What is Housing *First?*

Program Philosophy, Services, and Effectiveness

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Shining a Light on Poverty
March 27, 2014

Outline

1. What is Housing First (HF)?
2. Program Philosophy
3. Services (Housing and Services)
4. Effectiveness Research Outcomes
5. Implications for System Change

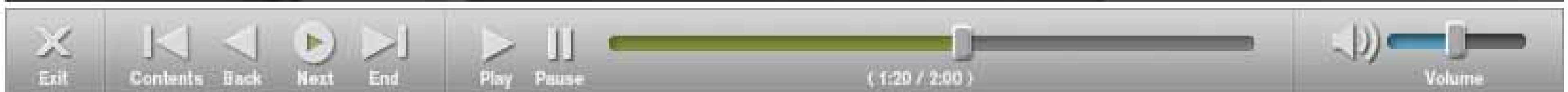
Pathways to Housing

Goals of Housing First Program

- End Homelessness by providing immediate access to permanent housing and supports for people with behavioral health, addiction and other complex problems
- Consumer preference drives the provision of both housing and treatment
- Improve consumer's quality of life, support recovery and community integration

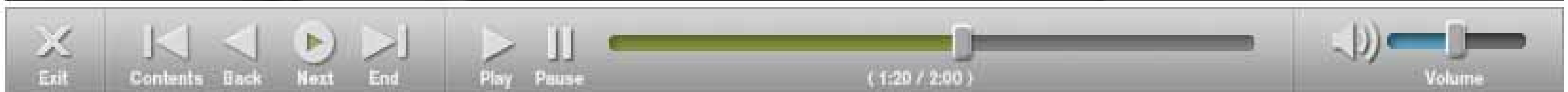
Housing First

A housing and service intervention that provides **immediate access to permanent housing and support services** and is based on a philosophy of **client choice**. Participants are not required to participate in psychiatric treatment or attain a period of sobriety in order to obtain housing.



Only evidence based practice with a social justice dimension

Program offers housing as a basic human right, not as a reward for compliance with treatment or sobriety



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MENTAL HEALTH COMMISSION OF CANADA (2009): AT HOME/CHEZ SOI -- 5 CITIES, RCT N=2,215

Housing First in Europe

Overview

-Rapid uptake in EU
-Many programs and
 variations
-Variation in services and housing
-Variations in populations and program fidelity
-Opportunity to test program effectiveness
-Examine relationship of outcomes to fidelity
-Remarkably positive outcomes

Who we serve

And why we provide services this way

Who is served by Housing First?
Homeless
Mental health problems
Addiction and abuse
Health problems
Poverty
Isolation
Stigma
PTSD/Trauma

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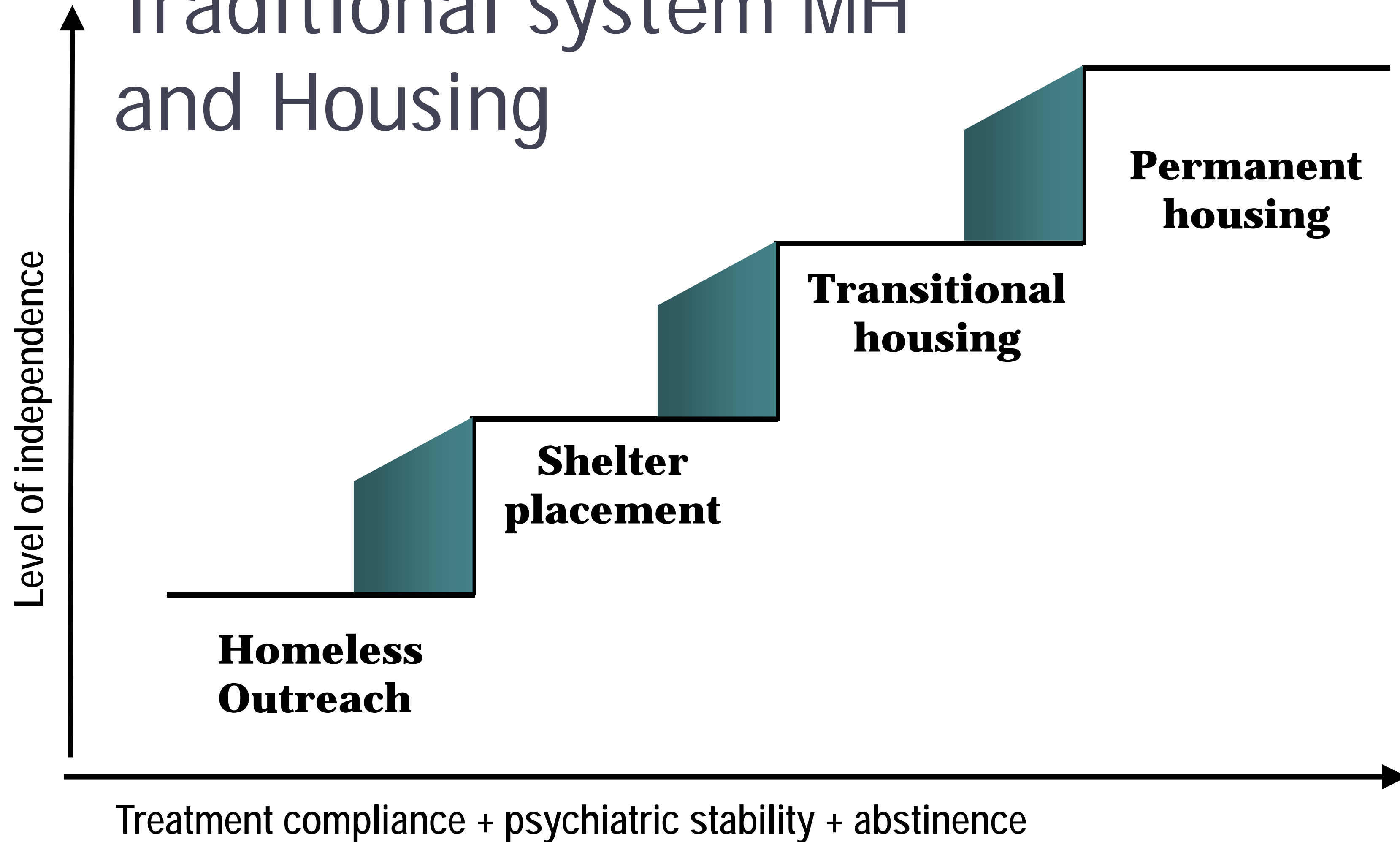
KALAKAUA Avenue 11:00 pm

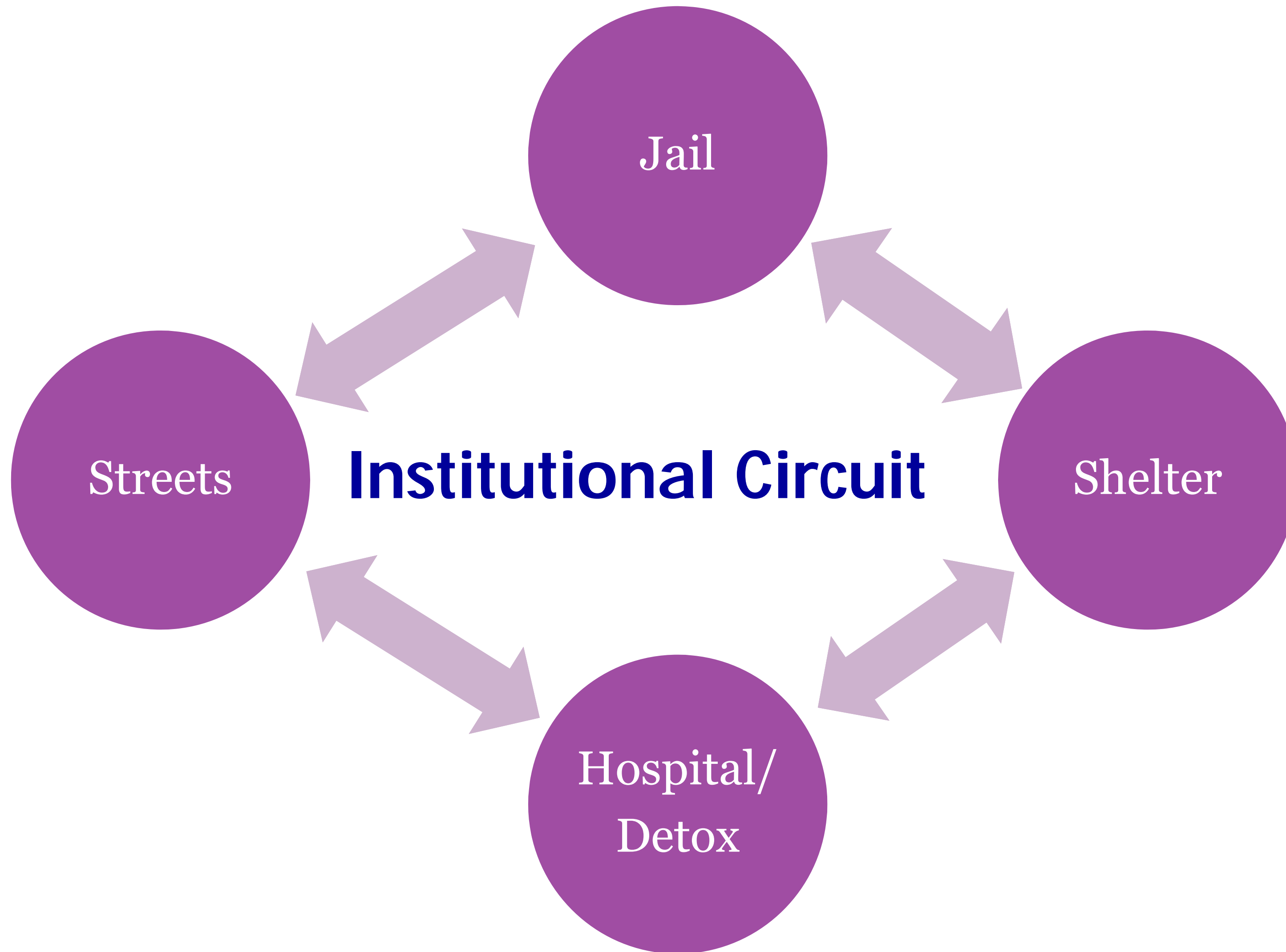
Beliefs and assumptions influence your program design

- People with psychiatric disabilities and/or addiction problems:
  - need treatment -- medication and support
  - need housing with on site supervision
  - need help to make informed choices

Traditional system MH and Housing



For those who can't or won't climb the stairs: Frequent use of acute care services



ANOTHER PERSPECTIVE ON THE HOMELESS MENTALLY ILL OR MENTALLY ILL HOMELESS

"I was diagnosed when I was teenager, right now being homeless is my main problem"

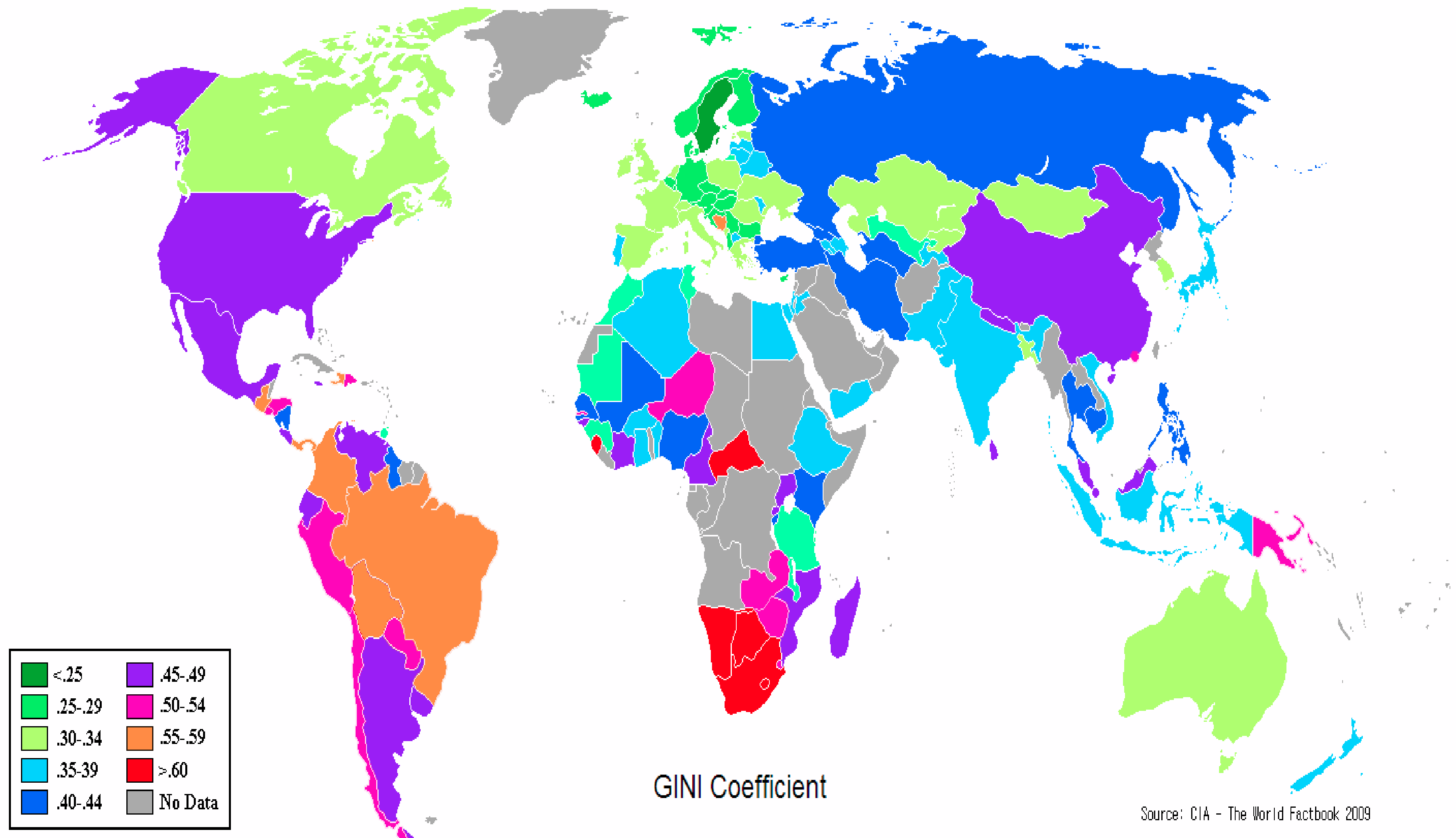
'When I returned from the service I was drinking heavily, lost my place, now these programs want me be sober and jump through hoops before they give me a place to stay. . . I'd rather stay out here"

"I want a regular place to live, not place that is filled with people who have problems"

Larger social factors contributing to homelessness

GINI Coefficient: Index of income disparity

Higher GINI score = fewer social services



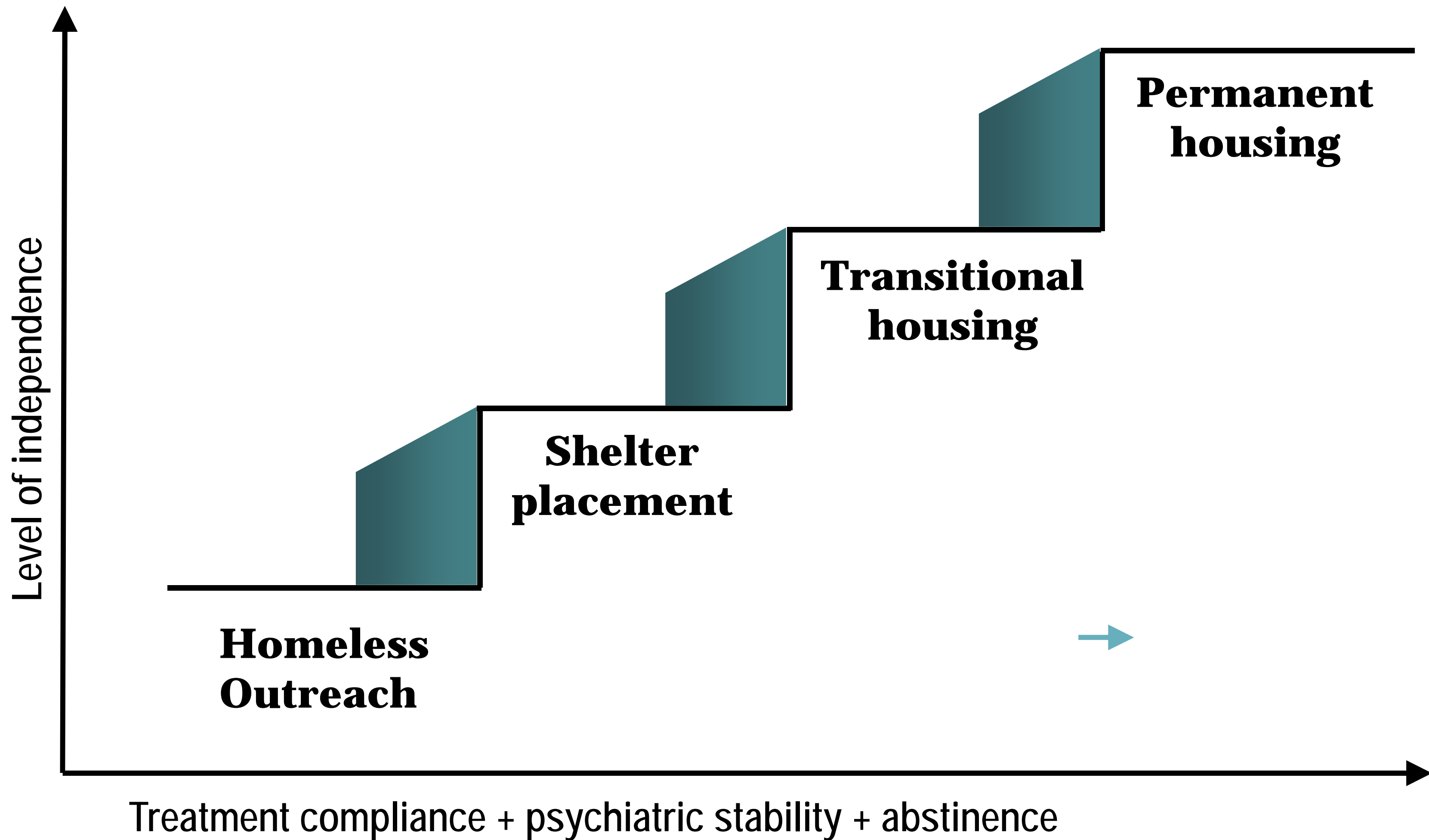
Other Social and Economic Factors

- There is another narrative about homelessness, one that is not only about individual problems but also about systemic failures…
- This era of homelessness began in early 1980's
- Federal government eliminated programs that built affordable housing
- During this same time affordable urban real estate was being converted to condo and coops
- People who lived in poverty, fixed income, SSI, were priced out of the new market
- Today, minimum wage is not a living wage, many working and living in shelters
- Income disparity steadily increasing = we just cut food stamps

Attitudes, Beliefs and Policies for the Poor

- There is a long standing tradition for those with means to see people who are poor as 'other'
- Michael Harrington's 'The Other America' made the case for a culture of poverty – implying a failure of character not simply less money
- Policies aimed at improving character by making poor people work harder – Clinton eliminated welfare
- Bloomberg administration shelter system guarding against 'perverse incentives'

Housing First – “right now being homeless is my main problem”



Staircase model: Designed this way because of misunderstandings about disability and poverty

Pathways' HOUSING FIRST!

Individuals go right from ***"streets (hospitals, jails, etc.) to homes"***
Housing is offered right away not as something to be earned as a reward for 'good' behavior

Housing First Beliefs and Values that Influence Program Practices

- Housing First – is based on the principle that housing is a basic human right
- **People with mental illness and/or addiction do not have to prove they are ready for housing or deserve housing**

Housing First:
Complex Clinical Intervention

- Pathways Housing First Program Fidelity Scale
- (five dimensions)
  - 1. Housing Choice & Structure
  - 2. Separation of Housing & Services
  - 3. Service Philosophy
  - 4. Service Array
  - 5. Program Structure

Pathways to Housing

Pathways Housing First Program Operations and practices

- HF program reaches out - active outreach and engagement to reach people with complex needs who are most vulnerable;
- Complexity is the expectation not the exception
- People with complex needs are welcome!
- Program is consumer directed--encourages full participation in decision making by the consumer;
- Speedy admission and provision of all service (especially housing - 2-4 weeks).

Pathways to Housing

PRICIPLE 1: Consumer Choice

Real choice is not only having the ability to pick from a number of predetermined options; it is also about having the power to add that which you as a consumer want, to those options."

-Ron Coleman, author of Working Toward Recovery

*"The freedom, they have given me…They're not controlling my life; they're helping me to **better** my life"*

-PTH client

Housing First Uses Primarily Independent Apartments: Pathways VT: HF In Rural Areas

60 Tenants, 60 Apartments, 2 Counties, 6 Cities,
31 Landlords: Housing Retention Rate 90.5%

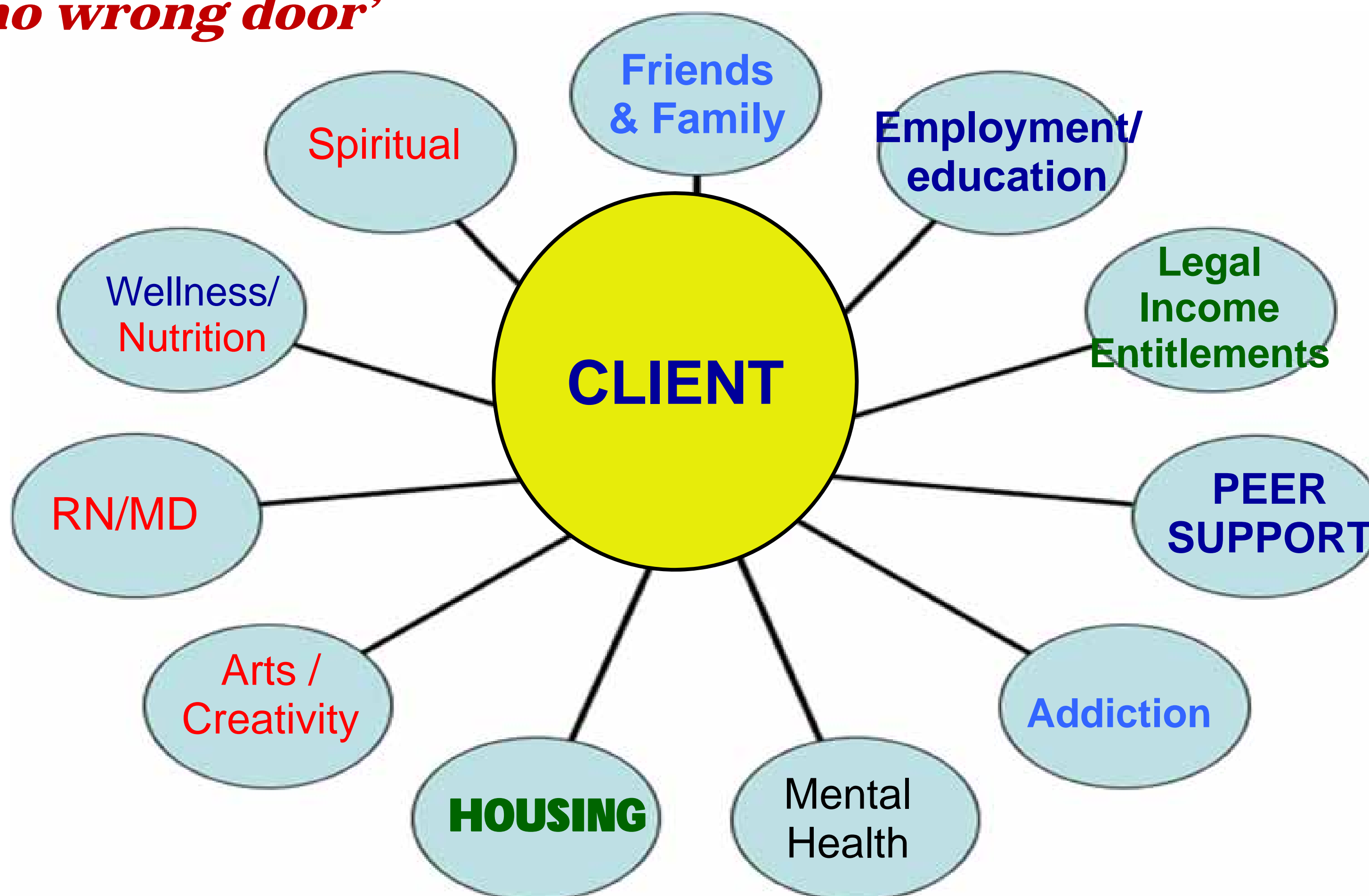
People with complex needs require complex service support

<u>ACT Team</u>
Direct services; Trans-disciplinary practice.

<u>ICM teams</u>
some direct; brokerage model

<u>Participants</u>
-<u>Immediate access</u>—
-Client directed

'no wrong door'



Housing First Program Operations

Consumer choose type, frequency and intensity of services

- Team operations -
- Visit consumers 1-5 times a week - (**ACT 1-5**; **ICM 1-2**)
- 'Shared caseloads' **all staff** make Home Visits
- Team advantages ++ cross coverage for consumers; "Transdisciplinary" geographic coverage, staff coverage during vacations, leave, etc.
- **Rural variations** include teleconferencing among a number of staff; smaller teams
- Teams Provide **7/24 on-call** telephone coverage

Program Has a Recovery Focus

- Relationships are foundational
- Peer support
- Knowledge and skills to self-manage
- Emphasis on welcoming, hopeful, inspiring culture

PRINCIPLE 2: HOUSING and SERVICES ARE SEAPARATE DOMAINS

Housing Domain

- Agree to terms of standard lease
- Apartment selection and set up
- Lease signing, security, furnishing
- Rent payments and property management

Clinical Domain

- Clinical and case management Benefits/entitlements/case management
- Recovery goals; family reconnection, social educational employment
- Treatment goals (mental/physical health; addiction)

Housing is an adjustable commodity

Son returns from tour in Afghanistan and stays with (formerly homeless) dad in his apartment.

Program Fidelity

Program Effectiveness

MENTAL HEALTH COMMISSION OF CANADA (2009): AT HOME/CHEZ SOI -- 5 CITIES, RCT N=2,215

Fidelity Scale Scores: Canada (HF by design, TA)

Canadian programs scored higher on:

- Housing Choice & Structure ($p<.01$)
- Separation of Housing & Services ($p<.01$)
- Service Philosophy ($p<.05$)

- Stefancic, A., et al 2013 American Journal of Psychiatric Rehabilitation.

Pathways to Housing

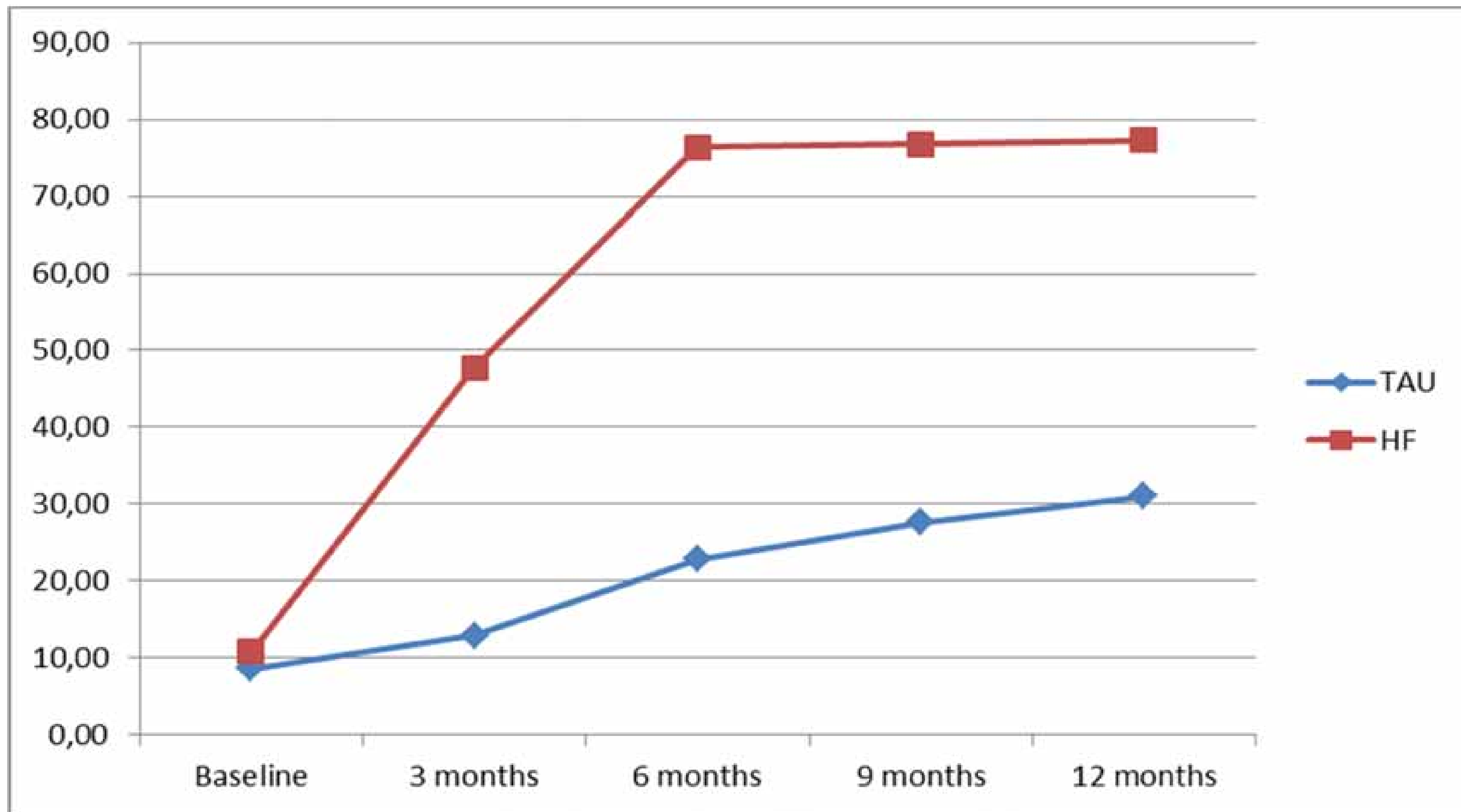
At Home/Chez Soi: ACT Sample Characteristics

- 950 participants
  - 469 in Housing First
  - 481 in Treatment as Usual
- 856 (90%) completed the 12 mos. follow-up
  - 96% HF & 84% TAU
- Primarily middle-aged (M= 39.4)
- 32% of participants are women
- 19% identified as aboriginal
- 59% did not complete high school

ACT Sample Characteristics -2

- 52% diagnosed with a psychotic disorder
- 73% of participants had a substance use problem
- All have one or more serious mental health issues
- Had on average 5 chronic physical health condition
- One third reported involvement with criminal justice system in last year
- Majority experienced victimization in previous 6 months

HF vs. TAU: % of Time Housed



Outcomes:
Quality of Life - Overall

- Both groups reported increases in overall quality of life over time. ($p < .001$)
- HF participants showed greater improvements in overall quality of life than TAU participants. ($p < .001$, $d = 0.31$)
- Beginning to examine results in context of program fidelity

Lessons Learned: **CAPABILITIES**

- People are much more capable than we imagined possible.

Balancing risk and Responsibility

- Moving forward requires taking risks.

Introducing elements of HF into traditional systems

- Change must be embraced by all levels of agency
- 4 useful and cost neutral changes:

1) **target** 'the most difficult' to serve (define &count)
2) **access** and **retention** not dependent on sobriety or treatment compliance
3) embrace more risk and responsibility (sign leases or serve as guarantor)
4) **guarantee housing** through crisis

Pathways to Housing

For additional information, visit:
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