Housing First: A Strategy to End Chronic Homelessness

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Housing First: Planning for Culture of Recovery

- Engaging & Empowering Consumer Choice
- Program Infrastructure to Support Recovery
- GTBHC's Housing First Highlights & Outcomes
- Public Policy: Recovery from Homelessness – to be funded by Diversion Savings.

Housing First: Engaging & Empowering Consumer Choice

- Engagement Philosophy
  - Consumers were not screened or cherry-picked
    - Whether they wanted a home/apartment was the sole criteria.
  - Offer consumer (with nothing) something worth having
    - **Goal:** Consumer sees home as something desirable, and takes action to avoid its loss.
  - Empowering choice
    - Focus on consumer's next step – whatever that is
    - Help consumers solve problem important to them as the first step
  - Prove ourselves trustworthy by respect and reliability
  - Maintain high expectations regarding self-reliance
    - As opposed to infantilizing co-dependency.

Housing First: Engaging & Empowering Consumer Choice

- Building on Trust Step-by-Step & Developing New Skills
  - Recognizing empowered "choosing" as a skill to be learned
    - Inability to Choose – due to institutions, mental illness, family and community abuse, etc.
    - Choosing New Skills – household-management, money-management, help-seeking skills, food shopping and cooking skills, self-management skills, etc.
  - Choosing recovery as a skill to be learned and relearned:
    - Choosing to manage behavior related to
      - Mental health symptoms
      - Addictions: alcohol, drugs, smoking, food, etc.
      - Trauma: intrusive thoughts/emotions, reactive anger/fear, victim of violence→ perpetrator
      - Physical health problems
      - Reactive help-seeking versus pro-active help-seeking
    - Choosing recovery-based behaviors:
      - Choosing pro-social behaviors, pro-social friends, etc.
      - Choosing relationships based on safety and mutuality, modeled by Housing Counselor

Housing First: Engaging & Empowering Consumer Choice

- Training Staff How to Engage Consumer Needs
  - Engagement-focused Services
    - Motivational Interviewing
  - Culturally Competent Services
    - Ethnographic Interviewing
  - Trauma-informed Services
    - Orientation to trauma-informed thinking about engagement
    - Conscious of potential triggers →Consumer & Staff Safety
    - Referral for treatment using evidence-based trauma models
      - Seeking Safety, TREM, TARGET, DBT, etc.
  - Integrated Services for Co-occurring Disorders
    - Substance Use → DMHAS's COD Initiative
    - Physical Health Problems → Health Home

Housing First: Program Infrastructure to Support Recovery

- Budgeting for Recovery
  - Budget funds to make apartment repairs – growing problem straining budget
  - Budget extra to cover unpaid rent by tenant
  - Budget for extra moving expenses
    - if neighborhood/landlord/ neighbors/apartment is not a good fit
  - Of 270 consumers in apartments 15-20 consumers pose financial problems
    - Interventions: Default notices for any late payment → Money Management → Payee → Eviction for non-payment ***unless*** program objects
- Build partnership with landlord
  - Guarantee landlord's cash-flow
  - 24/7 access for repairs, neighbor complaints, etc.
  - Weeding out problem landlords
    - Non-responsive to problems with heating, roaches, etc.
    - Disrespectful toward tenants
    - Rent-gouging

Housing First: Program Infrastructure to Support Recovery

- Housing Management Workgroup Agenda (Monthly)
  - Financial: review financial reports related to owned properties and master leases, vacancies, unpaid rents, damages to apartments, etc.
  - Vouchers: DMHAS voucher renewals, delays in processing DCA vouchers, Shelter Plus Care renewal applications and progress in meeting match requirements, Section 8 applications, etc.
  - Problems with Tenants: Develop strategies to deal with tenants who
    - Do not pay their share of rent – determine who gets delinquency notices, eviction notice, forbearance or other special handling, etc.
    - Pose financial, safety, and/or criminal justice risks related to apartment damage, untreated symptoms, substance use, violence, problem friends, etc.
  - Problems with Funding: Funding cuts related to services, vouchers, etc. Insufficient funds related to apartment repairs, moving, evictions, etc.

GTBHC's Housing First Program: Funding & Caseload Highlights

- **Funding**
  - 50 consumer apartments at $20,000 per consumer in 2007
  - 84 consumer apartments at $11,900 per consumer in 2011
- **Caseload**
  - 14 consumers per FTE in 2012 (10 consumers per FTE in 2007)
- **Program Goal: Interrupt Cycle of Chronic Homeless – Need Long-term Focus**
  - No screening out consumers – accept all interested in an apartment
  - Consumers may return to program after eviction, incarceration, hospitalization, etc.
  - 16 consumers currently in transition:
    - 7 persons moved out: 5 with family; 1 with boyfriend; 1 on their own with Section 8
    - 5 person incarcerated: 1 back in program, 4 still in jail
    - 2 persons hospitalized in state psychiatric hospital – now in more intense programs
    - 1 person missing – fire in apartment, then flood, then went to ER, then missing
    - 1 person left after domestic violence to live with family, now homeless, refuses help
  - 7 consumers deceased; 1 consumer terminated by funders (already had a voucher)
  - 45 consumers doing fairly well / 32 psychiatrically challenged (5 very challenged)
    - 42 in behavioral health treatment; 10 medically challenged and in treatment
    - 11 secured SSI; 2 married; 13 employed; 4 enrolled in school

GTBHC's Housing First Program: Cost-Outcomes

- Some 90 cost-benefit studies show Housing First
  - Pays for itself, ***and***
  - Produces net-savings per person of $4,500-10,000
- Preliminary Cost-Benefit of 15 persons Enrolled (Tufts University)
  - 6.3 years average period of homelessness prior to enrollment in Housing First
  - Net savings of $9,429 per person after first year
  - Cost data based on interviews and estimates for hospital, incarceration, etc.
- New Cost-Benefit (in process) based on 75-persons enrolled
  - Actual Costs for ER, Inpatient, Outpatient and Corrections are being gathered.
  - Pre/Post enrollment cost comparisons, including Housing 1st costs.

Housing First: Refocus Policy Toward Recovery & Diversion

- Problems:
  - DMHAS budget focuses on homelessness to the extent it affects state hospitals
  - Many homeless have co-occurring mental health and substance use disorders
    - But are high-cost users of ERs and inpatient programs **not** state hospitals
    - No state agency really owns the homeless population yet, but DMHAS is the closest.
  - NJ has highest health costs in country, according to Dartmouth Atlas
    - Homeless are highest-cost users of hospital emergency and inpatient programs
  - NJ State Budget Planners do not yet see huge potential for diversion savings
- Opportunities: Diversion a Proven Strategy
  - Mental Health System was created out of funds diverted from state hospitals
    - 15,000 state/county psychiatric hospital beds in 1970 reduced to 2,000 in 2012
    - Mental Health System pays for itself and ***saves $1 billion per year***
  - NJ Health Care System needs the same diversionary reforms
    - Redirect funds from high-cost care to create Housing 1st & Health Home programs
  - Behavioral Health providers poised to implement diversionary reforms
    - Best able to engage high-cost users, most of whom have behavioral health problems
    - Already focused on skill-building and behavior change
    - Need to take the next step into Health Homes + ***Integrated*** Service Planning & Treatment
- New Mantra: Behavioral Health Providers → Tax-Saving Machines
  Housing First Providers