

Understanding the Housing First Model

Promoting Engagement and Recovery Supports

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Objectives

- **Describe the development of the Housing First Model and the evidence supporting this approach**
- **Identify key elements of Housing First at the program and system level**
- **Explore the ways that Housing First is being adapted for use in other service areas**

Housing First Model: History and Evidence

How do people become homeless?

Injury or illness

Unemployment

Substance Use

Lack of healthcare

Domestic violence

Return from war

Family abuse

**Overwhelming
Loss**

Mental health conditions

Death in the family

Return from incarceration

Family rejection

Divorce or separation

How do people become homeless?

Lack of
affordable
housing

Disparities in
education
systems

Inadequate social
services for people
living in poverty

Wealth Gap

**Structures and
Systems that
support
homelessness**

Inadequate
Health Care

Child welfare

War on Drugs

Wage stagnation

Prison Industrial
Complex

Social
stratification and
disconnection

Institutional Racism

Department of Housing and Urban Development “HUD Homeless”



- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
- Families with children or unaccompanied youth (under 25 years old) who are unstably housed and likely to continue in that state.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

Department of Health & Human Services (HHS) Definition



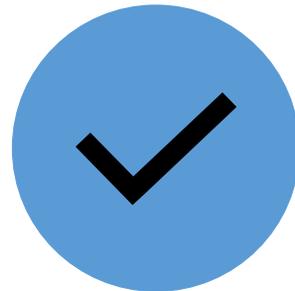
An individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or any other unstable or non-permanent situation.



An individual may be considered to be homeless if that person is “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.



In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to return to.



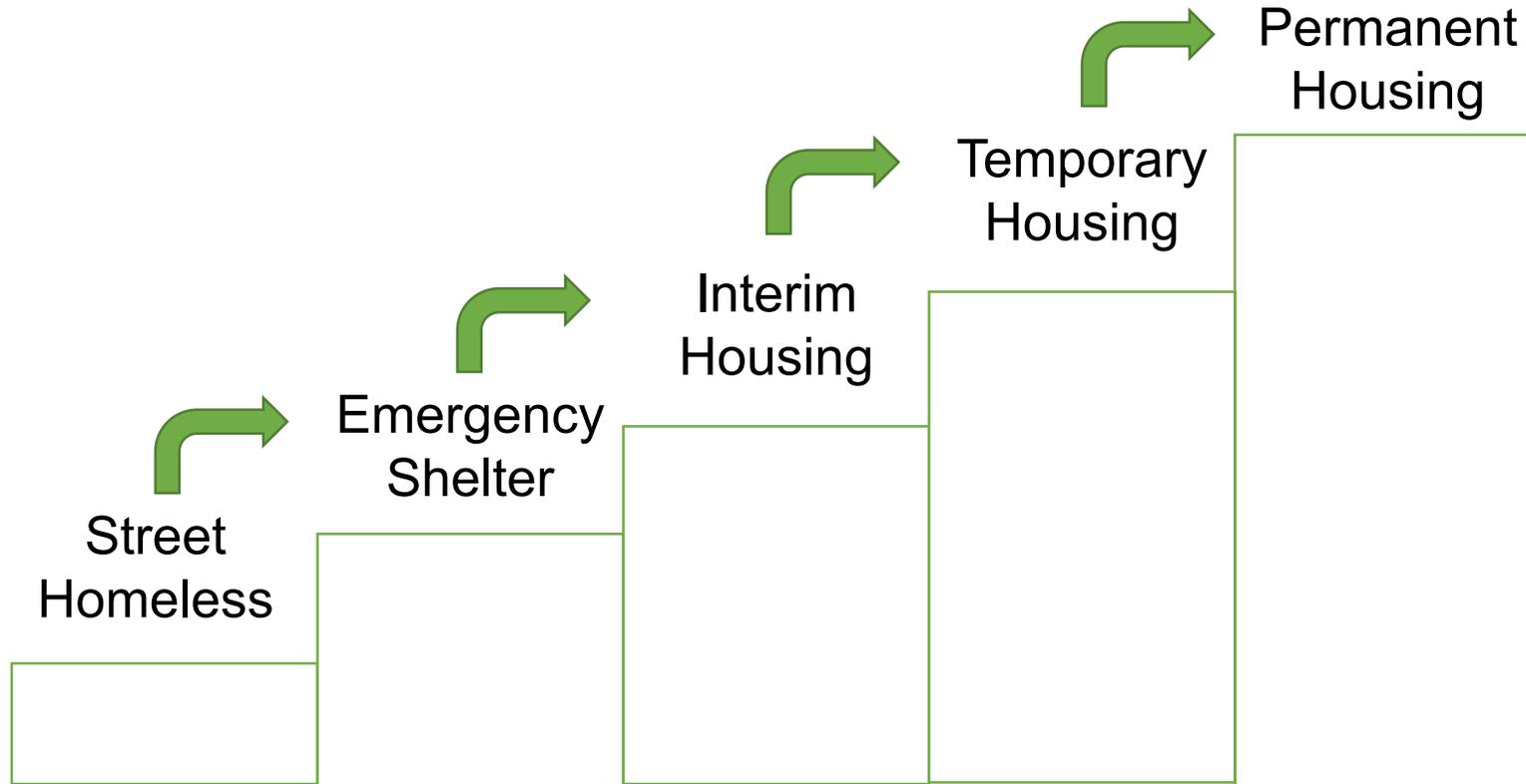
A recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness.

Dennis Culhane: Research on Homelessness in the 1990s

- Dennis Culhane actively studied homeless in the 1990s
- He analyzed trends in race, gender, sex, family status, and length of homeless stays
- Identified three groups based on shelter utilization
 - 81% transitional: brief stay in shelter, few admissions
 - 9% episodic: brief stays, multiple admissions
 - 10% chronic: long stays, few admissions

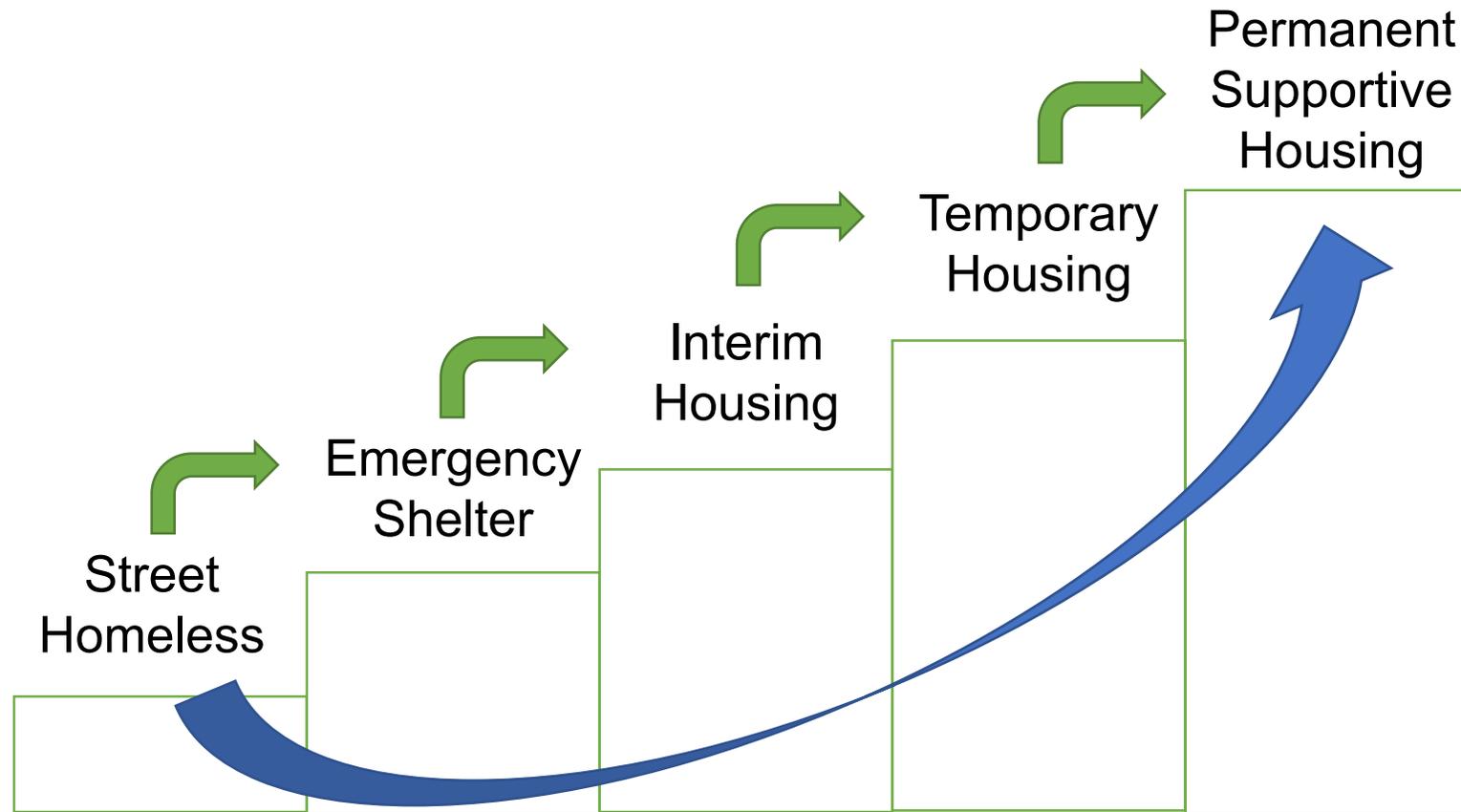
(Culhane, Metraux, & Wachter, 1999)

Housing Readiness vs. Housing First



Traditional housing readiness or “treatment first” approaches are effective for some, but not for the most vulnerable people experiencing homelessness.

Housing Readiness vs. Housing First

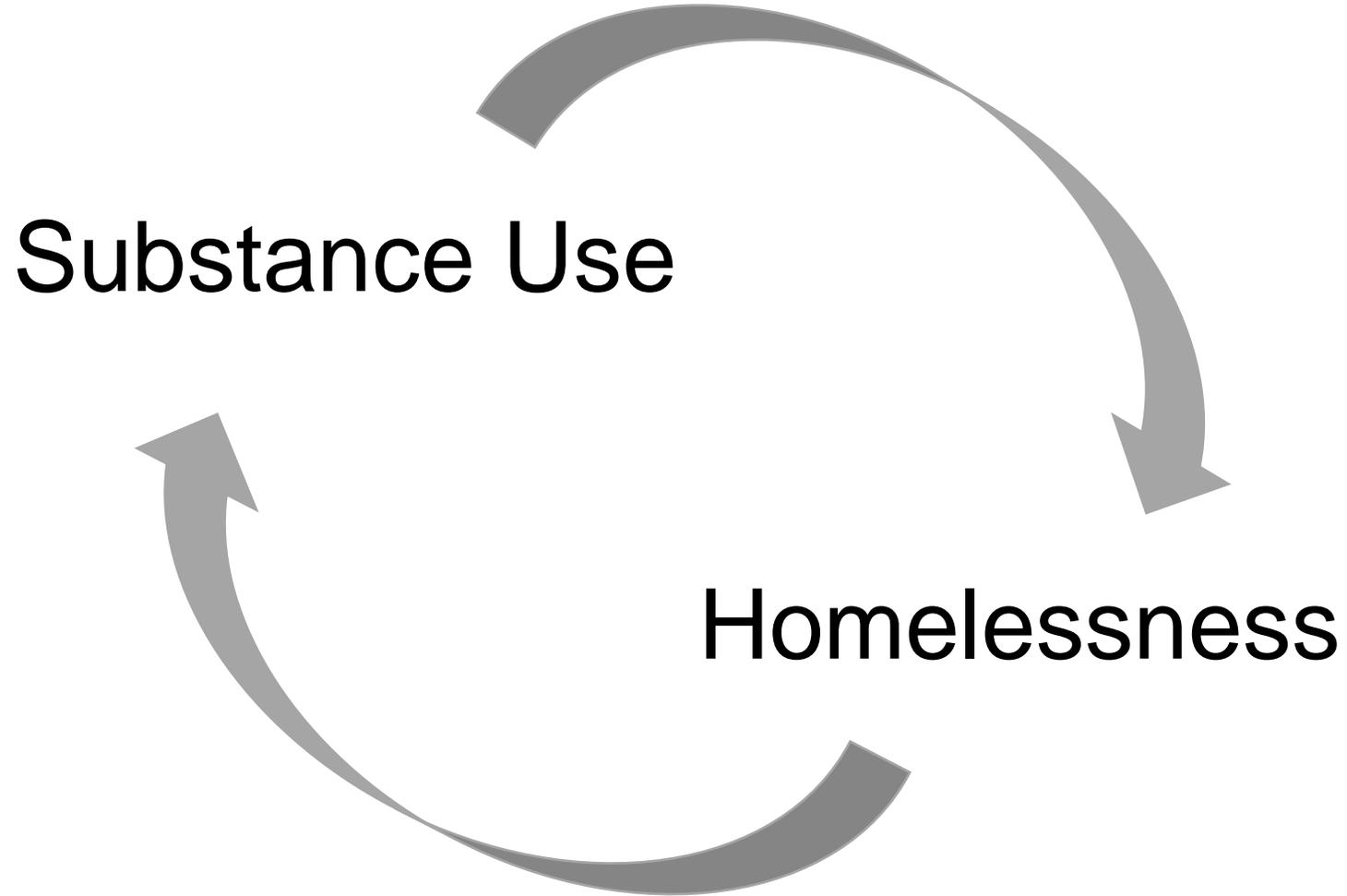


The Housing First approach makes homelessness the only prerequisite for housing eligibility and removes requirement to demonstrate readiness.

Housing First Philosophy

- No prerequisites—*housing is a human right*
- Values and respects individual choice and, given a choice, most choose independent housing
- People can stay housed and live independently, with appropriate support
- Housing provides a stable foundation for addressing health problems and other issues

Homelessness and Substance Use: Bidirectional Relationship



ASAM Criteria: Intersecting with Housing First

ASAM Criteria looks at Recovery and Living Environment because we know this plays a significant role in a person's ability to successfully make changes to their relationship with drugs.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

(Mee-Lee, 2013)

Housing First Works

Case Example: Massachusetts

- Home & Healthy for Good (HHG) started in 2006
- HHG provides permanent supportive housing to individuals experiencing chronic homelessness
- Operates using the Housing First Model
- As of June 2019, HHG has housed 1,105 people
 - *Only 57 individuals (5%) recidivated to homelessness*
 - After paying for the cost of the program, HHG generated an estimated annual savings of \$11,711 per person

(Massachusetts Housing and Shelter Alliance, 2019)

Housing First Impact on Mental Health and Substance Use

- Pathways to Housing program studied the impact of housing on chronically homeless individuals with a mental illness
- Study followed 225 participants over two years
 - Control: 126 in housing contingent on treatment and sobriety
 - Experimental: 99 in housing using a Housing First Model
 - *90% of all participants had a substance use disorder or history of it*
- Experimental group obtained housing faster and achieved higher rates of stability in housing over time
- Control group used more substance use treatment services and the disparity increased over time
- No significant difference in rates of alcohol/drug use or psychiatric symptoms

(Tsemberis, Gulcur, & Nakae, 2014)

The Housing First Model is Cost Effective



ER Visits



Hospitalizations



Residential Substance Use Disorder Treatment

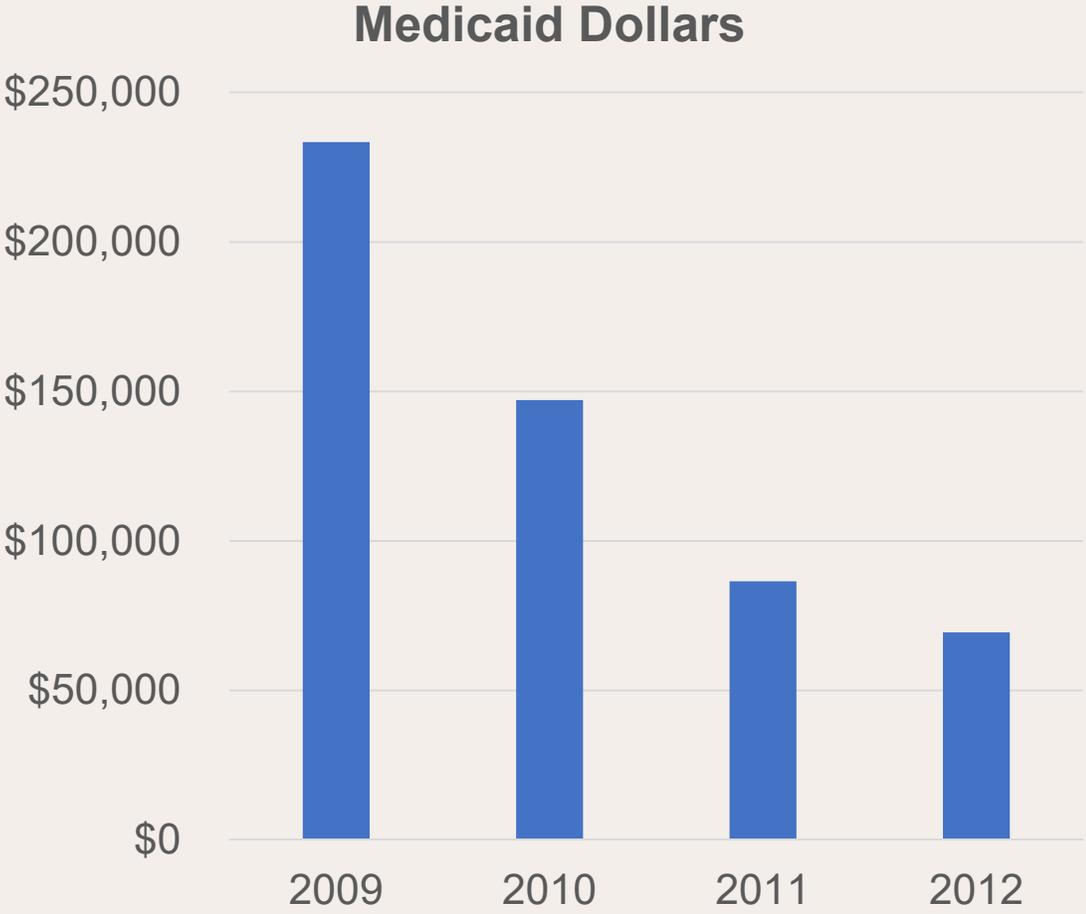
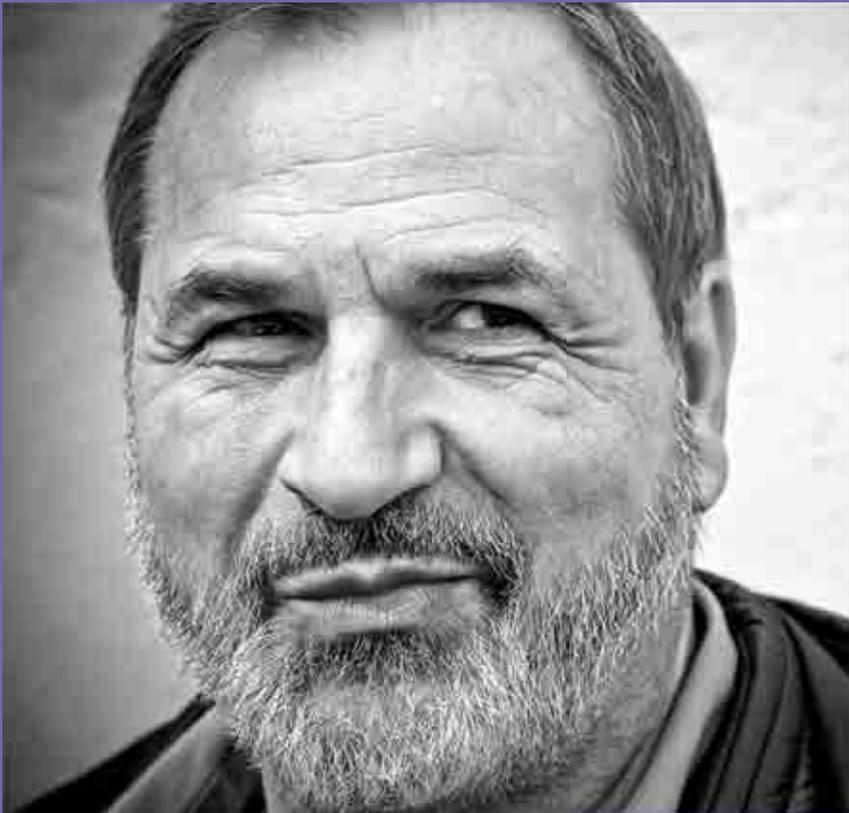


Legal Costs

- People experiencing episodic and chronic homelessness have complex health needs, but limited access to ongoing care
 - The most accessible resources are very expensive
- Providing permanent supportive housing to 100 chronically homeless individuals saved ***\$1 million in other public services***
- Improved health outcomes
 - People living with HIV/AIDS were twice as likely to have an undetectable viral load

(Basu, Kee, Buchanan, & Sadowski, 2012)

Alex's Story



Housing First Model: Key Elements and Ingredients

Pathways to Housing

- Pathways to Housing developed the Housing First Model
- Pathways Housing First was designed to house chronically homeless individuals who often have multiple disabling conditions, especially mental illness and substance use disorders
- Pathways housed individuals using a permanent supportive housing approach
 - Individuals paid 30% of income
 - Individuals were linked with an Assertive Community Treatment (ACT) Team
 - The only service requirement was that individuals met with a staff member at least twice a month

(Tsemberis, Gulcur, & Nakae, 2014)

Housing First Principles

Housing First Principles

- Immediate access to housing, no housing readiness conditions
- Consumer choice and self-determination
- Recovery orientation
- Person-driven supports
- Community integration

SAMHSA's Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

A life in recovery is supported by four dimensions

- Home
- Health
- Purpose
- Community

(Substance Abuse and Mental Health Services Administration, 2012)

Critical Ingredients to Housing First

- Low-threshold admissions policy
- Harm reduction
- Eviction prevention
- Reduced service requirements
- Separation of housing and services
- Consumer education

(Watson, Wagner, & Rivers, 2013)

Housing First Checklist: Program Level

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions
- Services are informed by a harm-reduction philosophy that recognizes that substance use is a part of some tenants' lives.
- Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

(United States Interagency Council on Homelessness, 2016)

Housing First Checklist: Community Level

- Your community has a coordinated system that offers a unified, streamlined, and user-friendly communitywide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.
- Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach.
- Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for individual/tenant engagement, such as motivational interviewing, person-centered counseling, critical time interventions, and trauma-informed care.

(United States Interagency Council on Homelessness, 2016)

Housing First Model: Inspiring Other Firsts

The “First” Model: Lowering Barriers

- Two additional service models integrate similar principles
 - ***Employment First***
 - ***Medication First***
- Reduce prerequisites
- Promote engagement in services
- Integration into existing, mainstream systems

Medication First: Background



“Increasing access to buprenorphine and methadone maintenance is the most effective way to reverse the overdose death rate. Increased treatment access will best be achieved by integrating buprenorphine induction, stabilization, maintenance, and referral throughout specialty addiction programs as well as primary care clinics and other medical settings throughout the mainstream healthcare system.”

(State of Missouri Department of Mental Health, n.d.)

Medication First: A Closer Look

- Developed by the Missouri Department of Mental Health and STR/SOR grant partners
- A proactive response to the overdose crisis
- Evidence demonstrates effectiveness of the use of medications to treat opioid use disorders
- Based in a belief that opioid agonist treatment can provide a stable foundation for pursuing other goals
- Not a medication-only treatment approach, services are participant-driven and promote self-determination
- Acknowledges that some people can be successful with only medication and medication management

(Williams, 2019)

Medication First Principles

- People with opioid use disorders receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatments planning sessions.
- Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits.
- Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy.
- Pharmacotherapy is discontinued only if it is worsening the person's condition.

(State of Missouri Department of Mental Health, n.d.)

Medication First: Do and Don't List

- Do not taper or discontinue buprenorphine or methadone in response to individual infractions
- Do not mandate participation in therapy to continue medical treatment
- Do not set a time limit for maintenance medical treatment
- Do not encourage rapid buprenorphine taper protocols
- Do not discharge based on positive drug test results for illicit drugs
- Do not switch from injectable to oral naltrexone for cost saving purposes only
- Do not discharge from a medical setting without enough medication to make it to first outpatient visit
- Do not withhold medical treatment based on staff capacity to provide psychosocial services
- Do individualize dose decisions based on individual factors like craving intensity and environmental support
- When adherence to treatment protocols becomes disrupted by individual behaviors, do increase individual accountability without discontinuing the needed medications.

(State of Missouri Department of Mental Health, n.d.)

Debrief



- **What is your program doing well?**
- **What is the most important thing you learned today?**
- **What is one specific change you will make when you go back to work?**

Questions and Comments

Thank you!



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Additional Resources

- Medication First handout:
https://static1.squarespace.com/static/594939ba197aea24a334ef60/t/5cdebda0626ca00001b97feb/1558101408852/Medication+First+Approach_1+paper.pdf
- @home: Housing First - Solution to End Homelessness - documentary featuring Mark Horvath & Sam Tsemberis
https://www.youtube.com/watch?feature=player_embedded&v=oMg9fc_bOpA
- All images used in this presentation were provided courtesy of
<https://pixabay.com/>

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