

Behavioral Health Administration

Fact Sheet: Housing and Recovery through Peer Services (HARPS)

Updated: October 16, 2016

Overview

According to the Making the Case for Change document issued by the DSHS Division of Behavioral Health Recovery (DBHR) in 2012, homelessness is traumatic, cyclical, and puts people at risk for Mental Health and Substance Use Disorders. Homelessness also interferes with one's ability to receive services, including services for behavioral health conditions, and jeopardizes the chances for successful recovery. The report also stated that nearly half of the clients discharged from residential chemical dependency (CD) treatment facilities and 30 percent of those discharged from state mental health hospitals are homeless in the year following discharge. Less than one in five of those in need received housing assistance (Ford Shah, Black, and Felver, 2012b).

The HARPS program builds on the success of the Permanent Options for Recovery-Centered Housing (PORCH) project. PORCH provided consumers with meaningful choice and control of housing and support services, utilizing Peer Housing Specialists, the project reduces homelessness and supports the recovery and resiliency of individuals with serious mental illness.

Eligibility Requirements

HARPS Priority Populations:

- Individuals who are Co-Occurring (Mental Health & Substance Abuse) who meet Access to Care Standards; or
- Individuals who experience mental health issues and who meet Access to Care Standards;
 or
- Individuals who experience substance abuse issues and who do not meet Access to Care Standards.
- Who are discharged from or at risk of entering:
 - o Psychiatric Inpatient settings; or
 - Substance Abuse Treatment Inpatient settings.
- Who are homeless/at-risk of homelessness (broad definition of homeless, couch surfing included).

Authority

In 2014, the Legislature adopted 2SSB 6312 directing DSHS to integrate chemical dependency purchasing primarily with managed care contracts administered by Behavioral Health Organizations (BHOs) by April 1, 2016. Within funds appropriated by the legislature for this purpose, behavioral health organizations developed the means to serve the needs of people with mental disorders residing within the boundaries of their regional service area.

In the supplemental budget for this bill, three supportive housing pilot projects (North Sound BHO, Greater Columbia BHO, Great Rivers BHO) were funded to assist individual's transition from institutional settings into permanent supportive housing, provide the basis for supportive housing



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	services, and provide integration opportunities between substance use treatment services and BHOs.
	During the 2016 Legislative Session, the Legislature allocated an additional \$2,000,000 from the state general funds and \$762,000 of the federal block grant to provide for bridge subsidies and four more BHOs: King County, Pierce/Optum, Spokane and Salish.
Budget	Each Team consists of 3 FTEs (a MHP Professional and two Certified Peer Counselors). Total team annual costs: \$190,440. *costs based on Behavioral Health Data Book 2013 Median Salaries by type - Area 1
	Housing 'bridge' subsidies are estimated at \$500 per person for three months across all the three sites. Each region is allocated funds for 'bridge' subsidies. The 'bridge' subsidy may be used for application fees, security deposits, utilities assistance, and rent.
Rates	Not applicable at this time
Costs and Numbers Served	Since the inception of the 3 HARPS teams in 2014-2015 the numbers served are*: • 423 Housed • 497 Enrolled or Subsidized • 184 receiving permanent supportive housing services through peer support *Each team started at different periods base on hiring and procurement processes within the region
Partners	Greater Columbia Behavioral Health Organization, Great Rivers Behavioral Health Organization, King County Behavioral Health Organization, North Sound Behavioral Health Organization, OptumHealth - Pierce County Behavioral Health Organization, Salish Behavioral Health Organization, Spokane County Regional Behavioral Health Organization and their respective local mental health and housing provider agencies
Oversight	DBHR's partners in the SAMHSA sponsored Chronic Homeless Policy Academy include WA Department of Commerce, Governor's Advisory Council on Homelessness, WA Interagency Council on Homelessness, WA Department of Corrections, WA Department of Veterans Affairs, Regional Support Networks, Community Action Council representative, advocacy organizations, behavioral health providers and housing providers.
	The Washington State Chronic Homeless Policy Academy entitled Housing 3000 has become a subcommittee of the Washington State Interagency Council on Homelessness and is in the process of developing a strategic plan to reduce chronic homelessness. The plan includes action steps in the areas of financing supportive housing services, expanding housing availability and identifying individuals who are chronically homeless through integrated data systems focusing on individuals who are particularly vulnerable and significant utilizers of urgent medical and behavioral health services.
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