

PERMANENT SUPPORTIVE HOUSING (PSH) IN LOUISIANA

Permanent Supportive Housing

Permanent Supportive Housing (PSH) is community based supportive services provided along with safe, affordable, permanent housing. Best Practice PSH services are individualized, flexible and responsive to the needs of the individual; available when needed prior to, during and after the individual has moved into housing and accessible where the individual lives, as necessary. Assessing for PSH needs, identifying goals and providing services are clearly defined as part of not separate from the assessments and services an individual receives and the goals they set for themselves. However, PSH services are separate from the housing and individuals are assured continued occupancy as long as they pay their share of the rent (which is 30% of an individual's income regardless of their income) and they comply with the terms of their lease.

Background

The Louisiana Permanent Supportive Housing Program for people with disabilities was established in the aftermath of the Hurricane disasters, Katrina and Rita. These hurricanes impacted the lives of 500,000 residents of the gulf coast of Louisiana. Thousands of vulnerable persons with disabilities and high risk medical and or behavioral conditions, including a significant number of persons who were homeless, were impacted by the storms. Louisiana's Road Home Plan estimated 122,000 single family homes and 82,000 rental units were destroyed in the storms, as were many facilities and homes where persons with disabilities resided at the time.

With the strong backing of the Department of Health and Hospitals (DHH) and disability and homeless advocates, the PSH program was included in Louisiana's Hurricane Recovery Road Home Plan in 2007. The result of that decision is a robust new state-driven system of PSH for the most vulnerable persons with disabilities, supported by a unique program design and by cross-system policy development and state and local partnerships. That Plan enabled Louisiana to receive Community Development Block Grant (CDBG) funds for start services funding and initial housing funding. Shortly thereafter Louisiana set aside units in Low Income Tax credit Projects for people with disabilities. Congress added 3,000 HUD Housing Choice and Shelter Plus Care Vouchers in 2008.

Over 2,300 individuals (and families) were housed and receiving services by June 1, 2011. The capacity of the program is 3,248 units, located in the GO ZONE¹. The program should be fully leased by 2012. The housing unit distribution is based on the percentage of rental housing loss in Katrina and Rita as shown in **Figure 1**.

Louisiana's new system is the nation's first large scale PSH initiative using integrated, scattered-site housing linked with evidenced-based mobile community supports for a cross-disability population. Louisiana's PSH goal is ambitious and far reaching. Rather than simply developing 3,300 PSH units, Louisiana has set out to create the nation's first comprehensive PSH system that helps the State achieve several important policy objectives, including:

Figure 1

Capital Area	195
Florida Parishes	198
Jefferson Parish	330
Metropolitan Area	2096
South Central	120
Region IV	159
Region V	<u>150</u>
Total	3248

¹ The Gulf Opportunity Zone (GO ZONE) includes 30 parishes in southern Louisiana including all the parishes in DHH Regions 4 and 5, the South Central District, The Florida Parishes, the Capital Area District, Jefferson Parish and the Metropolitan Human Services District.

1. Addressing chronic homelessness;
2. Reducing the unnecessary confinement of persons with serious disabilities in nursing homes, psychiatric hospitals and other high-cost restrictive settings; and
3. Improving the state's health and behavioral health systems through the implementation of evidence-based models of housing and services.

Program Administration

The La. Public Housing Authority (LA PHA) in the Office of Community Development (OCD) in the Department of Administration administers this program. The OCD directly administers the housing component of the program. The Department of Health and Hospitals (DHH) through a Cooperative Endeavor Agreement with the OCD is responsible for referrals and services of PSH eligible households to PSH units. Per the state's agreement with HUD, the DHH only has access to these targeted units if supportive services are available to PSH households.

PSH Target Populations

The target populations for this program are Extremely Low Income Households (i.e., with incomes at or below 30% of Area Median Income) consisting of one or more of the following:

- (i) Hurricane displacees with disabilities and in need of permanent supportive housing living in the homeless shelter system or otherwise in temporary housing,
- (ii) Households in which an individual or household member has a substantial, long term disability as determined by DHH including any one of the following:
 - (a) Serious Mental Illness,
 - (b) Addictive Disorder (i.e., individuals in treatment/recovery from substance abuse disorder),
 - (c) Developmental Disability (i.e., mental retardation, autism, or other disability acquired before the age of 22),
 - (d) Physical, sensory, or cognitive disability occurring after the age of 22 or (e) Disability caused by chronic illness (e.g., people with HIV/AIDS who are no longer able to work),
- (iii) Age-related disability (i.e., frail elderly)
- (iv) A disabled homeless household in need of permanent supportive housing or a household determined by DSS to be most-at-risk of homelessness and in need of permanent supportive housing or
- (v) A disabled individual or household member aging out of the foster care system and determined by DSS to be in need of permanent supportive housing.

Recent data indicates that nearly 90% of the households in this program have one or more members who are enrolled in the state's Medicaid program². The most prevalent disability among household members is serious mental illness. Most individuals with this disability also have a co-occurring physical or developmental disability, chronic health condition or addictive disorder. In 2009, approximately 165 individuals receiving state funded ACT were provided a PSH unit. Since then additional individuals receiving ACT have been added to the PSH program.

Supportive Services

The LA Departments of Health and Hospitals (DHH) is responsible for assuring supportive services are available to prospective tenants. Since CDBG services funding will expire and since most tenants are enrolled in Medicaid, DHH is making arrangements for tenants to receive Medicaid reimbursable supportive services in accordance with

² A small percentage of the individuals currently housed are either only eligible for Medicare (because of age) or have not yet been enrolled in Medicaid. CDBG funds will be used to cover their services.

existing and planned Medicaid and state funded plans. Most services needed by tenants crosswalk to one of more of the state's Medicaid or other state funded services. For example, individuals with a major mental illness often need assistance with restoring their daily living skills, developing strategies for budgeting and improving interpersonal skills to negotiate a lease or to interact with neighbors is essential to successful recovery as well as successful tenancy.

Supportive Services Arrangements

Supportive services arrangements have been made by local lead agencies in each of the DHH regions listed above in **Figure 1**. The local lead agencies model is patterned in part on the coordinated system of care concept; services are planned and delivered across-disabilities taking into account specific disability issues and program requirements. The local lead agencies in accordance with a Cooperative Endeavor Agreement with DHH have provided education to referring agencies and stakeholder groups in their local community, contracted with direct services providers for direct services, have outreached to homeless, aging, health care and other human services agencies as well as advocacy groups to assure individuals get access to other needed services in their community. The local lead agencies do not provide services but are responsible for referring individuals to the PSH housing program.

The program is largely administered locally because housing services are contracted for locally and OCD/LA PHA solicits and contracts for housing locally through a housing administrator. The local lead service agency and the housing administrator work closely together as required in the state level agreement between OCD and DHH. Both the housing administrator and the local lead services agency are responsible for tracking and reporting services and outcomes.

Direct services providers have provided assessment, services planning, coordinating and linking functions especially to assure a full range of health care, education, employment assistance, benefit acquisition and legal assistance are available as needed, direct interventions including crisis intervention, relapse prevention and intervention, in home skills teaching, assistance in self care and self monitoring, money management, renter responsibilities, landlord negotiations, learning how to access to community resources, peer support.

In the future services will be delivered by service providers who qualify to deliver the interventions listed above but as Medicaid reimbursable services. The DHH has cross walked the current CDBG funded services with Medicaid reimbursable services and provider requirements to assure compatibility between the current services and Medicaid reimbursable services to be contracted for by the Statewide Management Organization (SMO) and through other arrangements such as the Coordinated Care Networks (CCNs), MFP or other Waiver programs as needed for individuals who do not have a behavioral health problem and services managed by the SMO. Current service providers have been alerted to these proposed changes. DHH will be responsible to assure continuation of state and local arrangements consistent with system of care principles will assure individuals get services when referred to the PSH program. The OCD will continue to manage housing arrangements, pay rent to qualified housing organizations and landlords in accordance with HUD regulations.