

Permanent Supportive Housing for Adults with Serious Mental Illness

What is Permanent Supportive Housing (PSH)?

PSH is a model intended to stably house low-income persons who struggle with disabling chronic health and behavioral health conditions—such as mental illness, HIV/AIDS, and/or substance abuse—and who have been unable to access and maintain stable, permanent housing without some level of ongoing supportive services.

Who would PSH funding serve?

State allocated PSH funding supports Virginians who are homeless and suffering from serious mental illness (SMI). Studies show that roughly a third of homeless Americans suffer from some form of SMI, versus 4.2% in the general US adult population.

How are these funds allocated and administered?

These funds are allocated to the Department of Behavioral Health and Developmental Services (DBHDS), granted to localities and then administered by Community Service Boards (CSBs), and/or contracted through private entities to provide long-term housing subsidies and supportive services for persons with serious mental illnesses.

Why Permanent Supportive Housing?

It Works* In Virginia, PSH programs have success rates of 85%-100% for clients not returning to homelessness. Many of these clients had previously experienced homelessness for years.

It Benefits the Community* Unlike traditional shelters, PSH can look like any other type of housing in a community. In many cases, PSH units stand side-by-side with unsubsidized units in a property and in others cases development of PSH can spur community revitalization and increase property values through renovating dilapidated properties.

It Saves Money* The target population often cycles between life on the street, hospital emergency rooms, and mental health facilities. The average daily cost of a PSH unit in Virginia is \$49 versus \$70 for a jail bed or \$598 for adult psychiatric state hospital (2010).

PSH is an evidence-based effective practice towards combating homelessness that will help Virginia meet its goal of reducing chronic homelessness by 40%

- In Virginia, use of this model has been critical in helping to functionally end Veteran Homelessness, making Virginia the first state in the nation to do so.
- From 2010 to 2014 The inventory of supportive housing increased in the state from 1,784 units to 2,886 units. As a result, chronic homelessness fell from 1,510 to 1,021 over the same period, constituting a 32% decrease over 5 years.

Virginia Data

Recent research from Virginia Supportive Housing, Homeward, and the VCU Health System indicates substantial reductions in community-wide costs here in **Virginia**, as well as substantial increases in stable residencies for those most at risk.

- This Richmond, VA study found that providing PSH to 50 high needs homeless individuals in Virginia **saved the entire community \$320,000** by significantly reducing the utilization of emergency response systems over the 20-month study period.
 - Over the 20-month period in Virginia Supportive Housing's A Place to Start (APTS) PSH program, client **emergency room visits declined 61%, inpatient psychiatric hospitalizations decreased 62% and emergency room costs declined 66%**.
 - According to a 2005 DBHDS study of homeless and housed Community Service Board (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.
 - Linking prior incarcerated individuals in the Richmond area to PSH **saved an estimated \$98,072 in potential criminal justice system costs** over the 20-month period.
 - **In Richmond**, the number of people released from jail into homelessness is **45.7%**.
 - **71.8%** of all Richmond individuals **experiencing homelessness** have spent time in **jail or prison**.
 - Citywide estimates of **homelessness prior to incarceration** are around **31%**.

National Data

- National Alliance to End Homelessness (NAEH) estimates that **one in five people (20%) leaving prison becomes homeless upon reentry into the community**.
 - This estimate increases in urban areas, where 30-50 % leaving prison become homeless.
 - Multiple studies have shown **42-87% reduction in jail-stays with PSH interventions**.
- Cost studies in six different states and cities found that supportive housing results in tenants' **decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons**.
 - In New York, combined annual savings from jail and prison was \$800 per person, \$686 in Denver, and \$1,320 in Los Angeles.
 - In the New York study, individuals placed in supportive housing spent, on average, 115 fewer days per person in homeless shelters, 75 fewer days in state-run psychiatric hospitals, and almost eight fewer days in prison or in jails, in the two years after entering supportive housing, compared to a similar group without supportive housing
 - In rural Maine, linking high needs homeless individuals with PSH resulted in an estimated per person cost avoidance of \$1,348.