Illinois Division of Mental Health Permanent Supportive Housing Policy

A. Permanent Supportive Housing Policy Statement:

The Department of Human Services, Division of Mental Health is committed to, as a priority toward systems rebalancing, the development and expansion of Permanent Support Housing (PSH) for individuals who meet defined criteria of eligibility and who are diagnosed with a serious mental illness. The goal of this initiative is to promote and stabilize consumer Recovery with elective support services in one's leased or owned home that (1) provides safety, (2) ensures comfort and decency and (3) is financially manageable within the resources that the consumer has available.

Permanent Supportive Housing:

Permanent Supportive Housing (PSH) refers to integrated permanent housing (typically rental apartments) linked with flexible community-based mental health services that are available to tenants/consumers when they need them, but are not mandated as a condition of occupancy. The PSH model is based on a philosophy that supports consumer choice and empowerment, rights and responsibilities of tenancy, and appropriate, flexible, accessible, and available support services that meet each consumer's changing needs. A growing body of knowledge has documented the effectiveness of PSH and helped generate the systems changes needed to create it.

A Corporation for Supportive Housing study in Connecticut[1] compared Medicaid costs for residents for six-month periods prior to and after their move into permanent supportive housing. The cost for community-based mental health and substance abuse treatments decreased by $760 per service user, while costs for psychiatric in-patient and nursing home services decreased by $10,900. This study also documented that supportive housing has a positive – as opposed to the often-feared negative -- effect on neighborhood property values.

Permanent supportive housing reduces human services system costs when compared to traditional residential service programs, because some of the capital and/or rental subsidy costs associated with PSH are covered through affordable housing programs rather than service system funding streams.[2]

The Division of Mental Health has committed to develop an array of Permanent Supportive Housing consistent with the flexible needs of consumers. This policy will be associated with other new initiatives, i.e., Money Follows the Person (MFP) grant and Supportive Employment. The Division's approach will include the new construction or acquisition/rehabilitation of PSH units through new partnerships with housing developers, IHDA, and other financial intermediaries, as well as assisting consumers to lease scattered-site rental housing, including studio/efficiency units, one bedroom units, and shared apartments. By increasing the supply of decent, safe and affordable PSH units, and tracking these units through a housing stock database, the Division will significantly improve its

[1] The Connecticut Corporation for Supportive Housing study online at www.csh.org
[2] Pennsylvania Office of Mental Health PSH

capacity to help consumers obtain permanent housing that meets their preferences and needs. Consumer choice is important because (1) certain housing features/amenities may support a consumer's Recovery goals; and (2) choice in housing correlates with housing and community tenure.

Concurrently, the Division is cognizant that there exists an array of other funded residential programs – including Supported and Supervised Residential Treatment – which provide much needed community-based housing alternatives for consumers of mental health services. In fiscal year 2008 and forward, DMH will devote its attention and future resources toward expansion of the Permanent Supportive Housing model – an acknowledged best practice. Over the years, dedicated residential service programs have assisted many consumers to achieve important milestones toward recovery and independence. DMH will continue its support to current residential service providers, but will not expand or support funding of supported or supervised residential services. DMH's interest is to promote the development of Permanent Supportive Housing. At the same time, we expect that vacancies that naturally occur in the current residential programs will enhance our capacity to assist people in state hospitals or nursing facilities to move to more integrated community settings. Community support principles of individual dignity, the right to privacy, individual choice, and community integration discourage the provision of housing as group living. The notable problems of group living facilities include the external conspicuousness of group homes in the community, and an internal lack of privacy and choice about housemates. Concerning the subject of residential group homes, two significant misperceptions exist regarding needs of persons who have mental illness. One of these misperceptions is that supervision is an appropriate substitute for the provision of supportive services that foster and promote emotional stability and practical learning skills. The other misperception is that for persons with mental illness, the common adult need and desire for companions, friends, lovers and families translates into a desire for group living with a number of other unknown, unchosen adults, who are also mentally ill.[3]

The criteria of eligibility for existing Supported or Supervised therapeutic residential services will continue to be based on medical necessity, denoted by both a LOCUS composite score, typically of twenty-two (22) or greater, and supported by clinical documentation. As DMH adopts the paradigm of residential services to Permanent Supportive Housing, the merit of Supportive and Supervised therapeutic residential services in the treatment array cannot be disputed. For this reason, the Division is committed to support these resources as a fundamental asset in the spectrum of core services. However, DMH also recognizes that without a concerted redirection of energy and resources, to ensure that consumers have choice on residential alternatives and that this choice has a foundation based on principles of recovery, persons with mental illness will continue to be limited in their options to living independently. For this reason, DMH's future attention to the housing needs of individuals with mental illness is redirected to the development of Permanent Supportive Housing options.

[3] Pennsylvania Office of Mental Health and Substance Abuse Services, Description of and Evidence for Permanent Supportive Housing

B. Permanent Support Housing Models – Required Principles / Dimensions[4]:

Permanent Supportive Housing may take several different models:

1. Scattered Sites:

   a) Single Room (Studio) Units / Efficiency Apartments/Units

   b) One bedroom Apartments

   c) Shared Apartments (no more than two individuals per unit, per choice)

2. New Construction Apartments or rehab units

3. Single-family homes

Principles/Dimensions of Housing	Required for Permanent Supportive Housing Programs
Relationship of Housing to Services	Services are linked to the housing but are considered voluntary. Services are not mandated as a condition of residency in the housing.
Permanency, Tenure, and Applicability of Landlord/Tenant Laws	Housing is considered permanent. Landlord/tenant law governs operation of the housing. Tenants have leases, subleases or rental agreements.
Supportive Services	The Division of Mental Health agrees to contract with local providers, or to fund or otherwise facilitate the delivery of supportive services to tenants. However, participation in supportive services is entirely voluntary and is not made a condition of tenancy. Services may be delivered on-site or off-site. Services must be individualized.
Control of Dwelling/Privacy	Tenant controls access to his or her own dwelling unit in accordance with applicable landlord/tenant law.

C. Permanent Supportive Housing Service Linkage

Within the context of consumer choice and preference, people moving into permanent supportive housing units will have a Transition Plan approved by the applicable DMH regional office. In addition to detailing specific services to support the individual in PSH, the Transition Plan will identify the local DMH contracted service provider that will function as the lead agency and clinical home for each PSH tenant. As with other community based service approaches, the Transition Plan will be individualized and tailored to needs and approaches. For example, the Transition Plan will identify skills or milestones that the consumer will need to achieve to reach optimal success and independence. The Plan will also outline how the home agency will systematically assist the consumer in mastering stated skills. Additionally, the Transition Plan will identify resource needs to sustain a household and the mechanisms that staff and the consumer will employ to ensure that these resources

[4] TAC Illinois PSH Assessment

are available at the appropriate move time. Resource needs may be as major as how and when to identify a geographically desired housing unit, to the minor detail of who will physically assume responsibility for relocating the consumer's possessions.

In most cases and for most individuals the services and supports required to assure successful tenancy are already reimbursable by Medicaid under the community support service definition or under other Medicaid plan services (e.g., medication management, psychiatry, outpatient counseling). Provider agencies also have some state fee for service funding and capacity grant funding to fill gaps for: (a) services for people for whom Medicaid eligibility has not yet been established; and (b) gap-filling services that are not currently reimbursable under Medicaid.

The mental health service definitions already in effect in Illinois provide the direct service modalities that work in tandem with PSH strategies. For example, the skill building elements of the community support definition can be used to assist PSH tenants learn the skills of sustaining tenancy (e.g. paying rent, maintaining a clean unit, respecting other tenants' rights, etc.) in the same way as learning other community living skills related to the consumer's personal recovery goals. Other skill-building opportunities include medication self-management and seeking educational and employment opportunities. In addition, the community support definition allows reimbursement for some time spent with the consumer assisting her/him to communicate with her/his landlord, addressing issues related to the current living environment, etc.

Finally, efforts on the part of the mental health provider to link an individual with other formal and informal community resources are reimbursable in most cases as long as the linkage is directly related to the individual's personal recovery goals and is included in the Treatment Plan. Most PSH tenants can benefit from a wide array of community resources and supports beyond the specific mental health services funded by DMH.

It is important for designated local service providers to remember that they are the key points of contact with consumers living in PSH. As a clinical home, the local provider pays attention on a regular basis to how the person is doing; how well they are maintaining the rights and responsibilities of tenancy; how well they are accessing other community services and supports; and how well they are monitoring and maintaining their own care. If the situation is deteriorating, it is the responsibility of the local provider to be the "early warning system" – to identify that a crisis may be imminent, and to intervene to resolve the potential problem before it affects the person's success as a tenant in PSH. This type of early intervention and crisis resolution is, in most cases, completely reimbursable under the Medicaid plan or other services funded by DHS/DMH.

D. Eligibility population for Permanent Supportive Housing:

Individuals eligible for Permanent Supportive Housing must meet one of the following criteria:

1) Clinical diagnosis of Axis I Serious Mental Illness (SMI) or SMI with co-occurring substance abuse disorder, or

2) Clinical diagnosis of Axis I SMI and a co-occurring diagnosis of borderline Developmental Disability (functional IQ 70 and above),

And

a. Resident of a Long Term Care facility (nursing facility), or

b. At risk of placement in a nursing facility, or

c. Extended long term patient (at least 12 months) in a State Hospital, or

d. An aging-out adolescent or young adult transitioning from an Individual Care Grant (ICG) program, or

e. A DCFS ward aging-out of guardianship or

f. A resident of a DMH funded supported or supervised (including MH-CILA) residential setting, or

g. Experiencing homelessness (as determined by DMH)

Additionally, the individual must:

3) Have an open/active clinical record, i.e., substantiating that the individual is a consumer receiving mental health services from a contracted vendor of the State Mental Health Authority, and

4) Have a LOCUS composite score of 22 or less (Levels 1 – 4) or request a clinical justification for waiver of this requirement.

5) Be a single adult (age 18+) or head of household.

6) Have a current household income at or below 30% of Area Medium Income (AMI) as defined by HUD and verified by the DMH Bridge Subsidy Administrator.

This means that any person or head of household who has no income remains eligible for Permanent Supportive Housing.

Note: Access to Permanent Supportive Housing, Bridge Rental Assistance and Transition Funds will meet all fair housing regulations and will not discriminate against any person who has serious mental illness.

Appendix A

Transition Assistance Funds

Transition Assistance Funds are defined as a set amount of money used to assist the consumer's transition needs to community residential alternatives, by establishing and obtaining basic resources/items such as application fees, security deposits, utility activation, household needs, i.e., furniture, bed/bedding, small appliances, clothing, etc. The case manager through the Subsidy Administrator can access these Transition Funds. The case manager and the Subsidy Administrator will reconcile expenditures with receipts. Debit cards will be secured by the Subsidy Administrator for household purchases. The Subsidy Administrator will prepare a check or money order for purchases/payment when a debit transaction is not accepted. No cash will be used for any transactions. Transition Funds are limited to:

$2,000.00 per individual, per 24-month period.

$2,800.00 per individual, within a lifetime.

Transition Funds are accessed through a signed agreement between the consumer and his or her case manager or support service staff, with submission of a written budget plan signed by the consumer.

Transition Funds will be used to pay the leasing agent and landlord for the security deposit or the utility companies for activation.

Transition Funds will be secured in a debit card for the purchase of other household needs.

Transition Funds will be reconciled with the Subsidy Administrator no later than 30 workdays after the consumer transitions into a PSH unit. The TCM or support service staff will prepare an itemized report of expenses. Receipts will be authenticated and signed by the consumer.