

# Low Threshold Housing in Action

Promoting, Supporting and  
Implementing Change in the  
Service Delivery System

# Low-Threshold Housing and Harm Reduction

## ***Low-Threshold Housing (LTH)***

Housing based on the principle that stable housing is an essential opportunity to effectively engage individuals in harm reduction activities. By its nature, LTH is inclusive and rooted in understanding the unique needs of both the resident and the community. The focus is on behaviors and experiences related to a resident's current tenancy (as opposed to past actions).

## ***Harm Reduction***

A prevention approach that engages individuals at their current level of motivation for behavior change and assists them in considering a range of options that reduce immediate harm.

# Why Consider Low Threshold Housing (LTH)?

## ■ Reflects a paradigm shift in thinking

**OLD** *People had to be ready/worthy for housing ("high" threshold housing)*

**NEW** *Housing is a right for everyone and is critical for clients to sustain changes in their lifestyle and improve their self-sufficiency*

## ■ Accepts the reality of how people live their lives and change.

- HR approach is more compatible with how people live their lives....

## ■ Recognizes changing needs among people living with HIV/AIDS.

- Changing aspirations for people living with HIV/AIDS as the need for "end of life" care diminishes

## ■ Proven impact that stable housing has on reducing risky behaviors and improving health outcomes\*.

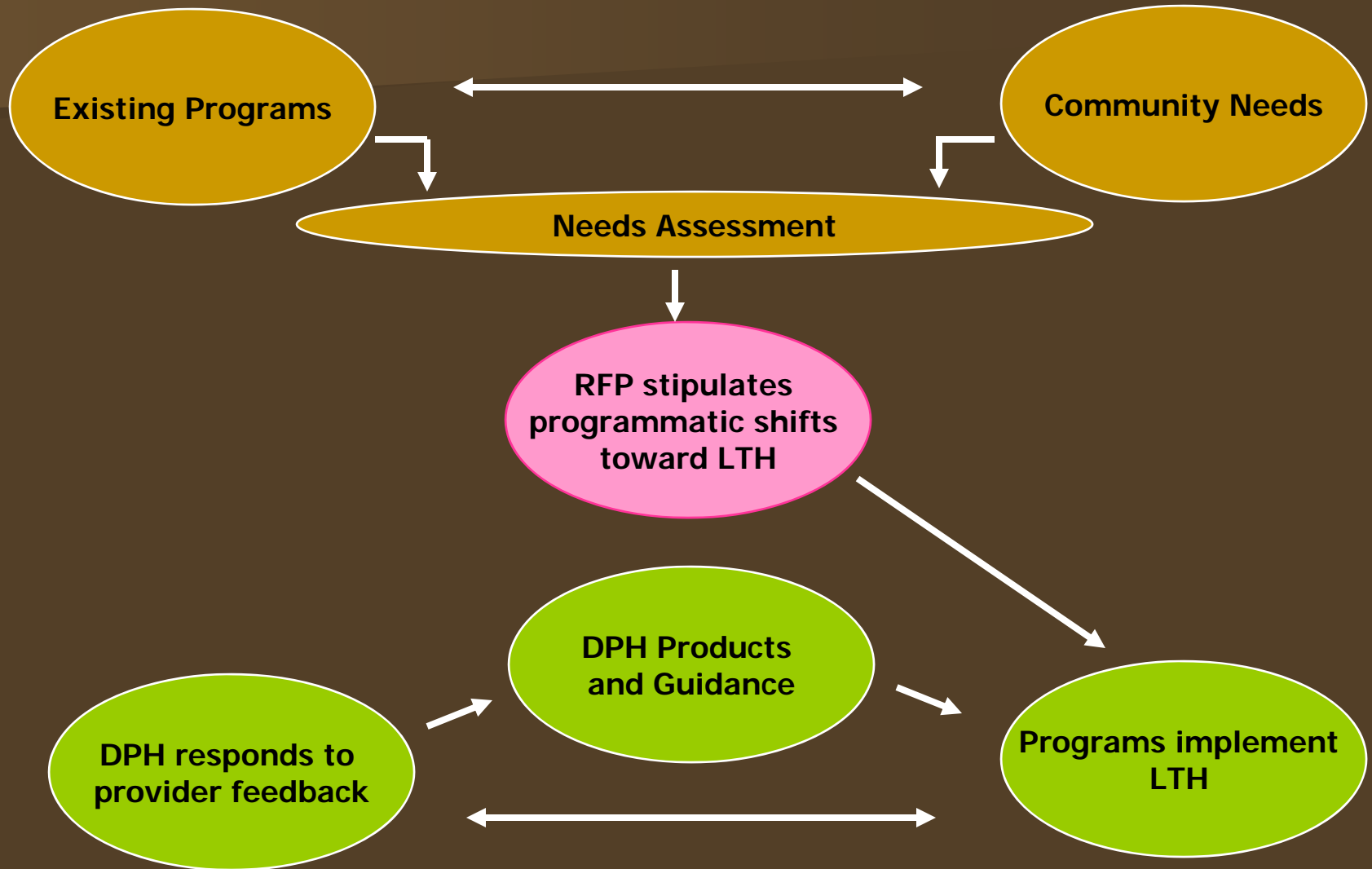
- Stable housing is significantly associated with treatment success among PLWHAs.
- Homeless or unstably housed persons were two to six times more likely to use hard drugs, share needles or exchange sex than stably housed persons with the same personal and service use characteristics.
- Over time, homeless/unstably housed persons whose housing status improved were five times more likely to report a recent HIV outpatient visit than persons who did not change their housing status.

# The Massachusetts Experience...

## Since the implementation of the MDPH HIV/AIDS Bureau 2004 Housing RFP mandates...

- Programs gradually implement a Harm Reduction approach to providing services within low-threshold housing.
- Providers ensure that staff are knowledgeable and skilled in harm reduction principles and motivational interviewing strategies.
- Increased opportunities for communication, feedback, and collaboration between providers, funders, and other stakeholders.
- Based on provider feedback, DPH has developed guidance and tools on specific challenges related to implementing LTH.

# The Massachusetts Experience...



# Low Threshold Housing Program Implications (Organizational Level)

- Consider the rationale for housing policies and protocols including entry criteria and program agreements.
  - Consider the needs of both the individual and the community
  - Be intentional and thoughtful in developing your program
- Support services need to be client-centered, client-driven and readily accessible.
- Consider staffing capacity, structures, and training needs as the program/agency transitions to a LTH model.
- Recognize and engage with landlords and other community stakeholders as partners in LTH efforts.

# Harm Reduction Housing Program Implications (Service Level)

- Emphasize the necessity of safe and secure housing and the role of support staff in helping tenants stay housed.
  - Be clear about (and differentiate between) the *Program Agreement* and the *Lease* and help residents meet the expectations for both.
- Stress the impact of a client's behaviors on a successful tenancy.
- Be patient, encourage and recognize individual choice, and offer options for flexible programming.
- Provide necessary support and supervision to staff.

# Low Threshold Housing Service Implications

## Lessons Learned...

- Change takes time, patience, and a willingness to take risks.
- Clarify and educate staff and clients about what is meant by LTH (i.e. it is not a "free-for-all" model).
- Promoting a client-centered approach to supportive services in LTH requires a vision supported with concrete strategies.
- "It takes a village" to make LTH successful.

# Presenters

Feel free to call or write us for more information:

■ Sarah Oppenheimer, MSPH

Housing Services Program Manager

Cambridge Cares About AIDS

617-599-0222

[soppenheimer@ccaa.org](mailto:soppenheimer@ccaa.org)

■ Allen Spivack, LICSW

Director of Residential Support Services and Training

MA Department of Public Health, HIV/AIDS Bureau

617-624-5330

[allen.spivack@state.ma.us](mailto:allen.spivack@state.ma.us)

# Resources

## ■ Harm Reduction

[www.harmreduction.org/article.php?list=type&type=65](http://www.harmreduction.org/article.php?list=type&type=65)

## ■ Motivational Interviewing

<http://motivationalinterview.org/library/index.html>

## ■ Community Supports

- Mass Resources (free online resource for MA residents in need of housing, food, health care, and other basic services)

[www.massresources.org](http://www.massresources.org)

- United Way-Beehive (connects to a variety of local resources; very user-friendly)

[www.thebeehive.org/Templates/National/Default.aspx?PageId=1](http://www.thebeehive.org/Templates/National/Default.aspx?PageId=1)

## ■ Housing First and Housing/Health Research

<http://www.nationalaidshousing.org>

<http://www.endhomelessness.org>