



Housing for People with Mental Illness

Best practices and current opportunities in
Washington State

December 4, 2009

Elements of presentation

- Best practice models and costs
- Examples of successful projects
- Current Opportunities

Trends in Housing for People with Mental Illnesses

- Shift away from large congregate facilities toward permanent supportive housing (PSH)
- Shift away from transitional housing to PSH
- Shift away from “housing readiness” toward housing first
- Mental health agencies becoming housing developers, partners, and/or coordinators
- Linkages to employment

PSH definition

■ Housing

- *Permanent*: Not time limited, not transitional;
- *Affordable*: For people coming out of homelessness; and
- *Independent*: Tenant holds lease with normal rights and responsibilities.

■ Services

- *Flexible*: Designed to be responsive to tenants' needs;
- *Voluntary*: Participation is not a condition of tenancy; and
- *Tenancy-Focused*: Focus is on maintaining housing stability.

PSH is appropriate for

People who face persistent obstacles to maintaining housing, such as chronic mental illness or substance abuse, developmental disabilities, or chronic medical issues

People with mental illnesses or co-occurring disorders who

- ***But for housing*** cannot access and make effective use of treatment and supportive services in the community; ***and***
- ***But for supportive services*** cannot access and maintain stable housing in the community.

Benefits of PSH

- **Increases ability to access and maintain housing**
- **Fosters self-sufficiency**
- **Improves access to health services**
- **Encourages peer and community support**

Benefits of PSH

- **reduces use of**
 - Hospital inpatient care for medical and psychiatric conditions
 - Hospital emergency room visits
 - *especially for the most frequent users of ER*
 - Psychiatric emergency and institutional care
 - Residential mental health & substance abuse treatment
 - Jails and prisons
 - Emergency shelters

Housing Types for PSH

- **Single project sites** - all residents requiring supportive services
- **Scattered site** - mostly with private landlords-mostly with rent subsidies like Section 8, Shelter Plus Care
- **Master leased** - usually service agency leases some or all units within a building and subleases to tenants
- **Set aside units** – usually service agency has an agreement to fill some units within a building with their clients who directly hold a lease

PSH Service Models: Housing First

- **Direct placement** of people who are chronically homeless into permanent housing
- Supportive services offered and readily available but **participation not required** to be housed
- Supportive services focused on **maintaining housing**
- **Low demand** approach that accommodates substance use so that relapse does not result in housing loss

PSH Service Models: Housing First

- Use of **assertive outreach** to engage and offer housing to chronically homeless people
- Continuing effort to provide case management and **hold housing** even if tenants are absent for short periods
- Particularly appropriate for the **most challenging** to serve people including those with mental illness and co-occurring substance abuse

PSH Service Models: Intensive Services

- **Direct placement** of people from shelters or institutional settings (jails, state hospitals, residential treatment facilities) into PSH
- Generally appropriate for people who both need and want **more intensive treatment interventions**
- **Combination of services** designed to help tenants maintain housing stability and services related to other elements of recovery

Providers of PSH

- Most often partnerships where owner of housing may be:
 - Mental Health Service Provider
 - Homeless Service Provider
 - Non-profit Affordable Housing Provider
 - Public Housing Authority
 - Private Developer and Private Landlord

Downtown Emergency Service Center Rainier Housing

■ Housing First Model

- 50 units w/full kitchens & baths
- Serves people w/mental illness who have spent long periods of time living on streets or shelters
- Universal Design to promote Accessibility for everyone, including people with disabilities



Compass Health Alder Commons, Marysville

■ Intensive Services Model

- 18 units of permanent housing and on-site services for individuals with chronic mental illness
- Case Management
- Medication Management
- Symptom Management & Coping Skills
- Employment Services



Plymouth Housing Group Plymouth on Stewart

■ Set Aside Housing Type

- 87 efficiency apartments for formerly homeless individuals with very low incomes
- 20 set aside for Begin At Home (BAH) (14 for high utilizers of Medical Respite/emergency room services; and 6 for high utilizers of the Sobering Center/chemical dependency services)
- 20 set aside for Community House, a community mental health provider, which provides a mental health case manager onsite five days a week.



Sound Mental Health Avondale House

■ Master Lease Housing Type

- 16 units transitional housing with services for homeless adults with mental illness.
- Sound Mental Health provides case management, counseling, medication management and meals for residents
- Applications for housing go to Sound Mental Health, which leases Avondale House from the King County Housing Authority.



Costs of PSH for tenants with mental illnesses

- Average annual cost of services in supportive housing is \$8,000 for individuals (range \$3,000-\$15,000)
- Average annual cost of rent subsidy in supportive housing is \$6,500 (range \$3,500-7,500)
- Average capital cost of developing a unit of supportive housing is \$220,000
 - 50 year affordability and use commitment

Comparative Costs of PSH

- **Annual average cost of a prison bed:**
 - \$35,000 - Prisons that house mentally ill people: Walla Walla, Purdy, Monroe and McNeil Island

- **Annual average cost of a bed at Eastern or Western State Hospital:**
 - Eastern State: \$556/person/day (\$202,940/year)
 - Western State: \$469 person/day (\$171,185/year)

Comparative Costs of PSH

- **Annual average cost of a Congregate Care Facility bed in King County and Spokane:**
 - **King County CCF's** - Long Term rehabilitation, ARRC's & nursing homes \$91.25/person/day (\$33,306/year), supervised boarding homes \$32.06/person/day (\$11,601 year).
 - **Spokane CCF's** - \$42/person/day (\$15,330/year); bed plus limited treatment \$50/person/day (\$18,250/year). Beds plus intensive treatment \$90/person/day (\$33,850/year) if intensive support is provided.

Current Opportunities

■ Mental Health Housing Consortium

- Quarterly meetings
- RSN, MH provider, housing provider, MH consumers, State agency reps
- Share info on best practices, policies and resources, opportunities
- Develop policy positions to promote more affordable housing

DSHS Investments in Training and Technical Assistance

- Supportive Housing Institute
- Securing Housing for People with Mental Illnesses: Web Based Guide
- Training for Mental Health Case managers on securing and maintaining housing for their clients

Department of Commerce: Rethinking Homelessness Funding Allocations

- Shift from shelter and transitional housing toward permanent housing
- 1:1 match of state investments with local investments
- Common assessment tool for housing and service needs
- Bonus state dollars for serving people with chronic MI and for people leaving state institutions
- Stakeholder groups to work out details
- Implementation July 2011

.1% sales tax funding

- To support housing and services for people with mental illnesses or chemical dependency
- Take it away Ken

For more info

■ Lynn Davison

Executive Director Common Ground

206-461-4500 x117 | lynnd@commongroundwa.org

■ Tedd Kelleher

□ Homeless Services Manager, Department of Commerce

□ 360-725-2930 | TeddK@CTED.WA.GOV

■ Frank Jose

□ Coordinator of Housing and Employment Services

□ 360-902-0873 | josef@dshs.wa.gov