

# Housing and Services Done Differently; or Why Housing First?

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## Lessons Learned About What Works and What Needs to Change

- I) What is Housing First and How Does it Work?
- II) What beliefs, attitudes and practices underlie the most homeless service programs?
- III) What are the principles and major components of Housing First?
- IV) The research evidence for Housing First and why program fidelity matters
- V) Housing First and Systems Change

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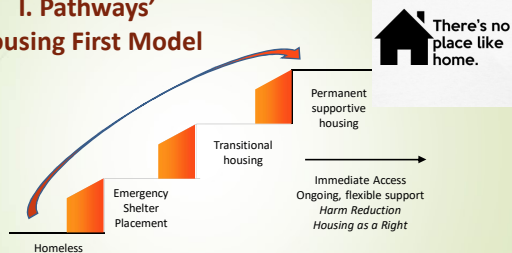
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## I. Pathways' Housing First Model



\*Immediate Access to A Place of Your Own  
Support and treatment follows

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## Goals of Housing First Program

- 1) Providing immediate access to permanent housing **and** the supports people need to address complex problems
- 2) Client preferences direct services: the sequence, type and intensity of service
- 3) Improving quality of life: client-directed treatment and support for community integration

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## II. HOMELESS SERVICES

Founded on an Emergency Response Model (e.g., Red Cross/Health Care for the Homeless → Why Not FEMA?)

- Emergency outreach
- Emergency shelter
- Safe Haven
- Food programs
- Clothing programs
- Faith based programs

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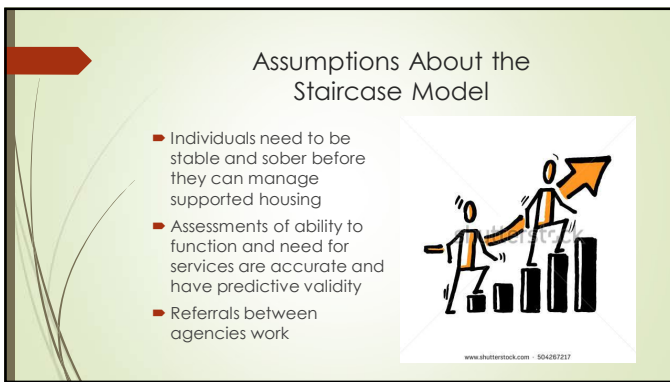
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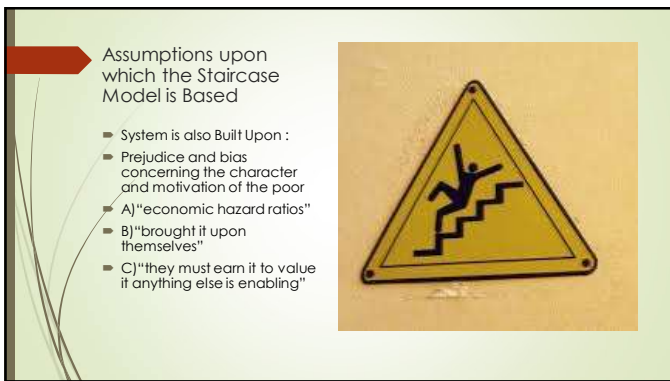
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## Who does Housing First Serve?



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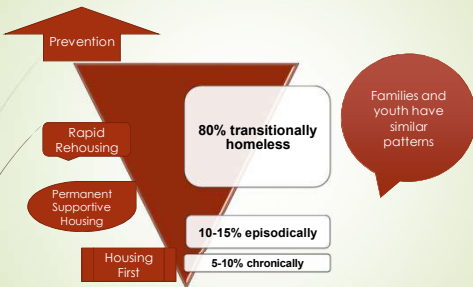
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## Homeless Population is Heterogeneous



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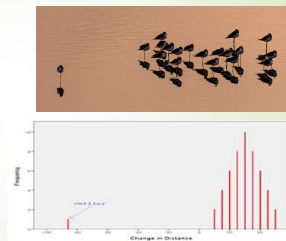
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## A word about that 10% What Outliers Teach Us

“Normals”  
teach us rules;

“Outliers”  
teach us laws

*Laws of Medicine* by  
Siddhartha Mukherjee



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III. What systems, attitudes or practices do we need to change in order to operate effective Housing First programs

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### Factors of Paradigm Shift

- View of people served (capabilities or strengths based)
- Program philosophy (recovery, fi, etc.)
- Power relationships
- Commitment to ongoing support
- Treatment practices (e.g., home visits, **"οτιδήποτε"** –otidipote)

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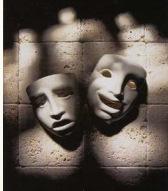
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### HF Programs Require Organizational Culture Change

- Welcoming culture
- Trauma informed care approach more engaging and less stigmatizing
- Shifts responsibility for continuity of care to provider




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### 3. PRINCIPLES AND MAJOR COMPONENTS

**FIVE PROGRAM PRINCIPLES:**

1. Consumer choice
2. Separation of housing and services
3. Services array to match needs
4. Recovery focused practice
5. Program operations

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### HF program requires 2 types of funding

1. Rent
  - a) rent supplement (HUD SHP; S+C, Housing Choice Vouchers)
  - b) local state/municipal funds
2. Support Services (Medicaid, state/city services)




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**P 1. CHOICE IN HOUSING:**

Typically scatter site independent apartments rented from community landlords



- Most frequent choice
- Integrated into the community (reduces stigma)
- Individualized planning and progress
- Rapid start up
- Relocation without service disruption
- Puts rental market within reach

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**Working with Community Landlords**

- 1) Common Goal: Landlord, participant, and program all want decent, well-managed, affordable housing
- 2) Benefits for landlords: guaranteed rent, no rent loss for vacancies
- 3) Support staff responsive to landlords
- 4) Master leasing allows sharing liability and creative solutions to housing barriers

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**2 Program Requirements**



**Program Requirements:**

- 1) Meet the terms and conditions of a standard lease (pay 30% of income)
- 2) Agree to a weekly home visit (weekly or as needed)

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Client directed services - "No wrong door"



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Principle 2:  
Separation of Housing and Services

- Separation of Housing and Services
- Also refers to continuity of support through disruptions in housing



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Housing and Services:  
Separate Domains

- Use different criteria for success in housing and success in treatment services.
- Different criteria for success in tenancy and clinical outcomes
- Applies at admission and throughout housing tenure
- Provides continuity of clinical care during housing crisis, AND continuity of housing stability during clinical crisis.

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### P 3. MATCHING SERVICE NEEDS

Community based, responsive, and flexible

#### High Need

ACT - Multidisciplinary team and provides direct support and treatment

Caseload 1 to 10

Work as Team

Shared caseloads, participant driven, includes prescriber, other clinical services, as well as peer and employment

Off site, on-call services 7-24



#### Moderate Need

ICM - case management team provides support and brokers services

Case loads of 1 to 15/20

Blended team models

All teams use a recovery orientation



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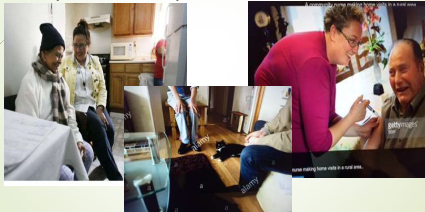
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Home Visits:  
70%-80% services  
provide by home visits



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PATHWAYS HOUSING FIRST PRACTICES

#### Harm Reduction

"What is addiction, really?  
It is a sign, a signal, a symptom of distress,  
it is a language that tells us about a  
plight that must be understood."

Alice Miller, *Breaking Down the Wall of  
Silence*



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### Harm Reduction

A perspective on treatment that includes a set of **practical strategies to reduce the negative consequences** of drug use (food, relationships, finances), that incorporates a spectrum of strategies from safer use to abstinence.

-The Harm Reduction Coalition



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### Principles of Harm Reduction - Intervention

- Meet people where they are
- Understanding why they use
- Understand under which conditions are they more prone to use
- Relapse plans = expected part of recovery
- Strengths based + gains rather than losses approach + noting time reduction or abstinence is maintained



**\*\* targeted behavior**

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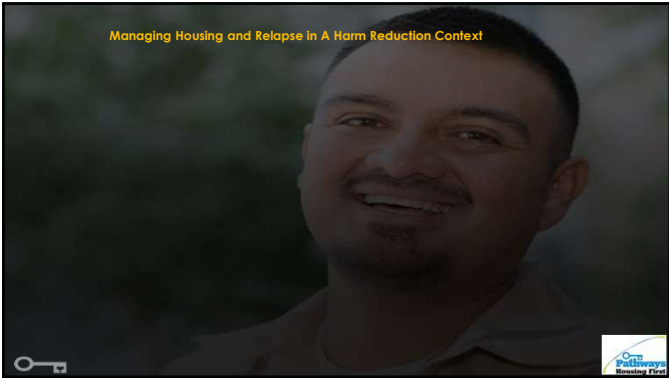
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**Managing Housing and Relapse in A Harm Reduction Context**

- Consequence of traditional abstinence based approach: Eviction, Discharge, toll on self esteem)
- Harm reduction: Relapse is an expected part of recovery; managing housing loss (role clarity), preventing eviction, providing strengths based support, e.g., noting the time spent sober (half empty to half full).

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**Why Do People Use?  
And how is it addressed?**

- To fit in
- Social pressure
- Take the edge off
- Less nervous
- Change mood
- Liquid courage
- Easier to flirt



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What are the costs and benefits of an honest conversation changing vs. not changing behavior?

Option	Benefits	Costs
Making Change (reducing alcohol)	Family would trust me again More money Better health	Won't have a way to relax Lose my friends Life will be boring
Not Changing	Helps me relax I feel like I fit in Love the buzz I get	Less money Cannot see my kids Legal problems



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### Housing First and Harm Reduction

Meet people where they are...

but don't leave them there.



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PATHWAYS HOUSING FIRST PRACTICES

### Trauma Informed Care

Trauma-Informed System of Care

- *trauma is viewed not as a single discrete event but rather as a defining and organizing experience that forms the core of an individual's identity.*

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### The after effects of abuse and violence. . .

- on people's "victim" behaviour and coping strategies can be difficult to understand.
- The defenses that many people develop after being repeatedly hurt in relationships, can make the task of connecting with them extremely difficult.

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### Trauma-Informed System of Care

- Enduring and meaningful change occurs when the people who make up the system share a philosophy about trauma, services, the helping relationship, and trauma clients.
- How we understand trauma will determine to how we envision the overall approach to the work we do.

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- In a trauma-informed approach the focus is on understanding the whole individual and appreciating the context in which that person is living their life.
- Rather than asking: "How do I understand this problem or this symptom?"
- We ask instead: "How do I understand this person?"

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## PATHWAYS HOUSING FIRST PRACTICES

### *Recovery Oriented Services*



- Recovery is more than
- +reduction of psychiatric symptoms.
- +reducing drug alcohol use.
- +participation in services or reduction in use of acute care services.
- It is about quality of life
- and the pursuit of everyday happiness
- that is meaningful to the consumer.

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## Social Inclusion/ Integration into Community



- Building community supports in integrated neighborhoods (self help, spiritual, cultural, personal skills and interests)
- Services assist participants with community integration activities—orientation to building
- Mapping of their neighborhood and community
- GRADUATION!

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## IV. Evidence of Program Effectiveness

- How do we know this program is effective?
- What is an evidence based model?

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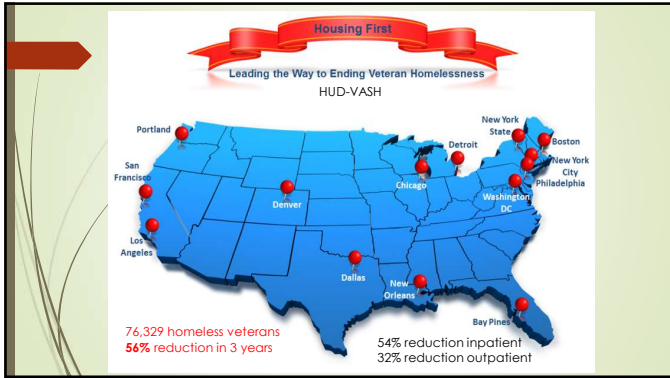
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### Cost Savings

Table 1. VHA Healthcare Cost (12 months pre- and post-admission), N=422

	Mean Cost Pre-Admission	Mean Cost Post-Admission	Percent Change
<b>Inpatient</b>			
Mental Health	\$4,270.63	\$2,407.91	
Substance Abuse	\$3,164.34	\$1,587.38	
Other (Medical)	\$6,375.94	\$2,311.59	
<b>Total Inpatient</b>	<b>\$13,810.91</b>	<b>\$6,306.88</b>	<b>-54.3%</b>
<b>Outpatient</b>			
Mental Health	\$2,229.28	\$2,037.81	
Substance Abuse	\$1,209.07	\$1,019.00	
Other (Medical)	\$6,222.82	\$6,477.54	
<b>Total Outpatient</b>	<b>\$9,661.17</b>	<b>\$9,734.37</b>	<b>0.8%</b>
<b>Total</b>	<b>\$23,472.08</b>	<b>\$16,041.25</b>	<b>-31.7%</b>

Data source: Veterans Health Administration (VHA) Decision Support System (DSS)

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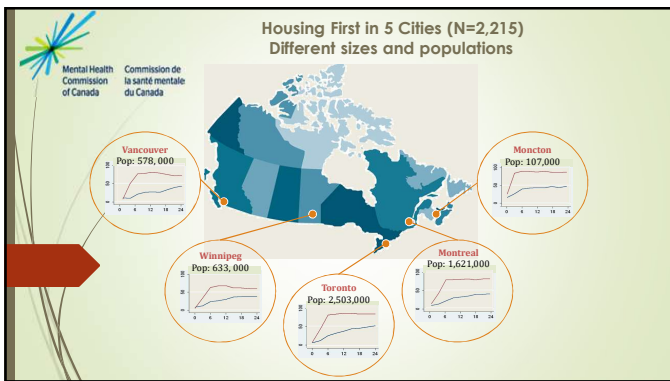
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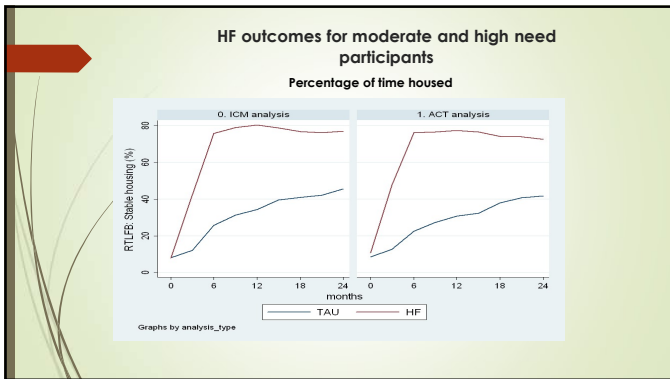
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### Cost offsets vary depending on need level

**Cost Analysis: HF high need with ACT**

- Housing First costs \$22K per person per year
- Average net cost offset of \$21.4K CAD (96%) per person.
- \$10 CAD invested in HF with ACT saved \$9.60 CAD

**Cost Analysis: HF moderate need with ICM**

- Housing First costs \$14K CAD per person per year
- Average net cost offset of \$4.8K CAD (34%) per person.
- \$10 CAD invested in HF with ICM saved \$3.42 CAD

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### Elements of Successful Dissemination

- The program model is well understood and has a local champion
- Funding is sufficient to support rents and social services
- Program evaluation as an integral component of the implementation
- Government played an active role in funding, evaluation and policy change

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## Ingredients Needed for Effective Implementation

- **Target Population:** **Community** sets priority among homeless population
- **Collaboration Interagency:** **Partnership** among agencies (identification, referral, data sharing, resource sharing, etc.). Lead Roles, Accountability
- **Collaboration in the contracting:** collaborative process funders and providers
- **Operations:** Design or re-design system so there is a **clear map** for all providers and participants
- **Evaluate/Measure:** Set **specific targets** and **timelines** and **track outcomes** as a community (**transparency**)
- **Leadership/Collaboration:** Lead roles and accountability

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## Partners needed for Housing First Scattered Site Housing

- Program Participant
- Support Services Team
- Agency Board of Directors
- Housing Authority
- Mental Health Authority
- Community Landlords
- Neighbors



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## When Housing First Doesn't Work

- The 10-20% who have repeatedly tried and failed in the scattered site model
- Single site options with control of entrance and exit
- Some recovery house options
- Other options in managed group setting need to be explored

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**PROGRAM FIDELITY**

- The degree to which something matches something else
- Being faithful, loyal to something
- Accuracy in details

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**Is it Housing First?**

- Analogy: Is it a car?
- A passenger vehicle designed for operation on ordinary roads and typically having four wheels and a gasoline or diesel internal combustion engine. See also hybrid.

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**Is this a car?**



accessibility

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Is this a car?



Compatible ideology

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Is this a car?



Safe & decent

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Is this a car?



Harm reduction  
Trauma Informed

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Is this a car?



Dignity of Failure  
No Discharge Policy

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Why Fidelity?

- Understand current practice & make improvements
  - How are services being delivered?
  - How are staff roles understood and enacted?
- Goal is to maximize outcomes
- Learn about effective ways to apply values & principles



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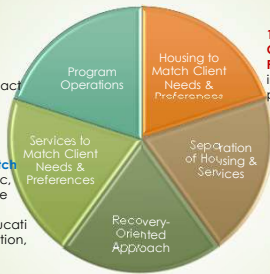
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Housing First Fidelity: 5 Domains

5. Program Operations: team structure, staff communication & organization, contact with participants

4. Services to Match Needs: psychiatric, nursing, substance use, employment/education, social integration, etc.



1. Housing to Match Client Needs & Preferences: choice, integrated, affordable, permanent

2. Separation of Housing & Services: no housing readiness, standard rights & rules of tenancy

3. Recovery-Oriented Approach: choice, harm reduction, self-determination, recovery

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## How the Housing First Fidelity Assessment Scale Was Developed



- Pathways program
  - Early implementers were surveyed
  - Items from SAMHSA PSH Tool Kit
  - Items from the new DACTS
- \*\* See Stefancic, A., et al in *American Journal of Psychiatric Rehabilitation* Special Issue on Pathways' Housing First – Dec, 2013.




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## 2 Ways of Conducting Fidelity Assessments

### External review by HF Experts

- Team of experts visits your program
- Conducts interviews reviews practices
- Provides feedback in an interactive process

### Internal review or Self-Assessment

- Each team members rates HF practice
- Dialogue with entire team to develop a team consensus

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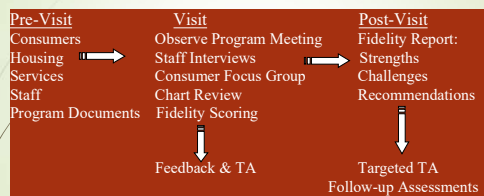
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## Pathways Housing First: Conducting Program Fidelity Assessment




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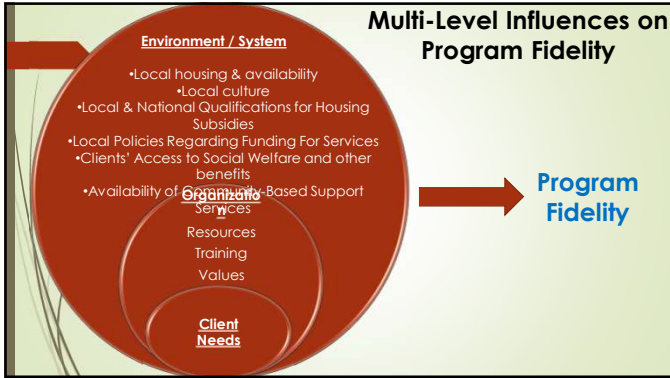
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### The Influence of the Environment:

**Mr. Wind**

Housing First programs have to be especially strong when they are embedded in systems that do not share the same values, services, etc.

The programs have to make up for things not easily accessible or effective for this population in the larger system.

Many services need to be provided directly by the

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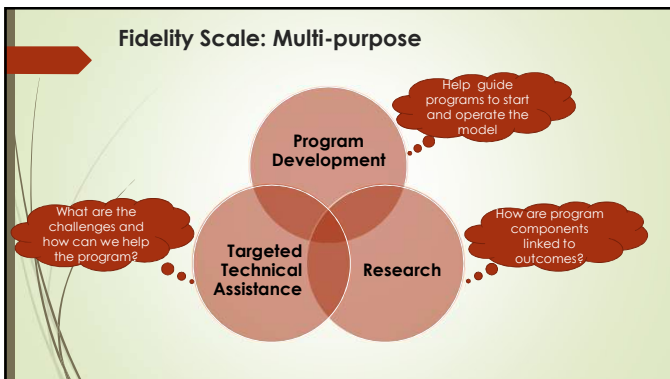
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**Key Point**

**Fidelity is fundamental.**

**Higher fidelity to Housing First is associated with more recovery-oriented practice and improved outcomes.**



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**Fidelity & Outcomes**

Higher program fidelity is associated with:

- Increased housing stability
- Increased quality of life
- Decreased drug/alcohol use
- Reduced use of acute care or emergency services

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**5. Using HF Principles to Create System Change**

- **InTarget Population:** **Community** sets priority among homeless population
- **Collaboration:** **Partnership** among agencies (identification, data sharing, resource sharing, etc.). Lead Roles, Accountability
- **Operations:** Design or re-design system so there is a **clear map** for all providers and participants
- **Measure:** Set **specific targets** and **timelines** and **track outcomes** as a community (**transparency**)
- Leadership/Collaboration model

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## V. USING HOUSING FIRST PRINCIPLES TO DRIVE SYSTEM CHANGE

### Pine Street's Shift from Shelter to Housing

Five percent of shelter guests use 53% of bed nights. Moving the 5% to housing frees up capacity, saves money, and improves quality of life.

Guest Use of Bed Nights by Length of Stay, Men's Inn

Length of Stay	% of Guests	% of Bed Nights	Guests # = 100	Bed Nights # = 1,000
3 days or less	55%	4%	55	22
4 to 10 days	20%	4%	20	8
11 days to 5 weeks	12%	10%	12	12
6 to 20 weeks	8%	29%	8	29
5 months or more	5%	53%	5	53



Creating housing for long-term guests will reduce the demand for shelter and free up capacity for emergency stays.

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### Shelter utilization and capacity in a housing first approach

- CAPACITY Shelter of 30 beds = 30 x 365 = 10,950 bed nights
- Average stay per guest:
- 10 people staying 10 nights = 100 bed nights
- 10 people staying 180 nights = 1,800 bed nights

<u>Annual Shelter Capacity</u>	<u># Guests</u>
■ 10 nights per guest =	1,095
■ 180 nights per guest =	61

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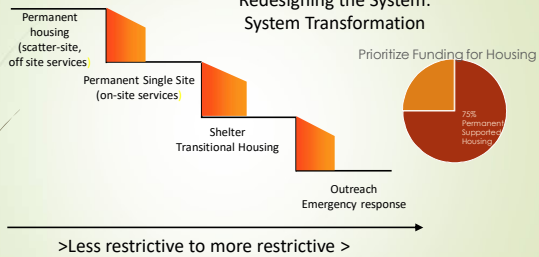
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### Redesigning the System: System Transformation




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# HOUSING FIRST PROGRAM FIDELITY

## Questions About Program Operation

Sam Tsemberis, Ph.D.,  
Founder and CEO  
Pathways Housing First

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## Question #1

### True or False?



Housing First means that the first thing you do is place the client into an apartment of their own *right away*. 

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## Question #2

### YES or NO?



Incorporating peer specialists, is helpful and recommended...  
but should peer specialists always be accompanied by a regular staff member when conducting a home visit? 

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### Question #3

#### What is more HF? A or B?

How do we respond to this client's crisis?  
Client you just enrolled into the HF program tells you he has a family emergency and needs a bus ticket to go see his relative in Charleston right away...

DO YOU

- A. Buy him the bus ticket OR
- B. Try and calm him down so he finish the application and have a place to stay?



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### Question #4

#### True or False?

If you or your team members feel threatened by a particular client, the team still has to provide weekly visits.



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### Question #5

#### True or False?

If you do not have a rent supplement or a voucher to guarantee direct access to housing at first engagement, it is not really housing first.



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## Question #6



### A or B?

'Immediate access to housing' requires that the program find an apartment in about 4 to 6 weeks after admission.

What do you do if a client is focused on a particular location and taking more than 6 weeks?

- A) Keep on trying or B)
- B) set a timeline to help client reach a decision?

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## Question #7



### Multiple Choice

If one of your participants has lost two apartments and is not doing well in the third, do you?

- A) Have a sit down and discuss other possible program options
- B) This if Housing First so we get them another place ASAP
- C) Make a plan and ask the client to explain how this time we will try something different
- D) Only A and B
- E) Only A and C
- F) All of the above

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## Question #8

### Multiple Choice

- 5. In the Pathways Housing First program, the type of housing a consumer is placed in is:
- A) A project based/single site congregate living complex with a harm reduction practice
- B) A market rate, scattered site apartment in the community
- C) Wherever the consumer chooses to live
- D) PSH Permanent Supported Housing
- E) Transitional or Emergency housing to prepare for independent living

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## Question #9

### True or False?

Harm reduction is only practiced in the treatment of substance abuse and alcoholism.



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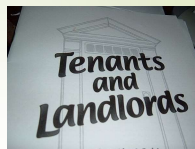
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## Question #10

### Multiple Choice

HF programs separate housing from services so the responsibility for maintaining decent, quality, affordable apartments is:

- a) The landlord's
- b) The service team staff
- c) The client's
- d) All of the above



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## Questions / Discussion



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References

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- Stefancic, A., Tsemberis, S., Messeri, P., Drake, R., and Goering, P. (2013). The pathways housing first fidelity scale for programs serving individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, *16*, 240-261.
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We know how to end homelessness  
Why haven't we done it?



We have not yet  
mustered the  
Political will!

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**Thank You!**  
**Questions?**  
**Comments?**

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