

Housing Availability for Clients of OAMHS by CSN Regions

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This report is in response to a request made by Maine's Office of Adult Mental Health Services (OAMHS) to the Muskie School to analyze existing housing data at the level of the regional community service networks (CSNs) and present information regarding the availability of various housing options by CSNs.

The sections of this report are:

1. General Housing Affordability for Renter Households
2. Homelessness in Maine Based on the Annual Point in Time Survey
3. Inventory of Independent Housing for Adults with Mental Illness
4. Inventory of Supported Living Options for Adults with Mental Illness
5. Reported Unmet Housing Needs

CSN Regions

CSN regions	Counties
CSN 1	Aroostook
CSN 2	Hancock, Penobscot, Piscataquis & Washington
CSN 3	Kennebec & Somerset
CSN 4	Knox, Lincoln, Sagadahoc & Waldo
CSN 5	Androscoggin, Franklin & Oxford
CSN 6	Cumberland
CSN 7	York

1. General Housing Affordability

Every year, MaineHousing (formerly known as the Maine State Housing Authority) issues county-specific reports pertaining to affordable housing for home-owners and renters. For this report, their figures were aggregated by CSNs. The data from MaineHousing 2007 Housing Fact Reports provides general background information about how the cost and availability of housing varies across CSNs.

MaineHousing defines a rent as affordable if it takes a household 30% or less of its income to pay the rent, including utilities. Using this definition, it takes a household income of over \$41,000 to afford to rent an average two bedroom apartment in Cumberland County (CSN 6), and an income of \$32,238 to afford to rent in CSN 3 (Kennebec and Somerset Counties).

Table 1 below shows:

- The highest rents are in CSN 6, CSN 7 and CSN 4 respectively.
- Income needed to afford to rent an average two bedroom apartment is significantly lower in CSN 1 than the other regions.
- The regions with the greatest number of renter households unable to afford their rent are CSN 6 and CSN 3.
- In every region over half the renter households are unable to afford their rent.

Table 1. General Housing Facts Relevant For All Renters by CSN

CSN regions	Avg. 1 BR rent incl. util.	Avg. 2 BR rent incl. util.	Income needed to afford 2 BR	# renter hshlds unable to afford avg. 2 BR rent	% renter hshlds unable to afford avg. 2 BR rent
CSN 1	\$450	\$564	\$22,560	4,185	50%
CSN 2	\$642	\$807	\$28,332	10,576	54%
CSN 3	\$558	\$711	\$32,238	17,826	62%
CSN 4	\$689	\$848	\$33,597	8,416	57%
CSN 5	\$591	\$737	\$29,275	13,698	55%
CSN 6	\$808	\$1,025	\$41,019	21,605	59%
CSN 7	\$704	\$910	\$36,413	12,558	56%
State	\$668	\$847	\$33,882	90,661	58%

Source: MaineHousing 2007. For more information, see: <http://www.mainehousing.org/Documents/HousingFacts/RentalFacts/MaineRentalFacts2007.pdf>

Households with incomes below 50% of the area median income are eligible to apply for the federal rental subsidy called Section 8. Section 8 recipients pay 30% of their income towards rent, and the subsidy pays the balance directly to the landlord. By law, a public housing authority must provide 75% of its vouchers to applicants whose incomes do not exceed 30% of the area median income. Section 8 housing vouchers or housing units usually are made available to households with incomes below 30% of area median income AND having one or more of the following characteristics: over age 65, homeless, or disabled. In practice, long waiting lists are common.

Table 2 below shows the number of non-elderly renter households who have subsidized housing through Section 8, compared to the number of non-elderly renter households who are income eligible for Section 8. CSN 3 has the highest number of very low income non-elderly renter households who are eligible but not receiving the Section 8. CSN 7 has the highest percentage of non-elderly renter households who are eligible but not receiving Section 8.

Table 2: Very Low Income Renters Access to Section 8 Units or Vouchers

CSN regions	# Sect. 8 income-eligible non-elderly renter hshlds	Subsidized non-elderly Sect. 8 units or vouchers leased.	# of non-elderly hshlds eligible but not receiving Sect. 8	% non-elderly hshlds eligible, but not receiving Sect. 8
CSN 1	2,347	1,437	910	39%
CSN 2	5,908	2,777	3,131	53%
CSN 3	9,026	3,806	5,220	58%
CSN 4	4,339	1,963	2,376	55%
CSN 5	7,461	3,992	3,469	46%
CSN 6	10,851	6,790	4,061	37%
CSN 7	6,535	2,238	4,297	66%
State	46,467	23,003	23,464	50%

Source: *MaineHousing 2007*. For more information, see: <http://www.mainehousing.org/Documents/HousingFacts/RentalFacts/MaineRentalFacts2007.pdf>

2. Homelessness in Maine

Maine participates in a national count of the homeless. The Point in Time Survey conducted on January 30, 2008 counted 775 homeless persons in Maine. Of the 775 men, women, and children who were 'counted' as homeless that day, 685 persons provided more detailed information. On this date, 31% of homeless survey respondents self-reported that they had a severe and persistent mental illness. In 2007, 25% indicated that they had a "severe mental health condition."¹ Table 3 below shows those 685 persons who responded to the question about mental illness grouped by CSN. 75% of the homeless persons reporting SPMI are either in the Greater Bangor or Portland area shelters.

Table 3. The Annual Point in Time Homelessness Survey, January 30, 2008

CSN regions	Homeless persons reporting SPMI	All homeless who responded
CSN 1	1	4
CSN 2	68	160
CSN 3	26	61
CSN 4	1	9
CSN 5	11	93
CSN 6	90	314
CSN 7	14	44
State	211	685

Source: *MaineHousing January 30, 2008 Point in Time survey*. For more information, see <http://www.mainehousing.org/Documents/Homeless/Homeless-PointInTime2008.pdf>

¹ Information is collected from shelters, municipal general assistance offices, law enforcement, and other service providers who may work with people who are homeless. One of the forms asks providers for a count of the number of people who are homeless in the area on the night of the PIT. The other interview form is much more detailed and is intended to record answers to questions asked directly to the individuals served. It is important to keep in mind that this is 'self-reported' data, so there is no clinical or professional assessment to verify it. Even individuals who are in a program specifically designed to serve a particular population (such as mental health or substance abuse) might choose not to indicate this during the survey. Also, the numbers are heavily skewed towards where homeless shelters are located. For example, Portland and Bangor have most of the emergency shelter beds for individuals in the state, so in the rest of the state, persons in families make up a higher percentage of those who are counted as homeless. Finally, a point in time survey is just that and the people homeless in Maine on February 22 or April 17 or any other date might have very different responses.

3. Inventory of Independent Housing for Adults with Mental Illness

In Maine, there are two major forms of subsidized independent housing primarily for persons with a diagnosis of mental illness: the federal Shelter Plus Care program and the state Bridging Rental Assistance Program. OAMHS encourages, but does not mandate, that mental health services be utilized in conjunction with utilizing housing vouchers. This adheres to the “Housing First” model.²

Shelter Plus Care

The federal housing program, Shelter Plus Care (S+C) offers permanent housing with supportive services for homeless persons with disabilities. In Maine, nearly every S+C voucher is for a person with a diagnosis of serious mental illness, sometimes co-occurring with substance abuse disorders. The tenant pays 30% of his/her income towards rent; the subsidy pays the balance of the rent to the landlord.

Bridging Rental Assistance Program (BRAP)

The Bridging Rental Assistance Program (BRAP) is a state housing program providing short-term housing assistance for people with psychiatric disabilities. Tenants pay 51% of their income for rent until they receive a Section 8 Voucher or other federal rental subsidy. In this way, they can continue to reside in their apartments after receiving a permanent housing voucher, if they so choose. DHHS requires that recipients of BRAP either be Class Members of the AMHI Consent Decree, OR be eligible for Community Support Services. BRAP funds are awarded on a priority basis to eligible people who are: a) leaving state psychiatric institutions; b) homeless; c) living in substandard housing; d) moving from community residential programs and other behavioral health facilities to more independent living arrangements. Although most if not all who utilize BRAP vouchers are eligible for community support services, some people choose not to receive these services.

Table 4 below shows how the 687 BRAP vouchers and 804 Shelter Plus Care vouchers in use as of 12/31/07 were distributed by CSN. Forty percent of voucher recipients reside in CSN 6, by far the highest percentage.

Table 4. Utilization of Bridging Rental Assistance Program (BRAP) and S + C

CSN regions	BRAP vouchers	Shelter + Care vouchers	Either BRAP or S+C voucher	CSN share of the State's BRAP and S+C vouchers
CSN 1	4	30	34	2%
CSN 2	81	86	167	11%
CSN 3	133	106	239	16%
CSN 4	54	53	107	7%
CSN 5	64	96	160	11%
CSN 6	286	315	601	40%
CSN 7	65	118	183	12%
State	687	804	1,491	100%

Source: OAMHS. For more information on either BRAP or Shelter Plus Care, contact OAMHS Housing Coordinator. See also: <http://www.maine.gov/dhhs/mh/Housing/spc/eligibility.html>

² In addition to BRAP and S + C, many persons with mental illness receive a housing subsidy through Section 8. Section 8 housing is a federal program for low-income households. As we are unable to find statewide reliable data concerning the number of persons with mental illness utilizing Section 8, Section 8 is not included in this report.

BRAP and Shelter Plus Care Utilization across CSNs

We chose to compare housing voucher utilization rates based on the number of persons who received community support services thru MaineCare for the calendar year 2007.³ The MaineCare figures are used as a proxy to establish an estimate of the number of persons with serious and persistent mental illness (SPMI) receiving services from OAMHS. Table 5 below shows CSN 2 has the greatest number of clients while CSN 4 and CSN 1 have the least.

Table 5: MaineCare Community Support Utilization by CSN Region for 2007

CSN regions	Adults ages 18+ w. MaineCare using comm. support services ⁴	CSN share of State's community support clients
CSN 1	757	7%
CSN 2	2,712	24%
CSN 3	1,920	17%
CSN 4	654	6%
CSN 5	1,649	15%
CSN 6	2,130	19%
CSN 7	1,404	12%
State	11,362⁵	

Source: MaineCare data for the billing specialty 12 for the calendar year 2007.
Compiled by the Institute for Health Policy, Muskie School of Public Service.

To determine the housing voucher utilization rate by CSN, the number of persons utilizing a housing voucher (either BRAP or Shelter Plus Care) was divided by the number of persons in the CSN receiving community support services. The results of this are shown in Table 6 below.

- CSN 2 has almost 600 more clients receiving community support than CSN 6, but less than one third of the number of vouchers as CSN 6.
- For the balance of the state, excluding CSN 6, there are 890 vouchers in use for 9,232 clients with SPMI, or a rate of less than 10% for the other six regions of the state combined.

Table 6. Estimated Housing Voucher Utilization by CSN

CSN regions	Ages 18+ w. MaineCare for comm. support	Either BRAP or S+C voucher	% of SPMI clients w. BRAP or S+C voucher
CSN 1	757	34	4%
CSN 2	2,712	167	6%
CSN 3	1,920	239	12%
CSN 4	654	107	16%
CSN 5	1,649	160	10%
CSN 6	2,130	601	28%
CSN 7	1,404	183	13%
State	11,362	1,491	13%

Source: OAMHS and MaineCare data for the billing specialty 12 for the calendar year 2007. Compiled by the Institute for Health Policy, Muskie School of Public Service.

³ Everyone utilizing a BRAP or S+ C subsidy is eligible for community support services, but some do not access this service. Nevertheless, the MaineCare data regarding utilization of community support service provides the best available snapshot of adults with severe and persistent mental illness who are utilizing OAMHS services.

⁴ Muskie School Institute for Health Policy queried the MaineCare database for the calendar year 2007 for the number of unduplicated persons over age 18 utilizing various billing specialty codes pertaining to mental health. FMI: Contact Catherine McGuire, 780-4034, CATHYM@usm.maine.edu.

⁵ The state figure includes 136 people for whom data was incomplete, so no CSN was assigned.

Table 8 below shows:

- Between 4% — 13% of persons with SPMI reside in supported living.
- The northernmost CSNs, CSN1 and CSN 2, have the lowest percent of community support clients residing in supported living.

Table 8. Estimate of Persons with SPMI and Housing in Supported Living by CSN

CSN regions	Adults using MaineCare for comm. support	Both types of supported living	% of SPMI clients in supported living
CSN 1	757	34	4%
CSN 2	2,712	184	7%
CSN 3	1,920	212	11%
CSN 4	654	50	8%
CSN 5	1,649	137	8%
CSN 6	2,130	267	13%
CSN 7	1,404	116	8%
State	11,362	1,000	9%

Source: OAMHS with MaineCare data compiled by the Institute for Health Policy, Muskie School

Supported living is more geographically dispersed than BRAP and S+C vouchers. To bring every CSN region up to the current statewide average of 9% of persons with SPMI residing in supported living, a total of 125 new beds would be necessary and would be distributed to 5 CSNs as follows:

CSN 1: 34 beds CSN 2: 60 beds
 CSN 4: 9 beds CSN 5: 11 beds CSN 7: 10 beds

Housing Voucher Utilization Rates across CSNs

To compare the total utilization rates of both types of housing, we again used the number of persons who received community support services thru MaineCare for the calendar year 2007.⁷ Table 9 simply sums the utilization rates for BRAP and Shelter Plus Care vouchers with the utilization rates for residential treatment and supported living.

Table 9. Housing Utilization Rate by CSN as of 12/31/07

CSN Regions	Supported living OR BRAP and S+C vouchers
CSN 1	9%
CSN 2	13%
CSN 3	23%
CSN 4	24%
CSN 5	18%
CSN 6	41%
CSN 7	21%
State	22%

Source: OAMHS with MaineCare data compiled by the Institute for Health Policy, Muskie School of Public Service.

Before reaching the conclusion that CSN 1 has the greatest need for more housing, it is important to note that this report does not have the information about how many OAMHS clients utilize the federal Section 8 program to subsidize their housing costs. Since Section 8 is a mainstream program available to low income households, data specific to persons with mental illness utilizing Section 8 is not available. However, it does appear that Section 8s are more readily available for OAMHS clients in CSN 1 and CSN 6 than in other regions.⁸

⁷ Everyone utilizing a BRAP or S+ C subsidy is eligible for community support services, but some do not access this service. In supported living, most people do have community support, but again it is not required. Nevertheless, the MaineCare data regarding utilization of community support service provides the best available snapshot of adults with severe mental illness who are utilizing OAMHS services.

Other Housing

Beyond supported living or independent rental housing with financial subsidy, there are other types of housing for persons with mental illness in Maine. In the 1990's, MaineHousing issued two bonds to develop housing for persons with special needs. Developers were able to receive funds to create housing for a variety of housing types including housing for homeless families and individuals, persons with cognitive or physical disabilities, and also housing for persons with mental illness. Because of the initial construction bond, the owners are able to offer affordable rents. Some of the housing created through this process specifically serves persons with mental illness, yet many owners do not receive any on-going operating support from OAMHS. Even harder to quantify is the number of private apartments rented through a loose network of private landlords who work on a case by case basis with local community support workers.

5. Reported Unmet Housing Needs

Quarterly Unmet Needs Reports are generated for OAMHS based on data from the Individualized Support Plan Resource Data Summary (RDS), which is part of the Department's Enterprise Information System (EIS). The data is from completed reports by case managers (CI, ACT, and ICM). Other persons with mental illness who may have housing needs are not included. Multiple categories of housing need may be checked for the same client, such as for both a supported apartment and for a rent subsidy.⁹ For the period April – June '08, 710 specific housing needs¹⁰ were reported among 8,520 open cases. Of the 14 general categories of need, only Healthcare had a higher number of reports of Unmet Needs.

Table 10 below shows the Unmet Needs for Housing by CSN in the areas of: rent subsidy (BRAP, S+C and Section 8), supported living, and "other" for the quarter April – June '08. The supported living category is an aggregation of the Unmet Needs reports in the subcategories of: supported apartment, community residential facility, residential treatment facility, assisted living facility, nursing home and residential crisis unit.

Table 10. Reports of Unmet Needs for Housing by CSN April – June 2008

CSN regions	Need for rent subsidy (Sect. 8, BRAP, S+ C)	Need for Supported living	Subtotal: specific housing needs	Other reports of housing needs
CSN 1	2	5	7	1
CSN 2	193	30	223	93
CSN 3	74	34	108	51
CSN 4	26	9	35	14
CSN 5	75	25	100	31
CSN 6	101	44	145	72
CSN 7	59	33	92	22
State	530	180	710	284

Source: OAMHS

⁸ Referring back to the general housing facts provided by MaineHousing on page 2, suggests that Section 8 housing vouchers are not equally available across the CSNs. For example, the last column of Table 2 indicates that CSN 1 has a comparatively low level of need for additional Section 8's for low income households, (39% eligible households do not have Section 8) while CSN 2 has a higher level of need for Section 8 at 53%. So, in CSN 1, it is likely that a higher percent of OAMHS clients are receiving Section 8 than in CSN 2.

⁹ These quarterly reports compile data by client zip code based on completed reports by case managers concerning consumers (both class members and non-class members) who indicate a need for a service that is not available within proscribed timeframes. Some needs classified as unmet may have subsequently been met before the end of the quarter. Reports count incidents of unmet needs, not people with unmet needs or the percentage of people with unmet needs since some consumers may have multiple unmet needs, (including multiple unmet needs within a category) and others none. For an example of an Unmet Needs Report, see [Unmet-Need Report CSN 5 October-December-07.pdf](#).

¹⁰ A review of the responses in the category "Other" identified that most responses are general housing goals (example: "I want to find different housing.") or added detail about a person ("client states she can no longer live in her current living situation."), not specific resource needs (such as for a rental subsidy) and therefore should be considered separately.

Comparing Reports of Unmet Needs across CSNs

Reports of unmet needs for rental subsidies and for supported living are compared in Table 11. This table shows more than one third of the reports for unmet needs in the area of rental subsidies originate in CSN 2. One quarter of the reports of unmet needs for housing with supports come from CSN 6.

Table 11. CSN Share of Unmet Needs for Housing April – June 2008

CSN regions	CSN share of reports of state's unmet need for rent subsidy	CSN share of state's reports of unmet need for supported living
CSN 1	0%	3%
CSN 2	36%	17%
CSN 3	14%	19%
CSN 4	5%	5%
CSN 5	14%	14%
CSN 6	19%	24%
CSN 7	11%	18%

Source: OAMHS

As Unmet Needs are based on completed reports in the RDS system (open cases), we chose to compare across CSNs based on the number of reports per 1,000 open cases.¹¹ Percentages are not used since clients may report multiple unmet needs in the category of housing. Table 12 shows that for the period April – June 2008, CSN 2 had the highest rate of reports of Unmet Needs for rental subsidies. Statewide, reports of Unmet Needs for supported living are about a third the rate of Unmet Needs reports for rental subsidies. Five of the seven CSNs have similar levels of reports of Unmet Needs in the area of Supported Living.

Table 12. Reports of Unmet Housing Needs per 1,000 Open Cases

CSN regions	Rental Subsidy Unmet Needs Per 1,000 Open Cases	Supported Living Unmet Needs per 1,000 Open Cases	Open Cases as of 6/30/08
CSN 1	3	9	588
CSN 2	95	15	2,033
CSN 3	50	23	1,493
CSN 4	60	21	432
CSN 5	66	22	1,133
CSN 6	61	27	1,654
CSN 7	50	28	1,187
State	62	21	8,520

Source: OAMHS

Conclusion

This report is intended to help OAMHS examine the regional housing needs of its clients. Regional variations are apparent in the housing options and housing needs of clients of OAMHS. For example, as noted in table 12 above, CSN 2 has the highest rate of reports of Unmet Needs in the area of rental subsidies. Table 6 shows that CSN 2 has a substantially lower utilization of BRAP and Shelter Plus Care vouchers than the state average.

¹¹ While akin to the number of persons receiving MaineCare community support services, the number of Open Cases differs in that: it is for a given quarter rather than a whole year; it includes some clients who receive community support who do not use MaineCare; and it includes only those for whom information has been entered into the EIS system.