

BRINGING HOUSING FIRST TO MISSOURI

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INTRODUCTION

- **Assertive Community Outreach**

- ACO has been serving the Kansas City, MO community for almost three decades.
 - ACO serves roughly 500 clients annually through outreach efforts, long term case management, housing services, psychiatry, peer support, and therapy.
- ACO receives one of the largest Projects in Assistance for Transition from Homeless (PATH) grants in Missouri.
 - The PATH money helps ACO provide drop-in center resources, homeless outreach, peer support, and SOAR services for its clients
 - reStart Inc and ACO partnership (reCO)

INTRODUCTION

- **Assertive Community Outreach continued....**

- ACO's long term services consist of integrated behavioral health and medical care services.
 - ACO case managers provide rehabilitation and maintenance level case management.
 - ACO employs an RN and Health Coach that provide clinic and community integrated health care.
 - ACO's therapists provide individual therapy, group therapy, as well as diagnosis and assessment of client needs.
- ACO provides psychiatry and primary care clinics four days a week.

INTRODUCTION

■ **Assertive Community Outreach and Housing**

- **Community partners**
 - HUD Shelter Plus Care, PSH partners, and various transitional housing programs.
 - ACO and Salvation Army partnerships HUD Safe Haven (Access House) and PSH
 - ACO and Salvation Army partnership single site, PSH project called Haven of Hope.

INTRODUCTION

■ **Assertive Community Outreach and Housing continued...**

- **New Roots and Haven of Hope projects**
 - In all ACO was able to bring 42 units online through re-allocation.
 - In the process ACO has hired a grant manager, housing locator, and housing support specialists to manage the population.

CLIENT SCENARIO

SAM

Sam is a 50 year male who is diagnosed with a severe mental illness and substance use disorder. He has been homeless off and on for about 30 years. On a typical day he arrives at the office building at 8am. He comes in wearing the same clothes he was wearing yesterday. He has clearly not bathed, as his hair and fingernails are noticeably dirty. His face is flaky and red, his eyes are glassy and pupils constricted. He has no upper teeth and just a few on the bottom. He has a strong odor of mouthwash. He appears with paranoia and whenever anyone walks within an 8 foot radius of him he jumps and stares at them for a second or two. It appears that he is deciding if he wants to fight.

SAM...

He is verbally aggressive toward others and when they respond, even appropriately, he calls them racial slurs and challenges them to fight. When he is asked to leave and come back another day he is resistant and argumentative. He stares into your eyes as if challenging you and states, "maybe I should just kill myself, since you're making me leave." It takes several minutes for him to exit the building and he makes sure to call everyone names on the way out. More often than not, this is the way Sam presents.

SAM...

Since 2011 Sam has participated in individual and group therapy, employment groups, case management, and medication services. He has been diagnosed with bipolar disorder, poly-substance dependence, major depressive disorder with and without psychotic features, alcohol dependence, amphetamine dependence, cocaine abuse, cannabis abuse, personality disorder NOS, antisocial personality disorder, dysthymic disorder, substance induced mood disorder, anxiety disorder NOS, delusional disorder, and others.

SAM...

In the past year Sam has been seen by local emergency departments at least 15 times. Emergency services have initiated detox at least 7 times because he was found lying on the streets and intoxicated. He usually changes his mind about being in the hospital once he is moved to a room and becomes angry, belligerent, and offensive which leads to him being asked to leave or escorted out. Sam estimates that he has been to jail about 12 times over the past year, and his longest stay was 17 days. Usually he is arrested for causing a disturbance or threatening police officers during episodes of intoxication. Most recently he was arrested and charged with shoplifting a bottle of mouthwash and reading glasses.

SAM...

Sam has been housed and homeless again 4 times over the past year. He lost his most recent apartment because up to 12 people were staying there and they were openly using heroin, alcohol, and other drugs. In the last month that he was living there the police were called several times and Sam started two fires in the apartment.

HOUSING SAM OPINION QUIZ



WHAT IS HOUSING FIRST

■ Principle vs Practice

■ Core beliefs

- **Housing is a human right, not a reward**
- **Stable housing is the foundation of clinical and social recovery**

HOUSING FIRST PRACTICES

- Move people into housing as soon as possible without preconditions
- Provide assertive supports with focus on engagement services and helping people stay housed
- Continued tenancy is not dependent on level of participation
- Residents have tenant rights
- Clinical Crisis ≠ Eviction and Housing Crisis ≠ Disruption in services

HOUSING FIRST PRACTICES

- Abstinence is not mandated
 - Harm reduction philosophy
 - Focus on client driven goals
 - Minimize negative consequences
 - Seek to understand reasons for use

HOUSING FIRST PRACTICES

- Housing and outreach are prioritized
 - Using a community list to identify and prioritize
 - Zero:2016
 - VISPDAT
 - Clients are assigned based on outreach team eligibility criteria
- Coordinated outreach-
 - Community wide
 - Helps re-find clients
 - Less duplication of services
 - Targeted/intentional outreach activities

HOUSING FIRST PRACTICES

- Changes in outreach practices
 - Smaller caseloads
 - Organized calendar of activities
 - Focus on engagement and housing
- Challenges
 - For case managers
 - For referrers
 - For housing providers
- Outcomes
 - Less time from intake to housing
 - Fewer drop-outs and "lost" clients
 - Happier outreach case manager!

PROJECT RE-CO

- In 2014 ACO and reStart Inc. coordinated efforts to meet the needs of shelter residents with mental illnesses.
 - An access point for people who don't use access points
 - Reduces strain for reStart staff
 - Helps to coordinate outreach across our community

PROJECT RE-CO

- Early outcome data
 - In the first 10 months
 - 91 clients identified as needing significant mental health services
 - 31 became enrolled in ACO services beyond outreach
 - 26% began receiving income through SSI or employment
 - 35% exited to permanent housing
 - 75% have re-engaged in psychiatric services

PRIORITIZED HOUSING PLACEMENT

- Housing First suggests that participants are considered for different levels of housing (permanent supportive housing, rapid rehousing, transitional housing, etc.) based on their level of vulnerability.
 - This should prevent participants from being over or under housed.
 - Those with the highest level of vulnerability will qualify for higher levels of support.
 - Those with the highest levels of vulnerability should be housed first.

NEW ROOTS & HAVEN OF HOPE: PERMANENT SUPPORTIVE HOUSING PROGRAM-PARTICIPANT SELECTION PROCESS

- Truman Housing attempts to implement the Housing First model in our Permanent Supportive Housing programs.
- Participants are chosen from top of the Zero:2016 Community List.
 - These individuals are the most vulnerable in the community.
 - These individuals are separated into several lists (chronic, veteran status, unaccompanied youth, non-chronic, etc.).
 - Community meetings are held bi-weekly to review the Zero:2016 Community List and for local agencies to offer available vouchers/units to individuals from the top of the list.
 - TMC selected PSH participants from the top of the list (most vulnerable) to participate in NR and HOH PSH.
 - TMC Housing utilized outreach workers and case managers to assist in bringing eligible participants in to hear more about the program and complete paperwork if the individual was interested in participating in the program.

BARRIERS TO PLACEMENT

- Once participant has completed paperwork, that individual meets with Housing Locator to look for scattered site unit.
- At this point, barriers to placement often become evident.
 - These can include: past evictions, criminal history (especially felony charges and sex offenses), poor credit, zero income, handicap accessibility, decent housing stock available within catchment, landlords willing to accept subsidies, making sure utilities are included with rent, past utilities due, mental health symptoms, and/or current substance abuse.
 - Participants may also have requests about placement that are either problematic in finding available units or unrealistic in expectations.

SOLUTIONS TO PLACEMENT BARRIERS

- **Developing strong relationships with landlords.**
 - By developing a rapport with landlords, they are more likely to waive fees or overlook criminal history and might consider "soft evictions" versus formal evictions.
 - Educate them on the housing program and offer support for maintaining the participant in the unit.
 - Housing Locator can assist with maintenance issues or lease violations.
 - Housing Specialist can provide support to the tenant on transition into housing.
 - Landlord Summits and Luncheons
 - Stress financial benefit to landlord while also emphasizing impact on community in reduction of homelessness.
- **Build housing stock.**
 - Housing Locator should attempt to build housing stock so participants can select unit within desired area that still meets HUD requirements.
- **Pay a double deposit.**
 - HUD allows a double deposit to be made for each participant. Deposit amount can equal twice the monthly rent amount is:
 - Example: Rent: \$719 so Deposit (\$719x2): \$1,438.
 - Landlord feels more comfortable about possible tenant and damages that may occur to unit.
- **Locate funds to pay for application fees, past utilities, and other needs**
 - Utilize resources within own agency or seek other agencies who can assist with paying fees that are producing a barrier to placement.

BARRIERS TO MAINTAINING HOUSING

- **Trouble following lease**
- **Limited social or family supports**
- **Lack of skills to maintain unit**
- **Continued substance use**
- **Zero income**
- **Communication issues with landlord or other tenants**
- **Increased mental health symptoms**
- **Trouble accessing transportation or resources**
- **Unit is in area that triggers problematic behaviors for participant**

SOLUTIONS TO BARRIERS TO MAINTAIN HOUSING

- **Trouble following lease.**
 - Housing Specialist or case manager can provide education on lease to program participant.
 - Group could be offered to participants prior to housing or after housed to cover how to follow a lease.
 - Housing Locator can work with landlord to address lease violations.
- **Limited social or family supports.**
 - Housing Specialist can assist participant in locating community groups that may interest participant and lead them to building supports.
- **Lack of skills to maintain unit.**
 - Housing Specialist provides in-unit coaching to build needed skills.
 - Group offered prior to placement and continued for first 90 days of placement to teach skills.
- **Continued substance use.**
 - Housing Specialist can use harm reduction approach to promote safety.
 - Housing Specialist can work with participant to address goals in regards to substance use.

SOLUTIONS TO BARRIERS TO MAINTAIN HOUSING (CONT...)

- **Zero income.**
 - Housing Specialist can work with participant to increase income by applying for benefits or securing employment/employment services.
 - Housing Specialist can assist participant in locating local resources to address needs (ex- food pantries, apply for food stamps, etc.).
- **Communication issues with landlord or other tenants.**
 - Housing Locator or Housing Specialist can act as mediator between landlord and tenant to address housing issues.
 - Housing Specialist can coach and role play with participant in efforts to increase positive and respectful communication with landlord and other tenants.
- **Increased mental health symptoms.**
 - Housing Specialist can work with case manager in efforts to address participant's increased symptoms (making doctor's appointment, stocking pill box, etc.).
- **Trouble accessing transportation or resources.**
 - Housing Locator offers units that are near public transportation or stores.
 - Housing Specialist assists participant in learning to use public transportation, locating resources to pay for transportation, and locating other needed community resources.
- **Unit is in area that triggers problematic behaviors for participant.**
 - Housing Locator can attempt to offer unit options outside of problematic areas.
 - Housing Specialist can help participant locate supports (AA, NA, etc.) to address triggers and teach client's to utilize coping skills.

FROM COMMUNITY BASED CASE MANAGEMENT TO COMMUNITY INTEGRATION

- What has the greatest impact on our practice as mental health professionals? Our individual beliefs and values have the most impact on our practice!
- "The soft discrimination of low expectations", Michael Gerson. Meaning that disadvantaged people won't ever be successful.

REVISITING SAM

Review of Housing Sam Opinions Quiz
Any changes in your answers to any of the statements?

Any changes in your opinion about Sam and how Housing First philosophy might benefit him versus traditional mental health treatment?

REVISITING SAM

■ **Housing First interventions specific to Sam:**

- Switch from traditional S+C voucher to a 100,000 Homes set-aside voucher
 - Due to high Vulnerability Index score
 - 2nd highest on Jackson County's current list
 - Affords additional housing support and advocacy from Save Inc.
 - Has allowed him to move in order to avoid eviction
 - Home visits, not just treatment visits, to provide continuity and maintain engagement

REVISITING SAM

■ **Harm Reduction interventions specific to Sam**

- Drinking inside his home
- Drinking beverage alcohol rather than non-beverage alcohol
- Clean needles from KC Care Clinic
- Marijuana to reduce anxiety during days of abstinence
- Planned drinking- learn the alcohol content in different mouthwashes, only stealing what he wants to drink that day
- Nutrition and hydration

REVISITING SAM

■ **ACO's individualized Sam-Plan:**

- Daily visits to ACO, even if he's drunk
- Replaced hand sanitizer
- Team approach
- Bus passes
- And stuff we hope isn't Brad-Specific:
 - Unconditional Positive Regard
 - Persistent, sometimes annoying, optimism

FROM COMMUNITY BASED CASE MANAGEMENT TO COMMUNITY INTEGRATION

- Take advantage of tools that can enhance your practice and client relationships.
- Handout discussion
 - Five Stages of Recovery (Pat Deegan, Ph.D.)
 - Stages of Change and Treatment (IDDT)
 - Assertive Community Outreach Housing Checklist
 - Housing Household Items Checklist

GOING FORWARD

- What we need going forward?
- What challenges are we facing?
- What community changes need to happen?

QUESTIONS

- No cats were set on fire in the making of this power point presentation