Pathways’ Housing First!

Program Philosophy, Operations, and Effectiveness

www.pathwaystohousing.org

Sam Tsemberis, PhD
Founder and CEO
Pathways to Housing, Inc.,
Department of Psychiatry,
Columbia University Medical Center
Outline

1. What is Housing First (HF)?
2. Program Philosophy
3. Services (Housing and Services)
4. Effectiveness Research Outcomes
5. Implications for System Change
Who is served by Housing First?

- Individual Characteristics
- Mental health problems
  Addiction and abuse
- Health problems
- Poverty
- Isolation
- Stigma
- PTSD/Trauma
Beliefs and assumptions influence program design

• People with psychiatric disabilities and/or addiction problems:
  ▫ need treatment -- medication and support
  ▫ need housing with on site supervision
  ▫ need help to make informed choices
Traditional system MH and Housing

- Homeless Outreach
- Shelter placement
- Transitional housing
- Permanent housing

Level of independence vs. Treatment compliance + psychiatric stability + abstinence
For those who can’t or won’t climb the stairs: Frequent use of acute care services

Institutional Circuit

- Streets
- Jail
- Hospital/Detox
- Shelter
Key to Inpatient Ward
Bellevue Psychiatric Hospital

50th anniversary of Community mental health bill
TF providers were consumed by the pursuit of housing
HF providers focused on clinical concerns

Another Perspective from ‘The Homeless Mentally Ill or is it the Mentally Ill Homeless?’

- “I was diagnosed when I was teenager, *right now* being homeless is my main problem”

- ‘When I returned from the service I was drinking heavily, lost my place, now these programs want me be sober and jump through hoops before they give me a place to stay... I’d rather stay out here”

- “I want a regular place to live, not place that is filled with people who have problems”
Homelessness Economic, Social, Political and other System Factors

- There is another narrative about homelessness, one that is not only about individual problems but also about systemic failures…
- This era of homelessness began in early 1980’s
- Federal government eliminated programs that built affordable housing
- During this same time affordable urban real estate was being converted to condo and coops
- People who lived close to poverty, on fixed income, minimum wage, were/are priced out of the housing market
- Adding to homeless population: poor discharge planning from hospitals, jails, foster care and other systems
Larger social factors contributing to homelessness

GINI Coefficient: Index of income disparity
Higher GINI score = fewer social services
Societal Prejudice Inherent in Some Program Design Features

- There is a long standing tradition for those with means to see people who are poor as ‘other’ (‘they’ are not like ‘us’)
- Bias implying a failure of character not simply less money
- Policies and programs are aimed at improving character by having people improve themselves, ‘ready’ themselves for housing
- System guards against what economists refer to as “perverse incentives”
Housing First - “right now being homeless is my main problem”

Staircase model: Designed this way because of misunderstandings about disability and poverty
Housing First Beliefs and Values that Influence Program Practices

- Individuals go directly from streets (jail, hospital, etc.) to home

- Housing is offered right away not as a reward for good behavior
Only evidence based practice with a social justice dimension

Program offers housing as a basic human right, not as a reward for compliance with treatment or sobriety
Housing First as Paradigm Shift

• Key Elements of the Paradigm Shift in MH, SA and Housing services):

• Change in:
  ▫ View of people served
  ▫ Power relationships
  ▫ Practice and operation of mh, housing, sa and other service sectors

• Change is based on values and clinical research evidence
Housing First: Complex Clinical Intervention

- Pathways Housing First Program Fidelity Scale
- (five dimensions)
  - 1. CHOICE in Housing and Services
  - 2. Separation of Housing & Services
  - 3. Service Philosophy (Recovery Focus)
  - 4. Service Array (Matching Consumer Needs)
  - 5. Program Structure (Operations)
Pathways Housing First is all about consumer choice! CHOICE IN HOUSING

• Choice is *essential* to success in housing.

• Collaborative rather than Prescriptive

• If individuals are offered housing that meets their needs and preferences, they are more likely to succeed.
Participant Choice - Housing

- Housing Options
- Neighborhood Location
- Size of Unit
- Furnishing
- Other Household Items

Consumer Choice
What type of Housing?
Social Inclusion and Community Integration (sense of belonging)

“If the goal is successful community integration then housing for people with psychiatric disabilities should look like where you and I live.”
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).
HOUSING CHOICE:
Most people choose Independent apartments in community settings (Scatter Site Housing Model)

- Most consumers prefer own place in normal buildings
- Independent apt
- Create sense of home
- Integrated housing - SOCIAL INCLUSION
- Community Integration
Housing First Uses Primarily Independent Apartments: Pathways VT: HF In Rural Areas

60 Tenants, 60 Apartments, 2 Counties, 6 Cities, 31 Landlords: Housing Retention Rate 90.5%
Housing Operations

- Time of admission to time housed \( \text{avr.} = 2-4 \) weeks
- Independent apartment, consumer has tenant’s rights and responsibilities, affordable, secure and decent condition
- Choice of who to live with
- Commitment to re-house
Separation of Housing and Services
Separation of Housing and Services

- Housing is about being a good tenant
- Program provides tenancy related services (working with landlords, lease renewals, repairs, Housing Authority, etc.)
- Clinical services are provided continuously through housing loss, relocation, hospitalization, incarceration, or other housing disruptions.
- Commitment to re-house and re-house
- Continuity of clinical support (relationship) is the program foundation and the key to success
Son returns from tour in Afghanistan and stays with (formerly homeless) dad in his apartment.
Landlords as Program Partners

• Program requires active participation of a large number of landlords
• Key to successful tenancy:
  ▫ Timely rent payments
  ▫ No vacancy rent loss
  ▫ Services support for landlords
• Landlords are essential partners in this model - vital partnership
Choice, Relocation and Limits to Choice

- Choices are governed by realities of real estate market
- Frequency of apartment visits will change over time and in times of crisis
- Negotiation about apartment relocation may be different than conversation about selecting first apartment
- Identifying and explaining conditions that may require additional support, e.g., mobile crisis, involuntary commitment
1B. Consumer Choice In Services

- Consumers drive the treatment and services: they choose the type, frequency and intensity of services

- Program requires home visit (and limits of choice)
After housing...

Health & Wellness/Weight Loss/Exercise

JOB, JOB, JOB

Alcohol/Drug -- Use Abuse

Mental Health Issues

Finances/Budgeting/
Money Management

eviction
Housing First
Treatment Philosophy and Practice

• Program practice is complex and based on treatment philosophy and practice that includes:
  +1. Consumer choice
  +2. Welcoming, inviting and respectful culture
  +3. Harm reduction practice
  +4. Recovery oriented practice
  +5. No discharge policy
Pathways Housing First Program
Operations and practices

• HF program reaches out - active outreach and engagement to reach people with complex needs who are most vulnerable;
• Complexity is the expectation not the exception
• People with complex needs are welcome!
• Program is consumer directed - encourages full participation in decision making by the consumer;
• Speedy admission and provision of all service (especially housing - 2-4 weeks).
• Informal activities (e.g. having coffee)
• Identifying and supporting strengths
• Conversational manner
• Empathy/Encouragement
• Clarifying mutual expectations
Housing First Services

“It’s Housing First NOT Housing Only!”

- **ACT** (Assertive Community Treatment Team)
- **ICM** (Intensive case management team)
- Key is matching service support with consumer needs
- Designing a system that anticipates graduation
People with complex needs require complex service support

ACT Team
Direct services; Trans-disciplinary practice.

ICM teams
some direct; brokerage model

Participants
- Immediate access — Client directed

‘no wrong door’

- Mental Health
- Friends & Family
- Employment/education
- Legal Income Entitlements
- Peer Support
- Addiction
- HOUSING
- RN/MD
- Wellness/Nutrition
- Arts/Creativity
- Spiritual

CLIENT
Housing First Program Operations

*Consumer choose type, frequency and intensity of services*

- Team operations -
- Visit consumers 1-5 times a week - (ACT 1-5; ICM 1-2)
- ‘Shared caseloads’ all **staff** make Home Visits
- Team advantages ++ cross coverage for consumers; “Transdisciplinary” geographic coverage, staff coverage during vacations, leave, etc.
- **Rural variations** include teleconferencing among a number of staff; smaller teams
- Teams Provide **7/24 on-call** telephone coverage
Recovery-Oriented Services - Staff

must:

• Carry positive messages about clients strengths

• Convey hope

• Avoid hierarchical power relationships

• Authentic care and concern
Program Has a Recovery Focus

- Relationships are foundational
- Peer support is KEY
- Knowledge and skills to self-manage
- Emphasis on welcoming, hopeful, inspiring culture

Rachel Remen, MD: Kitchen Table Wisdom
Service Array: Seeks to improve quality of life

EXPAND Service Definition and Approach

• Expand definition of services to include clinical as well as non-clinical, and other supports
• Expand service location (in vivo) and intensity
• Social, cultural, employment, education, entertainment, exercise, nutrition, and other meaningful activity
• Planning is person centered
LIMITS to consumer choice: practical & clinical realities

There are practical, clinical, and legal limits to choice:

1) Must pay rent
2) Must agree to weekly apartment visit by support team
3) Danger to self or others
The Home Visit

- Video (14 minutes)
Housing First Program Fidelity (Check List)

The relationship of fidelity to outcomes
Housing First in the U.S. & Canada
Housing First in Europe
How it was developed

- Pathways program
- Early Implementers were surveyed
- Items from SAMHSA PSH Tool Kit
- Items from the DACTS
What we do on a Fidelity Visit

- Interview all staff
- Consumer Focus Group
- Chart Review
- Program Materials
- Verbal Debrief
- Written Report
  - Ultimate Goal – Explain the Current Practice
Program Effectiveness and Program Design

- What is being evaluated?
- What Outcomes?
- How to collect outcomes?
- Data Collection

Discussion with Stakeholders

www.pathwaystohousing.org/research
1. Housing Choice & Structure

1. Tenants Choose:
   - Location, How to Decorate, Furnishings and more

2. Housing Availability:
   - Move in rapidly to a unit of their choosing

3. Permanent Housing Tenure:
   - No expected time limits on housing

4. Affordable Housing:
   - Tenants rent costs no more than 30% of their income

5. Integrated Housing:
   - Private Market Housing, no more than 20% of building is leased by program

6. Privacy:
   - Tenants are not expected to share any living areas with other tenants
2. Separation of Housing and Clinical Services

No Housing Readiness:
- Immediate access to housing without requirements other than agreeing to see the team

No Program Contingencies:
- Tenants are able to keep units as long as they meet with the team and adhere to their lease

Standard Tenant Agreement
Commitment to Re-house
- People are re-housed without requirements

Services Continue through Housing Loss
Off-Site Services
Mobile Services
3. Service Philosophy

- Service Choice
- No Requirements for participation in treatment i.e. Psychiatric, Substance Use
- Harm Reduction Approach
- EBP’s centered on client choice such as Motivational Interviewing, Supported Employment, WRAP, Shared Decision Making
- Assertive Engagement
- Absence of Coercion
- Person Centered Planning
4. Service Array- What is the team providing or Linking people to

- Psychiatric Services
- Integrated stage wise treatment services
- Supported Employment
- Nursing Services
- Social Integration
- 24/7 on call services
- Involved in coordinating if someone has to go to the hospital
5. Program Structure

• Is the program targeting the most vulnerable and most in need?
• Frequency of Contact with Participants
  ▫ Is it at least once a week

• Low Staff to Client Ratio
• Team Approach
• Frequent Team Meetings
• Peer Specialist on the Staff
• Participant Representation in Program
The case of Housing First...”It’s all about Housing & Choice”

Pathways Housing First Fidelity Scale Results: Program Spectrum

“Participants can choose the housing they want regardless of whether they are actively using.”

“Participants can choose to be clean and sober and they’ll get an apartment. Or they can choose to continue using and we’ll still give them housing in a room in a group home”
Tested across dozens of programs

Canada At Home/Chez Soi (5 cities 13 teams x 2)
• Explicit Chronically Homeless Population and Explicit Housing First Model
• Funding, TA, Research

IN USA, California Full Service Partnerships (Todd Gilmer, UCSD, 120 programs)
• Serve individuals who have mental illness, are homeless or at risk for homelessness
• Called for permanent housing, recovery-oriented services; “do whatever it takes” to end homelessness
HF Program Goals

• 1. To reduce street homelessness;
• 2. To provide solutions other than shelters;
• 3. To reduce time spent in a shelter and transitional programs;
• 4. To reduce homelessness related to institutional release from prison and hospitals without a housing solution.
Fidelity Scale Scores: Canada (HF by design, TA) - California FSP (not explicitly HF, no TA)

Canadian programs scored higher on:

• Housing Choice & Structure (p<.01)
• Separation of Housing & Services (p<.01)
• Service Philosophy (p<.05)

but not on:

• Service Array
• Program Structure

Qualitative Data from Fidelity Visit: Framing of Program Goal

**Low Fidelity**
"Our main goal is really to keep them from going to jail and from getting back in the hospital."

**High Fidelity**
“...people are people. We’re here to help them in their quality of life and to be what they want to be.”
Fidelity Self-Assessment Survey & Residential Outcomes

California FSPs:

• 93 programs
• 5577 participants
• Administrative Data
• One year pre-post FSP enrollment
• Residential Outcomes (days spent in living situation)
### Housing First Self-Assessment Survey: Overall Fidelity & Residential Outcomes

<table>
<thead>
<tr>
<th></th>
<th>0% Fidelity</th>
<th>50% Fidelity</th>
<th>100% Fidelity</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days Homeless</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.4 (4.2)</td>
<td>-46.2 (1.7)</td>
<td>-56.0 (2.3)</td>
<td>.008</td>
</tr>
<tr>
<td><strong>Apartment / SRO</strong></td>
<td>-46.7 (6.7)</td>
<td>33.3 (2.3)</td>
<td>47.6 (3.2)</td>
<td>.001</td>
</tr>
<tr>
<td><strong>Congregate / Residential</strong></td>
<td>76.8 (7.9)</td>
<td>41.1 (2.2)</td>
<td>34.7 (3.0)</td>
<td>.042</td>
</tr>
</tbody>
</table>

No differences in shelter days & days spent with parents/family
MENTAL HEALTH COMMISSION OF CANADA (2009): AT HOME/CHEZ SOI -- 5 CITIES, RCT N=2,215
At Home/Chez Soi: ACT Sample Characteristics

- **950 participants**
  - 469 in Housing First
  - 481 in Treatment as Usual
- **856 (90%) completed the 12 mos. follow-up**
  - 96% HF & 84% TAU
- Primarily middle-aged (M= 39.4)
- 32% of participants are women
- 19% identified as aboriginal
- 59% did not complete high school
ACT Sample Characteristics - 2

- 52% diagnosed with a psychotic disorder
- 73% of participants had a substance use problem
- All have one or more serious mental health issues
- Had on average 5 chronic physical health condition
- One third reported involvement with criminal justice system in last year
- Majority experienced victimization in previous 6 months
HF vs. TAU: % of Time Housed
Outcomes: Quality of Life - Overall

- Both groups reported increases in overall quality of life over time. \((p < .001)\)
- HF participants showed greater improvements in overall quality of life than TAU participants. \((p < .001, d = 0.31)\)
- Beginning to examine results in context of program fidelity
Housing First is effective in reducing homeless, increasing community tenure and increasing use of outpatient services

High fidelity programs are associated with greater improvements in residential outcomes and increased use of team and outpatient services

Clients with the highest illness severity & pre period utilization see reduced inpatient costs

Qualitative work identified factors associated with implementation of high fidelity programs
Lessons Learned: CAPABILITIES

• People are much more capable than we imagined possible.
Balancing Risk and Responsibility

Moving forward requires taking some calculated risks for all of us
From Institution to Community
Redesigning the System: System Transformation

Permanent housing (scatter-site, off site services)

Permanent Single Site (on-site services)

Community-based, Residential Treatment (on-site clinical staff)

Longer term Care

Least restrictive to more restrictive setting
THANK YOU!

For additional information, visit:
www.pathwaystohousing.org

SAMHSA.gov/national registry of evidence based programs

USICH and HUD recommended best practice for ending homelessness

email:
stsemberis@pathwaystohousing.org