

OMHSAS Housing Initiative – Overview

January, 2008

Introduction

The subject of housing for persons with Mental Illness is a serious discussion within the Office of Mental Health and Substance Abuse Services (OMHSAS) and throughout the mental health community in Pennsylvania. Individuals with serious mental illness define safe, decent, affordable housing as critical in supporting their recovery; additionally, for numerous years the most pressing need identified by county mental health offices in the Annual County Mental Health Plan was adequate housing opportunities for consumers.

In response OMHSAS convened a Housing Workgroup in April 2006, to formulate recommendations regarding the direction that the development of housing opportunities should take, in light of the need for affordable housing, and the move toward recovery oriented services.

Supportive Housing¹ Initiative

In November of 2006 the Housing Workgroup issued it's report and recommendations to OMSHAS. A full copy of the Workplan is available at :

<http://www.dpw.state.pa.us/General/FormsPub/MentalHealthPublications/003675434.htm>

In essence, the workgroup, comprised of consumers, family members, consumer advocates, OMHSAS staff, provider agencies, county Mental Health Program staff, consultants, members of the Governor's Office of Housing, and the Department of Community and Economic Development all agreed to the following guiding principles regarding housing for persons with Mental Illness:

1. That housing should be separated from services, so that as much as possible no one is asked to live in a "program", but rather has the choices available to others in the general community for selection of a "home";
2. That most individuals with mental illness can live in their own homes, if the right services are available to them for support;
3. That group homes represent for the most part an older model of service, which is no longer a part of the preferred delivery system of housing and services.

The preferred model for housing and housing support services nationally and in Pennsylvania is called Permanent Supported Housing. The definition of that concept is part of the Housing Workgroup Document. Briefly, the definition is:

Supportive Housing is:

1. Safe and Secure
2. Affordable to consumers
3. Permanent, as long as the consumer pays the rent and honors the conditions of the lease.

¹ OMHSAS uses the terms Supportive Housing and Supported Housing interchangeably.

Supportive Housing is linked to support services that are:

1. Optional. People **are not** required to participate in services to keep their housing, although they are encouraged to use services
2. Flexible. Individualized services are available when the consumer needs them, and where the consumer lives.

There are numerous studies that demonstrate the benefits of supportive housing for individuals with serious mental illness, addiction and co-occurring disorders. Specifically, these studies have found that the number of hospitalizations as well as emergency room and shelter bed use are dramatically reduced, and the ability to obtain and sustain employment is significantly increased when supportive housing is available. These studies conclude that decent housing and supports are not only essential to recovery, but also cost effective alternatives to homelessness, incarceration and other undesirable alternatives. Statistics from several recent studies are striking:

- Residents of supportive housing increased their earned income by 50% and their employment rate by 40%.²
- Prior to living in permanent supportive housing, individuals with mental illness who were homeless used an average of \$40,449 per person per year in shelters, hospitals and correctional institutions. After living in supportive housing for six months or more those costs dropped to an average of \$16,282 per person per year.³
- Medicaid costs for mental health and substance abuse treatment decreased by \$760 per service user and costs for in-patient and nursing home services decreased by \$10,900 per service user six months following their move into permanent housing.⁴
- In 2004, Pennsylvanians receiving SSI would have had to spend 98.4% of their income to rent a one-bedroom apartment.⁵

Funding Supportive Housing

With no new funds identified in the OMHSAS budget for Housing Initiatives, a major goal of OMHSAS Housing technical assistance has been to engage counties in working with “Housing Partners”, through development of partnerships and participation in Local Housing Option Teams (LHOT’s), local housing authorities, county homeless planning activities, Department of Community and Economic Development activities and the Pennsylvania Housing Finance Agency.

To this end, in December 2006, OMHSAS invited counties with HealthChoices Reinvestment funds to receive technical assistance in developing a county housing plan. Seven counties embarked in this early housing planning, that includes partnerships with local county housing organizations and the Pennsylvania Housing Finance Agency in maximizing their utilization of HealthChoices funds in developing supportive housing units, subsidies, bridge subsidy programs, master leasing programs,

² Culhane, Dennis, Metreaux, S.: Hadley, Trevor (2001) The impact of supported housing for homeless persons with severe mental illness on the utilization of public health, corrections, and public shelter systems: the New York/New York Initiative, Philadelphia, PA: The University of Pennsylvania: Center for Mental Health Policy and Services Research.

³ Culhane, Dennis, Metreaux, S.: Hadley, Trevor (2001)

⁴ The Connecticut Corporation for Supportive Housing

⁵ Priced Out in 2004, Technical Assistance Collaborative, Boston, MA

contingency funds, necessary housing and clinical support services (these are examples of plan components; plans will vary based upon local need and resources.) Beaver, Berks, Delaware, Lehigh, Montgomery, Northampton, Philadelphia, York/Adams participated in this early planning effort, joining Allegheny who had previously developed a County Housing Plan.

A key element in counties efforts to effectively pursue housing development funds and to help foster the reallocation of existing county Mental Health base funding dollars is the hiring and training of a full time county housing specialist. How that position is funded is a county by county determination, but some sources of funds for this position have included a set-aside from CRRS conversions; access of county Act 137 housing trust funds and United Way funding.

Additionally, many of the solutions of the housing needs of individuals with a serious mental illness who are also chronically homeless can be resolved through the access of Federal McKinney Vento Homeless Assistance Funding, which is now targeted to the development of housing first and permanent housing solutions for this very distressed population. Counties are being offered targeted assistance to aid in completing the applications for these funds, and in setting up the housing and service programs once funds are approved and received.

OMHSAS has also encouraged counties to look at current resources they have in housing, such as Community Residential Rehabilitation Services (CRRS), and determine if there are better uses and ways to maximize those resources. OMHSAS has created a template for conversion of CRRS (group homes) to insure that conversion of group homes to supported housing or housing support services is completed in a thoughtful and planful manner. No County may engage in the CRRS conversion process without coordination of technical assistance offered by OMHSAS in completion of this conversion template. No County is required to convert existing CRRS facilities to supported housing options; however many are requesting to do so as a result of transitioning their services and service philosophy to one supporting recovery. The funds currently allocated to the counties to operate or contract the operation of CRRS's will remain in the County after conversion, so that the proposed permanent supported housing ventures and housing support services can be funded. A good example of a county joinder that has been able to do just this is Cumberland/Perry. They have reduced their CRR beds from 16 to 10; through a strong partnership with their local housing authority and a shift in these CRR resources, they have been able to expand Supportive Housing to 40 individuals and develop a drop-in center.

OMHSAS Housing Policy

As a result of the Housing Workgroup recommendations, OMHSAS issued a Housing Policy. The policy was incorporated into the 2009 - 2012 Mental Health County Plan Requirement, as a separate section mandating that all County MH Programs complete a Housing Plan, according to a Plan Template provided to all county Administrators.

Housing Plan Development – Technical Assistance

The opportunity for all counties, large and small to have an equal opportunity to receive excellent training and innovative and practical information about the development and provision of housing of choice for consumers in the public mental health system is a priority of OMHSAS. To assist counties,

OMHSAS is offering a comprehensive training course and specific technical assistance to counties to complete the Housing Plan. The OMHSAS County Housing Plan Training began in September, 2007, offered by staff from OMHSAS, Diana T. Myers and Associates, Stairways Behavioral Health and the Technical Assistance Collaborative. The training program over the 2007/2008 fiscal year will cover all of the requirements for producing and implementing an acceptable county housing plan.