System Transformation to Support Recovery Outcomes: Lessons Learned From Housing First

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FSP PROVIDER MEETING AUG 11, 2017

1. What was the problem we were trying to solve?

and how Housing First approached it differently?

Immediate response to homelessness: An emergency response

1

Send clinicians out there:

Outreach

2

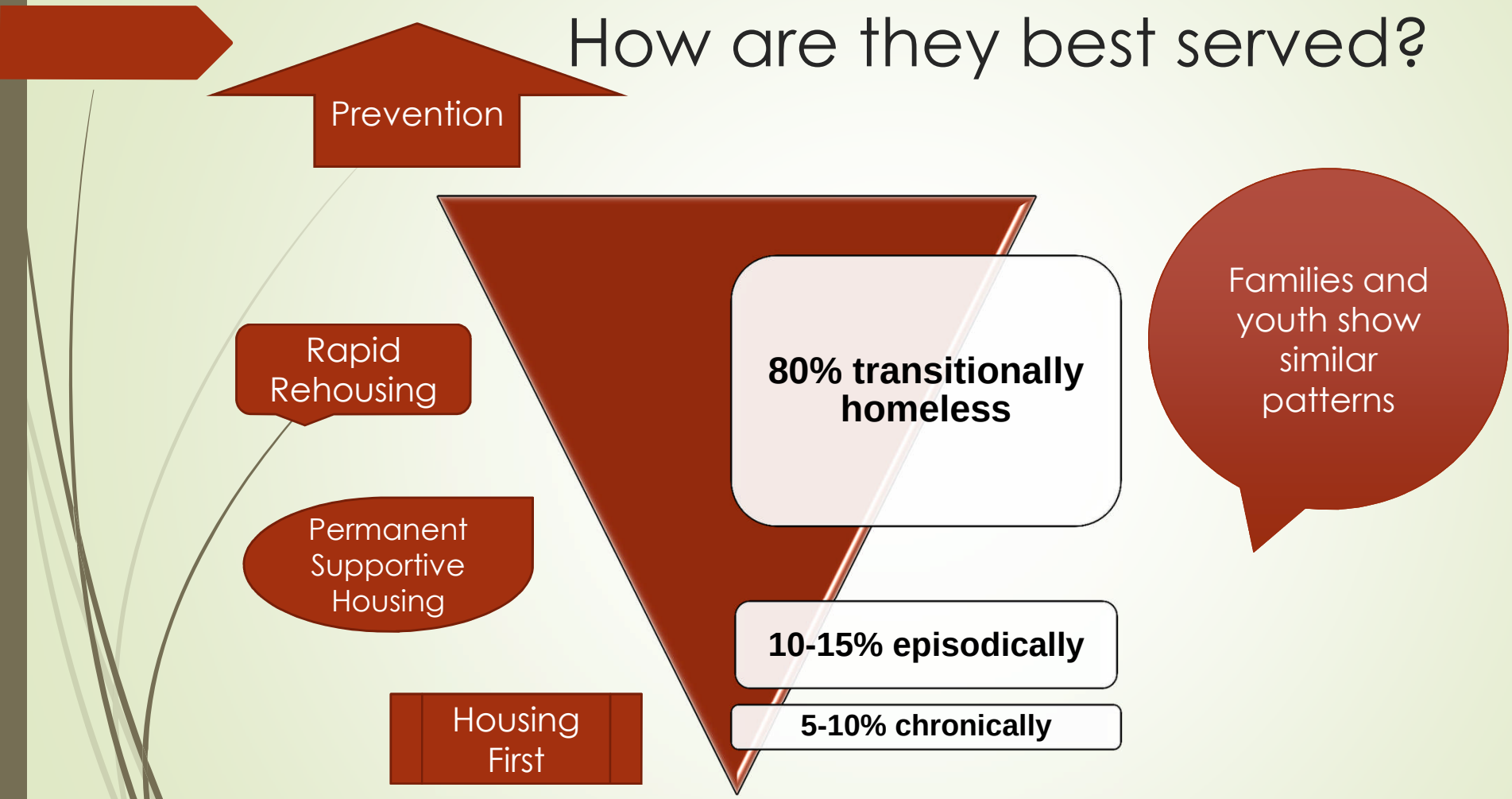
3

4

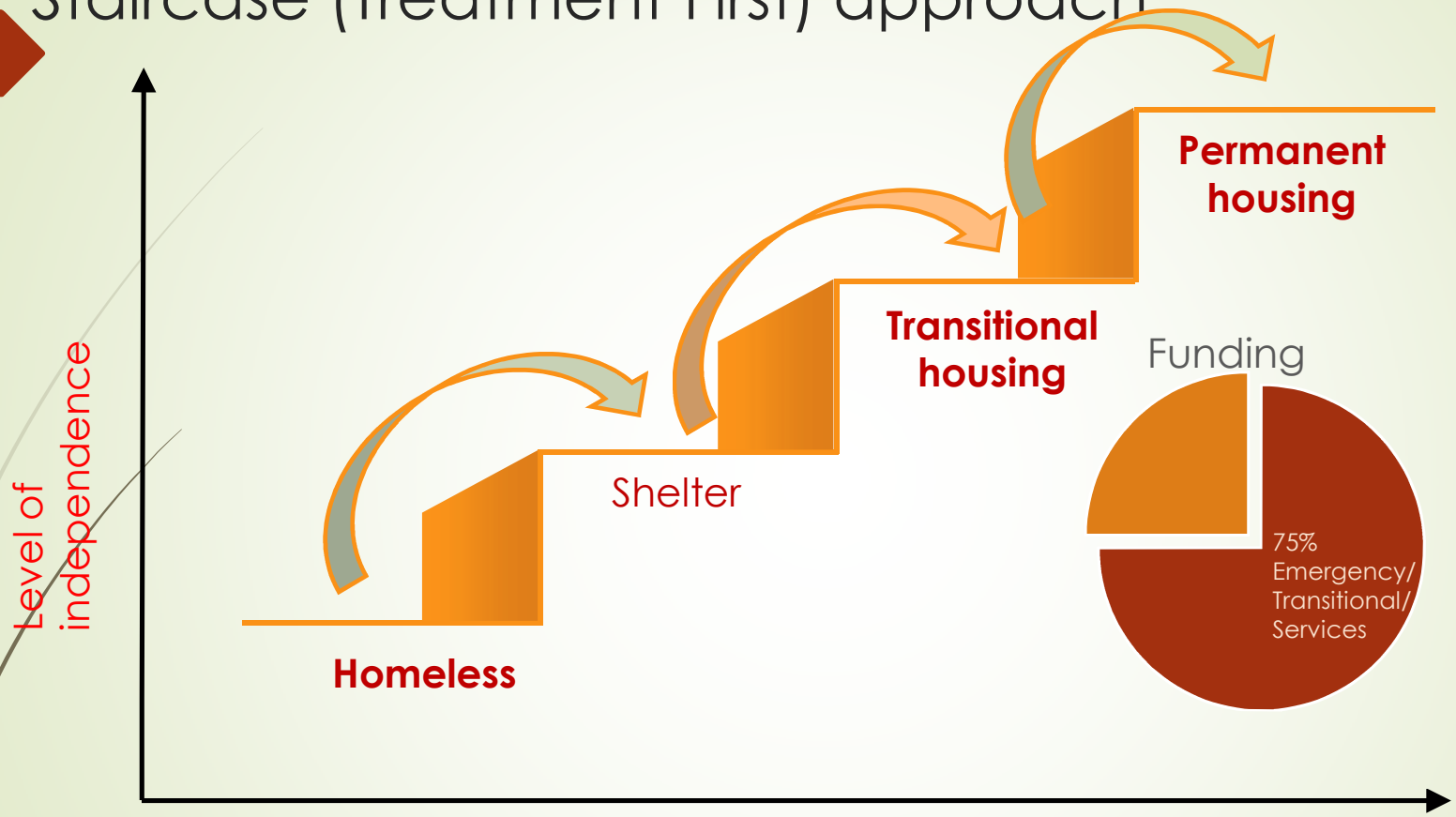
5

Are the "chronic" hard to reach or the victims of a failed approach?

Why focus on the most vulnerable? How are they best served?



Homeless services
Staircase (Treatment First) approach



System built upon 1) frequently practiced but inaccurate assumptions about Mental illness, addiction and functional ability and 2) long standing attitudes about those who are poor

2. Principles of Housing First

and

how they challenge the status quo?

5 Principles of Housing First

1. Consumer Choice (in housing and services)
2. Separation (and coordination)of Housing and Services
3. Services Array Match
4. Recovery Focused Practice
5. Program Structure

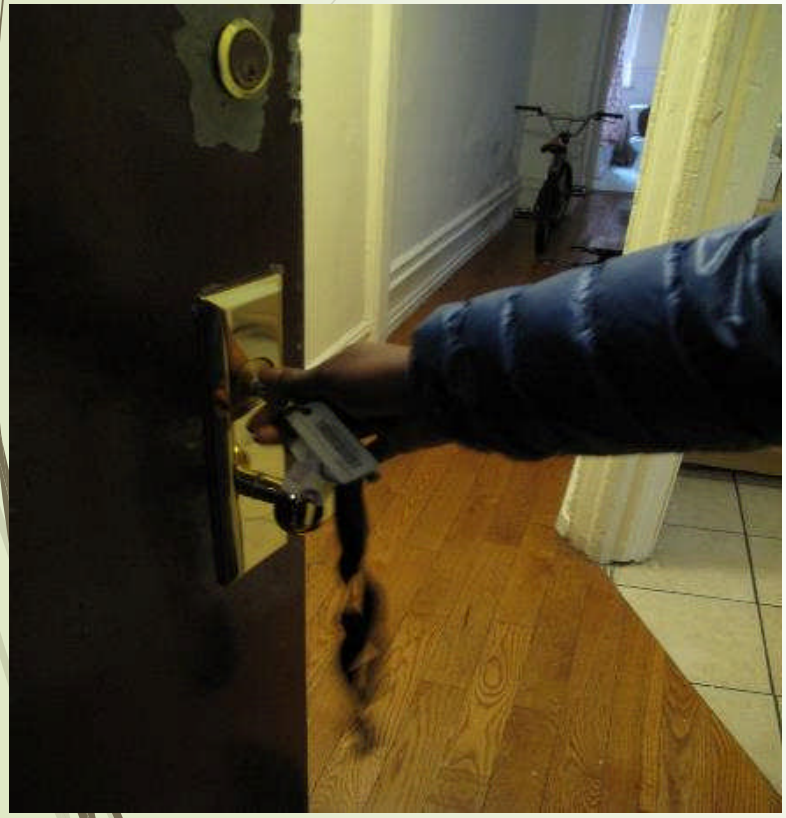
HF Requires Specific Changes in Manner of Providing Services and Housing

- View of people served
- Change in power relationships
- Change in treatment practices
- Commitment to ongoing support
- Commitment to social inclusion

Changes in Program (and Agency) Culture

1. Welcoming complexity
2. Trauma Informed and trauma competent
3. Culturally Informed
4. Evidence Based Practices
5. Intent to Treat (no discharge as policy)

Housing First Program Operation



1. Client engagement through choice driven approach
2. Immediate access to housing (no treatment preconditions + 2 requirements)
3. Housing and treatment are separate domains
4. Service array that matches client needs
5. Program structure (team approach)

The Ultimate Goal of Housing First is Recovery

3. Is this program effective? Does it have better outcomes than treatment as usual?

and

What do you do when it doesn't work?


Housing First
Leading the Way to Ending Veteran Homelessness
STUDY 1: HUD-VASH
Portland
San Francisco
Los Angeles
Denver
Chicago
Detroit
New York State
Boston
New York City
Philadelphia
Washington DC
Dallas
New Orleans
Bay Pines
76,329 homeless veterans
56% reduction in 3 years

HUD-VASH Housing Retention

- Of the 700 homeless Veterans admitted to HUD-VASH utilizing a Housing First approach, **84%** (585) are still living in permanent housing, with varying lengths of stay one year after we started the pilot
- Among the 115 Veterans who have left the program,
  - + 37% (43) moved to a more independent living arrangement;
  - -/+ 20% (23) discharged to an institutional setting, including hospital, nursing home, or prison;
  - - 30% (34) relapsed into homeless or were lost to care;
  - + 13% (15) died, the majority from natural causes
  - (Kane, V., et al. 2014)

Cost Savings

Table 1. VHA Healthcare Cost (12 months pre- and post-admission), N=622			
	Mean Cost Pre-Admission	Mean Cost Post-Admission	**Percent Change**
Inpatient			
Mental Health	$4,270.63	$2,407.91	
Substance Abuse	$3,164.34	$1,587.38	
Other (Medical)	$6,375.94	$2,311.59	
Total Inpatient	$13,810.91	$6,306.88	**-54.3%**
Outpatient			
Mental Health	$2,229.28	$2,037.81	
Substance Abuse	$1,209.07	$1,019.00	
Other (Medical)	$6,222.82	$6,677.56	
Total Outpatient	$9,661.17	$9,734.37	**0.8%**
Total	$23,472.08	$16,041.25	**-31.7%**
Data source: Veterans Health Administration (VHA) Decision Support System (DSS)			

HUD-VASH Implementation Required Enormous Culture Change

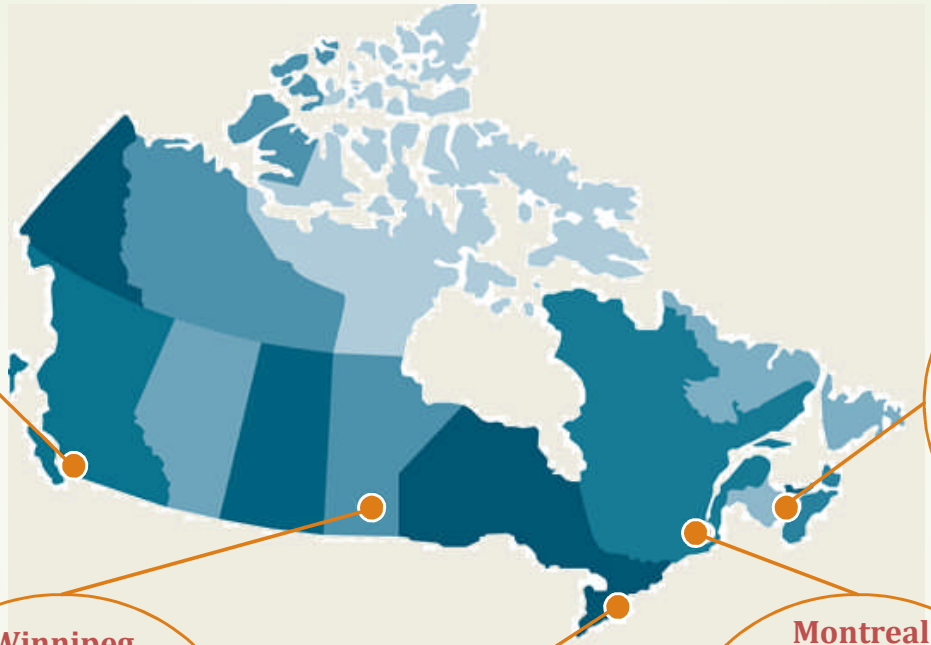
- Change from medical center culture and practice to community based care
- From clinic based to outreach and community home visits
- From abstinence-based to harm reduction
- From risk aversive to risk management
- From client is responsible for success to program is responsible for success
- From discharge for non-compliance to engagement through crises and relocations
- From rigid definition of services to flexible and comprehensive support

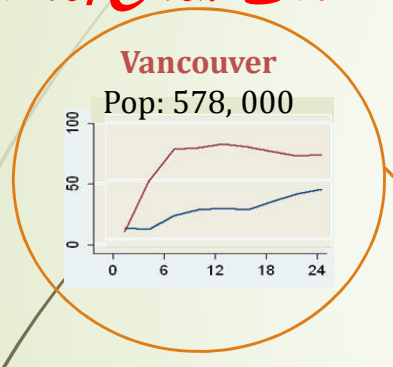
STUDY 2:
Mental Health Commission Of Canada
$110M 5 YEARS

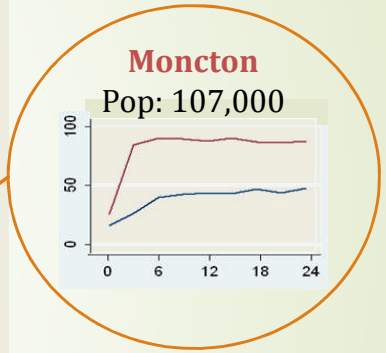
At Home/Chez Soi

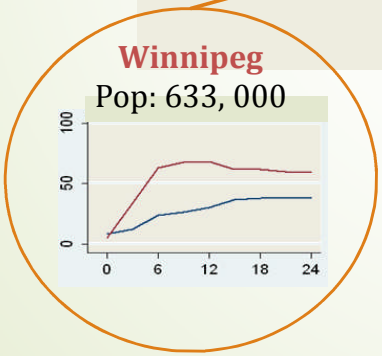
Housing First in 5 Cities: different sizes and composition across Canada

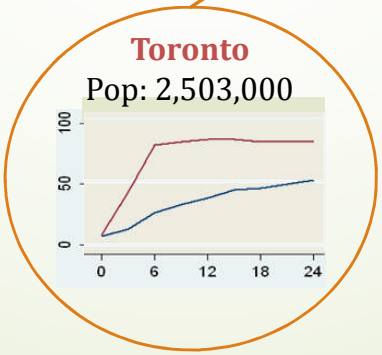
HF is an Evidence Based Practice*







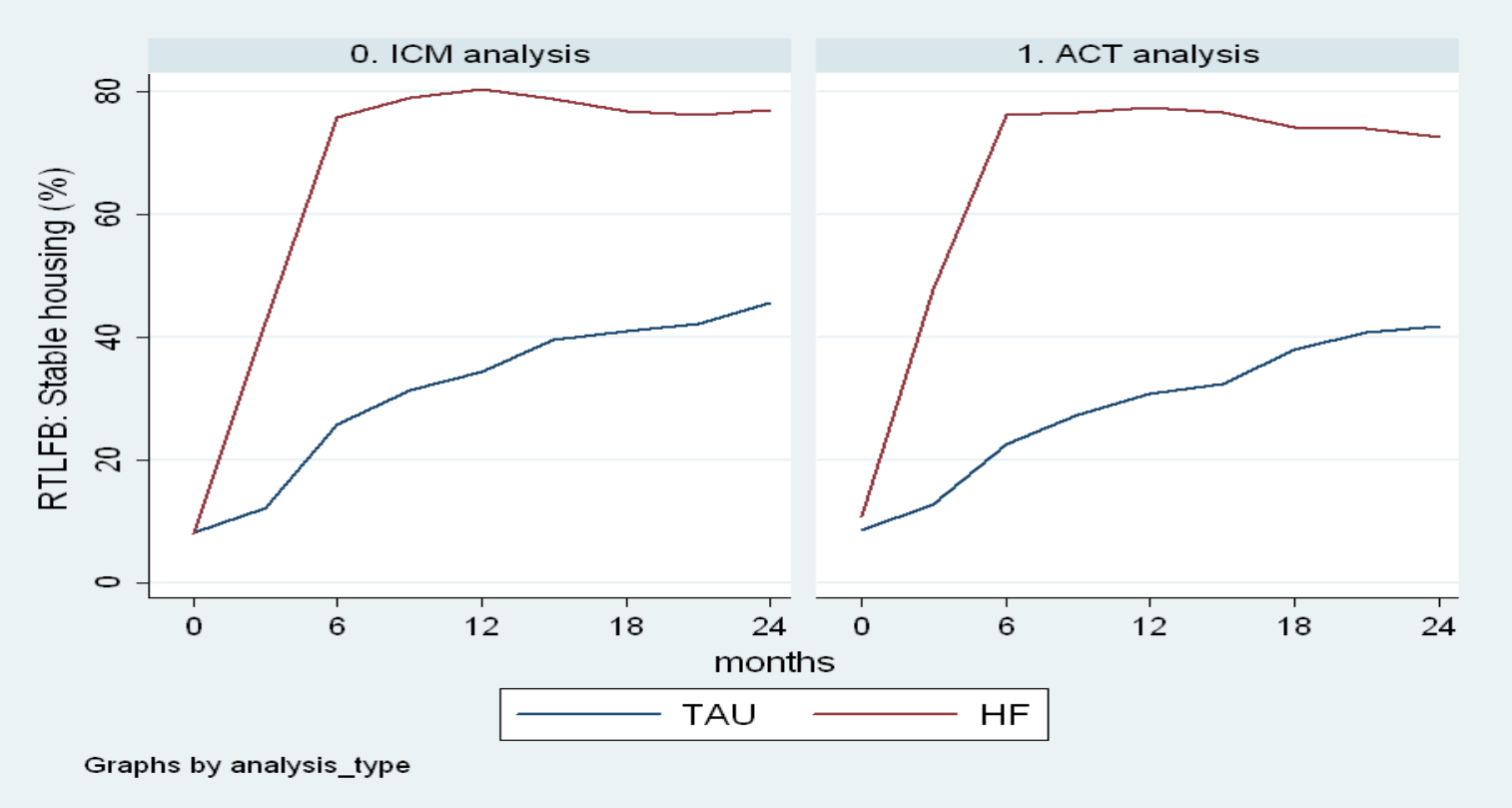




Aubry, T. et al., *Psych Services* 2014, 2015.

HF outcomes for moderate and high need participants

Percentage of time housed



Cost savings found to be associated with high service utilizer group;
In all the intervention was a cost offset

Findings from Qualitative Interviews

Having a place of one's provided greater overall sense of safety and improved quality of life

Served as a platform for other positive changes (reconnection, sense of belonging, feeling normal, privacy, and control to establish own routine)

Introduced new challenges; lonely, isolated, not fitting in

Housing stability and improved quality of life was retained despite continuing to experience symptoms or struggling with addiction

Mental health, addiction and discretionary income marginally improved

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

From Research, to Policy Change to Change in Funding

- Following the results on effectiveness and cost offsets the federal government changed homelessness policy
- Rather than funding programs that serve the homeless by calculating the number served and how frequently they were served each community receiving federal funds to provide services to the homeless was mandated to
  - 1) prioritize chronic homelessness;
  - 2) spend 50% of all funds on a implementing housing first programs
- Communities are offered consultation/TA to make the shift
- Federal gov't recently funded a similar study on Housing First for youth

Study 3: FSP Programs and Housing First: Effectiveness of Supported Housing for Vulnerable Populations

Todd Gilmer, PhD
Department of Family Medicine and Public Health
University of California, San Diego

Susan Ettner and Marian Katz, UCLA

Lawrence Palinkas and Ben Henwood, USC

Ana Stefancic and Sam Tsemberis, Pathways to Housing, Inc.

AHRQ R01 HS01986-1 Arch Gen Psychiatry. 2010;67(6):645-652. doi:10.1001/archgenpsychiatry.2010.56

Full Service Partnerships

- Cornerstone of the Mental Health Services Act
  - Supported housing programs for persons with SMI who are homeless or at risk for homelessness
- FSPs do 'whatever it takes' to improve residential stability and mental health outcomes
  - FSPs were implemented with substantial stakeholder input, and were adapted to local environments, resulting in a wide variation in implementation

Statewide FSP Study

- State of California
  - 10,231 clients in 93 FSP programs
- Quantitative components
  - Administrative data provided information on housing, service utilization, and costs
  - Housing status examined pre-post
  - Service use costs analyzed with propensity score matched control groups

Mixed Methods Design

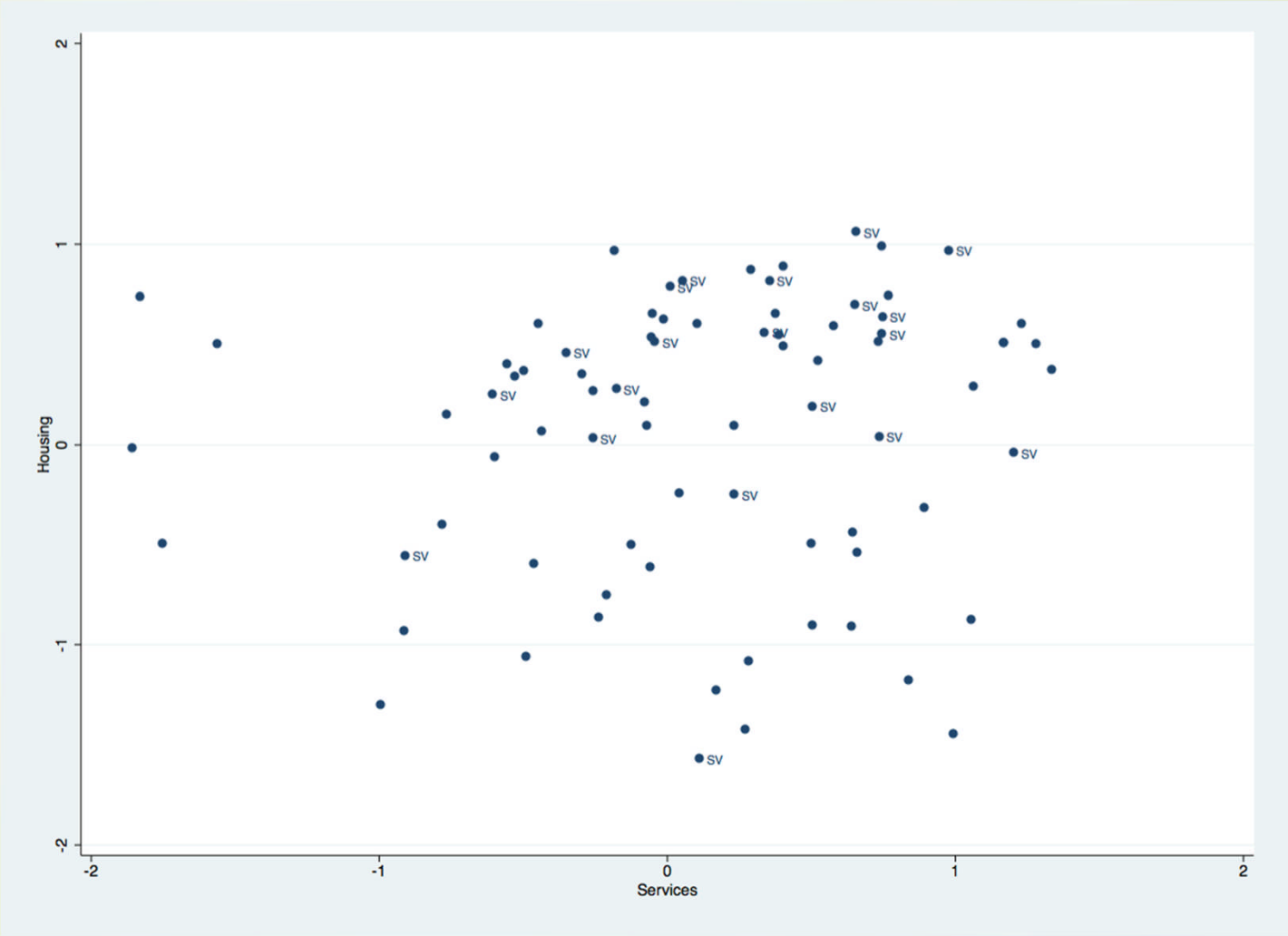
- Study was explanatory and exploratory
  - qual → QUAN → qual
  - Focus group was used to develop survey (N=93) which was followed by site visits (N=20)
- Fidelity to the Housing First model
  - Survey provided a quantitative measure of fidelity
  - Site visits were used to provide a depth of qualitative information

Participating Counties

LA COUNTY
FSP team census
Average 87
Range 15 to 452

State: Fidelity Survey Results

5 DIMENSIONS OF HF PROGRAM FIDELITY:
1. CLIENT CHOICE
2. SEPARATION OF HOUSING AND SERVICES
3. PROGRAM PHILOSOPHY
4. SERVICE ARRAY
5. PROGRAM STRUCTURE



Housing choice and structure	
Fewer than 30% of participants live in emergency, short-term, transitional, or time-limited housing	73%
At least 85% of participants live in scattered-site permanent supported housing	14%
Separation of housing and services	
Access to permanent housing requires only face-to-face visits with program staff and adhering to a standard lease	43%
The majority of participants in permanent housing have a lease or occupancy agreement that specifies their rights and responsibilities of tenancy and which do not include provisions regarding adherence to medication, sobriety, or a treatment plans, or adherence to program rules such as curfews or restrictions on overnight guests	36%
Service philosophy	
Participants have the right to choose, modify, or refuse services and supports at any time	63%
Participants with serious mental illness are not required to take medication and/or participate in treatment	67%
Participants with substance use disorders are not required to participate in substance use treatment	81%
Program follows a harm reduction approach to substance use	76%

Service array	
Program provides three or more approaches to substance use intervention	69%
Program provides opportunities for community based employment	75%
Program provides opportunities for supported education in the community	88%
Program provides opportunities for community based volunteering	93%
Program provides three or more approaches to support participants with physical health issues	71%
Program provides three core social integration services	71%
Program structure	
Program staff meets at least four days a week	41%
Program meetings address four core functions	74%

San Diego County: Housing

Table 2. Days Spent in Various Living Situations 1 Year Before and 1 Year After Enrollment in a Full-Service Partnership Program[a]

Living Situation	Days, Mean (SE)			*P* Value
	1 Year Before	1 Year After	Difference	
Independent	46 (8)	123 (11)	77 (15)	<.001
Congregate/residential	28 (6)	97 (11)	70 (11)	<.001
Justice system	26 (5)	6 (3)	−20 (6)	<.001
Emergency shelter	37 (7)	38 (8)	1 (8)	.97
Homeless	191 (12)	62 (9)	−129 (13)	<.001
Other/unknown	32 (7)	38 (7)	6 (10)	.56

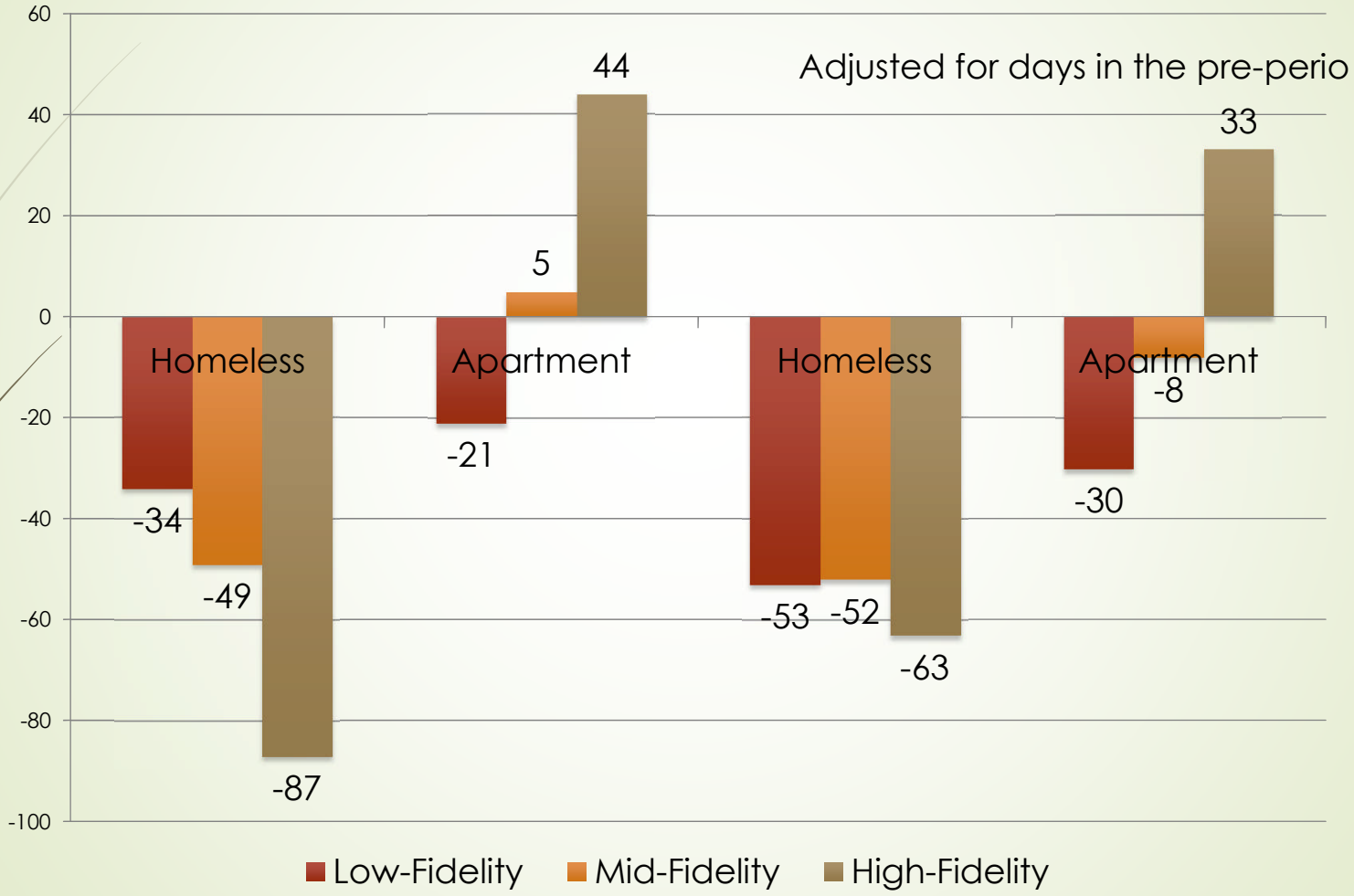
[a]Standardized estimates were calculated using negative binomial regressions. Standard errors were calculated using the nonparametric bootstrapping method, and *P* values were calculated using the percentile method.

Arch Gen Psychiatry. 2010;67(6):645-652.
doi:10.1001/archgenpsychiatry.2010.56

Predictors of Fidelity from Site Visits

- Individuals (i.e. program director)
  - Knowledge and beliefs about the intervention (e.g. experience, values), personal attributes
- Inner setting
  - Program culture, compatibility, communication, and readiness for implementation
- Outer setting
  - Client needs and resources (i.e. target population), cosmopolitanism, external policy and incentives

Changes in Residential Setting by Fidelity



Summary of Findings

- Substantial variation in fidelity across FSP programs
  - Higher fidelity programs enrolled clients with longer histories of homelessness who were less engaged in services
  - Higher fidelity programs were more likely to use independent scatter site housing and had greater increase in outpatient services
  - Todays data:
  - e.g., Living independently Average 21% Range 15% to 58%
    - Board and Care/Congregate Average 20% Range 12% to 67%
    - Employed competitive 3.68% non-paid 1.03%

Implications

- Assuming higher fidelity programs are a desired outcome …
- Contractual agreements could require enrollment for those with longer histories of homelessness and/or less engagement in outpatient care
- Trainings to engage both leadership and program staff, and focus on both program philosophy and practice

REFERENCES (partial)

- Aubry, T., Tsemberis, S., Adair, C.E., Veldhuizen, S., Steiner, D., et al. (2/2015). One Year Outcomes of a Randomized Controlled Trial of Housing First in Five Canadian Cities. Psychiatric Services.
- Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., Adair, C., et al. (2015). Further Validation of the Pathways Housing First Fidelity Scale. Psychiatric Services, Psychiatric Services, 09/2015.
- Padgett, D., Henwood, B., & Tsemberis, S. (2015). Housing First: Ending Homelessness, Transforming Lives, and Systems Change. New York: Oxford University Press.
- Tsemberis, S. (2015). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction. Hazelden Press, Center City, MI.
- Canadian Study website: http://www.mentalhealthcommission.ca
- http://www.pathwayshousingfirst.org

Thank You!

Questions? Comments?