



Update on Permanent Supportive Housing Initiatives for Adults with Serious Mental Illness

Senate Finance Committee: HHR Subcommittee

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Housing is Essential to Behavioral Health



- Chronic housing instability and homelessness are correlated with high health, behavioral health, and criminal justice system costs. The relationship is bi-directional. Housing instability causes over-utilization of expensive institutional services and institutional use causes housing instability.
- Individuals with behavioral health disorders are dramatically over-represented among those experiencing homelessness.
- Unstably housed individuals with behavioral health disorders are over-institutionalized because less restrictive, more effective, and less costly community-based supportive housing options are not available.
- Housing is a social determinant of health. Without access to safe, affordable housing, even the best treatment interventions are rendered less effective.

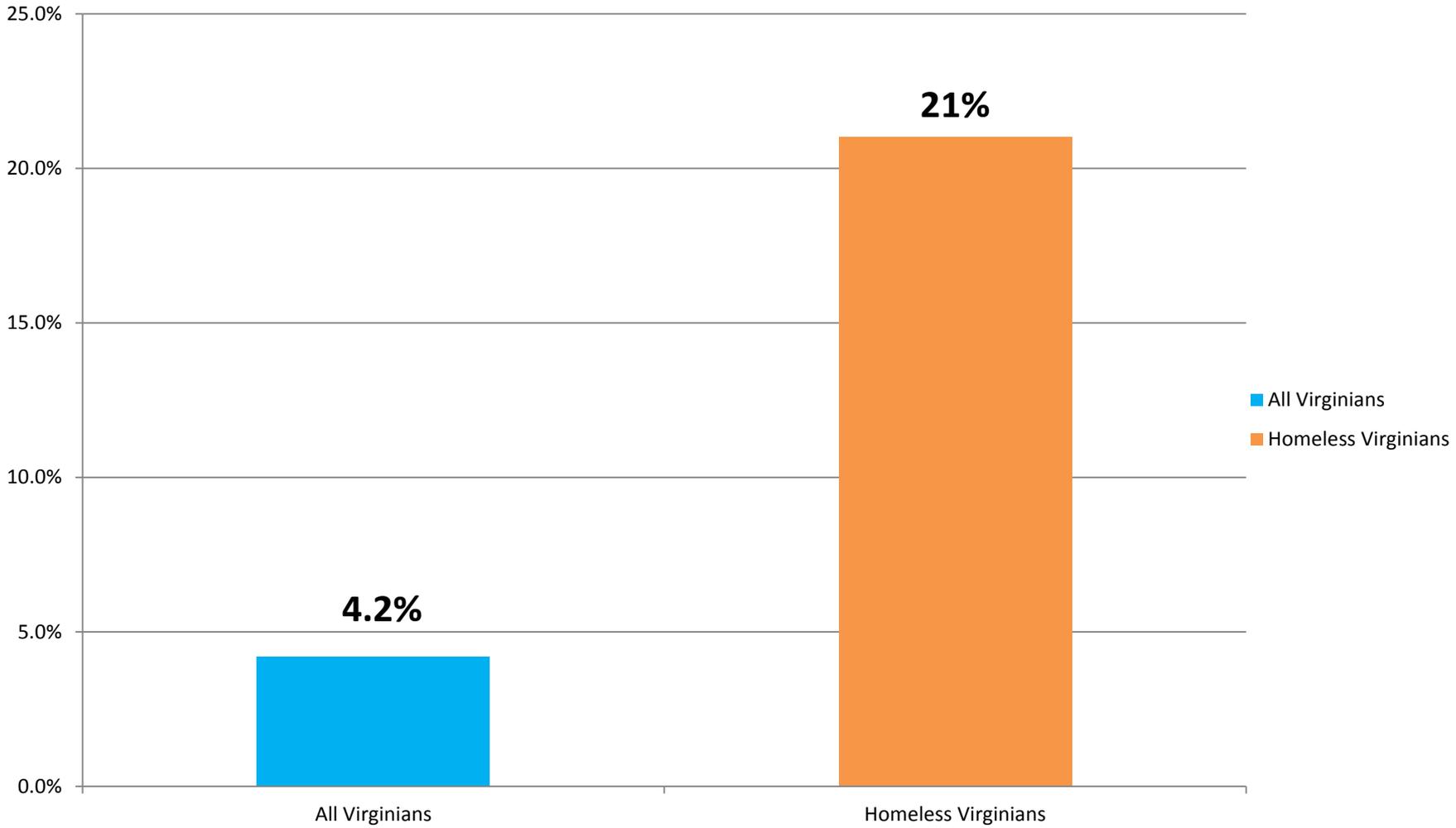
The Housing ↔ Institution Connection

Lack of access to housing often leads to over-utilization of institutional care. Once in institutional settings, unstably housed individuals stay longer at higher cost because they have no suitable living arrangements outside the institution.

- **State Psychiatric Hospitals:** Lack of suitable affordable housing with appropriate supports remains the *primary barrier* to discharge for individuals who are clinically ready to return to the community from state psychiatric facilities (OIG- DBHDS; OSIG 2014).
- **Criminal Justice Settings:** Homeless and unstably housed individuals are significantly more likely to become involved in the criminal justice system than those who have housing. *Offenders with mental illness are nearly twice as likely as other offenders to report a period of homelessness* in the year before their arrest. In addition, once they do come into the justice system, they are more likely to remain in custody longer and to require expensive in-house evaluation, treatment, and crisis intervention.
- **Assisted Living Facilities:** As many as half of those with mental illness in ALF facilities are estimated to be able to live in supportive housing (JLARC, 2011).
- **Local Hospitals** (Emergency Departments, Inpatient Units) According to a 2005 DBHDS study of homeless and housed CSB consumers, the average homeless CSB consumer had *four times* the number of admissions, *three times* the number of bed days, and *three times* the total estimated cost for local psychiatric inpatient care as housed CSB consumers.

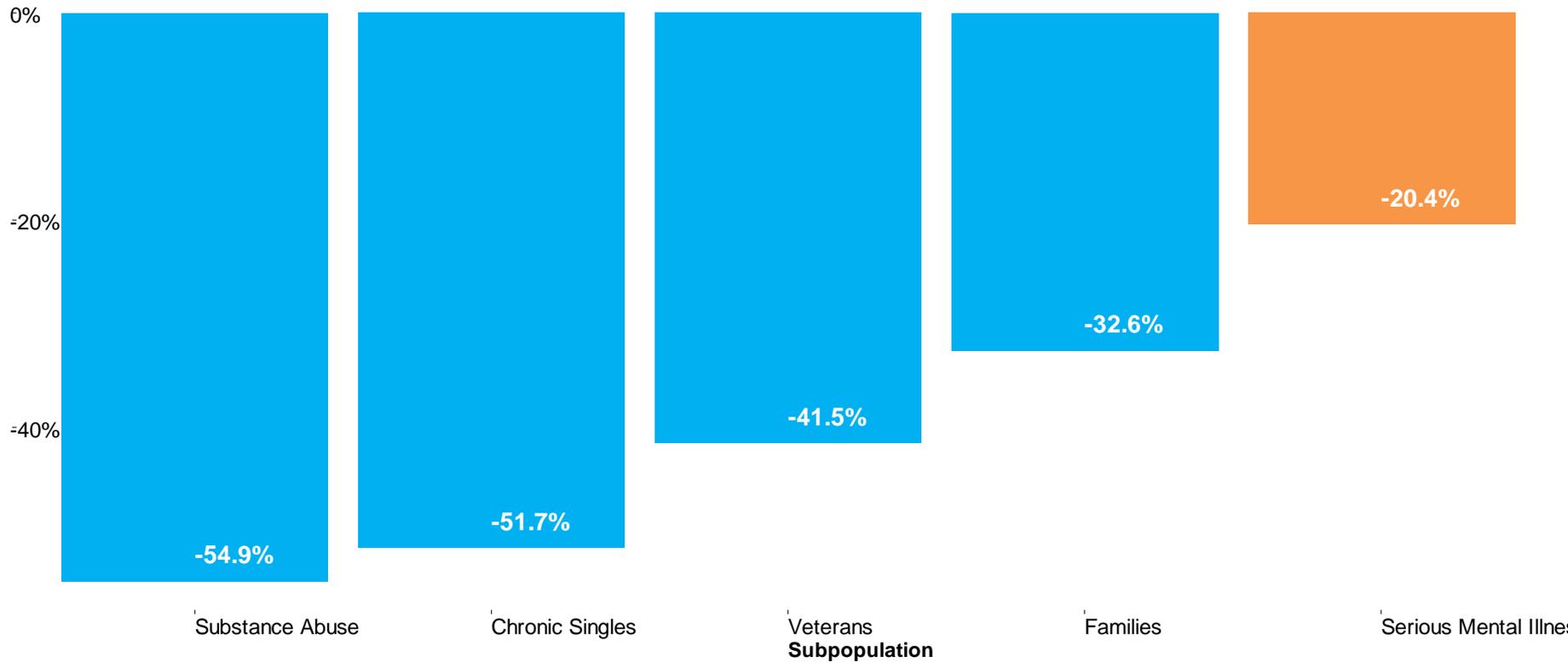
Homeless Virginians Have High Rates of Serious Mental Illness

Prevalence of Serious Mental Illness (2015 PIT)

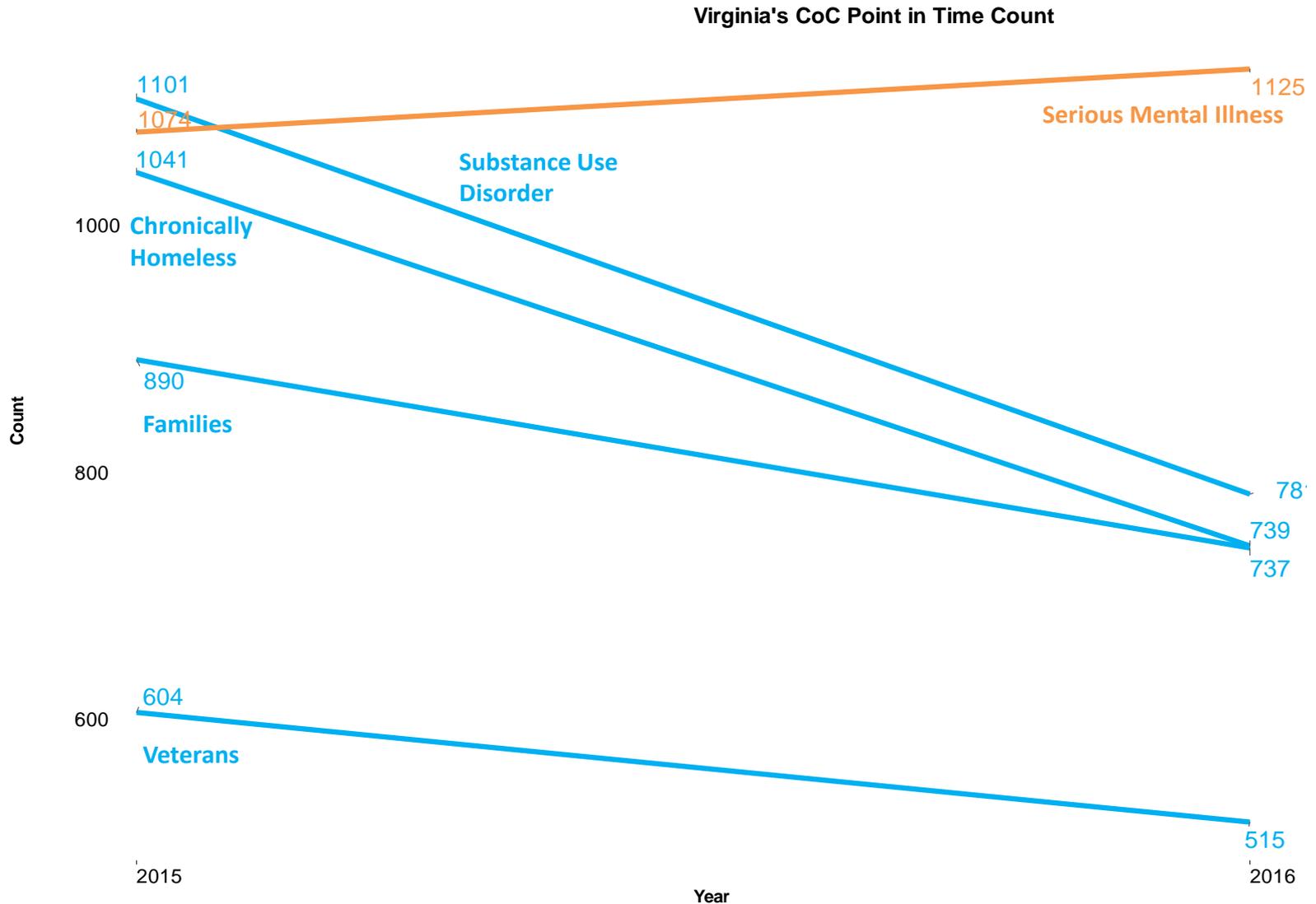


Homelessness Reductions Have Not Been as Dramatic Among Virginians with Serious Mental Illness

Subpopulation Homeless Counts: Percent Decrease Since 2012



Virginia's Count of Homeless Subpopulations 2015-2016*



* Preliminary 2016 PIT Data

Housing Is Not Affordable on SSI in Any Part of Virginia (TAC, 2014)

| Metropolitan Statistical Area | Monthly SSI Payment | SSI as a % of Median Income | % SSI for 1 Bdrm Apartment | % SSI for Efficiency Apartment |
|-------------------------------|---------------------|-----------------------------|----------------------------|--------------------------------|
| Roanoke | \$721 | 20% | 81% | 70% |
| Non-Metropolitan Areas | \$721 | 24% | 81% | 75% |
| Lynchburg | \$721 | 20% | 85% | 78% |
| New River Valley | \$721 | 17% | 86% | 73% |
| Harrisonburg | \$721 | 21% | 92% | 91% |
| Richmond | \$721 | 17% | 116% | 111% |
| Charlottesville | \$721 | 15% | 121% | 92% |
| Statewide | \$721 | 16% | 126% | 119% |
| Tidewater | \$721 | 18% | 128% | 124% |
| Northern Virginia | \$721 | 12% | 171% | 162% |

Permanent Supportive Housing: A Solution

Permanent supportive housing (PSH) is a national ***Evidence Based Practice*** for adults with serious mental illness. PSH combines affordable rental housing with supportive services to address the treatment, rehabilitative, and recovery support needs of participants.

Multiple peer-reviewed research studies, including seven randomized controlled trials, have found that PSH is particularly effective in **improving participants housing stability** and **reducing their emergency department and inpatient hospital utilization**.

Several published quasi-experimental studies have also shown 42-87% reductions in **jail stays** post-PSH interventions.

Permanent Supportive Housing: Key Components

Permanent:

No time limits.

Tenancy maintained through the terms in a standard apartment lease.

Supportive:

A flexible, voluntary array of community-based supportive services is available to participants and is designed to assist individuals with securing and maintaining housing and addressing health and behavioral health needs.

Housing:

Affordable rental housing.

Participants generally pay 30% of their income to rent.

A long-term rental subsidy is generally needed to make housing affordable.

2015-16 SGF Allocation for PSH for Adults with SMI

- \$2,127,600 allocated “to support rental subsidies and services to be administered by community services boards, or private entities to provide stable, supportive housing for persons with serious mental illness.”
- Issued through performance contract modifications and through a Request for Proposals published in October 2015.
 - 2 CSB Performance Contract modifications to Norfolk and Hampton Newport News CSBs, leveraging an annual SAMHSA grant award of \$2.3 million/year for supportive services.
 - 3 contracts awarded through competitive procurement: Arlington CSB, Hampton Newport News CSB (Keys Project), and Pathway Homes (private, non-profit).

DBHDS PSH Contracts from FY15-16 Allocation

| PSH Project Name - Agency | Service Area | Contract Date | PSH Units Awarded | Year 1 | Year 2 | # Housed to Date | Utilization Rate |
|-----------------------------------|--|---------------|-------------------|---------------------|---------------------|------------------|------------------|
| Road2Home (CABHI) - Norfolk CSB | Norfolk, Chesapeake, Western Tidewater | 1/15/16 | 34 | \$ 350,000 | \$ 350,000 | 15 | 44% |
| Road2Home (CABHI) - HNN CSB | Hampton, Newport News | 1/15/16 | 34 | \$ 350,000 | \$ 350,000 | 21 | 62% |
| Arlington County PSH | Arlington County | 2/15/16 | 30 | \$ 286,952 | \$ 444,861 | 4 | 13% |
| Pathway Homes | Alexandria, Prince William, Fairfax | 3/1/16 | 35 | \$ 708,423 | \$ 699,139 | 14 | 40% |
| Keys Project - HNN & Norfolk CSBs | Region V | 3/1/16 | 16 | \$ 283,600 | \$ 283,600 | 1 | 6% |
| TOTAL | | | 149 | \$ 1,978,975 | \$ 2,127,600 | 52 | 37% |

SFY 17-18 PSH Awards

- \$2,142,900 in each year of the biennium to serve 150 additional individuals in permanent supportive housing.
- DBHDS identified three communities where data demonstrated need for priority PSH investment based on state hospital discharge lists, homelessness data, and CSB housing stability reports.
- Together, **Fairfax-Falls Church CSB**, **Richmond Behavioral Health Authority**, and the **Virginia Beach CSB** represented 40% of the entire state's chronic homeless population, 33% of the state's homeless adults with SMI, and almost one quarter of the individuals on the state psychiatric hospitals' extraordinary barriers list (based on 3Q 16 data).
- DBHDS requested proposals from each CSB on June 1st. Responses are expected back by July 29th, and final awards will be made by August 15th.

DBHDS' Role with PSH

- Support the Governor's efforts to advance housing opportunities for individuals with disabilities and reduce homelessness (E.O. 32) through participation in the Governor's Coordinating Council on Homelessness and its subcommittees.
 - Co-Chair the Solutions Committee of the GCCH
 - Co-Chair the Housing and Healthcare (H2) Leadership Team
 - Target PSH resources to reduce homelessness among individuals with serious mental illness, to address barriers to discharge in state psychiatric hospitals, and reduce recidivism in local jails.
- Support the Housing Workgroup of the *Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century* through DBHDS staff input on the Housing Advisory Panel.
- Support and monitor PSH providers providing contract oversight; technical assistance; and monitoring system impact and client outcomes.
- Preliminary report to the General Assembly due October 1st.