

# Ending Homelessness: Housing First Policy and Practice

4 Elements essential for  
Housing First programs

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# Housing First

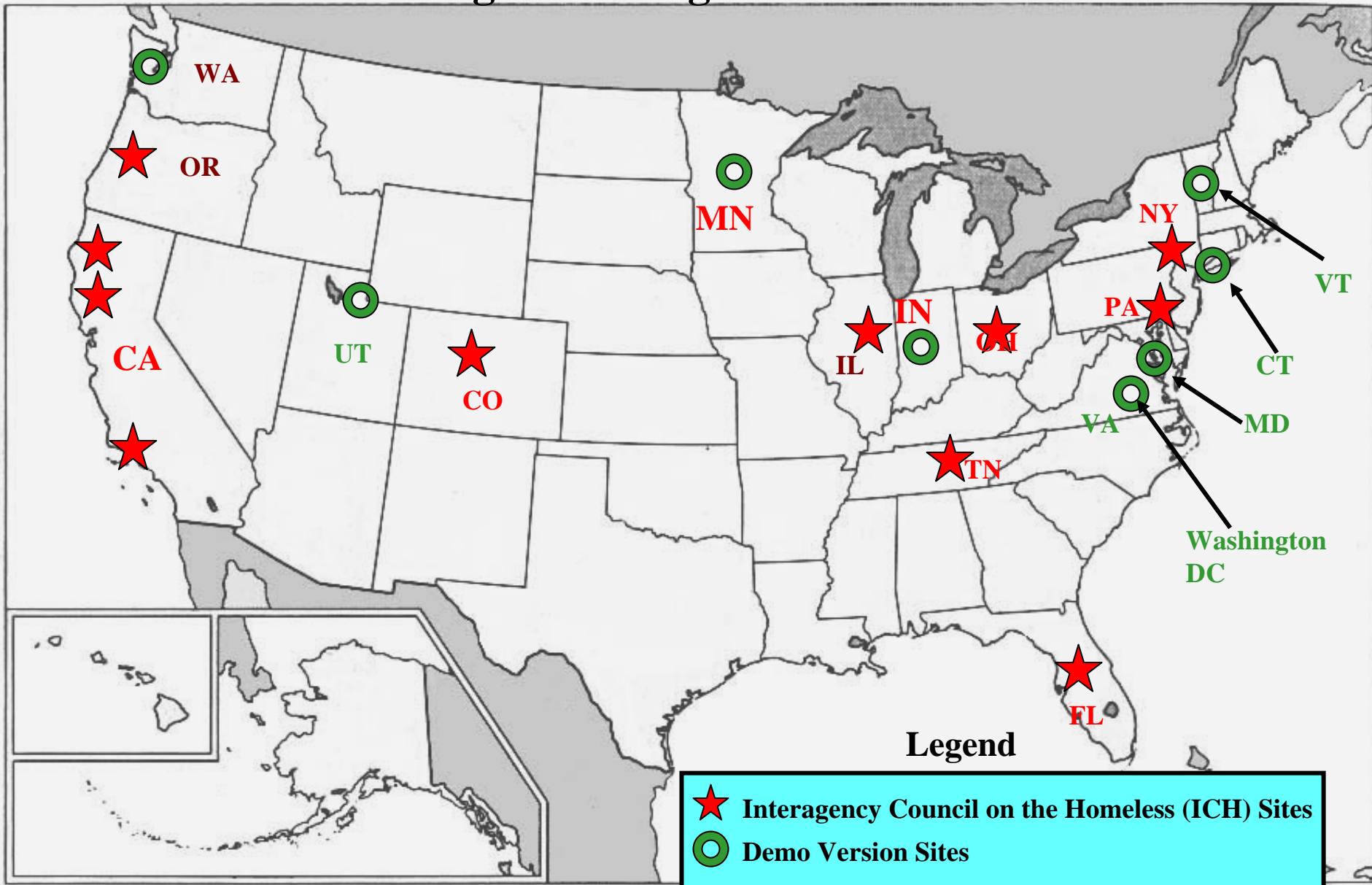
- What is housing first?
- Who is it for?
- When did it come about?
- How does it work?
- Why is it so effective?

# HOUSING FIRST PROGRAMS

## Main Components

1. Housing: Scatter site independent apartments rented from community landlords or single site
2. Treatment: Treatment and support services provided using Assertive Community Treatment (ACT) Teams or on site services

# Housing First Programs in The USA



## Legend

- ★ Interagency Council on the Homeless (ICH) Sites
- Demo Version Sites

# 4 Elements of Housing First

- 1. Consumer Choice
- 2. Separation of Housing and Services
- 3. Recovery Orientation
- 4. Effectiveness

# 1. CHOICE solves the problem of Access

There is a vast disconnect between what most supportive housing providers offer and what consumers want.

Most supportive housing programs only admit clients who have demonstrated 'housing readiness', i.e., are participating in psychiatric treatment and have achieved a period of sobriety and are committed to observing program rules (ongoing treatment, curfews, guests, etc.)

Essentially *treatment and sobriety first.*

# Example of eligibility criteria for supportive housing:

To get into the door

(NYC Survey-of what providers 2005)

- **Clean time** –92.5% of Providers require
- Methadone – 11 % exclude
- **Insight** into mental illness
- **Compliance with treatment**
- **Criminal background**
  - Sex offenders – 82% exclude
  - History of arson – 80% exclude
- Credit checks

# What consumers want: Housing, *first!*

- HOUSING is consumers first choice! Hence Housing *First*
- Consumers want immediate access to permanent independent housing;
- not participation in treatment or a period of sobriety as a precondition for housing
- Housing *First* refers to this disruption in the usual sequence of treatment then housing AND refers to *honoring the consumer's preference* for selecting services

# Consumer choice as a continuous process in Housing First programs

- Once housed consumers **continue to choose** the type of service and sequence of services (or may choose not to participate in services – (PtH for all tenants there is a weekly visit))
- Choices include the **right to wrong choices** that may lead to failure – (it is the same process that leads to the right choices **the experience of success**)

## 2. Separation of Housing from Clinical Services

- **Separation of housing from treatment**
  - To obtain housing and to keep housing tenants must pay rent and observe rules of a standard lease
  - **Relapse (SA or MH) does not result in housing loss or discharge from clinical services** (I.e., if housing is lost ACT team works with person to find next unit)

# Landlords as program partners: Landlord, agency, and tenant have a common goal

- Landlord, agency, all want quality, safe, well managed apartments
- Landlord wants agency that ensure rent is paid on time and is responsive to landlord concerns
- Agency wants landlord to contact agency in the event of matters relating to their consumers before major problems occur
- Communication and responsiveness prevents eviction and prevents problems from developing into crises

# ACT teams: Treatment and support services

- Multidisciplinary team (MD, MSW, CSAC, RN, etc)
- Serves people with highest needs (severe mental illness; substance abuse; homeless, long periods of hospitalization, criminal justice; involuntary commitment orders, etc.)
- Services are provided directly, 80% in the community  
7-24-365
- Team practices with Consumers Consumer driven philosophy (Consumer Choice & Focus on Recovery)  
– goal is community integration

# 3. Recovery oriented services

- We now know that people who are diagnosed with severe mental illness (and co-occurring SA) can live full and independent lives in the community.
- How do we support more individuals to achieve this goal?

# Programs elements that support recovery

- Design the housing and services with a vision of recovery in mind: fully integrated into the community, indistinguishable from anyone else's place
- *Rent and/or develop housing that looks like normal housing not a program (integrated into the community)*
- Design the program so that the services can walk away from the person who no longer needs (or return if necessary)

# If, programs support recovery, then...

- *Provide services that support recovery: supported employment, education, wellness management, etc., in at least equal proportion to mental health and drug treatment services*
- Provide housing in a manner that that can change o accommodate positive family developments

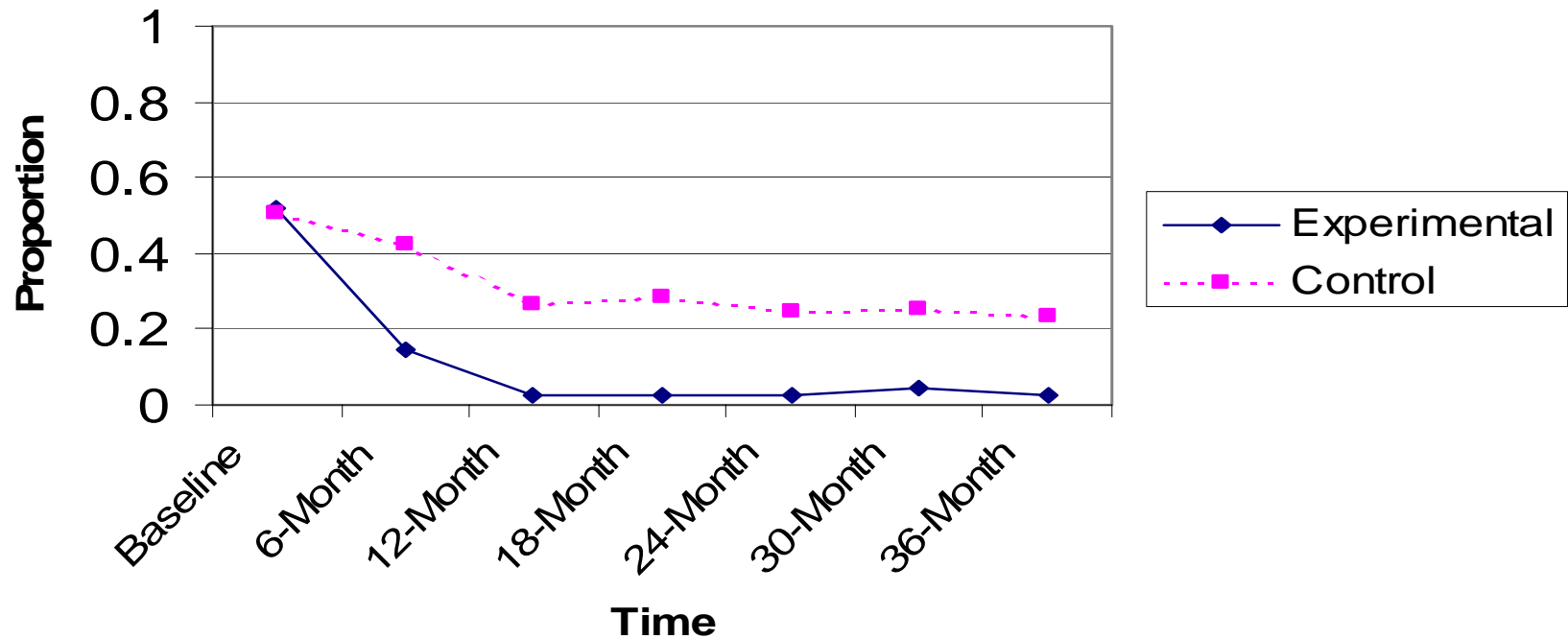
If, programs support recovery,  
then...

- **Convey hope**, offer choice, be patient, nurturing, compassionate, respectful, seek and discover capabilities, and create possibilities

# 4. Effectiveness

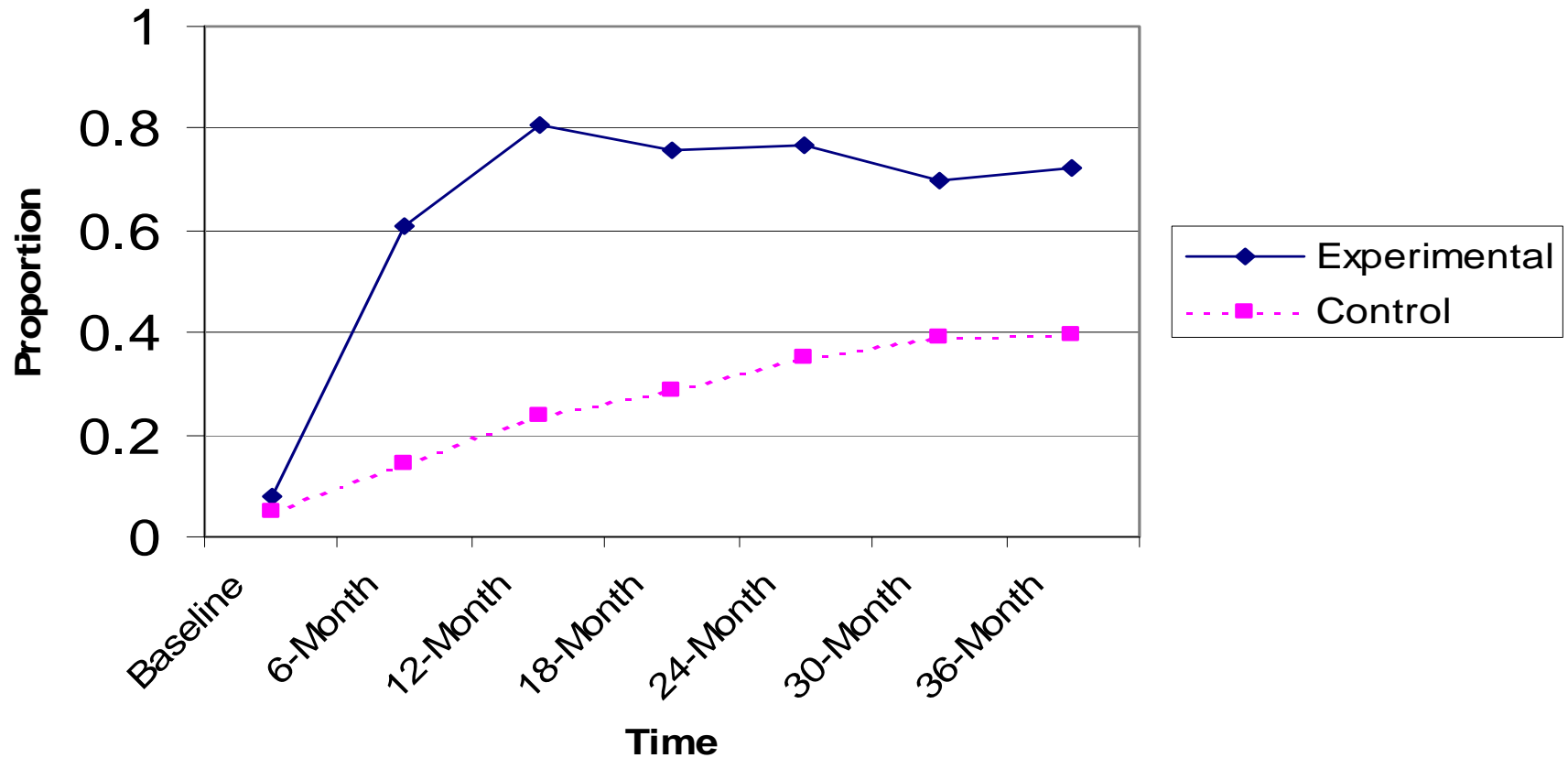
CQI: Ongoing Program Evaluation  
and Improvement

# Proportion of Time Literally Homeless



*Note.* Significant at 6-, 12-, 18-, 24-, 30-, and 36-month.

# Proportion of Time Stably Housed



Note. Significant at 6-, 12-, 18-, 24-, 30-, and 36-month.

# Figure 1.

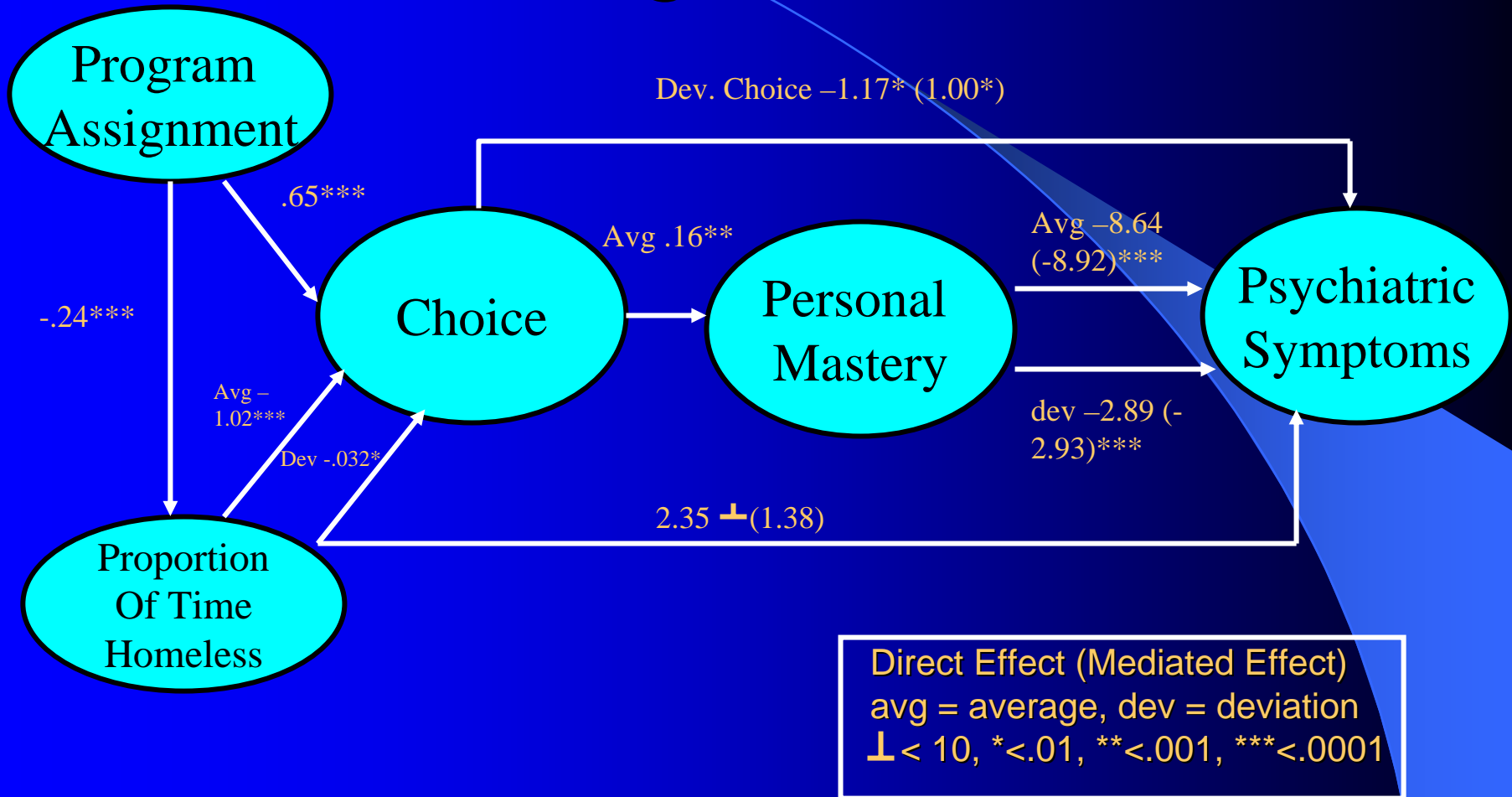
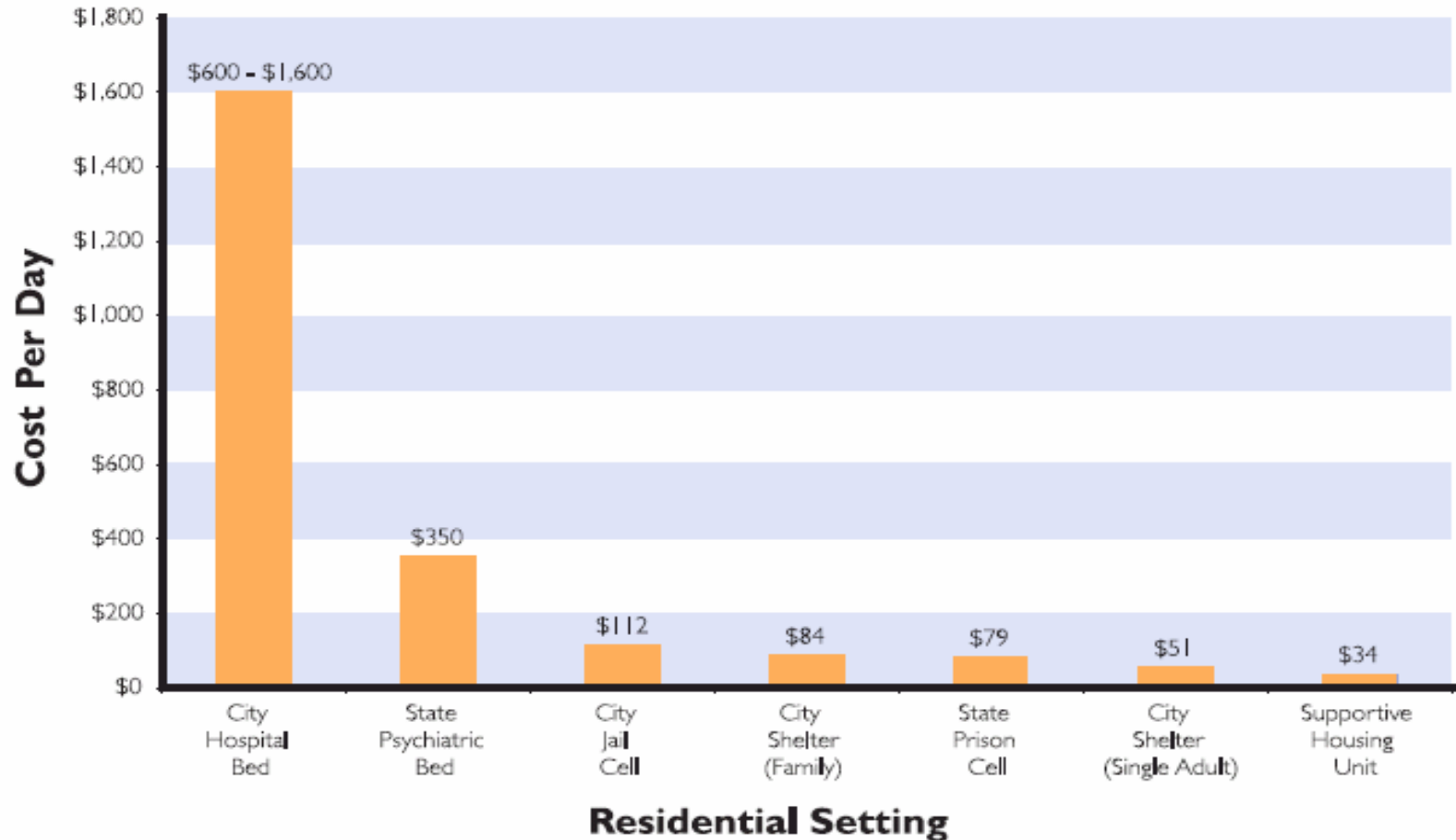


Figure 1. Final Path Analytical Model: Direct effects of program assignment of time homeless and perceived choice; mediated effects of homelessness and choice on psychiatric symptoms.

# DHS Resource Investment Cost by service type

## Cost Effectiveness of Supportive Housing



# Concerns about Housing First

- *If Consumers go directly from streets into a furnished apartment of their own.*
- *What would we do with all the intermediate step programs—outreach, drop-in, transitional, transitional heading to permanent, and so on?*
- *Would all the staff would be unemployed and in short order homeless?*

# System Transformation

While there is no need for so many transitional programs if consumers skip all the steps and go directly to permanent independent housing...

- Staff can easily be redeployed to provide services to the same consumer *after* the person is housed.
- Housing First only cures homelessness, consumers will still need support and treatment to cure their multiple other disabilities.
- It is a program model not the answer to lack of affordable housing

# Housing First creates consumer's with attitudes

- *Consumers seem to get a lot of choice in this program, they chose where they live, chose to participate or not participate in treatment, don't lose their apartment if they go to the hospital or jail, they don't have to hide their beer under the couch, reunite with their families, many have pets, I mean, isn't all this going a little too far? Aren't you enabling these people?*

# Housing First and consumer attitudes

- We can only hope that by giving the people who are the poorest and most vulnerable almost everything we can to help them secure a home and begin to reclaim their lives that they will also begin to change their view of themselves
- Consumers getting a place of their own; love being treated with respect and compassion ... they can quickly get used to it.
- And when things go really well some...

# Housing First and consumer attitudes

- They begin to believe that they too
- *are created equal,*
- *that they are endowed by their Creator with certain unalienable Rights,*
- *And that among these are Life,*
- *Liberty,*
- *and the pursuit of Happiness.*

**THANK  
YOU!**

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