

Housing First: Ending Homelessness Transforming Systems and Changing Lives

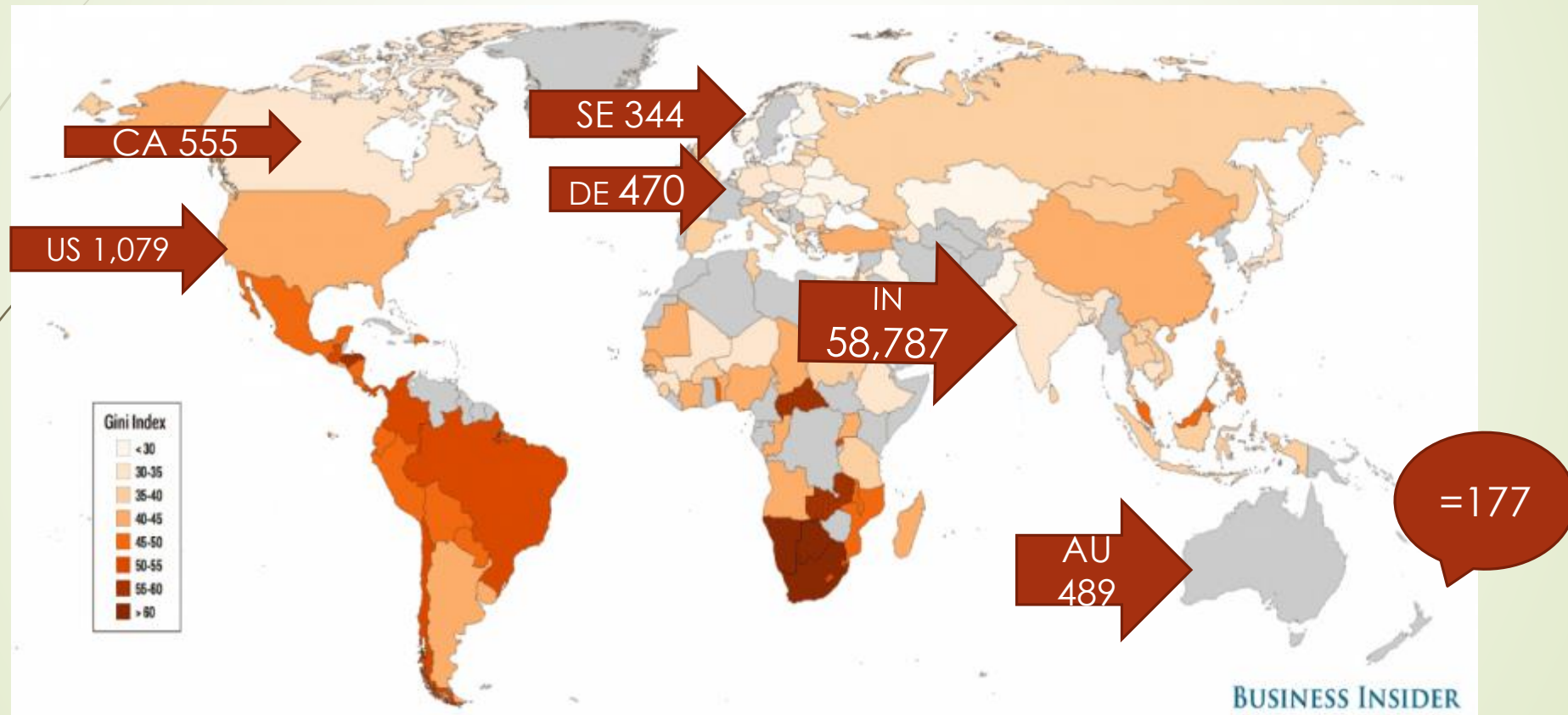
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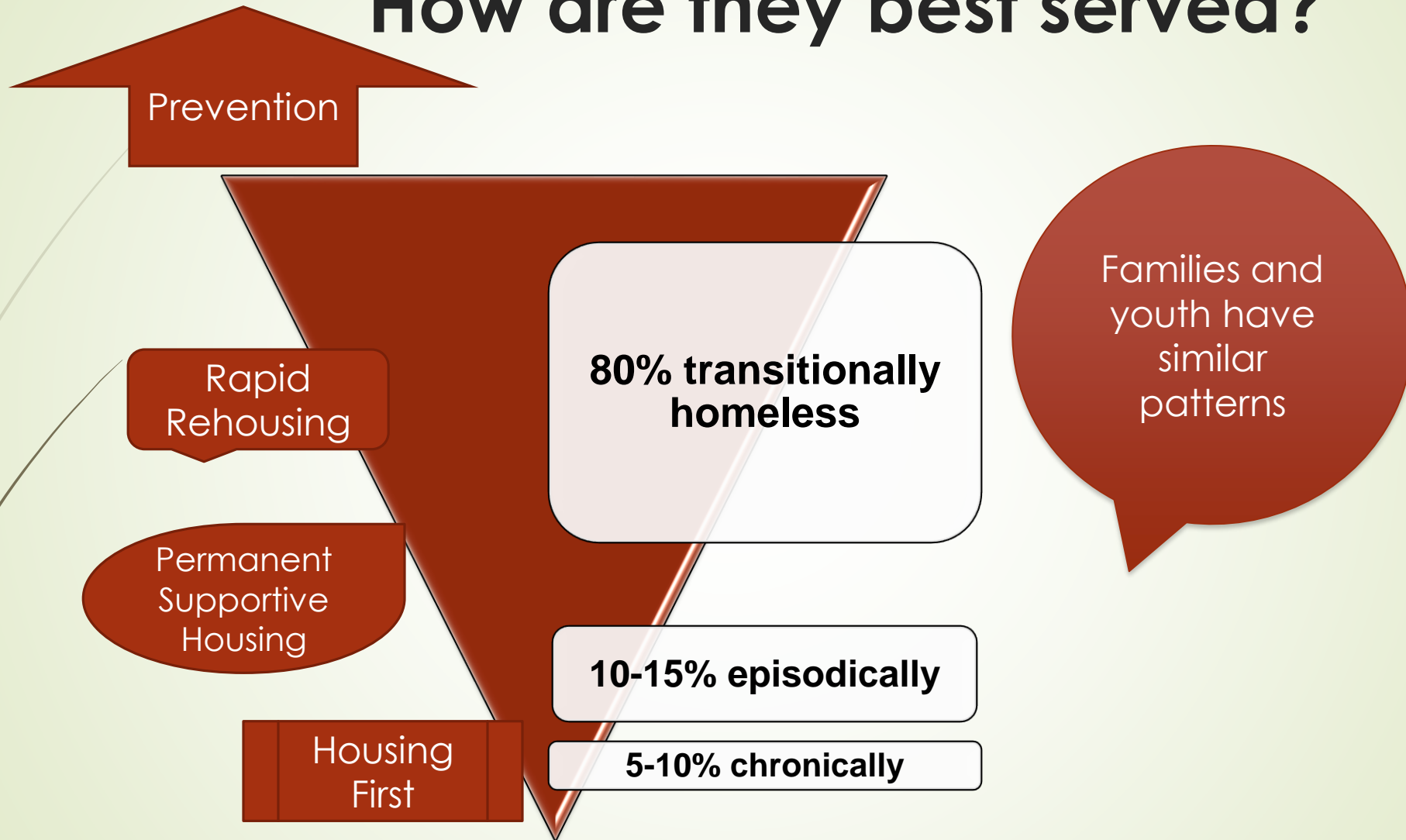
HOMELESSNESS: Income Disparity and Social Services



- Paul Toro: there is a correlation between GINI COEFFICIENT and social services



Who is experiencing homelessness? How are they best served?



What are the root causes of homelessness?

Poor Choices by
Individuals



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The Culture of Poverty and Public Policy

“Culture of poverty” is a cornerstone of certain conservative political ideology

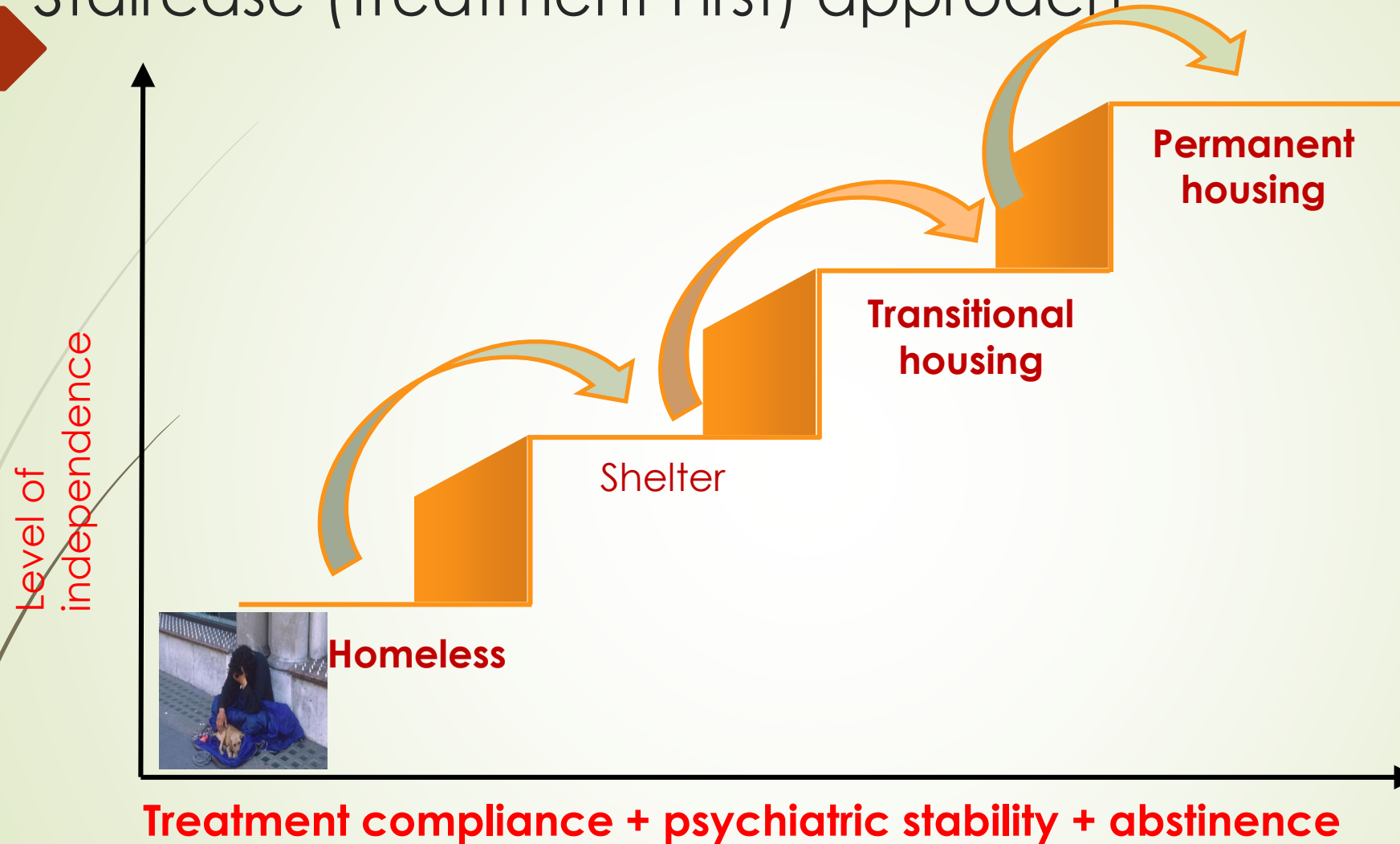
Poverty is seen as caused by individual problems: wrong choices, bad attitudes and poor lifestyles

So programs are often designed to cure, not poverty, but to improve the character of the individual



Homeless services

Staircase (Treatment First) approach



Underlying assumptions of Staircase Model



01

We need an emergency response - this is a short term problem

02

Individuals remain homeless because they are refusing or not motivated to accept services

03

Those with mental health and addiction problems will require treatment and sobriety in order to manage housing

Consequences of Stairway approach: frequent use of acute care and emergency services





Client's perspective

- I need a place to live, isn't it obvious?
- I have no money for food let alone rent
- I was staying with family but that became too much
- I can't show up anywhere looking like this
- No thanks, I am not keen on the shelter
- Treatment? That not my top priority right now



Housing First as Paradigm Shift

CHANGE IN UNDERLYING ASSUMPTIONS:

- View of People Served
- Program Philosophy
- Treatment Practices
- Power Relationships
- Commitment to Ongoing Support



Empowerment (Rapport)

Tinorangatiratanga

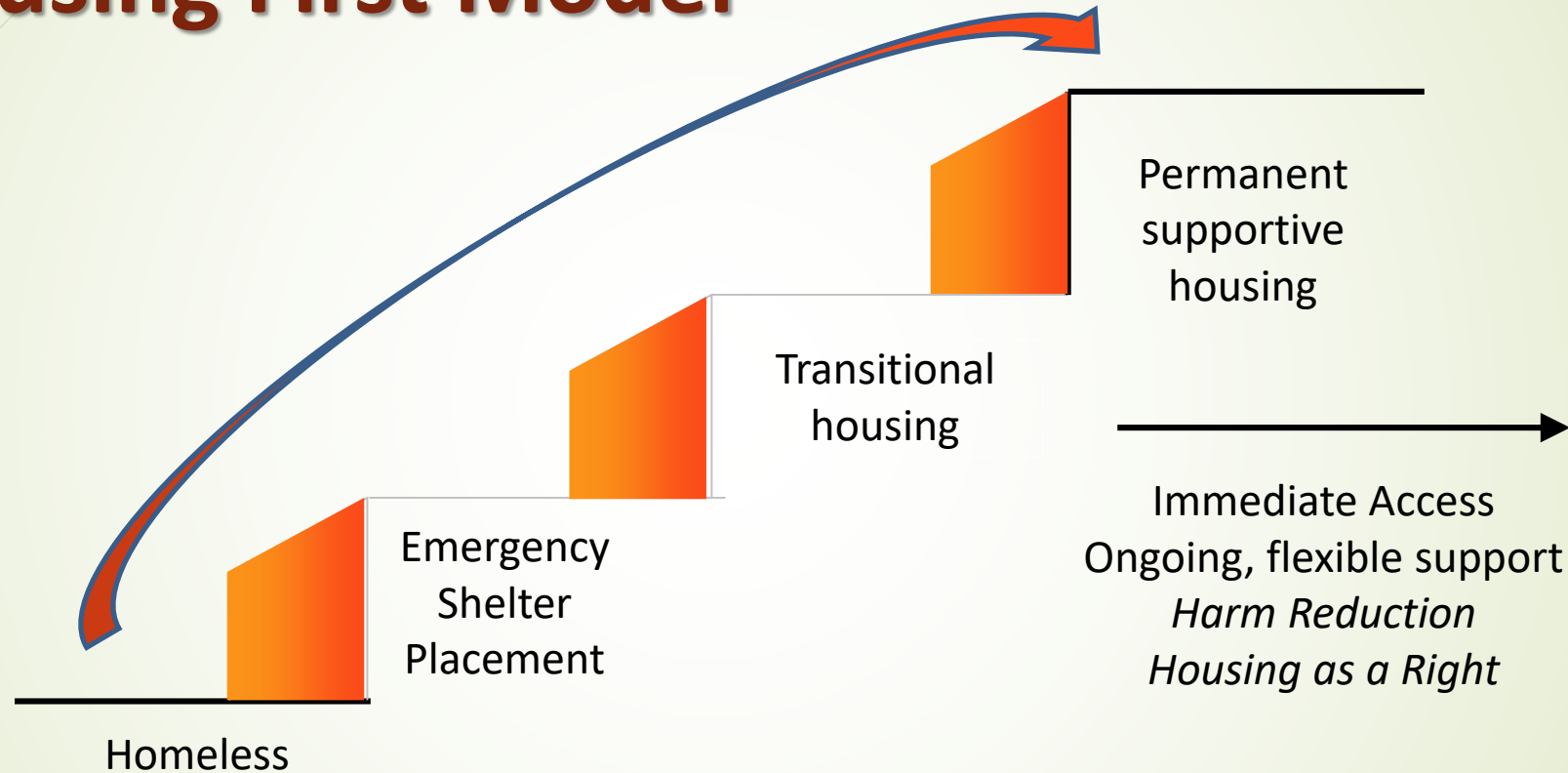
Empowerment:

Is the intervention intended to enhance the degree of control vulnerable individuals exercise over their lives.

1. Self determination
'freedom is being able to choose your life'
2. Collaborative and democratic participation
3. Distributive justice

Pathways' Housing First Model

PARDIGM SHIFT



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

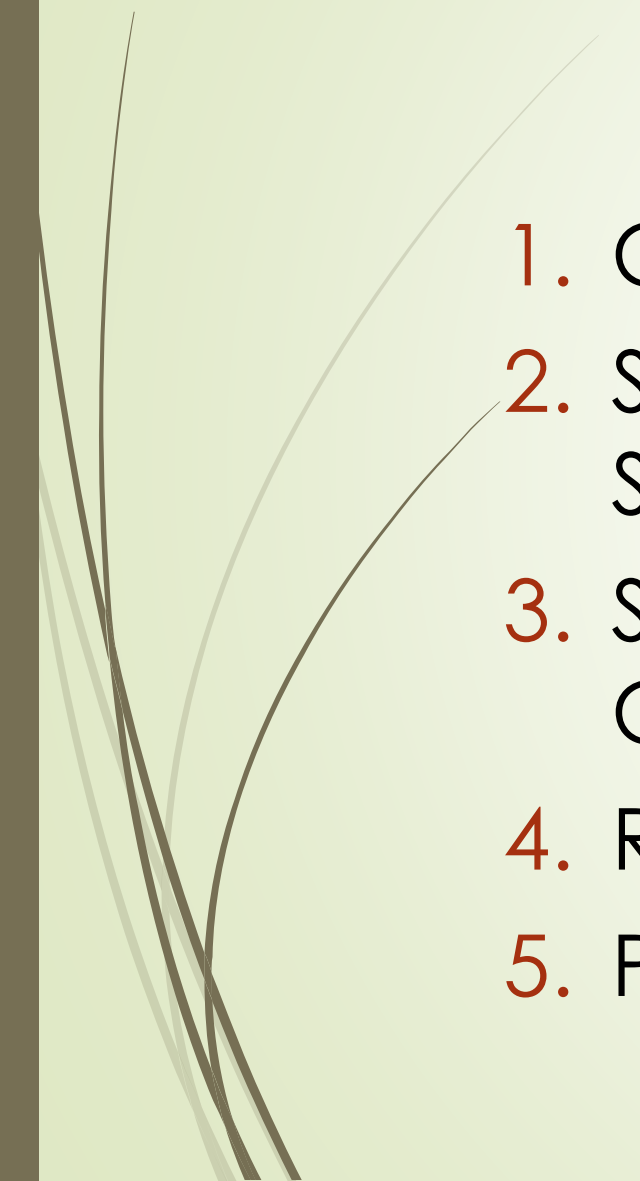


Psychiatric rehabilitation (goal is recovery)

- Research shows that people are more apt to change positively:
 - A) in the context of a positive relationship;
 - B) when they set their own goals;
 - C) are taught skills;
 - D) receive support;
 - E) have positive expectations or hope for the future; and
 - F) when they believe in their self efficacy.



5 Principles of Housing First


- 
1. Consumer Choice
 2. Separation of Housing and Services
 3. Services Array to Match Needs of Consumers
 4. Recovery Focused Practice
 5. Program Operations



Housing First:
Program Culture

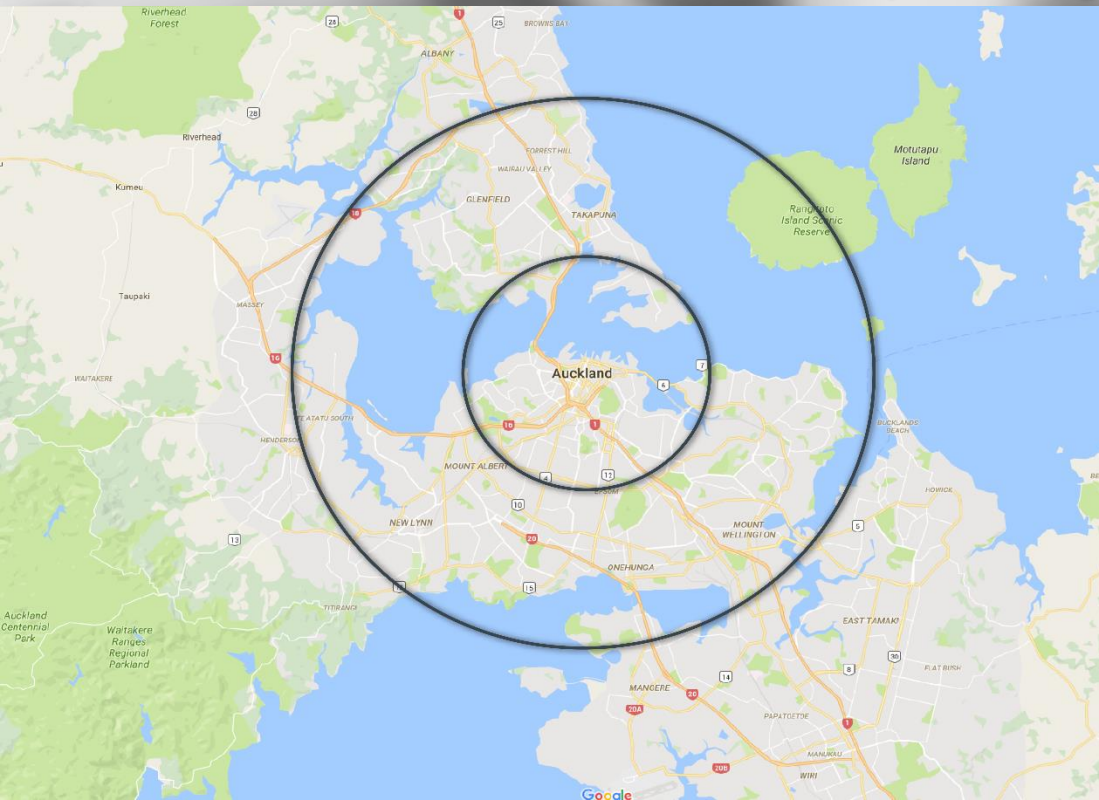
And Practice

Welcoming!

- 
1. Welcoming Complexity
 2. Trauma Informed and trauma competent
 3. Culturally Informed
 4. Evidence Based
 5. Intent to Treat

Housing Options

1. CHOICE: Location, studio, 1 bedroom,
1st floor; anything as long as it's off the street...



Standard Lease with Tenant Rights and Responsibilities



Program Requirements:

3 Conditions:

- 1) Comply with standard lease
- 2) Pay 25% of income to rent
- 3) Home visit (1 x week)

Client Directed Services - “No Wrong Door”





Principle 2: Separation of Housing and Services (Continuity of Support Through Disruptions in Housing)

HOUSING DOMAIN

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

SERVICES DOMAIN

- Benefits, entitlements, and case management
- Recovery goals, family connection, social education, employment
- Treatment goals (mental/physical health, addiction)



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 specialist and
employment specialist

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

Peer specialists

All teams use a
recovery orientation



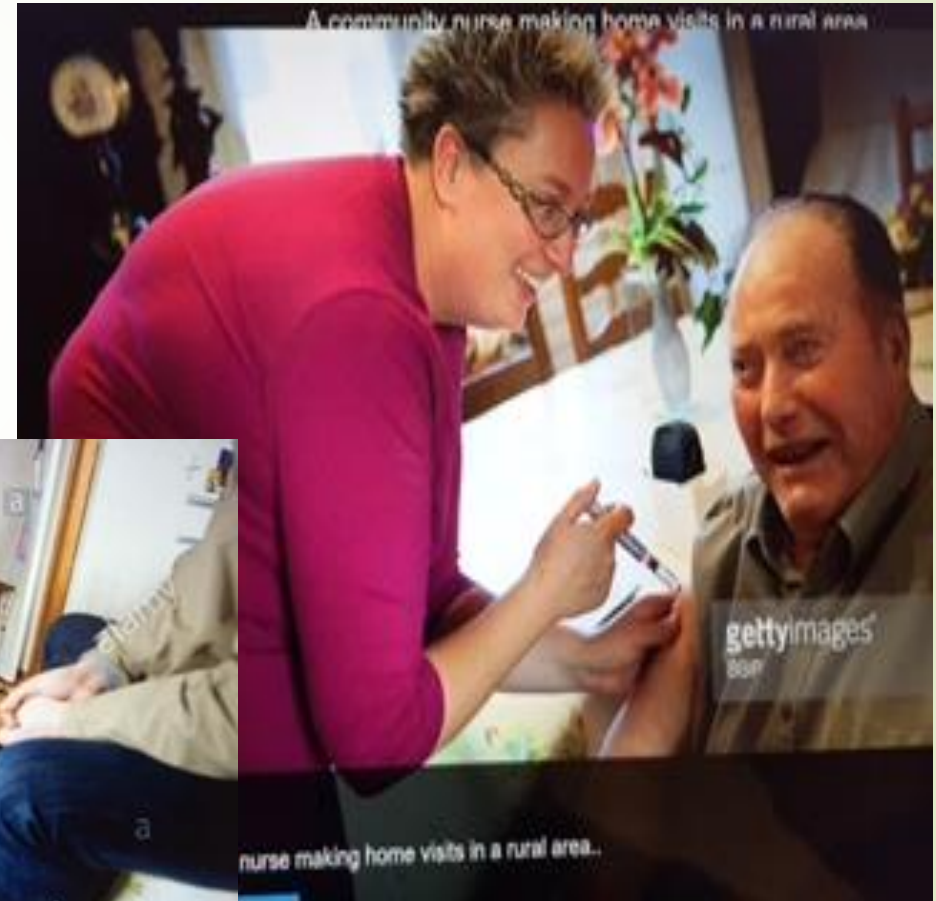


Principle 3: Services Array

- Health & Wellness (Weight Loss, Diabetes)
- Finances (Budgeting, Money Management)
- Job (supported employment)
- Alcohol & Drug Treatment (Harm reduction)
- Family Connection
- Mental Health treatment
- Legal, eviction prevention
- ≈ broad definition of services

Clinical and Support Services

70%-80% provide by home visits





Principle 4:

- Recovery Orientation
- Peer support
- Knowledge
- Skills to self-manage
- Emphasis on hopeful, inspiring culture

Recovery is more than reduction of psychiatric symptoms.

It is more than reducing drug alcohol use.

More than participation in services or reduction in use of acute care services.

It is about quality of life and the pursuit of everyday goals that are meaningful to the consumer.



Community Integration

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!



Promoting Social Inclusion

Term ‘Social Inclusion’ originated in Europe

Society and its institutions actively promote opportunities for the participation of excluded persons including persons with psychiatric disabilities, in mainstream social, economic, educational, recreational, and cultural resources.

Full recovery can only occur when people with mental illnesses have the means and access to full-fledged membership in their communities
(Thompson and Rowe, Psych Services, August 2010).



Effectiveness of Housing First

Increased residential stability

85% housing retention rate across many cities and programs

Improved quality of life

Studies by many researchers across many cities



Housing First

Leading the Way to Ending Veteran Homelessness

HUD-VASH



76,329 homeless veterans
56% reduction in 3 years



Housing Retention

- Of the 700 homeless Veterans admitted to HUD-VASH utilizing a Housing First approach, **84%** (585) are still living in permanent housing, with varying lengths of stay one year after we started the pilot
- Among the 115 Veterans who have left the program,
 - 37% (43) moved to a more independent living arrangement;
 - 20% (23) discharged to an institutional setting, including hospital, nursing home, or prison;
 - 30% (34) relapsed into homeless or were lost to care;
 - 13% (15) died, the majority from natural causes
 - (Kane, V., et al. 2014)

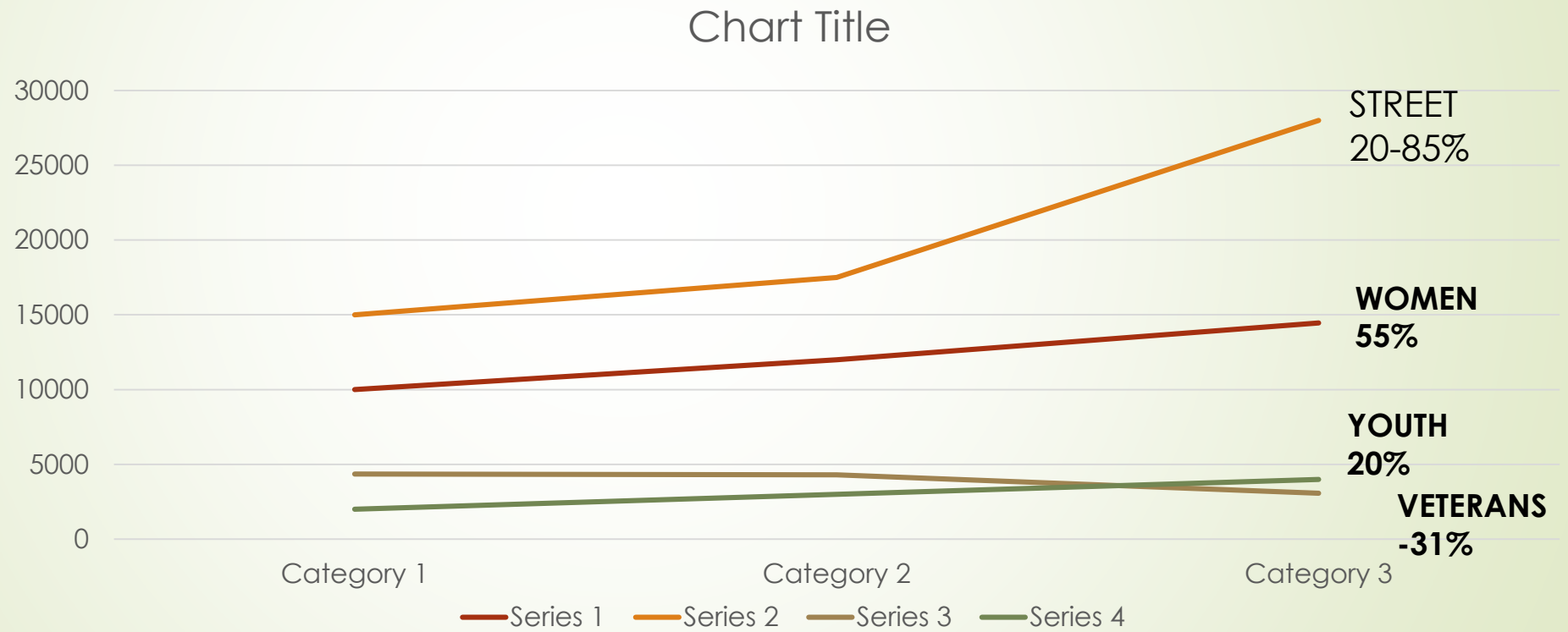
Cost Savings

Table 1. VHA Healthcare Cost (12 months pre- and post-admission), N=622

	Mean Cost Pre-Admission	Mean Cost Post-Admission	Percent Change
Inpatient			
Mental Health	\$4,270.63	\$2,407.91	
Substance Abuse	\$3,164.34	\$1,587.38	
Other (Medical)	\$6,375.94	\$2,311.59	
Total Inpatient	\$13,810.91	\$6,306.88	-54.3%
Outpatient			
Mental Health	\$2,229.28	\$2,037.81	
Substance Abuse	\$1,209.07	\$1,019.00	
Other (Medical)	\$6,222.82	\$6,677.56	
Total Outpatient	\$9,661.17	\$9,734.37	0.8%
Total	\$23,472.08	\$16,041.25	-31.7%

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

Los Angles PIT Count 2015



Mental Health
Commission
Of Canada
\$110M 5 YEARS

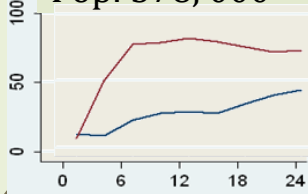
At Home/Chex Soi

Housing First in 5 Cities: different sizes and composition across Canada



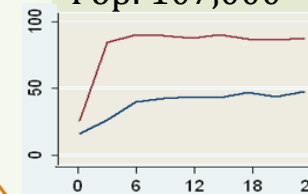
Vancouver

Pop: 578,000



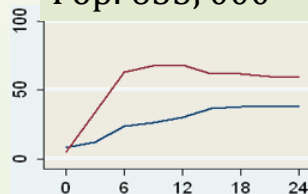
Moncton

Pop: 107,000



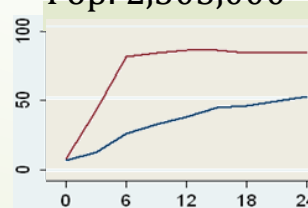
Winnipeg

Pop: 633,000



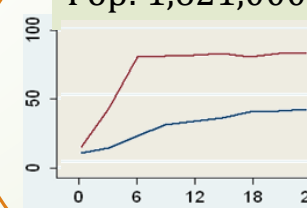
Toronto

Pop: 2,503,000



Montreal

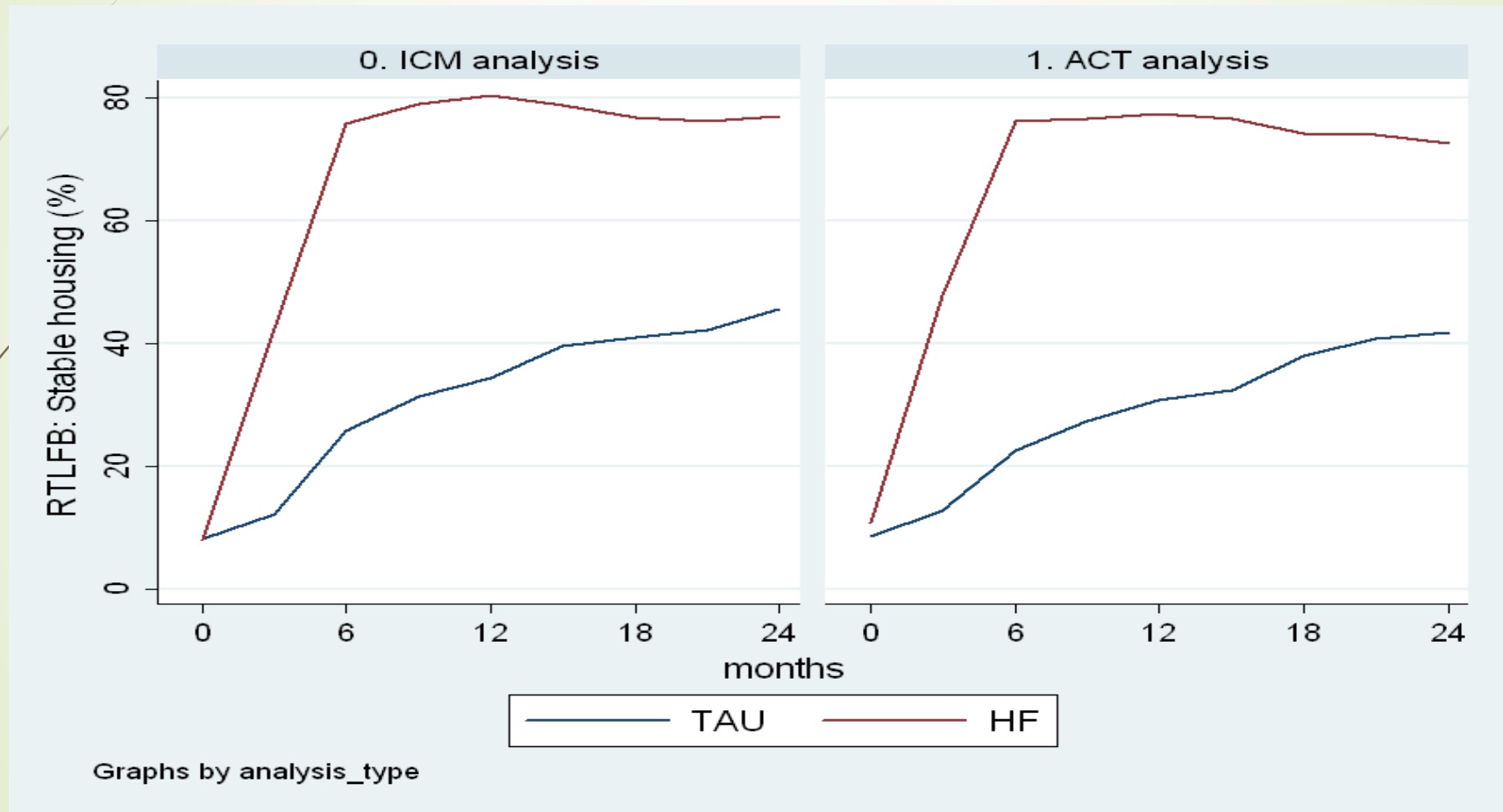
Pop: 1,621,000



Aubry, T. et al.,
Psych Services
2014, 2015.

HF outcomes for moderate and high need participants

Percentage of time housed





Findings from qualitative studies

THEMES

- +Greater overall sense of safety
- +Improvement in overall quality of life
- +Other goals are manifest (employment, socialization) reclaiming or building a sense of belonging
- +Positive sense of self, “feeling normal”



Qualitative findings continued

- +Having a place of one's own can serve as a platform for other positive and challenging psychological effects;
- +Privacy and control to establish one's own routine
- Lonely, isolated, not fitting in
- /+Housing stability and improved quality of life was retained despite continuing to experience symptoms or struggling with addiction
- +Mental health, addiction and discretionary income marginally improved

Program Fidelity and Outcomes for *At Home/ Chez Soi*

- N=2,251, RTC, 50% served by 13 Teams
- High fidelity programs associated with participants' higher social functioning, increased quality of life and time stably housed
- Overall fidelity was correlated with
 - direct service time ($r = .55$, $p = .10$),
 - indirect service time ($r = .58$, $p = .08$), and
 - number of contacts with providers ($r = .60$, $p = .04$)

(Paula Goering et. al, *Psychiatric Services*, 2014)




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



Systems change in housing policy and practice

01

Private market
landlords

02

Separate
housing from
treatment

03

Accept /
share risk for
clients
(landlord,
agency)

04

Expand
dialogue from
homelessness
to lack of
affordable
housing

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



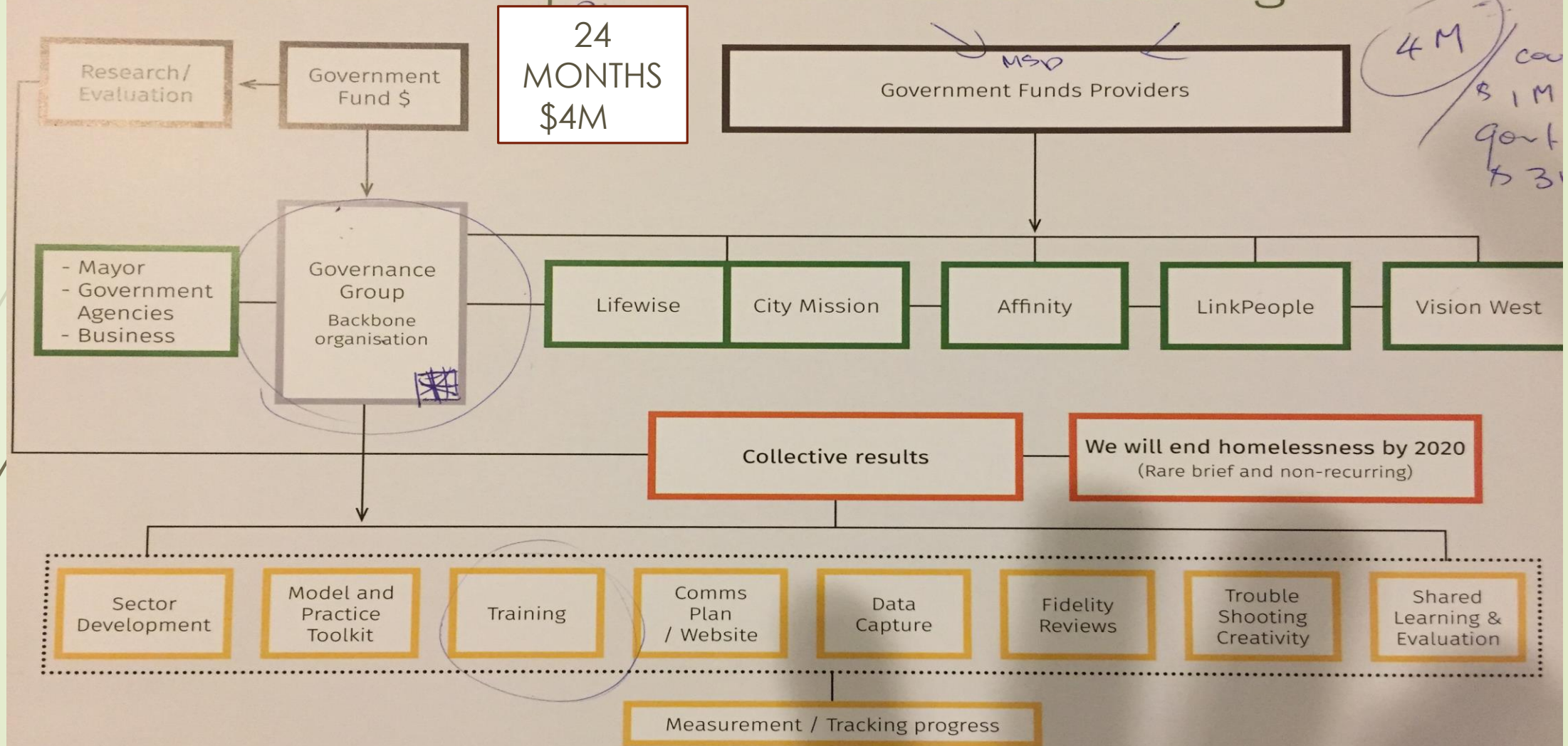


Keys to effective dissemination

(Damschroder et al., 2009).

- 
1. Leadership/political will/local champion
 2. Inner setting (host program, culture , values, operations)
 3. Outer setting (community funding support)
 4. Intervention clearly understood, evidence base technical assistance provided to help with adaption
 5. Process: clear plan with targets and accountability

Collective Impact — Auckland Housing First





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Thank You!

Questions? Comments?