

Homelessness and Treatment Done Differently; or Why Housing First Works

Sam Tsemberis, Ph.D.

Pathways Housing First;

Department of Psychiatry

Columbia University Medical Center

sam@pathwayshousingfirst.org

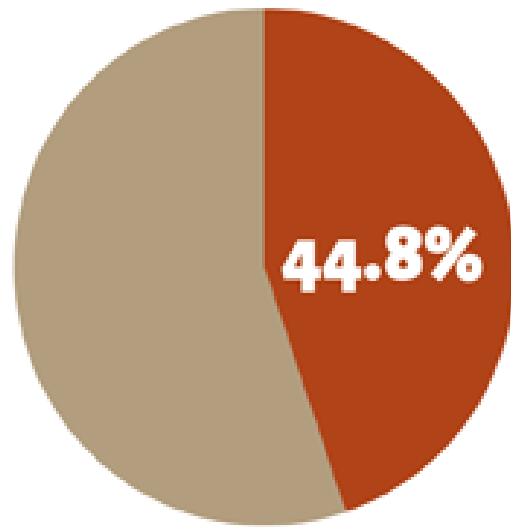


Housing First Adapted for CJ System

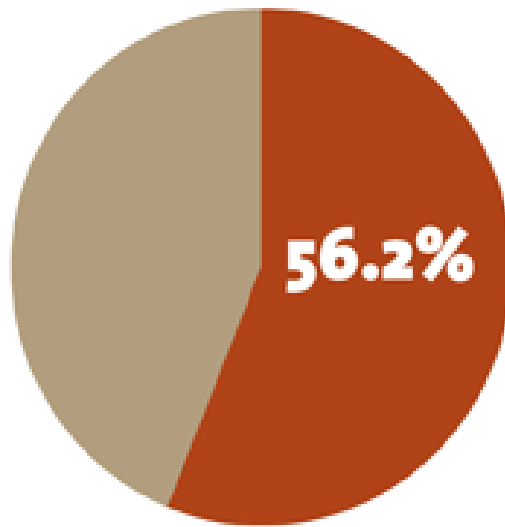
- Identifying Root Causes of Homelessness
- Why focus on individuals with criminal justice involvement
- Treatment as usual – treatment *then* housing
- Housing *First* – then treatment
- System Change in Housing, Mental Health and Addiction
- Systems Change in Social Services
- Lessons Learned and Next Steps

Incidence of mental illness among prison/jail populations

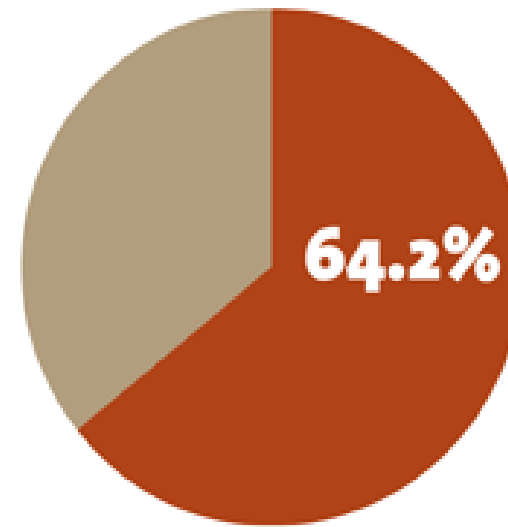
Percentage of inmates with mental-health problems as of 2004:



Federal prisons



State prisons




Local jails



Mental Illness and Criminal Justice

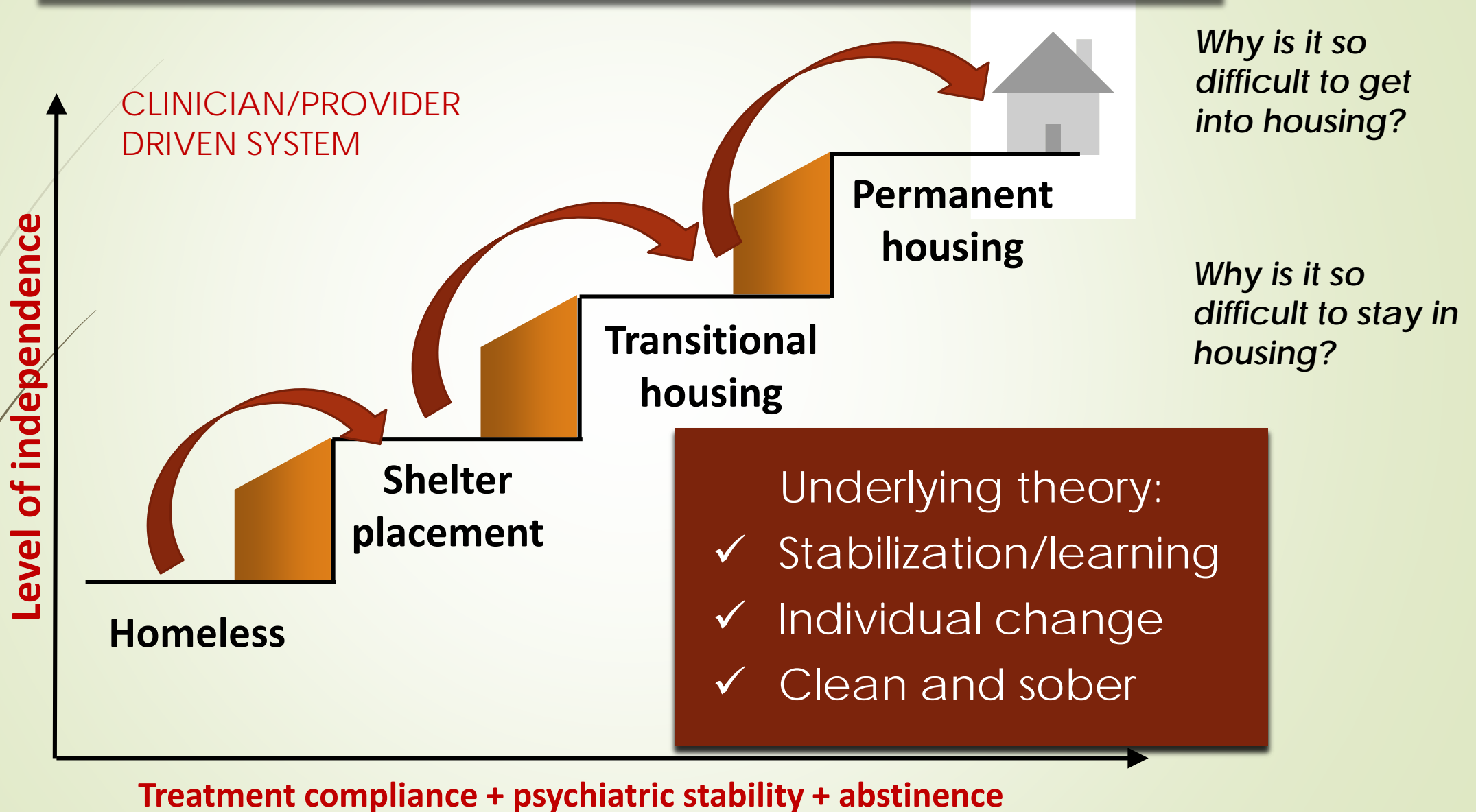
- ▶ A recent study (2006) by the U.S. Department of Justice⁵ found that more than 50% of all **prison** and **jail** inmates have a **mental health** problem
- ▶ 11% percent of the general population (500% increase)
- ▶ Only one in three **prison** inmates and one in six **jail** inmates receive any form of **mental health** treatment.
- ▶ [Care of the Mentally Ill in Prisons: Challenges and Solutions | Journal ...](#)
- ▶ jaapl.org/content/35/4/406



Philosophy One: Why homeless and why in jail?

- ▶ Problem persist because it is isolated and out of sight
- ▶ General public perception (and this determines our policy response) is that those who are poor (and homeless and in jail) are drunks, lazy, or crazy
- ▶ Generally blame – more often than support – people with complex needs and prefer judgement and ‘tough love’ to support and meaningful institutional change.

TRADITIONAL STAIRCASE MODEL HOUSING READINESS OR TREATMENT FIRST



The Mental Health and Addiction Treatment System and its Influence on Housing

Mental illness and addiction traditionally regarded as needing long term treatment, support and supervision

Group settings with 24-hr supervision;

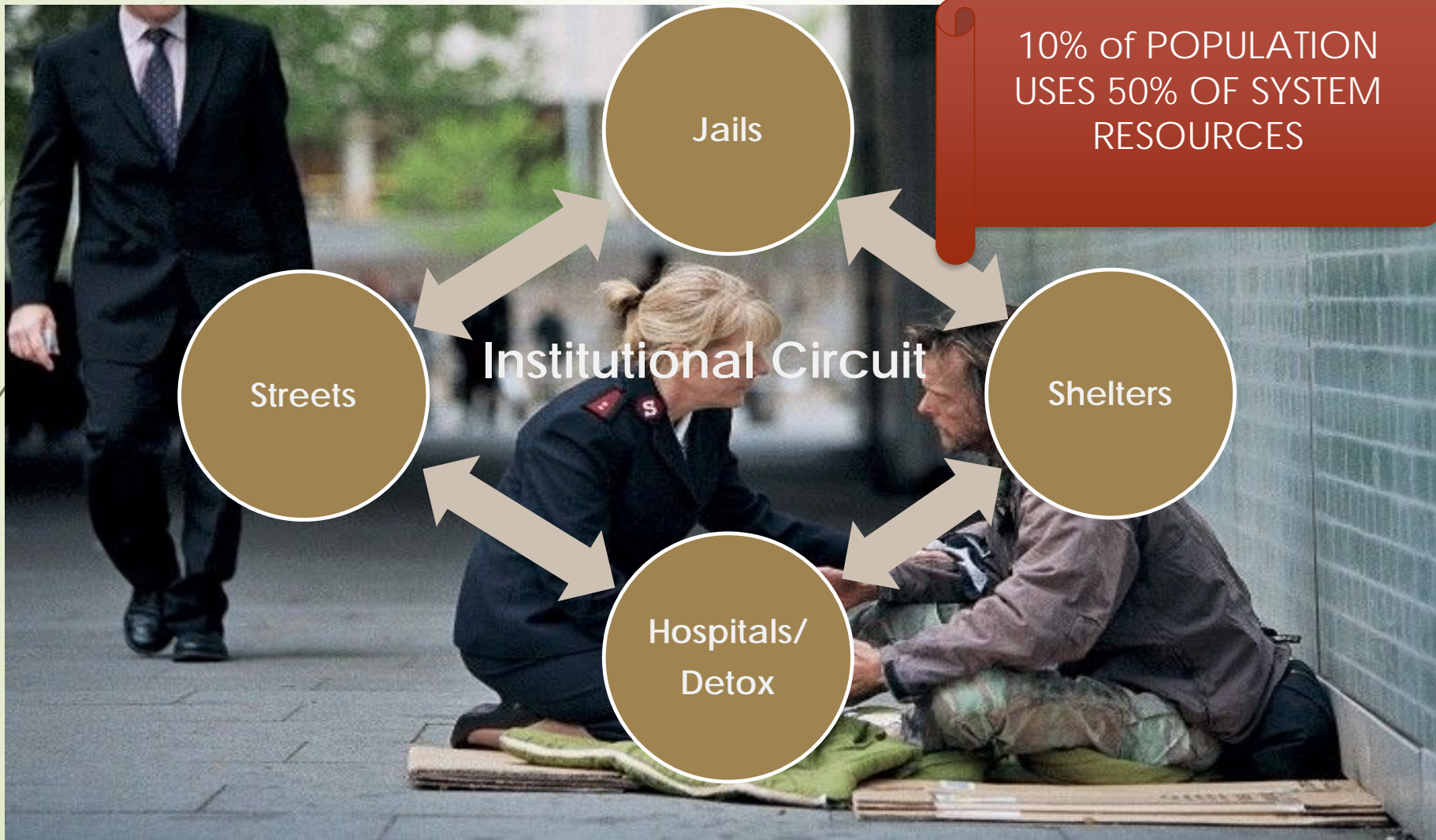
Assumptions that mental illness and addiction impairs ability to perform activities of daily living

Relapse often means a return to homelessness



Consequences of failed approach or hard to reach?

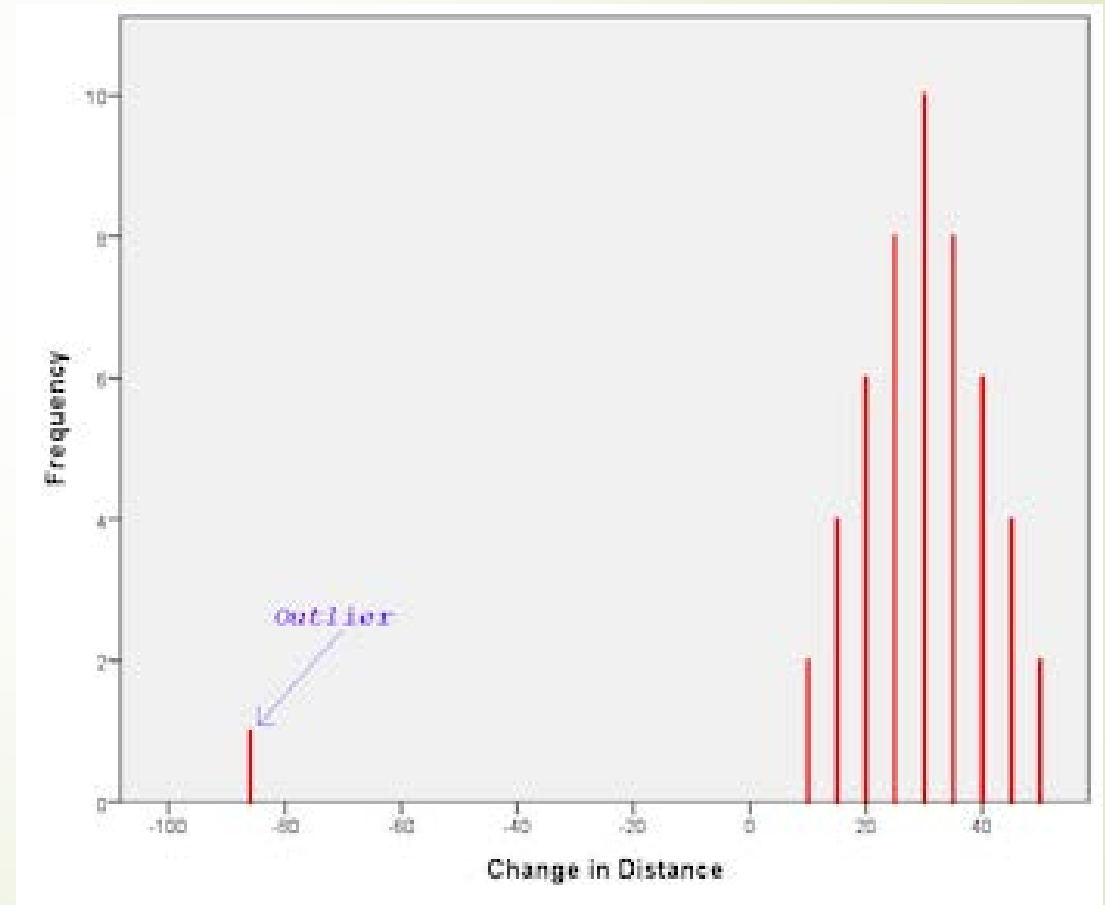
The focus on the “chronically” homeless




10% of chronic service users
utilize 50% of system resources

“Normals”
teach us rules;

“Outliers”
teach us laws





Philosophy 2: Failings in systems and support

- Existing systems of care have not provided the right type or services and support
- A person experiencing homelessness has different priorities than the programs serving the homeless
- Consumers see housing as priority
- Consumers value choice and self-determination
- Poverty is not one of character; it is a problem of cash!
- No treatment or change in personal behavior is going to make rents cheaper or housing more affordable

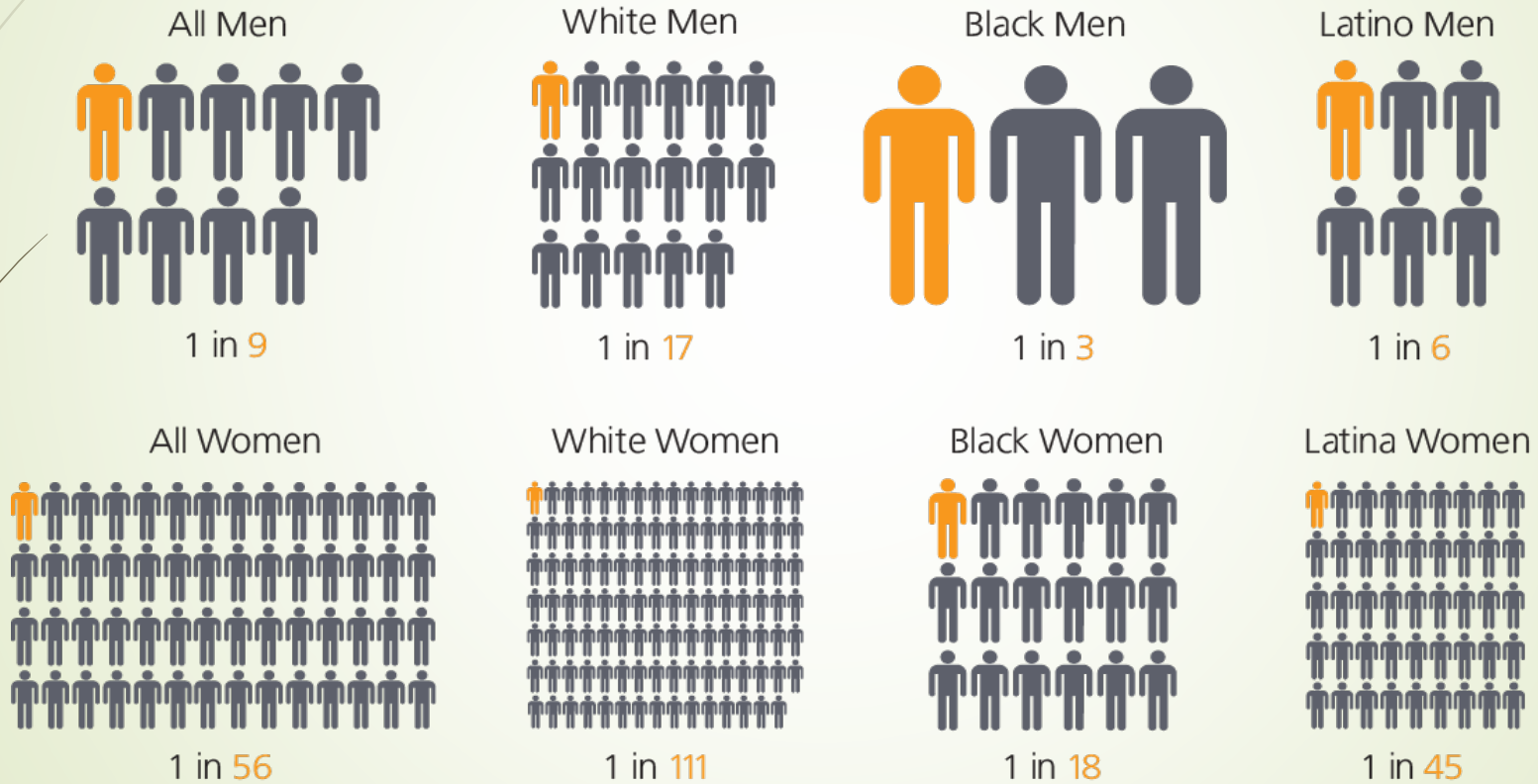
Root causes: Individual or System?

Addiction
Mental Illness
Poor Individual choices



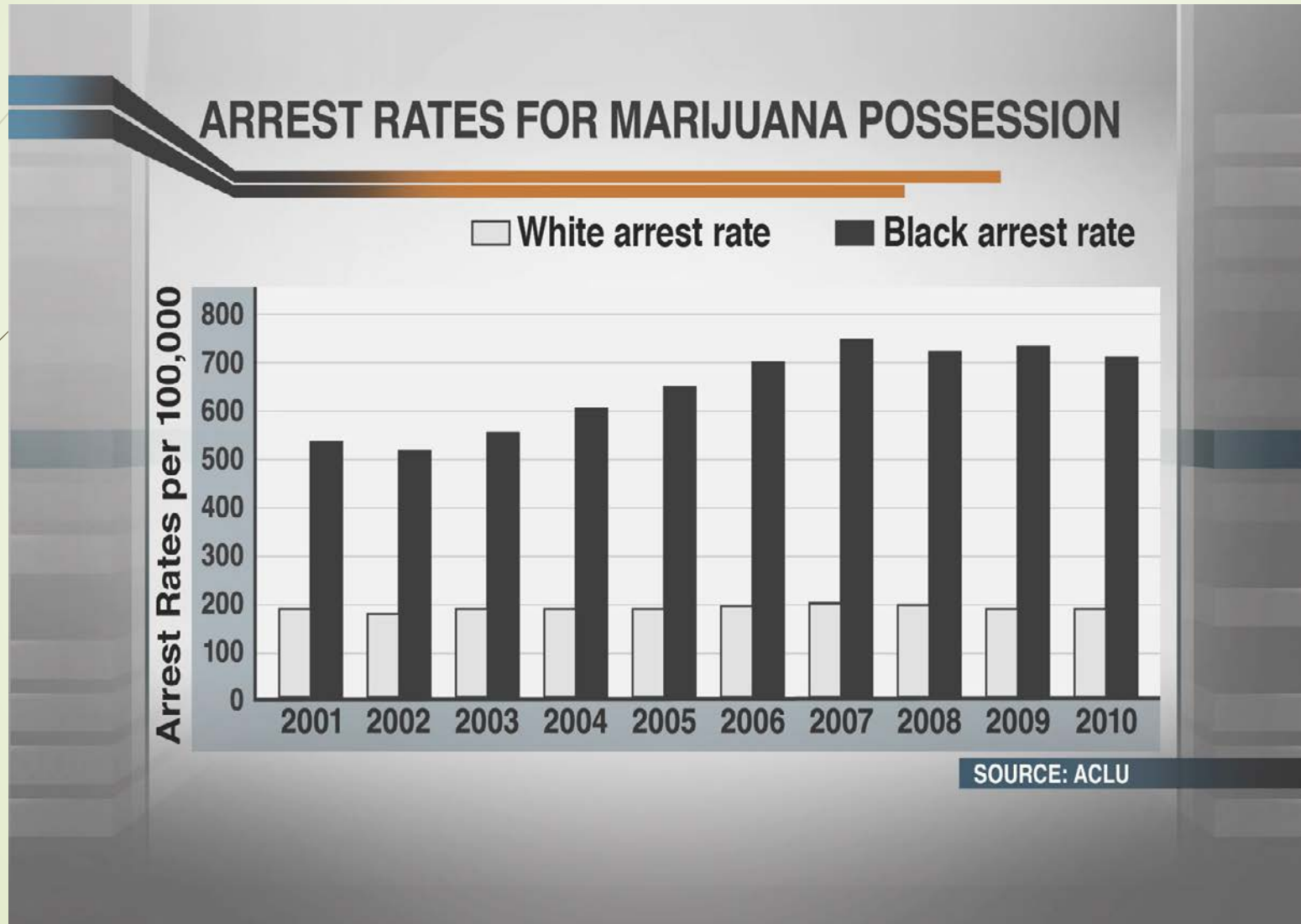
Incarceration and Racism

Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001



Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, DC: Bureau of Justice Statistics.

Race and Marijuana Arrests



Race and Jury Convictions

IS JUSTICE COLOR BLIND?

A Duke University-led study on the impact of race on conviction rates raises questions about the criminal justice system.

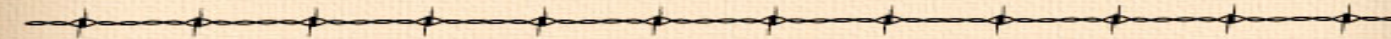
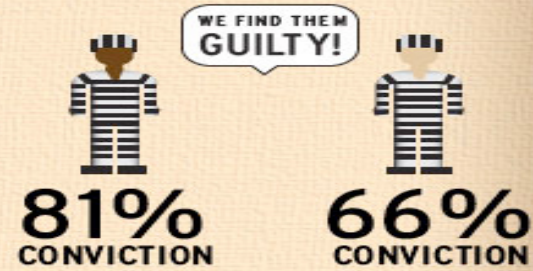
"Simply put, the luck of the draw on the racial composition of the jury pool has a lot to do with whether someone is convicted..." -- senior author Pat Bayer, chairman of Duke University's Economics Department

RESEARCHERS
EXAMINED MORE THAN
700 FELONY TRIALS
IN SARASOTA AND LAKE COUNTIES
IN FLORIDA FROM 2000-2010.

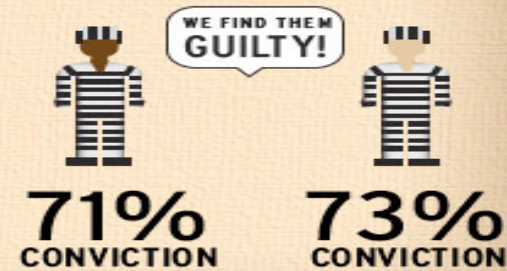
Key findings:



In cases with no black people in the jury pool (typically consisting of around 27 people) blacks were convicted 81 percent of the time, and whites were convicted 66 percent of the time.



When the jury pool included at least one black person, the conviction rates were nearly identical.





Pathways Housing First: Eliminating Barriers to Housing

Immediate Access to Housing

- Offers housing as a basic human right
- No requirements for sobriety
- No requirements for psychiatric treatment

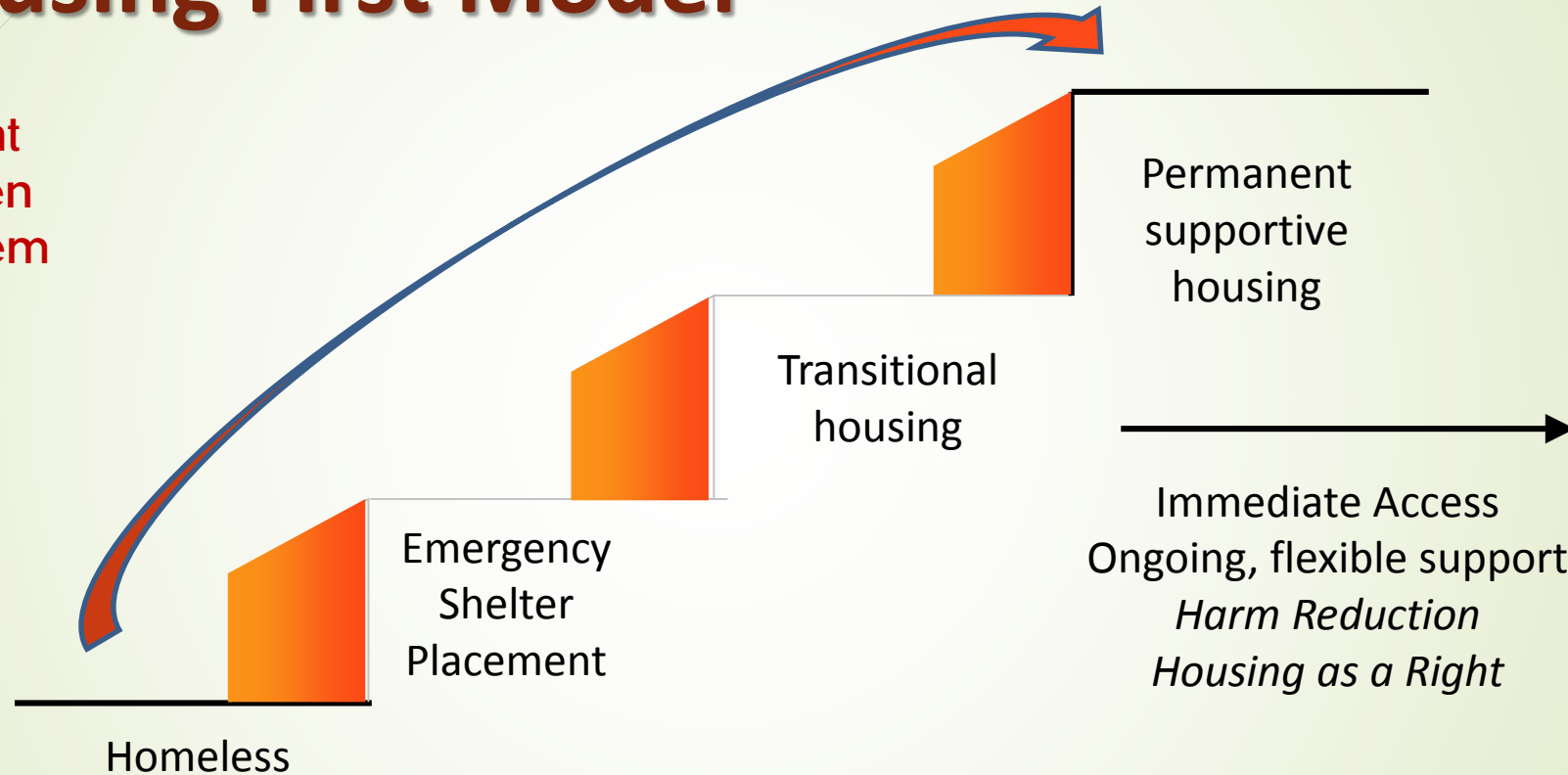
2 REQUIREMENTS

- Meet terms and conditions of a standard lease
- Agree to weekly visit

Pathways' Housing First Model

PARDIGM SHIFT


Client
Driven
System



*Immediate Access to A Place to Housing
Support and Treatment to Follow



5 Principles of Housing First

1. Consumer choice
 2. Separation of housing and services
 3. Services array to match needs
 4. Recovery focused practice
 5. Program operations
- 



Key Factors in the Paradigm Shift


- View of people served
- Program philosophy (recovery)
- Treatment practices
- Power relationships
- Commitment to ongoing support



SERVICE CULTURE: Empowerment (Rapport)

Empowerment: is the intervention intended to enhance the degree of control vulnerable individuals exercise over their lives?

1. Self determination
'freedom is being able to choose your life'
2. Collaborative and democratic participation
3. Distributive justice



PROGRAM CULTURE:

Welcoming

- Welcoming at every level
- Trauma informed
- Expect and embrace complexity
- Respectful, hopeful, client directed

CHOICE of neighborhoods in affordable areas

Social housing and private market



How much choice
is real Choice?



Housing is the Cure for Homelessness



- > Screen IN
- > Everyone gets a chance
- > You can't predict!
- > Continuity of Care
(Aim is no discharge)

>

Housing First is NOT HOUSING ONLY!

Array of Services or Linkages

"No wrong door"

Q: Train ticket to Ft. Lauderdale or Intake for Housing?



MATCHING SERVICE NEEDS

Community based, responsive, and flexible

*Q: Do I need an
ACT team to do HF?*

High Need

ACT – Multidisciplinary team
and provides direct
support and treatment

Caseload 1 to 10

Work as Team

Shared caseloads,
participant driven,
includes prescriber, other
clinical services, as well as
peer and employment

Off site, on-call services 7-24

**NEED TO
INTEGRATE
PRIMARY
CARE!**

Moderate Need

ICM - case
management team
provides support and
brokers services

Case loads of 1 to
15/20

Blended team models

All teams use a
recovery orientation



Goal of Housing First: Recovery

- ▶ People are more apt to change positively:
 - A) in the context of a positive Relationship;
 - B) when they set their own goals;
 - C) are taught skills;
 - D) receive support;
 - E) have positive expectations
or hope for the future; and
 - F) when they believe in their self
efficacy.



Differences
from
Traditional
HF

What does
“choice” mean
for individuals
involved in
corrections?





**“What is addiction, really?
It is a sign, a signal, a symptom of
distress, it is a language that tells us
about a plight that must be understood.”**

**Alice Miller, *Breaking Down the Wall of
Silence***



Harm Reduction and Liability in Housing First Programs

Requires
AGENCY to
assume some
Responsibility and
Liability

For tenant's lease

For tenant's behavior - risk

For other tenants - safety

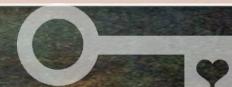
For landlords' concerns -
liability

Requires
CLIENTS to
assume greater
responsibility and
liability

Client's choices are discussed in
terms of consequences

Responsibilities as tenant,
neighbor, community member

Examining the consequences
of use and relapse



Principles of Harm Reduction - Intervention

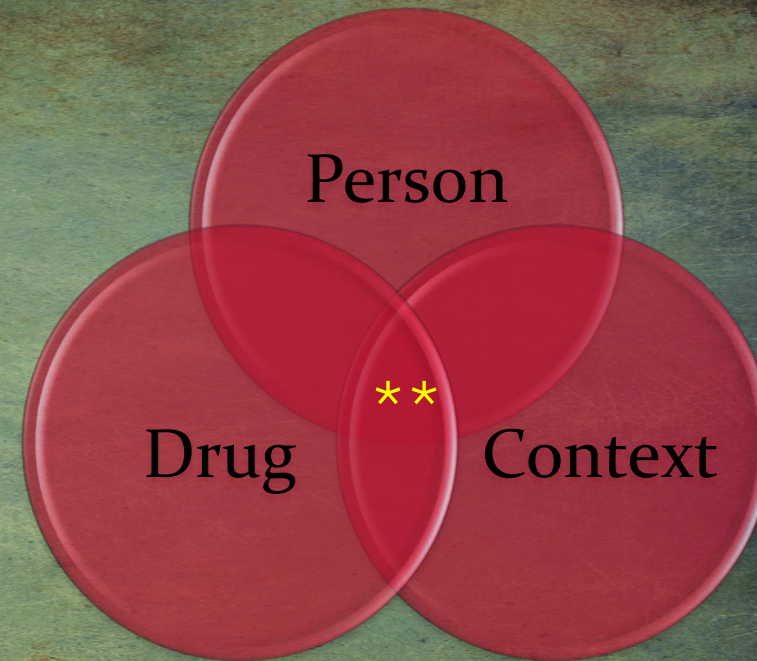
Meet people where they are
(but don't leave them there!)

Understand why they use

Understand under which conditions are
they more prone to use

Relapse plans = expected part of
recovery

Strengths based- gains rather than losses
approach - noting time reduction or
abstinence is maintained



** targeted behavior

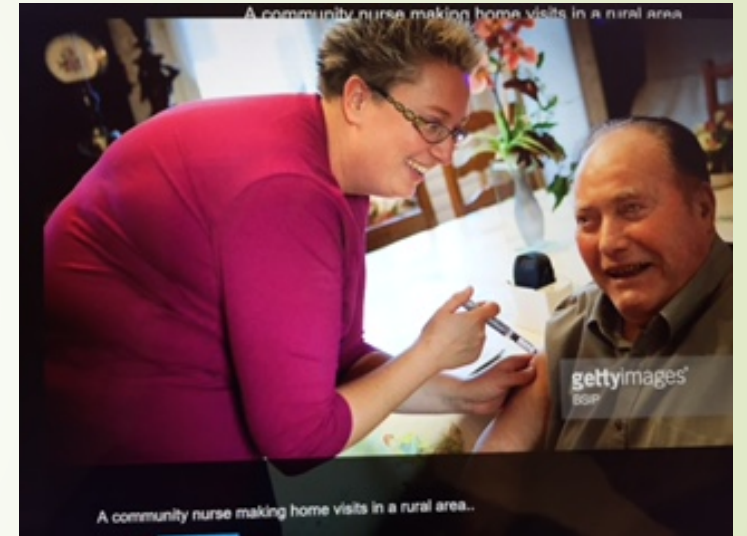


Clinical and support services 70%-80% provide by home visits

- There is an art and science to conducting home visits;
- See pathways home visit video on YouTube



Chronicle / Mike Kepka



SOCIAL INCLUSION, SOCIAL SUPPORT

- ▶ "Looks like we have a guest!"
- ▶ Who is the guest?



HARM REDUCTION



**SORRY FOR MY
BLUNTNESS**



**THAT'S JUST
HOW I ROLL**



WHEN THE PERSON DOES NOT ANSWER



How assertive
is assertive?

Keying in?

Mobile Crisis?

Key strategies

"Allow for the Dignity of failure"



The goal of housing first is recovery



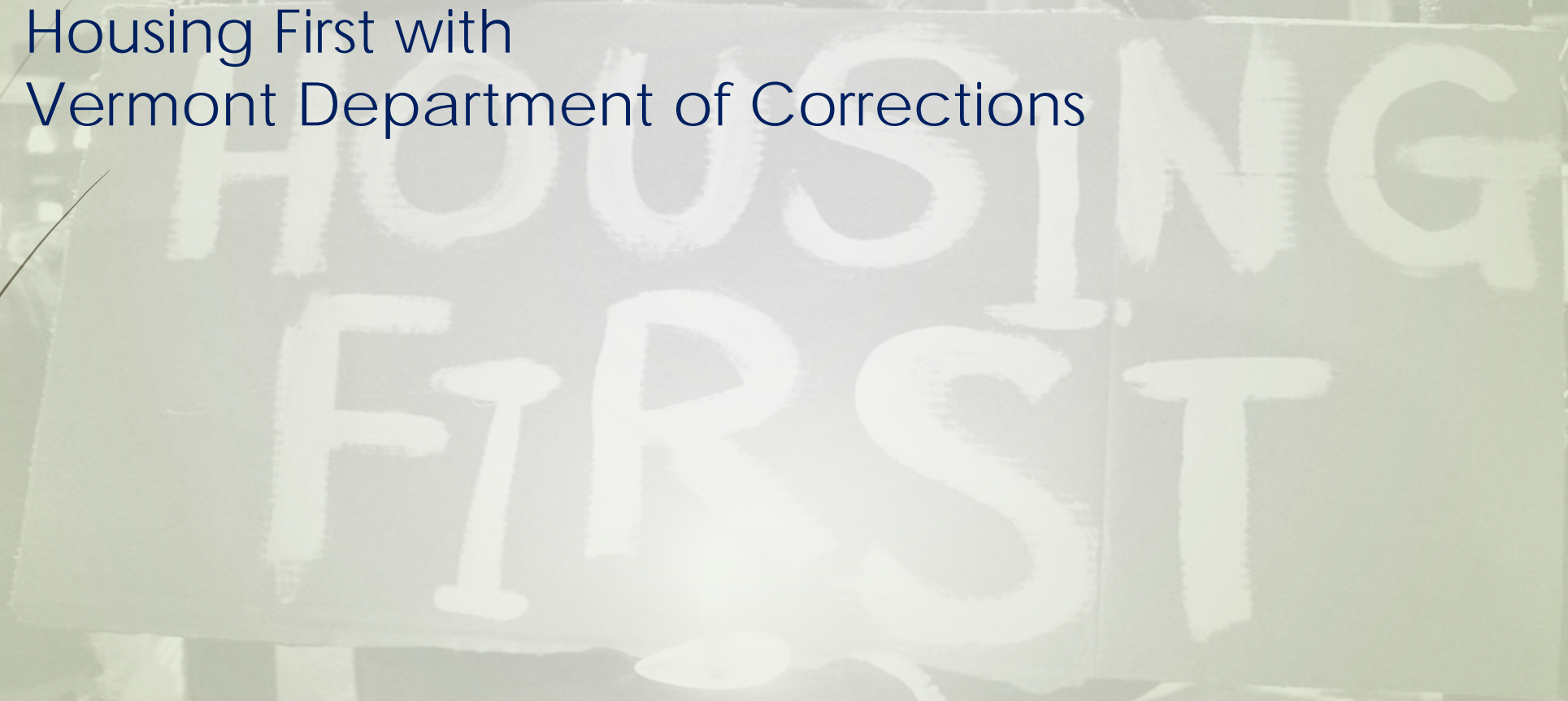
When Housing First Doesn't Work

- ▶ 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
- ▶ **Can you predict ahead of time?**
(Aubry, et al., 2015)



Pathways Vermont

Housing First with
Vermont Department of Corrections



Program Population

- 112 Households Served since 2010
- Currently serving (by county):
 - 17 Chittenden (have served 43)
 - 8 Franklin (have served 15)
 - 18 Washington (have served 37)
 - 10 Brattleboro (have served 17)
- Majority have limited work experience
- ~92% of clients identify history of trauma
- 15% of households have spouse/children
- 16 sex offenders
- Gender
 - 66% men
 - 34% women (7% of total persons incarcerated)
- Age
 - 25% 20s
 - 39% 30s
 - 20% 40s
 - 15% 50+

Program Partners

Department of Corrections (5 facilities - four men, one woman)

- **Caseworkers** - support to inmates (case management), coordinates communication with outside providers, establishes plan for release from incarceration
- **Central Office** - case staffings, makes decisions about next steps for incarcerated individuals, time served, programming, etc.
- **Probation and Parole** (each of four program sites)
 - Probation and Parole District Director (monitor referrals to program and provide program oversight)
 - Probation and Parole Officers (support and monitor individuals when in the community, ensure community safety, determine individuals ability to remain in community and requirements of release)
 - Community Correctional Officers - ensures community safety by reporting to urgent situations, provides in-home checks for people under supervision, 24 hour on call and weekend service
- **DOC Grant Managers**

Program Population -

- Extensive history of incarceration
- Inability to live in communal settings (1/2 way house, roommate, single-room occupancy, etc.)
- Mental health, substance abuse and other major life challenges
- Histories of homelessness
- No alternative housing available (would be homeless if released)
- Cyclical incarceration, hospitalization, homelessness
- Challenging behavior In the correctional facility: self-harm, multiple disciplinary reports, violence in the facility, "disruptive" behaviors (i.e. smearing bodily fluid)
- Denied by other re-entry programs
- "Burned out" or banned from other community services
- Serious and multiple offenses (domestic violence, sexual offenses, multiple violations of release conditions, etc.)

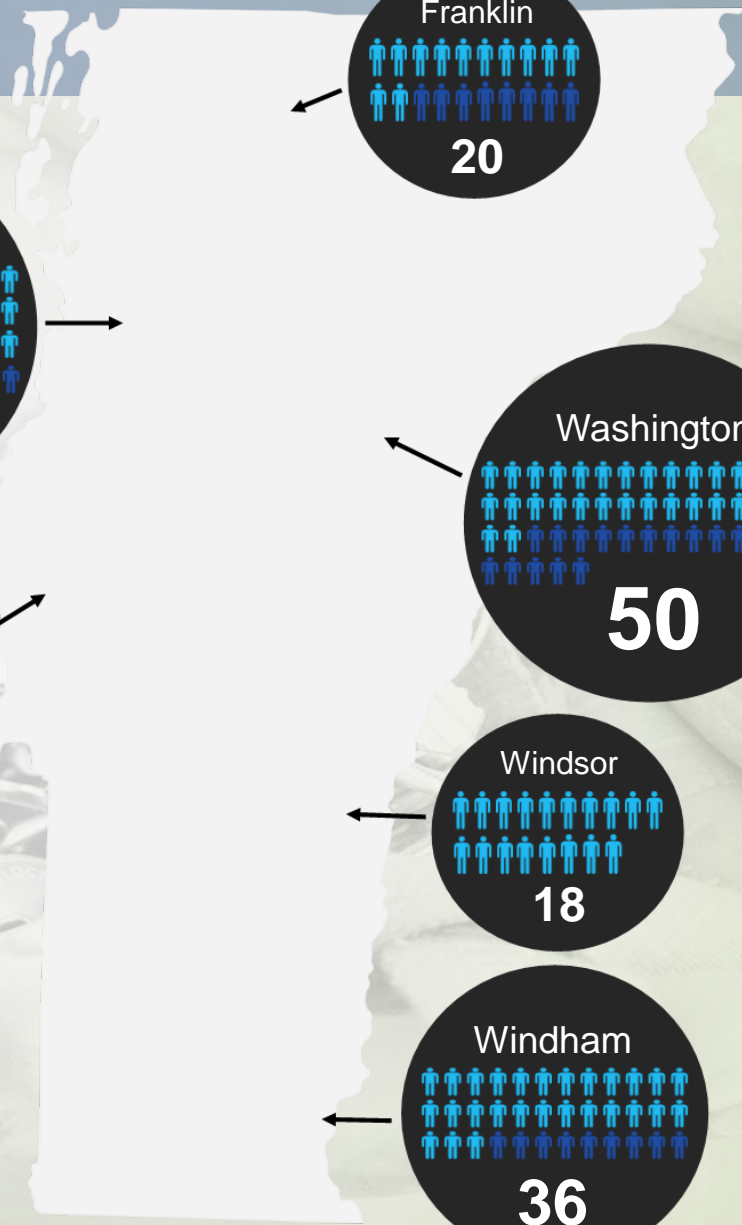
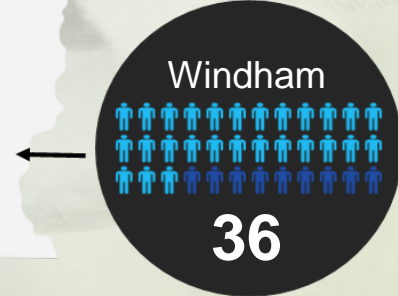
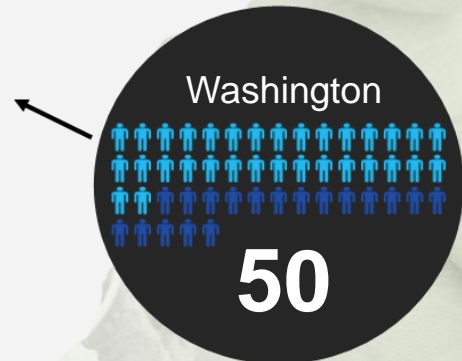
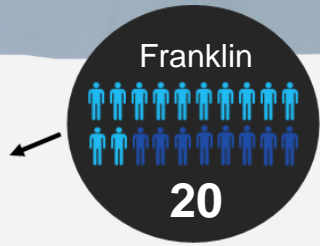
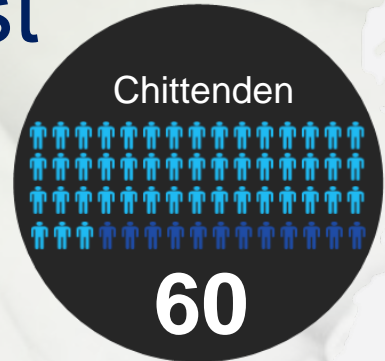
Pathways Vermont Housing First

Felon Friendly Apartments
and Housing...

Find out how and where to rent
as a felon at:

HELPFORFELONS.ORG

-  Housing First Program
-  DOC Housing First



Program Structure

- Housing First
 - Directly from prison to apartment
 - Separation of housing and services
 - Intensive, community-based support team
 - Individual-directed services
- At intake, client signs open release between Pathways and DOC
- Support around goal of remaining in the community = support following conditions of release
- 100+ landlords
- Finding apartments:
 - Agency master lease
 - Probation Officer as reference for offender (landlord calls PO)
 - Phone conversation with landlord/potential tenant
 - Damage repair/program would pay for an eviction
 - Agency assist with moving out tenant if there's trouble
 - Housing funding from state funds (vs. federal subsidy)

The Process

DOC refers
to Pathways

Pathways
intake and
psychiatrist
review
eligibility

Team meets
client in jail to
identify
housing
preferences
and
provide

Housing
team
connects
with
community
landlords to
secure an
apartment

DOC
approves
residence

Pathways
and DOC
coordinate
release and
Move
In

Ongoing
support
services

Program Outcomes

(91 of 112) 81% have not returned to long term incarceration

- Housing Located for all program referrals
 - Housing is scatter site, independent residences
- 24 clients maxed out of supervision while working with Pathways:
 - 13 acquired a permanent housing subsidy
 - 9 independently fund their housing
 - 2 moved out of the community

Sample Success Stories

- **“Carl Woods”**- incarcerated 20+ years prior to work with Pathways, identifies extreme challenges in integrating into community due to extremely lengthy period removed from society and trauma within facilities. Housed received early release from probation sentence, now receives permanent housing subsidy from Agency of Human Services and lives independently.
- **“Stanley Mcguire”**: *Sex offender* Spent 17 years in prison for a serious sex offense, extremely difficult to identify housing because the community was so fearful around his release. After exceptionally lengthy time searching for housing located a unit. Stanley had been out of community for so long he had never even seen a cell phone - reintegrated and successfully maxed out of supervision. Secured independent rental subsidy through department of corrections and still works with Pathways and lives in same unit. Does handyman work for his landlord.

Sample Success Stories 2

- **“Andrew Smith”** - multiple DUI's, extreme substance abuse challenges and severe depression, issues in relating with his family and identified severe anxiety around people. Worked with Pathways and had two years good tenancy, awarded an independent section 8 (permanent housing funding which he can use to move anywhere in country). Maxed out and still living in community.
- **“Elissa Vans”** - Multiple years struggling with substance abuse and severe domestic violence history; numerous psych hospitalizations for suicide attempts. Currently been housed in community for 3 years, married and living with husband, funding house independently and having a child.

Brenna's Story

Password: Pathways



METHADONE PATIENTS EXITING JAIL – Pathways and MT SINAI HOSPITAL PROJECT KEEP

- ▶ Beginning treatment while incarcerated has shown some short term positive results.
- ▶ . The group assigned to begin methadone maintenance in prison stayed in community treatment an average of 166 days; the group scheduled to begin methadone maintenance upon release averaged 91 days. The men in the counseling-only group remained in community treatment for only 23 days.
- ▶ *Journal of Substance Abuse Treatment* 37(3):277-285, 2009. [[Abstract](#)]



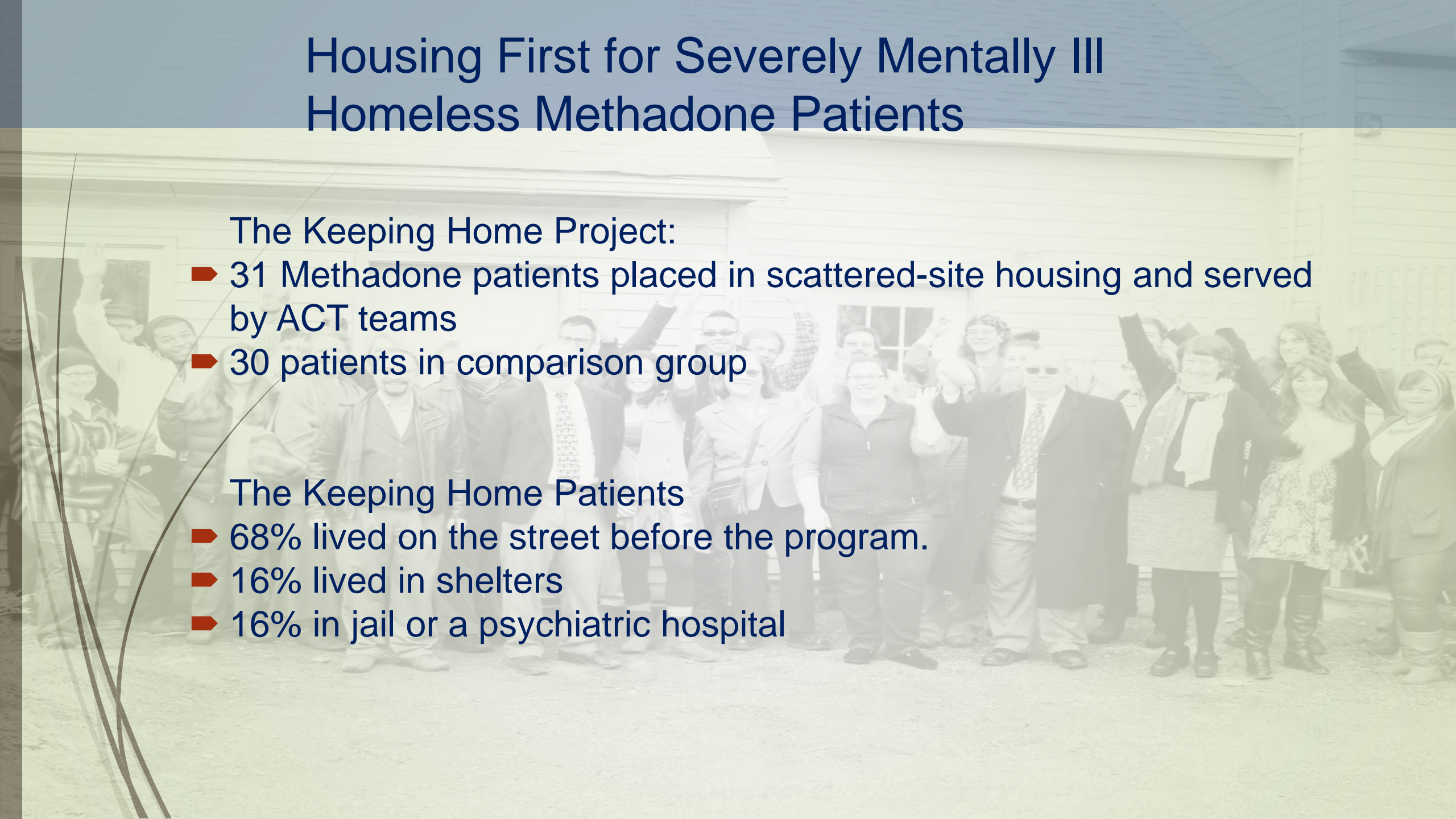
Housing First for Severely Mentally Ill Homeless Methadone Patients

The Keeping Home Project:

- 31 Methadone patients placed in scattered-site housing and served by ACT teams
- 30 patients in comparison group

The Keeping Home Patients

- 68% lived on the street before the program.
- 16% lived in shelters
- 16% in jail or a psychiatric hospital



Keeping Home Project Results

After 3 Years:

- 21 of the original 31 Keeping Home patients remained housed in private apartments
- 3 Keeping Home patients died
- In the comparison group, 1 patient was still known to be in housing after 3 years, with 3 patients with unknown housing status.
- Housing retention rate for Keeping Home patients was 67.7% compared to at most a housing retention of 13% in comparison group.

Philip W. Appel, *Journal of Addictive Diseases*, 2012

Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First Model



3 and 4 year retention rates in HF program were 80% and 75% respectively

Change in Participants:

- Participants reported positive change due to housing
- Became more trusting and open
- Sense of freedom and achievement
- Improved relationships
- Greater sense of security

Ana Stefancic, *Journal of Forensic Psychology Practice*, 2012

Separate study with a larger sample reported that the number of arrests of participants decreased from 101 prior to enrollment to 7 arrests in the year after enrollment.

(Alternative to Incarceration, *American Psychological Association*, 2002)



References

- ▶ HOUSING FIRST AND CORRECTIONS in Rural Areas:
▶ Pathways Vermont
- ▶ *Stefancic, A., Henwood, B.F., Melton, H., Shin, S.M., Lawrence-Gomez, R., and Tsemberis, S. (2013). Implementing Housing First in Rural Areas: Pathways Vermont, American Journal of Public Health, 103, 206-209.*
- ▶ METHADONE AND CORRECTIONS
- ▶ *Philip W. Appel, PhD, Sam Tsemberis, PhD, Herman Joseph, PhD, Ana Stefancic, MA, Dawn Lambert-Wacey, MA Housing First for Severely Mentally Ill Homeless Methadone Patients. Journal of Addictive Diseases, 1, 270-277.*
- ▶ Mental Illness and Corrections
- ▶ *Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., & Jones, H. (2012). Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities. Journal of Forensic Psychology Practice, 12, 382-408.*
- ▶ HOUSING FIRST MANUAL
- ▶ **Tsemberis, S. (2010) Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Center City: Hazelden Publications*


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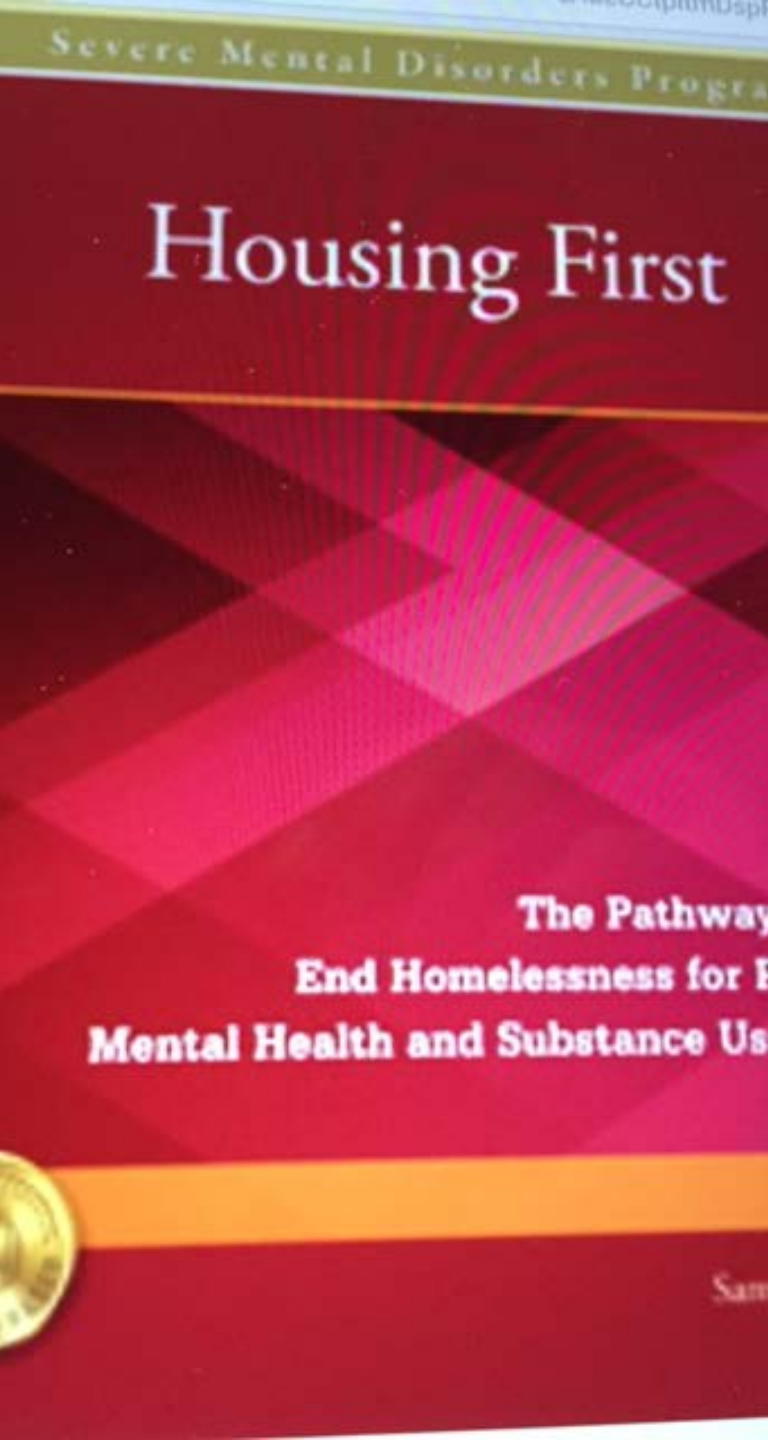
Lessons Learned from Program Implementation and Research

- Operations
- -targeting,
- -outreach onus on providers to find clients (*"intent to treat"*)
- -expanding clinical services bridging health and other needed services
- Need for Ongoing Staff Training and Support for Program Fidelity
- "Why can't they do it themselves?" *How do we distinguish between helping and enabling?*
- "He said he doesn't want us to visit" *What are the limits of choice?*
- "How many chances?" *When do you decide housing first does not work?*



Systems change in housing policy and practice

- ▶ Working with Private market landlords
 - ▶ Additional support for landlords
 - ▶ Accept / share risk for clients (landlord, team/agency, neighbor)
 - ▶ Collaboration between CJ and supportive housing/mental health system
- 



Thank You

Questions?
Comments?

