

# **DBHDS Permanent Supportive Housing for Adults with Serious Mental Illness Operating Guidelines**

## **I. Overview**

The Commonwealth of Virginia is committed to providing supportive housing opportunities for adults with serious mental illness (SMI) in order to promote wellness, prevent and end experiences of homelessness, avoid unnecessary hospital admissions, and facilitate discharges from institutional facilities in compliance with Title II of the Americans with Disabilities Act (ADA), as interpreted by *Olmstead v. L.C.* (1999). The Virginia Department of Behavioral Health and Development Services (DBHDS) also seeks to strengthen the Commonwealth's behavioral health system in partnership with hospitals; law enforcement; affordable housing providers; free clinics and community health centers; community services boards; public and non-profit housing and behavioral health care providers; and individuals receiving services, family members, and advocates.

DBHDS seeks to implement a Permanent Supportive Housing (PSH) program that builds on a successful model using existing partnerships to provide and integrate basic behavioral and primary health care services to individuals with SMI in stable housing. It is intended to enable individuals in the PSH program to have coordinated access to services that help ensure successful tenancy and reduce the severity of mental illness symptoms and medical problems in order to be well and live as independently as possible in their communities.

The appropriation of State General Funds will support rental subsidies and services to be administered by community services boards, or private entities to provide stable, supportive housing for persons with serious mental illness.

This funding will help PSH participants secure and maintain affordable housing. An array of community-based treatment and rehabilitative services will also be offered to ensure timely access to integrated health and behavioral health care; thereby promoting wellness, reducing the frequency of unnecessary Emergency Department (ED) visits and hospitalizations, and reducing their overall health care costs.

## **II. Purpose**

The purpose of this funding opportunity is to support rental subsidies and housing-related services to be administered by community services boards or behavioral health authorities (CSBs) to provide stable, supportive housing for very low-income persons with SMI.

PSH programs for individuals with SMI, including those with co-occurring medical conditions or substance use disorders (SUDs), must prioritize serving those who meet one or more of the following criteria.

Adults with serious mental illness, as defined by DBHDS, who are currently:

1. Patients in state psychiatric facilities who are interested and eligible for PSH, or
2. Residents of supervised residential settings (e.g., ALFs, group homes) who can live more independently, or
3. Chronically homeless, or literally homeless and at-risk of becoming chronically homeless, or
4. Unstably housed and frequent users of hospital or criminal justice system interventions

CSBs will work with DBHDS to identify a data-driven strategy to identify, engage, and house individuals with these PSH funds.

### **III. PSH Program Required Components**

#### **A. The proposed PSH program must meet the following criteria:**

- 1) Assisted housing is affordable, meaning the tenant household ideally pays no more than 30% of its income toward rent and utilities;
- 2) Provides tenant households with a lease or sublease identical to non-supportive housing with no limits on length of tenancy, as long as lease terms and conditions are met;
- 3) Proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy;
- 4) Effectively coordinates with key partners to address issues resulting from medical problems, substance use, or mental health and other crises, with a focus on fostering housing stability and wellness; and
- 5) Supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks.

#### **B. Other key elements required in the proposed PSH program:**

- 1) Before moving into PSH, tenants are asked about their housing preferences and are offered a reasonable choice of units that would be similarly available to non-disabled persons.
- 2) Housing is integrated. Tenants have the opportunity to interact with neighbors who do not have psychiatric disabilities.
- 3) Leases comply with the Virginia Residential Landlord and Tenant Act and, therefore, do not have any provisions that would not be found in leases held by someone who does not have a psychiatric disability. Leases are renewable at tenants' and owners' option.
- 4) Lease addendums, if any, are similar to those found in housing for people who do not have psychiatric disabilities and do not restrict visitors or otherwise interfere with a life in the community.
- 5) After paying the calculated tenant rental payment, PSH participants are left with the balance available for discretionary spending sufficient to afford other necessary living expenses.
- 6) The provision of housing and the provision of support services are distinct, based on the tenant's individual needs.
- 7) Support services promote recovery and are designed to help tenants choose, get and keep housing.
- 8) Tenants have choices in the support services that they receive. They are asked about their choices, can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.
- 9) As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.

#### **C. Housing provided in the PSH program must meet the following criteria:**

- 1) Units requiring assistance will receive no more than the current HUD Fair Market Rent (FMR) for a one bedroom apartment in the locality or the locally-approved payment standard, if different than FMR. Efficiency units will receive no more than the 0 bedroom FMR. Units to be shared with family members or friends freely chosen by the resident will require written permission from DBHDS. The income of additional household members may count towards the Adjusted Gross Income of the household, thereby decreasing the grant-funded assistance payment for the individual with SMI.
- 2) The PSH program must ensure that the unit rent is reasonable in relation to rents being charged for comparable unassisted units, in the general area, with similar features and amenities and are not more than rents currently being charged by the same owner for comparable unassisted units. Comparable rents can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. Rent reasonableness must be documented.

- 3) Housing units must at least meet HUD Housing Quality Standards (HQS). Staff conducting inspections must have the appropriate training to do so.
- 4) The PSH program must ensure that the assisted household income is no greater than 50% of Area Median Income at PSH admission in accordance with HUD standards and income limits.
- 5) If utilities are not included in the rental amount, the PSH program should use standard Utility Allowances approved by the local housing agency in determining the tenant rent and grant-funded assistance payment.
- 6) Income verification must be performed at the initial lease-signing for the unit with full source documentation (pay stubs, social security statements, etc.) and conducted annually thereafter. Interim re-certifications must be conducted if the individual loses income or if income increases by \$200 or more a month or if household composition changes.
- 7) PSH programs shall not require a minimum tenant rental contribution.
- 8) Tenants shall be entitled to and notified of the Earned Income Disregard when rent is calculated ([http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/phr/about/ao\\_fa\\_q\\_eid](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/phr/about/ao_fa_q_eid)).
- 9) The administration of PSH rental assistance shall comply with the CSB's PSH Program Operating Manual which shall be approved by DBHDS and include policies, procedures, and forms addressing eligibility criteria, rental calculations, re-certifications, inspections, rental payments, terminations, and other relevant program components. The manual should substantially adhere to relevant components of this document and the HUD Housing Choice Voucher Program Guidebook ([http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv/forms/guidebook](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/forms/guidebook)).
- 10) The CSB PSH Operating Manual must also include discharge criteria and an appeals procedure to address involuntary terminations of rental assistance.

**D. Services provided in the PSH program must meet the following criteria:**

- 1) PSH programs must include Housing Specialist staff time proportionate to the number of individuals in the proposed PSH program (*approximately* 1 FTE: 30-50 PSH participants, depending on the model proposed). Housing Specialists provide access to and stabilization in housing by assisting individuals with developing a housing plan; identifying and applying for affordable housing options; administering rental assistance; maintaining effective relationships with landlords, property managers, and housing assistance providers; inspecting rental units; providing expertise to tenants and clinical staff in tenant-landlord and fair housing laws, including the use of reasonable accommodations; and assisting other staff members to develop individualized housing skills training for residents.
- 2) Behavioral health service providers must hold a triennial license in good standing with DBHDS to provide in-kind community-based behavioral health supportive services. Individuals must be assessed for and have access to treatment, rehabilitative, and supportive services reflective of their changing needs and preferences.

## **E. Evaluation and Reporting**

DBHDS partners with PSH providers to develop a common evaluation framework. Providers will report event-based, client-level data monthly to capture outcomes in the following domains:

- 1) Changes in physical and mental health
- 2) Changes in substance use
- 3) Changes in income and benefits, i.e. Medicaid, SSI/DI, Veterans' benefits, SNAP, and earned income
- 4) Housing stability
- 5) Institutional care utilization before and after the PSH intervention, including psychiatric hospital stays, emergency department utilization, and criminal justice involvement
- 6) Access to primary care and engagement in behavioral health services

**The evaluation framework also includes the following process measures:**

- 1) Fidelity to evidence-based practices, e.g. the PSH model and *housing first* principles
- 2) Staff trainings and certifications (e.g., PSH training and HQS certification)

### **Additional Reporting Requirements**

- 1) In year 1, quarterly reports to the Office of Adult Community Behavioral Health must include updates on progress toward implementation milestones.
- 2) Biannual reporting to DBHDS of actual PSH expenditures is required.

### **Allowable costs and limitations:**

#### **Housing Assistance**

- Housing Specialist salary, payroll taxes, and fringe benefits
- Supplies and equipment for housing-related services
- Local travel for housing specialist
- Staff training
- Vehicle purchase or allocation of vehicle costs for PSH program
- Vehicle maintenance and fees
- Extermination costs not covered by landlords' lease obligations
- Property damages
- Rental application fees
- Rental assistance payments to landlords
- Utility deposits (up to \$300 per unit)
- Utility allowances paid to utility vendors as part of rental assistance calculations
- Fees for credit and criminal background checks
- Security deposits (up to 2 months)
- Vacancy payments to landlords (no more than one month at full FMR)

**Client Assistance:** supports secured on behalf of PSH participants to improve access to and retention in housing and services

- Hotel/motel assistance while awaiting housing (up to two weeks. Longer stays require approval from DBHDS)
- Items to set up households (e.g., bedding, pots & pans, cleaning supplies, etc. Up to \$500 per consumer household)
- Payment of old judgments for rent or utility arrears if necessary to secure housing.

- Moving fees, equipment, and supplies
- Fees to obtain IDs and birth certificates
- Emergency food (up to \$75)
- Prescription medication if no other assistance is available
- Furnishings (up to \$1,000 per consumer household)

**Administration**

- Staff time for staff supervision, fiscal and grant management, IT & HR support, etc.
- Organizational infrastructure costs (electronic health record, software licenses, office space, phone lines, etc.)