

HomeBase Summary of “Predicting Staying In or Leaving Permanent Supportive Housing That Serves Homeless People with Serious Mental Illness”

Many seriously mentally ill residents of permanent housing do not remain in permanent housing indefinitely. According to HUD's most recent Annual Progress Report, of the mentally ill population in permanent housing, five percent of permanent housing residents left within the first two months, another seven percent left during the first 3-6 months and about twenty-five percent left within the first two years. HUD recently commissioned a study to determine what factors predict whether mentally ill residents of permanent housing will remain in permanent housing. The report was published in March 2006.¹

Overview of the Study

HUD conducted a study in Philadelphia using its comprehensive HMIS from 2001-2004 to retrospectively track people with mental illness who left permanent housing and people who stayed. HUD also used interviews to prospectively track participants. Participants who left were classified as “leavers” and people who stayed were classified as “stayers.” The study classified “leavers” based on what type of placement they moved to after leaving permanent housing (positive/nonpositive) and based on whether they chose to leave permanent housing.

Current Living Situation/Preferred Living Situation

Preliminarily, all study participants in permanent housing were asked whether they wanted to be living at the same residence in 12 months. Only 40% of participants in permanent housing said they did. Fifty-five percent of the residents who currently live with other residents with mental illness said they would prefer not to live with other residents with mental illness. Thirty-eight percent of people not living with family members would prefer to live with family members.

Differences between Stayers and Leavers

The average stay in public housing was 3.65 years (though that number is low because stayers would have a longer tenure in housing than what was recorded in the database at the time the study was completed).

There were no differences between leavers and stayers among major demographic attributes (i.e., age, gender, race/ethnicity), psychiatric diagnosis, substance treatment history, or Global Assessment of Functioning (GAF) scale². Additionally, the characteristics of the permanent housing programs studied (i.e., residential support team level including program size and provider assessed level of functioning and intensity of support) was not a factor.

The factor that predicts leaving permanent housing is individual behavioral health services use. Specifically, leavers are more likely to have inpatient mental health hospital admissions, use community residential services, and use emergency services while in permanent housing. Stayers tend to have more contact with community residential services prior to entering permanent housing,

¹ The report can be found at: <http://www.huduser.org/publications/homeless/permhsgstudy.html>

² On average, residents surveyed scored a 49 on the GAF scale, which can be interpreted as having serious psychiatric symptoms or any serious impairment of social, occupational, or school functioning.

and have more contact with outpatient services while living in permanent housing. Stayers were significantly less likely to stay in a public or mental health shelter before or during permanent housing stay.

Differences between Positive and Nonpositive Leavers

The study classified positive leavers as residents who left for a normalized setting. Non-positive leavers went to institutional settings, became homeless, or their whereabouts were unknown or unspecified.³ The following was reported:

- 55% went to subsidized rental housing
- 2% went to market rent housing
- 7% shared residence with family or friends
- 11% went to a community residence
- 2% went to single room occupancy
- 6% became homeless
- 1% went to institutions
- 6% went to detox/drug and alcohol/rehab
- 8% went to other residences

One third of the leavers were classified as going to positive placements (i.e., independent and other living situations) and two thirds were classified as going to non-positive placements (i.e., residential settings, institutional settings, homelessness, and other unspecified whereabouts). There are no differences between positive and non-positive leavers in terms of sociodemographic characteristics, psychiatric diagnosis, and level of functioning as measured before entering permanent housing. Nor are there differences in length of stay in this group. There is also no difference between positive and non-positive leavers in use of services prior to entering permanent housing.

Permanent housing residents who used community residential services were 4.45 times more likely to experience positive leaving (rather than staying). Non-positive leavers use public or mental health shelters 26% of time after leaving permanent housing; positive leavers use them 10% of time after leaving. However, non-positive leavers were twice as likely to have an in-patient admission than stayers or positive leavers. Leavers were more likely to use community residential and emergency services. Positive leavers were more likely to use residential services during their stay; non-positive leavers were more likely to use emergency services during their stay. After leaving, 22% of non-positive leavers had an emergency stay, but only 9% of positive leavers had an emergency stay.

³ HUD recipients reported the following outcomes:

- 29% went to subsidized rental housing
- 23% went to market rent housing
- 20% moved in (permanently or on an interim basis) with friends/family
- 10% went to jail/prison, a psychiatric hospital, or an in-patient drug/alcohol facility
- 3% went to transitional housing
- 3% went to emergency shelters
- 1% went on to homeownership
- 1% went to the streets

Differences between Voluntary and Involuntary Leavers

Voluntary leavers fell into two categories. "Opportunity seekers" left permanent housing to find a more independent living situation. Situational leavers left for a more structured congregate housing situation because of a deteriorating health situation or because permanent housing was too demanding. Non-voluntary leavers were asked to leave by the program.

Sixty-one percent of leavers were classified as leaving voluntarily; thirty-nine percent of leavers were classified as involuntary.

Involuntary leavers had a much lower level of independent living skills. Less than 10% of the voluntary leavers were ranked as rarely or never being able to perform living skills; more than one third of the involuntary leavers were rarely/never able to perform living skills. Involuntary leavers required much more intensive services from residential support staff. Involuntary leavers required twice as much help from staff in ten of eleven categories of services provided by staff. Another difference is that voluntary leavers don't anticipate needing further services. They see themselves as graduates of the program

Differences between voluntary/involuntary leavers:

- Involuntary leavers were more likely to have a diagnosis of bipolar disorder and substance abuse problems
- Voluntary leavers least likely to be diagnosed with schizophrenia; involuntary leavers most likely
- The prevalence of substance abuse is lower for voluntary leavers than involuntary leavers or stayers, and highest for involuntary leavers.
- Voluntary leavers were rated as having higher levels of independent functioning and need less support than stayers or involuntary leavers. Involuntary leavers were rated as having significantly lower levels of functioning and requiring more staff assistance than stayers.

Post-Permanent Housing Careers

Data was somewhat limited in that the number of people who were willing/able to participate over time dropped. However, 55% of the people surveyed left for to live at a subsidized residence. That percentage increased to 85% by eighteen months after departure from permanent housing. About 2/3 of people exiting permanent housing had SSI. The amount of rent leavers paid when they left decreased from \$203 on average to \$103 on average eighteen months later.

Opportunity seekers were generally well pleased with their new living situations. They liked the independence, peaceful nature, and feelings of safety and convenience of their new neighborhoods. Some people explained that they wanted to graduate from permanent housing to be more independent. However, opportunity seekers mentioned problems with neighbors frequently.

People who left for situational reasons (e.g., health problems, feel staff demands too much, etc.) had more mixed experiences with their next residences.

Involuntary leavers tended to be pleased with their next residences, but tended to report more problems with neighbors and with their environments. Of particular concern were issues about drug/alcohol use in the new neighborhoods.

Only a quarter of permanent housing residents surveyed had residential support teams located in the buildings where they lived.

Conclusion

Service use during the resident's time in permanent housing is the most important predictor of staying. Mental health staff should recognize warning signs earlier (e.g., use of emergency services, hospitalization, return to homeless shelters, arrests, eviction warnings, resident/staff conflict, etc.) and either:

- Implement an effective intervention plan so the resident can return to permanent housing if the relapse is temporary or
- Work on a placement in a community residential setting with more structure and/or a higher level of supervision where it appears the relapse is an irreversible deterioration of functional and psychiatric status.

Environmental stressors such as crimes and illicit behavior at the building and adversarial relationships and inability of residents to follow rules were often cited as precipitating factors for leaving. Careful consideration should be paid to the location of permanent housing and try to avoid neighborhoods with high crime rates and drug activities.

The population of residents who are more disabled require more supportive services. An array of permanent housing programs is needed to fit the different needs of homeless mentally ill people.

Programs should accommodate the desire of residents to move to more independent settings. Programs should utilize "graduates" of their programs to mentor current participants who aim to be more independent.