



DBHDS Permanent Supportive Housing Update

SJ47 Criminal Justice Diversion Workgroup

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Housing Instability and Vulnerable Populations

Housing is a key determinant of health.

Poor living conditions, caused by poverty and homelessness, affect both people's vulnerability to illness and injury as well as their ability to benefit from treatment and manage their conditions.

Housing instability is correlated with high health care and criminal justice costs.

Homelessness increases the likelihood of excessive use of the hospital, crisis, and criminal justice interventions. Complex health needs and co-occurring health and behavioral health disorders increase the number, intensity, and scope of services needed by unstably housed individuals in these settings.

Lack of affordable housing and appropriate supportive services remains the primary barrier to discharge for individuals who are clinically ready to return to the community from state psychiatric facilities (OIG- DBHDS; OSIG 2014).

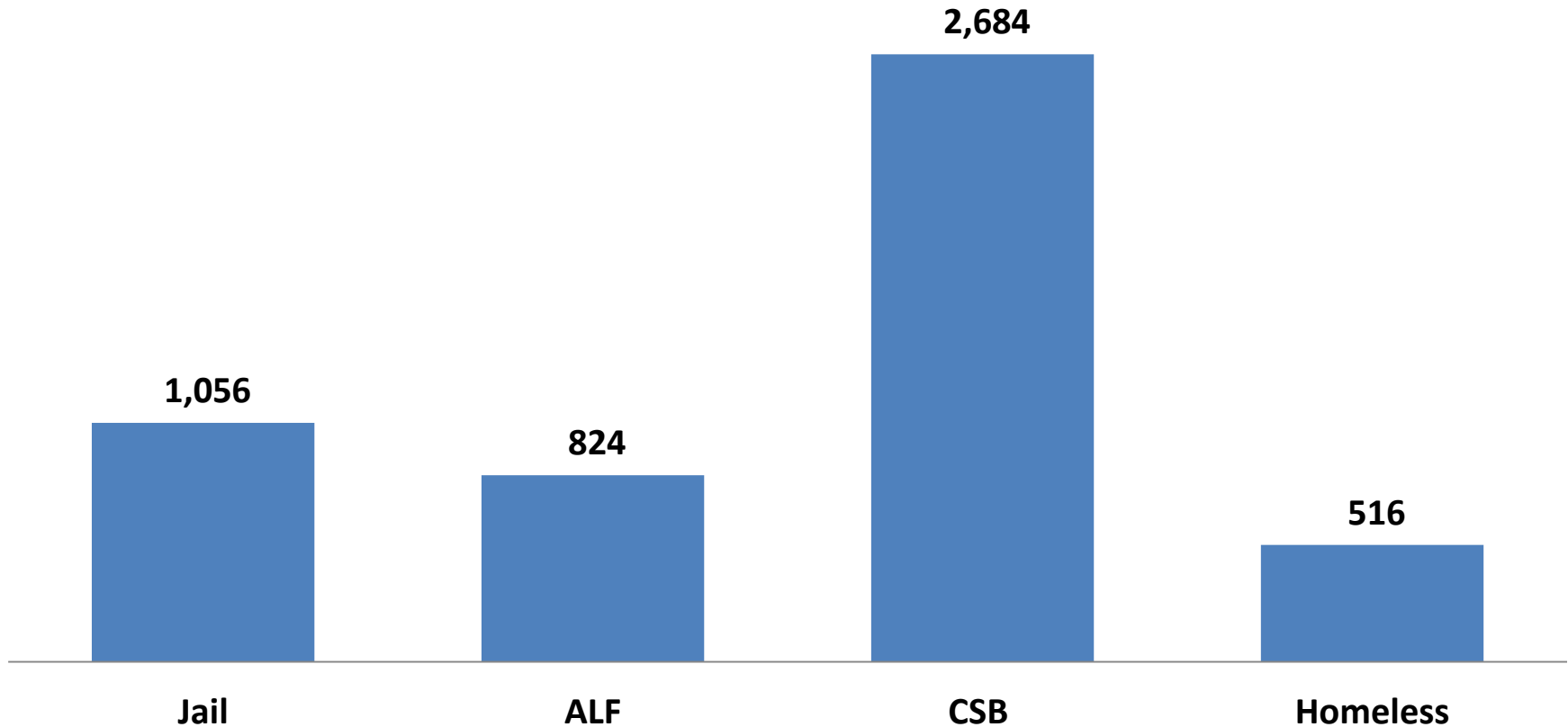
Permanent Supportive Housing: A Solution

Permanent supportive housing (PSH) is a national ***Evidence Based Practice*** for adults with serious mental illness. PSH combines affordable rental housing with supportive services to address the treatment, rehabilitative, and recovery support needs of participants.

Multiple peer-reviewed research studies, including seven randomized controlled trials, have found that PSH is particularly effective in **improving participants housing stability** and **reducing their emergency department and inpatient hospital utilization**.

Several published quasi-experimental studies have also shown 42-87% reductions in **jail stays** post-PSH interventions.

PSH Units Needed by SMI Sub-Population



Data Sources

Jail: Mental Illness in Jails Report (Virginia Compensation Board, 2015)
ALF: Auxiliary Grant payments to localities (Virginia DARS, 2016)
CSB: CSB CCS_3 data submissions (DBHDS, 2016)
Homeless: The State of Permanent Supportive Housing in Virginia, 2015 (Virginia Housing Alliance)



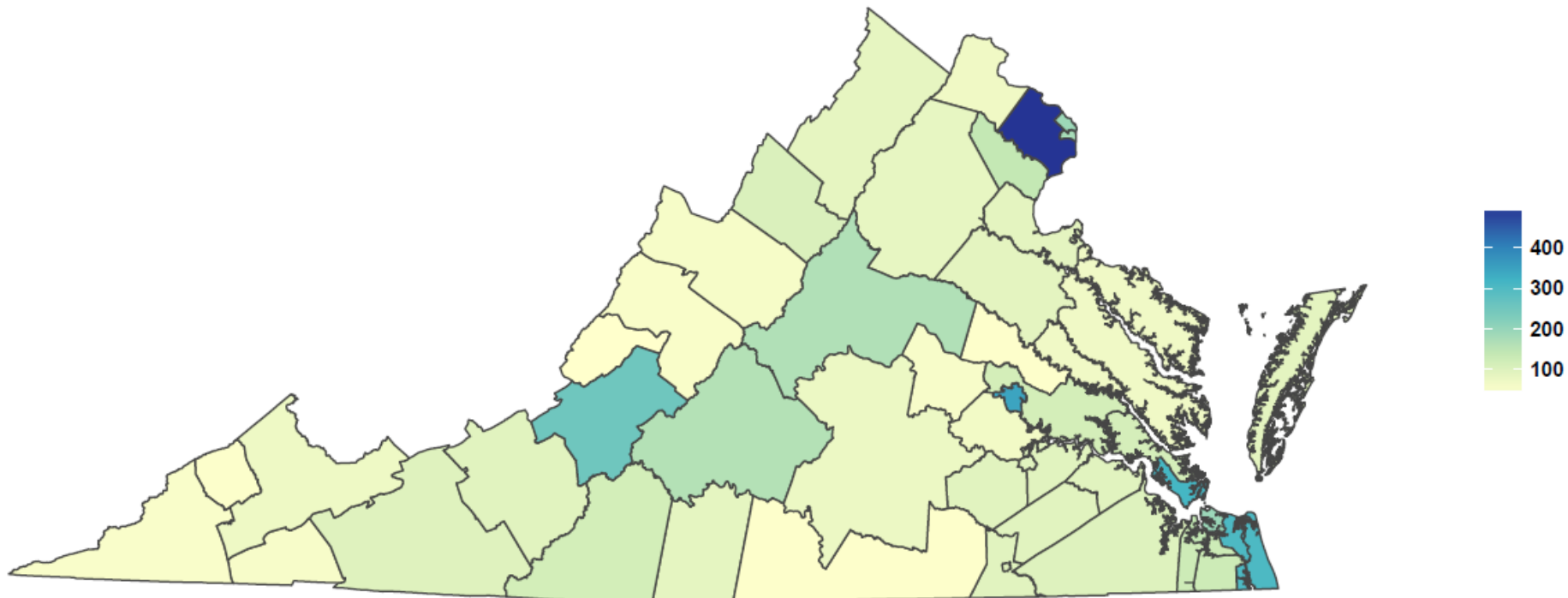
Unstably Housed CSB Consumers

2,684

- Top 20% utilizers of Crisis Stabilization, CSB Emergency Services, or State-Funded Inpatient Psychiatric Care (LIPOS) in FY16
- Multiple moves in a quarter or residence type that indicates housing instability (e.g., boarding home)
- 464 (17%) had a state psychiatric facility stay in FY16
 - The typical individual had multiple admissions
 - Average length of stay was 56 days
 - At least 40 were on the Extraordinary Barriers List (EBL)

5,080 PSH Unit Need by CSB Catchment Area

Number of PSH Eligible by CSB Catchment Area



DBHDS Annual PSH Funding by Fiscal Year

(Millions)

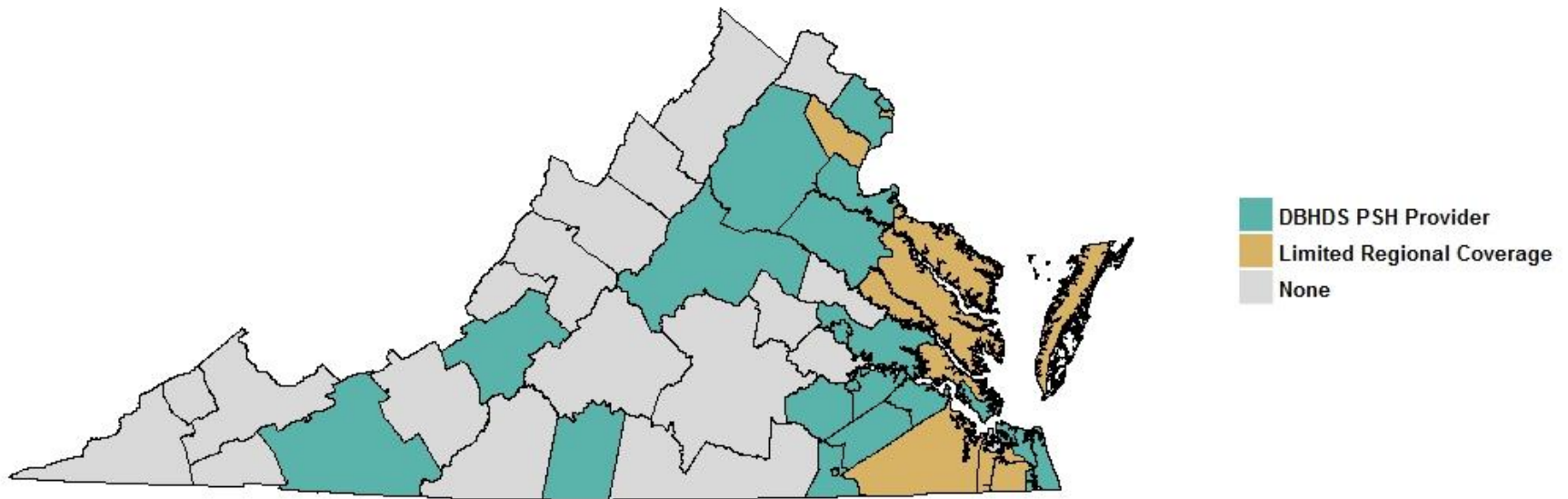


PSH Unit Allocation by Region and Provider

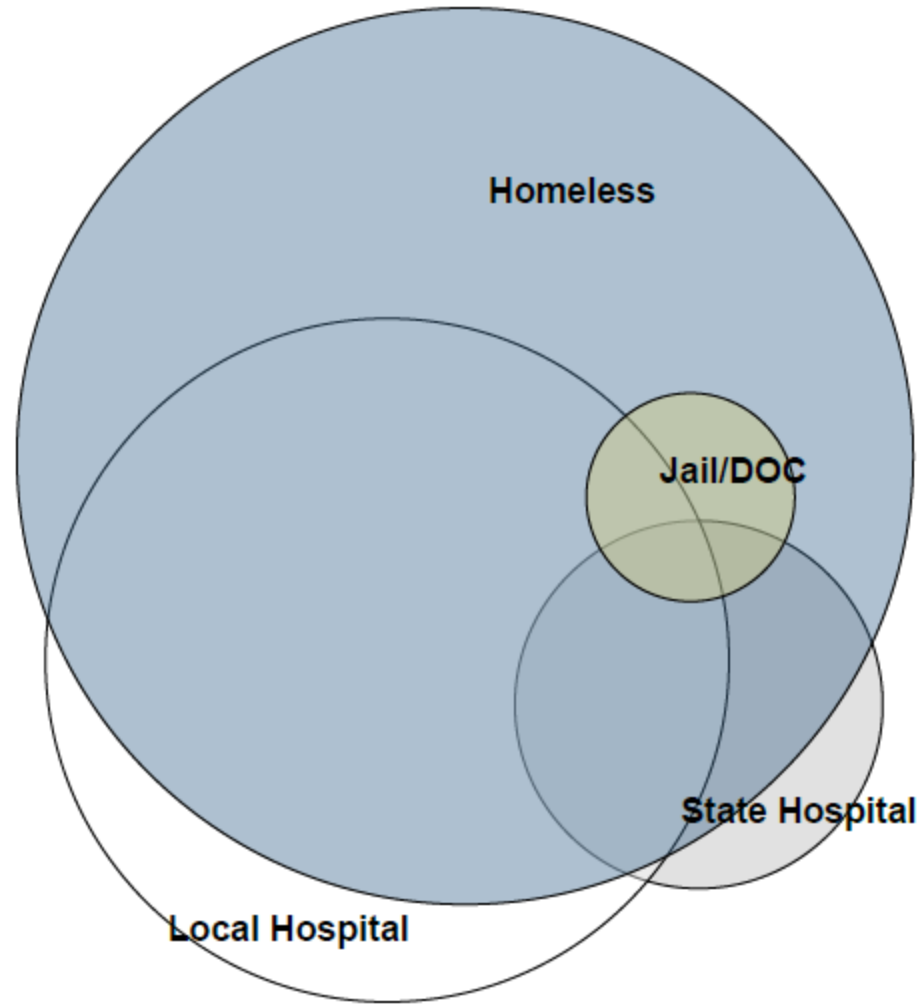
Region CSB	DBHDS PSH Units (FY 16 & 17)	AGSH Units	New DBHDS PSH Units (FY18)	Total Units	% of Unit Allocation
Northwest (Region 1)	0	0	64	64	8%
Region Ten	0	0	38	38	5%
Rappahannock - Rapidan	0	0	26	26	3%
Northern (Region 2)	98	0	50	148	19%
Arlington	30	0	10	40	5%
Fairfax SUSTAIN	33	0	30	63	8%
Pathway Homes (Alex, PWC, FFX)	35	0	10	45	6%
Southwest (Region 3)	0	40	101	141	19%
Blue Ridge Behavioral Healthcare	0	20	50	70	9%
Danville - Pittsylvania	0	0	30	30	4%
Mt. Rogers	0	20	21	41	5%
Central (Region 4)	52	20	82	154	20%
District 19	0	0	30	30	4%
Henrico	0	0	30	30	4%
Richmond Behavioral Health	52	20	22	94	12%
Tidewater (Region 5)	134	0	120	254	33%
Hampton-Newport News	42	0	50	92	12%
Norfolk	42	0	50	92	12%
Virginia Beach	50	0	20	70	9%
Grand Total	284	60	417	761	100%

DBHDS PSH Providers by CSB Catchment

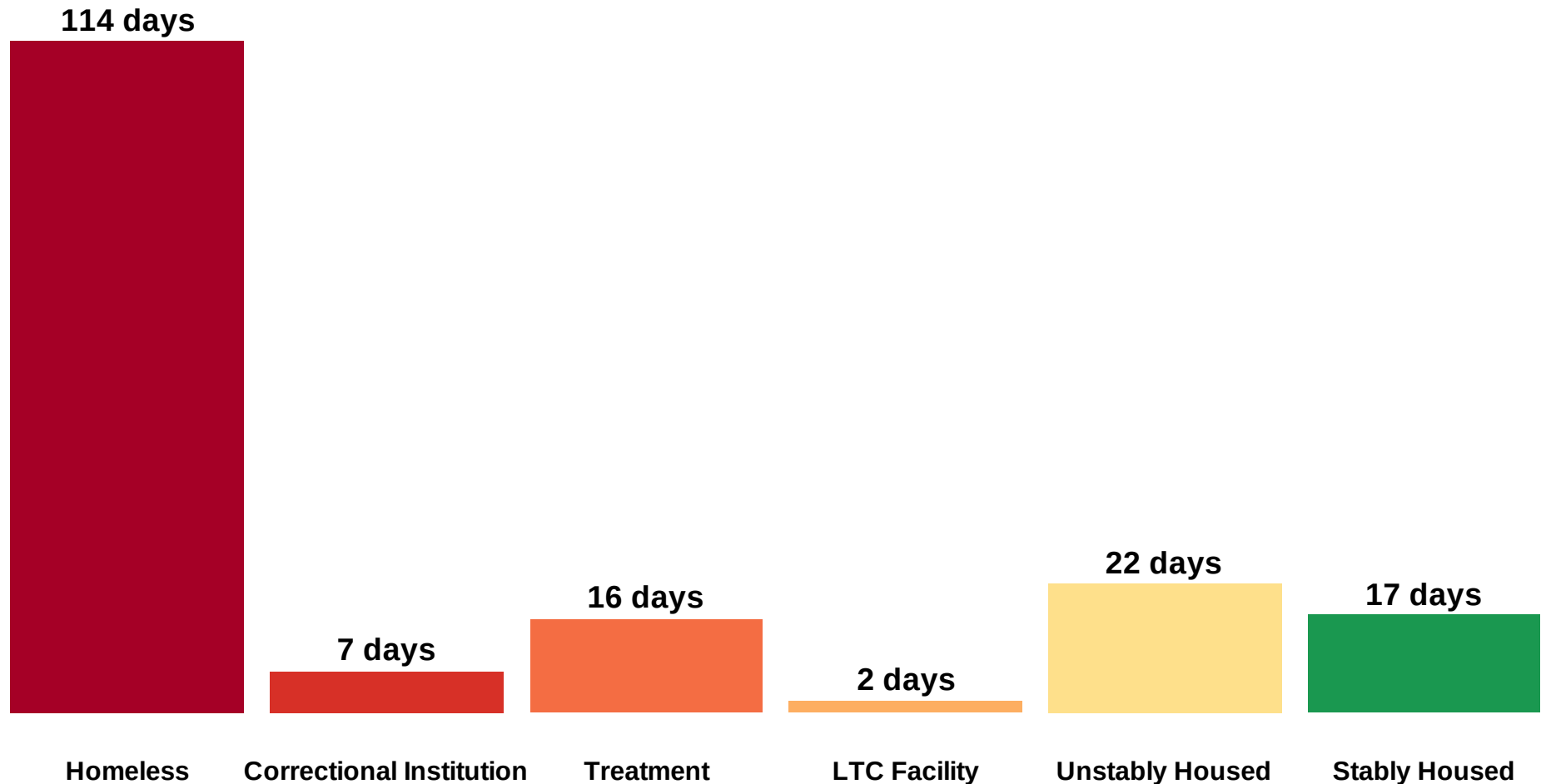
DBHDS PSH Clients Served by CSB Catchment Area



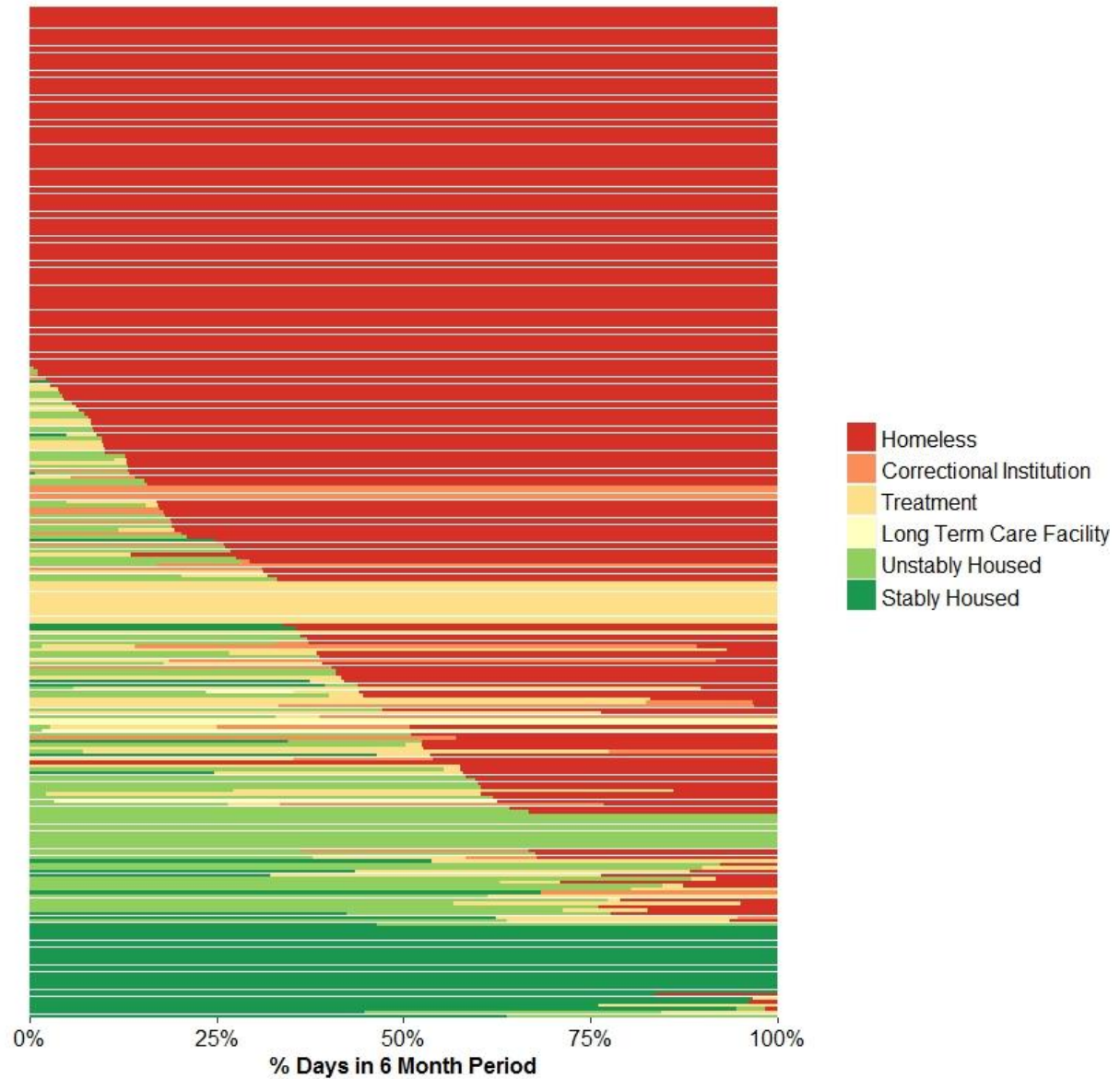
PSH Prioritizes High Utilizers of Public Services



Average Days Spent Homeless in 6 Months Pre-Housing



Residence by Type Pre - PSH

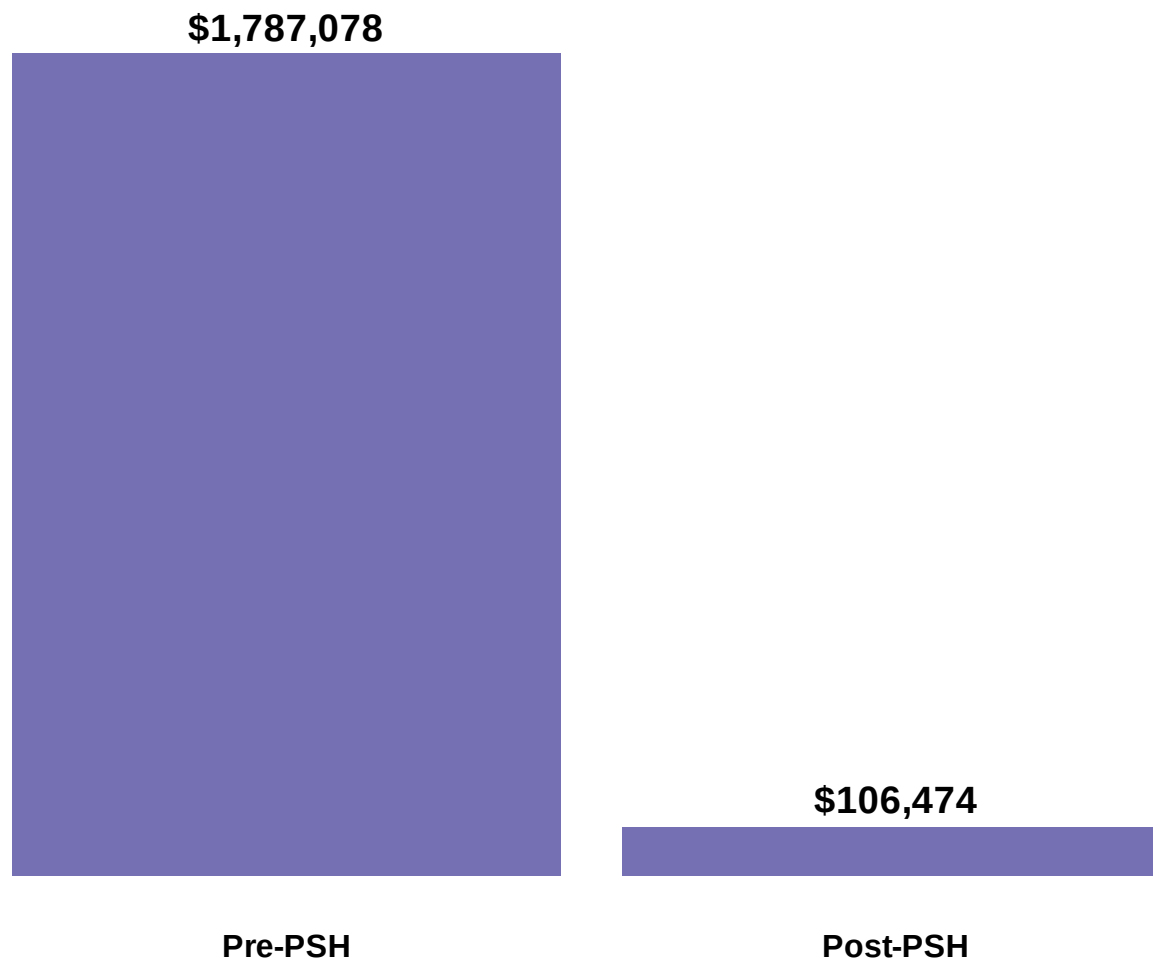


PSH Outcome: Housing Stability

93%



Costs to State Hospital: One Year Outcomes



Days in Local Hospital: 6 Month Outcomes

