from the HST.
- 28 people in HUD-funded housing continue to receive services from the HST.

<sup>v</sup> Some people are not on a waiting list for the following reasons: there was no waiting list open, they were in the program for a short time, they did not qualify for Section 8 or HUD, they were new to the program but intend to apply to the HUD wait list.

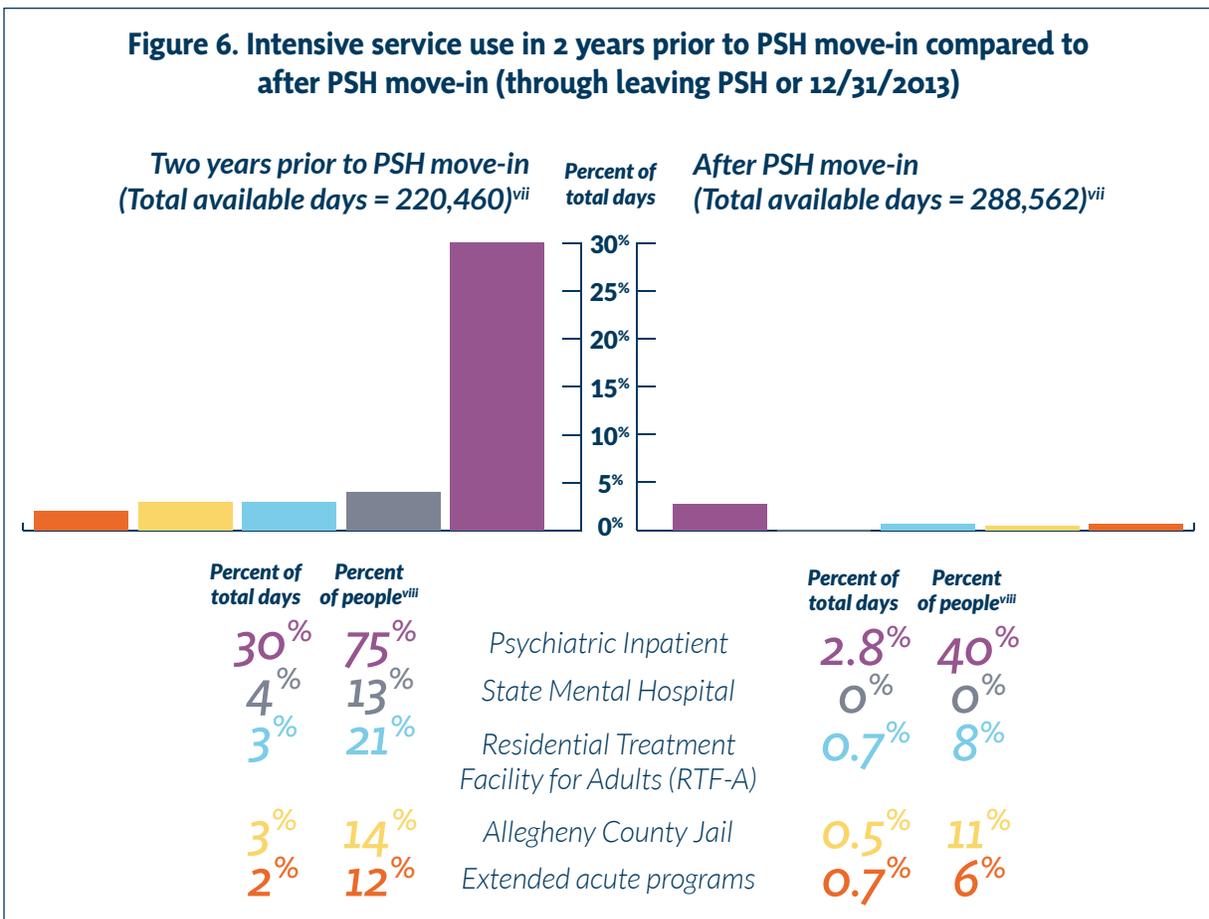
<sup>vi</sup> People are placed in PBL housing if they are ineligible for Section 8 due to a criminal record or owing money to housing authority or previous landlords. PBL helps prepare people for Section 8 as it allows for more time away from the crime/not being arrested again and/or having people pay the money they owe to housing authority or previous landlords.

# How has utilization of intensive services or jail changed for people in PSH?

The PSH program also aims to help people achieve stability in their lives, minimizing the need for intensive treatment services (i.e. psychiatric hospitalization, extended acute, and RTF-A) whenever possible, and reducing the risk for being incarcerated. While people who need intensive services can still access them, the PSH program, in coordination with treatment services, works hard to support people in the community and help them maintain their tenancy in their apartment.

Figure 6 shows the percent of days and the percent of people for each intensive treatment service, including jail, before and after people move into PSH.

In the two years before PSH move-in, 80% (of 302 people) spent 42% of the days available in a psychiatric hospital, extended acute or RTF-A, or jail. After moving in to PSH, these percentages dropped significantly to 46% (of 302 people) spending 6% of the available days in a psychiatric hospital, extended acute or RTF-A, or jail.<sup>vii, viii</sup>



<sup>vii</sup> Since people have had different lengths of stay in PSH depending on when they moved in (and for some, when they left), to standardize the data for Figure 6 all of the days available for each person were summed (to produce total available days) and then the proportion of days spent in one of the intensive services and/or jail was calculated.

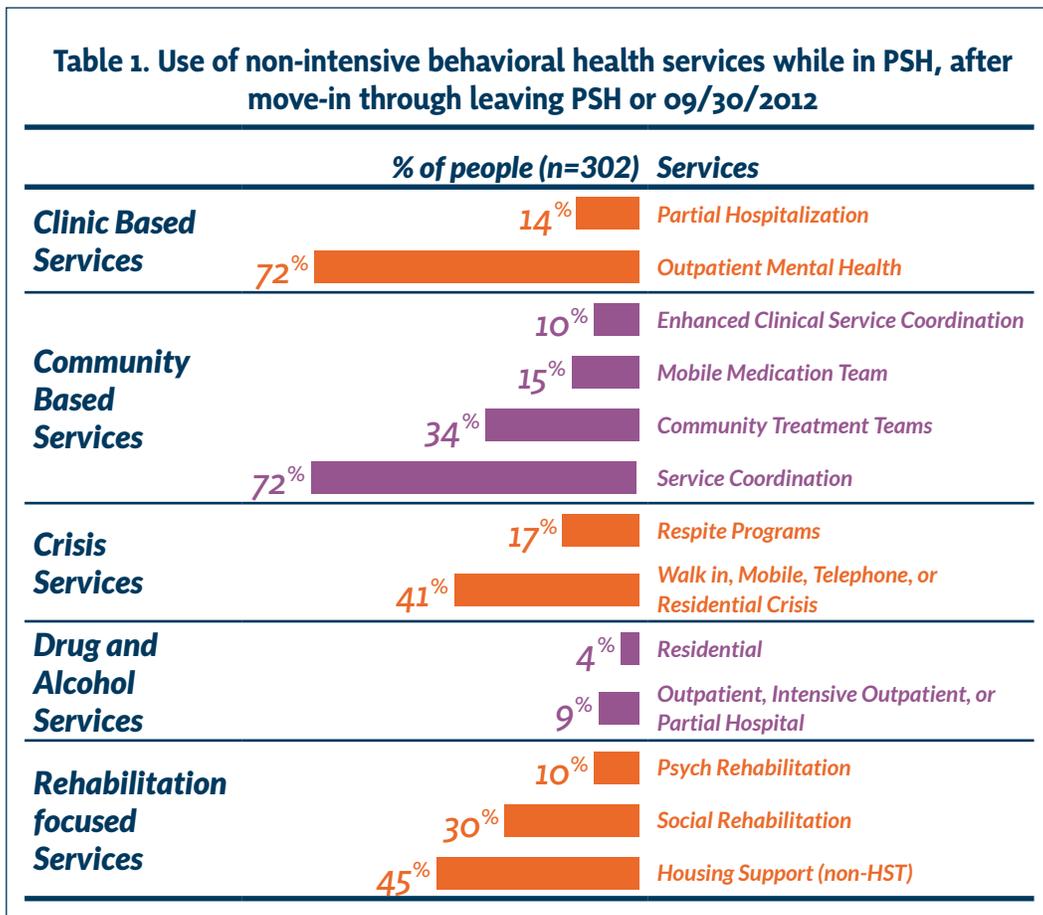
<sup>viii</sup> The percent of people listed in Figure 6 is not a sum of the total percent of people, 80% and 42% discussed in the paragraph above, that had an intensive treatment or jail stay as people may be included in more than one category.

# What was utilization of non-intensive services like for people in PSH?

Since the Housing Support Team (HST) services do not include clinical treatment, the PSH program works to assure that people still have access to the behavioral health treatment and rehabilitation services they need and that all services are well coordinated.

Table 1 shows the percentage of people who have used different types of services while in the PSH program, and illustrates that people that are in need of services during participation in the PSH program receive them. The most frequently accessed services were outpatient mental health and service coordination (72% of people for both). There were 18 people (6%) that did not access any services during their time in the PSH program.

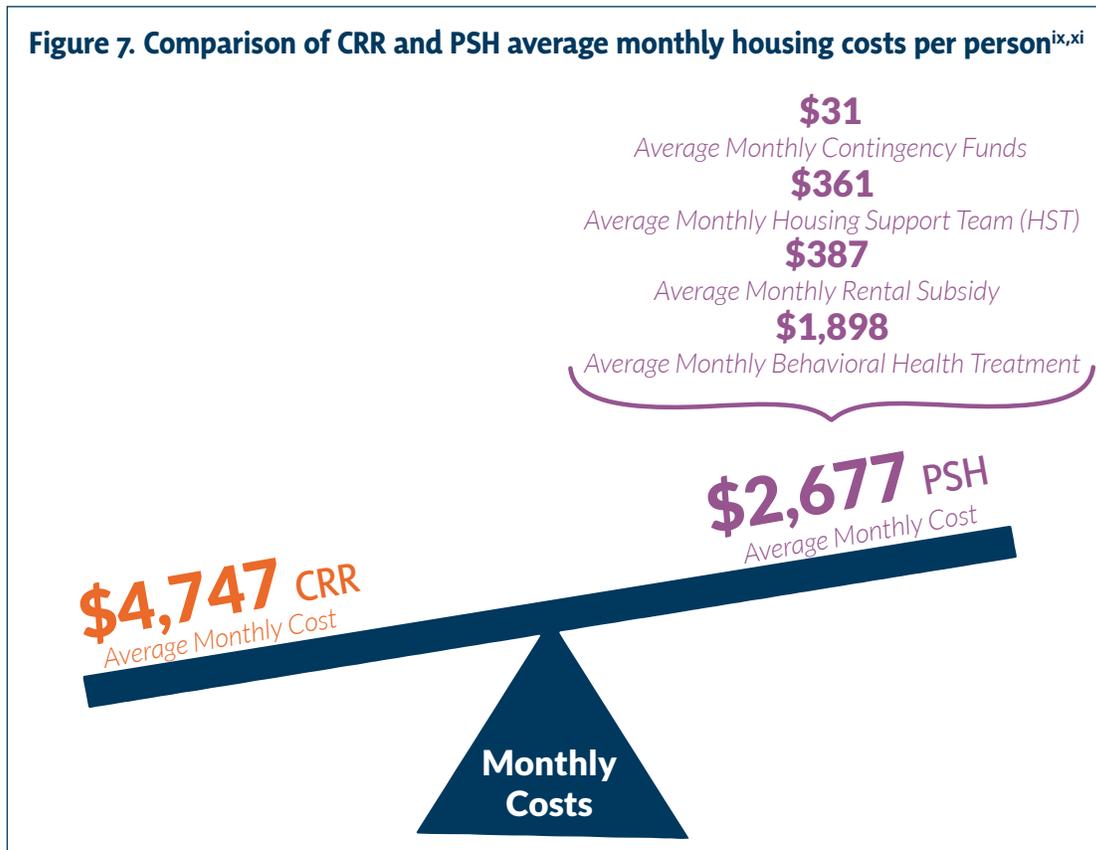
Social and psychiatric rehabilitation programs that provide opportunities for people to gather with others and provide social support and skill building can be beneficial to people who are no longer living in group settings where rehabilitation and support activities are part of their daily schedule. These services were used by 30% and 10% of people respectively. Additionally, 45% of people used other (non-HST) housing support services, provided by behavioral health staff in organizations outside of the PSH program, that teach skills necessary for independent living (for example, medication support, budgeting, grocery shopping, and laundry skills). These additional housing support services complement the housing-specific services provided by the HST.



# Is PSH a less costly alternative to residential programs ?

In addition to helping people find and keep permanent housing, the PSH program can be a cost-effective alternative to residential programs.

The average monthly cost for permanent supportive housing is \$2,677.<sup>ix</sup> This cost includes rental subsidies, housing support team services, and contingency funds.<sup>x</sup> Also included are behavioral health treatment services that people receive in addition to the PSH program services. When compared to a community residential rehabilitation program (CRR) - which is where 59% of the people in the PSH program were referred - the PSH program, on average per month, costs 44% less (Figure 7).



<sup>ix</sup> Average monthly PSH costs do not reflect additional housing support costs paid by County funds. These are services that teach skills necessary for independent living (for example, medication support, budgeting, grocery shopping, and laundry skills), complementing the housing specific services provided by the HST. Per person cost data is not available for these services. On average, people in PSH who used additional housing support services used three hours of these services per month, which would not alter substantially the cost comparison in Figure 7.

<sup>x</sup> Contingency funds are used to assist people with one-time costs, including furniture, household items, and security and utility deposits. They averaged \$1,002 per person; when divided across total months in housing, contingency funds averaged \$31 per month.

<sup>xi</sup> Per diem CRR costs are calculated by taking the total amount of County funds allocated and spent for the residential cost center for the fiscal year and dividing by the days provided during the fiscal year. This does not include treatment costs.

# *Conclusion*

Under the direction of Transitional Services, Inc., the Allegheny County PSH program has made substantial progress in meeting its goals.

1. The first goal is to help people find and keep, safe and affordable, permanent housing. Without the assistance of the PSH program – from supportive services to the rental subsidies – it would have been difficult for people to move out of residential programs and maintain their tenure in the community.
2. The second goal is to assist people in accessing permanent rental subsidies (Section 8 Housing Choice Vouchers) or federally funded public housing (Housing and Urban Development [HUD] funded housing) outside the behavioral health system. Despite closed waiting lists for Section 8 for most of the last six years, the PSH program has made progress in moving people to permanent rental subsidy programs.
3. The third goal is to support people in the community by minimizing the need for psychiatric hospitalizations while assuring people have access to coordinated treatment and rehabilitation services. People in PSH have substantially fewer hospital or extended acute days when compared to the two year period before moving into their housing. The PSH program has also helped to connect (or maintain the connection) between people and community-based services.
4. The fourth goal is to provide a less costly alternative to County-funded residential programs for people with serious mental illness. When compared to CRRs – the most common referral source for PSH – the PSH program costs the behavioral health system 44% less on average per person per month in housing costs.

These successes have been achieved during a time of highly constrained availability of Section 8 vouchers, affecting the number of people who can be served and the long-term sustainability of the program. In terms of wellness and cost savings the success of the PSH program suggests that this program is a good value to the behavioral health system. Given this and in moving forward, consideration of funding streams for use after reinvestment funds are exhausted is important.



444 Liberty Avenue, Suite 240, Pittsburgh, PA 15222

P: 412.325.1100 • F: 412.325.1111 • WEB: [www.ahci.org](http://www.ahci.org)

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