

# Introduction to Permanent Supportive Housing

## 1. Module 1


### 1.1 Introduction



#### Notes:

Introduction to Permanent Supportive Housing  
2023, 2025  
Northeast and Caribbean MHTTC

## 1.2 Objectives

Objectives			
01	02	03	04
<b>The Definition</b> Define Permanent Supportive Housing (PSH)	<b>The Process</b> Discuss ways individuals enter Permanent Supportive Housing	<b>Recipient Needs</b> Describe common needs of Supportive Housing recipients	<b>The Principles</b> Discuss ways Permanent Supportive Housing is funded
 <small>Northeast and Caribbean region MHTTC Mental Health Technology Transfer Center Network Funded by the Department of Health and Human Services</small>			

### Notes:

Welcome to this module on Permanent Supportive Housing. This is the first module of two that covers this important topic.

Progressing through the module is very straight forward, however, there are user instructions in the Resource section of this module. The tab for Resources can be found in the upper right of the interface.


A transcript of the narrative can be found in the upper left along with a printable transcript under Resources.

At the completion of this module you will be able to:

1. Define Permanent Supportive Housing
2. Discuss ways individuals enter Permanent Supportive Housing
3. Describe common needs of Supportive Housing recipients
4. Discuss ways Permanent Supportive Housing is funded

## 1.3 Your Guide

### Your Guide



**Dawn Reinhardt-Wood, MA**  
Lecturer  
Rutgers School of Health Professions  
Department of Psychiatric  
Rehabilitation and Counseling  
Professions

- Implemented evidence-based practices in psychiatric hospitals across New Jersey.
- Oversaw the development of supportive housing and clinical case management programs.
- Co-authored a best practices manual for providing career services to transition-age youth.
- Earned a BA in Psychology and an MA in Behavioral Science from Kean University, Union, NJ. Currently a doctoral candidate in Health Science.
- Research interests focus on the sexual health and social recovery of individuals living with psychiatric conditions.

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Providing evidence-based mental health services nationwide

### Notes:

This module is guided by **Dawn Reinhardt-Wood, MA**, a Lecturer in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers University. She is part of a team of embedded consultants dedicated to implementing evidence-based practices in New Jersey's state-run psychiatric hospitals. Before joining Rutgers, Dawn developed and managed Supportive Housing and clinical case management services for individuals facing homelessness and psychiatric challenges. She holds a BA in Psychology and an MA in Behavioral Science from Kean University in Union, NJ. Currently, as a doctoral candidate in Health Science, her research focuses on the sexual health and social recovery of individuals living with psychiatric conditions.

## 1.4 Permanent Supportive Housing



### Permanent Supportive Housing

<b>The Definition</b> Permanent Supportive Housing (PSH) is a comprehensive intervention that integrates affordable housing assistance with voluntary support services, specifically designed to meet the needs of individuals experiencing homelessness.	<b>The Mission</b> Permanent Supportive Housing (PSH) programs aim to create an environment that facilitates community reintegration, supports recovery from mental illness, and fosters the development of new skills.
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### Notes:

Permanent Supportive Housing (PSH) is an effective intervention that merges affordable housing assistance with voluntary support services to meet the needs of individuals experiencing homelessness. These services aim to foster independent living and tenancy skills while connecting individuals to community-based healthcare, treatment, and employment resources. (National Alliance to End Homelessness, 2021)

The mission of Permanent Supportive Housing (PSH) programs is to create an environment where individuals can reintegrate into their chosen communities, recover from the often devastating impacts of mental illness, and develop or enhance essential skills for successful community living.

## 1.5 1 in 5



### Notes:

What does Permanent Supportive Housing (PSH) signify for individuals facing homelessness, frequent hospitalizations, and other significant challenges?

As we progress through this course, you will discover that PSH offers enhanced opportunities for community integration and the pursuit of meaningful life goals. It plays a crucial role in breaking the cycle of chronic homelessness. According to the National Alliance on Mental Illness, approximately 1 in 5 individuals experiencing homelessness, or 20%, also contend with a serious mental health condition (National Alliance on Mental Illness, 2022). This percentage may be underestimated, as assessing individuals in this population can be quite challenging.

## 1.6 Life On The Street

### Reality of Life On The Street

Individuals entering Permanent Supportive Housing are typically transitioning from homelessness. Those coming from psychiatric institutions often lack a permanent residence.



Many homeless individuals face significant threats to their physical and emotional safety. They require support to effectively cope with the impacts of these experiences.



#### Notes:

Many individuals entering Permanent Supportive Housing are transitioning from homelessness or have experienced homelessness at some point in their lives. While under the care of a psychiatric institution, these individuals are typically in the custody of the State, which does not guarantee them a permanent residence. Consequently, many individuals would face homelessness upon discharge if not for PSH programs or other residential services. Some may be entering directly from an episode of homelessness, living on the streets or in unsuitable conditions, or transitioning from emergency shelters or transitional living environments.

It is crucial for PSH providers to recognize that individuals who have experienced homelessness face numerous threats to their physical and emotional safety. These threats may include food and financial insecurity, interpersonal violence, inadequate medical care, sexual assault or exploitation, and theft of personal belongings. Therefore, PSH providers should take the time to inquire about the experiences of the individuals they serve. Due to the negative experiences they may have endured, individuals may require assistance in addressing the effects of these adversities, such as poor overall health, trauma, and lack of income, among others.

## 1.7 Compare



**Compare**

<b>Traditional Residential Programs</b>	<b>Permanent Supportive Housing</b>
<ul style="list-style-type: none"><li>• Individuals reside with others who are also receiving services.</li><li>• There is no choice regarding living arrangements.</li><li>• Individuals are not allowed to refuse treatment.</li><li>• Living situations are fluid and depend on the level of care required.</li></ul>	<ul style="list-style-type: none"><li>• Based on the principle of choice.</li><li>• Individuals can live independently or with others and select their preferred community.</li><li>• Participation in treatment services is voluntary, offering permanence for stability.</li><li>• Encourages independence by requiring less assistance from staff over time.</li></ul>

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### Notes:

In traditional residential programs, individuals live in a shared environment, often with limited choice regarding their living arrangements. Residents may not have the option to select their roommates or even decide if they want a roommate. Furthermore, individuals in these settings typically cannot refuse treatment. They may also move within the residential facility based on their required level of care to meet their needs.

Now, let's explore how Permanent Supportive Housing (PSH) differs from traditional residential programs. Primarily, PSH emphasizes the concept of choice. Individuals in these programs can choose to live with others or independently, and ideally, they select the community or municipality where they wish to reside. In PSH, treatment services are voluntary.

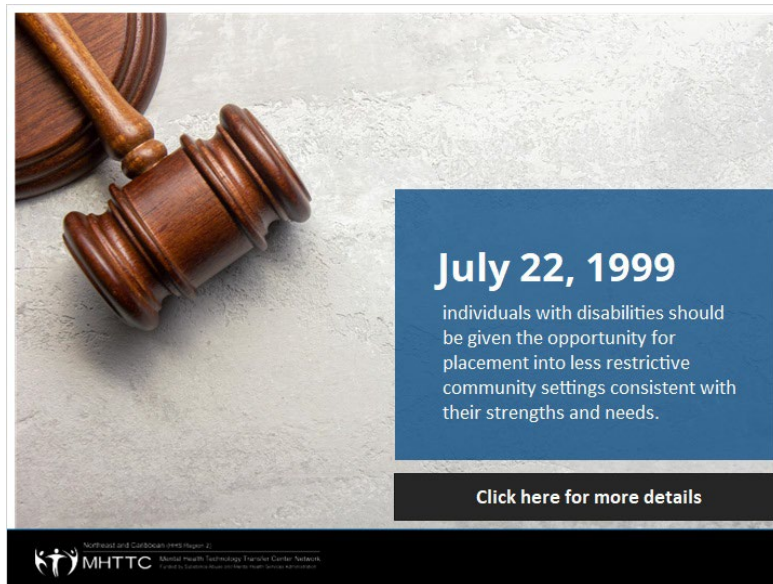
Additionally, in PSH, treatment services and housing assistance are decoupled, meaning residents cannot be required or coerced into treatment as a condition for receiving housing. Importantly, PSH is permanent; there are no restrictions on the duration of an individual's stay. This aspect is crucial as it fosters stability in a person's life. As we know, personal growth and the acquisition of new skills are only possible when basic human needs are consistently met, making PSH a truly unique intervention.

With a focus on individual growth and skill development, many residents will require less assistance from PSH program staff over time, achieving greater personal independence and reduced reliance on staff support. This not only benefits the individuals being served but also enhances the overall effectiveness of the PSH program. As individuals become more self-sufficient, staff can dedicate their attention to new residents or those needing



more intensive support.

## 1.8 Olmstead Act



### Notes:

Before we explore Permanent Supportive Housing (PSH) in greater detail, it is essential to understand its historical context as an intervention. On June 22, 1999, Supreme Court Justice Ruth Bader Ginsburg announced the Supreme Court's decision regarding the continued institutionalization of individuals with disabilities. This decision emphasized the expectation that these individuals should have opportunities for placement in the least restrictive community settings that align with their strengths and needs.

For more details, please click on the link.

### Details:

In simple terms, the decision states:

Justice Ginsburg indicated that the Supreme Court responded with a “qualified yes” to the question of whether the Americans with Disabilities Act’s prohibition of discrimination by a public entity necessitated the “placement of persons with mental disabilities in community settings rather than in institutions.” The Supreme Court established three criteria for when such placement is required: (1) when treatment professionals determine that community placement is appropriate; (2) when the individual does not oppose being served in the community; and (3) when the placement is a reasonable accommodation, balanced with the needs of others with mental disabilities.


In summary, this decision mandated that states nationwide must actively work to transition



institutionalized individuals to more suitable community settings that reflect their strengths and needs. In most states, this involves acquiring a fundamental set of independent living skills and demonstrating a lack of “dangerousness.” Dangerousness refers to the individual posing a threat to themselves or others, which is often a criterion for involuntary hospitalization. Therefore, if an individual has shown proficiency in basic living skills and does not exhibit suicidal or homicidal thoughts or behaviors, or other actions that may endanger themselves, they may be appropriately served in a PSH program.

The Olmstead decision served as a significant catalyst for numerous lawsuits against public mental health authorities across the nation. Many states have entered into settlement agreements with plaintiffs, committing to provide increased financial support alongside policy changes to create PSH opportunities for their citizens.


### Details (Slide Layer)



The Supreme Court established three criteria for community placement:

- When treatment professionals determine it is suitable.
- When the individual does not oppose receiving services.
- When placement is a reasonable accommodation, balanced with the needs of others with mental disabilities.
- States must transition individuals from institutions to appropriate community environments.
- Individuals with basic living skills who pose no risk may be served in a Permanent Supportive Housing (PSH) program.


[Click here for more details](#)

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## 1.9 Meet Lisa

### Lisa – A Case Study

Lisa has been referred to a supportive housing program. Find out more about her story by clicking on EACH radio button below. As you explore, think about the challenges she faces.



*"I feel sad and hopeless.  
I just want stability."*

- ☐ Family Life
- ☐ Living Situation
- ☐ Current Needs

### Notes:

Let's see how Permanent Supportive Housing can help individuals by looking at a real-life example. We will come back to this case study later in the modules. Lisa has been referred to a supportive housing program to assist with transitioning from homelessness to permanent housing. Click on the radio buttons to hear her story.

#### Family Life

Hi! My name is Lisa, and I am a mother who has navigated numerous challenges on my journey toward stability. Several years ago, I found the strength to leave an abusive relationship for the well-being of my six-year-old daughter. Escaping from danger, I began a journey of healing and rebuilding, though the path has been challenging.

#### Living Situation

Although my friends have offered places to stay, the constant moving has taken a toll on my mental well-being. Concerns about our safety and my daughter's education weigh heavily on me. Despite these challenges, I remain determined. The days my daughter has missed from school linger in my mind, but I refuse to succumb to despair. My greatest wish is for stability—a place we can truly call home.

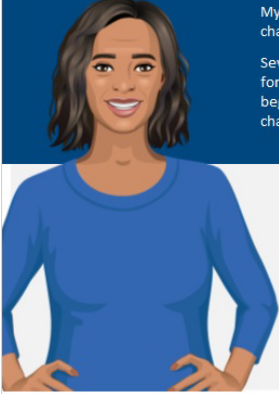
#### Current Needs

Despite the challenges in my life I am committed to moving forward. My daughter's missed school days and the potential risks she faces are major concerns for me. I want to establish a stable home environment for both of us in a safe neighborhood. To accomplish this, I need a place to live, steady employment and access to mental health support.

## Family Life (Slide Layer)

### Lisa – A Case Study

Lisa has been referred to a supportive housing program. Find out more about her story by clicking on EACH radio button below. As you explore, think about the challenges she faces.



My name is Lisa, and I am a mother who has navigated numerous challenges on my journey toward stability.

Several years ago, I found the strength to leave an abusive relationship for the well-being of my six-year-old daughter. Escaping from danger, I began a journey of healing and rebuilding, though the path has been challenging.

☐ Family Life

☐ Living Situation

☐ Current Needs

## Living Condition (Slide Layer)

### Lisa – A Case Study

Lisa has been referred to a supportive housing program. Find out more about her story by clicking on EACH radio button below. As you explore, think about the challenges she faces.



Although my friends have offered places to stay, the constant moving has taken a toll on my mental well-being. Concerns about our safety and my daughter's education weigh heavily on me. Despite these challenges, I remain determined. The days my daughter has missed from school linger in my mind, but I refuse to succumb to despair. My greatest wish is for stability—a place we can truly call home.

☐ Family Life

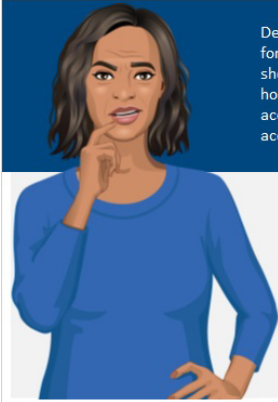
☐ Living Situation

☐ Current Needs

## Concerns (Slide Layer)

### Lisa – A Case Study

Lisa has been referred to a supportive housing program. Find out more about her story by clicking on EACH radio button below. As you explore, think about the challenges she faces.



Despite the challenges in my life I am committed to moving forward. My daughter's missed school days and the potential risks she faces are major concerns for me. I want to establish a stable home environment for both of us in a safe neighborhood. To accomplish this, I need a place to live, steady employment and access to mental health support.

- ☐ Family Life
- ☐ Living Situation
- ☐ Current Needs

## 1.10 Demographic Groups

### Demographic Groups

Permanent Supportive Housing can be an effective intervention for a number of demographic groups even though we will be focusing on individuals living with mental health conditions. Click on the tiles to explore each group.



#### Notes:


Permanent Supportive Housing (PSH) serves as an effective intervention for individuals from diverse demographic backgrounds. This training specifically focuses on individuals living with mental health conditions. However, it is essential to note that PSH is also beneficial for those exiting incarceration, youth transitioning out of the foster care system,

chronically homeless individuals without mental health conditions, and individuals primarily seeking recovery from substance use disorders.

Moreover, it is crucial to acknowledge that individuals with serious mental health conditions often face additional challenges. Issues such as addiction, poor health, involvement with the criminal justice system, and other social factors frequently coexist with serious mental health conditions. Consequently, PSH programs must be equipped to address a diverse population with varied and complex needs. In this training, we will examine three specific conditions that individuals served by PSH are likely to encounter.

Click on each image to explore.



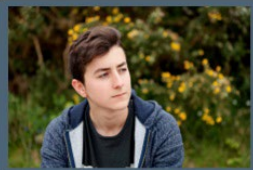
### **Incarceration (Slide Layer)**



## Demographic Groups


Permanent Supportive Housing can be an effective intervention for a number of demographic groups even though we will be focusing on individuals living with mental health conditions. Click on the tiles to explore each group.

Individuals exiting incarceration




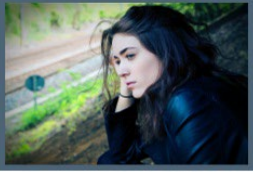


## Foster Care (Slide Layer)




Youth aging out of the foster care system

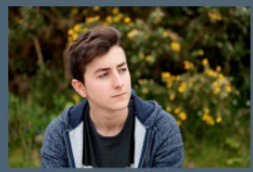





## Homeless (Slide Layer)



Chronically homeless individuals without mental health conditions


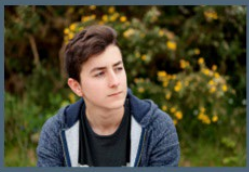





## Recovery (Slide Layer)

### Demographic Groups

Permanent Supportive Housing can be an effective intervention for a number of demographic groups even though we will be focusing on individuals living with mental health conditions. Click on the tiles to explore each group.

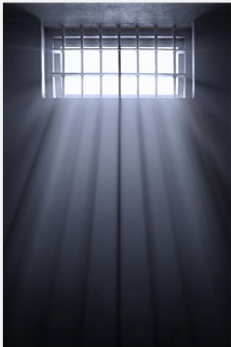


Individuals primarily seeking recovery from substance use disorders.

## 1.11 Mental Illness and the Incarcerated

### Mental Illness and the Incarcerated

Individuals with mental health challenges are more likely to be victims of crime rather than perpetrators. With that said ...



- 01 Forty percent of incarcerated individuals have a history of mental illness.
- 02 Individuals with serious mental illnesses may be at risk of interactions with law enforcement due to various behaviors and conditions.
- 03 Gather information on incarceration histories or law enforcement involvement to assess safety, identify signs of trauma, and evaluate adaptive behaviors.
- 04 Establishing rapport may require additional time due to past experiences that have compromised individuals' sense of safety and integrity.

### Notes:

Before discussing incarceration, it is essential to recognize that individuals with mental illness are more often victims of crime than perpetrators. According to the National Alliance on Mental Illness (2022), individuals with serious mental illness are booked into jail approximately 2 million times annually, and about 40% of those incarcerated have a history of mental illness. Consequently, it is common for individuals in Permanent Supportive Housing to have prior incarceration experiences. Those with serious mental health



conditions, particularly when untreated, may be at a heightened risk of engaging with law enforcement due to abnormal or erratic behavior, which can be perceived as a threat to community safety. Minor offenses, such as loitering, can lead to disproportionate interactions with law enforcement compared to the general population. Additionally, some individuals may engage in criminal behavior due to a lack of insight or detachment from reality stemming from their mental health symptoms.

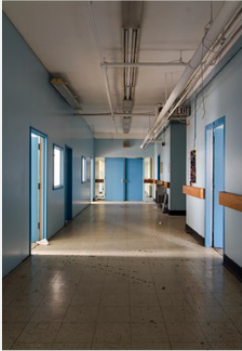
Providers of Permanent Supportive Housing should inquire about individuals' incarceration histories or interactions with law enforcement, not only for safety reasons but also because those with such experiences may be at a higher risk of trauma. Incarceration can significantly diminish an individual's autonomy and self-direction. Furthermore, individuals may develop adaptive behaviors such as hypervigilance, carrying essential personal belongings, and exhibiting distrust towards others.

Building rapport with the individuals we serve is crucial; however, it is important to understand that establishing this rapport may take longer with those in Permanent Supportive Housing due to their challenging histories that have threatened their sense of personal safety and integrity.

### ***1.12 Institutionalization and Supportive Housing***

#### **Institutionalization and Supportive Housing**

Providing Permanent Supportive Housing for individuals with mental health conditions is a priority for individuals exiting inpatient psychiatric facilities. These patients .....



- 01 Frequently are excessively dependent on staff, resulting in a diminished sense of agency.
- 02 Frequently encounter or observe traumatic events.
- 03 Experience a decline in daily life skills due to insufficient practice.
- 04 Need effective assessment, observation, communication, and rapport building, crucial for providing high-quality Supportive Housing services.

#### **Notes:**

States frequently prioritize Permanent Supportive Housing for individuals transitioning from inpatient psychiatric facilities. While essential to the behavioral health continuum of care, inpatient stays can lead to over-reliance on staff, skill atrophy, diminished agency, the ability to intentionally influence events or environments, and exposure to potentially

traumatic experiences. The Olmstead Supreme Court decision mandates that individuals in institutional settings must be transitioned to care levels that align with their strengths and needs, provided they consent to such a transition. Consequently, Permanent Supportive Housing programs must acknowledge the potential impacts of institutional care on their participants.

Skill development is a crucial intervention within the Permanent Supportive Housing context, particularly due to the iatrogenic effects (negative consequences of treatment) associated with institutionalization. Psychiatric institutions often fail to provide opportunities for individuals to practice daily living skills. Therefore, when assisting individuals transitioning from psychiatric facilities, staff should be prepared for potential skill deficits. This underscores the importance of thorough assessment, observation, communication, and rapport building to ensure the delivery of high-quality PSH services.

### **1.13 Needs and Supports**



**Needs and Supports**

**Unique and Individual**  
Each individual in PSH has a variety of unique needs that range from:

- maintaining a residence
- paying bills
- connecting with community-based healthcare
- receiving treatment
- participating in supported education and employment
- building a social network and more

**Assessment and Connection**  
The composition of PSH teams varies, but all teams must be skilled in assessing individual needs and treatment preferences. Additionally, they should be capable of connecting individuals to resources that may not be directly available through their services.

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#### **Notes:**

Individuals entering Permanent Supportive Housing often have a variety of needs. The primary goal of PSH services is to promote independent living and develop tenancy skills, which include maintaining a residence and managing bill payments. These services also focus on connecting individuals with community-based healthcare, treatment options, employment opportunities, educational resources, and enhancing their social support networks. A key objective is to reduce dependence on program staff by empowering individuals with the knowledge, skills, and personal agency necessary for self-sufficiency.

It is important to note that the Permanent Supportive Housing team may include professionals from various disciplines, and the composition of these teams can vary.

Nevertheless, every PSH team should possess the skills to assess an individual's needs and preferences for treatment and be capable of connecting them to resources that may not be available through the PSH service organization.


For example, while Permanent Supportive Housing programs may not have a nutritionist or dietitian on staff, they can still play a vital role in addressing nutrition-related challenges. If an individual encounters such challenges due to a chronic health condition like diabetes, the PSH program can facilitate access to medical care and provide both practical and emotional support for dietary adjustments.

### 1.14 Lisa - Question

(Pick Many, 10 points, 1 attempt permitted)

### Identifying Lisa's Needs

Let's think back to Lisa, our case study. What are some services and resources Lisa MAY need addressed? Click on the circle to make your selection. More than one answer could apply!



☒

Domestic violence victims advocacy

☒

Mental health services (i.e. psychiatry, counseling, case management)

☒

Services for her child (i.e. educational, emotional, etc.)

☒

Employment supports (i.e. supported employment, low or no-cost childcare)

Correct	Choice
X	Item 01
X	Item 02
X	Item 03
X	Item 04

**Feedback when correct:**

Your answer is correct.

### Feedback when incorrect:

Your answer is incorrect.

### Notes:

Let's think back to Lisa, our case study. What are some needs Lisa MAY need to address beyond housing? Click on the circles to make your selection. Hint: More than one answer could apply.

Domestic violence victims advocacy

Mental health services (i.e. psychiatry, counseling, case management)

Services for her child (i.e. educational, emotional, etc)

Employment supports (i.e. supported employment, low or no-cost childcare)

Answer: All

### Congrats! (Slide Layer)

## Identifying Lisa's Needs

Let's think back to Lisa, our case study. What are some services and resources Lisa MAY need addressed? Click on the circle to make your selection. More than one answer could apply!



☒ Domestic violence victims advocacy

☒ Mental health services (i.e. psychiatry, counseling, case management)

☒ Services for her child

☒ Employment supports

**Congrats!**  
Your answer is correct.


[Continue](#)

As you get to know Lisa, she may have additional needs to be addressed. From the outset, we can see that supportive housing isn't just about providing housing to an individual. Supportive housing programs must be flexible enough to address the whole person, as addressing an individual's needs from a whole person perspective will best advance Lisa's psychiatric recovery, increase community integration, and the overall wellness and resilience of her family.

## Sorry! (Slide Layer)

### Identifying Lisa's Needs

Let's think back to Lisa, our case study. What are some services and resources Lisa MAY need addressed? Click on the circle to make your selection. More than one answer could apply!



☒

Domestic violence victims advocacy

☒

Mental health services (i.e. psychiatry, counseling, case management)

☒

Services for her child

☒

Employment support

**Sorry!**  
Your answer is incorrect.

**Continue**

ALL the selections are correct. As you get to know Lisa, she may have additional needs to be addressed. From the outset, we can see that supportive housing isn't just about providing housing to an individual. Supportive housing programs must be flexible enough to address the whole person, as addressing an individual's needs from a whole person perspective will best advance Lisa's psychiatric recovery, increase community integration, and the overall wellness and resilience of her family.

## 1.15 Quality of Life

### Individual Needs

Individuals entering PSH services have ...


- Experienced a higher prevalence of health care issues compared to the general population.
- Are more likely to be unemployed or underemployed.
- Face educational deficits.
- Are more likely to have experienced trauma.

The life expectancy of Individuals with mental health conditions can be **25 years shorter** than the average!

### Goals of PSH

The primary objective of Permanent Supportive Housing is to enhance the quality of life for individuals. This initiative focuses on several key areas:

- Preventing recurring episodes of homelessness and hospitalization.
- Increasing housing tenure.
- Encouraging self-sufficiency.
- Reducing dependency on emergency healthcare services.



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### Notes:

Individuals entering Permanent Supportive Housing services often face significant health challenges compared to the general population. They are more likely to be unemployed or underemployed, have educational deficits, and have experienced trauma-related conditions. Alarming, while the average life expectancy in the United States is approximately 78 years, individuals with serious mental illness may die up to 25 years earlier than the general population.

Consequently, enhancing the quality of life is a primary objective of Permanent Supportive Housing programs. Quality of life encompasses various elements, and PSH programs adopt a holistic approach to address these issues from multiple perspectives. This holistic approach means treating individuals as whole persons rather than solely focusing on their mental health conditions.

The primary objective of Permanent Supportive Housing is to enhance the quality of life for individuals. This initiative focuses on several key areas such as preventing recurring episodes of homelessness and hospitalization, increasing housing tenure, encouraging self-sufficiency and reducing dependency on emergency healthcare services.

### 1.16 Types of Housing



#### Types of Physical Housing

**Types**

- **Purpose-built or single-site housing** designed to serve the homeless or those in need, support available on-site.
- **Scattered-site housing** located in private market or affordable housing building. Utilize rental subsidies. Tenants receive services from staff who visit.
- **Set-aside apartments** where housing owners agree to lease a specific number of apartments to those who have service needs.

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#### Notes:

Supportive housing does not adhere to a single design model. It can encompass the renovation or construction of new housing, the allocation of apartments within privately-owned buildings, or the leasing of individual apartments spread throughout a community. There are three primary approaches to operating and providing supportive housing:

- **Purpose-built or single-site housing:** These apartment buildings are specifically designed to serve tenants who are formerly homeless or have service needs, with support services typically available on-site.



- **Scattered-site housing:** These apartments are located in private market or general affordable housing buildings and utilize rental subsidies. Tenants can receive services from staff who visit them at home and provide assistance in other settings.
- **Unit set-asides:** Affordable housing owners may agree to lease a specific number of apartments to tenants who have exited homelessness or have service needs, partnering with supportive service providers to offer assistance. (United States Interagency Council on Homelessness, 2018)

The objective of Permanent Supportive Housing is to avoid clustering individuals enrolled in PSH too closely together, as the aim is to promote community integration rather than replicate segregation or institutionalized environments.

## Untitled Layer 1 (Slide Layer)

### 1.17 Funding for PSH

#### Who Pays for Permanent Supportive Housing?

Individuals who receive Permanent Supportive Housing (PSH) typically live at or below the national poverty level. There are various funding sources available for PSH at both the state and federal levels, which generally fall into two main categories. Click on each image to learn more.




#### Notes:

You may be curious about who finances the housing for individuals in Permanent Supported Housing (PSH). This is an important question, especially since many individuals receiving PSH services live at or below national poverty guidelines. While there are various funding sources available at both the State and Federal levels for PSH, there are two primary types of housing assistance for individuals. Click on each image to learn more.

#### Project-Based Assistance

Project-based rental assistance is allocated to an organization and remains with that organization. This means that if an individual exits the PSH program, the rental assistance



does not transfer to another residential unit.

### Tenant-Based Assistance

In contrast, tenant-based rental assistance is linked to the individual and is typically awarded based on specific qualifying characteristics. This allows individuals to move with a reduced risk of losing their rental assistance.

## Project Based (Slide Layer)

### Who Pays for Permanent Supportive Housing?

Individuals who receive Permanent Supportive Housing (PSH) typically live at or below the national poverty level. There are various funding sources available for PSH at both the state and federal levels, which generally fall into two main categories. Click on each image to learn more.

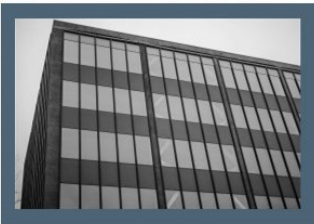
**Project based funding** is awarded to an organization and stays in the organization. If an individual leaves their housing, the rental assistance does not go with them.




## Tenant Based (Slide Layer)

### Who Pays for Permanent Supportive Housing?

Individuals who receive Permanent Supportive Housing (PSH) typically live at or below the national poverty level. There are various funding sources available for PSH at both the state and federal levels, which generally fall into two main categories. Click on each image to learn more.



**Tenant based funding** is attached to an individual, awarded based on qualifying individual characteristics. The assistance moves with the individual.




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## 1.18 Paying the Bill

### Paying the Bill

If so many people in permanent supportive housing are at the poverty level, how can they afford to pay their monthly housing costs?



**30 - 40%**

Individuals receiving rental assistance typically contribute **30-40% of their monthly income** towards rent.

The remaining amount is paid directly to the landlord through rental assistance. Utilities may or may not be included.

If the unit is occupied by multiple individuals over the age of 18, the income of all residents is considered in the calculations.

Northeast and Caribbean region  
MHTTC Mental Health Technology Transfer Center Network  
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### Notes:

Many individuals entering Permanent Supportive Housing face poverty, leading to questions about how they can afford their monthly housing costs.

Typically, when individuals receive rental assistance, they contribute approximately 30-40% of their monthly income towards rent. The rental assistance authority covers the remaining amount directly to the landlord. It is important to note that utilities may or may not be included in this rent-share calculation, depending on the funding source of the subsidy. Additionally, if subsidized units are occupied by multiple individuals over the age of 18, the income of all residents must be considered in the calculation, with some exceptions for dependent children still in school.

## 1.19 Summary


### Summary

**01.** Permanent Supportive Housing combines affordable housing assistance with voluntary support services to address the needs of people experiencing homelessness.

**02.** People enter Supportive Housing from homelessness, post-incarceration, and post-hospitalization. Individuals may also be referred as a “step-down” from more restrictive residential services like group homes.

**03.** The service-related needs of individuals in Supportive Housing programs can be wide and varied. Getting to know an individual and their unique needs is crucial.

**04.** There are several models of Supportive Housing. All have the same or similar founding principles – to increase community integration and autonomy and decrease reliance on the formal system of care.



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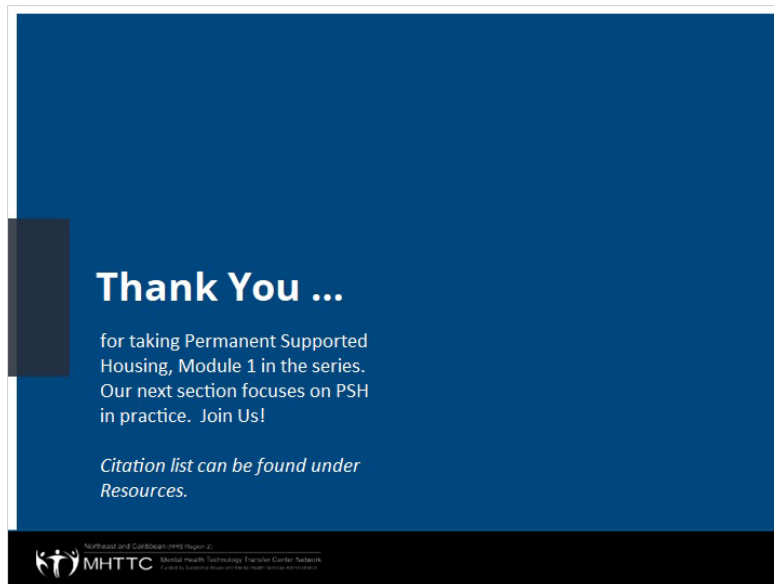
### Notes:

Let's sum up this first module.

Permanent Supportive Housing is an intervention that integrates affordable housing assistance with voluntary support services to meet the needs of individuals experiencing homelessness.

- Individuals may enter Supportive Housing from various circumstances, including homelessness, post-incarceration, and post-hospitalization. They may also be referred to supportive housing as a transitional step from more restrictive residential services, such as group homes.
- The service-related needs of individuals in Permanent Supportive Housing programs can vary significantly. Understanding each individual's unique needs is essential for their success.
- There are several models of Permanent Supportive Housing, all founded on similar principles aimed at enhancing community integration and autonomy while reducing reliance on formal care systems.

## 1.20 Thank You ...



### Notes:

Thank you for participating in the first module of Permanent Supported Housing. In the upcoming Module 2, you will explore the practical aspects of PSH. This module will focus on the roles and responsibilities of PSH staff, the service recipient as the tenant, and the landlord and property manager. We look forward to your participation!