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FLEXIBLE RESOURCES, DATA-DRIVEN SOLUTIONS:  
USING HMIS AND HEARTH TO END HOMELESSNESS

# *Housing First: A Key CoC Component*





## Panelists

- Brooke Spellman, Abt Associates Inc. (moderator)
- Sam Tsemberis, Pathways to Housing, New York City
- Bill Hobson, Downtown Emergency Services Center, Seattle
- Julie Shannon, Project Quest, St. Paul MN (Denver presenter)
- Ellen Miller, Project Quest, St. Paul MN (Atlanta presenter)





## Workshop Design and Purpose

- Three leading Housing First providers will describe their successful Housing First programs and the role they play in their local Continuums.
- The purpose is to increase participants':
  - overall understanding of Housing First; and
  - the compatibility of Housing First and Continuum of Care





## What is Housing First?

Housing First programs may be constructed in a number of ways, but share the following features:

- Direct, or nearly direct, placement of targeted homeless people into permanent housing.
- Supportive services that are offered and readily available, but not required to remain in housing.
- Assertive outreach to engage and offer housing to homeless people.
- Low demand approach that accommodates client alcohol, substance use and symptoms of mental illness.
- Continued effort to provide case management





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# Today's Panel Represents Three Housing First Approaches





## People Who Are Homeless With Mental Health and Substance Abuse Problems

- Chronically homeless
- Psychiatric disabilities
- Addiction and abuse
- Health problems
- Poverty
- Isolation
- Stigma
- Trauma
- GINI (Social Disparity)







## Are They the Homeless Mentally Ill or the Mentally Ill Homeless?

- Why are the mentally ill over represented among the homeless?





## Traditional Housing and Service Programs: Treatment First

\$\$\$\$ there	\$\$\$\$ are cost	\$\$\$\$ implications	PERMANENT Housing
		TRANSITIONAL Housing	
	SHELTER		
Outreach		Challenges: 1)Housing readiness is not needed 2)Clinical assumptions are not substantiated	Dx is related to ability to function 3) Cost implications







## For Those Who Remain Homeless, An Enormous Misuse of Resources

- **Shelters:** 10% of the chronically homeless utilize 50% of the system resources
- **Hospitals/Detoxes:** 3% of clients use 28% of all Medicaid funding for these services
- **Jail/Prison:** High rates of incarceration and recidivism rates: poverty and drug related charges for people who are mentally ill and homeless





## How Housing First Relates to the Current Federal 5 Year Plan to End Homelessness

- The US Interagency Council on the Homeless focus on Ending Chronic Homelessness identified Housing First as one of its 5 core strategies for ending homelessness (June, 2010)





## Pathways – Housing First

- PSH scatter site
- Immediate access
- No treatment or sobriety barriers





## What Is Housing First?

A consumer driven program that provides people who are homeless and have mental health and addiction problems immediate access to permanent housing and support services and clients are not required to participate in psychiatric treatment or attain a period of sobriety in order to obtain housing.





## Four Essential Ingredients of Pathways' Housing First

1. Consumer Choice Philosophy
2. Separation of Housing and Services
3. Recovery Oriented Services
4. Community Integration





## 1. Client Choice is the Foundation of the Pathways' Housing First Program

- Choice drives both **clinical** and **housing services**
- Clients choose the type, frequency, and intensity of services
- Program rooted in effective well established clinical practices such as motivational interviewing, shared decision making, iddt and harm reduction







## Scatter Site Housing

- Most preferred choice in housing
- Independent Apartments
- Safety, security, privacy
- Normal housing (rented from community landlords and rent less than 20% of units)
- Tenants rights - housing is permanent, client holds lease
- Social services are off site
- Treatment is offered not mandated





## Services: Clinical and support services provided by ACT or ICM Teams

- **High Need:** ACT is a multidisciplinary team and provides support and services directly
- **Moderate Need:** ICM case management team provides support and brokers services
- Services are mostly provided in the participant's home or community (provided directly by interdisciplinary team or brokered in community)
- On call services 7-24
- Teams use a recovery orientation and support community integration





## Limits to Consumer Choice: Clinical, Legal, Economic & Practical Issues

- There are clinical, legal and practical limits to choice:
  - Must agree to weekly apartment visit by team
  - Danger to self or others may lead to involuntary hospitalization
  - Other legal social issues (abuse, violence, illegal activity, etc.)
- Limits on housing choice
  - Economic constraints on housing choice
  - Must sign lease, pay 30% of income towards rent and observe responsibilities of standard lease





## Landlords as Program Partners

- Landlord, program and participant have a common goal:  
Safe, decent, well managed housing
  - Agency that ensure rent is paid on time
  - Agency and landlord communication -- responsive to landlord concerns
  - No rent loss for vacancies
  - Agency responsible for tenant damages
  - Advantages of using rental market: quick start up, relocation, expansion as needs change, others.





## Separation of Housing and Treatment Services



- The home visit





## 2. Separation of Housing and Treatment Services

- Use different criteria for success in housing and success in treatment services
- Relapse is anticipated; relapse is clinical not housing issue
- Relapse/crisis does not mean eviction or loss of housing
- Get treatment and return home
- Loss or eviction from housing does not mean discharge from clinical services (it mostly results in relocation)
- Portable rent stipend (e.g. HUD products include tenant based section 8 voucher; S+C, SHP)







# Supporting Recovery





## Recovery After Homelessness

- Instilling hope is crucial
- Meaningful social roles engender recovery
- Peer support and recovery role models are of primary importance
- People need knowledge and skills (e.g., supported employment, wellness self management, education)
- An emphasis on holistic wellness and positive lifestyle is healing (emotional, physical, social, cultural, spiritual)





# Community Integration and Social Inclusion





## 4. Community Integration

- Housing that is normal housing provides (least restrictive setting – Olmstead)
- Provide opportunities for social integration
- Building community supports in integrated neighborhoods
- Services assist participants with community integration activities – orientation to building
- **Mapping** of their neighborhood and community





## Community Integration and Graduation

- Services can be reduced over time or stopped altogether when the person no longer needs them makes for smooth graduation
- In HF model, the service providers walk away and the person stays home







## Graduation Services Walk Away and the Person Stays Home!







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# Studies of Program Effectiveness





## Evaluating Housing First

- Highly effective program for the 'hard to house'
- 85% housing retention rates across many cities and programs
- Access problems eliminated, retention increased
- Reduction in acute care services and significant cost savings (pre=post)
- Improves quality of life

Tsemberis effectiveness (2004);  
HUD Pearson 6 cities (2007);  
VA Rosenheck 11 cities (2007);  
Larimer, cost (2009).





## Research Evidence

- Residential stability (85%)
- Reductions in service utilization
- Improved Mental Health status
- Reduction in Drug Alcohol Consumption
- Cost Effectiveness (over 35 studies)





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# Research Evidence: Pathways' Housing First Is An Evidence-Based Practice

SAMHSA's National Registry of Evidence Based Practices







## Studies in Progress

- Mental Health Commission of Canada
- (\$110 M; 5 city longitudinal rct)
- European Union (10 cities hf compared to tau)
- France (4 city implementation)
- Finland (4 city implementation)







## Contact Information

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- For more information about Pathways' Housing First:  
[www.pathwaystohousing.org](http://www.pathwaystohousing.org)





## Overview of DESC

- Outreach/engagement teams
- Emergency shelter
- Licensed mental health services
- Licensed chemical dependency services
- Supportive housing
- High level of integration across programs





## Core convictions

- Housing is a basic human right
- Housing is not a reward for clinical success or compliance





## Population characteristics

- Severe and persistent mental illness
- Chronic alcohol and other drug problems
- Long-term homelessness
- Multiple concurrent disorders
- Aversion to or ambivalence about addressing problems
- History of abuse, neglect, and trauma







## What we believe

- People want a place to live
- People want to get better

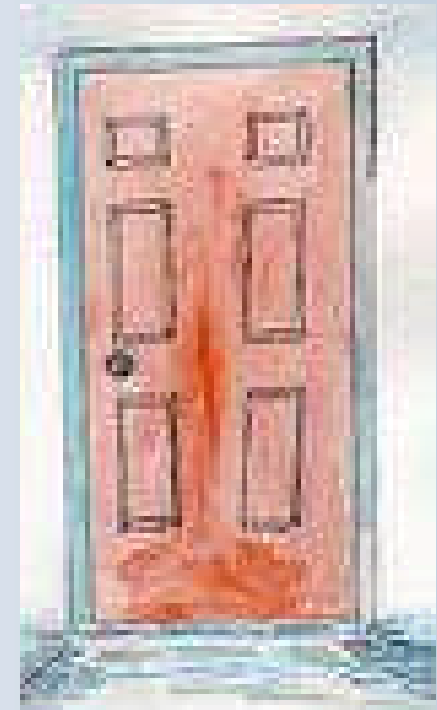




## Access to housing: Who gets in?

### Methods:

- Wait-list with standard rule-outs
- “Readiness” approach
- Targeted recruitment:
  - High utilizers
  - Most vulnerable







## Old approach – Risky Business

Housing “readiness”

- Criminal background
- Housing history
- Treatment compliance





Truth:  
The science of prediction  
is primitive





## Continuous two-year housing retention

Has criminal history	Has no criminal history
70% (124/178)	74% (125/169)

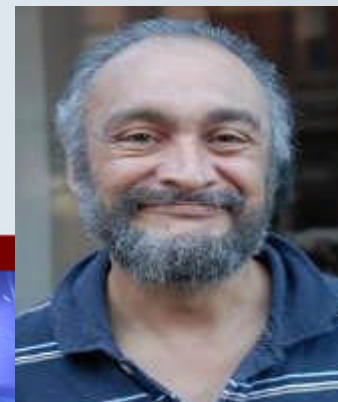
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## Housing First Principles

- Targeted to the most vulnerable
- People are moved into housing directly from the street without preconditions of treatment acceptance or compliance
- Provider is obligated to bring robust services into the housing
- Continued housing is not dependent on participation in services
- Harm reduction approach rather than mandating abstinence
- Residents have leases and tenant protection under the law
- Can be implemented in either project-based or scattered site model







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## DESC Supportive Housing



Union Hotel  
1994



Lyon Building  
1997



Kerner Scott House  
1997



The Morrison  
2001



1811 Eastlake  
2005



Evans House  
2007



Rainier House  
2009



Canaday House  
2010





## What makes people eligible to move into DESC Supportive Housing?

- Homeless
- Most vulnerable



### *Common characteristics*

- Mental illness
- Addiction
- Poor credit
- Criminal history
- Eviction from non-supportive housing







## What does Supportive Housing mean at DESC?

- More than “a building with services”



- Service-Rich
- Community-Oriented
- Safety-Focused

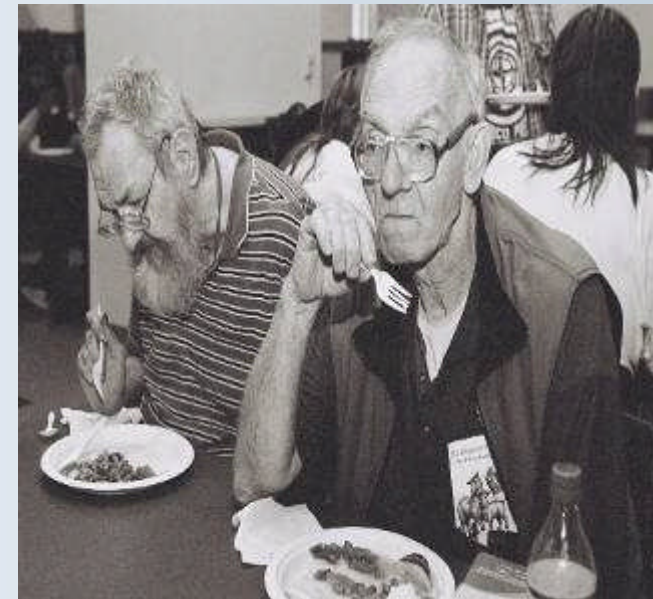




## Integrated services and property management

Typical staffing for 75 unit project:

- 1 project manager
- 10 residential counselors
  - *24/7 staffing*
- 3 clinical support specialists
  - *residential service plan*
- \$850K per year operational budget
- Approx \$16M for development





## Evans House

- MH funds used as leverage
- Mainstream public MH and PACT blended
- Opened in October 2007;  
75 units







## Evans House

Why integrate mental health services on-site?

- Funding limitations
- Enhanced treatment opportunities
- Increased real-world contact
- Advantages to clients

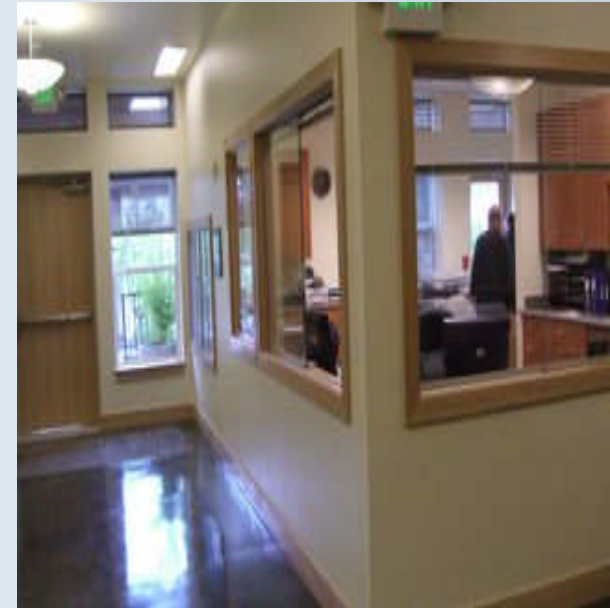




## Evans House

### Key Service Components

- 24-hour housing staff
- Full range of case management
- On-site substance abuse treatment
- On-site psychiatric services
- Medication management
- Representative payee service







## Evans House

### How is it done?

- Private meeting spaces available
- Shared supervision
- Reduced caseloads
- Internal efficiencies





## 1811 Eastlake

- Borne out of community dialogue
- Development slowed by opposition
- Strong political support
- Opened in December 2005;  
75 units





## 1811 Eastlake

- Residents:
  - Severe alcohol problems
  - Highest utilizers of public crisis systems
  - Average 16 previous substance abuse treatment episodes





## Improvements in the lives of tenants

- Housing First application resulted in improved housing stability
  - Adjusting for deaths (6), 74% of tenants remained housed for at least one year
- Marked improvements in basic health
  - Chronic conditions now better managed
- Days residents consume alcohol to intoxication reduced by nearly 50%
  - Six of 75 (8%) became sober

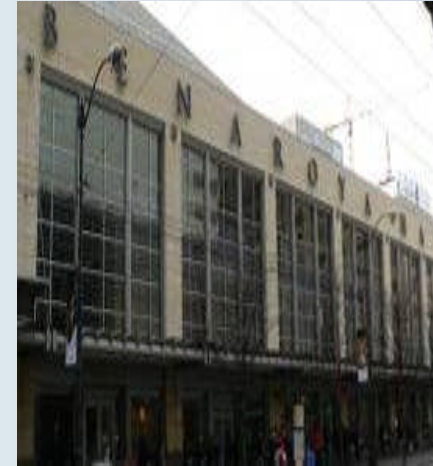






## Improvements to the community

- \$4M of crisis system costs of residents have been eliminated after 12 months of operation:
  - Medical expenses down 58%
  - County jail bookings down 45%
  - Sobering center usage down 87%
  - Shelter usage down 92%
  
- 48% reduction in alcohol-related incidents observed by Downtown Ambassadors







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# Housing First with Long Term Homeless Families





## Metro Long Term Homeless Supportive Service Project

- Seven Metro County (Minneapolis-St Paul) Collaborative to provide services to Long Term Homeless singles, families, and youth administered by Hearth Connection (LTH=homeless continuously for one year or 4 episodes of homelessness in 3 years)
- State funded service Dollars
- Housing vouchers - primarily state funded HTF and Shelter Plus Care
- Participant Choice is key – scattered site or site based
- Voluntary Services
- Services and housing stay with participant across counties
- Housing First and Harm Reduction





## Amherst H Wilder Foundation, Project Quest

### We Serve:

- Families referred by Eastern Metro Counties
- Families with multiple barriers, long term needs, and least prospect of other resources. Barriers include:
  - Zero income
  - Repeat Shelter visits
  - Domestic Violence
  - Criminal History
  - Eviction/ Unlawful Detainer
  - Lack of Employment History
  - Education level
  - Mental Health Issues
  - Chemical Dependency
  - Truancy Issues
  - Lack of / Poor / No credit history
  - Health Issues
  - Abuse and neglect
  - Heavy users of county resources





## Families Are Not Screened Out

### We Accept:

- Individuals with undiagnosed and untreated mental health issues
- Households where there is no income
- Individuals who have active chemical use
- Individuals who have unlawful detainers
- The composition of the household as determined by the family
- Families pending reunification
- Individuals with criminal backgrounds
  - Open warrants must be resolved before housing placement
  - Reserve right to reject prospective participant if safety is a concern





# Housing First

## We Acknowledge:

- The families we work with are not eligible for most other housing programs or subsidies and have not demonstrated the ability to meet necessary requirements
- The families we work with have histories of trauma and pervasive concerns that require a long term approach to achieve housing stability
- If we did not work with these families, they would continue to be homeless and high users of shelter and emergency services
- The impact of long term homelessness on children is significant
- Getting and keeping housing motivates our families, so it makes sense to start with housing.







# Housing Stability

Connection to Community

Meaningful Activity

Learning Opportunities

Care of Children

Care for self

Care for  
Property

Manage  
Finances

Relationship  
with in  
Household

Keep Bad  
Stuff Out

Relationship  
Landlord &  
Neighborhood

Affordability - Subsidy

**HOUSING FIRST**





## Individualized Participant-Driven Services

- Housing support based on needs and abilities, movement toward permanent affordable housing that fits families needs
- Guided by the Spirit of Motivational Interviewing  
*Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.*
  - People are ambivalent about their unhealthy behavior
  - People have a natural tendency to strive for healthy behavior
- Services rely on relationship of family and service providers and skill of service providers
- Families not exited from program due to behavior





**What do you think Housing Stability is?**

**What would be the advantages of Housing Stability for your family?**

**How important is Housing Stability to you?**

1            2            3            4            5            6            7            8            9

Why is it a \_\_\_\_ instead of a \_\_\_\_ (lower number)?

What would have to be different for it to be a higher number?

**How confident are you that you can achieve Housing Stability?**

1            2            3            4            5            6            7            8            9

Why is it a \_\_\_\_ instead of a \_\_\_\_ (lower number)?

What would have to be different for it to be a higher number?





## Housing Search Values Sort

Very Important	Important	Not Important	
Appearance of Unit	Childcare	Church	Employment
Family	Healthcare	Location	Neighborhood
Recreation	Safety	Schools	Shopping
Support System	Transportation	Type of Unit	Utilities





## Project Quest Family

- Family lived in and out of shelter for four years
- Both parents criminal background
- Not successful in accessing housing or employment, drug use, older children resentful
- Accepted in Project Quest
- Housed after resolving an open warrant
- Continued drug use in housing
- At risk of losing housing
- Child Protection involved for truancy
- Family motivated to stay housed and together
- Mom attended treatment, successful at sobriety
- Dad attempted treatment, not successful, agreed to move out of household
- Teens successfully employed, mom very involved in community, youngest child getting services to address needs

