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: 44.8%
- State prisons: 56.2%
- Local jails: 64.2%
Mental Illness and Criminal Justice

- A recent study (2006) by the U.S. Department of Justice\textsuperscript{5} 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

CLINICIAN/PROVIDER DRIVEN SYSTEM

Level of independence

Homeless → Shelter placement → Transitional housing → Permanent housing

Why is it so difficult to get into housing?
Why is it so difficult to stay in housing?

Underlying theory:
- Stabilization/learning
- Individual change
- Clean and sober

Treatment compliance + psychiatric stability + abstinence
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 POPULATION USES 50% OF SYSTEM RESOURCES
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?
Incarceration and Racism

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

- All Men: 1 in 9
- White Men: 1 in 17
- Black Men: 1 in 3
- Latino Men: 1 in 6
- All Women: 1 in 56
- White Women: 1 in 111
- Black Women: 1 in 18
- Latina Women: 1 in 45

Race and Marijuana Arrests

ARREST RATES FOR MARIJUANA POSSESSION

White arrest rate  Black arrest rate

Arrest Rates per 100,000

2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

SOURCE: ACLU
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

Key findings:

**POTENTIAL JURORS**
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.

81% CONVICTION
66% CONVICTION

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

71% CONVICTION
73% CONVICTION

http://today.duke.edu/2012/04/jurystudy
Design by Tambyrly Ferguson
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**

- Homeless
  - Emergency Shelter Placement
  - Transitional housing
  - Permanent supportive housing

**PARDIGM SHIFT**

- Immediate Access
- Ongoing, flexible support
- Harm Reduction
- Housing as a Right

*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

**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

**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

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

Client's choices are discussed in terms of consequences

Responsibilities as tenant, neighbor, community member

Examining the consequences of use and relapse
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
SOCIAL INCLUSION, SOCIAL SUPPORT

- “Looks like we have a guest!”
- Who is the guest?
HARM REDUCTION
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

Chittenden
60

Addison
16

Washington
50

Windsor
18

Windham
36

Franklin
20

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 support during housing search

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
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.

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
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.

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


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.

References

HOUSING FIRST AND CORRECTIONS in Rural Areas:
Pathways Vermont


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


HOUSING FIRST MANUAL

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?