Introduction to Housing First

Andrew Spiers, LSW

www.HousingFirstUniversity.org
Today’s Agenda

✓ What is Housing First
✓ History of the Housing First model
✓ The five key principles
✓ Benefits
✓ Comparison to traditional models
✓ Key takeaways
Pathways to Housing PA

- High fidelity Housing First program in Philadelphia, PA
- Operating since 2008
- Grown from 70 to over 550 participants
- Eight clinical ACT/BCM teams
- Scattered site model
- Master leasing
What is Housing First?
• Evidence-based program model
• Assists individuals experiencing **chronic homelessness** who are living with severe mental illness and/or substance use disorder
• **Immediately** offers rental subsidies and permanent housing
• **No preconditions** or barriers
• No pre-determined end point
• **Wrap-around supports** are provided to assist the individual in maintaining their housing
Housing First

An evidence-based program model with 38 distinct fidelity measures utilizing ACT/ICM teams in permanent supportive housing.

housing first

A low-barrier housing approach. Relies on the 5 key principles. Seeks to meet someone’s basic needs first, then provide wrap-around support services.
History

• Founded by Dr. Sam Tsemberis in 1992
• Added to SAMHSA’s National Registry of Evidence-Based Programs in 2007
• Has been replicated in over 150 US cities and in many countries
• Pathways to Housing PA has been operating in Philadelphia since 2008
• Pathways VT & Pathways DC
What causes homelessness?

- *Environmental* Factors
- *Individual* Factors

What stereotypes do we have about people experiencing homelessness?
“The mental health system, as it is, isn’t accessible to [thousands of individuals]. What are we doing wrong? Imagine a hungry person with a wallet full of money standing outside a restaurant but not going inside. The restaurant owner is changing his window display, he is offering specials, he is pumping the smell of fresh bread outside, and still the hungry person with the wallet full of cash won’t come inside.

That is what is happening with our mental health system of care and the people who need it most.”

Hilary Melton

Executive Director of Pathways Vermont
Maslow’s Hierarchy of Needs

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one’s full potential, including creative activities

Basic needs → Psychological needs → Self-fulfillment needs
You saw a doctor and got a Rx.

– Do you have transportation fare to get to the pharmacy? Can you afford the co-pay? Where do you store your medications?

You have a follow-up appointment.

– Do you have a calendar to remind you? Do you know how to reschedule if you miss it?

You have a cell phone with a calendar and an alarm to wake you up for your appointment.

– Where do you charge it?
The Five Key Principles
Key Principles of Housing First

Immediate access to permanent housing with no housing readiness requirements

Participant choice and self-determination

Multiple pathways of recovery orientation

Individualized & participant-driven supports

Social and community inclusion
Immediate access to permanent housing with no housing readiness requirements

- **Everyone** deserves a safe, permanent place to live.
- Housing is a human right, not a privilege.
- Safety and shelter are primary.
- *Housing readiness?*
Participant choice and self-determination

- Person-centered
- Inherent worth and dignity
- Client preferences prioritized
- Empowerment
- Multiple service options, continual support
- Participants guide course of treatment
Multiple pathways of recovery orientation

- (Re)defining recovery
- Does not force treatment
- Peer support
- Harm reduction
- Holistic well-being
Individualized & participant-driven supports

- No standardization
- No one-size-fits-all
- Challenges stigma and systemic barriers
- On-demand supports
- Choice in all areas of programming
Social and community inclusion

- Combats stigmatization and isolation
- Community reintegration
- Meaningful social activity
  - ✔ Cultural, spiritual, and civic engagement
  - ✔ Vocation and recreation
  - ✔ Financial wellness
  - ✔ Relationships
Fidelity Measures

• Without the five key principles, it’s not Housing First

• High fidelity Housing First actually requires adherence to 38 individual principles in 5 categories
  – Housing Choice and Structure
  – Separation of Housing and Services
  – Service Philosophy
  – Service Array
  – Program Structure
Housing First is NOT

• A new, *radical* idea
• Housing *only*
• “Anything goes”
• A threat to the safety of others
• *Enabling*
• An intervention that only works for some
• A “one-size-fits-all” approach
Benefits of Housing First
Benefits

- 30-year track record
- **85-90% retention rate after five years**
- ↓ Need for more expensive programs
- ↑ Medication compliance & treatment adherence
- ↓ Hospitalization time
- ↑ Participant satisfaction
- Quick start up time
- Wider community benefit
Impact of Supportive Housing on Health

- Prevents onset of new illness and injury
- Improves access to high-quality, coordinated health/behavioral health care and other critical social services
- Promotes lifestyle behaviors that lead to good health

These efforts have lasting effects!

(Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health. CSH July 2014)
Comparison to Traditional Models
Homeless Services

• Shelters, Safe Havens, Cafes (more temporary)
• Longer-term D&A or mental health treatment
• Residential facilities tailored to individual needs
• Local Housing Authority
• Skilled Nursing Facilities
• Medical Respite

Photo by Kimberly Paynter for WHYY
Treatment First programs

• Temporary Housing > Transitional Housing > Permanent Housing
• May include drop in centers, safe havens, shelters, and transitional housing with stays ranging from 6-24 months
• Therapeutic milieu model
• Level system

• NOT EMPIRICALLY BASED
Comparison to Traditional Models

- Traditional PSH programs offer social services onsite in a congregate setting.
- Housing is offered as a reward for compliance with treatment.
- Punishing folks for displaying symptoms of their co-occurring disorders:
  - *Is this ethical?*
- This is the reason *chronic* homelessness exists!
**LRT**

- Based on **clinical assumptions** about what clients are and are not capable of
- **Provider knows best**
- Client must demonstrate desirable behaviors to **earn housing**
- Clients with SMI require around the clock **staff supervision**
- Clients have little say in their housing trajectory (**take what you can get**)
- Housing depends on availability

**Housing First**

- **Evidence-based** practice
- **Client is the expert**
- Housing is a **human right**
- Provide clients with a high level of **support** in the community so they can be **successful independently**
- Offered **choices** at every stage
- Move-in and relocation is much **quicker** due to use of open market rentals
Housing First is cheaper

It’s good for the individual and the community
• Serves individuals considered “not housing ready” by traditional programs
• Centers choice and self-determination
• Highly individualized
• Housing first, not housing only
• Holistic
• No time limit
• Cost effective
• EVIDENCE BASED!
Andrew Spiers, MSS, LSW
Director of Training & Technical Assistance
Pathways to Housing PA
ASpiers@pthpa.org
215-390-1500 ext. 1708

To learn more visit
www.HousingFirstUniversity.org
References