

What Makes Great Supportive Housing?

August 17, 2018

The Source for
Housing Solutions



CSH: What We Do

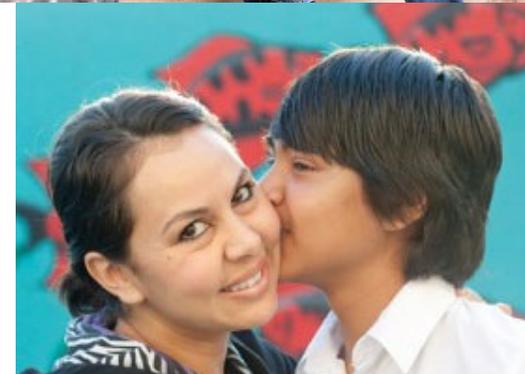
CSH is a touchstone for new ideas and best practices and an influential advocate for supportive housing.



Maximizing Public Resources



Improving Lives



Housing First

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Housing First, Voluntary Services

- **What do you think about housing first and voluntary services?**
- **Why does it not work for you?**
- **Is it fair to hard working tenants who follow the rules?**
- **Why do we staff accept housing first as an idea?**

Housing First, Voluntary Services

Housing First has become the accepted approach because:

- **It has been shown to be most effective**
 - The longest term homeless individuals are often excluded from emergency housing
 - We can not always know who will need long term supports. Transitional housing is expensive and often does not lead to different outcomes then voluntary supports.
 - Sober living and group settings with rules does not result in long term use of supports or use across time.
- **Tenant Law does not allow you to evict people quickly if they pursue their rights.**

Housing First – Changes in Goals of the Continuum of Care

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Continuum of Care

The Changes Created by HEARTH

Coordinated ACCESS & Focusing resources
on the most in need

Chronic homelessness

National movement

- For many communities, this is what the homelessness system resembles
 - Communities are expected to change

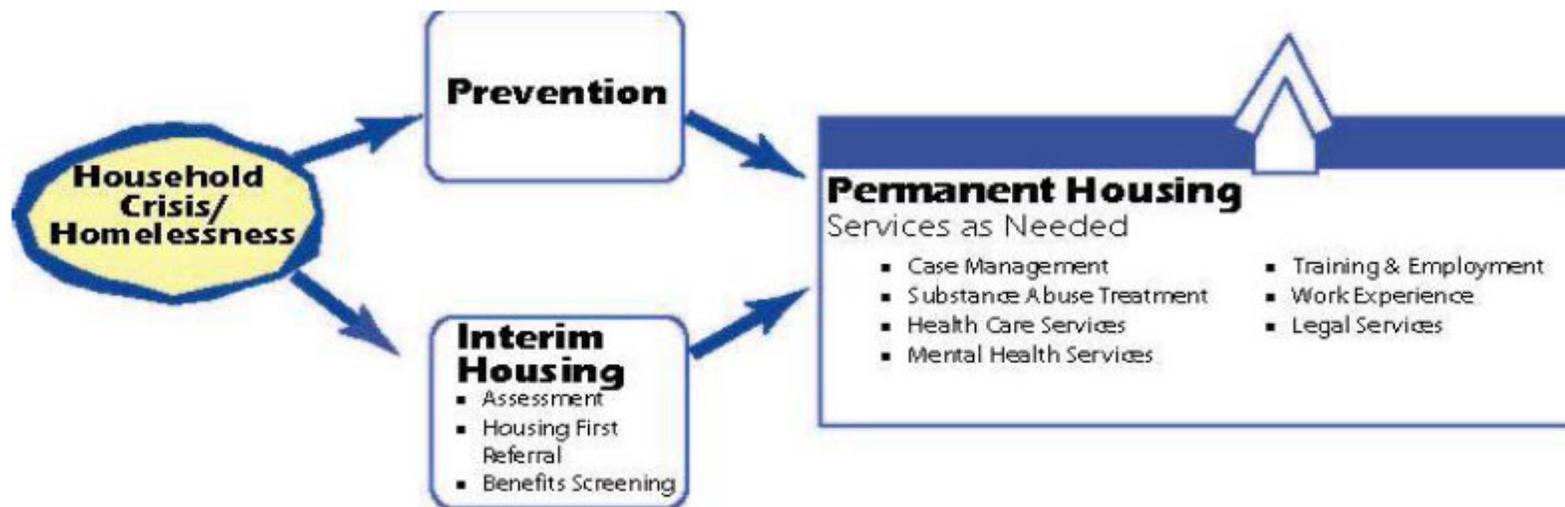


Goals of HEARTH

1. **Reduce episodes of homelessness**
2. **Get people out of homelessness within 30 days**
3. **Move people into the housing with the supports they need right away without multiple transitions**
4. **Vary the level and frequency of supports rather than moving the person's location. Moving is disruptive.**

National Movement

- As providers shift their philosophy from managing homelessness to ending homelessness...
 - How do we change our models?



**Housing First –
Changes created by
the Olmstead
Decision**

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The “Olmstead Case”



The Olmstead lawsuit started with two women from Georgia named Lois Curtis and Elaine Wilson who both had diagnoses of mental health conditions and intellectual disabilities.

The Illinois Olmstead Cases



Illinois has at least 12 Olmstead cases and has signed a consent decree for three of them:

Williams, Colbert, and Ligas

Illinois Olmstead Cases

- **Williams:** Related to people with mental illnesses who reside in Institutes for Mental Diseases (IMD's)
- **Colbert:** Related to people who currently live in nursing homes in Cook County
- **Ligas:** Related to adults with intellectual and developmental disabilities who are in large congregate settings of nine people or greater or at risk of this
- **9 Additional Pending Cases**

Principles of Olmstead Cases

- **Person-Centered Services**
- **Flexibility** – Supportive services vary based on the needs of the person at the time, increasing and decreasing as needed
- **Free Choice of Provider** – Class Member can freely select among qualified providers
- **Portability** – If you move, your service support system can moves with you

Determining the Model

- **The Goal is:**
 - To put the person in charge of making as many decisions as possible
 - Maximize choices
 - Decrease to the greatest extent possible the segregation between people who have disabilities and the rest of the community
- **Separate but equal is no longer our goal.**

Determining the Model

How has Olmstead impacted us in Illinois?

How is it changing the system?

- 1. integration of persons within housing settings.**
- 2. Services need to be delivered quicker, faster, and in the housing.**
- 3. Services need to be delivered where a person wants to live and not where you are located.**

What is Supportive Housing? – The Model and its Components

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What is Supportive Housing?



Describing Supportive Housing



**Permanent, affordable,
independent, tenant centered,
flexible, voluntary**

The Major Components of Supportive Housing

Successful Supportive Housing is the Coordination of



The Major Components of Supportive Housing

Successful Supportive Housing

1. **Services keep tenants housed**
2. **SH helps tenants stabilize**
3. **SH helps tenants get healthier & stronger**
4. **Services help people get along**
5. **Services in the building keep tenants out of expensive emergency services saving money.**
6. **Tenants need housing to get to use the services**
7. **Property management gives people a chance in housing but holds them accountable.**
8. **Property management and services help tenants to learn to take care of their apartment & get along with neighbors.**

Defining Supportive Housing

1
Targets
households
with barriers

2
Is Affordable

3
Provides
tenants with
leases

4
Engages
tenants in
voluntary
services

5
Coordinates
among key
partners

6
Connects
tenants with
community

Variety of Supportive Housing Types

Scattered Site

- Single Family Homes
- Apartments



Mixed-Tenancy

- Rehab or New Construction



Supportive Housing is NOT:



Supportive Housing is NOT

- **Treatment**
- **Transitional**
- **Licensed community care**

The Housing First Approach

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Housing First Strategy

Housing First, Voluntary Services – The Principles

- **People have a right to safe, affordable housing**
- **Housing is a choice, not a placement**
- **Housing is a person's home, not a residential treatment program**
- **All tenants hold leases and have the full rights and responsibilities of tenancy**
- **Participation in services is voluntary and not a condition of tenancy**
- **Staff must work to build relationships with tenants**
- **User-friendly services driven by tenant needs and individual goals.**

Housing First Principles

- **Housing is the beginning of stabilizing a person and it is impossible to recover without a stable base.**
 - People need to know it is their home or they will always be unsure and looking for their next “home”
 - The things we think are important are not what that person may value.
 - Their goals may differ from our “treatment goals” of the program.
 - Goals of treatment should match those of your resident’s. Otherwise you can only work with some people who are treatment ready.

Housing First, Voluntary Services – The Principles

MOVIE Time – Part 1

Housing First, Voluntary Services – The Principles

Thoughts?

Housing First : Rumors, Myths, and Fairytales “Oh My”

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Testing Our Understanding: Question 1

- **True or False:**
 - Research shows that allowing persons to use substances in their housing unit encourages them to increase their use.

Testing Our Understanding: Answer 1

- **False!**
 - There is very little difference in the level of tenant substance use between housing first and non-housing first models.
 - In an evaluation of Pathways to Housing and the Collaborative Initiative to Help End Homelessness, **very few differences were found in the levels of substance use among participants** in both the housing first and continuum models
 - Source: “Supportive Housing Research FAQs: Are Housing First Models Effective?”

- **True or False**
 - If services are voluntary, tenants are much less likely to use them than if they are required

Testing Our Understanding: Answer 2

- **False!**
 - Even when services are not required as a condition of tenancy, tenants participate at high rates.
 - In the Closer to Home Initiative, 81% of participants received mental health treatment, and 56% participated in substance abuse treatment.
 - Source: “Supportive Housing Research FAQs: Do voluntary Services Work?”

Testing Our Understanding: Question 3

- **True or False:**
 - Persons housed using the housing first model have higher rates of housing stability than persons participating in the “continuum” model of housing.

Testing Our Understanding: Answer 3

- **True!**
 - Housing First models lead to higher rates of housing retention.
- **After 24 months Housing First participants in the Pathways to Housing program had spent almost no time homeless while participants in the transitional “continuum” model of services spent almost 25% of their time homeless (Tsemberis, 2004)**
- **In an evaluation of homeless families in Minnesota and California**
 - 2 programs with mandatory services and sobriety requirements had a housing retention rate of 70% after one year
 - **2 programs with voluntary services and no sobriety requirement had a housing retention rate of 95% at the one year mark (Philliber Research Associates, 2006)**

Testing Our Understanding: Question 4

- **True or False:**
 - Housing First only works in large urban areas

Testing Our Understanding: Answer 4

- **False!**
 - Although creating and operating housing first projects is inherently challenging in rural area due to the unique social, economic, and geographical characteristics of these places, it is being done with great success around the country.
 - Source: “Formulas for Success: Housing Plus Service in Rural America” Housing Assistance

Testing Our Understanding: Question 5

- **True or False:**
 - The level of tenant psychiatric symptoms in housing first versus the continuum model is about the same.

- **True!**
 - There is very little difference in the level of tenant psychiatric symptoms between housing first and continuum models. The housing first model is successful at addressing mental health issues despite the fact that services are not required as a condition of tenancy.
 - Source: “Supportive Housing Research FAQs: Are Housing First Models Effective?”

Housing First, Voluntary Services

- **Questions?**

Perception of Roles

Property/Housing
Management

**Show me
the money!**



**Common
Goal:
Keeping
Tenants
Housed.**

Supportive
Services

**I just want
to help!**



The Use of Peers in All of Your Settings in any way

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The Major Components of Supportive Housing

Successful Supportive Housing is the Coordination of



Housing is the beginning, not the end.



**What is The Role
of Tenants and
How can Good
Supportive
Housing Let
Tenants Grow?**

Peer Support:

The Pillars of Peer Support: A History , Overview & Next Steps for the Field

Creating
Support
Groups at
Home

Involving
Peers in the
Building
Management
& Operations

Creating a
Voice for
Tenants:
Advocacy

Peers can get
Paid for What
They Know:
Credentialing
Their Work

Thinking
beyond our
Settings:
Creating True
Community
Integration

Funding Challenges: How can peers get paid for this evidence based practice?

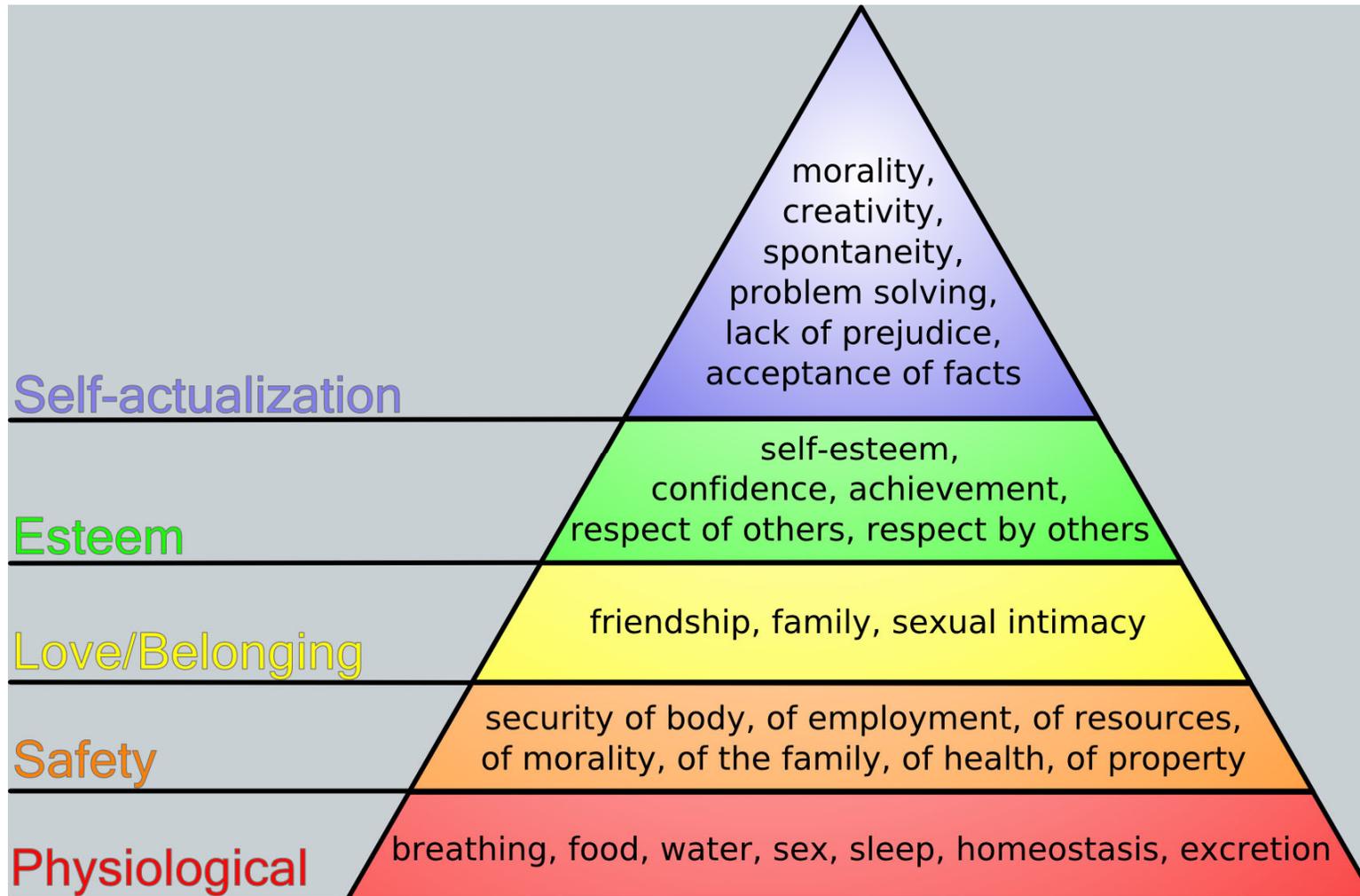
Peer Integration into the community: Challenges from the field.

Stage Based Theories of Change – Needs and Responses

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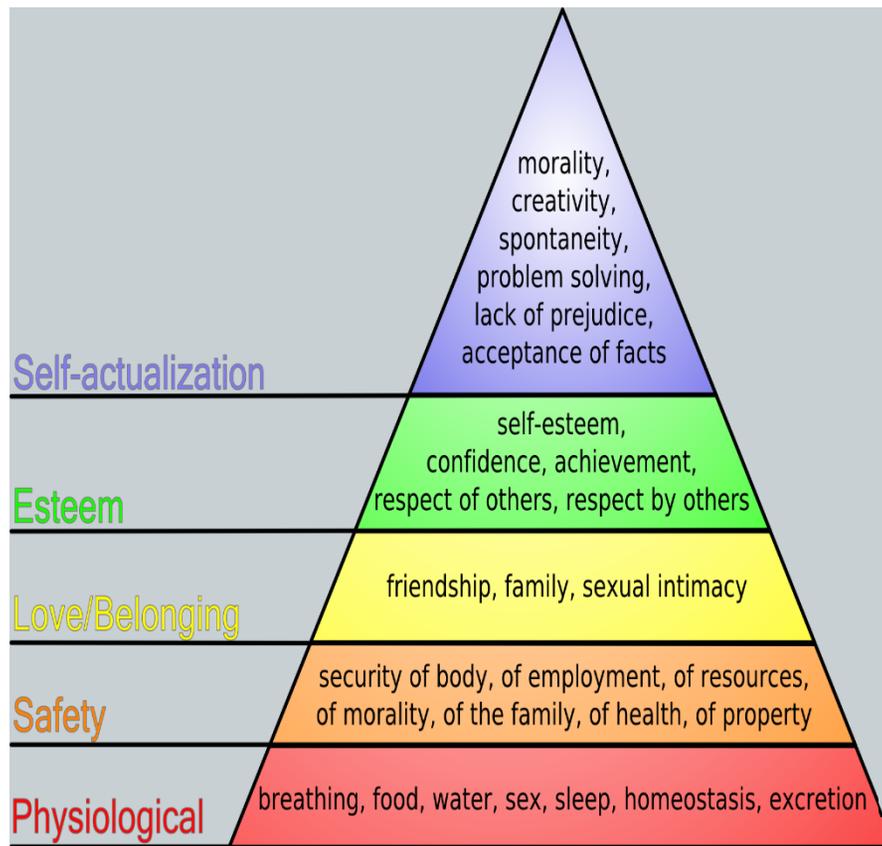


Maslow's Hierarchy of Needs



Working with Individuals

Understanding what a person needs helps us understand what you should be doing. This is selecting an intervention based on a stage.



John's Residential Hierarchy of Recovery Techniques

- To Inspire
- To Teach
- To Create Belongingness
- To Keep Safe and Protect
- To Provide and Nurture

Stage Based Theories - Group

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Group Process

Forming

Team acquaints and establishes ground rules. Formalities are preserved and members are treated as strangers.



Storming

Members start to communicate their feelings but still view themselves as individuals rather than part of the team. They resist control by group leaders and show hostility.



Norming

People feel part of the team and realize that they can achieve work if they accept other viewpoints.



Performing

The team works in an open and trusting atmosphere where flexibility is the key and hierarchy is of little importance.



Adjourning

The team conducts an assessment of the year and implements a plan for transitioning roles and recognizing members' contributions.



Stage Based Theories – Process of Change

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Enhancing Motivation for Change

“When given a choice between changing and proving that it is not necessary, most people get busy with the proof”

John Galbraith

**“Habit is habit and not to be flung out
the window by anyone, but coaxed
downstairs, a step at a time.”**

Mark Twain

Stages of Change

Fact: “Not everyone feels a real urgent need to change as fast as you might feel they need to or are paid to create.”

John

How are the New Year’s resolutions going?

Research shows us that people change (or don’t change) in predictable ways.

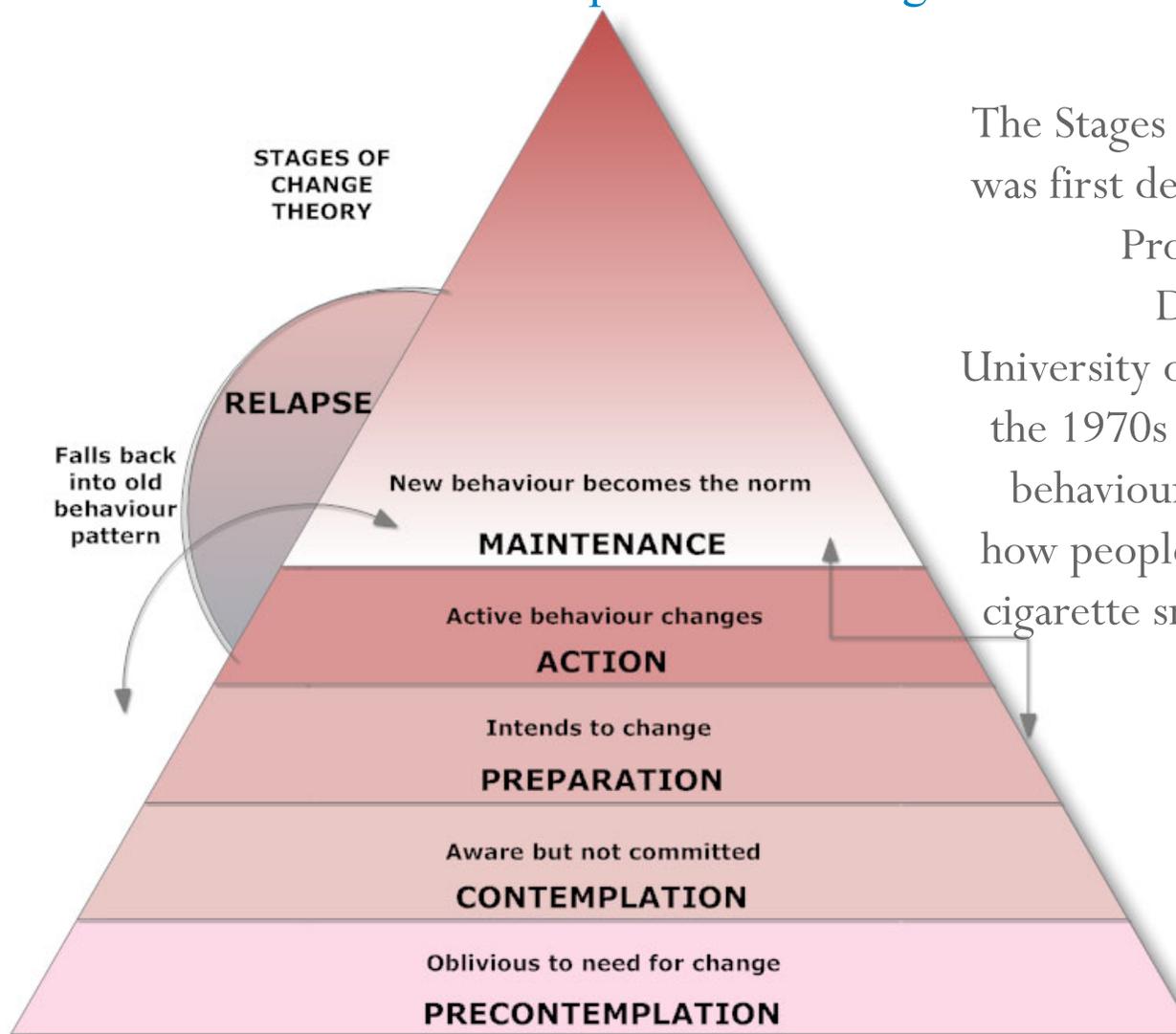
The Stages of Change



<http://ticketyboohealthcoaching.blogspot.com/2013/08/strategies-for-lifestyle-changes-stages.html>

The Stages of Change

<http://www.nursing-informatics.com/N4111/LA2.htm>



The Stages of Change theory was first developed by James Prochaska and Carlo DiClemente at the University of Rhode Island in the 1970s (the height of the behaviourist era) to model how people broke free from cigarette smoking addiction.

Stages of Change

- **Pre-contemplation** - Individuals in the pre-contemplation stage of change are not even thinking about changing their drinking behavior. They may not see it as a problem, or they think that others who point out the problem are exaggerating.



Reluctant pre-contemplators - are those who through lack of knowledge or inertia do not want to consider change. The impact of the problem has not become fully conscious.

Rebellious pre-contemplators - have a heavy investment in drinking and in making their own decisions. They are resistant to being told what to do.

Resigned pre-contemplators - have given up hope about the possibility of change and seem overwhelmed by the problem. Many have made many attempts to quit or control their drinking.

Rationalizing pre-contemplators - have all the answers; they have plenty of reasons why drinking is not a problem, or why drinking is a problem for others but not for them.

Dr. Mark Gold - <http://psychcentral.com/lib/stages-of-change/?all=1>

Stages of Change

Contemplation

- Individuals in this stage of change are willing to consider the possibility that they have a problem, and the possibility offers hope for change. However, people who are contemplating change are often highly ambivalent. They are on the fence. Contemplation is not a commitment, not a decision to change. People at this stage are often quite interested in learning about alcoholism and treatment. They know that drinking is causing problems, and they often have a mental list of all the reasons that drinking is bad for them. But even with all these negatives, they still cannot make a decision to change.
- In the contemplation stage, often with the help of a treatment professional, people make a risk-reward analysis. They consider the pros and cons of their behavior, and the pros and cons of change. They think about the previous attempts they have made to stop drinking, and what has caused failure in the past.
- Next: Commitment to Action



Dr. Mark Gold - <http://psychcentral.com/lib/stages-of-change/?all=1>

Stages of Change

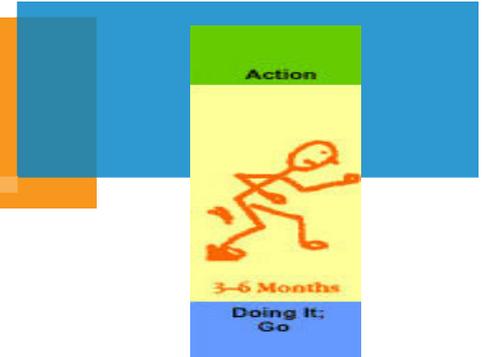
Commitment to Action - Preparation



- Deciding to stop drinking is the hallmark of this stage of change. All the weighing of pros and cons, all the risk-reward analysis, finally tips the balance in favor of change. Not all ambivalence has been resolved, but ambivalence no longer represents an insurmountable barrier to change. Most individuals in this stage will make a serious attempt to stop drinking in the near future. Individuals in this stage appear to be ready and committed to action.
- This stage represents preparation as much as determination. The next step in this stage is to make a realistic plan. Commitment to change without appropriate skills and activities can create a fragile and incomplete action plan. Often with the help of a treatment professional, individuals will make a realistic assessment of the level of difficulty involved in stopping drinking. They will begin to anticipate problems and pitfalls and come up with concrete solutions that will become part of their ongoing treatment plan.
- Next: Implementing the Plan

Dr. Mark Gold - <http://psychcentral.com/lib/stages-of-change/?all=1>

Stages of Change



Implementing the Plan - Action

- Individuals in this stage of change put their plan into action. This stage typically involves making some form of public commitment to stop drinking in order to get external confirmation of the plan. If they have not done so already, individuals in this stage may enter counseling or some form of outpatient treatment, start to attend AA meetings or tell their family members and friends about their decision—or all of the above.
- Making such public commitments not only helps people obtain the supports they need to recover from alcoholism, but it creates external monitors. People often find it very helpful to know that others are watching and cheering them on. What about the others who may secretly, or not so secretly, hope they will fail? For people who get sober and stay sober, one of the many pleasures is to disprove the negative predictions of others.
- Nothing succeeds like success. A person who has implemented a good plan begins to see it work and experiences it working over time, making adjustments along the way. The many things that alcohol may have taken from the person begin to be restored, along with hope and self-confidence and continued determination not to drink.
- Next: Maintenance, Relapse and Recycling

Stages of Change

Maintenance, Relapse and Recycling



- The action stage normally takes three to six months to complete. Change requires building a new pattern of behavior over time. The real test of change is long-term sustained change over many years. This stage of successful change is called “maintenance.” In this stage, an alcohol-free life is becoming firmly established, and the threat of a return to old patterns becomes less intense and less frequent.
- Because alcoholism is a **chronic disease**, the possibility of relapse is always present. Individuals may experience a strong temptation to drink and fail to cope with it successfully. Sometimes relaxing their guard or “testing” themselves begins a slide back. People at this stage of change are armed with a variety of **relapse prevention skills**. They know where to get the supports they need.
- Alcoholics who relapse learn from the relapse. The experience of relapsing and returning to sobriety often strengthens a person’s determination to stay sober.
- Next: Termination – “Working without the net.” – **Ongoing recovery**

Dr. Mark Gold - <http://psychcentral.com/lib/stages-of-change/?all=1>

Stages of Change

Relapse and Recycling

- **Relapse is an irregular stage of treatment. It is a predictable failure of your coping skills to adequately prevent you from meeting every single one your goals.**
- **It is a time for reevaluation and reconsideration.**



Dr. Mark Gold - <http://psychcentral.com/lib/stages-of-change/?all=1>

Important Points About the Stages of Change

- **Individuals may have several different problem areas at once.**
- **Individuals may be at different stages for different issues at the same time.**
- **Individuals will address each problem consistent with their stage of change.**

Relapse

- **A natural part of the process**
- **Breaking a promise to oneself, so self-esteem and self-efficacy goes down**
- **Often caused by major life changes (welcome or unwelcome)**

Stages of Change

Relapse and Recycling

- **Relapse is part of the treatment and you talk through what happens in a non-judgmental way. It is a failure of coping skills to adequately prevent you from meeting your goals.**



1. Learn what happened – when, where, what – and maybe why
2. Reframe- Was it okay? What might you learn? Did you have a strategy and did it work? What happened as a result? What do you want to try in the future?
3. Learn the triggers or activating events or cues that caused something unexpected
4. Develop new strategies to manage that situation and other similar future events.
5. Do not give up. New experiment. New tool.
- 6. Get out right away and learn again.

Dr. Mark Gold - <http://psychcentral.com/lib/stages-of-change/?all=1>

Summary

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What is well managed supportive housing?

- **This morning we looked at:**
 - Housing Fist
 - Stage Based Interventions
 - Hierarchy of Needs
 - Group Process
 - Stages of Change
 - Motivational Interviewing
 - Use of Peers in all phases of your interventions
 - **Stage based Interventions are a menu and not a progression.**
 - **Select the intervention you need based on the person. – Vary the Support – Not the Housing**

Housing is the beginning, not the end.



Contact Information

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