

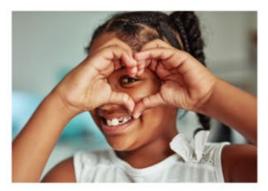


# Housing First History, Policies & Programming Moving Toward Success

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#### **ABOUT CSH**

CSH works to advance affordable housing aligned with services as an approach to help people thrive.



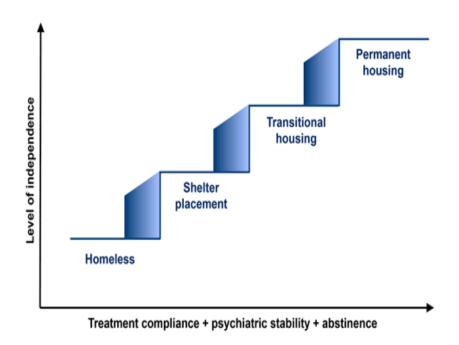




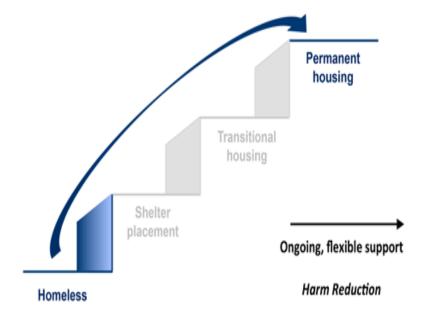
## **Housing First Approach: History**

- Housing First as a term became popularized in the 1990s
- An alternative to "Treatment First" and the step-based approaches to treatment

#### **Traditional Approach**

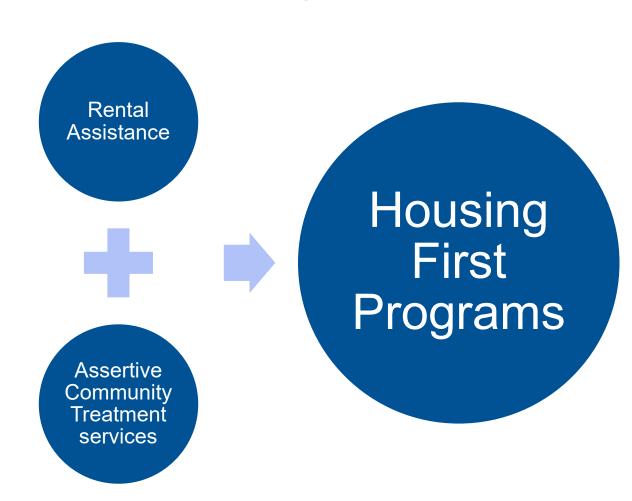


#### **Housing First Approach**



### **Housing First Programs: History**

- Pathways Housing First program began in late 1990's in New York City.
   Simultaneously, in Seattle, Housing First was being used by Downtown Emergency Services Center (DESC). To this day, these two partners still host the Housing First Conference every other year.
- The first Housing First programs in New York, Pennsylvania, Washington D.C. and Seattle demonstrated significant success, a Housing First ACT program in Washington DC was visited by then President George W. Bush and HUD staff.



# **Housing First Programs-38 Components**

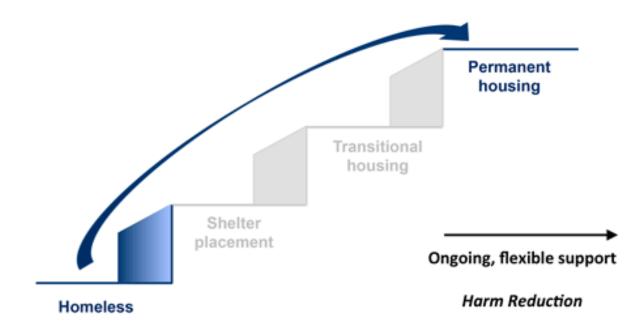
Housing Choice & Structure	Choice in Quickly location move in	Standard Afford Lease House	<u> </u>	Privacy		
Separation of Housing & Services		not linked to Standard participation Lease		ervices After ousing Loss	Off-site services	Mobile services
Service Philosophy	No req. for psych. or SUD treatment	Harm Motivation Reduction Interviewir	Fngagemen	Lantered	Address Many Life Goals	Self- determination & Independence
Service Array	Housing Psychiatric Support Services	Integrated, stage-wise Substance Use Treatment	Supported Nursing Services	Social Integration	24-hour I Coverage	nvolved in In-Patient Treatment
Program Structure	Priority Enrollment for Individuals with Obstacles to Housing Stability	Contact Low with Participant/ Participants Staff Ratio	Team Frequen Approach Meetings		Peer Specialist on Staff	Participant Representation in Program

https://www.housingfirsttoolkit.ca/wp-content/uploads/Pathways Housing First Fidelity Scale ACT 2013.pdf

https://www.housingfirsttoolkit.ca/wp-content/uploads/Pathways Housing First ICM Fidelity Scale 2013.pdf

## **Housing First Policies: History**

#### Housing First approach



#### **Studies cited great success:**

- 1) People moved into permanent housing FASTER.
- 2) 90% or more of people STAYED HOUSED.
- 3) Cities and states saw **BIG COST AVOIDANCE** since fewer people went to hospitals, jails, and shelters.

- Housing First Programs success led to policies to adopt Housing First approaches.
- Many federal and state agencies adopted and now promote Housing First policies, including:
- 1. US. Dept of Housing and Urban Development (HUD)
- 2. U.S. Dept of Veterans Affairs
- U.S. Interagency Council on Homelessness (USICH),
- National Alliance to End Homelessness (NAEH)
- 5. CA Dept of Housing and Community Development (HCD)

# Policies, like California's, stress that programs must comply with these Housing First standards:

Tenant screening and selection practices promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.

Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness."

Housing providers accept referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.

Supportive services emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals

# CA Housing First Policy requirements continued...

Participation in services or program compliance is not a condition of housing tenancy.

Tenants have a lease and all the rights and responsibilities of tenancy.

The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.

Funding promotes tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services.

# CA Housing First Policy requirements continued...

Case managers and service coordinators are trained in and actively employ evidence-based practices for engagement, including motivational interviewing and client-centered counseling.

Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

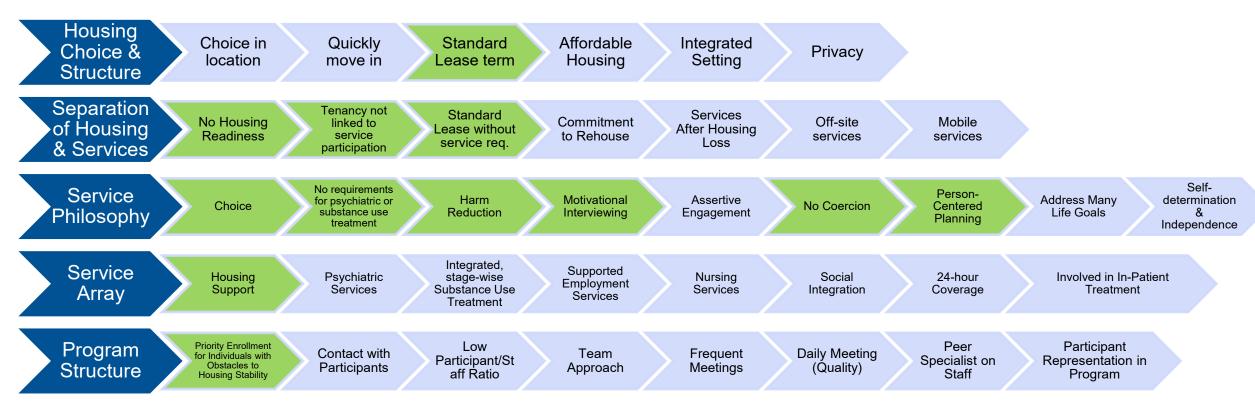


HOUSING FIRST POLICY APPROACHES HAVE NOT YET INCLUDED PROGRAM FUNDING OR IMPLEMENTATION SUPPORT

What's missing when a policy does not bring with it the funding to implement a program to fidelity?



# Housing First Programs (38 components) vs. Policy (12 components)

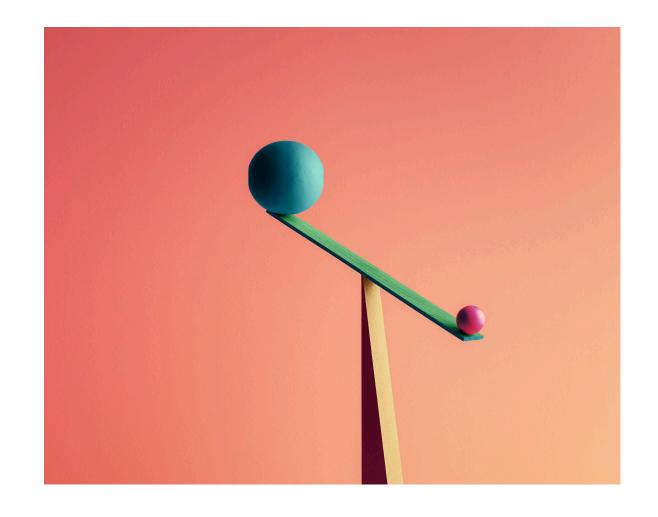


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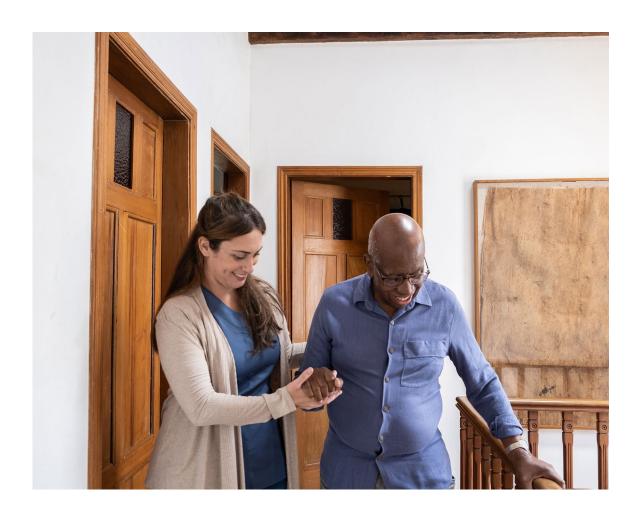
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### **Coordinated Entry Systems and HUD policies**

- Coordinated Entry Systems prioritizing people with more needs, but we have not had enough funding for services to support their needs well.
- Underfunded services and lack of housing supply have left people saying Housing First doesn't work.
- Housing First approaches have not been supported with funding and technical assistance to become Housing First Programs.



#### **Success looks like...**



- Tenants stay housed
- Tenants report being satisfied with housing and services
- Tenants report feeling safe in their home
- Tenant's health outcomes improve or stabilize
- Tenants report knowing who to call for support and where in the community they can go for help
- Tenants who express desire and ability to work are connected to employment
- Tenants do not return to homelessness
- Tenants do not return to jail, prison or rely on unnecessary crisis care (E.R.s)

## **Identifying Equity-Minded Solutions**

Dr. Camara Phyllis Jones, MD, MPH, PhD

Value all individuals and populations equally



Recognize and rectify historical injustices

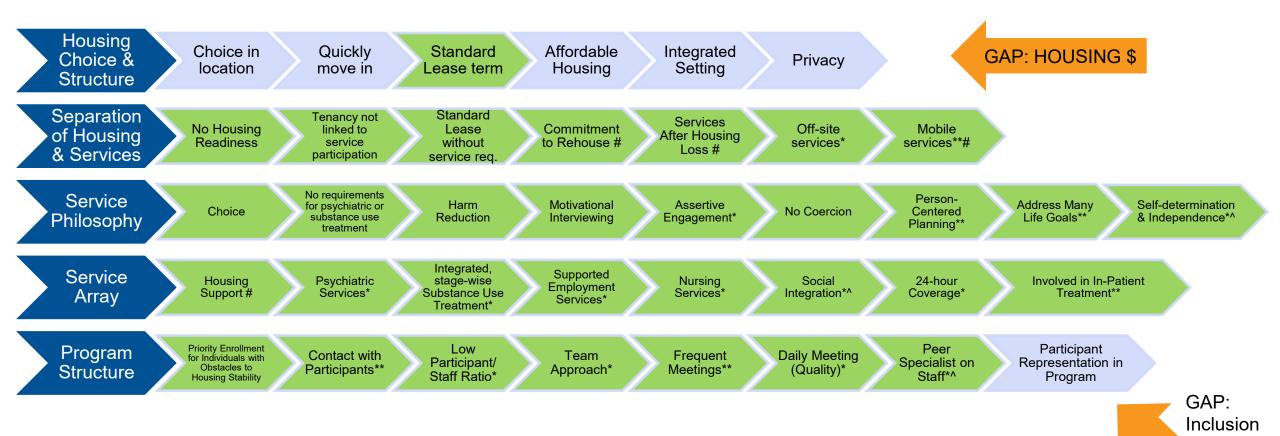


Provide necessary resources according to need

#### How we can implement such programs in Santa Cruz County?



## **Opportunities to Supplement Programs**



<sup>\*</sup> Part of Assertive Community Treatment (ACT)

**# Housing Community Supports** 

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<sup>\*\*</sup>ACT or Enhanced Care Mgmt (ECM)

<sup>\*^</sup>ACT or Day Habilitation

### CalAIM, BH-CONNECT, BHSA and ACT



# Multi-disciplinary teams (ACT, ECM & Community Supports)



Housing Support Specialists, Peer Support Specialists and Community Health Workers, Certified Substance Abuse Counselors, Employment Specialists, Mental Health practitioners (could be team leads or ECM Lead Care Managers), Nurses, Psychiatrist, Legal service specialist, Day Habilitation and skill building group leaders, occupational therapists.

### **Frequent Case Conferences & Coordination**

- Daily and weekly care team meetings
- Shared documentation
- Warm-handoffs for referrals
- Referral follow up and planning next steps
- In-person appointment support & accompaniment



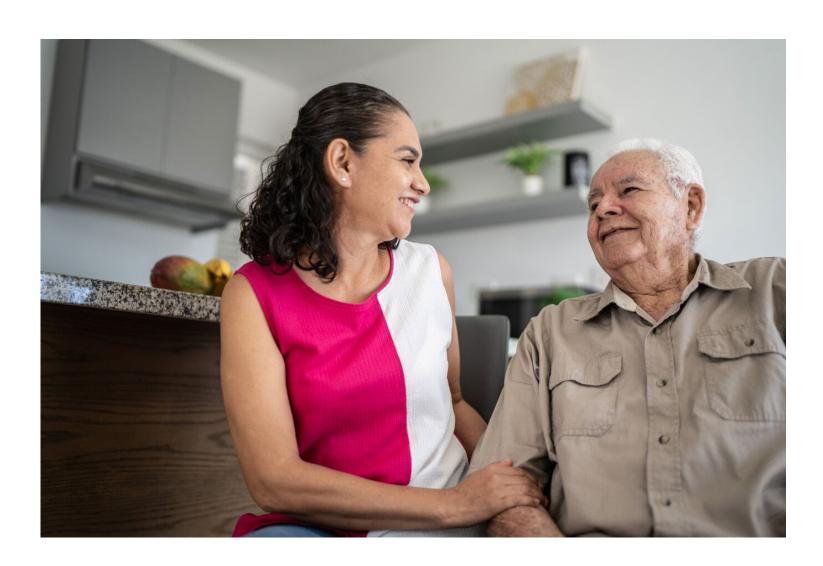
### Small caseloads (1:10 ACT, 1:15 ICM)



#### • Examples:

- Team of 10-12 staff serve no more than 100 people (ACT),
- Team of 5 staff serve shared caseload of 75 people (Intensive Case Management)
- No more than 1 full-time staff for 20 tenants, with other staff supporting for peer supports, psychiatric, medical and substance use treatment supports.

## Majority of services in the community



- In client's home or community place of client's choice- not an office
- Supporting community integration
- Supporting during inpatient stays and helping with hospital discharge and transitions
- Supporting after housing loss and helping with re-housing

## Costs associated (transportation & time)



Rates need to include true costs of care, including costs to meet clients where they are and to support in community integration.

# Moving toward fidelity to the model



### Long-term services AND long-term housing







# Thank you!

Learn more at www.csh.org



#### **Stay in Touch!**

