

Allegheny HealthChoices, Inc.

Allegheny County Permanent Supportive Housing Program

Permanent Supportive Housing: a Different Option for People with Serious Mental Illness

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 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.

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.

The Allegheny County PSH program is operated by Transitional Services, Inc. (TSI). TSI has funding to support approximately 150 people in apartments scattered throughout the community TSI manages both the rental subsidies and the HST. A key strategy of the program is that people will become eligible for Section 8 Housing Choice Vouchers. These vouchers are part of a federal program to provide rent subsidies for low-income individuals and families. A separate component of the program managed by the Allegheny County Housing Authority is focused on developing new housing units for the PSH program.

This report covers data on the group of people using the PSH program from late 2006 through March 2009, and the progress made towards helping them find and keep permanent supportive housing. The report also provides information on program costs compared to residential and inpatient settings, program sustainability, and an update on the development of new housing units.



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Finding and Keeping Housing

Since 2006, the PSH program has worked with several hundred individuals with serious mental illness in need of housing. Of the 509 referrals made to the program, 47% were accepted. Referrals were most commonly rejected because the individual did not meet the target population requirement of living in an Office of Behavioral Health (OBH) funded residential program or state hospital upon referral.

After they are accepted, the Housing Support Team (HST) works with people individually to assess their housing preferences, and then helps the person find an apartment that meets the person's criteria and budget. The PSH program has been successful in helping 71% of people accepted into the program find housing. This process has taken an average of 4.5 months because the search is individualized. It can be challenging to find apartments within the acceptable price range with landlords that will eventually accept Section 8 vouchers.*

A smaller proportion of people (23%) ultimately chose to drop out of the PSH program before moving in. While individual's reasons varied, most often people decided they preferred a more structured setting (for example, a setting where their meals were prepared).

The PSH program has helped 143 people maintain their housing for an average of 11 months (as of March 31, 2009). A small percentage (11%) has left the PSH program after moving in to an apartment. While individual's reasons varied, most often people chose to move to residential programs.

Very few people have faced eviction from their apartment. In each of the four eviction situations, the HST had worked proactively to prevent the eviction and continued to assist the person with their housing needs after the eviction.

Conclusion:

The PSH program has helped many people find, get, and keep affordable housing in the community of their choice. 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.

PSH by the Numbers

509 Referrals Made to PSH

- The PSH program has received an average of 15 referrals per month

240 (47%) Referrals Accepted

- 40% were rejected, most because they did not meet the requirement of living in an OBH-funded residential program
- 8% withdrew their referral

Of those accepted...

170 (71%) people moved in

- 6 people on average have moved in per month
- The average time from referral to move-in is 4.5 months

56 (23%) left PSH before moving in

- People were in the PSH program an average of 5.4 months
- Most often, they left PSH because they preferred their current living arrangements or wanted a more structured setting

27 (11%) left PSH after moving in

- Tenure in housing for people who have left the program averages 10 months, ranging from 21 days to 2 years
- Most often, people went to residential programs after leaving PSH

143 (60%) remain in housing

- People have been in their housing 11 months on average, with 50 people maintaining housing for over one year
- 4 people have been evicted. Two found other PSH apartments, one preferred to be discharged, and one person moved to a personal care home.
- 11 people have spent some time (usually less than 30 days) in the Allegheny County Jail. People can return to their apartments after being discharged from jail.

(This data is current through March 2009.)

*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.

“What I like is the quietness, the environment, it’s safe and I feel very comfortable.”
– Renee, renting since August 2007

Living Arrangements of People at Time of PSH Referral

The Allegheny County Office of Behavioral Health (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 being diverted from state hospitals, also are eligible for the program.

OBH intended for the PSH program to generate movement within the housing system by creating new housing opportunities for people in residential programs, thus creating new openings at these programs for people who need or want more structured settings.

Table 1 shows the living arrangements for people accepted into the PSH program at the time of their referral. The largest number of people was living in a CRR apartment or group home (44%). Many were also in state hospital settings (9%) or treatment facilities that serve people as an alternative to a state hospital, including community hospitals (21%), the residential treatment facility for adults, or RTF-A, (13%), and extended acute services (3%).

Table 1. Living Arrangements at PSH Referral

Living Arrangement	Number of People	Percent of People
CRR apartment	81	34%
CRR group home	25	10%
Extended acute unit	6	3%
Community hospital	51	21%
LTSR	6	3%
Personal care home	5	2%
Residential Treatment Facility for Adults (RTF-A)	31	13%
State hospital	21	9%
OBH funded housing program*	14	6%
Total	240	100%

* The data available did not indicate what type of OBH-funded program these 14 individuals were residing in at the time of referral.

Race, Gender, Age, and Diagnoses of People in PSH Apartments

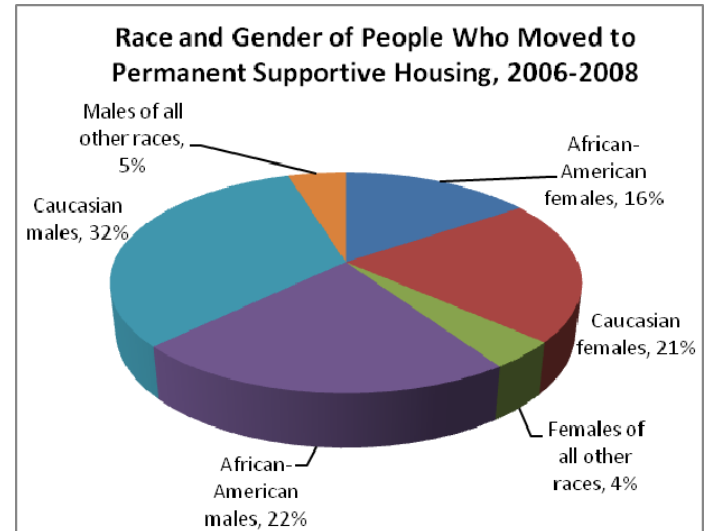
The PSH program is working with a diverse group of people. As shown in Chart 1, the program is working with both African-Americans and Caucasians, and both males and females.

People are also of varying ages:

- 26% are under 30 years
- 23% are between 31 and 40 years
- 26% are between 41 and 50 years
- 21% are between 51 and 60 years
- 4% are 61 years or older

All have a serious mental illness, with schizophrenia and related thought disorders being the most common diagnosis (62%), followed by bipolar disorder (25%).

Chart 1.



Conclusion:

PSH is working with the intended priority population – people living in OBH-funded residential programs, state hospitals, or other restrictive treatment facilities. The program has been accessed most by people coming from CRRs. The PSH program has worked with people of different ages, genders, and races.

“Having my own apartment makes me feel a part of the community.”

– Lorraine, renting since December 2008

Use of Hospital 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 still can access them, the PSH program, in coordination with treatment services, works hard to support people in the community.

The first three months is especially critical as people transition to apartment living from more structured settings. During their first three months:

- 9% (13 people) had a psychiatric hospitalization, for a median of 11 days.
- No one was admitted to the Residential Treatment Facility for Adults (RTF-A), the extended acute unit, or a residential/inpatient substance abuse treatment facility.

As the length of time people are living in their apartments increases, a larger percentage does access more intensive services. After the first three months:

- 22% (32 people) had a psychiatric hospitalization, for 19 median days.
- 3% (4 people) were admitted to extended acute treatment (no median calculated, as two of the four are still in the extended acute unit).
- 2% (3 people) were admitted to the RTF-A for 73 median days.
- 3% (5 people) were admitted to an inpatient or residential substance abuse treatment facility, for a median of 12 days.
- In these situations, people can keep their apartments and return after discharge.

For the time period included in this report (late 2006 through March 2009), 23% of people in PSH had at least one inpatient admission after they moved in to PSH. In contrast, 66% of people had at least one psychiatric hospitalization and 37% had an admission to the RTF-A or to extended acute during the two years before moving in to a PSH apartment. While not enough time has passed to compare a two-year period while living in a PSH apartment, these preliminary results suggest fewer people have needed intensive treatment services.

Use of Intensive Services while in PSH

In comparison to the 66% who were hospitalized during the two years before moving into their PSH apartment:

- 9% were hospitalized during their first 3 months in PSH
- After 3 months, 22% have had a hospital admission

In comparison to the 37% who had an RTF-A or extended acute admission during the two years before moving into their PSH apartment:

- None were admitted during their first 3 months in PSH
- After 3 months, 5% have been admitted to the RTF-A or extended acute

(This data is current through March 2009, and includes 148 people who moved in to PSH prior to 12/1/08))

Conclusion:

So far, most people in permanent supportive housing apartments do not need more intensive services while living in their own apartments. Some use of these services is expected, and people do not lose their apartments when they are hospitalized.

“I hope this will be my home until I die.”
– Barbara, renting since September 2008

Use of Other Services While in PSH

The Housing Support Team services focus on helping people 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 accessed a combination of service coordination (75%) and outpatient mental health services (63%). Nearly one third used community treatment team (CTT) services and 15% used mobile medication team services. Contacts with CTT are usually frequent (median of 4 contacts per week for CTT) and contacts with service coordination occur regularly (median of 1 contact per week).

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 or other housing support services that offer opportunities to gather with other people can help provide social support. A significant proportion of people have used other OBH-funded housing support services (41%), as well as social rehabilitation (26%) or psychiatric rehabilitation services (9%).

Table 2. Use of Other Services while Living in PSH Apartments

Service type	% of People
Community Treatment Team	30%
Service Coordination	75%
Enhanced Clinical Case Management	7%
Outpatient mental health services	63%
Mobile Medication Team	15%
Community-based drug and alcohol services	9%
Psychiatric rehabilitation services	9%
Social rehabilitation services	26%
Other county-funded housing support services	41%

This table includes the 148 people who moved in to PSH apartments before December 1, 2008. People may be represented in more than one row in the table if they use more than one type of service.

Sustainability

A key strategy of the PSH program has been that people using PSH rent subsidies will become eligible for Section 8 Housing Choice Vouchers, diversifying the funding stream.

Currently, the Section 8 waiting lists in Allegheny County, which are managed by the Pittsburgh, Allegheny County, and McKeesport Housing Authorities, are closed. This has prevented people moving from PSH rental subsidies to Section 8. Unless the federal government expands the Section 8 program or the local housing authorities develop a preference program for people in PSH, the PSH program will continue serving people currently in the program as funding permits.

In addition, people will be able to access the new housing units (see box at right) when they become available. Until then, the PSH program is at capacity and is no longer accepting referrals.

Update on New Housing Development

Separate from the HST services and rental subsidies provided by TSI, part of the original funding for the program was earmarked for new housing development.

The goal for new housing development is 40 units, and there are currently 14 units in development. These units will become available after 2010. As expected, the development of new units takes longer than leasing existing units in the community.

Conclusion:

The PSH program has helped to connect (or maintain the connection) between people and mental health or substance abuse treatment services in the community. This helps assure people have access to clinical services they need. The program is currently operating at capacity.

“It’s a footloose and fancy-free feeling... [but] I didn’t feel like I was left alone.”
– Lorraine, renting since December 2008

Program Cost Comparisons

In addition to helping people find and keep permanent housing, PSH programs can be a cost-effective alternative to residential and treatment programs. The box at right shows that an average cost estimate per month for a person in permanent supportive housing is \$1764, including both housing and treatment/rehabilitation services paid for by the behavioral health system. Note that this total does not reflect the costs of utilities, groceries, and household items.

By contrast, behavioral health facilities' cost estimates to the County are much higher:

- \$15,000 per person per month for Mayview State Hospital
- \$12,900 per person per month for the RTF-A
- \$9,000 per person per month for an enhanced mental health personal care home
- \$8,100 per person per month for an LTR
- \$4,230 per person per month for a CRR*

PSH Monthly Cost Estimate per Person

\$368	Average monthly rental subsidy cost
\$1077	Median monthly cost for behavioral health treatment/rehabilitation services
\$319	PSH housing support team monthly costs
\$1764	Total per person monthly cost estimate

Conclusion: *The PSH program can be a cost-effective alternative to residential programs.*

*CRR estimates are based on a subset of programs where budget structures allowed for monthly calculations and are therefore an approximation.



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

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 services cover a range of areas:

- System Development and Planning
- HealthChoices (Medicaid) Oversight
- Assertive Community Treatment (ACT) and Community Treatment Teams (CTT)
- Housing
- Information Systems

We are interested in your feedback on this report.

Please take five minutes to complete a short survey. Go to

<https://www.surveymonkey.com/housing>

Or complete and return the printed copy of the survey (for people who receive the printed report).

All responses received by November 15, 2009 will be entered to win a \$50 VISA gift card!

One entry per person.

Visit us at www.ahci.org to read related reports on permanent supportive housing and to learn more about AHCI's involvement in housing initiatives.