

## Support Increased Funding of Permanent Supportive Housing

### HB30 - Item 312 #6h - Del. Levine & Del. Gooditis

- Budget amendment **HB30 -Item 312 #6h** would increase funding for Permanent Supportive Housing (PSH) by \$1.5 million dollars in 2019 and \$2.9 million in 2020.
- PSH-- an evidence-based housing practice for people with long term barriers to stable housing, such as adults with Serious Mental Illness (SMI) has been implemented, refined, and studied for more than 30 years. PSH provides housing to individuals with SMI in Virginia who otherwise might experience homelessness and poor behavioral health, resulting in high use of costly hospital, state psychiatric, homeless shelter, and criminal justice resources.
- PSH works because of a combination of providing access to affordable and safe housing, long term rental assistance, and wrap around supportive services to get and keep people with SMI stably housed and healthy.
- In Virginia, the average success rate of PSH participants **not** returning to homelessness after entering PSH is 95% -- many of these individuals may have experienced long term homelessness prior to entering in PSH.
- Additionally, in FY2016, of the estimated 2684 unstably housed Community Service Board (CSB) consumers who could benefit from PSH, 17% had multiple admissions into state psychiatric facilities, with an average length of stay spanning 56 days.
- Increasing an investment in PSH now may result in even more cost avoidance in the short, intermediate, and long term future for our criminal justice, state psychiatric, homelessness, and medical care systems.

### Oppose SB30 Item 312 #6S Sen. Dunnivant

- Budget amendment **SB30 Item 312 #6s**, would move PSH funding increases requested in the governor's budget from the Department of Behavioral Health and Developmental Services (DBHDS) to the Department of Medical Assistance Services (DMAS).
- Due to the low turnover rate within PSH (approximately 10% of housing units per year), the proposed budget amendment would result in DBHDS being able to only place approximately 70 people into PSH per year as opposed to over 200 per year (with the funding increase).
- Furthermore, according to the Centers for Medicaid and Medicare Services (CMS), Medicaid under no circumstances may be billed for long term rental payments --meaning DMAS would be unable to provide the critical rental assistance component needed to fully administer a comprehensive PSH program.
- Given the 95% success rate reported by DBHDS for adults who have been placed into housing through PSH, without additional funding, the Commonwealth will be unable to move individuals from long-term care facilities to permanent supportive housing while also preventing the admission of new patients as the PSH model has been proven to reduce utilization of long-term psychiatric stays.



- DBHDS has spent the past three years increasing its capacity to effectively administer the funding and program structure of the PSH program in partnership with local housing services organizations, as well as Community Service Boards (CSBs) throughout Virginia.
- Currently, through the PSH program administered through DBHDS, adults with SMI are able to gain access to both housing subsidies and supportive services. Shifting the funding and direction of this program to DMAS could result in an unnecessary decrease in quality of services as DMAS would then need to spend time to build capacity to administer this program beyond just housing supportive services to include ways to also pay for long term rental assistance
- DBHDS, DMAS, Department of Housing and Community Development (DHCD), other housing and supportive service state agencies, as well as housing services, criminal justice and mental health advocacy groups have been meeting and working since the Summer of 2017 on building a cross disciplinary, cross sector system to better coordinate providing PSH for people with a variety of barriers to their health and housing stability.

## **Oppose SB30 Item 312 #5H**

### **Del. Poindexter**

- Budget amendment, **SB30 Item 312 #5h** would eliminate PSH funding in the governor's budget for mothers or pregnant women struggling with substance abuse issues.
- With Virginia in the midst of an opioid epidemic, we need to be able to utilize as many innovative resources to address this as much as possible.
- PSH is an evidence based best practice that has over 30 years of research and data to support that through a combination of providing access to safe and stable housing, rental subsidization, and wrap around supportive services, people who have lived experiences with barriers such as chronic illnesses, disabilities, and/or long term homelessness are able to remain both stably housed and healthy.
- The funding would allow for DBHDS to extend a model that already works for a variety of vulnerable and high risk populations to mothers or pregnant women struggling with substance abuse.
- Pregnant and parenting women with SUDs are vulnerable to experiencing poor health outcomes and housing instability and even with SUD treatment, may fall into cycles homelessness. While more research has been conducted on the efficacy of PSH with single adults, during 2016 in Virginia, over 450 families experiencing homelessness have been stabilized via PSH.
- This is important because this funding would allow for not just the life and health of mothers to be more stable, but also that of any children within the household as well.
- Allowing for the PSH funding proposed by DBHDS to fund this pilot may result in significant cost avoidance in the short, intermediate and long term related to services accessed not only by the mother, but by her children as well.