



# Permanent Supportive Housing for People With the Greatest Barriers to Housing

Asheville- Buncombe County: November 2012

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# CSH: Who we are

CSH is a nonprofit with a mission to increase permanent supportive housing to end homelessness. We have offices in 12 states and national teams that cover the whole country.

We specialize in:

- **Capacity Building** to strengthen and expand the supportive housing industry through training and technical assistance.
- **Project-Specific Financing** to help create supportive housing.
- **Public Policy Reform** to build an efficient system for producing and financing supportive housing.

# PSH: Characteristics of the Housing

- **PERMANENT**

Not time limited

- **AFFORDABLE**

For people with extremely low incomes

- **INDEPENDENT**

Tenant holds lease

# PSH: Characteristics of the Services

- **FLEXIBLE**

Designed to be responsive to tenants' needs.

- **ENGAGING**

Participation is not a condition of tenancy.

Providers must be skilled in engagement.

- **INDEPENDENT**

Focus of services is on maintaining housing stability.

# PSH: Characteristics of People Served

- Are chronically homeless.
- Cycle through expensive emergency systems and are at risk of long-term homelessness.
- Without housing, cannot access and make effective use of treatment and supportive services.
- Without services, cannot remain stably housed.

# Range of Housing Models

- Scattered-site: individual apartments leased by individuals in buildings managed by multiple landlords (sometimes “clustered”). Subsidies are tenant-based.
- Master-leased: supportive housing provider rents from landlord and sublets to supportive housing tenants. Subsidies are sponsor-based.
- Integrated: small clusters of dedicated supportive housing apartments within a larger property. Subsidies are project-based.
- Single Site: Projects that exclusively provide supportive housing. Subsidies are project-based.



# Range of Approaches

- Housing First: Not “housing ready”
- Harm Reduction: Values progress over final results
- Trauma-Informed Care: Evidence-based practice that infuses trauma awareness into all work
- Tenant-driven service plans
- Motivational Interviewing

# Types of Funds

## Key PSH Funding Categories

- **Capital** : The physical building  
HOME, CDBG, Tax Credit Equity, Trust Fund
- **Operating**: Keeping the building running  
SHP, Shelter Plus Care, Section 8, Key Program
- **Services**: Supports for tenants to remain in housing  
SAMHSA, Medicaid, FQHCs, Philanthropy, Local Govt.



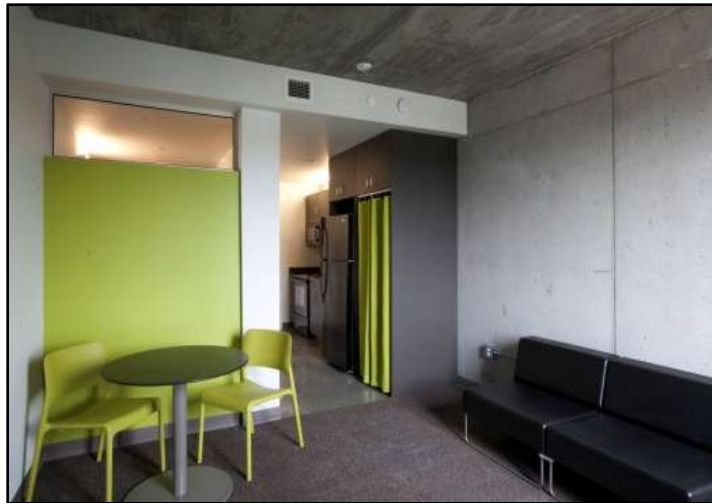
# 1811 Eastlake (Seattle)

- 75 formally homeless men and women with chronic alcohol addiction and the heaviest users of publicly-funded crisis services: jail, detox, hospital-based and emergency medical services, alcohol and drug programs.



- Rigorous research, published in JAMA, demonstrated that the project saved taxpayers more than \$4 million in its first year.
- Alcohol use decreased by about one-third. The median number of drinks for participants dropped steadily from 15.7 per day prior to move-in to 14, 12.5 and 10.6 per day at 6, 9 and 12 months in housing.

# Bud Clark Commons (Portlandia)



- 130 studio homes opened one year ago.
- 100% of the residents are selected using the Vulnerability Assessment Tool.
- Innovative partnership between the Portland Housing Bureau, Portland Housing Authority, and Multnomah County.
- Voluntary Services: 84% of residents have participated at least once.
- 83 residents are participating in case management, 57 in mental health treatment and 14 in substance abuse treatment.

# Cedar Hill House & Grais Apartments

- Cedar Hill House serves 25 people who are dually-diagnosed in CT.
- Columbus House and Home, Inc. nonprofits work together to provide housing, property management, and services.



- Grais Apartments, 44 apartments in Chicago received the American Psychiatric Association's Silver Achievement Award for 2004 for improving residents' ability to retain housing, gain employment, and manage dual illnesses and reduce substance use.
- Service program uses Integrated Dual Diagnosis Treatment [IDDDT]) and an integrated multidisciplinary service team.

# Putting It All Together (Step 1: Assess Needs)

Identify the people with the greatest needs and barriers:

- Vulnerability Assessment Tool
- Utilization Records
- ✓ Maybe you already know them...

Assess your array of housing models from a “systems” perspective:

- What would you do more of if you had the resources?
- What is not working well/what adjustments are needed?
- What is missing?

# Putting It All Together (Step 2: Take the next step)

- Choose the most-ripe fruit.
- Acknowledge that you can't do everything at once.
- Get Started:





Thank you!

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# Group Discussion

What are the models that are needed next?

What are the resources needed to make this a reality?

What can my agency bring to the table?