"Survey Says"

## HOUSING FIRST EDITION

COHHO Coalition on Homelessness and Housing in Ohio

### Format/Rules

- Your side of the room is the team you are on.
- There will be 4 rounds of questions.
- Hannah will ask the question and whichever side of the room raises their hand first AND gets an answer on the board first receives control of the board and has the option of playing or passing control to the other side of the room.

- The side that has the control tries to reveal all of the correct answers to the question before receiving three strikes.
- If the team receives three strikes without clearing the board, control is passed to the other side of the room.
- At the end of each round, we will discuss the question and answers.



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### Round 1













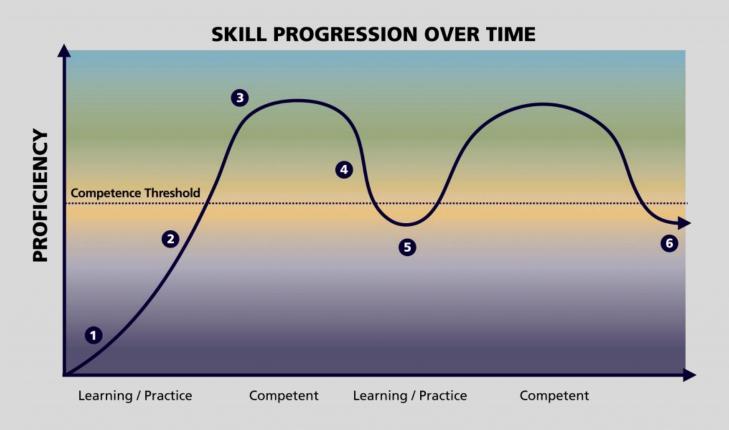




## What is Housing First?

Housing First is a consumer-driven approach that provides immediate access to permanent housing, in addition to flexible, community-based services for people who have experienced homelessness.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing.



## Housing First Principles

- 1. Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing.
- 2. All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need very little support for a brief period of time, while others may need more intensive and long-term supports.
- 3. Everyone is "housing ready." Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing. Rather, homelessness programs and housing providers must be "consumer ready."
- 4. Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.
- 6. The exact configuration of housing and services depends upon the needs and preferences of the population.

# Round 1 Discussion Questions

- What does Housing First look like at your agency?
- Anything that surprises you from this list?
- Anything that you don't agree with?



### Round 2

















## Common Challenges

- Time
- Historical exclusionmarginalization
- Cognitive impairment
- Intoxication
- Disruptions
- Attention span
- Demands of other systems that require change rather than motivating
- Personal biases
- Understanding role: supporting autonomy and being a change partner at the same time
- Empathy & cultural competency

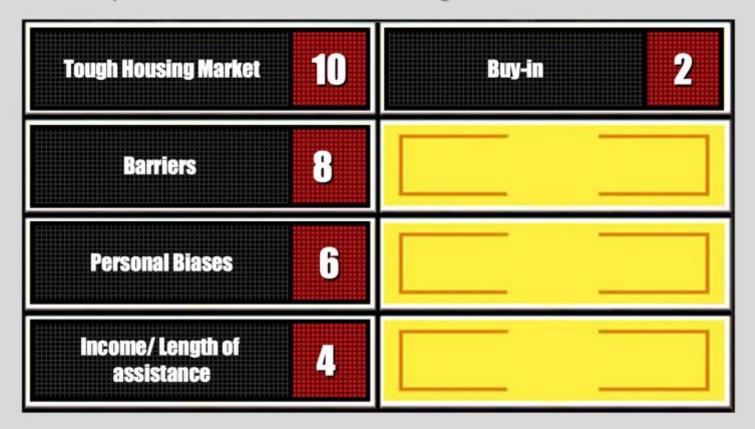
- Uncomfortable, awkward silences
- Immediate needs trump goals
- Ambiguity and ambivalence
- Don't change talk
- Moving from change talk to commitment to change
- Fidelity to technique
- Absent or reduced engagement that can come with depression and anxiety
- Change is viewed as a linear event rather than an iterative process
- What did we miss?

# CHALLENGING OUR OWN PERSPECTIVE ON OUR ROLE AND FUNCTION

- The job isn't to heal. It is to help.
- The job isn't to solve the problems of program participants. The job is to help them solve their own problems.
- We are instruments of a process, not a miracle worker with all the answers.
- We need to focus on the process.

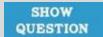
# Round 2 Discussion Questions

- What challenges have you experienced with Housing First?
- How did you overcome those challenges?



















## Research on Housing First

- A <u>2021 study</u> found that HF programs decreased homelessness by 88% and improved housing stability by 41% compared to Treatment First programs
- The largest Housing First study showed:
  - 62% of HF participants remained housed, compared to 31% of those who were required to participate in services
  - Every \$10 invested in HF resulted in an average savings of \$9.60 for high needs participants
  - HF participants had higher rates of housing stability, quality of life, and community functioning compared to those in other housing programs

# What does Data tell us about Housing First?

- The majority (60 to 72%) of participants rottomed expected trajectory of improvement, with the remaining experiencing difficulties in community integration, mental health symptom severity, substance use, community functioning and quality of life 6 months after program enrolment.
- Diagnosis of psychotic disorder was associated with a reduction in quality of life from baseline to 6-months, while substance use disorders were associated with reduced mental illness symptoms and substance use related problems and an improvement in quality of life.
- Participants housed in independent housing at 6-months had greater improvements in community integration and quality of life, and greater reduction in mental illness symptoms, compared to those not independently housed. The quality of the working alliance was positively associated with improvements in physical and psychological community integration and quality of life.
- Qualitative data provided a unique window into the loneliness and isolation experienced by Housing First participants, as well as problems related to substance use and a need for life skills training and support.

# Round 3 Discussion Questions

What benefits have you/your programs seen from using a Housing First approach?



### Round 4



Motivational Interviewing 10	Critical Time Intervention 2
Harm Reduction 8	
Assertive Engagement 6	
Trauma-Informed Care 4	













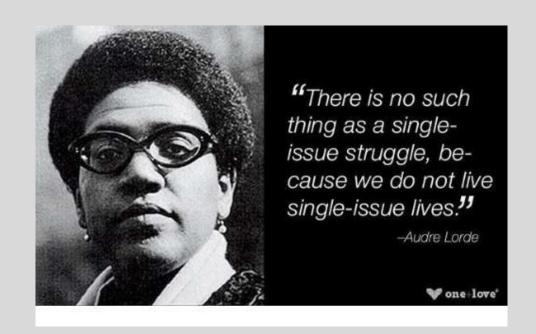
In traditional service models, clients with high needs have to go to where the provider is — like to a shelter, or in-house program.

Maybe they show up, maybe they don't.

With <u>assertive engagement</u>, providers meet people where *they* are — say, in a tent encampment — engage with them there, offer help, and then don't take no for an answer. But they do it in a kind and empathetic way.

# Core Concepts of Assertive Engagement

- Racial Equity Lens
- Anti-Oppressive Practice
- Empathy
- Strength-Based Approach
- Unconditional Positive Regard



# The practice of harm reduction does not mean "anything goes."

- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Establishes quality of individual and community life and wellbeing—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

# Round 4 Discussion Questions

- How does your agency incorporate these best practices into your Housing First approach?
- What other best practices are you using to house clients?



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Thanks for your participation!

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#### Round 5

















# Round 5 Discussion Questions

- What other Housing First approaches could you take to help Bill get into housing?
- Have you ever had a similar scenario? What worked?

