

Permanent Supportive Housing in Allegheny County: Update on Outcomes

Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse treatment.

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



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What is the Permanent Supportive Housing 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, or those being diverted from state hospitals, also are 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.

Housing Tenure

The PSH program has helped many people find, get, and keep affordable housing in the community of their choice. Between February 2007 and July 2010, the PSH program has helped 205 people find housing. Most people were referred to the PSH program while living in a CRR (48%) or during a psychiatric inpatient stay (29%)*, or in the Residential Treatment Facility for Adults (12%).

Of the 205 people who have found housing through the program:

- ▶ 64% remain in their PSH housing, with an average of 23 months in their housing.
- ▶ 36% have left the program, after an average of 13.9 months in housing.
- ▶ People went to a variety of living arrangements after leaving PSH, including family

PSH is linked to clinical and rehabilitation services that are optional and flexible. People are not required to participate in services to keep their housing, although they are encouraged to use services. Individualized services are available when the person needs them and where the person lives.

The PSH program helps people in two primary ways: by providing rental subsidies and through the supportive services of the Housing Support Team (HST). Rental subsidies assure that people spend no more than 30% of their income on rent in apartments throughout the community. The HST's supportive services range from helping people find apartments, move in, and set up utilities, to helping people become familiar with their community, and skill-building in housekeeping, shopping, managing money, and landlord relations.

and independent settings, other residential programs, and personal care homes.

- ▶ A small percentage were discharged because they were incarcerated (3%), or deceased (3%).
- ▶ 24 people (12%) experienced one or more evictions while in the PSH program. In each situation, TSI tried to prevent the eviction and to find housing for each individual after eviction. Eleven people found housing through the PSH program after one eviction.

Without the assistance of the PSH program –from the 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.

* includes 45 people from community inpatient units and 14 people from Mayview State Hospital.

Psychiatric Hospitalizations and Other Intensive Treatment Services while in PSH

One key goal of the PSH program is to help people achieve stability in their lives, minimizing the need for psychiatric hospitalizations and other intensive treatment services. While people who need these services can still access them and keep their housing, the PSH program, in coordination with treatment services, works hard to support people in the community.

The first six months is critical as people transition to apartment living from more structured settings. As shown in Table 1, a smaller proportion of people (17%, for a median of 15.5 days) had a psychiatric hospitalization during the first six months when compared to psychiatric hospitalization rates during the prior two years. As the length of time people are living in their apartments increases, a larger percentage do have a psychiatric hospitalization (37% have been hospitalized after their first six months in PSH, for a median of 30 days).

Table 1 also shows that a smaller proportion of people have used the Residential Treatment Facility for Adults (RTF-A) or extended acute care services after moving into

permanent supportive housing. While 19% had spent some time in a state hospital during the two years prior to moving into PSH, no one returned to a state hospital after moving into an apartment.

While not enough time has passed to compare a two-year period for many of the individuals in the PSH program, these preliminary results suggest fewer people have needed longer term, intensive treatment services.

Table 1. Use of Psychiatric Hospitalizations and Other Intensive Treatment Services by People in PSH

Service type	2 years prior to PSH	First six months in PSH	After first six months in PSH
Psychiatric hospitalizations	68%	17%	37%
Residential Treatment Facility for Adults (RTF-A)	25%	3%	7%
Extended acute care services	9%	3%	3%
State hospital	19%	0%	0%

Use of Behavioral Health Services while in PSH

The Housing Support Team services focus on helping people develop the skills to find and keep their housing. They do not provide clinical treatment. Therefore, one goal of the PSH program is to assure that people still have access to the treatment and rehabilitation services they need, and that all services are well-coordinated.

Table 2 shows the proportion of people who have used different types of services while living in their PSH apartments. Many people have accessed a combination of service coordination and outpatient mental health services. A smaller but significant proportion of people used community treatment team (CTT) services and mobile medication team services. Contacts with CTT are usually frequent (average of 4 contacts per week) and contacts with service coordination occur regularly (average of 1 contact per week during first six months, then about 3 per month on average).

Because people are not living in group settings where rehabilitation and support activities are part of the daily schedule, connecting to services like social or psychiatric rehabilitation that offer opportunities to meet and socialize

with other people can help provide social support. A significant proportion of people have used other OBH-funded housing support services or social rehabilitation (41% and 27% respectively, in their first six months in PSH).

Table 2. Behavioral Health Services Used by People in PSH

Service type	% of consumers who used service during first six months in PSH	% of consumers who used service after first six months
Crisis	16%	34%
Community treatment team (CTT)	25%	31%
Housing support	41%	36%
Mobile medications team	16%	12%
Outpatient mental health	64%	66%
Service coordination	75%	73%
Social rehabilitation	27%	23%

Note: Table includes services used by 10% or more of people in the PSH program.

Conclusion The PSH program is currently operating at capacity. It continues to follow the principles of the permanent supportive housing model. People in the program are maintaining their housing, connecting with behavioral health and supportive services, and are using hospitalization and other intensive services at lower proportions than prior to PSH.