

# Housing First: *Ending homelessness and supporting recovery*

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# Mental Illness

Homeless people have many complex disorders

## Mental Health Commission of Canada At Home/Chez Soi

	Winnipeg Site	Study total
Major depressive episode	67%	49%
PTSD	41%	29%
Panic disorder	46%	24%
Alcohol dependence	65%	35%
Alcohol abuse	30%	20%

# Treatment First (Housing Readiness Model)



# Traditional Eligibility Criteria for Supportive Housing

- Clean
- Receiving and complying with treatment
- No “criminal” complications
- No poor credit or rent payment history

## For those who remain homeless: avoidable misuse of resources

Hospitals/Detox: Small number of clients use a large percentage of these services

Jail/Prison: High rates of incarceration and recidivism rates for people who are mentally ill and homeless

Shelters: 10% of the chronically homeless utilize 50% of the system resources (U.S.)

# What do Consumers want? Housing, *first!*

- When asked, almost every person who is homeless says they want housing *first*
- Will accept housing and services on own terms
- Very effective with so-called “hard to house” or “treatment resistant”

## What is “Housing First”?

- A program that provides immediate access to permanent housing and support services with a philosophy of consumer choice. Consumers are not required to participate in psychiatric treatment or attain a period of sobriety in order to obtain housing.

# Housing First as “Best Practice”

- Housing First is currently endorsed by the United States Interagency Council on Homelessness (USICH) as a "best practice".
- Mental Health Commission of Canada
- Government of Manitoba Homelessness Initiative based on Housing First



# Housing First: Changing the Culture

- Does not require treatment or sobriety as a precondition for housing
- Immediate access to permanent housing – ‘a place of your own’
- Community based – off site – services to help consumers keep housing and facilitate treatment and recovery

# Essential Elements of Housing First

1. Consumer Choice
2. Separation of Housing and Services
3. Recovery Orientation
4. Community Integration

# *Housing First.* Consumer Choice

- Once housed, consumers continue to choose the type, sequence and intensity of services (or no services at all)
- All must agree to weekly visit
- Choices include the **right to risk**; people make mistakes and learn.
- Continued practice in making choices leads to making the right choices and **the experience of success.**

# Separation of Housing and Clinical Services

- Housing is not linked with participation in treatment
- No sobriety requirements in order to obtain housing
- Housing is offered as a matter of right
- Support services are offered with housing

# Housing First Program Components

1. Housing: “Scattered Site” independent apartments rented from community landlords
2. Clinical Services: Treatment and support services provided by Assertive Community Treatment (ACT) or Intensive Case Management (ICM) Teams

# Housing: Independent Apartments Integrated in the Community

1. Normal rental housing: Rental units available on the open market
2. Integration: Less than 20% of the total number of units in any one building
3. Permanence: Tenants have same rights and responsibilities as any other lease holder
4. Affordability: Apartments are subsidized

# Matching Support Services with Participant Needs

- Housing needs are the same (decent affordable units)
- Severity of disability will vary and be addressed by different levels of service intensity
- Housing is permanent and services are arranged to support the individual tenant and work with the participant

# Housing and Clinical Services: Separate Domains

- Stabilizing housing with preventing eviction with Clinical Services
- Relapse is anticipated and does NOT mean eviction
- Housing is not disrupted because of a clinical crisis
- Eviction from housing is not grounds for discharge from clinical services: clinical services continue through housing loss



# Tenant Rights and Responsibilities

There are limits to choice. Participants must:

- 1) Sign lease or sublease
- 2) Pay their portion of rent
- 3) Observe the terms of the lease
- 4) Must agree to weekly apartment visit by support team

# Recovery-Oriented Services

Recovery is possible: people diagnosed with severe mental illness can live full and independent lives in the community (Harding et. al., WHO).

1. Supported employment
2. Wellness management
3. Links to education, etc.

# Recovery-Oriented Services

- Organize activities to help develop and nurture participant capabilities.
- Groups or activities for art, socializing, sports and sports events, science, current events, spirituality, etc.

# Community Integration

- “Normal housing” provides opportunities for social integration: portable rent stipend accommodates positive changes.
- Clinical services assist participants with community integration activities – orientation to building and neighborhood.
- Services can be reduced over time when no longer needed: smooth transition

# Housing First Range of Supports



Unhealthy and Harmful to Self and Community

Improved Health and Health Care

Reduced Substance Use and Use of Emergency Services

# Housing First Results

One study compared service usage for people in “Treatment” intervention with Housing First participants (Gulcur et. al.):

- Service usage dropped by 50% for HF participants versus only 20% for “Treatment” participants.
- Virtually all HF participants still housed after two years while one-of-three “Treatment” people homeless again.

# Housing First Results

- Another study compared HF and Treatment groups with respect to impact on substance use (Padget et. al.).
  - Neither drug nor alcohol use differed significantly; slightly lower in HF group

# Harm Reduction

A philosophy from the point of view that the use of psychoactive substances has been a component of all societies. The use of substances is not necessarily harmful in itself, but excessive use or use in certain settings or circumstances can be harmful. Harm reduction is:

- imparting skills in self-care (and care for others),
- lowering personal risk,
- encouraging access to treatment,
- supporting reintegration,
- limiting the spread of disease,
- improving environments,
- cutting down on public expenses, and
- saving lives.



# Manitoba applications of Housing First “Principles”?

- At Home/Chez Soi – an initiative of the Mental Health Commission of Canada (MHCC), a multi-city research demonstration project in Winnipeg that is providing Housing First and research follow-up with 500 participants (80% Aboriginal) (2009-2013) services provided by Aboriginal agencies (Housing First)
- Mental Health Housing & Supports
  - Bell Hotel (40 units - Low-Barrier Housing)
  - CMHA / WRHA “Scattered Site” Project (Housing First w/o rental subsidies)
  - Project Breakaway (Frequent Users)

# Impact on Communities

- Disruptive behaviours not all on the street
- Homelessness coping mechanisms (i.e., hard-drinking) decline
- Social impacts distributed more evenly throughout community – less peer victimization
- Formerly homeless people exposed to more normal community life