

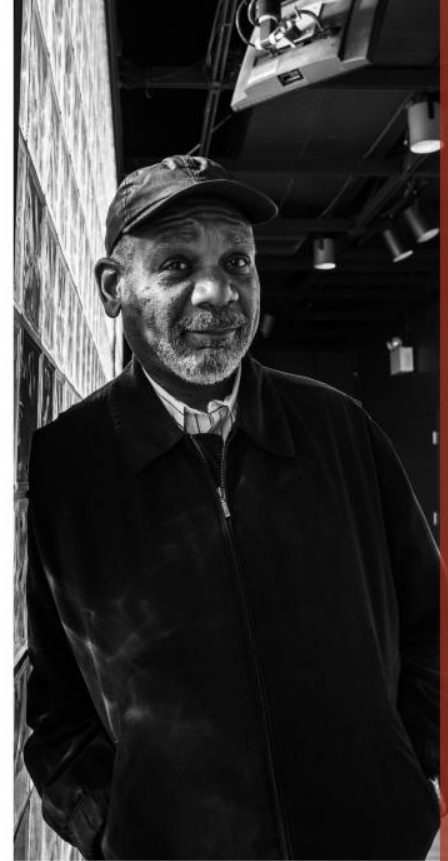


Learn From People Who Do This Work Every Day

Housing First: What It Is & What It Isn't

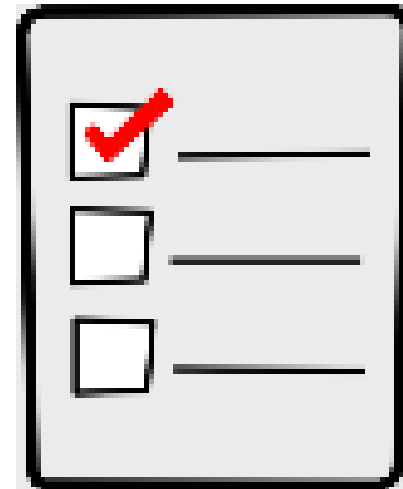
Andrew Spiers, LSW
& Zack Hill, BA

www.HousingFirstUniversity.org



Today's Agenda

- ✓ History of the Housing First model
- ✓ Core values & guiding principles
- ✓ Comparison to traditional models
- ✓ Benefits & challenges
- ✓ Program expectations
- ✓ Initiation of services
- ✓ Q&A



Learning Objectives

- Identify the five key principles of the Housing First model
- Explain the benefits of Housing First vs. traditional recovery-based housing models
- Recognize barriers to housing stability for members of marginalized communities and individuals with disabilities



Introduction to Housing First



What is Housing First?

- **Evidence-based** program model
- Assists individuals experiencing **chronic homelessness** who are living with severe mental illness and/or substance use disorder
- **Immediately** offers rental subsidies and permanent housing
- **No preconditions** or barriers
- No pre-determined end point
- **Wrap-around supports** are provided to assist the individual in maintaining their housing



(Tsemberis, 2010)

History

- Founded by **Dr. Sam Tsemberis** in 1992
- Added to SAMHSA's National Registry of **Evidence-Based Programs** in 2007
- Has been replicated in over **150 US cities** and in many countries
- **Pathways to Housing PA** has been operating in Philadelphia since 2008
- Pathways Vermont and Pathways D.C.

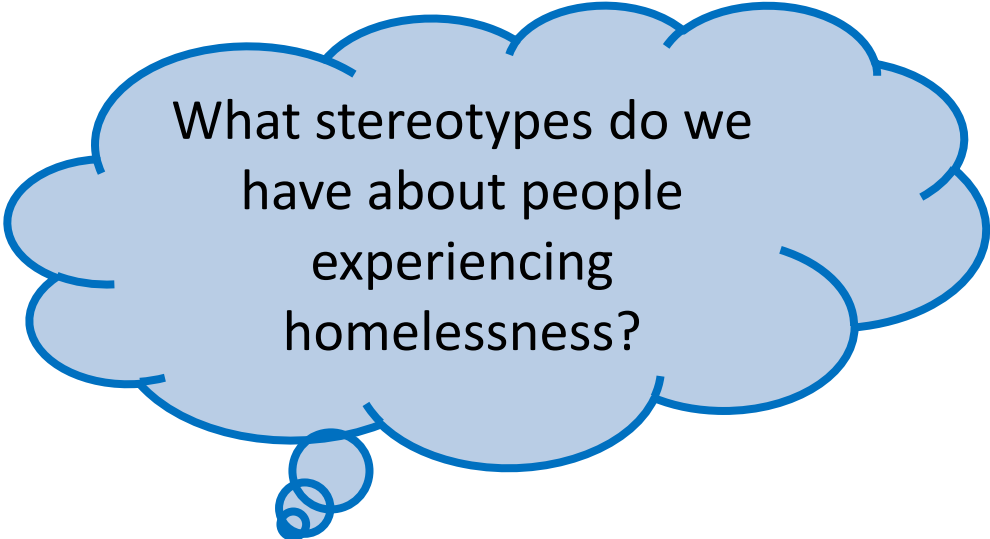


Photo by Reza A. Marvashti for The Washington Post



What causes homelessness?

- *Environmental* Factors
- *Individual* Factors



What stereotypes do we have about people experiencing homelessness?

“The mental health system, as it is, isn’t accessible to [thousands of individuals]. **What are we doing wrong?** Imagine a hungry person with a wallet full of money standing outside a restaurant but not going inside. The restaurant owner is changing his window display, he is offering specials, he is pumping the smell of fresh bread outside, **and still the hungry person with the wallet full of cash won’t come inside.**

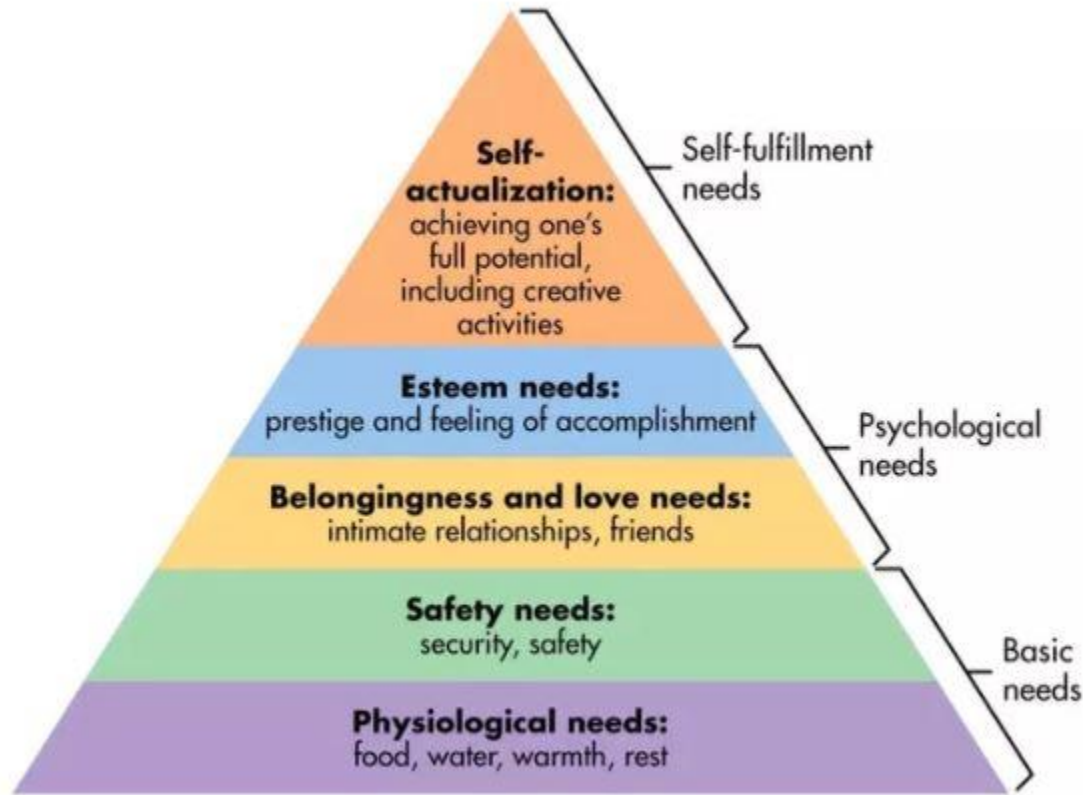
That is what is happening with our mental health system of care and the people who need it most.”



Hilary Melton

Executive Director of Pathways Vermont

Maslow's Hierarchy of Needs



Key Principles of Housing First



The diagram consists of five vertical, chevron-shaped blocks arranged horizontally. Each block is a different color and contains text. From left to right, the colors are red, green, purple, blue, and orange. The text inside each block is white and centered.

**Immediate
access to
permanent
housing with
no housing
readiness
requirements**

**Participant
choice and
self-
determination**

**Multiple
pathways of
recovery
orientation**

**Individualized
& participant-
driven
supports**

**Social and
community
inclusion**

Immediate
access to
permanent
housing with
no housing
readiness
requirements

- Everyone deserves a safe, permanent place to live.
- Housing is a human right, not a privilege.
- Safety and shelter are primary.
- *Housing readiness?*

A green trapezoidal graphic, wider at the top and narrower at the bottom, pointing to the right. It contains the text "Participant choice and self-determination" in white.

Participant
choice and self-
determination

- Person-centered
- Inherent worth and dignity
- Client preferences prioritized
- Empowerment
- Multiple service options, continual support
- Participants guide course of treatment

A purple trapezoidal graphic, wider at the top and narrower at the bottom, containing white text.

Multiple
pathways of
recovery
orientation

- Defining recovery
- Does not force treatment
- Peer support
- Harm reduction
- Holistic well-being

A blue trapezoidal graphic pointing to the right, containing the text "Individualized & participant-driven supports".

Individualized &
participant-driven
supports

- No standardization
- No one-size-fits-all
- Challenges stigma and systemic barriers
- On-demand supports
- Choice in all areas of programming



Social and
community
inclusion

- Combats stigmatization and isolation
- Community reintegration
- Meaningful social activity
 - ✓ *Cultural, spiritual, and civic engagement*
 - ✓ *Vocation and recreation*
 - ✓ *Financial wellness*
 - ✓ *Relationships*

Benefits

- Nearly 30-year track record
- **85-90% retention rate after five years**
- ↓ Need for more expensive programs
- ↑ Medication compliance & treatment adherence
- ↓ Hospitalization time
- ↑ Participant satisfaction
- Quick start up time
- Wider community benefit



Impact of Supportive Housing on Health



Prevents onset of new illness and injury

Improves access to high-quality, coordinated health/behavioral health care and other critical social services

Promotes lifestyle behaviors that lead to good health

These efforts have lasting effects!

Housing First is *NOT*

- Housing *only*
- Anything goes
- A threat to the safety of participants
- A threat to the community
- *Enabling*
- An intervention that only works for some
- A new, *radical* idea
- More expensive

Challenges

- System not always oriented to serve those with the highest needs
- Chronic health conditions
- Lack of positive social supports
- Treatment needs
- Consumer choice can mean unpredictability
- It only *sounds* easy



Fidelity Principles

- Without the five key principles, it's **not** Housing First
- High fidelity Housing First actually requires adherence to **38** individual principles in **5** categories
 - *Housing Choice and Structure*
 - *Separation of Housing and Services*
 - *Service Philosophy*
 - *Service Array*
 - *Program Structure*



Comparison to Traditional Models



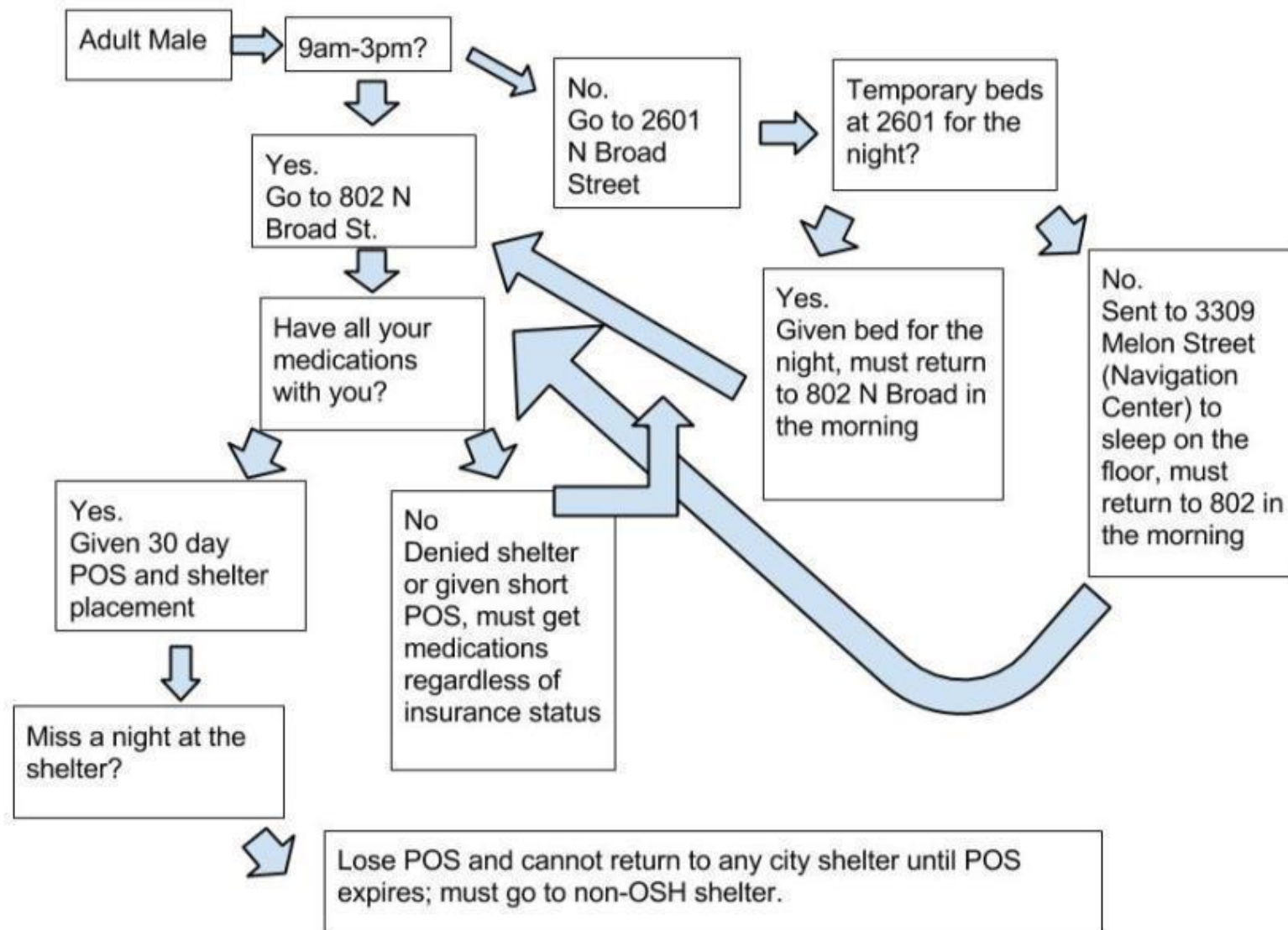
Homeless Services

- Shelters, Safe Havens, Cafes (more temporary)
- Longer-term D&A or mental health treatment
- Residential facilities tailored to individual needs
- Local Housing Authority
- Skilled Nursing Facilities
- Medical Respite

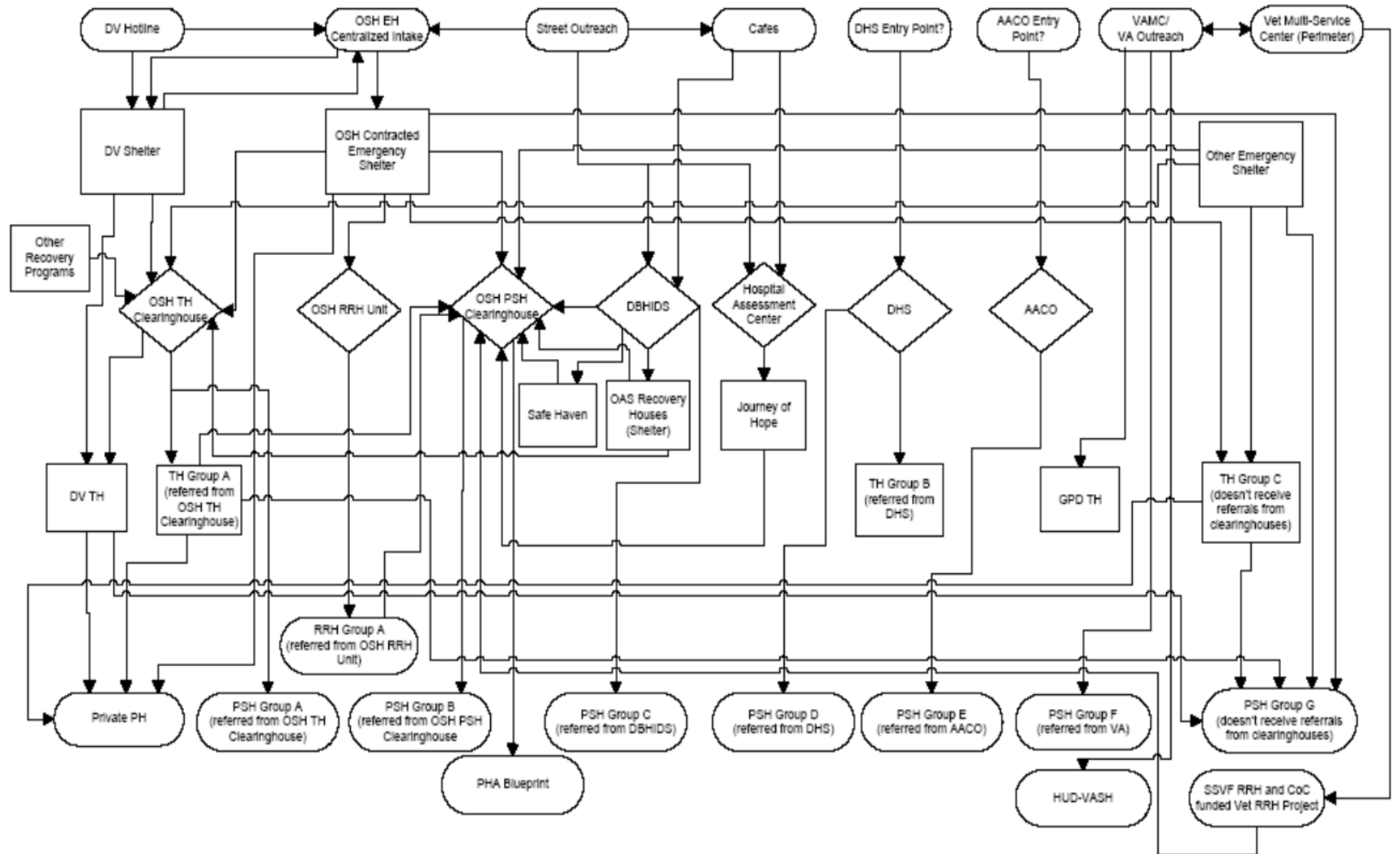


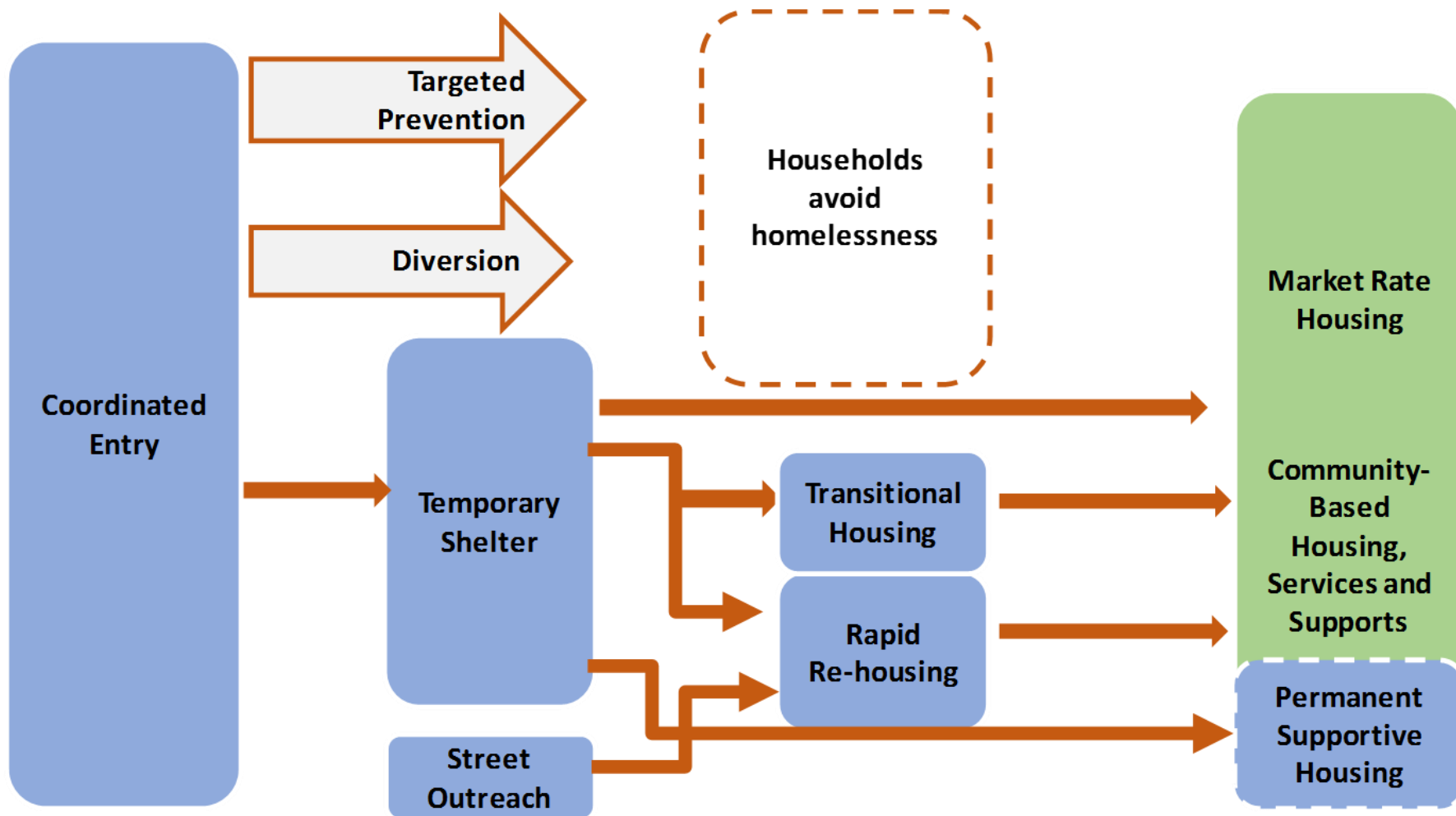
Photo by Kimberly Paynter for WHYY

Navigating Shelter



LITERALLY HOMELESS





Linear Residential Treatment (LRT)

- Therapeutic milieu model
- Level system
- Continuum of Care programs
- May include drop in centers, safe havens, shelters, and transitional housing with stays ranging from 6-24 months
- Permanent housing may include community residences, small and large SROs with social services on site
- Some independent and shared apartments
- Mixed use buildings
- **NOT EMPIRICALLY BASED**



(Tsemberis, 2010)

Comparison to Traditional Models

- Traditional PSH programs offer social services onsite in a congregate setting
- Housing is offered as a reward for compliance with treatment
- Punishing folks for displaying symptoms of their co-occurring disorders

➤ *Is this ethical?*



LRT

- Based on **clinical assumptions** about what clients are and are not capable of
- **Provider knows best**
- Client must demonstrate desirable behaviors to **earn housing**
- Clients with SMI require around the clock **staff supervision**
- Clients have little say in their housing trajectory (**take what you can get**)
- Housing depends on availability

Housing First

- **Evidence-based** practice
- **Client is the expert**
- Housing is a **human right**
- Provide clients with a high level of **support** in the community so they can be **successful independently**
- Offered **choices** at every stage
- Move-in and relocation is much **quicker** due to use of open market rentals

Cost

- Housing First is **cheaper**
- It's good for the individual *and* the community



Inpatient Rehab	Congregate Housing	Housing First
\$155 per night	\$113 per night	\$80 per night

(Fairmount Venture, 2011)

Funding

- ACT or ICM services are billed to Medicaid
 - Same for primary care and MAT through our Integrated Care Program
- Rent is funded through HUD subsidies, housing authority vouchers, or city dollars
 - Participants also contribute 30% of their income
- Additional city contracts cover folks who don't have Medicaid at the onset of service
- Philadelphia Furniture Bank
- We fundraise to make up the difference



Initiating Services



Who qualifies?

- Adults (age 18+)
- Serious mental illness, co-occurring disorders
- Experiencing chronic homelessness



Folks may be further prioritized if the following are also present:

- Chronic acute health conditions
- Criminal justice system involvement (active warrants, history of incarceration, violent behavior, etc.)
- Other issues that may disqualify them from other housing programs

(Tsemberis, 2010)

Referrals

- Usually identified by outreach workers
- “High utilizers” of...
 - Drop in centers, shelters
 - Hospital emergency rooms
 - Psychiatric hospitals
 - Forensic case managers
 - Mental health court



Outreach



- Finding unsheltered individuals
- Collaboration with referral source
- Can take months!
- Once located, plan to meet where the individual feels most comfortable
- Housing First is a *community* mental health program
- Many are engaged while still institutionalized

Engagement

- First impressions count
- Clients know what their needs are and have clear preferences
- *What happens when engagements don't want an apartment?*
- *Why might participants have reservations?*
- Engagement can last months or even years



Meeting of the philosophical and clinical ideals of the program

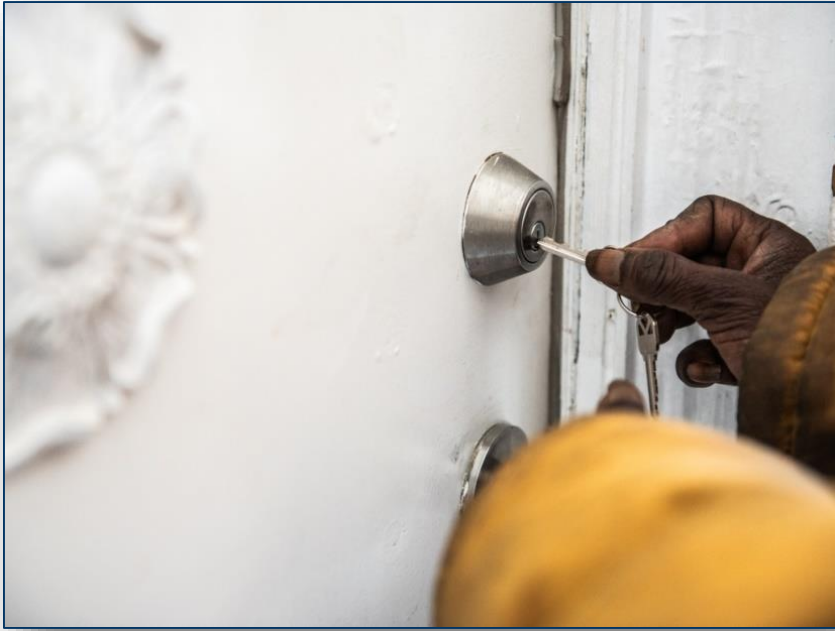
Program Expectations

- Be clear!
- Participants can choose, modify, or refuse services at any time *except...*
 - ✓ **Receiving visits** from staff in their new unit
 - ✓ **Adhering to a standard lease**



(Tsemberis, 2010)

Initiating Services



Participants get to ***choose***

- Apartment
- Neighborhood
- Furniture

Staff ***explain***

- Housing relationship
- Handling grievances
- Staff structure & communication
- What additional supports are available

Assessment

- Completed by the client with *assistance* from staff
 - Strengths & Needs Assessment (S&N)
 - Personal Goal Plan (PGP)
 - Environmental Matrix Assessment (EMA)
- Promotes buy in
- Clearly outlines the role of the client, staff, and community
- Encourages honest discussions of substance use
- What if participant goals are unrealistic?



We don't do things *for* people.
We do things *with* them,
so that eventually they can
do them independently.

PATHWAYS TO HOUSING – Strengths & Needs Assessment

Participant's Strengths, Needs, Interests, and Wishes

(Must be completed within 30 days of service registration.)

Participant: _____ DOB: _____ Agency: Pathways to Housing

<u>Considerations</u>	<u>Current Status</u> What is going on today? Where am I right now?	<u>Individual's Desires & Aspirations</u> What do I want? Where do I want to be?	<u>Resources: Personal or Social</u> What do I have available now?
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<u>Life's Domains</u>	<u>Goals</u>	<u>Resources & Strengths</u>
-----------------------	--------------	----------------------------------



Housing/Living Situation			
<ul style="list-style-type: none">• Time at current residence• Experiences w/ roommates• Experiences w/ family• Highest level & time			
Social Skills			
<ul style="list-style-type: none">• Family Supports• Social & Spiritual supports• How does consumer identify self & others? (men, women, authority)			
Income, Benefits, and Insurance			
<ul style="list-style-type: none">• Money to meet needs• Money management skills• Insurance to meet medical needs			
Daily Living Skills			
<ul style="list-style-type: none">• Bathing, hair care, dressing• Cooking & menu planning• Food & clothing shopping• Laundry & cleaning			
Legal			
<ul style="list-style-type: none">• Current Issues• Probation• Parole			

<u>Considerations</u>	<u>Current Status</u> What is going on today? Where am I right now?	<u>Individual's Desires & Aspirations</u> What do I want? Where do I want to be?	<u>Resources: Personal or Social</u> What do I have available now?
-----------------------	---	--	---

Health			
<ul style="list-style-type: none"> • Physical/Medical • Mental/Psychiatric • Substance Use • Level of interest 			
Education/Vocational Training/Work			
<ul style="list-style-type: none"> • Current situation • Highest level achieved • Strengths & Interests 			
Leisure Interests & Recreational Skills			
<ul style="list-style-type: none"> • In home interests/activities • Out of home interests/activities • Level of satisfaction 			
Mobility			
<ul style="list-style-type: none"> • Use of public transportation • Able to drive • Arrange for transportation • Satisfaction & Interest 			

• Other Participant Interests & Skills: _____

+ • People who participant feels are a support:

Name	Relationship	Day Phone #	Evening Phone #

Participant Signature:	Date:	Team Leader:	Date:
Staff Signature:	Date:	Other:	Date:

Additional information should be added to this form as discovered, by writing it in the appropriate box, with the date written & with the consumer's initials. Prioritize life safety & health goals, if indicated by serious risks to the consumer's safety or health. A new **Strengths & Needs Assessment** must be completed with consumer not more than 6 months from the date the consumer signed this form.

My Name: _____ BSU #: _____

Address: _____ Type of Residence: _____

My Strengths for this goal: _____

RECOVERY STATUS (check one): ____ Dependent/Unaware ____ Dependent/Aware ____ Independent/Unaware ____ Independent/Aware

I want to work on a goal in the following area (check only one goal for this page):	<input type="checkbox"/> Clinical Care	<input type="checkbox"/> Power & Control	<input type="checkbox"/> Educational
	<input type="checkbox"/> Peer Support & Relationships	<input type="checkbox"/> Stigma	<input type="checkbox"/> Spirituality
	<input type="checkbox"/> Family Support	<input type="checkbox"/> Community Involvement	<input type="checkbox"/> Other
	<input type="checkbox"/> Work/Activities	<input type="checkbox"/> Access to Resources	

Goal (What do I want or need, what do I want to improve my life?)	My Action Steps (Things I'm responsible for doing to reach my goal)	My TCM Team's Action Steps (How my TCM team will support me)	Others' Action Steps (How others will support me)	Next date to review my progress
	Start Date: _____ End Date: _____	Start Date: _____ End Date: _____	Start Date: _____ End Date: _____	
	Start Date: _____ End Date: _____	Start Date: _____ End Date: _____	Start Date: _____ End Date: _____	
	Start Date: _____ End Date: _____	Start Date: _____ End Date: _____	Start Date: _____ End Date: _____	

_____ My Signature	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ Other Signature	_____ Title	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
_____ If consumer refuses to sign, explain	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ Other Signature	_____ Title	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
_____ TCM Signature	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ Other Signature	_____ Title	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
_____ TCM Supervisor	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	_____ Other Signature	_____ Title	_____ Date	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Personal Goal Plan Updates & Encounter Form

Participant Name: _____	Pathways to Housing PA, 5201 Old York Rd., Suite 108, Philadelphia, PA 19141
DOB/SSN: _____	

"I certify that I am actively involved in receiving housing and case management services. I understand that payment and satisfaction of claims will be from public funds (federal, state, and local), and that any false claims statements, or documents, or concealment of material facts may be prosecuted under applicable law."

DATE	Update Notes (Participant must INITIAL each update)	Client Initials
CLOSE OUT	REASON FOR CLOSE: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">Staff Signature: _____</div> <div style="width: 35%;">Date: _____</div> </div>	

PLAN

The Personal Goal Plan (Unified Service Plan) is the document used by the team to help the participant develop action steps for achieving a desired goal, help the participant establish time frames for performing those action steps, help the team determine what support is needed for the goal, who is responsible for that support, and to provide a history of activities leading up to either the achievement, postponement, or termination of the goal. Use one sheet for each goal. Agencies will be expected to submit all Personal Goal Plans kept for each participant since the last concurrent review.



Environmental Matrix Assessment

Participant name: _____ Social Security number: _____

The Environmental Matrix is a scale that evaluates the functional level of participants on the six activities identified by regulation as Targeted Case Management. Individuals must be assessed every 3 months.

Pathways to Housing PA provides services at the Intensive Case Management level which generally requires an Environmental Matrix Score of **3 or higher**. Team 6 participants may score 3 to maintain this level of care. If a participant scores below these levels consult with your supervisor regarding an appropriate referral.

Scores range from "0" (No assistance needed) to "5" (Needs significant assistance in this area):

1. Assessment and Service Planning _____
2. Informal Support Network Building _____
3. Use of Community Resources _____
4. Linking and Assessing Services _____
5. Monitoring of Service Delivery _____
6. Problem Resolution _____

Subtotal: _____

Environmental Matrix Score: _____

Environmental Matrix Score=Average (Subtotal divided by 6)

Recommended Level of Targeted Case Management Service: TCM

Approved Level of Targeted Case Management Service: TCM

Signature of Participant/Personal Representative: _____

Relationship to Participant (if applicable): _____

Signature of Witness/Staff: _____ Date: _____



Personal Safety Plan

Participant Name: _____ Date: _____

What are the signs that I might be in a "bad" or dangerous place for myself or others?

1. _____
2. _____
3. _____

Things I can do myself to take my mind off my problems :

1. _____
2. _____
3. _____

People who can help distract me if I'm feeling unsafe:

1. Name _____ Phone # _____
2. Name _____ Phone # _____
3. Name _____ Phone # _____

Places I can go to take my mind off things:

1. Place _____
2. Place _____
3. Place _____

Things I can do to make the area around me safe:

1. _____
2. _____
3. _____

Professionals or agencies I can contact during a crisis:

In an emergency, call 911

1. Name _____ Phone # _____
2. Name _____ Phone # _____
3. Your Agency's On Call # 000-000-0000 Dial Extension _____ for Team/Department/etc. _____
4. Local Crisis Response Center: _____
5. Preferred Crisis Response Center: _____
6. Warmline 1-855-507-WARM (9276) Peer helpline to talk to people who can relate to you
7. Crisis Intervention Hotline 215-686-4420 (local) Anxiety, stress, or substance use crisis helpline
8. Suicide Prevention Lifeline 1-800-273-TALK (8255) If you are thinking about suicide or feel hopeless.
9. Philadelphia Domestic Violence Hotline 1-866-723-3914 Helpline if there is violence in your relationship.

Steps for what to do when feeling bad and might need support.

Order them in level of your need. It is okay to skip steps but it might be helpful to figure out what is happening with you to know when to skip forward.

***Please keep this in a place where you can easily access it.
With your permission, your team may also keep a copy for reference and update.***

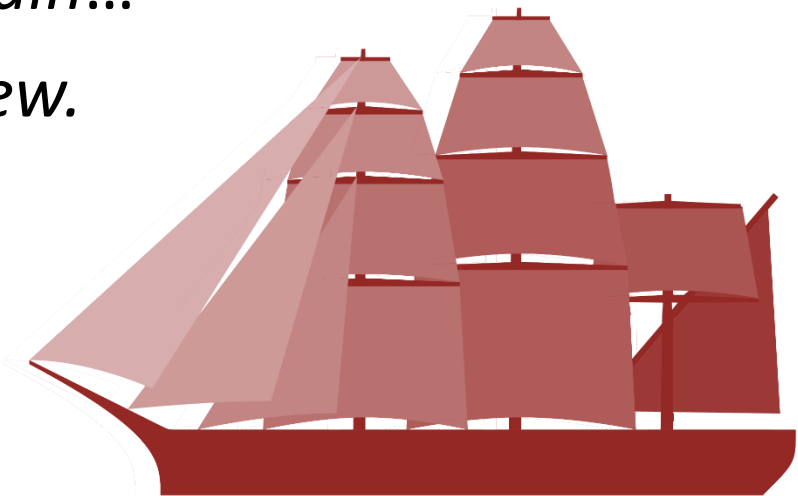
The key question at every stage of the process is:

How can I help?



Review

- Homelessness and co-occurring disorders do not stem from individual moral failings
- Housing First is a proven, measurable solution
- We seek to meet a person's basic needs, and then identify additional goals and appropriate supports
- Participants are the *captain*...
we are the *crew*.



Next week!

- *Housing services*
- *Clinical services*
- *Other supports*
- *Collaboration between departments*
- *Overlap with other Evidence-Based Practices*
- *Harm Reduction*
- *Accountability*





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