

## Permanent Supportive Housing Process

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## Learning Objectives

- Participants will be able to:
  - Define the Permanent Supportive Housing Process
  - Identify how to engage participants
  - Define how to problem solve and make appropriate decisions to overcome challenges.

## What is Permanent Supportive Housing?

- “Permanent Supportive Housing (PSH) serves to place individuals with psychiatric disabilities in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs” (SAMHSA, 2010).

## What is Permanent Supportive Housing cont'd

- PSH is characterized by certain core elements
  - Choice of housing
  - Decent, safe and affordable housing
  - Housing integration
  - Access to housing
  - Flexible, voluntary, and recovery focused services.

(SAMHSA, 2010)

## What is the criteria ?

- Chronic homelessness
- Approved shelter sites
- Documentation
- Income

## Who is involved and what is their role?

- The individual
- The case manager
- The referral source
- Mobile Psych Rehab Specialist (MPRS)
- Certified Peer Specialist (CPS)
- Tenant Service Coordinator (TSC)
- Natural supports

## Stages of Meetings

- Pre-tenancy meeting
- Pre-move in meeting
- Post-move in meeting
- Monthly linkage meetings for one year

## Outreach



Outreach to potential tenants is crucial to the programs success.

Develop positive working relationships

Educate providers and staff on residential transformation to increase referrals.

(SAMHSA, 2010)

## Barriers to Outreach

- Barriers to outreach include Mental Health Professionals attitudes towards housing:
  - Mental Health professionals think PSH lacks the structure and support needed to meet the needs of those with psychiatric disabilities.
  - Unresponsiveness or untimely responses from staff
  - Staff are not familiar with the process
  - Staff are not collaborative

## Engagement

- Engagement
  - Engagement is an ongoing process.
  - Engagement relies on trust in the program and their relationship with staff.

## Outreach and Engagement Myths

- Many providers believe that certain criteria must be met prior to an individual being housed.
- Onsite staff supervision needed to live in the community.
  - Must be in clinical remission
  - Must have high levels of skills
  - Must achieve sobriety prior to living independently

## Research

- Research shows that :
  - Spending time in preparatory settings does not increase housing success (Mares et al., 2004)
  - Housing linked to supportive services results in substance abuse reduction for many over time (Cheng et al., 2007)
  - Housing linked to supportive services can reduce the number/duration of hospitalizations ( Culhane et al., 2002)

## Problem Solving/Overcoming Challenges

- Provide interventions
- Provide and link to resources
- Increase frequency of contact
- Participate in ongoing linkages meetings with team members
- Help individuals create structure
- Monitor medications
- Monitor program attendance



## References

- Cheng AL, Lin H, KasproW, et al. Impact of supported housing on clinical outcomes: analysis of a randomized trial using multiple imputation technique. *J Nerv Ment Dis.* 2007.
- Dennis P. Culhane, Stephen Metraux, and Trevor Hadley, "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," *Housing Policy Debate*, 2002, Vol. 13, Issue 1.

## References

- Home. (2010). Retrieved August 08, 2016, from <http://www.samhsa.gov>
- Mares, A.S., KasproW, W.J. & Rosenheck, R.A. *Mental Health Services Res* (2004) 6: 199. doi:10.1023/B:MHSR.0000044746.47589.06