

# SUCCESSFULLY HOUSED, NOW WHAT?

**Nick Coulter,**  
Person Centered  
Housing Options

&

**Alan Gordon**  
Volunteers  
of America

# HOUSING FIRST

- What is Housing First?

## 5 Principles

Immediate Access to housing without preconditions

Consumer Choice

Recovery Orientation

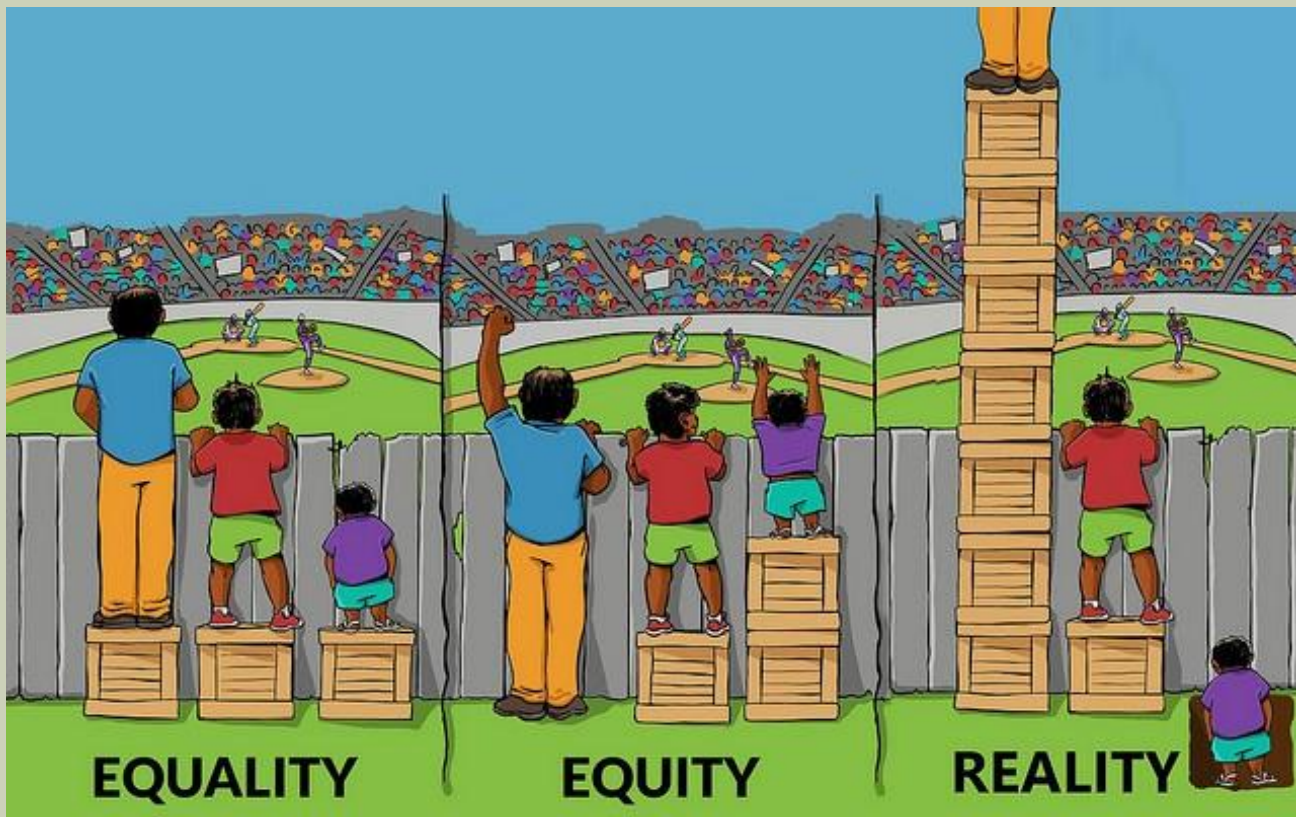
Individualized person driven supports

Community Integration and Social Inclusion

Generally speaking it costs around \$40,000 – 60,000 a year per person that is chronically homeless in emergency room visits, incarceration, hospitalization, etc, and our program with support services, and permanent housing hovers around 10,000-12,000 a year

- **recidivism to emergency rooms, hospitals and mental health units significantly reduced (by 90%)**
- **Reduced crime – 76% FEWER DAYS IN JAIL**
- **REDUCED DRUG AND ALCOHOL USE – reduced daily consumption 40%**
- **Improved housing stability - 88% retained housing after 5 years, compared to 47 % in traditional treatment-based residential programs**

# BASIC GOALS



# IMPACTS

## Corporation for Supported Housing showed that :

- ER visits were reduced by 57%, In one study, PCHO and partners have reduced ER visits by 27% and inpatient stays by 41%
- Detox service declined by 87%
- Incarceration declined by 52%
- 83% of those housed stayed housed for more than a year and PCHO is hovering around 90-92%

We have done support services with no housing, and housing services without support. We've done health care without stable housing and housing without health care. Without a strong supportive and integrative foundation, like housing, managing health care, medications, appointments, jobs, family, etc. are nearly impossible.

# APPLYING HOUSING FIRST

- Getting in the Door
  - How does this look for your agency?
  - How do we honor their experience?
  - How do we invite them into the program?
  - What is provided to assist with this transition?
    - Peer Support?
    - Furniture?
    - Buddy System?
    - Privacy?
    - Frequency of visits?

# APPLYING HOUSING FIRST

## ■ Informed Consent

- How do we explain the importance of their rights, privacy, and consent?
- How do we respect their space?
- Who has keys to their apartment?
- Who is informed when confidentiality must be broken or privacy is at risk?

# APPLYING HOUSING FIRST

## ■ Person Centered Approach

- How do we use language?
- How does our approach give CHOICE?
- Are they in the driver's seat?
- Are they leading the process within the boundaries of the program?
- Do they know they can center choices around their desires?

## ■ Examples:

- We often identify substance use issues via the referral or discussion with the referral agent or assume these exist based on our experience.
  - How do you approach this?
  - “I noticed on your referral that it says you use drugs or alcohol. This is a really sensitive subject, and we want to respect your boundaries and help you where you want help. How do you want us to work with you on this?”

# APPLYING HOUSING FIRST

- Listen Reflectively (Motivational Interviewing)
  - Give guests a real voice and allow them to identify their real goals
    - *Response to previous example:*
      - *“Well I don’t drink much but DSS has wanted me to go to treatment and that’s why I got sanctioned.”*
      - *“Because you didn’t want to go? Or you didn’t see it as a problem?”*
      - *“It’s not a problem I want to work on but because I told them I drank, they sent me anyway”*
      - *“So what you’re saying is drinking isn’t a problem for you and doesn’t get in the way of your goals”*
      - *“Well...”*
    - This is where we seen ambivalence and tease it out a little. We reflect on their change talk or ambivalence and work towards understanding their position.
    - Ultimately, the tenant will need to pay for rent... right?



# APPLYING HOUSING FIRST

- We REPLACE “This is what you have to do” with “WHAT CAN I DO TO HELP YOU?”
  - “Part of living in housing is paying rent and HUD requires that we make effort and work towards paying 30% of our income for rent. While you can move in with no income, HUD requires we work on this together. What can I do to help with this?”
- Can anyone think of a scenario where you’ve had to approach a challenging situation like this and help guide and clarify a tenants position?

# APPLYING HOUSING FIRST

## ■ CHANGE IS HARD

- Part of this process is knowing and accepting that Ambivalence is NORMAL!
- If you find yourself assuming they are being “just defiant” or “in denial” it’s likely that they are struggling with something you aren’t aware of and we need to continue to build the relationship and get to know where their struggle is coming from.

# APPLYING HOUSING FIRST BASICS

- No Rules Without REASON;
  - “RULE, REASON, ASK”
- Try to avoid power struggles
  - WE ARE THEIR ADVOCATES, Not their Managers
- Meet clients where they are at”
  - MAKE SUPPORT IRRESISTABLE
- Avoid labels
  - NORMALIZE SYMPTOMS OF TRAUMA
- You are in this for the LONG HAUL. After all it is PSH 😊
- NO SECRETS

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- NO SECRETS
- It takes a village! – Involve the community, police, hospitals, care providers, ambulance, train, train, train.
- What’s the PROCESS for discharge/eviction? Who makes the final decision? Who analyzes this? How do you process with staff?

# APPLYING HOUSING FIRST BASICS

- HOW DO WE DO THIS?
  - Two core social work foundations give us guidance around approaching challenging situations.
    - What are our legal duties?
      - Cournoyer's Categories of Duties
    - Ethical Principles Screen
      - Derived from the work of Dolgoff, Loewenberg, and Harrington
      - *See handout*

# PROFESSIONAL VALUES

Values are concerned what is *good* and *desirable*.

Ethics address what to do with, or how to *apply* those beliefs.

*Kirst-Ashman, K. & Hull, G. (2011)*

## **Ethical Duties & Principles**

### **(Legal) Duties**

- DUTY OF CARE
- DUTY TO RESPECT PRIVACY
- DUTY TO MAINTAIN CONFIDENTIALITY
- DUTY TO INFORM
- DUTY TO REPORT
- DUTY TO WARN

# DUTY TO CARE

- Social workers have a duty to provide reasonable care in delivering services and to meet an adequate standard of care in relation to the services being provided
  - What does this look like?
  - What “care” is being provided?
  - Are we able to provide housing without requiring treatment?

# DUTY TO RESPECT PRIVACY

- Social Workers are not entitled to infringe upon the privacy of tenants/clients. Privacy includes an individual's physical space as well as those aspects of his/her personal life that should only be explored as a client sees fit and/or as it is directly relevant to the provision of services.
  - How do we manage this?
  - Where do we draw the line between personal privacy and safety concerns?



# DUTY TO MAINTAIN CONFIDENTIALITY

- Information provided by tenants/clients to workers should not be shared with others "UNLESS" informed consent is received from the client.
- Clients should be informed about the sharing of information within a service setting that may occur as a routine part of providing services.
  - What protects confidentiality?
  - When do we have to b break it?



# DUTY TO INFORM

- Workers have the duty to inform and educate tenants/clients regarding the nature and extent of services being provided including aspects such as but not limited to:
  - Cost
  - Length of stay
  - Probability of success
  - Risks
  - Possible alternative services
- Workers should also inform tenants/clients of any relevant policies, laws, or processes that may affect them during the process of receiving services.

# DUTY TO REPORT

- Workers have a duty to report to designated governmental authorities any possible indications of abuse and neglect of vulnerable populations as defined by each state.
  - Reportable indications may include:
    - Neglect of children
    - Older adults
    - Individuals with mental, developmental or other types of disabilities
- How can we work with clients in instances where there may be abuse and neglect and still inform them of reporting this?

# DUTY TO WARN

- If a tenant/client reveals intention to harm another person and the worker determines that the client might act on this impulse in a way as to endanger another, the worker must;
  - 1) try to arrange for the tenant's protection from his/her own harmful impulses, and
  - 2) warn the intended victim(s) of the threat

# AN ETHICAL PRINCIPLES SCREEN (EPS)

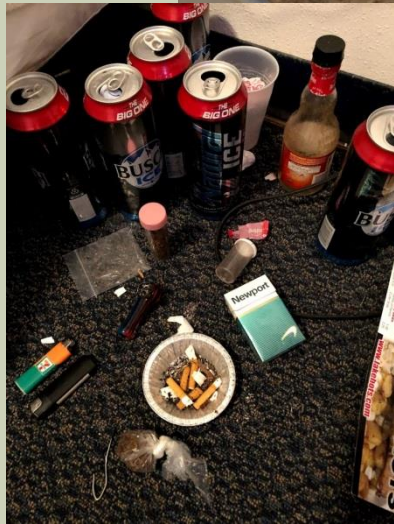
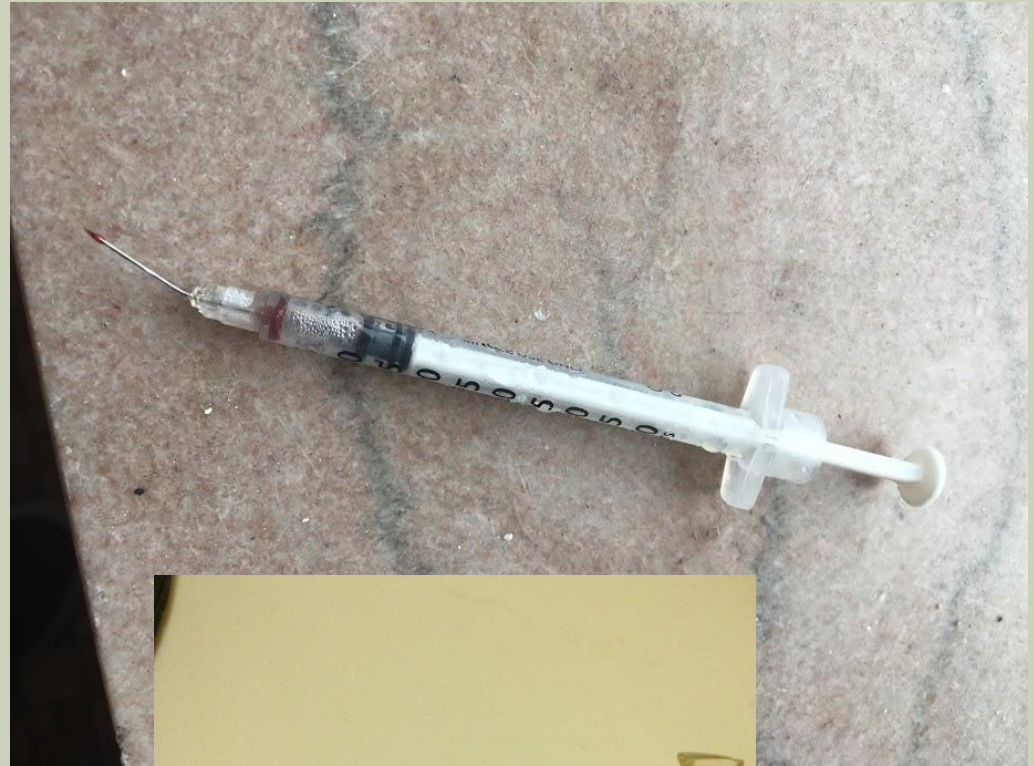
## Hierarchy of Principles

- 1) PROTECTION OF LIFE
- 2) EQUALITY & INEQUALITY
- 3) AUTONOMY & FREEDOM
- 4) LEAST HARM
- 5) QUALITY OF LIFE
- 6) PRIVACY & CONFIDENTIALITY
- 7) TRUTHFULNESS & FULL DISCLOSURE

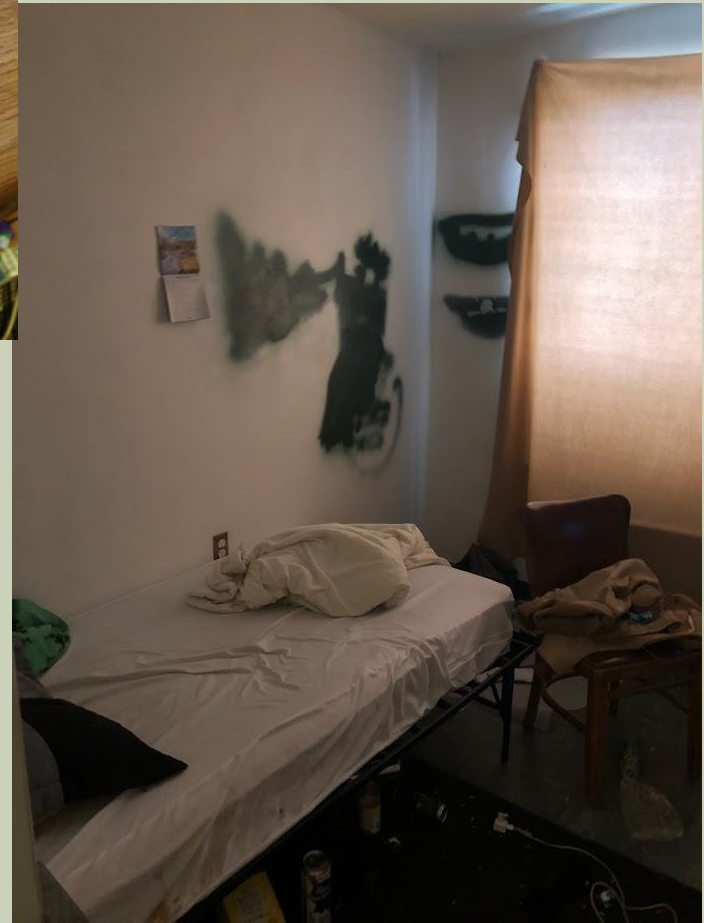
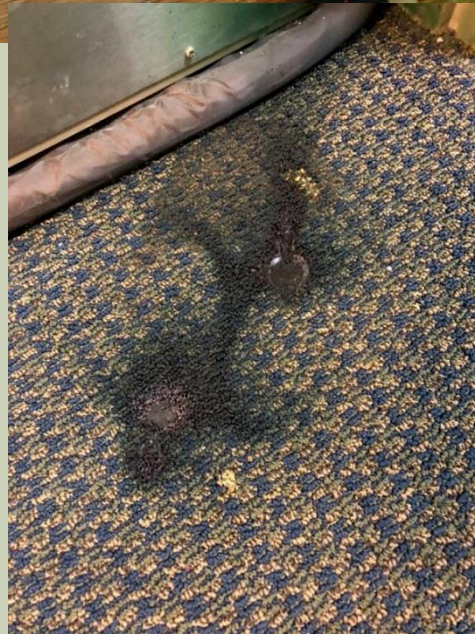
## ■ Video:

- Either “Ron Davis, I’m a human Being” or “This is water”
- Embed video

# WHAT CAN, AND DOES HAPPEN



# WEAPONS, DAMAGES





# HOARDING, DAMAGES, INFESTATIONS



# HARM REDUCTION

*“A set of practical strategies that reduce the negative consequences of personal behaviors.”*



# HARM REDUCTION (HR) IN HOUSING

- Accepts that substance abuse and untreated mental illness are part of our world; **HR works to minimize harmful effects of these decisions rather than condemn or ignore them.**
- Understands that substance abuse and untreated mental illness are complex . It recognizes some ways individuals use drugs or cope with mental illness are **clearly safer than others.**
- Focuses on the quality of life for the individual and community; **not necessarily cessation of drug use or treatment compliance** – as the criteria for success.

# HARM REDUCTION (HR) IN HOUSING

- Calls for **NON-JUDGMENTAL AND NON-COERCIVE** provision of housing to vulnerable individuals who use drugs or avoid psychiatric treatment in order to help them reduce harmful behaviors
- Affirms tenants are the **PRIMARY AGENTS OF CHANGE**
- Recognizes the realities of poverty, racism, social isolation, past trauma, sex-based **DISCRIMINATION** and other inequities affect both people's vulnerability to - and capacity for - effectively dealing with self- and community-harming behaviors.
- Does not attempt to minimize or ignore the **real and tragic harm** associated with illicit drug use and un/under-treated mental illness.

*Joseph's House adaptation based on principles of:*



# PROGRAM VS LEASE

- Single Site
- Scattered Site

Empathy is not Endorsement

## Case management Interventions

Rent

Mental Health

Addiction

Social Skills, Daily Living Skills

Case Manager tunnel vision when problems arise

# GROUP SCENARIOS

- **Housing First:** Low Barrier, High Vulnerability

VS

- **Strict Program:** Sobriety, MH/CD participation, Income