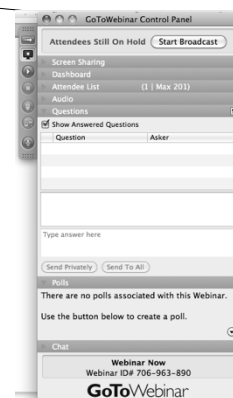


## HOUSING FIRST 101

Jonda Clemings, MEd, LSW

## Webinar

- 1.5 hour webinar
- Call muted
- Submit questions through GTW toolbar
- Materials available  
[http://www.cohhio.org/info\\_training\\_materials.php](http://www.cohhio.org/info_training_materials.php)



## SW CE's

- Attend all 1.5 hours
- Take test – pass with 80% rate
- CE's are for Social Workers Only – can petition other boards if you wish to do so



**Ohio** | Counselor, Social Worker and  
Marriage and Family Therapist Board

## Dr. Sam Tsemberis

- Founded Pathways to Housing in 1992
- With the creation of the housing first model to address homelessness among people with psychiatric disabilities and addiction disorders



## Pathways' Housing First

- Simple
- Provide housing first
- Combine that housing with supportive treatment services
- Housing is provided in apartments scattered throughout a community.

## People Who Are Homeless with Mental Health and Substance Abuse Problems

- Chronically homeless
- Psychiatrically homeless
- Addiction and abuse
- Health problems
- Poverty
- Isolation
- Stigma
- Trauma
- Social disparity

Few to no programmatic prerequisites to permanent housing entry

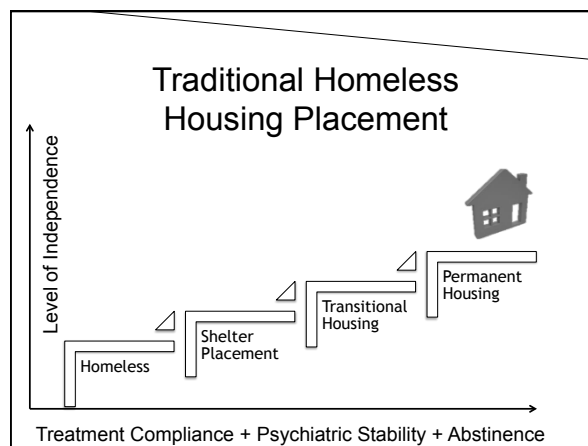
Low barrier admission policies

Rapid and streamlined entry into housing


Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability



- Tenants have full rights , responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models, single and scattered site



### Housing Access



- Tenant Selection Process
  - Housing Readiness
    - Sobriety
    - Psychiatrically Stable
    - Payee ship
  - Rule-out Criteria Waitlists
    - Criminal History
    - Rental History
    - Behavioral Issues

### Traditional Homeless Housing Placement

- Limits to Model
  - Manages & shelters homeless
  - Not focused on chronically homeless
  - Lengthy time to housing placement
  - Not person-centered

Limits

Limits



## Consumer Choice in Housing

CHOICE

## Housing Choice: Independent Apartment in Community Setting – Scattered Site Housing Model



## Team Operation Logistics

- Smaller teams
- Teaching online skills to tenants – telemedicine
- Outlook coordinated calendars
- Google groups, teleconferencing, morning meeting,
- Team approach to case management
- Managing the 7/24 on-call

## Low Barrier Admission Policies

- How do you create quick access
  - What do you need to know to house someone
  - Why do you reject applicants
  - How long does your project take



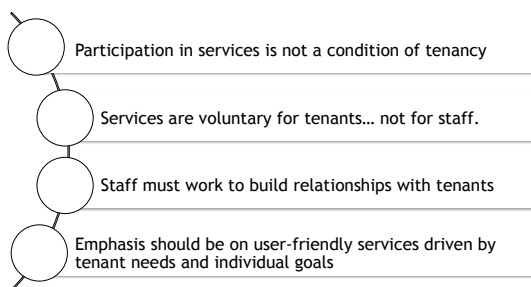
### Rapid and Streamlined Entry Into Housing

- Create a straightforward application process
- Examine who can really get in
  - Does your program serve the homeless of your community today?
  - Are your entrance criteria as open as possible? When was the last time you look at the rapid and streamlined entry into housing program?

### Rapid and Streamlined Entry Into Housing

- Applicant process
- Does an applicant get enough information to understand how this PSH will help them stay housed?

### Supportive Services are Voluntary What are Voluntary Services



- Condition of tenancy, tenants participate as high rates.
- Tenants value the services available to them, as well as the autonomy
- “Low demand” model is much more likely to house and retain formerly homeless



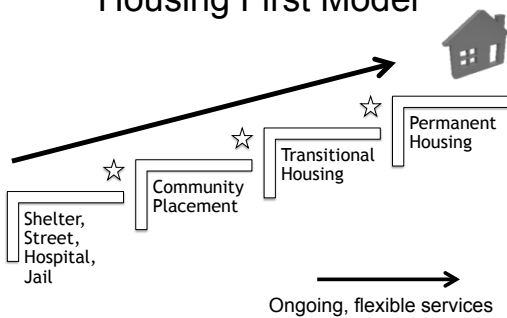
## What Harm Reduction is Not

- ☐ Neither for or against drug use
- ☐ Consent to use
- ☐ Don't use, don't tell
- ☐ Anything goes
- ☐ Anti-abstinence

## Tenants have Full Rights, Responsibilities, and Legal Protections

- Housing unit choice
- Lease
- Understanding the Lease

## Housing First Model



## Housing First Principles

- ☐ Homelessness is a housing problem
- ☐ Housing is a right
- ☐ Should target the most vulnerable
- ☐ Rapidly return to permanent housing
- ☐ No precondition



## Housing First Principles

- Not dependent on service participation
- Everyone is valuable
- Tenants have leases
- Project-based or scattered site
- Harm reduction

## Housing First for Youth

- Immediate access to housing
- Youth choice and self-determination
- Positive youth development orientation
- Client driven
- Social and community integration

## Housing First is Adaptable

- Homeless
- Individuals
- Families
- Veterans
- Severe and persistent mental illness



## Housing First is Adaptable

- Youth
- Difficulties adhering to treatment
- Violence and criminal justice involvement
- Repeated use of systems
- Chronic substance abuse
- Health problems





## Housing First Practices

- Voluntary or minimum services
  - Creative engagement
  - Participation not required
- Progressive engagement
  - Flexible services
  - Consumer driven services & goals



## Housing First Practices

- Relapse tolerant
  - Substance use alone – not reason for eviction
  - Harm reduction
- Housing supports
  - Housing program expertise
  - Landlord supports & partnerships
  - Diverse housing options



## Housing Supports

- Zero discharge into homelessness
- Housing placement
- Housing retention
- Rent supplements
- Aftercare

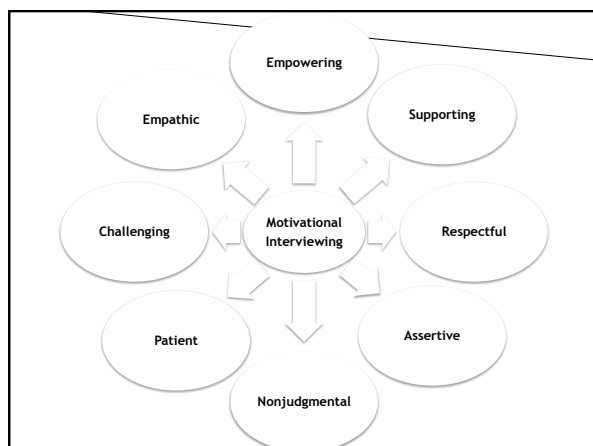


## Income & Education Supports

- Education
- Employment training
- Income & employment







## Recruit Your Team

- Assign implementation responsible person
- Select internal agency staff
- Recruit external partners
- Orient & educate team on Housing First
- Develop work plan

## Recruit Your Team

- Set initiative roll-out
  - Determine specific objectives & actions
  - Decide upon key opportunities
  - Review changes required
  - Assign roles & responsibilities
  - Set timeline

## Choose “Right” Staff

- Ability to meet client where they are
- Willing to get “their hands dirty”
- Excellent teamwork skills
- Embraces and manages challenges
- Solves problems creatively
- Utilizes strengths-based, client-centered interventions



## Homeless System Involvement

- Communication plan
  - During work plan design
  - Prior to implementation
  - Ongoing updates
  - Ask other CoC partners for help/guidance

## Choose “Right” Staff

- Enlist the “YES we can” people
- Look for the influencers
- Knowledgeable & flexible
- Current staff may lack buy-in
  - Educate & empower to help them engage
  - Consider position reassignments and/or right fit for this organizational change

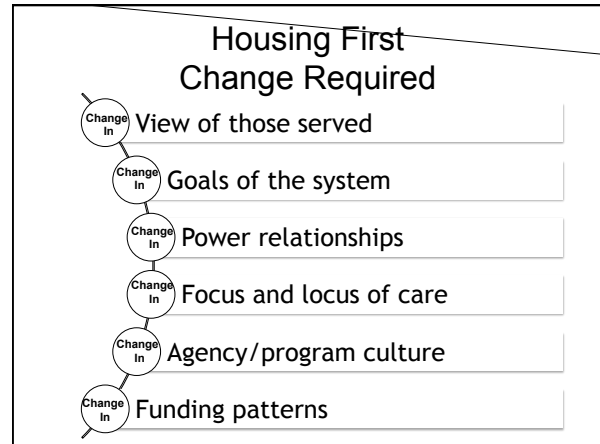
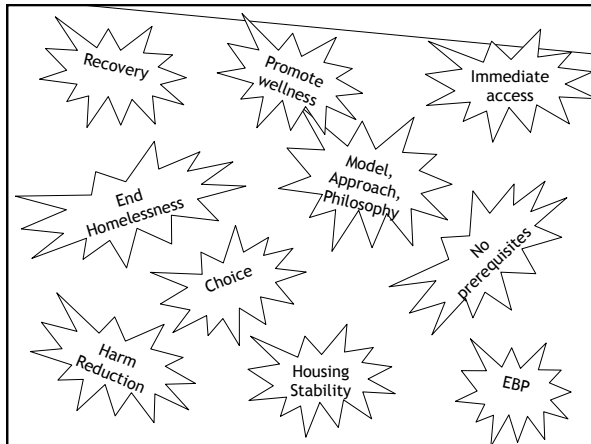
## Buy-in & Communication

- Own organization – staff & board
- Clients
- Public and private partners/providers
- Homeless coalitions
- Funders
- Stakeholders
- Be proactive – anticipate “nay sayers”

## Program Goals

- Realistic but ambitious
- Define goals
- Determine performance measures
- Develop quality improvement & corrective action process
- Handling poor performers





### HF Program Evaluation Purposes

- Ensure HF model fidelity
- Understand how well strategy works
- Determine outcomes

The Purpose of...

**assessment**  
is to  
**INCREASE**  
quality.


**evaluation**  
is to **JUDGE**  
quality.

### Why Assess Fidelity?

- ☐ Housing First is more than housing only
- ☐ Peer specialists are team members
- ☐ No preconditions
- ☐ Consumer/tenant choice is key
- ☐ Assertive engagement is not coercion



[illegible]

- 
- ## Service Array Fidelity
- What services are delivered?
    - Housing support
    - Substance abuse
    - Psychiatry
    - Education, employment
    - Health care
    - Team assists with diverse goals

## A black and white photograph showing two hands holding two interlocking puzzle pieces. The left piece is labeled 'PARTNER' and the right piece is labeled 'SHIP'. The pieces are held together, symbolizing the combination of a partner and a ship.

- 12



## Program/Team Structure Fidelity

- How is the program organized?
  - Participant to staff ratio 10:1 – 20:1
  - Team approach – shared caseloads
  - Team meetings
  - Participant input



## Fidelity Site Visit

- Before visit
  - Number if scattered-site housing
  - Length of time to secure housing
  - Percentage of participants discharged
- Team meeting observation



## Fidelity Site Visit



- Staff interviews
- Program participants focus group
- Chart review
- Home visits (optional)

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