



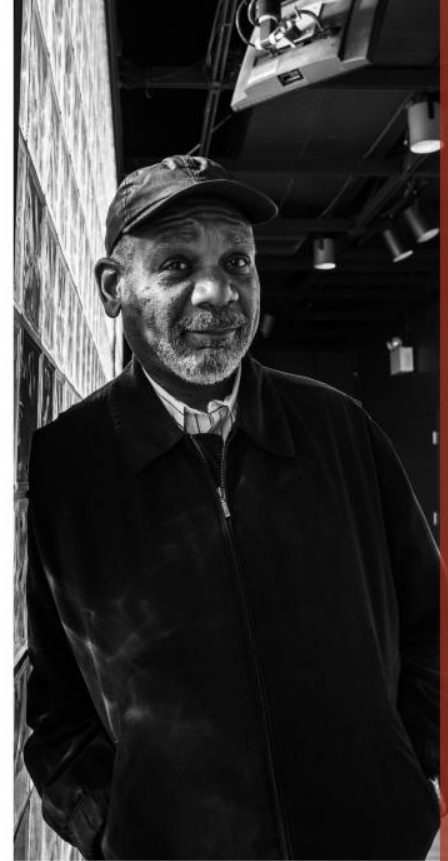
Learn From People Who Do This Work Every Day

# **Welcome!**

## **We'll get started in just a few minutes.**

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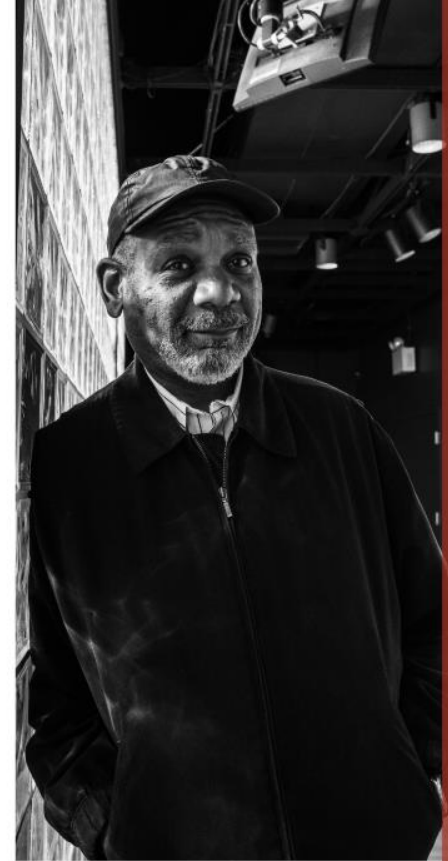
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# Housing First: What It Is & What It Isn't

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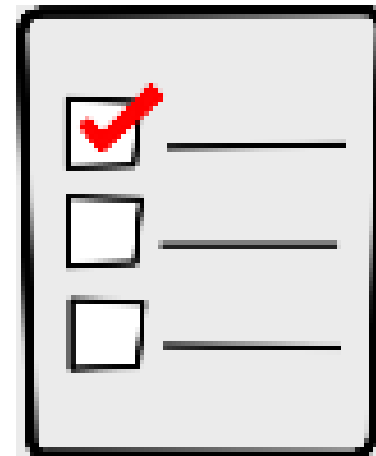
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# Today's Agenda

- ✓ Housing services
- ✓ Clinical services
- ✓ Collaboration between departments
- ✓ Overlap with other Evidence-Based Practices
- ✓ Harm Reduction
- ✓ Accountability  
& Natural Consequences



# Learning Objectives

- Differentiate clinical and housing services
- Identify other non-clinical supports
- Explore overlap with other evidence-based practices
- Explain the role of harm reduction in Housing First work



# Review



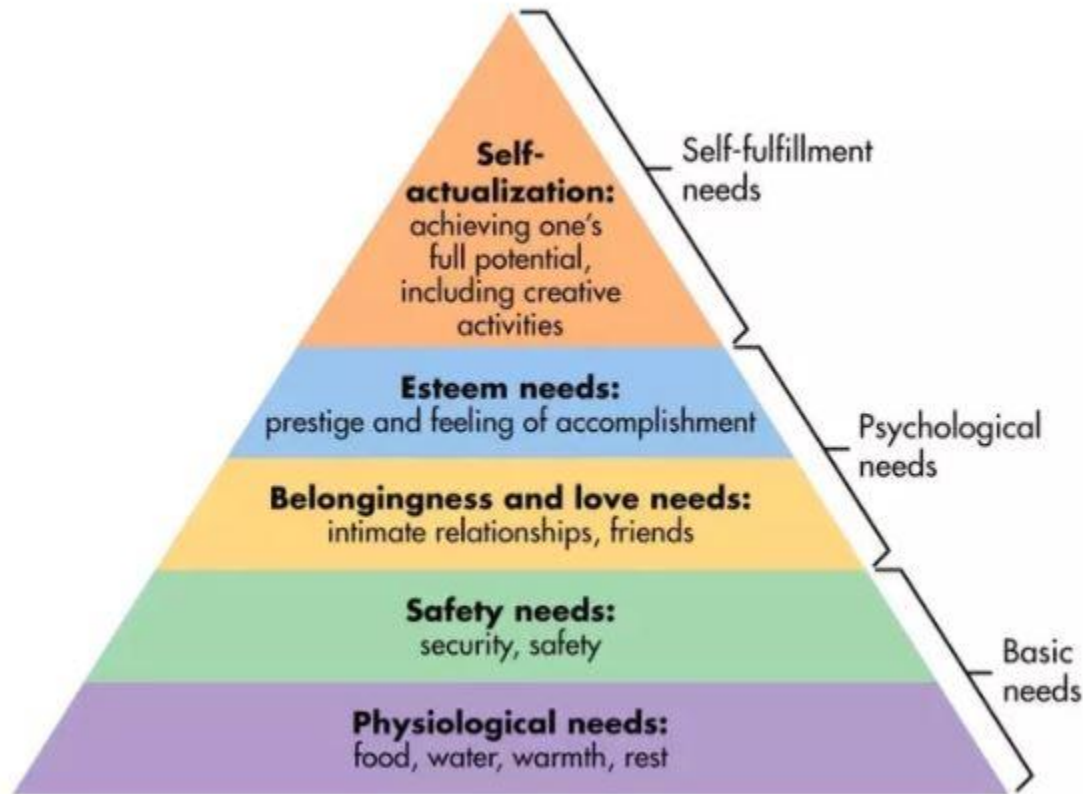
# Housing First

- Founded in 1992
- **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)

# 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**



# 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 than traditional models

# Housing Services



# Housing

- Fair Market Rent (FMR)
- Subsidy provided
- Some programs use master leasing
- Scattered site
  - Centers choice
  - No more than 20% of units
  - Prevents NIMBY
  - Rapid start up & ease of relocation
  - Normative context for neighborly behavior



# The Housing Process



- Flexibility!
- Apartment viewing
- Furniture shopping
- Meet the landlord
- Sign lease
- Set move-in date
- Interim shelter

# Housing Services

- Housing Department is responsible for acquiring and maintaining units
- Day-to-day functions
  - Landlord relationships
  - Responding to complaints
  - Work orders
  - Paying rent
  - Inspecting units
  - Keys
  - Furniture



# Clinical Services



# Team Model

- Interdisciplinary team model
  - Diversity of experience, perspective, & connection
  - Stability for participants & team members
  - Decreased rate of staff burnout
- ACT or ICM teams
- On-call 24/7 services
- Daily rounds
- Other supports





<b>Compliance Tracking</b>	<b>Financial</b>
<ul style="list-style-type: none"> <li>✓ Date of last contact</li> <li>✓ Face-to-face or phone</li> <li>✓ Home, office, or community</li> <li>✓ Next scheduled contact</li> </ul>	<ul style="list-style-type: none"> <li>✓ Next financial disbursement</li> <li>✓ Status of public benefits</li> </ul>
<b>Home</b>	<b>Health</b>
<ul style="list-style-type: none"> <li>✓ Maintenance issues</li> <li>✓ Outstanding work orders</li> <li>✓ Plumbing (hot and cold water)</li> <li>✓ Appliance functioning</li> <li>✓ Cleanliness</li> <li>✓ Food supply</li> </ul>	<ul style="list-style-type: none"> <li>✓ New symptoms or concerns</li> <li>✓ Do you have a mask?</li> <li>✓ Handwashing techniques</li> <li>✓ Upcoming appointments</li> <li>✓ Medications</li> <li>✓ Mental status/psych symptoms</li> <li>✓ Substance use</li> <li>✓ Naloxone supply</li> </ul>
<b>Social</b>	<b>Other</b>
<ul style="list-style-type: none"> <li>✓ How have you been spending your time?</li> <li>✓ Contact with family/friends</li> <li>✓ Religious or spiritual activities</li> <li>✓ Interpersonal issues</li> <li>✓ Relationships with neighbors</li> </ul>	<ul style="list-style-type: none"> <li>✓ Outstanding tasks</li> <li>✓ Clinical concerns</li> <li>✓ Legal issues</li> <li>✓ Safety issues</li> </ul>

# The Home Visit

- Preparation
- Purpose
- Two parts—Housing issues and Clinical concerns
- A targeted intervention, not a social call
- Staff are guests in the client's home
- Length
- Frequency
- Other tasks



# Common Clinical Challenges

- Frequently missed home visits
- Inadequate cleaning skills leading to pests or odors
- Water damage due to overflowing sinks, tubs, and showers
- Numerous and/or disruptive guests
- Structural and cosmetic damages to unit, appliances, furniture
- Mental health symptoms or intoxication causing disturbance to neighbors
- Health issues that impair a client's ability to care for themselves independently
- Selling belongings (air conditioner, television, cell phone)

# Collaboration



# Clinical & Housing

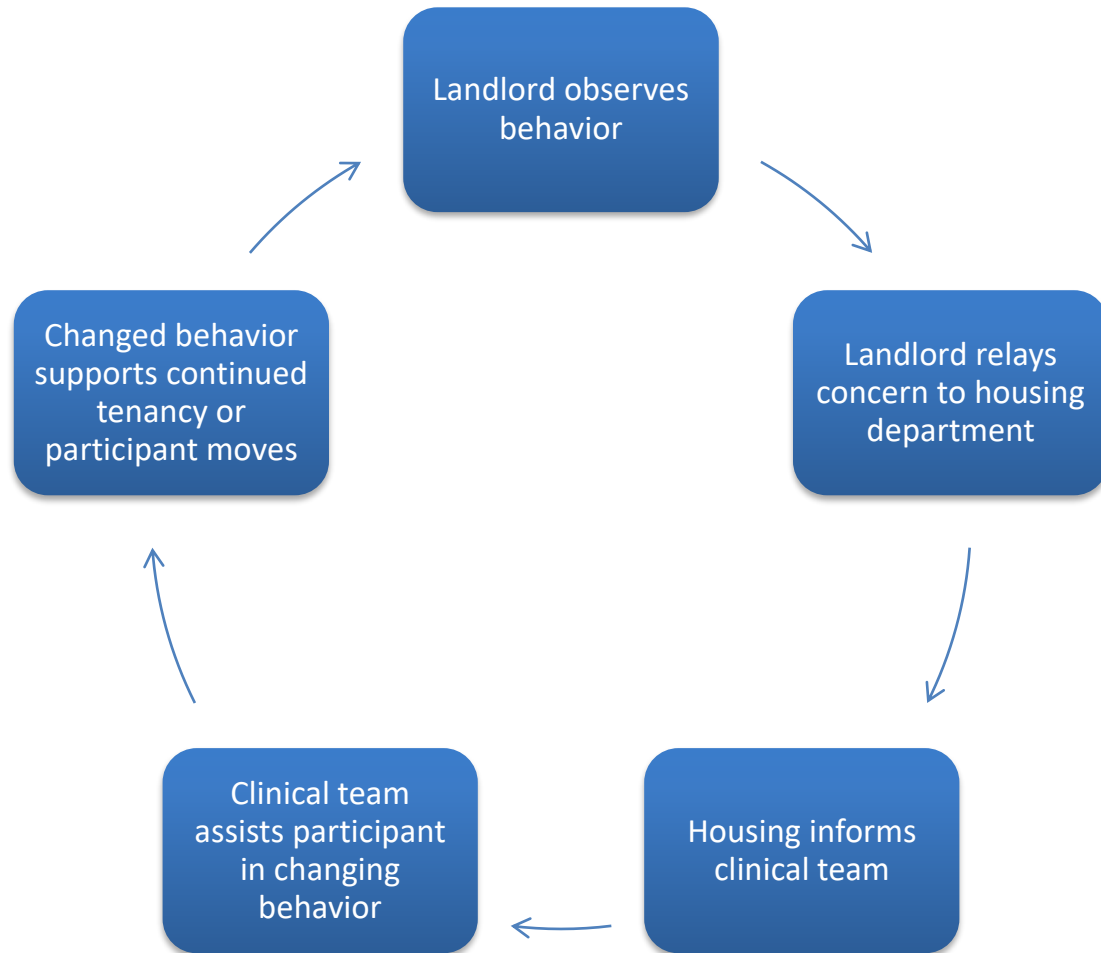
- Clinical and housing teams work distinctly but also collaboratively
- Weekly housing meetings
- Vacancy meetings
- Move requests
- Case conferences
- Lease renewals



# Housing & Clinical Communication

Effective collaboration requires timely communication.

Behavior change is driven by clinical work by trusted team members.

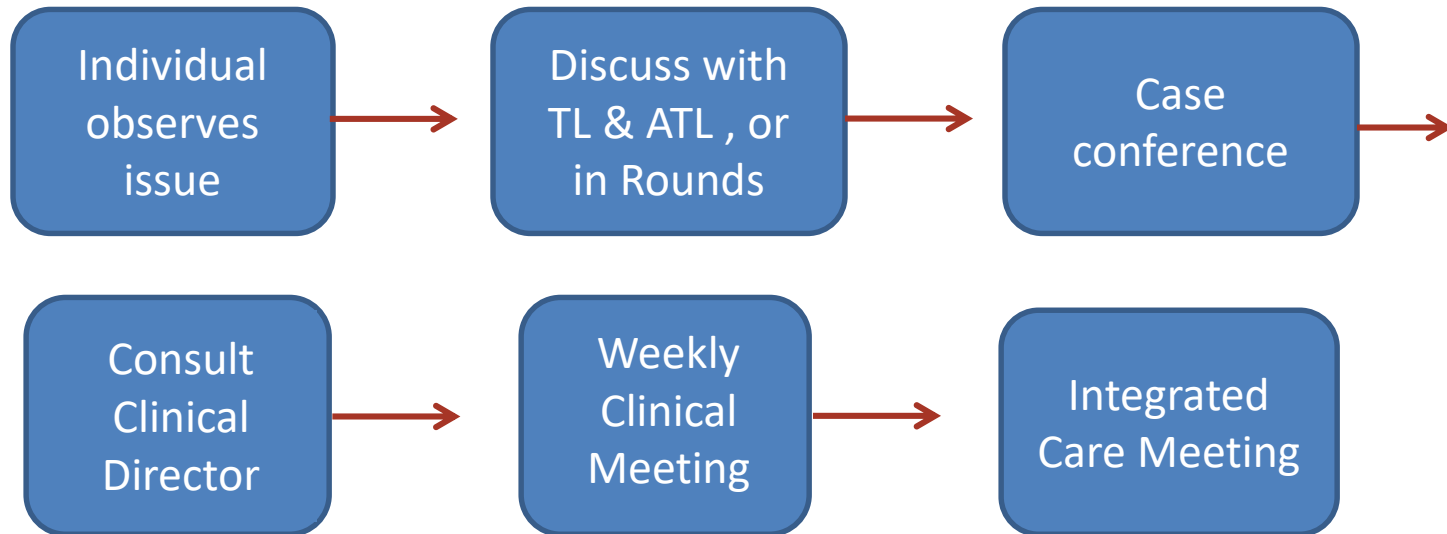


# Distinctions & Boundaries

- Housing department addresses issues with the apartment and maintenance
- Clinical team addresses physical and mental health, recovery goals, employment, family reunification, etc.
- Clinical issues are addressed with support and should not threaten housing stability



# Problem-Solving Complex Cases



**Concurrently:** In extreme and time sensitive clinical situations an ATL or TL together could initiate an email with the nurse, the Medical Director, the Clinical Director, and the psychiatrists to consult on and give advice about a specific concern. Follow up and next steps would be determined as appropriate.

# Other Supports



# Integrated Healthcare

- Integrated care clinic on site or relationship with external primary care
- Services are mobile
- PCP and CRNPs
- Psychiatrists, therapist, and behavioral health consultants
- Registered nurse on each ACT team
- MOUD, including support groups

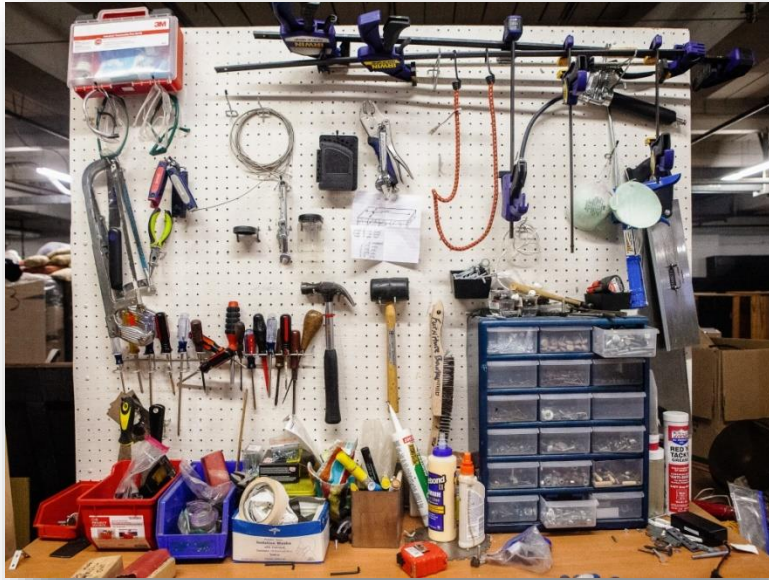


# Community Inclusion

- The goal is to prevent isolation
- Find & incorporate meaningful community activities
- Reconnect with family, friends, and social groups
- Facilitate vocational & supportive employment
- Include spiritual and religious activities if desired
- Finding ways to give back
- Restaurant club
- Mutual aid support groups
- Health and wellness activities



# Supported Employment



- Assistance with seeking, gaining, and keeping employment
- Employment Liaison on each team
- Vocational Specialist
- Monthly employment workshops
- Soft-skills job training at Philadelphia Furniture Bank

## **Intersection with other Evidence-Based Practices**



# Integrated Dual-Disorders Treatment

- Motivational Interviewing (MI)
- Stages of Change
- Cognitive Behavioral Therapy (CBT)
- Assertive Engagement
- Seeking Safety





# Wellness Management and Recovery

- Includes the “Wellness Recovery Action Plan”
- WRAP Toolbox (similar to Personal Crisis Plan)
- Person-in-environment/holistic perspective
- Respect and non-judgment
- Client as expert
- Person-first language

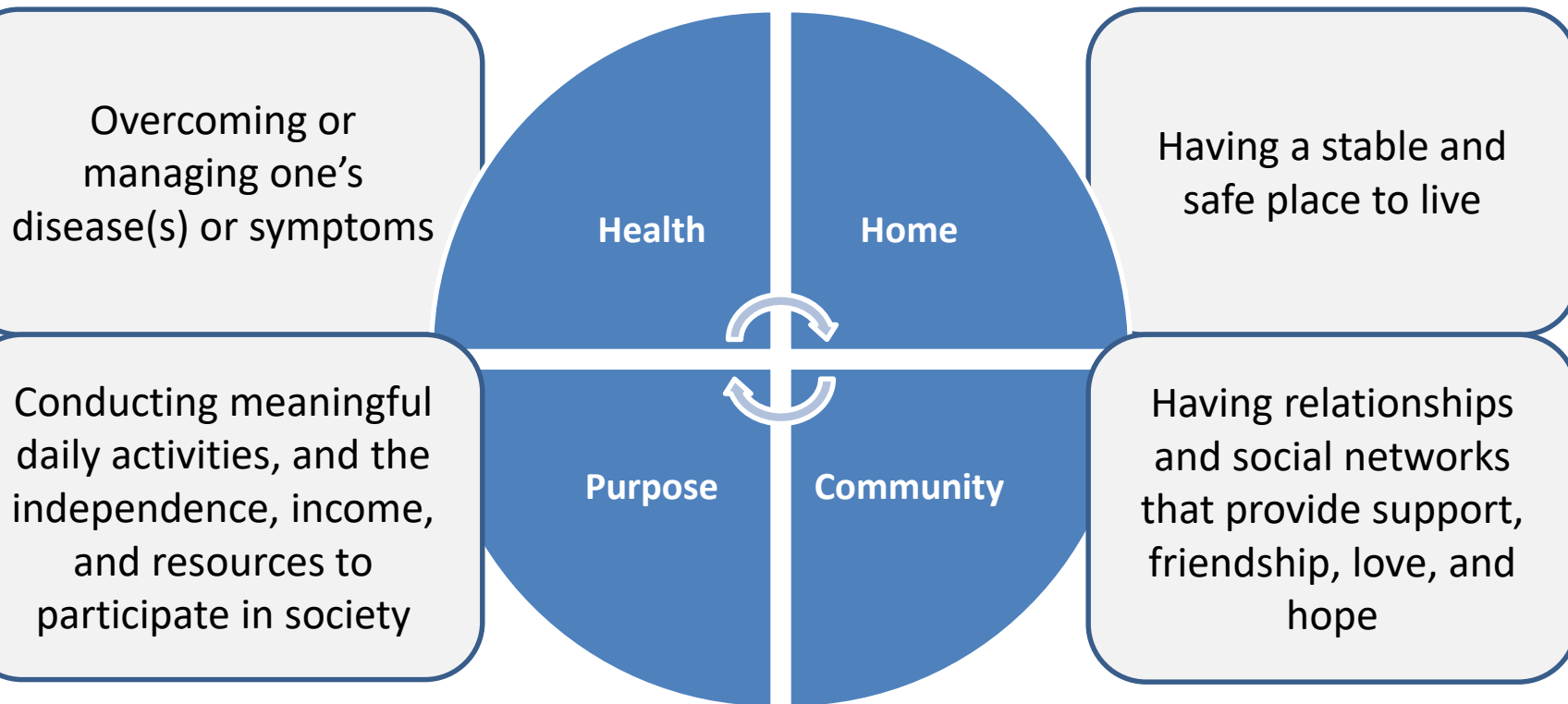


# Other Interventions

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Critical Time Intervention (CTI)
- Mental Health Recovery Model
- Trauma-Informed Care (TIC)



# Mental Health Recovery Model



# **Housing First & Harm Reduction**



# Harm Reduction

- ✓ Recognizes that people make their own choices based on their *options* and opinions of what feels right for them
- ✓ Acknowledges risky behaviors in a non-judgmental way
- ✓ Identifies practical ways of lessening consequences of such behavior
- ✓ Can be applied to substance use, mental health, and other behavioral health concerns



(Harm Reduction Coalition, 2020)



# What Harm Reduction *Is Not*...

- **Does not** mean “anything goes”
- **Does not** exclude or dismiss abstinence-based treatment models as viable options
- **Does not** attempt to minimize or ignore the harms associated with licit and illicit drug use, sexual activity or other risks



# Examples of Harm Reduction

- Nicotine Replacement
- Education of safer usage practices
- Developing ideal use plans
- Switching from higher risk substance to lower
- Method of delivery – smoking vs. injecting, etc.
- Syringe exchange
- Repeated overdose education and safety planning
- “Don’t Use Alone”
- Educating on Good Samaritan laws
- Medication Assisted Treatment
- Money management
- Safer Sex & STI Prevention





# Harm Reduction in Housing First

- Housing *is* harm reduction
- Focus on the reduction of specific behaviors or patterns
- Set up systems to reduce risk
- Provide supportive monitoring for safety maintenance
- Do not expect overnight miracles
- Meet them where they're at but don't leave them there
- Functional, not beautiful
- Highly individualized



# Accountability without Termination

Lease violations— *too much noise, too many visitors, non-payment of rent, illegal activity, etc.*

- May be relocated
- Ongoing clinical conversations to prevent recurrence
- If evicted, short term housing provided until rehousing is possible and another unit is identified
- Staff help with relocation



# Shame, Stress, and Termination

- Shame is built into our culture.
- How does heaping more shame on someone help?
- Participants know when they've compromised their housing.
- We have made a commitment to our participants.
- We support them, no matter what.
- Stressful “events,”  
not termination



*There is no need to threaten eviction during the midst of a clinical crisis.*

# Natural Consequences

- Participants are still accountable to the consequences of their actions
- Support is offered, but they should not be sheltered from what occurs from actions they choose
- Clients make their own decisions and observe the results
- Next steps belong to the participant
- Change can take months and may entail many failures



*Regardless of their choices, participants are not treated differently, housing status is not threatened, and help is always available!*

*"I got into harm reduction to **enable** people who use drugs. I **enable** them to protect themselves and their communities from HIV and hepatitis C and overdose.*



*I **enable** them to feel like they have someone to talk to, someone who cares, someone who respects them and their humanity. I **enable** them to ask for help and to help others in turn. I **enable** them to find drug treatment and health care, to reconnect with their families, to rebuild their lives. And I **enable** people who use drugs to take personal responsibility for their health and their futures. **If that makes me an***

***enabler, I'm proud to claim that term"***

Daniel Raymond,  
Harm Reduction Coalition

**Discharge**





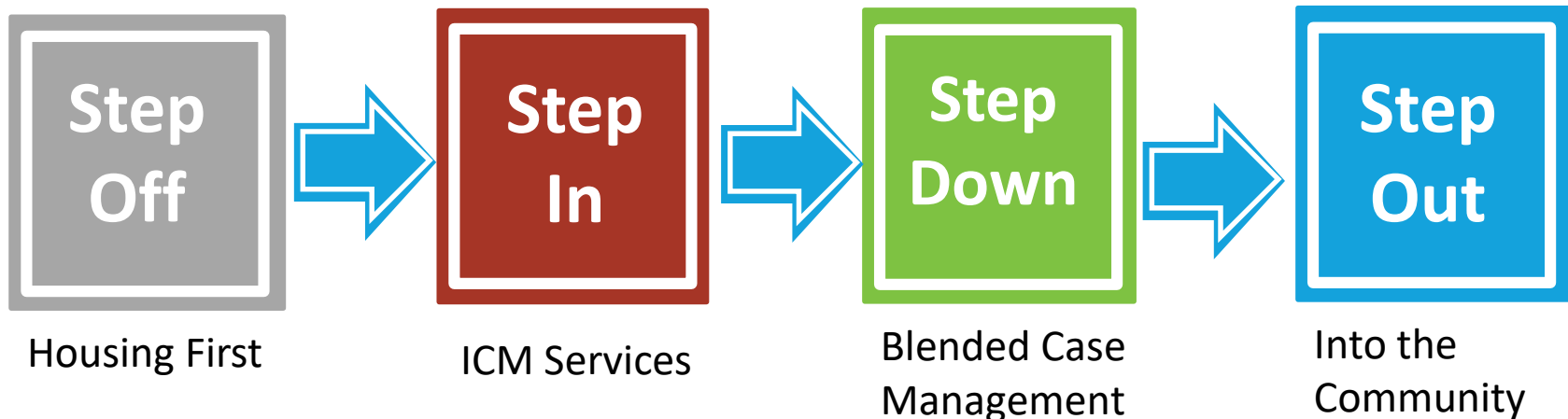
# Discharge

- Success looks different for every participant
- Based on their goals, not ours
- Services are time-unlimited
- Step-down team
- Graduation is possible!



# What is the Alumni Association?

- Option for independent Participants to graduate if they choose
- Network of graduates to facilitate transition and maintain connection to PTHPA community
- Opens flow to serve more people in need
- Level even lower than Team 6 BCM (Discharge from services)





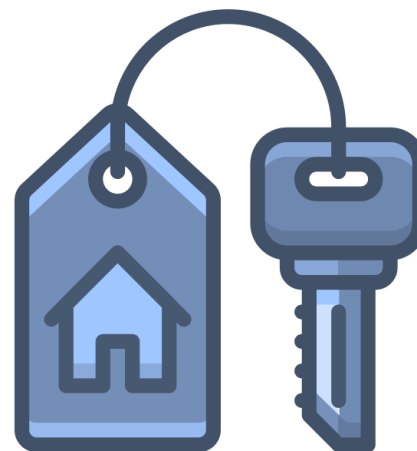
# How does this work?

1. Eligible Participants decide with TL and Alumni Coordinator if they want to proceed
2. Involves transfer to HCV
3. Discharge from CM services
4. Ongoing connection through Alumni Association



# How's it going?

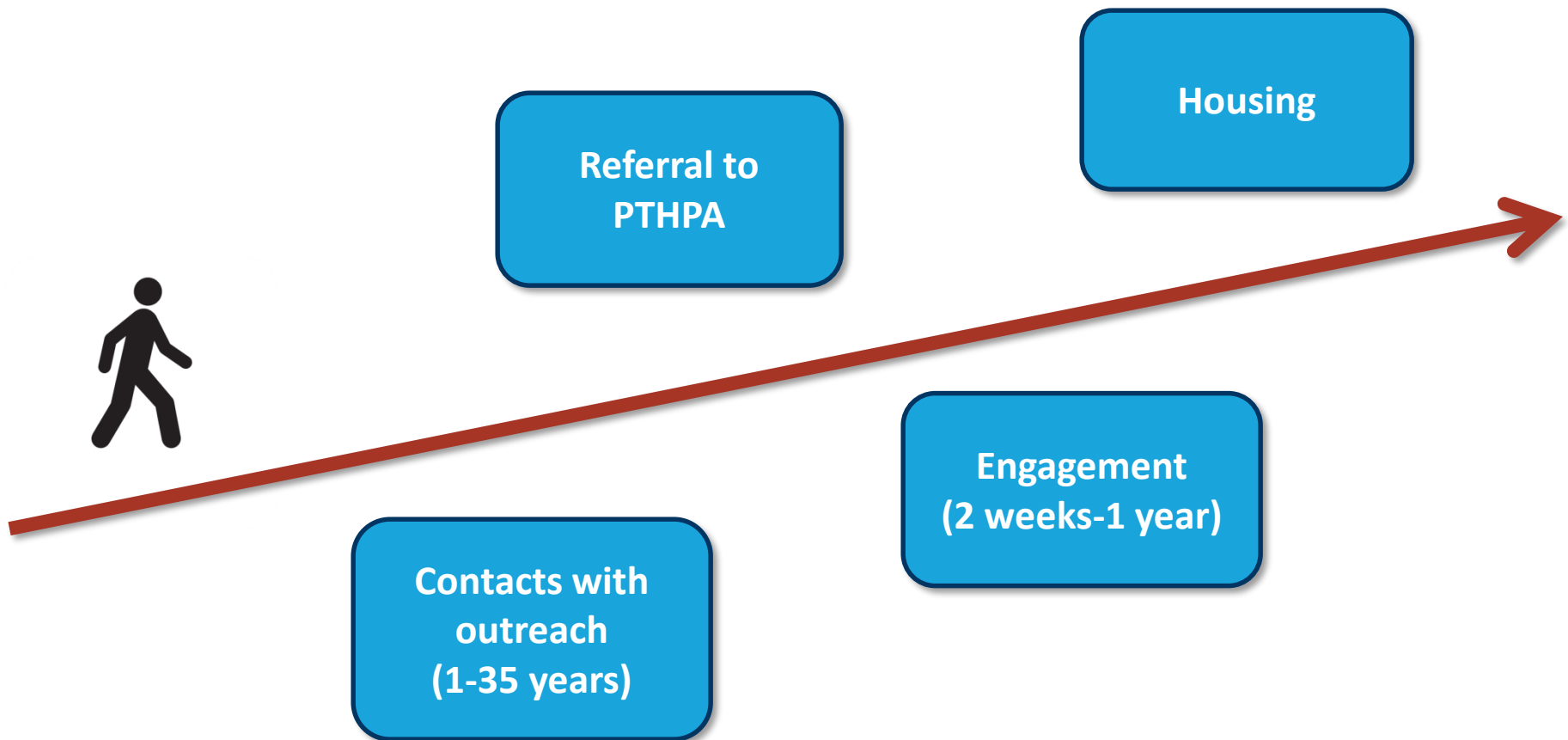
- 12 Participants identified as candidates
- 9 Already have PHA vouchers
- 3 transitioning to HCV
- 2 interested in homeownership
- 3 on track to graduate by end of April



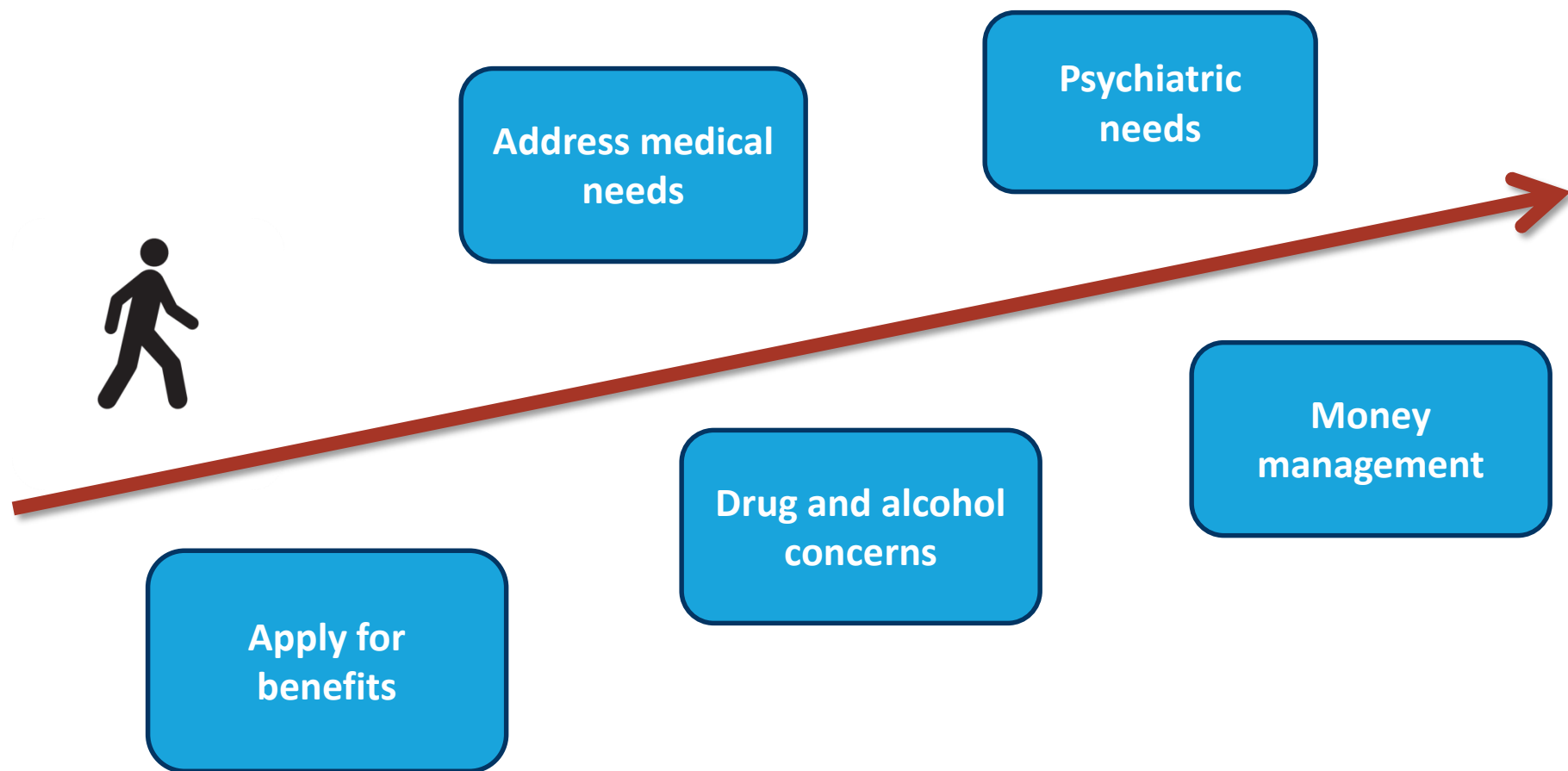
# Recap



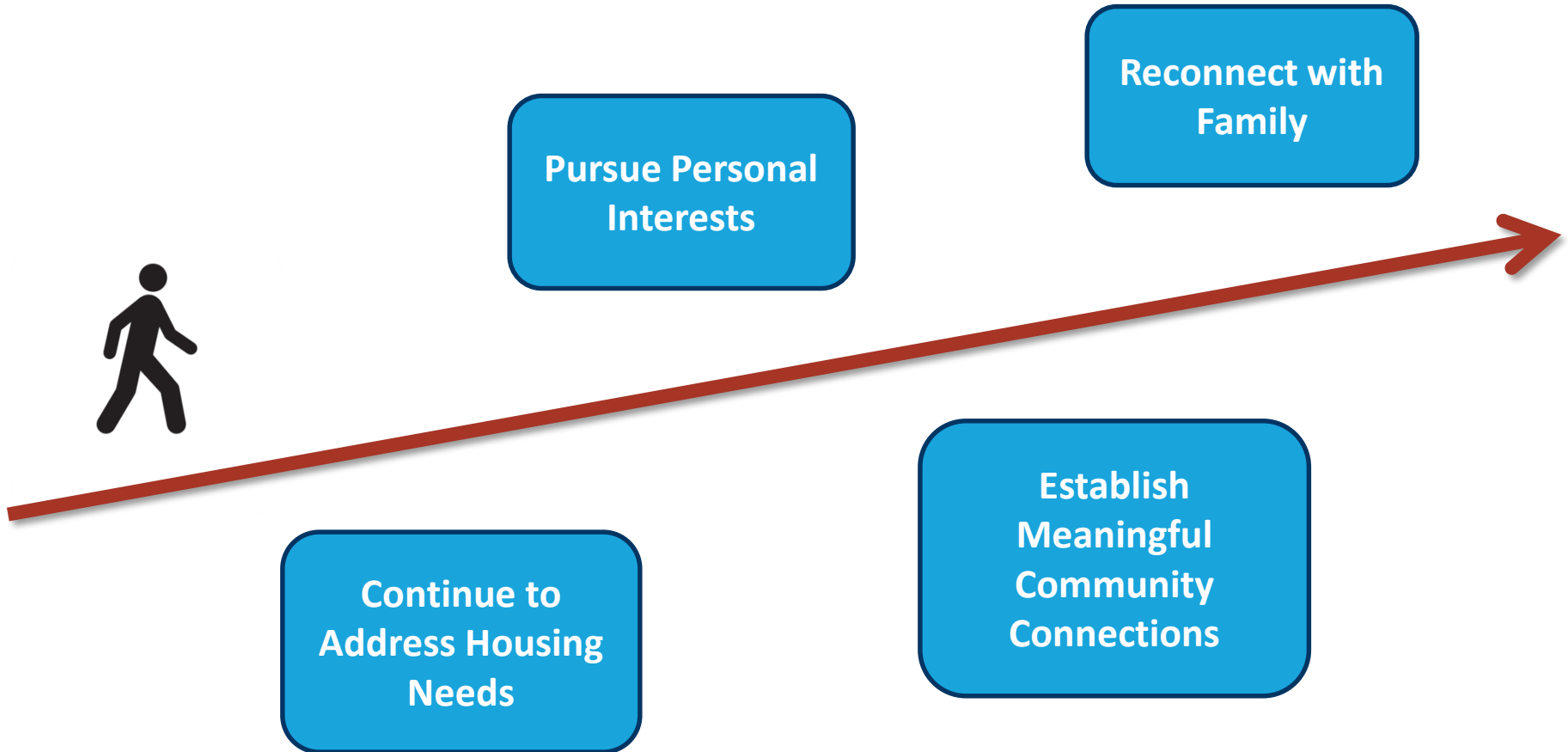
# The Pathway (1 of 4)



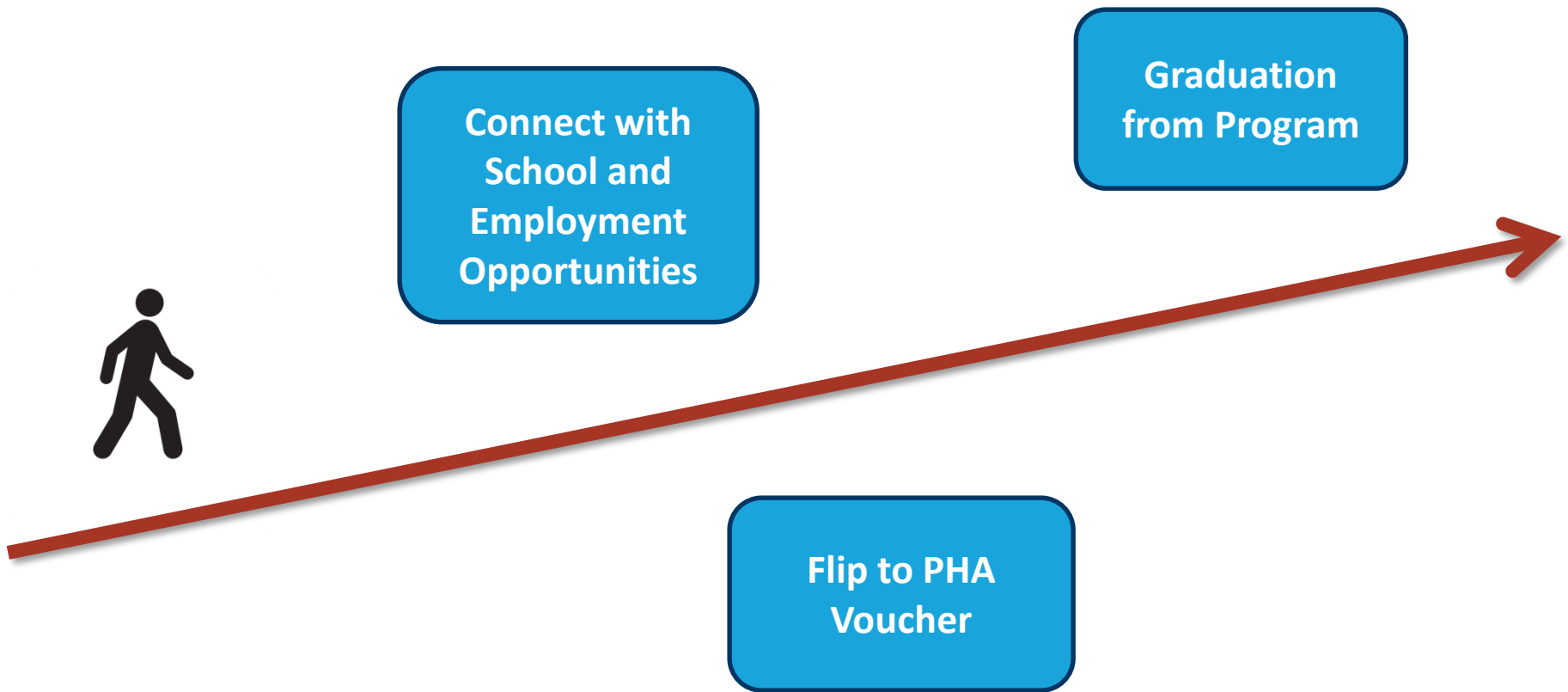
# The Pathway (2 of 4)



# The Pathway (3 of 4)



# The Pathway (4 of 4)



Housing First  
ends  
homelessness.

It's that simple.



- An intervention with 20+ years of evidence
- Serves individuals considered “not housing ready” by traditional programs
- Centers choice and self-determination
- Highly individualized
- Housing *first*, not housing *only*
- Holistic
- No time limit
- Cost effective
- Harm reduction is integral





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