



Permanent Supportive Housing

Permanent Supportive Housing (PSH) is subsidized rental housing without time limits and with supportive services offered on-site to assist tenants to maintain housing and meet their desired goals. It is designed to house the most vulnerable individuals – those who have significant difficulties getting or staying housed. Typically these individuals have spent long periods of time without housing (known as chronically homeless) and have disabilities. PSH is a proven strategy that, when targeted to those with the greatest needs, has been shown to be cost-effective.

Permanent supportive housing can be offered in a single building, as a sub-set of units within a larger affordable project, or in scattered apartments throughout a community.

Key components of supportive housing include:

1. “Permanent” housing: Residents are tenants and have the rights and responsibilities of tenancy, including paying their portion of rent, maintaining their unit and not disturbing the quiet enjoyment of others. Tenancies have no time limit. Rents are set to be affordable and generally subsidized such that the tenant pays a portion of their income, typically 30%. Units meet basic quality thresholds.
2. On-Site Services: Services designed to help tenants remain housed are offered, and typically include housing-focused case management, community building, and behavioral health focused services such as mental health support and substance abuse treatment. Some projects include health care services on site, and some include employment support.

In a right-sized system, supportive housing is only for those who have demonstrated that they are unable to succeed in other housing, either because they have been rapidly re-housed and have returned to homelessness or because an assessment of their history indicates that past attempts at housing have been unsuccessful. In many communities, PSH has been used as a source of affordable housing and case managers have been encouraged to get their clients into it, regardless of whether they need the intensive support it offers. In a right-sized system that practice must be stopped and PSH must be seen as an intervention only for those households with severe housing barriers.

Successful PSH programs incorporate two key philosophies that are evidence-based:

Housing First: the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained. Housing First proponents understand that it is difficult to move forward in making life changes (e.g. recovery from substance abuse, improved mental health, increasing income) when basic needs are not being met. Securing and retaining is

conditioned only upon the tenant's ability to pay rent and observe the rules of a standard lease agreement. Services are offered but not mandatory. Tenants are not asked to leave for failure to participate in services or treatment.

Harm Reduction: a set of practical strategies that address and reduce the negative consequences sometimes associated with untreated mental illness and substance abuse. Rather than requiring participants to achieve a particular status such as abstinence from drugs or adherence to a medicine regimen, harm reduction strategies address behaviors that can create problems in housing. Harm reduction creates an environment in which the tenant is able to find support and assistance with dealing with the negative consequences of substance use or untreated mental illness.

In a right-sized system permanent supportive housing programs also include a method for varying the level of services so that they can be reduced as tenant's stability increases. There is also support for people move on to other housing when they chose.