Effective Treatment for Individuals Experiencing Homelessness and Behavioral Health Disorders

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Learning Objectives
Participants will learn:

• How to use a strengths-based, client-centered approach to case management with individuals with behavioral health problems who are experiencing homelessness

• Examples of Evidence-Based Practices that are useful with individuals with behavioral health problems who are experiencing homelessness.

• Examples of effective and innovative ways to assist individuals experiencing homelessness to obtain and remain in stable housing.

• How to facilitate housing placement and recovery by working more closely with housing programs and organizations serving individuals experiencing homelessness and behavioral health issues.
OVERVIEW

• Characteristics of Households Experiencing Homelessness

• Housing First Approach

• Effective Case Management Approaches

• Housing Crisis Response System

Characteristics of Households Experiencing Homelessness
THE PROBLEM OF HOMELESSNESS (MISCONCEPTIONS)

An individual who lacks housing
Almost 1 million Florida households are severely “housing cost-burdened,” paying more than 50% of their income for housing.

Florida Homelessness by the Numbers

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total #</td>
<td>32,109</td>
</tr>
<tr>
<td>Chronic Substance Abuse</td>
<td>4,266</td>
</tr>
<tr>
<td>Severely Mentally Ill</td>
<td>4,747</td>
</tr>
</tbody>
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2017 Home Matters Report, Florida Housing Coalition
Housing First Approach

Homelessness should be:
- Rare
- Brief
- Non-recurring

Housing is the platform for recovery, so housing comes first.
United State Interagency Council on Homelessness: Summary

“The Housing First approach has several key features:

• Few programmatic prerequisites,
• Low barrier admission policies,
• Rapid and streamlined entry into permanent housing,
• Voluntary and engaging supportive services, and
• A focus on housing stability.”

Source: SNAPS in Focus: Why Housing First (7/24/2014)

United State Interagency Council on Homelessness: Summary

“Adopting Housing First has to go beyond this project-by-project implementation.”

“Housing First is a whole-system orientation … It is about 'changing the DNA' of how a community responds to homelessness.”

Source: SNAPS in Focus: Why Housing First (7/24/2014)
Effective Case Management Approaches

Must Haves

- Trauma-Informed
- Strengths-Based
- Recovery-Oriented
- Client-Centered
**Trauma-Informed**

In a Massachusetts study, 92% of women surveyed who were experiencing homelessness had experienced severe physical and/or sexual assault at some point in their lives. Sixty percent had experienced such assaults by the age of 12.

Many women experiencing homelessness suffer from emotional symptoms:

- Major depression (47%)
- Substance abuse (45%)
- PTSD (39%)

[From National Association of State Mental Health Directors](https://www.nasmhd.org)
A Trauma-Informed Organization...

Realses
Recognizes
Responds
Resists

Principles of Trauma-Informed Care

• Safety
• Trustworthiness and transparency
• Peer support and mutual self-help
• Collaboration and mutuality
• Empowerment, voice, and choice
• Cultural, historical, and gender issues
Recovery-Oriented
Values

- Participant is expert on their own life
- Strengths-based
- Person-centered
- Recovery looks different for everyone

Harm Reduction

- Does not minimize or ignore the real and tragic harm and danger associated with behavioral health disorders.
- Accepts, for better or worse, that drug use and untreated mental health disorders are part of our world and the lives of those with whom we work.
- Works to minimize the harmful effects rather than ignore, condemn, or demand treatment or sobriety/treatment at all times.
- Recognizes that some ways of using drugs are clearly safer than others; some approaches to living with mental health disorders are clearly safer than others.
- Affirms consumers themselves as the primary agents of reducing the harms related to behavior.

Harm Reduction Coalition
STRENGTHS-BASED MEANS...

- Not just identifying barriers

  - What strengths does the consumer have? Family support, any income sources, keeps appointments

- When a consumer is sitting in front of you, that is often a choice they have made to seek help – start from there

- Consumers are often very resilient - our job is to continually remind them of that resilience
There is No “Failing”

- Get rid of noncompliance
  - Consumers are going to have ups and downs in treatment
  - Consumers are consumers for a reason
- When consumers pull away, we increase engagement
- Do not exit consumers too quickly

Staffings are solution-based opportunities

- Difficult times can be a sign a higher level of services may be needed
- We cannot predict who will succeed and who will “fail”
  - Everyone should be given the same opportunities, not just “compliant” consumers
Example – “Mary”

Focus on Barriers

• High utilizer with over 15 inpatient psychiatric admissions in 6 months
• Cycling through the system
• In denial of substance abuse
• Refusing housing options that have been recommended
• Misses appointments

Focus on Strengths

• Engaging with the mental health system on some level
• Receptive to outreach worker
• Potential Supplemental Security Income/Social Security Disability Insurance Outreach, Access and Recovery (SOAR) candidate
• Fewer admissions when housing was stable in the past
• Responds well to peer support

Client-Centered
**What is a Client/Person-Centered Approach?**

- Assessments are based on consumers’ strengths, goals, risks, and protective factors.
- Tools and assessment processes are easily understood.
- Sensitive to consumers’ lived experience.
- Offer choice in decisions about housing programs, treatment options, etc.
- Consumers are able to understand to which program they are being referred.

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**Case Manager Role**

**Is Not...**

- Fixing people (They are not broken)
- Using coercion to accept treatment
- Dismissing or minimizing the importance of their goals
- Using a “parenting” style
  - You know best

**Is...**

- Respecting choices even when we think differently
- Providing a safety net if/when there is relapse or slips
- Being transparent
- Encouraging autonomy
- Facilitating recovery
Housing Crisis Response System

CONTINUUM OF CARE

1. Planning to prevent and end homelessness
2. Fund housing programs and services working to prevent and end homelessness
3. Coordinate local collaborative efforts
Continuum of Care Geographic Areas and Designated Lead Agencies

CoC Lead Agency Contacts:
DCF Homeless Leads

Components of an Effective Housing Crisis Response System

Outreach & Coordinated Entry
Prevention & Diversion
Effectively Ending Homelessness
Permanent Supportive Housing
Emergency Shelter
Rapid ReHousing
Coordinated Entry

a consistent, streamlined process for accessing the resources available in the homeless response system

Image: Los Angeles

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Rapid Re-Housing

- Housing intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

- Offered without preconditions.

- Resources provided are tailored to the needs of the household.
Permanent Supportive Housing

• Not time-limited

• Financial assistance and support services

• Appropriate for most vulnerable

• Intensive case management and Assertive Community Treatment have been shown to be the most effective support services

The Solution That Saves: Florida Evidence

78% → reduction in costs associated with arrests and jail bookings
88% → reduction in costs associated with homeless services
63% → reduction in overall hospital costs
73% → reduction in emergency room visits

https://abilityhousing.org/the-solution-that-saves/
Effective Interventions

- Permanent Supportive Housing
  - Started with Assertive Community Treatment
  - SAMHSA Evidence Based Practices Housing First Toolkit
  - Housing First Research Citations

- Housing with Supports
  - SAMHSA Homelessness
  - Housing Stability and Behavioral Health

- Motivational Interviewing
  - SAMHSA Evidence Based

- Progressive Engagement
  - Summary of PE

Innovative Example

Jacksonville Coordinated Entry System

- Couple Projects for Assistance in Transition from Homelessness (PATH) outreach with Coordinated Entry
- Mental health provider is agency responsible for Coordinated Entry
- Weekly meetings with homeless service providers, managing entities, behavioral health and substance abuse providers to prioritize housing
“If your services are meaningful to participants’ goals, they will choose engagement.”

Staff Observation from the Home Free rapid re-housing program in Portland, OR
Thank You!

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