



# **Predicting Staying In or Leaving Permanent Supportive Housing That Serves Homeless People with Serious Mental Illness**

**U.S. Department of Housing and Urban Development  
Office of Policy Development and Research**



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**The contents of this report are the views of the contractor and do not necessarily reflect the views or policies of the U.S. Department of Housing and Urban Development or the U.S. Government.**

## Foreword

The Permanent Housing component of the Supportive Housing Program, the Department's principal program to meet the needs of homeless people with disabilities, was established to offer homeless people with disabilities, including mental illness, an assurance of permanent housing and appropriate supportive services. The program is designed to provide a structure that counteracts the disruptions of both homelessness and disability. However, while many formerly homeless people remain in permanent supportive housing for many years, substantial numbers leave within months of entry. The questions of why people leave permanent housing and what happens to them constitute the principal focus of this study.

This study examines the experience of some 943 residents of permanent supportive housing in Philadelphia during the period from 2001 to 2005. The capability to merge Homeless Management Information System (HMIS) data and administrative data in Philadelphia, Pennsylvania, made possible a viable strategy to track over time a highly elusive population -- formerly homeless people with mental illness who had left permanent supportive housing.

The study shows that it is not necessarily a bad thing that some people leave "permanent" supportive housing. Those who left and the circumstances of their departure were highly divergent, and who left and how was significantly related to the stability of their housing and the independence of their lives, both in the short- and longer-term. Three-fifths of those who left HUD-supported Permanent Housing in Philadelphia left voluntarily, either to pursue better housing or to move away from problems they were experiencing in the permanent supportive housing. The remaining two-fifths left involuntarily, having been asked to leave because they violated program rules or because they were adjudged by staff incapable of maintaining themselves in the permanent supportive housing environment. Those who left under positive circumstances were far more likely to move to more stable and independent housing, to **stay** in that housing over time and to use fewer mental health services post-departure than those who left more negatively. The study also found that, based on the variables included, there would have been no way to predict at entry into permanent supportive housing who would stay or leave, either positively or less so.

This study makes a valuable contribution to our understanding of how the structure of permanent supportive housing and the use of various means of stabilization at critical junctures in a resident's stay can promote more stability and, thereby, greater health and independence, among those living there, whether they stay or subsequently leave.

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## **Differences between Those Who Leave Permanent Housing and Those Who Stay**

Findings from the integrated longitudinal data identify no differences between leavers and stayers along major demographic attributes, including age, gender, race/ethnicity, psychiatric diagnosis, substance treatment history and level of functioning as rated by the Global Assessment of Functioning (GAS) scale – a simple standardized rating scale of the current overall level of functioning of the client. Moreover, characteristics of permanent housing programs measured at the residential support team level, including program size (capacity) and provider-assessed level of functioning and intensity of support, are not associated with leaver-stayer status.

In contrast, individual behavioral health services use, particularly service use during participants' stays in permanent housing, emerges as a key factor predicting leaving and staying in permanent housing. Specifically, leavers as a group are more likely than stayers to have experienced inpatient mental hospital admissions, more likely to have used community residential services, and more likely to have used emergency services during their tenure in permanent housing. Stayers, on the other hand, had more contact with community residential services prior to permanent housing entry and more contact with outpatient services during their permanent housing stay. The significantly higher incidence of psychiatric hospitalization and emergency services use among leavers could be indicative of the deteriorating status of mental health among leavers after entering permanent housing. Experiences of relapses may be an important factor contributing to the inability of some permanent housing residents to continue their tenure in permanent housing.

## **Categories of Those Leaving HUD-Funded Permanent Housing**

Furnished with information about the whereabouts of leavers in both the integrated longitudinal data and the interview data, we distinguished between two subgroups of leavers. In summary, one-third of the leavers are designated as “positive leavers” who left permanent housing to go to independent and other living arrangements (such as with family and friends)<sup>1</sup> that are not associated with professional residential support, and two-thirds are designated as “non-positive” leavers who left permanent housing to go to congregate residential settings (in general, a more intensive residential support than permanent housing), institutional settings (hospitals and correctional institutions), homelessness, and other unspecified whereabouts. This finding is based on the “discharge codes” assigned in the administrative data at the point of departure.

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<sup>1</sup> We acknowledge throughout this report that departing to family and friends is characterized as a positive departure in some results and non-positive in others. Use of variant data sources has necessitated more ambiguity in this regard than certainly is preferable. Departure to family and friends can represent a very temporary circumstance for some and a permanent solution for others. For some formerly homeless people with serious mental illness, the relative independence of moving in with family and friends is a sign of capacity; for others, it may be an acknowledgement of dependence. Differing data elements and presumptions of the various data sources used in this report do not always allow us to make those kinds of distinctions. We do, however, indicate in each instance what departure to family and friends means with that context.

Similarly, based on the reports of leavers and residential support staff in the interview data, we found two major subgroups of leavers: voluntary leavers (61%) and involuntary leavers (39%). Voluntary leavers are residents who elected to leave permanent housing to either pursue better housing or to move away from problems they experienced at their current permanent housing program. Involuntary leavers are residents who have been asked to leave the permanent housing because they violated program rules, such as drinking and using illicit drugs at their apartment, or program staff considers them incapable of maintaining themselves in a supportive permanent housing environment.

Although it is questionable whether the two aforementioned classifications are sufficiently refined to capture the variety among leavers and the dynamics of leaving, the findings derived from these classifications point to an interesting observation—that is, leaving as an overarching category may not be very meaningful. Based on the comparison between “positive” and “non-positive” leavers, as well as “voluntary” and “involuntary” leavers, we found noteworthy differences among leavers:

1. There are no differences between positive and non-positive leavers in terms of socio-demographic characteristics, psychiatric diagnosis, and level of functioning, all measures taken before leavers entered permanent housing. Neither was there any difference in length of stay in permanent housing between those two subgroups of leavers.
2. There was also no discernable difference between positive and non-positive leavers in all measures of service use prior to entering permanent housing. The lack of difference includes use of homeless shelters.
3. Non-positive leavers consistently reported higher levels of service use than positive leavers during their stay in permanent housing. Statistically significant differences between the two groups include psychiatric hospitalization, use of day treatment programs and use of emergency services during their permanent housing stays.
4. Non-positive leavers consistently reported higher levels of service use than positive leavers subsequent to their discharge from permanent housing. Statistically significant differences between the two groups include shelter use, intensive case management (ICM) services, ambulatory services, psychiatric hospitalization, community residential services and emergency services.
5. A significant minority of non-positive leavers experienced homeless shelter use (26%) and psychiatric hospitalization (24%) subsequent to leaving permanent housing. This contrasts with the very low percent of homelessness (3%) and institutionalization (5%) reported from the discharge codes given at the time of leaving. In contrast, only 10 percent of positive leavers reported use of homeless shelters, and 15 percent reported psychiatric hospitalization.
6. Based on the assessment of residential support staff, involuntary leavers experienced more behavioral problems, demonstrated lower level of independent living skills, and received more intensive support than voluntary leavers.





## **Post-Permanent Housing Residential Careers of Leavers**

The post-permanent housing residential careers of leavers are closely related to the circumstances under which they left the permanent housing. As might have been expected based on the findings above, voluntary leavers are more likely to have stable post-permanent housing residential careers; they tended to live where they moved when they left permanent housing in the first place. Involuntary leavers, are more likely to have experienced residential instability; some involuntary leavers, in fact, do make their way back to permanent housing after several episodes of homelessness or more or less continuous stays in shelters. In addition to homelessness, involuntary leavers are more likely to have experienced stays in drug/alcohol treatment facilities and to have been hospitalized for psychiatric problems during their post-permanent housing residential careers. Aside from better residential outcomes, voluntary leavers tend to report lower housing costs than involuntary leavers. This might in part be explained by evidence that suggests that voluntary leavers are more successful in obtaining and retaining subsidized housing.

Analysis of post-permanent housing residential careers suggests that most leavers, regardless of their current residence, expressed relative satisfaction with their quality of life. The most prominent advantages of leavers' post-permanent housing careers, as expressed by the leavers themselves, are the sense of independence they feel in their new surroundings; the opportunity to work or to work more hours; the peaceful environment where they can “focus”; the ability to accommodate family; and the benefits of good location, convenience, and safety. The most prominent disadvantages of their current situations were drug activity in the building and neighborhood; persistent worry about eviction; and problems relating with neighbors.

### **Implications and Recommendations**

The findings from this research suggest that departure from permanent housing is a complex phenomenon. Simple dichotomization of “leavers” and “stayers” is simply not sufficient to guide public policy in enhancing the effectiveness of permanent housing. In this project, departure from permanent housing was categorized according to the circumstances under which residents left permanent housing and by the destinations to which leavers were discharged. A substantial proportion of leavers moved to residences that required more independent living skills and less reliance on supportive services than the permanent housing program they left. These outcomes certainly underscored that a “leave” cannot be categorized as negative.

However, regardless of the criteria used, a significant portion of leavers from permanent supportive housing depart under unfavorable circumstances, are discharged to homeless or institutionalized settings or to community residential settings requiring higher level of supervision and care. One action response to this finding is to identify the risk factors associated with unfavorable departures from permanent housing and to design permanent housing practices and programs that respond to those risks.





clustered apartments, often with peer support from consumers. Along with other permanent housing and Community Rehabilitation Residence programs, this housing stock offers a broad array of options for maximizing the goodness of fit between consumers and housing options.

- Housing agencies should create “early warning systems” to identify permanent housing residents at risk for unfavorable discharges. Hospitalizations, arrests, eviction warnings, or behavior that places a resident at risk of these events should trigger an intervention by the placement agency, housing agency, and support service staff. Upon such an event, an assessment should be made of the appropriate resident or support staff adaptations that could be made to ensure stability of a given placement, or of the alternative settings in which a resident should be placed. Clear protocols should be established which outline when and what proactive action should be taken at the time of resident-staff conflict or when residential instability is otherwise indicated.
- The non-positive outcomes and greater cost to serve involuntary leavers suggest undertaking further analysis to determine if there is justification to develop permanent housing specifically designed for repeat drug/alcohol abusers. Permanent housing residents “at risk” are often involuntary leavers who have a drug/alcohol relapse or are non-compliant with permanent housing rules. These residents are costly to serve during their post-permanent housing career. Although a smaller proportion of involuntary leavers use emergency services post-permanent housing than during their permanent housing-stay, their use of emergency services after departure is still more than three times greater than that of positive leavers.
- The provision of residential support services needs to be recognized as critical and integral components of permanent housing. Provision of a long-term housing subsidy is a necessary but not sufficient condition for success. Permanent housing residents have substantial physical and behavioral health needs for which appropriate and continuous support is critical to maintain independent living.
- Careful consideration should be made as to the location of permanent housing and should avoid placing permanent housing residents in neighborhoods with high crime rates and drug activities that inadvertently increase the risk of relapse for residents. Housing developers and residential support staff should also work hand-in-hand in order to improve the building environment (lessen the risk of alcohol/drug activities) and to provide a favorable environment for the recovery of consumers.
- The Federal government’s effort to end chronic homelessness should include as an objective the re-engagement of homeless persons with SMI who left permanent housing. Continuum of Care application requirements could encourage re-engagement of such persons as a priority in funding decisions. The development of Homeless Information Management Systems (HMIS) for tracking homeless persons both in shelters and in permanent housing is a strong movement in the right direction, as such a system could theoretically enable a jurisdiction to identify people upon shelter admission who might meet this criterion.

- Research on the long-term outcomes of involuntary and voluntary leaving should refine the characterization of post-permanent housing careers over a longer period than the 12 to 24 months possible in this study. That kind of research will demand new and imaginative forms of tracking and engagement of people with serious mental illness who may not be using the services that are publicly available.
- Initiatives to help end homelessness should accommodate the desire by many current permanent housing residents to live in more independent housing. Permanent housing can accommodate this need via, for example, different configurations of support reflective of the current service utilization by leavers in their post permanent housing career. There are numerous benefits that can accrue from this progression including: 1) those who leave permanent housing are less reliant on federal and local resources and sometimes achieve total independence from services designated for formerly homeless persons, 2) the newly available resources are available to others, and 3) permanent housing “graduates” may be available to mentor current PH residents who aspire to be more independent.



## **CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY**

### **Introduction**

Since passage of the Stewart B. McKinney Homeless Assistance Act in 1987, the provision of permanent housing with supportive services has been a major focus of the federal response to the needs of homeless people with disabilities. The long-term goal of the U.S. Department of Housing and Urban Development (HUD)'s homeless effort is based on the assumption that permanent community-based housing, coupled with supportive services, would foster the greatest stability, independence and self-sufficiency possible among formerly homeless individuals who are chronically disabled.

Although there is evidence that permanent housing reduces homelessness and improves housing stability among program participants (Ridgway and Rapp 1998), data from two national evaluations of HUD-funded permanent housing programs (Matulef et al. 1995; Fosburg et al. 1997) and the Department's Annual Progress Report (APR) suggest that housing tenure is neither permanent nor even long-term for a significant minority of program clients. Of particular concern is the supposition based on APR data that only half of permanent housing leavers depart for "ideal" housing situations (such as other subsidized rental housing, market-rate rental housing, and homeownership), and that the other half of leavers either share accommodations with relatives and friends, go to a jail, a psychiatric hospital, or a treatment facility, or return to the street and homeless shelters subsequent to departing from permanent housing.

The reality of limited tenure in HUD-assisted permanent housing for some portion of program participants raises important questions about the nature of HUD-assisted permanent housing programs and about the participant and program characteristics that predict leaving or staying in permanent housing. Moreover, understanding the circumstances surrounding departure from permanent housing and the post-permanent housing residential careers of leavers should help policymakers and practitioners to develop strategies to identify program participants who are not yet ready to move on to more self-sufficient housing situations and thus to avoid undesirable exits from permanent housing.

The present research effort was designed to address an important set of questions about the departure of previously homeless people with disabilities from permanent housing and their post-departure residential careers. Identifying the reasons for leaving permanent housing should inform policy and planning relating to chronic homelessness among people with disabilities. To this end, this project examined the phenomenon of departure from permanent housing from the following perspectives:

- The distinctive characteristics of permanent housing programs
- The circumstances of leaving and the post-permanent housing careers of leavers
- The factors associated with leaving permanent housing and post-permanent housing careers











all residential services funded and managed by the City Behavioral Health System for persons with serious mental illness, enables the research team to track service use during different phases of permanent housing participants' residential careers—prior to entry to permanent housing, during permanent housing, and post-permanent housing exit (for leavers). Participant and service characteristics that are associated with leaving permanent housing and post-permanent housing residential careers can thus be identified. In addition to the longitudinal integrated database, information collected from a National Institute of Mental Health (NIMH)-funded study conducted by faculty members at CMHPSR was merged with the integrated database to examine the impact of housing program characteristics on staying in and leaving permanent housing<sup>2</sup>.

The availability of a rich array of data notwithstanding, the findings from a single site (that is, Philadelphia) may not be generalizable to the universe of permanent housing nationwide in a strict statistical sense. Nevertheless, the diversity of permanent housing programs in operation in Philadelphia ensures that Philadelphia's experience reflects that of many of its other urban counterparts. Moreover, within the resources available, this project was able to maximize the likelihood of tracking a sample of clients of sufficient size to permit statistically significant findings. Arriving at a sample of permanent housing program participants, especially of leavers, requires the cooperation of the City, housing and case management providers and sample participants. Conducting the study in a single site facilitated such cooperation, thereby increasing the validity of the study findings by reducing the rate of refusal and sample attrition.

### ***The Rest of This Report***

Chapter 2 describes the methods employed in this project. Chapter 3 provides background on the Philadelphia behavioral health system and summarizes characteristics of permanent housing programs in Philadelphia, the incidence and timing of discharges from permanent housing. Chapter 4 focuses on the circumstances of leaving and the post-permanent careers of leavers by looking specifically at destinations to which leavers departed from permanent housing, the reasons and scenarios of leaving and the post-permanent housing residential careers of leavers, including a comparison between those who left voluntarily and involuntarily. Chapter 5 examines the factors associated with leaving permanent housing and post-permanent housing careers. Chapter 6 offers a summary and discusses the implications of our findings.

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<sup>2</sup> The title of the study - "Community Integration of SMIs in Supportive Housing". The Principal Investigator (P.I.) is Y.L. Irene Wong, Ph.D., and co-P.I. is Phyllis Solomon. The study is supported by a three-year Research Enhancement Grant funded by the National Institute of Mental Health.























## **CHAPTER 3: CHARACTERISTICS OF PERMANENT HOUSING PROGRAMS FOR PERSONS WITH SERIOUS MENTAL ILLNESS IN PHILADELPHIA, PENNSYLVANIA**

### **Introduction**

In the first chapter, we pointed out that having a single point of entry for all HUD-assisted and City-assisted permanent housing programs for adults with serious mental illness was one of the key reasons for the selection of Philadelphia, Pennsylvania, as the study site of this project. In Philadelphia, the Office of Mental Health (OMH) manages access to HUD- and City-assisted permanent housing for persons with serious mental illness. The Access to Alternative Services (AAS), an administrative unit within the OMH, acts as a centralized gatekeeper, conducting assessment and placement of applicants, as well as monitoring discharge of permanent housing leavers. Other persons with mental illness may have access to HUD-assisted permanent housing through other service systems such as the AIDS Activities Coordinating Office (AACO) or the Office of Emergency and Shelter Services (OESS) because their primary disabling condition may be a physical disability, HIV/AIDS or chemical dependency and their mental illness a secondary co-morbid condition. However, individuals with the most disabling and chronic forms of mental illness requiring long-term psychiatric supports have access to permanent housing programs primarily through the public mental health system.

This chapter gives an overview of the distinctive characteristics of permanent housing programs within the mental health system in Philadelphia. The chapter begins by giving a brief background of publicly-funded community-based mental health services in the city and permanent housing programs for persons with serious mental illness. This is followed by a description of the key characteristics of permanent housing programs using data collected for a federally-funded study on community integration of persons with serious mental illness in permanent housing. Lastly, we examine the incidence and timing of departures from permanent housing using the integrated longitudinal tracking data collected as part of the current project.

Our summary notes that Philadelphia has been responsive to the growing needs of the homeless community by utilizing HUD and local funding to expand its permanent housing programs. The programs created/expanded have different configurations of housing and service components to address the unique needs of the homeless mentally ill population. The “support” element of the programs is considered essential to promoting the independence of their residents. As part of this overall program development, the City’s behavioral health system created a housing development corporation (1260 Housing Development Corporation) specifically designed to increase the pool of housing for persons with psychiatric disabilities that has successfully added a significant number of permanent housing units for mentally ill homeless persons. The housing has been developed in diverse neighborhoods that tend to have lower household incomes, higher incidences of crime, and higher proportions of rental units than does the city at large. However, the 113 neighborhoods where permanent housing residents lived are not any more distressed than the total of 1,816 neighborhoods in the city. Although permanent housing has been designed to fulfill the long-term housing needs of formerly homeless persons, about three of ten leave during the first 18 months of residence and half do by 30 months. It is this population of “leavers” that is the principal focus of this study.





importance of understanding permanent housing programs in Philadelphia and how they affect homeless people with serious mental illness.

While the pivotal role played by the federal government in funding permanent housing for the homeless mentally ill population is unequivocal, state and local governments have also contributed significantly to the development of permanent housing programs in Philadelphia. Specifically, they have provided funding for permanent supportive housing at the closure of the Philadelphia state psychiatric hospital, funding targeted to the homeless mentally ill population as part of the City's Sidewalk Ordinance (CSO), and funding for support services to match the housing subsidies provided by the federal government.

Within the City's mental health community residential system, permanent housing has grown tremendously from the original 125 Section 8 units in 1987 to a capacity in 2003 of 652 units in 28 programs. The community residential system is a continuum of community living and service arrangements, including long-term structured residences, specialized residences for consumers with a co-occurring disorder, transitional group homes, supervised apartments, and supported independent living (SIL). Community residential support services constitute a critical component of the mental health system, comprising 51% of the OMH's budget (personal communication with Lawrence Klugman, 2004). Within the residential continuum, permanent supportive housing (or SIL in the terminology of the OMH) has the least structured level of care and supervision and is designated for mental health clients capable of living independently with non-facility-based support.

Permanent supportive housing differs from congregate community rehabilitation, transitional housing and group home settings by providing a long-term housing subsidy. Delivery of supportive services for most permanent housing residents is not facility-based in that most of the residential support teams are mobile teams and do not have offices in the buildings where consumers' apartments are located.<sup>6</sup> Residents of permanent housing pay up to 30% of their income in rent and are expected to stay in their housing as long as they fulfill their tenancy obligations and demonstrate an adequate level of functioning in the community.

Applications for permanent housing targeted for persons with serious mental illness are processed through the AAS unit, which conducts assessments and placements for all applicants of community residential programs. Applicants for permanent housing with AAS must meet the following criteria: (1) a primary diagnosis of major mental illness, including schizophrenia or major affective disorder, as ascertained by a psychiatric evaluation; (2) current residence in Philadelphia for at least six months, exclusive of any institutionalization; and (3) at least 18 years of age.

Homeless applicants who do not have a diagnosis of schizophrenia or major affective disorder may have access to other HUD-funded permanent housing units in the homeless service system (OESS) or in the HIV/AIDS service system (AACO), provided that they satisfy the eligibility criteria of permanent housing in these two systems, which include other forms of disability such as substance abuse problems, physical disabilities, and HIV/AIDS. Applicants who do not

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<sup>6</sup> Only a quarter (23.3%) of permanent housing residents had residential support teams located in the building where their residence was located.

satisfy the residency requirement are eligible once they reach the six-month tenure. Conditioned on the availability of housing subsidy and service support, potential permanent housing applicants of AAS who meet eligibility criteria are offered a housing subsidy and a choice of housing units. Permanent housing applicants who experienced prior homelessness are eligible for HUD-funded or city-funded housing subsidies targeted to the homeless mentally ill population and for other non-HUD-funded subsidies. Permanent housing applicants who have never experienced prior homelessness are eligible for non-homeless-designated subsidies only.<sup>7</sup>

Although housing subsidies are an essential component of permanent housing in Philadelphia, the operation of permanent housing is not organized by sources of housing subsidy. Instead, permanent housing programs are organized by residential support teams, which are operated by agencies specializing in mental health services. These residential support teams are expected to provide the same level of support and services to both homeless and non-homeless clients. As our data in the following section show, permanent housing programs may serve their clients with both HUD-funded and non-HUD-funded subsidies. Unfortunately, administrative data available in the community residential system does not differentiate permanent housing residents by the sources of funding, so homeless persons cannot be separated out for analysis.

There are some general requirements regarding income requirements for housing subsidies. In Philadelphia, the Residential Planning Team (RPT) has determined that clients must have an income of less than \$1,000 per month to be accepted for placement into any Office of Behavioral Health (OBH)-subsidized placement. However, there are caveats to this requirement; specifically, if the client has either an extraordinary financial need (for example, pays for all of his own medications or pays child support, and so forth., thus reducing his disposable income) or an extraordinary clinical need (for example, has a relatively high number of inpatient stays/days), they could be eligible for housing subsidies.

As regards financial eligibility, generally there is no differentiation between HUD-funded and non-funded programs. However, it is preferred that clients generally have an income equal to or greater than Supplemental Security Income (SSI) (that is, over \$500 per month). The belief is that these clients would be less likely to fail than those who are only on public assistance (that is, about \$205 per month).

### **Characteristics of Permanent Housing Programs for Persons with Serious Mental Illness**

This section describes program characteristics central to the operation of permanent housing programs in Philadelphia. These characteristics include sources of housing subsidy, ownership of housing units, and neighborhood characteristics of housing units, provision of residential support services, and the housing preferences of permanent housing residents.

The data presented here were collected as part of a National Institute of Mental Health (NIMH)-funded study conducted by faculty members from the Center for Mental Health Policy and Services Research (CMHPSR). It should be noted that the NIMH-funded study is entirely

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<sup>7</sup> Note that it is very unusual for permanent housing applicants to directly receive a Section 8 voucher upon entry into the program. Permanent housing participants usually get access to Section 8 after they're in the permanent housing program for a while, and then apply successfully for the voucher.

independent of this project, with data collected for a different purpose, that is, to examine community integration of persons with serious mental illness in supportive housing, and with a different methodology, a cross-sectional survey of current residents of permanent housing programs. Nonetheless, the target population of the NIMH-funded study, permanent housing residents in Philadelphia, overlaps with that of this project.

Provider-level and consumer-level interview data are the primary sources of information, which are supplemented by administrative and census data. Interviews with 28 permanent housing support services providers were conducted between July 9, 2002 and May 12, 2003. Interviews with a cross-sectional sample of 252 permanent housing residents from all except two of the 28 programs were conducted between July 19, 2002 and December 30, 2003. The 252 study participants were all residents in their apartments for six months or more.

### ***Definition of Permanent Housing Programs***

As previously mentioned, consistent with the definition used in the mental health system in Philadelphia, permanent housing programs were identified by residential support teams, which provide support services to individuals with serious mental illness who held HUD-funded or city-funded housing subsidies and stayed in permanent housing. As noted, in 2003 (the start date of this project), there were 28 permanent housing programs, or 28 residential support teams, providing services to 652 permanent housing residents.<sup>8</sup> The occupancy rate of permanent housing at the time was 86 percent (that is, 558 residents). An enumeration of the capacity and occupancy of the 28 programs is contained in columns 1-2 of Table 3.1.

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<sup>8</sup> It should be emphasized again that the permanent housing programs are identical to residential support teams or programs, and that the mental health system defines programs by support team, not according to sources of subsidy.

**TABLE 3.1: CAPACITY, OCCUPANCY, HOUSING SUBSIDY, & HOMELESSNESS**

Program	Capacity	Occupancy	HUD SHP	HUD S+C	HUD Section 8	Other HUD	Local (OMH & others)	No Federal Funding	SHP and/or S+C	% Homeless	# of Participant
1	24	24			X					<i>no info</i>	0
2	61	45	X	X	X		X		X	73.9%	23
3	10	10					X	X		20.0%	5
4	3	2					X	X		100.0%	2
5	9	7					X	X		50.0%	4
6	10	8					X	X		16.7%	6
7	22	20	X (sole source)						X	80.0%	10
8	25	21	X	X	X	X			X	80.0%	10
9	72	59	X	X	X		X		X	53.3%	30
10	12	11					X	X		20.0%	5
11	48	44	X		X	X	X		X	70.0%	20
12	26	26	X	X		X	X		X	83.3%	12
13	8	6				X	X			75.0%	4
14	6	5		X					X	50.0%	2
15	62	52	X		X	X	X		X	57.7%	26
16	20	20	X (sole source)						X	<i>no info</i>	0
17	21	19	X	X	X	X			X	72.7%	11
18	6	6	X				X		X	33.3%	3
19	12	12	X (sole source)						X	40.0%	5
20	11	10	X				X		X	60.0%	5
21	6	6					X	X		100.0%	3
22	13	8					X	X		40.0%	5
23	20	17	X		X		X		X	62.5%	8
24	35	31			X		X			71.4%	14
25	17	12					X	X		66.7%	6
26	64	30	X		X		X		X	46.7%	15
27	21	19						<i>no info</i>		60.0%	10
28	18	18	X			X			X	62.5%	8
# of programs / persons	652	558	15	6	9	7	17	8	16	155	252
Percentage			53.6%	21.4%	32.1%	25.0%	60.7%	28.6%	57.1%	61.5%	

### *Sources of Housing Subsidy*

Columns 3-7 of Table 3.1 gives a breakdown of the different types of housing subsidies held by residents of the 28 permanent housing programs. Fifteen of the 28 permanent housing programs (54%) reported to have residents receiving housing subsidies from HUD's SHP, six programs (21%) reported housing subsidies from the S+C program, seven programs (25%) reported housing subsidies from other HUD programs<sup>9</sup>, and nine programs (32%) reported having residents with HUD-Section 8 certificates. Only eight programs (30%) reported having no federal housing subsidies for any of their clients. (See Table 3.1)

A closer look at the funding sources reveals that only three permanent housing programs reported having all their clients with one source of HUD housing subsidy, all with subsidies from SHP.<sup>10</sup> In contrast, most of the HUD-funded permanent housing programs reported having other sources of housing subsidies for some of their residents, including Section 8 and OMH-funded subsidies. In fact, some of the larger permanent housing programs started as smaller programs with local funding only (that is, OMH housing subsidies). Providers of these programs then contracted with HUD via the S+C or SHP funding mechanism and took in permanent housing residents with homeless-designated housing subsidies.<sup>11</sup> For example, the majority of residents in one permanent housing program held HUD-SHP subsidies and lived in seven different housing sites while the minority of the program residents has OMH-funded housing subsidies. In contrast, two programs were targeted exclusively for homeless mentally ill clients but were funded through subsidies from the local government and received no HUD subsidies.

### *Ownership of Housing Units*

The 1260 Housing Development Corporation (1260 HDC) was the major provider of housing units for permanent housing residents in Philadelphia. As mentioned above, the 1260 HDC was established with 125 Section 8 vouchers designated for persons with serious mental illness allotted by HUD as part of the RWJ Program. By 2003, the 1260 HDC had become the owner of more than 1,000 units and 90 buildings in the city and had expanded its tenancy base to individuals with other disabilities as well as market tenants.

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<sup>9</sup> Unfortunately, providers from the seven programs did not specify what the other HUD programs were.

<sup>10</sup> It is not clear as to why two of the three programs funded exclusively through HUD'S SHP program do not serve an exclusively homeless population, a program eligibility requirement. It should be noted, however, that the percent of permanent housing participants who ever experienced homelessness was based on self-reports, which were known to be susceptible to recall bias. One of the three programs did not have residents participate in the NIMH-funded study.

<sup>11</sup> Formerly homeless permanent housing residents assisted under the S+C and Supportive Housing Programs cannot port their subsidies outside the community. Some funded under the S+C were able to obtain regular Section 8 vouchers and, therefore, returned the subsidy to the provider. In such an instance, the AAS would find another eligible resident who satisfied the eligibility criteria of the S+C program.

Among 556 current permanent housing residents who had valid address information<sup>12</sup>, the majority (57%) lived in apartments that were either owned or master-leased by the 1260 HDC. About one-quarter (23%) of permanent housing residents lived in housing units that were owned/managed by market realtors or private landlords, which were master-leased via the residential support teams. For both the 1260 HDC and residential support programs, master-leasing from market realtors or private landlords entails the signing of the lease by the provider with the realtors or landlords and then sub-leasing the units from the provider to permanent housing residents. Permanent housing residents under the master-leasing condition sign their rental contract with and pay monthly rent to their provider (either 1260 HDC or the residential support team). A few mental health agencies (four agencies) owned and managed their own apartment buildings for consumers served by their residential support teams (a total of nine teams), providing housing units to another 20% of permanent housing residents.

### *Neighborhood characteristics of housing units*

The 556 permanent housing residents lived at 170 unique addresses and in 113 census block-groups in the city.<sup>13</sup> As Figure 3.1 shows, 73% of the permanent housing residents were located in five geographic areas in the city, including West Philadelphia, Near Northeast, Lower North Philadelphia, Center City and the Far Northeast. Although Center City ranks only fourth in the number of permanent housing residents, substantial clustering of permanent housing residents in Center City was observed, due to its smaller size relative to other geographic areas. Most of the permanent housing residents in West Philadelphia were clustered in University City, a neighborhood comprised of multiple block-groups, and four colleges or universities (University of Pennsylvania and Drexel University), Philadelphia University of the Sciences and the Restaurant School.

A comparison was made between the neighborhood characteristics of the permanent housing residents and the city population (1.518 million people) using census block-group data (Stanhope and Wong 2005; Stanhope, Wong and Hillier 2005).<sup>14</sup> Neighborhood characteristics include median household income, proportion of renters, crime rate, and the extent of racial and income diversity. The average median household income of the block-groups where permanent housing residents lived was \$27,214, compared to the \$31,990 of the city. Permanent housing residents also lived in neighborhoods with a higher proportion of renters (a mean of 0.57, compared to 0.39 of the city average) and with a higher crime rate (mean crime rate of 85.89 per 1000 people, compared to 67.06 per 1000 people in the city overall). There is, however, a higher level of racial diversity (Index of Qualitative Variation [IQV])<sup>15</sup> of 0.50 for permanent housing

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<sup>12</sup> One of the two permanent housing residents with no address information was reported missing and the other was in prison.

<sup>13</sup> Block-groups are census units comprising of several street blocks. A census tract is comprised of roughly five block-groups. In Philadelphia, there are 381 census tracts and 1816 block-groups. A block-group has an average population of 840 persons.

<sup>14</sup> Because permanent housing is considered “normalized” and permanent housing, we found the comparison with the overall city population to be appropriate.

<sup>15</sup> IQV is a ratio of the amount of variation actually observed in race/income distribution of a block group to the maximum variation that could exist in the race/income distribution. Race and income distributions

residents compared to 0.42 for the general population) and income diversity (IQV of 0.92 for permanent housing residents compared to 0.82 for the general population) in the block-groups where permanent housing residents live than the general population. All the above-stated differences between permanent housing residents and the general population are significant at the 0.05 level using one-sample t-tests.

In addition to neighborhood characteristics, access to 25 different types of community resources (including health care facilities, commercial establishments, government offices, gardens, faith-based organizations, and social and cultural organizations) were measured within a half-mile radius of the 556 housing units of permanent housing residents and compared to a control group of 500 units selected randomly from the city's housing stock. Results suggest that permanent housing residents were living in housing units with significantly higher levels of resource accessibility than the control group ( $t = 8.683, p < .0001$ ).

### ***Residential Support Services Characteristics***

Twenty-eight residential support teams, which are identical to permanent housing programs, provide support services to maintain independent living in permanent housing. The overall mission of these teams is to enable permanent housing residents to live independently in the community through skills development and by linking consumers to community-based mental health services. They began operation at various times from 1986 to 2001.

We classify permanent housing programs as either “scattered-site” or “clustered-site” programs based on the dispersion of housing units. Clustered site programs are those serving all permanent housing residents within one building site or multiple buildings clustered in a single neighborhood. Scattered sites serve permanent housing residents in various neighborhoods in the City. According to this definition, 12 of the 28 permanent housing programs were scattered-site programs, and 16 were clustered-site programs. The total capacity and occupancy of the 12 scattered-site teams was 407 and 329, compared to 245 and 229 for the 16 clustered-site teams. Scattered-site support teams served, on average, more consumers than clustered-site teams (27 consumers for scattered site compared to 14 consumers for clustered-site).<sup>16</sup>

Program capacity and occupancy vary substantially among the 28 residential support teams, ranging from three to 72 and from two to 62 for occupancy (refer to column 1-2 of Table 3.1). Staffing information on 27 of the 28 teams was available through the provider interviews. The 27 teams employed a total of 72 full-time and 129 part-time staff members. After adjusting the differential efforts of full-time and part-time staff, the

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are, respectively, constructed as two 3-category variables. The categories for race are: white, black, and others; the categories for income are: low (< 15,000), medium (15,000- 44,999), high (50,000 & higher).

<sup>16</sup> The statute for the Permanent Housing program defines permanent housing as community-based housing that provides long-term housing and supportive services for not more than eight homeless people with disabilities in a single structure of contiguous structures or up to 16 such persons, but only if not more than 20 percent of the units in a structure are designated for such persons. The dispersion of housing sites is consistent with the statute for Permanent Housing program.

total number of full-time equivalent staff for the 27 teams is 115. Considerable variation exists in the intensity of staffing among the 27 teams, with the number of consumers per staff person ranging from 1.05 to 11.33. The mean number of permanent housing residents per staff person was 5.48. More than half (56%) of staff members are residential case managers, specialists, or counselors, 29% were program supervisors or directors, 9% were administrative assistants/secretarial staff or maintenance staff, and 6% are other staff, including drug and alcohol specialists, social workers, and medical staff.

### ***Housing Preference of Permanent Housing Residents***

In-person interviews with 252 current permanent housing residents provided information on housing preference. Housing preference of permanent housing residents is an important variable to be considered in this study because prior research has found perceived consumer choice to be a significant predictor of success in housing through its positive association with housing satisfaction and residential stability (Ridgway and Rapp 1997; Tanzman 1993; Tsemberis et al. 2003). Specific to this project, housing preference information gives some idea about permanent housing residents' desire to move to another residence or have other living arrangements (for example, living alone or living with family members) should they be given the opportunity to do so.

When permanent housing residents were asked whether or not they would like to be living in their current place a year from now, only 40% answered affirmatively. Moreover, an overwhelming majority (81%) of permanent housing residents in the study expressed the preference not to live with other mental health consumers, while 10.6% indicated that they would and 8.6% that it did not matter to them. Nearly half (46%) of the permanent housing consumers expressed a preference to live with family members, including spouse/romantic/partner/significant other, adult family members or relatives, and consumers' own children under 18 years of age.

How do the housing preferences of permanent housing residents compare to their current living situation? Table 3.2 provides answer to this question. The table is split into two parts. The first cross-tabulates current living situation with preferred living situation in regard to living with other mental health consumers. The second cross-tabulates current living situation with preferred living situation in regard to living with family members. We did not include living with friends and other non-family members because of the small number of residents who were either currently living or expressed a preference for living with friends and other non-family members (other than mental health consumers).





**TABLE 3.3: DATA ON CURRENT RESIDENTS, ADMISSIONS & DISCHARGES**

<b>Calendar Year</b>	<b>No. of current residents on Jan. 1 of the year</b>	<b>No. of admissions during the year</b>	<b>No. of departures during the year</b>
2001	505	152	109 (16.6%) <sup>19</sup>
2002	548	134	123 (18.0%)
2003	559	152	107 (15.1%)
2004 (up to July, 2004)	604	Figures not available	46 (N.A.)

***Types of Discharges from Permanent Housing***

Table 3.4 reports discharges by type from permanent housing as recorded in the “disposition codes” in the integrated longitudinal database. These disposition codes are reported by the provider agency at client departure and entered in the database by the City. The most frequently cited destination of discharge is from permanent housing to independent and other community arrangements, including living with spouse/significant others, family members, and friends (30.4%). Interestingly, a substantial portion of permanent housing discharges are without any specified destination or with the whereabouts of the leavers unknown to the permanent housing program (29.6%). Nearly one-quarter (23.6%) of the 385 leavers were discharged to congregate community-based settings, signaling more intensive level of care and supervision. About five percent of the discharges were due to the death of the resident. Fewer than five percent of the discharges were recorded as the following: hospital settings (4.7%), correctional settings (3.4%), and homelessness (2.9%).

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<sup>19</sup> Percent of discharges based on total of current residents as of January 1<sup>st</sup> of the year plus admissions during the same year.





Permanent housing programs embrace a variety of approaches that differ in housing and service characteristics. Notwithstanding the between-program differences, provision of residential support to enable permanent housing residents to live independently in the community through skills development and by linking consumers to community-based mental health services is the defining feature of the permanent housing programs. The “support” component of permanent housing programs is seen as critical for facilitating the residential stability of their residents, as well as enhancing their integration into the community. The residential support teams aside, the 1260 HDC is another key player in the development of permanent housing programs. The remarkable expansion of the 1260 HDC in the nearly two decades since its founding has supplied permanent housing residents with a substantial pool of decent and affordable rental units and provided a reasonable degree of housing choice for these residents.

Permanent housing residents lived in 113 census block-groups out of 1,816, with the majority of them distributed in 5 areas of the city. Compared with the Philadelphia general population, permanent housing residents lived in neighborhoods with a higher degree of racial and income diversity and have access to more community resources. Although permanent housing neighborhoods have lower median household income, higher crime rates, and proportionately more renters than an average Philadelphia neighborhood, it is important to note most of permanent housing neighborhoods are not located in areas of the city with the highest levels of social and economic distress (Stanhope and Wong 2005).

Although permanent housing in Philadelphia is a long-term housing arrangement for a significant portion of permanent housing residents, the incidence of leaving is about 30% during the first 18 months and 50% after 30 months of residence. Information on permanent housing residents’ housing preference provides some plausible interpretation of leaving, especially those under favorable conditions when residents are given a choice. It is intriguing that more than half of current permanent housing residents would like to be living in a different place a year from now. Moreover, nearly half of permanent housing residents would like to be living with family members and other relations (other than unrelated mental health consumers), despite the fact that less than one in six was currently able to do so. The housing preference expressed by residents is indicative of their intention to leave permanent housing programs or move on to another residence or living arrangement should an alternative situation arises. The other side of the story is that some permanent housing residents have to leave because of an undesirable situation. In the next chapter, we will explore the different circumstances of leaving among residents who departed permanent housing. We will identify and examine both positive and negative scenarios of leaving, as well as, the post-permanent housing careers of leavers.



## **CHAPTER 4: LEAVING PERMANENT HOUSING—CIRCUMSTANCES OF LEAVING AND THE POST-PERMANENT HOUSING CAREERS OF LEAVERS**

### **Overview**

In the previous chapter, we found that departure from permanent supportive housing is a relatively common phenomenon among permanent housing residents with serious mental illness in Philadelphia. Using data drawn primarily from the prospective tracking sample of 96 leavers, this chapter builds on this finding by providing a detailed account of the circumstances surrounding their departure from permanent housing and the post-permanent housing careers of these leavers.

The chapter is organized in two sections. The first describes the circumstances of leaving among the members of the prospective tracking sample. Specifically, we look at the destinations to which the 96 leavers were discharged and their living situation at the time of departure. Based on the leavers' and their residential staff's responses regarding the circumstances of leaving, two groups of leavers—voluntary and involuntary leavers—are identified. We then report what factors appear to differentiate voluntary and involuntary leavers. To complement the quantitative findings, we present a number of “leaver” scenarios based on a review of the qualitative responses of leavers.

The second section of the chapter examines the post-permanent housing careers of leavers. The quantitative data used in describing the post-permanent housing careers are drawn from both the prospective tracking sample and the retrospective tracking sample (recall that 385 residents left permanent housing from January 1, 2001 through July 15, 2004). Whereas the prospective tracking data focus on the living situations of leavers over time, retrospective tracking data provides information on service use (based on administrative data) after permanent housing residents left their programs. To augment the quantitative information on post-permanent housing careers, qualitative characterization of leavers' post-permanent housing careers is explored using excerpts from notes generated from the tracking interviews of study participants.

Overall, we find that leaving permanent housing is multidimensional both in terms of the reasons for leaving and the post-permanent housing residential career. The post-permanent housing residence of the majority of leavers tracked in the prospective sample required a greater level of independence than was required in the permanent housing itself. Those who did not move to more independent living appeared to maintain residential stability – only 10% had to transition into other housing after their initial post-permanent housing residence.

Leavers can be categorized into multiple sub-categories that are related to their skills to live independently and their need for greater support and service when they resided in permanent housing. Not surprisingly, those who have less independent living skills and need greater support generally have less favorable housing experiences after leaving permanent housing.

## Circumstances of Leaving

### *Destinations of Departure from Permanent Housing and Living Situation upon Departure*

Table 4.1 describes the type of residence and various indicators of living situation reported by 96 participants at the baseline interview. The findings suggest a rather favorable picture of departure from permanent housing among the 96 participants. About two-thirds (66%) of the sample were in regular community living situations in an apartment or a house with or without subsidy, in single room occupancy (SRO), or sharing a residence with family or friends. One-quarter (25%) of the sample departed to congregate community residences, signaling more intensive level of care and supervision than permanent housing programs, and only one in fourteen (7%) of the sample reported to be homeless or in an institution. Of course, these positive findings are circumscribed somewhat by the fact that we were able to track only a subset of the leaver population, even for the baseline interviews.

**TABLE 4.1: BASELINE RESIDENCE & LIVING CIRCUMSTANCES AFTER LEAVING PERMANENT HOUSING**

Variable	Category	Baseline (N= 96)
Type of current residence	Apt./House w/subsidy	55%
	Apt./House w/o subsidy	2%
	Community Residence	11%
	Single Room Occupancy	2%
	Other Residence	8%
	Share residence w/family or friends	7%
	Detox/Drug and Alcohol Rehab	6%
	Institutions	1%
	Homeless	6%
Feelings about current residence	Delighted/Pleased	43%
	Mixed/Mostly Satisfied	40%
	Terrible/Unhappy/Mostly Dissatisfied	17%
Assessment about quality of life	Delighted/Pleased	51%
	Mixed/Mostly Satisfied	39%
	Terrible/Unhappy/Mostly Dissatisfied	10%
Employment	Received income from employment	21%
Volunteer work	Did volunteer work	26%
Day program	Attended a structured day program	37%
Mental health service	Used a therapist	63%
Supplemental Security Income	Received supplemental security income	66%
Food Stamps	Received Food Stamps	21%
Monthly income	Mean monthly income	\$660
Monthly rent	Mean monthly rental paid	\$203

Some of the aforementioned destinations would appear to represent a positive outcome, such as an apartment or house, and others a negative outcome, such as homelessness or











Involuntary Leaver # 2: John P. is a 25 year-old male who departed after two years and two months stay in a permanent housing program. He admitted that his discharge was due to his inability to follow the rules of the permanent housing program. Specifically, John was unable or unwilling to manage his money according to the standard set by the program. He complained that he felt some of the rules were too strict. In addition, he complained that drug activity was going on in the building and was upsetting him. Program staff reported that John needed a program with more staff support. They reported that he had difficulty managing his medication and had to be constantly pushed to meet program requirements. In regard to the building problem, program staff reported that John P. had been beaten up and wanted to leave.

Involuntary Leaver # 3: James J. is a 47 year-old male who resided in permanent housing for seven years and two months. According to the participant, he was discharged due to alcohol abuse. He admitted that he allowed himself to be influenced by the “wrong people” and had been using alcohol on program premises for some time before being caught by program staff. The permanent housing program staff reported similar discharge reasons— James had been caught drinking and was asked to leave. The staff felt he needed a more structured program. He was residing in a detoxification facility during the period for which we were able to track him.

Involuntary Leaver # 4: John R. is a 38 year-old male who resided in permanent housing for 18 months. According to the participant, he was discharged because of his substance abuse problem. In fact, he was living in a detoxification facility throughout his yearlong follow-up period. Also, he admitted that he broke program rules and acknowledged that he “did wrong.” Permanent housing program staff reported that John was discharged for drug use and for not maintaining cleanliness standards at his apartment.

Involuntary Leaver # 5: Mary P. is a 42 year-old female who had resided in permanent housing for four years. She reported her discharge was due to drug use and was voluntary. Residential support staff also reported that Mary was discharged for drug abuse but the discharge was involuntary.

*Voluntary Leavers: Opportunity Seekers*—“Opportunity seekers” tend to regard themselves as “graduates” of a Permanent Housing program, who intend to improve themselves and who express hopefulness about their future. Beyond possible differences in the physical condition of the new residence, the “opportunity seekers” do not anticipate continuing to receive support or services.<sup>22</sup>

Opportunity Seeker # 1: Patricia L. is a 54 year-old female who departed after nine years in permanent housing. At the baseline interview, she indicated she had graduated from the permanent housing program, was compliant with medications and got along well with

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<sup>22</sup> Although, these leavers opted to leave permanent housing, HUD’s Permanent Housing program can accommodate the independent permanent housing situations described here with the services gradually reduced. As long as the client meets, at entry, the criteria of being homeless and disabled, they are an eligible recipient of the Permanent Housing program.







Notwithstanding the limitation of the tracking data, several observations can be discerned from the table. First, it appears that over time a greater proportion of leavers with whom contacts had been maintained were living in subsidized housing. This contrasts with the declining percentages of leavers who were either homeless, in institutions (prison and hospital), or in detoxification or drug and alcohol rehabilitation. Coupled with the more favorable living arrangement of permanent housing leavers is the decreasing rent<sup>23</sup> burden borne by the study participants. It is also noteworthy that a greater percentage of leavers received Food Stamps over the course of study, and consistently high proportions (around two-thirds) received Supplemental Security Income at all five time periods. Moreover, the majority of leavers were connected with mental health services by reporting to have worked with a therapist after leaving permanent housing. Between 18 and 24 percent of leavers were employed at the five time periods of the study, between 34 and 44 percent had attended a structured day program, and between 26 and 33 percent did volunteer work during the study period. Overall, leavers of the study were generally satisfied with their current residence and had positive assessment of their quality of life. The percentages of leavers who expressed dissatisfaction were quite low and did not vary across the five time periods.

We acknowledge, though, the inherent problem with this analysis in that we are most likely to be able to track those who have housing subsidies, those who are most pleased with their current situation, and those whose current income most surpasses their rents, that is, those who are doing best.

Table 4.4 provides supplementary information on post-permanent housing service use patterns among leavers. The statistical distributions are based on 385 leavers from the retrospective sample. Most noticeable in the table is the percentages of leavers who, since leaving permanent housing, had registered a stay in a homeless shelter (20%), had a Medicaid (City Behavioral Health) inpatient claim (20%), and had an emergency service claim in the community rehabilitation service (CRS) system (17%) subsequent to their departure from permanent housing. The use of these services is indicative of poorer outcomes of a segment of permanent housing leavers.

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<sup>23</sup> The question “How Much Rent Do You Pay?” was asked in the baseline and follow-up surveys. The average rent declined from \$275 (0-2 months after discharge) to \$103 (18+ months after discharge).

**TABLE 4.4: POST-PERMANENT HOUSING SERVICE USE PATTERNS OF LEAVERS (N = 385)**

<b>Variables</b>	<b>Leavers N (%)</b>	<b>Mean of Users Only</b>
<i>Homeless Shelter Use</i>		
Ever stay in public shelter	59 (15.3)	
Number of public shelter stays		3.4
Number of days in public shelter		67.9
Ever stay in public and/or mental health shelter	76 (19.7)	
<i>Medicaid (CBH) Service Use</i>		
Intensive case management (ICM) claims	134 (34.8)	67.87
Outpatient claims	130 (33.8)	61.35
Inpatient claims	76 (19.7)	3.87
<i>Community Rehabilitation Services (CRS) Service Use</i>		
Intensive case management claims	32 (8.3)	5.91
Outpatient claims	50 (13.0)	3.70
Day treatment (partial hospital) claims	27 (7.0)	6.59
Vocational/social rehabilitation	49 (12.7)	4.96
Community residential services	81 (21.0)	8.06
Other Case Management services	75 (19.5)	8.16
Emergency services claim	65 (16.9)	3.23

***Post-Permanent Housing Careers of Voluntary Leavers and Involuntary Leavers***

Interviews with leavers yielded a richer and more dynamic picture of the post-permanent housing careers of leavers:

*Voluntary Leavers (Opportunity Seekers)*—Over the tracking period, opportunity seekers were generally very pleased with their current residence. The positive appraisal of their living situation seems to have been related to the level of independence they experienced, the peaceful nature of the housing environment, which enabled them to focus, as well as the feelings of safety and convenience of the location of their neighborhood. They did raise some concerns about bad neighbors and the need of improvement in building maintenance. Opportunity seekers also frequently spoke about their plans and goals for the future, suggesting a sense of control over their lives.

Independence

For opportunity seekers, being free of structure and able to do what they want are highly valued. Some used the notion of independence to gauge whether they can manage their lives on their own and have control over their own lives. Among some opportunity seekers, the desire to become independent alone had motivated them to “graduate” from their respective permanent housing program.





### Generally Positive Experience with Current Residence

Charles J. is a 32 year-old male who departed after three years and two months in permanent housing. In the 1<sup>st</sup> month after the baseline interview, he said: "It's okay, nicer than where I used to live." When asked what he did not like about where he lived, he replied: "I like everything." When queried specifically about maintenance, convenience to public transportation, friends, family, and the neighbors, he replied that he liked it all just fine.

Joseph T. is a 58 year-old male who departed after four years and 16 days in permanent housing. In the 9<sup>th</sup> month after the baseline interview, he recounted that he likes his new living arrangement. Specifically, he liked the privacy, the laid-back atmosphere and the lack of drug problems among fellow tenants.

### Mixed Experiences with Current Residence

Nancy K. is a 32 year-old female who departed after five years in permanent housing. She gave a somewhat mixed account of her current living situation in the 5<sup>th</sup> month after the baseline interview. She reported that her house was satisfactory but believed that her neighbors harass both her and her husband. Nancy also believes that the police who live in her neighborhood are somehow monitoring her phone calls.

Betty H. is a 46 year-old female who departed after five years in permanent housing. In the 1<sup>st</sup> month after the baseline interview, the participant expressed that she loves her apartment. Betty remarked how much peace of mind she has living in her building; however, she did report an incident where someone in the building had stolen a bag of canned goods that had been set out for donation to a local food bank.

### Negative Experiences with Current Residence

Again, Betty H. is a 46 year-old female who departed after five years in permanent housing. In the 2<sup>nd</sup> month after the baseline interview, Betty expressed concern about whether some of the newer tenants in her building (who are from programs similar to hers) are prepared enough or capable enough to function well on their own. She believes some of them in her building are doing drugs or drinking.

Thomas C. is a 67 year-old male who departed after three years and 10 months in permanent housing. In the 2<sup>nd</sup> month after the baseline interview, Thomas reported that he was having difficulty with what he suspected as being illicit drug activity right across the hall from his apartment. He also reported that the noise level created by the late-night comings and goings of residents had made living in his building demonstrably worse. No one in authority, in Thomas' view, seems to be able to address the situation.

*Involuntary Leavers*—Generally, the involuntary leavers' comments indicated they were pleased with their current residence for reasons similar to those expressed by voluntary leavers. However, compared to voluntary leavers, involuntary leavers, especially those

with drug and alcohol problems, tended to report more problems with their environment and/or neighbors.

### Positive Experiences with Current Residence

Helen S. is a 45 year-old female who departed after one year and seven months in permanent housing. As revealed in the 2<sup>nd</sup> month after the baseline interview, she still liked her neighborhood and loved her home. She also felt that she had made some real progress in her therapy. She had also been frequenting a local center for social events. Unfortunately (in her opinion), because of a medical condition that required her to have a roommate, Helen was moving to Roxborough, to share an apartment she found through a mental health agency.

Sandra D. is a 27 year-old female who departed after one year and four months in permanent housing. In the 1<sup>st</sup> month after the baseline interview, she felt more comfortable in her current situation than at her previous permanent housing program. Sandra felt there was more privacy after she left permanent housing —the apartment she has now has more space for her and her baby daughter. She liked the idea of having her own living room and kitchen. Sandra thought it had been a positive thing to leave the previous permanent housing program.

Christopher D. is a 37 year-old male who departed after two years and three months in permanent housing. In the 17<sup>th</sup> month after the baseline interview, the participant told the interviewer that he liked his new residence. Christopher no longer needed to go to the soup kitchen, his residence keeps him off the streets, and he can more easily maintain personal cleanliness. He considers independent living to be very important.

### Negative Experiences with Current Residence

Daniel P. is a 36 year-old male who departed after 13 years in permanent housing. In the 12<sup>th</sup> month after the baseline interview, the participant thought his residence was peaceful, but that there was not enough structure for him. He had slipped up a few times and had been drinking. He had come to the conclusion that he might need a program with more structure and support. Daniel added that, although he is afraid of the neighborhood's temptations, he nonetheless finds his apartment cozy.

Donna C. is a 42 year-old female who departed after four years in permanent housing. In the 1<sup>st</sup> month after the baseline interview, she was worried about being evicted due to her failure to maintain sobriety. She reports that others in her building are doing drugs and this environment makes it even more difficult for her to remain compliant.



## **CHAPTER 5: FACTORS ASSOCIATED WITH LEAVING PERMANENT HOUSING**

### **Overview**

This chapter examines socio-demographic, service use, and program characteristics associated with leaving or staying in permanent housing for persons with serious mental illness in Philadelphia. Informed by the findings described in the previous two chapters, we identified subgroups of leavers. Based on the discharge codes available in the integrated longitudinal database, we categorized leavers into those with a positive discharge (positive leavers) and others whose discharge location reflected a less favorable or more ambiguous exit from permanent housing (non-positive leavers). From the information provided by former permanent housing residents and the permanent housing program staff in the interview study, we also divided the sample of 96 leavers into voluntary and involuntary leavers.

For the retrospective tracking sample, characteristics of 558 stayers were compared to those of positive leavers (117) and non-positive leavers (247). For the prospective tracking sample, characteristics of a matched-sample of 100 stayers were compared to those of voluntary leavers (59) and involuntary leavers (37). The contemporaneous comparison of leavers and stayers using administrative and interview data has afforded us an opportunity to examine a diverse set of potential predictors of residential outcomes of permanent housing residents.

We find notable differences when we compare non-positive leavers to other positive leavers and stayers. Despite the fact that the three groups are quite comparable in background and characteristics, there are significant differences among the groups in their use of services. Non-positive leavers were more likely to need support services and more likely to use shelters and inpatient psychiatric services. Clearly, there are “gaps” in Permanent Housing’s ability to address the needs of these “at-risk” leavers, and the knowledge and understanding of these “gaps” are essential to developing strategies and tactics to fill them.

### **Categories of Leavers**

Before we proceed further, it is important to clarify the criteria upon which the project designated residents who departed from permanent housing into categories of positive or non-positive leavers, as well as categories of voluntary or involuntary leavers. Table 5.1 gives an overview of how permanent housing leavers were categorized in both the retrospective and prospective tracking sample.

**TABLE 5.1: CATEGORIZATION OF LEAVERS**

<b>Study</b>	<ul style="list-style-type: none"> <li>• Retrospective tracking</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective tracking</li> </ul>
<b>Data</b>	<ul style="list-style-type: none"> <li>• Integrated longitudinal administrative data</li> </ul>	<ul style="list-style-type: none"> <li>• Interview data</li> </ul>
<b>Information source</b>	<ul style="list-style-type: none"> <li>• Disposition codes from OMH database</li> </ul>	<ul style="list-style-type: none"> <li>• Leaver descriptions of circumstances of leaving</li> <li>• Program staff descriptions of the circumstances of leaving</li> </ul>
<b>Leaver categories</b>	<ul style="list-style-type: none"> <li>• Positive leaver &amp; non-positive leaver</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary leaver &amp; involuntary leaver</li> </ul>
<b>Leaver sub-categories</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary leaver (opportunity seeker) &amp; voluntary “situational” leaver</li> </ul>
<b>Criteria for ascertaining leaver categories</b>	<ul style="list-style-type: none"> <li>• “Normalized” living arrangement vs. “institutionalized” living arrangement</li> <li>• Availability of information on discharge destinations</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement between leaver and staff in regard to whether leaving is voluntary or involuntary; where they differ, staff judgment is determining</li> <li>• Appropriateness of housing arrangement post-permanent housing departure</li> <li>• Desirability of circumstances of leaving</li> </ul>
<b>Definitions of categories</b>	<ul style="list-style-type: none"> <li>• Positive leaver <ul style="list-style-type: none"> <li>- Community living arrangement</li> <li>- Provision of no residential services</li> </ul> </li> <li>• Non-positive leaver <ul style="list-style-type: none"> <li>- Provision of more intensive support than permanent housing</li> <li>- Institutionalization</li> <li>- Homelessness</li> <li>- Unspecified or unknown location</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary leaver <ul style="list-style-type: none"> <li>- Plans to Leave</li> <li>- Finds leaving desirable</li> <li>- Has concurrence and support of housing and program support staff</li> </ul> </li> <li>• Involuntary leaver <ul style="list-style-type: none"> <li>- Asked or forced to leave</li> <li>- Leaving is the choice of housing providers and program staff but not permanent housing residents</li> </ul> </li> </ul>
<b>Definitions of sub-categories</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary leaver (opportunity seeker): “Graduated” from the program to a higher level of independence</li> <li>• Voluntary “situational” leaver: Deteriorated health or find permanent housing too demanding but found appropriate housing upon departure from permanent housing (mostly housing with more intensive support than permanent housing)</li> </ul>



## **Factors Associated with Leaving and Staying in Permanent Housing—Retrospective Tracking Sample**

In this section, we examine factors that may be associated with leaving or staying in permanent housing for persons with serious mental illness in Philadelphia using data from the retrospective tracking sample. Based on the discharge codes available in the longitudinal integrated database, we identified 117 positive leavers and 247 non-positive leavers (refer also to Table 3.4 in Chapter 3). Not included in the analysis were 21 prior permanent housing residents with “death” as the reason of discharge recorded in the integrated database.

Stayers, positive leavers and non-positive leavers were compared in five different areas. These include: (1) demographic and psychiatric diagnostic characteristics; (2) shelter use data (including public and mental health shelters); (3) Medicaid (CBH) psychiatric service claims data; (4) City Behavioral Health funded (non-CBH) CRS psychiatric service claims data; and (5) program-level data from 27 residential support teams offering support services for permanent housing residents.

### ***Socio-Demographic and Diagnostic Characteristics***

Table 5.2 gives a profile of the 922 permanent housing residents and compares the socio-demographic and diagnostic characteristics of stayers, positive leavers, and non-positive leavers. As the data show, permanent housing residents were on average 42 years old, and females were slightly over-represented. A little more than two-thirds of the permanent housing residents were Black/African American, and about three in ten residents were white. A very small percentage (3 percent) of permanent housing residents reported their ethnicity as “Latino.” As expected, the majority (86 percent) of permanent housing residents had a diagnosis of serious mental illness, with a nearly 2:1 ratio of schizophrenia or related disorder to major affective disorders (including major depression and bipolar disorder).<sup>24</sup> The average length of stay in permanent housing for the 922 residents was 1,329 days, or 3.65 years.<sup>25</sup>

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<sup>24</sup> We define serious mental illness as a primary diagnosis of major mental illness, including schizophrenia or major affective disorder (chapter 3, section on persons with serious mental illness). The psychiatric diagnostic codes for schizophrenia and major affective disorders are, respectively, 295 and 296. Among the 943 permanent housing residents, 2% has a missing code on psychiatric diagnosis. Twelve percent has a diagnostic code other than 295 or 296. Residents with a record of other codes were mostly diagnosed with other psychotic and affective disorders but not with “295” and “296,” which are considered serious mental illness.

<sup>25</sup> The “length of stay” for leavers was computed by subtracting the discharge date from the admission date. The “length of stay” for stayers was computed by subtracting the end date of longitudinal integrated database (July 15, 2004) from the admission date. Note that the mean of 3.65 years is inevitably an underestimate of the average length of stay because stayers would have a longer tenure in permanent housing than what was recorded in the end date of the database (July 15, 2004).













































































