Housing First
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Founder CEO
Pathways Housing First Institute

HOW “TAKING PSYCH REHAB TO THE STREETS” ENDED HOMELESSNESS:
THE UNLIKELY STORY OF HOUSING FIRST
Bill Anthony
1943-2020

Dedicated to my friend and colleague, Bill Anthony in recognition of his enormous and lasting contributions to improving the lives with people with psychiatric disabilities.

Feb. 13, 1943 – July 15, 2020
Psychiatric Rehabilitation and Recovery

Recovery model as an organizing set of values for the entire mental health system.

"Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles" (Anthony 1993).
### Anthony Psych Rehab & Recovery

“ensure the system is driven by the client’s goals, not the system’s goals”

<table>
<thead>
<tr>
<th>VALUES BASED MENTAL HEALTH SYSTEM</th>
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</thead>
<tbody>
<tr>
<td>1) Opportunities for client self-determination (choice)</td>
<td>“choose, get, keep,” [supported employment or IPS]</td>
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<tr>
<td>2) Equipping clients with skills</td>
<td>“Recovery can occur even though symptoms reoccur”</td>
</tr>
<tr>
<td>3) Modifying the environment</td>
<td></td>
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<tr>
<td>4) Emphasis on here and now</td>
<td></td>
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<tr>
<td>5) Emphasis on client’s strengths</td>
<td>“Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself”</td>
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Homelessness in America 2020

PIT COUNT 2020

Total 567,715
Ind 396,045 (70%)
Family 171,670 (30%)
Chro 96,141 (17%)
Y <25 35,038 (7&)
Vet 37,085 (7%)
HUD BUDGET FOR SUBSIDIZED HOUSING (1976-2000)


Federal Policy by:

Coincides with increase in real estate values and rents – property as a commodity
Homelessness population is diverse: Who do we serve first?

1. Chronic (HUD)
2. Frequent users (Health Care Systems)
3. Most Vulnerable (Health Care Providers)
Homeless Policy: How do we provide services?

Deeply rooted contradiction in America’s cultural values:

Waver between assist vs. punish (save lives or save the economy? Help the homeless or ignore them? Offer help or or take away?)

1. Some laws disproportionately affecting people experiencing homelessness (poverty, public lives) others increase likelihood of housing treatment (class action)

2. Drop-In and Safe Haven versus Hostile Urban Design

3. Social services philosophy based on “assist but don’t enable” or “don’t work harder than the client” or based on trauma informed care and empowerment

4. There is no national housing strategy, no safety net (health, housing, education) these larger factors increases risk and increases numbers)
There is a correlation between GINI, homelessness, and social services.
Treatment as usual: Staircase Approach

TREATMENT FIRST:
BUILT ON SEVERAL NON-EMPIRICAL ASSUMPTIONS

STAIRCASE MODEL

Assumes:
Not housing ready
Treatment resistant
Not motivated-need incentives

Requires:
Supervision
Treatment compliance, and
Sobriety is a must
Homeless Services: Outreach, Shelter, Transitional, Permanent

10% of POPULATION USES 50% OF SYSTEM RESOURCES*

Literally Homeless or Unsheltered: A small and highly visible group that defines the public’s perception of homelessness

SPATIAL CHURN
Learning About the “Homeless Mentally Ill”

**BOGGS V. HEALTH HOSPS. CORP.**

Summary (Dec. 18, 1987 Appeal from the Supreme Court, New York County)

Upholding involuntary commitment of petitioner where evidence demonstrated that petitioner: was mentally ill, having been diagnosed with chronic schizophrenia, paranoid type; was unable to comprehend her need for food, clothing, or shelter so that a threat of serious harm to her well-being was present; was in danger of assault because she screamed racial epithets at people; and engaged in self-destructive behavior, such as walking in front of moving cars.

Robert M. Levy of counsel (Norman Siegel and Eric Friedberg, attorneys, ACLU), for respondent.

**EMERGENCY STREET OUTREACH NYC PROJECT H.E.L.P.**

ANNUAL NUMBER SERVED 3,500/YR
Approx. 325 Hospitalized About 50% returned to the streets
“Taking Psych Rehab to the Streets” (#MH-48215) from the NIMH and the CMHS

In the Choices program consumer choice was primary and consumers determined the sequence of services.

Staff provided continuity in relationships from outreach through long-term support in housing.

Staff were trained in the consumer-driven technology of psychiatric rehabilitation as developed at Boston University (Anthony et al., 1990).
## Paradigm shift in philosophy and practice

<table>
<thead>
<tr>
<th>Traditional Services</th>
<th>Psych Rehab / Consumer Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled/Not Competent</td>
<td>Capable/Honor Decision</td>
</tr>
<tr>
<td>Informed by Us</td>
<td>Informed by Client</td>
</tr>
<tr>
<td>Decisions are Ours</td>
<td>Decision is theirs</td>
</tr>
<tr>
<td>We determine sequence</td>
<td>They determine sequence</td>
</tr>
<tr>
<td>We determine type and frequency</td>
<td>They determine type and frequency</td>
</tr>
<tr>
<td>Needs external motivation</td>
<td>Is internally motivated</td>
</tr>
<tr>
<td>Is looking to take advantage</td>
<td>Is looking for help and kindness</td>
</tr>
</tbody>
</table>
“immediate access to housing”

“APARTMENT PROGRAM”

NO TREATMENT OR SOBRIETY REQUIREMENTS

TENANTS RIGHTS AND OBLIGATIONS

STANDARD LEASE 30% INCOME

MANDATORY HOME VISITS
“Although mental illness, substance abuse disorders, former incarceration, poverty, and weak social ties place individuals are higher risk of homelessness, the vast majority of individuals with any of these conditions is not homeless (even if all half million homeless faced all of these issues, there are millions of non-homeless Americans who face each issue as well).”
Pathways Housing
First Program

3 Essential Components

1. Supported Housing Program (need rent subsidy [$furniture])
2. Community-based treatment and supports
3. Services and treatment based on recovery principles

2 Requirements:
1) Standard lease (rights and responsibilities including 30% of income)
2) Visit by support services team (once a week or as needed)
Goal of Pathways Housing First
Housing stability and recovery

1. **Client directs services choice**: the sequence, type and frequency of service

2. Program provides **immediate access** to permanent housing, **plus** the support services needed to address client needs/goals

3. Recovery: **Improve quality of life**, social inclusion
Include participants’ voice in the program

<table>
<thead>
<tr>
<th>Hire</th>
<th>Hire people with lived experience as paid staff</th>
</tr>
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<tbody>
<tr>
<td>Incorporate</td>
<td>Incorporate cultural values and practices</td>
</tr>
<tr>
<td>Include</td>
<td>Include a community governance model</td>
</tr>
<tr>
<td></td>
<td>PROGRAM PRINCIPLES (5)</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Consumer choice</td>
</tr>
<tr>
<td>2</td>
<td>Separation of housing and services</td>
</tr>
<tr>
<td>3</td>
<td>Services array must match needs</td>
</tr>
<tr>
<td>4</td>
<td>Recovery focused practice</td>
</tr>
<tr>
<td>5</td>
<td>Community Integration/Social Inclusion</td>
</tr>
</tbody>
</table>
Harm reduction and assuming liability

“If we cannot trust others to know themselves and their needs, we will end by oppressing them.”


Evidence of Housing First Program Effectiveness

How do we know this program is effective?
What is the evidence?
NY Housing Study (N=225; E =99, C=126)
Proportion of Time Stably Housed (ajph 2004; PS 2015)

Note. Significant at 6-, 12-, 18-, 24-, 30-, and 36-month.
Housing First Programs, Choice & Psychiatric Symptoms

Adapted from Greenwood et al, 2005.
Countries that have Implemented HOUSING FIRST

- Canada
- United States of America
- Australia
- New Zealand
- Netherlands
- Portugal
- France
- Finland
- Norway
- Sweden
- Denmark
- United Kingdom
- Ireland
- Belgium
- Czech Republic
- Germany
- Italy
- Spain
- Argentina
- United States of America
- Belgium
- Australia
- New Zealand

(Coming 2020)
Housing First in 5 Cities (N=2,215)
Different sizes and populations

Vancouver
Pop: 578,000

Winnipeg
Pop: 633,000

Montreal
Pop: 1,621,000

Moncton
Pop: 107,000

Toronto
Pop: 2,503,000

AT HOME/
CHEZ SOI
2009-2014
Over 100 papers
MHCC
76,329 homeless veterans
56% reduction in 3 years

54% reduction inpatient
32% reduction outpatient
Main Outcome Measures: Housing stability, physical and mental health outcomes, and health care utilization.

Results: 26 Studies (RCT only) in the United States and Canada

Compared with Treatment First, Housing First programs:

- Decreased homelessness by 88% and improved housing stability by 41%;
- For patients living with HIV infection, HF programs reduced homelessness by 37%, viral load by 22%, depression by 13%, emergency departments use by 41%, hospitalization by 36%, and mortality by 37%.

Conclusions: Housing First programs improved housing stability and reduced homelessness more effectively than Treatment First programs. In addition, Housing First programs showed health benefits and reduced health services use.
System transformation: introducing disruption to status quo

Introducing a new program is disruptive to the rest of the system

Many programs adopt language of new practice but only the language

SYSTEM TRANSFORMATION requires a commitment to change practice

Goal is to maximize outcomes and system resources
Using Housing First and the Impact on Shelter Programs

Pine Street’s Shift from Shelter to Housing

Five percent of shelter guests use 53% of bed nights. Moving the 5% to housing frees up capacity, saves money, and improves quality of life.

Guest Use of Bed Nights by Length of Stay, Men’s Inn

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>% of Guests</th>
<th>% of Bed Nights</th>
<th>Guests ≤ 100</th>
<th>Bed Nights ≤ 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 days or less</td>
<td>55%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to 10 days</td>
<td>20%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 days to 5 weeks</td>
<td>12%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 20 weeks</td>
<td>8%</td>
<td>29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 months or more</td>
<td>5%</td>
<td>53%</td>
<td></td>
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</tbody>
</table>

Creating housing for long-term guests will reduce the demand for shelter and free up capacity for emergency stays.
Shelter utilization and capacity in when housing chronically homes using housing first approach

CAPACITY Shelter of 30 beds = 30 x 365 = 10,950 bed nights

**Average stay per guest:**

<table>
<thead>
<tr>
<th>Annual Shelter Capacity</th>
<th># Guests</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 nights per guest =</td>
<td>3,650</td>
</tr>
<tr>
<td>150 nights per guest=</td>
<td>73</td>
</tr>
</tbody>
</table>
Shift from Shelter Beds to Permanent Housing*

<table>
<thead>
<tr>
<th>Year</th>
<th>Housing Units</th>
<th>Shelter Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY '02</td>
<td>995</td>
<td>715</td>
</tr>
<tr>
<td>FY '09</td>
<td>1,204</td>
<td>691</td>
</tr>
<tr>
<td>FY '12</td>
<td>1,485*</td>
<td>735</td>
</tr>
<tr>
<td>FY '13</td>
<td>1,485</td>
<td>695</td>
</tr>
<tr>
<td>FY '14</td>
<td>1,523</td>
<td>853</td>
</tr>
<tr>
<td>FY '15</td>
<td>1,545</td>
<td>875</td>
</tr>
<tr>
<td>FY '16</td>
<td>1,579</td>
<td>909</td>
</tr>
<tr>
<td>FY '17</td>
<td>1,623</td>
<td>953</td>
</tr>
</tbody>
</table>

Shift from Shelter Beds to Permanent Housing* includes numbers from merger with hopeFound, April 1, 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>% Housing</th>
<th>% Shelter Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY '02</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>FY '09</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>FY '12</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>FY '13</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>FY '14</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>FY '15</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>FY '16</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>FY '17</td>
<td>59%</td>
<td>41%</td>
</tr>
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*Shift from Shelter Beds to Permanent Housing includes numbers from merger with hopeFound, April 1, 2012.
Bergen County community-wide initiative to end chronic homelessness

Bergen County main ingredients for the County’s strategy for ending homelessness:

1) Provide **one-stop** housing health and employment services with a welcoming environment

2) Adopt the [Housing First Model](#); Change the focus from fixing people to finding them housing.

3) Create a **community wide vision** where government, faith-based and non-profit collaborate and where everyone is bought into the same philosophy and goal

4) Provide **low-to no-barrier housing focused sheltering**. (For example, no intake process that involves extensive questioning or identification requirements.)

5) Adopt a [County Homeless Trust Fund](#). Need additional financing to acquire property, purchase housing rental vouchers, fund supportive services, and provide family homeless prevention projects.
# 10-year outcomes for Ireland and Finland 2008-2018

<table>
<thead>
<tr>
<th>IRELAND</th>
<th>FINLAND</th>
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<tbody>
<tr>
<td>Pop. 4.75 M (1/3 Dublin)</td>
<td>Pop. 5.5 M (1/4 Helsinki)</td>
</tr>
<tr>
<td>Addresses homelessness as an emergency or emergency accommodation</td>
<td>Adopted HF as National policy</td>
</tr>
<tr>
<td><strong>In 2008 had 600 shelter beds</strong></td>
<td><strong>In 2008 had 564 shelter beds</strong></td>
</tr>
<tr>
<td>2008 CRISIS Increased the investment in shelters and emergency accommodation</td>
<td>Converted shelters to permanent housing (national lottery)</td>
</tr>
<tr>
<td>Promised development of social housing in the future</td>
<td>Invested in developing affordable housing (12,000 units)</td>
</tr>
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</table>
Finland ends chronic homelessness
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
Why Fidelity?

Understand current practice & make improvements
- How are services being delivered?
- How are staff roles understood and enacted?

Goal is to maximize outcomes

Learn about effective ways to apply values & principles
Higher fidelity to Housing First is associated with housing stability, recovery-oriented practice, and improved quality of life.
Thank You!

Questions/Comments?

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