



# Implementing Housing First in Permanent Supportive Housing

*A Fact Sheet from USICH with assistance from the Substance Abuse and Mental Health Services Administration*

Permanent Supportive Housing is an intervention for people who need housing assistance and supportive services to live with stability and independence in their communities. Many supportive housing programs use a Housing First approach (rapid access to housing with minimal preconditions) to serve people experiencing homelessness.

- **Permanent Supportive Housing** is a combination of housing and services designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities. These services can include case management, substance abuse or mental health counseling, advocacy, and assistance in locating and maintaining employment. Permanent Supportive Housing is a proven solution for people who have experienced chronic homelessness as well as other people with disabilities, including people leaving institutional and restrictive settings.
- **Housing First** is an approach and framework for ending homelessness that is centered on the belief that everyone can achieve stability in permanent housing directly from homelessness and that stable housing is the foundation for pursuing other health and social services goals. Implementing Housing First involves both project-level and community-level dimensions. Implementing Housing First at project level, including in permanent supportive housing models, means having screening practices that promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services. At the community-level, Housing First means that the homelessness crisis response system is oriented to help people obtain permanent housing as quickly and with as few intermediate steps as possible.

Permanent supportive housing and Housing First should be thought of as two complementary tools for ending chronic homelessness and helping people with disabilities live independently in the community. Permanent supportive housing is a successful and proven programmatic and housing intervention, while Housing First is a framework that can and should be used within permanent supportive housing, as well as in other program models, and as a community-wide framework for ending homelessness.

## Implementing Housing First in Permanent Supportive Housing

Two useful tools for implementing Housing First in supportive housing models are SAMHSA's Permanent Supportive Housing KIT and USICH's Housing First Checklist. An analysis by SAMHSA has determined that these tools can be used together by providers to offer a highly effective response to chronic homelessness:

SAMHSA's [KIT on Permanent Supportive Housing](#) suggests that this Evidence-Based Practice works best when the supports provided honor the individual's preferences and choices. Fidelity to SAMHSA's KIT also means that permanent supportive housing does not impose special obligations to retain tenancy rights outside of the typical landlord-tenant relationship.

In permanent supportive housing, housing is viewed as a basic human need, distinct from the need for mental health and/or substance abuse treatment. A permanent supportive housing program may be run either by the behavioral health system or by providers of homelessness services. Whether people live in apartments, other shared housing or instead receive services in their own homes, the intention of all permanent supportive housing is to offer them flexible, voluntary supports without regard to their willingness to engage in clinical treatment services. However, the approach also calls for assertive, nonjudgmental efforts to engage people in needed services. Programs typically

employ service models such as Assertive Community Treatment (ACT) and clinical models such as Motivational Interviewing. SAMHSA's PSH KIT identifies seven key elements that are essential to tenants' success. These include:

**Choice of Housing:** To the extent possible, people should also be able to choose the type of housing they prefer. Some research (Tabol et al., 2010) shows that people have better outcomes when living in housing that meets their expressed preferences.

**Separation of Housing and Services:** Property management and case management functions are separate and distinct. Ideally, housing units and services are provided by separate entities.

**Decent, Safe, and Affordable Housing:** Housing is considered affordable when tenants pay no more than 30 percent of their income toward rent plus basic utilities. Housing is considered safe and decent if the unit meets U.S. Department of Housing and Urban Development (HUD) Housing Quality Standards.

**Integration:** Federal law and the Olmstead Supreme Court decision support the need for PSH to be provided in integrated settings. Such settings may be scattered-site housing or housing in which units are available to people who do not have disabilities or histories of homelessness.

**Rights of Tenancy:** Tenants must have a lease that is in compliance with local landlord/tenant law.

**Access to Housing:** Access to housing should not be denied based on requirements that prospective tenants be "ready" for housing. PSH programs that use a Housing First approach score higher on this dimension of the PSH Fidelity Scale.

**Flexible, Voluntary Services:** High-fidelity PSH requires that consumers/tenants are the primary authors of their treatment plans, and that the services that they chose under these plans are consumer-driven and chosen from a flexible "menu." The [PSH KIT's Fidelity Scale](#) allows programs to conduct a self-assessment of fidelity based on these elements. USICH developed the [Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation](#). The checklist contains the core elements of a community-wide set of practices that support Housing First.

USICH recommends that, at the program or project level:

- Admission/screening criteria should be structured to promote the acceptance of applicants regardless of sobriety or use of substances, completion of treatment, or participation in services.
- Applicants are seldom rejected on the basis of poor credit/financial history, rental history, minor criminal convictions, or behaviors indicating a lack of "housing readiness."
- Programs accept referrals from shelters, outreach, drop-in centers, and other parts of the crisis response system.
- Plans are tenant-driven and focused on problem solving, and services are voluntary.

The Checklist further identifies specific program practices "found in advanced models" such as the use of evidence-based practices and a tenant selection plan that prioritizes eligible tenants on criteria such as duration/chronicity of homelessness, vulnerability, or high use of crisis services. Other useful components of the Checklist are operational guidance for effective system-level planning and system operations.

