

Housing First & Harm Reduction

Best Practices in Providing Housing and Services to
People Experiencing Homelessness



About HomeBase

Nikka Rapkin is the Executive Director of HomeBase, a national nonprofit based out of San Francisco dedicated to the social problem of homelessness.

HomeBase works at the federal, state, and local levels to build community capacity to end homelessness and reduce poverty, and to foster thriving, inclusive communities.



Housing First Background

Housing First is a **system orientation** with the goals of:

1. Making occurrences of homelessness rare, brief and nonrecurring
2. Supporting people who experience homelessness obtain permanent housing quickly
3. Helping people access the care and support needed to maintain housing and achieve a better quality of life



Housing first is a systemwide approach – **not** a program type



Housing First Definition (VA)

“Housing First is an evidence-based, cost-effective approach to ending homelessness for the most vulnerable and chronically homeless individuals.”

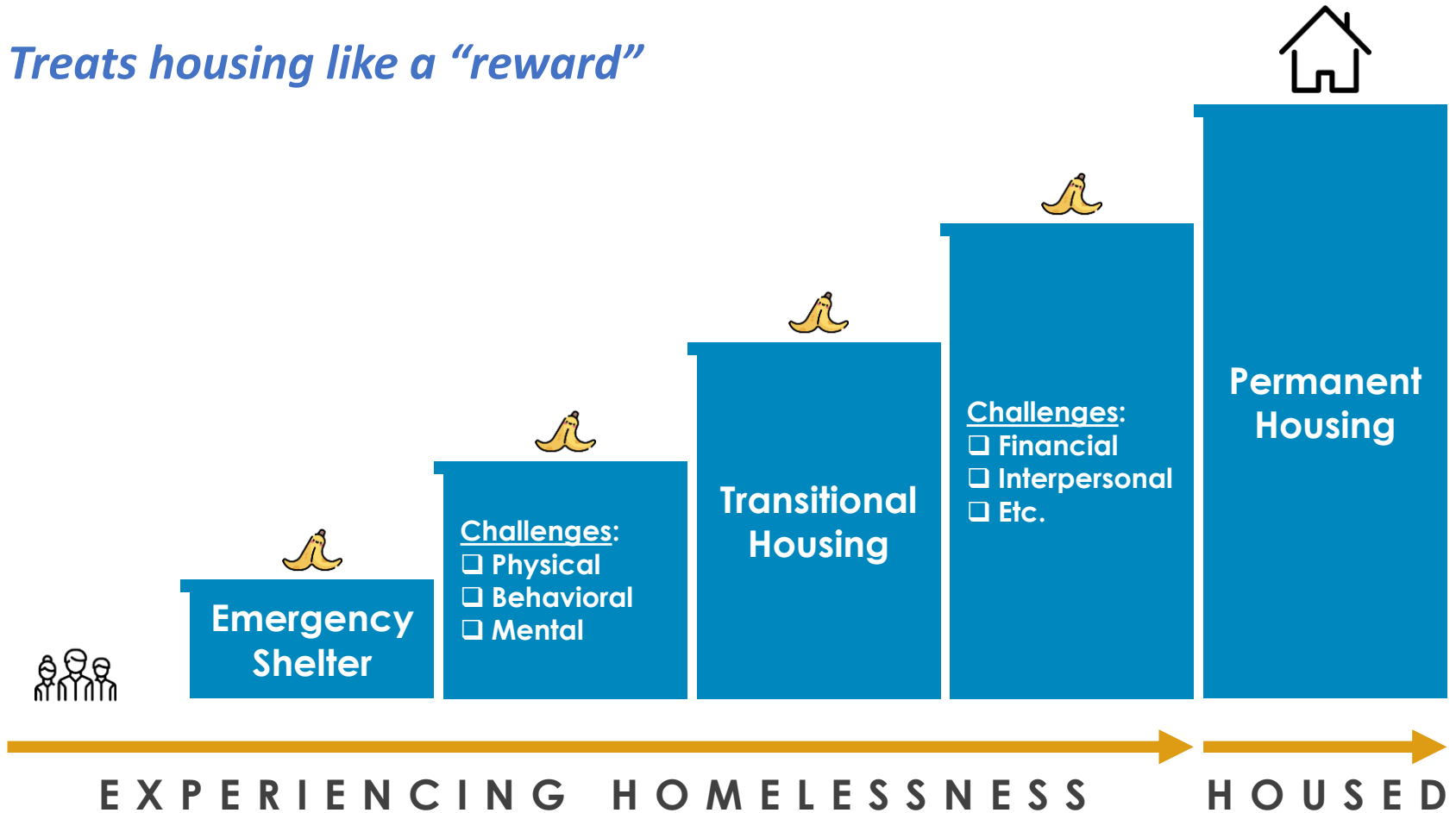
- Prioritizes housing, then assists the veteran with access to healthcare and other supports
- Does not try to determine who is “housing ready” or demand treatment prior to housing
- Instead, treatment and other supportive services are wrapped around veterans as they obtain/maintain permanent housing

Through Housing First practices, we have ended veterans’ homelessness in 3 states and 66 communities.



Old Approach: The Staircase

Treats housing like a “reward”



Challenges with The Staircase

- Clients were required to **progress through services**, regardless of whether those services were appropriate to client needs
- Clients could get “**stuck**” in services, if they couldn’t meet or address all the challenges required to move onto the next step
- Clients could **fall back into (unsheltered) homelessness**, if they were unable to meet all the requirements at a given step
- Clients **remained homeless** for much of the process (e.g., while on the streets, in shelter, or in transitional housing)



Housing First: a New Approach

- **Originally developed in 1992 by Dr. Sam Tsemberis**, a faculty member of the Department of Psychiatry of the NYU School of Medicine, who founded Pathways to Housing in New York City
- NYC was spending **\$40,500 annually on every homeless person** with mental illness
- Tsemberis' job was to find people experiencing homelessness, and get them medicated – **kept seeing same people over and over**
- Recognized “we were equating the severity of diagnosis with ability to function, but surviving in homelessness is labor intensive, exhausting and complicated. It calls for a skill set of functionality.”

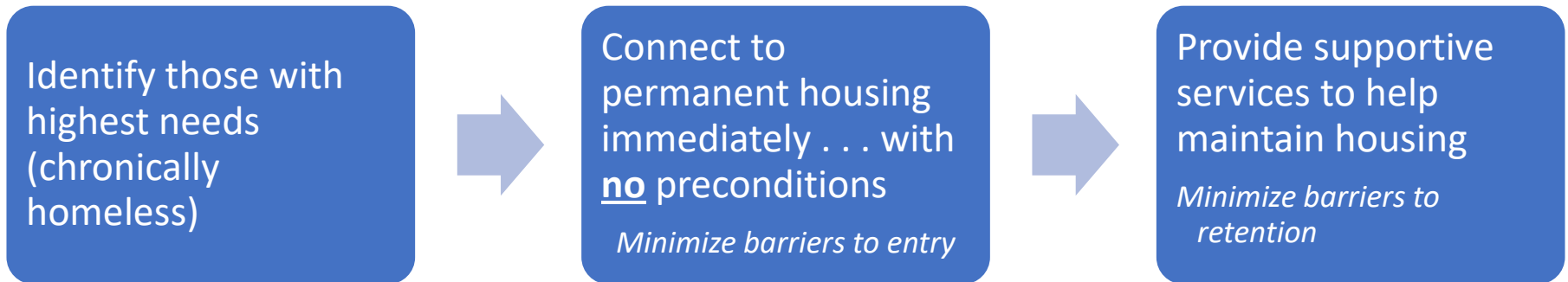


Housing First Approach

Key Principles: Everyone Is Housing Ready

- 1) People experiencing homelessness should be returned to or stabilized in permanent housing **as soon as possible** and connected with the resources required to sustain that housing
- 2) Underlying issues are **best addressed after** that person is in a stable housing environment

Housing First in a Nutshell:



Evidence Accumulated

Tsemberis' original Housing First experiment:

- Federal grant to track 139 people experiencing chronic homelessness
- People were immediately housed and offered supportive services
- Retention rate of 85%

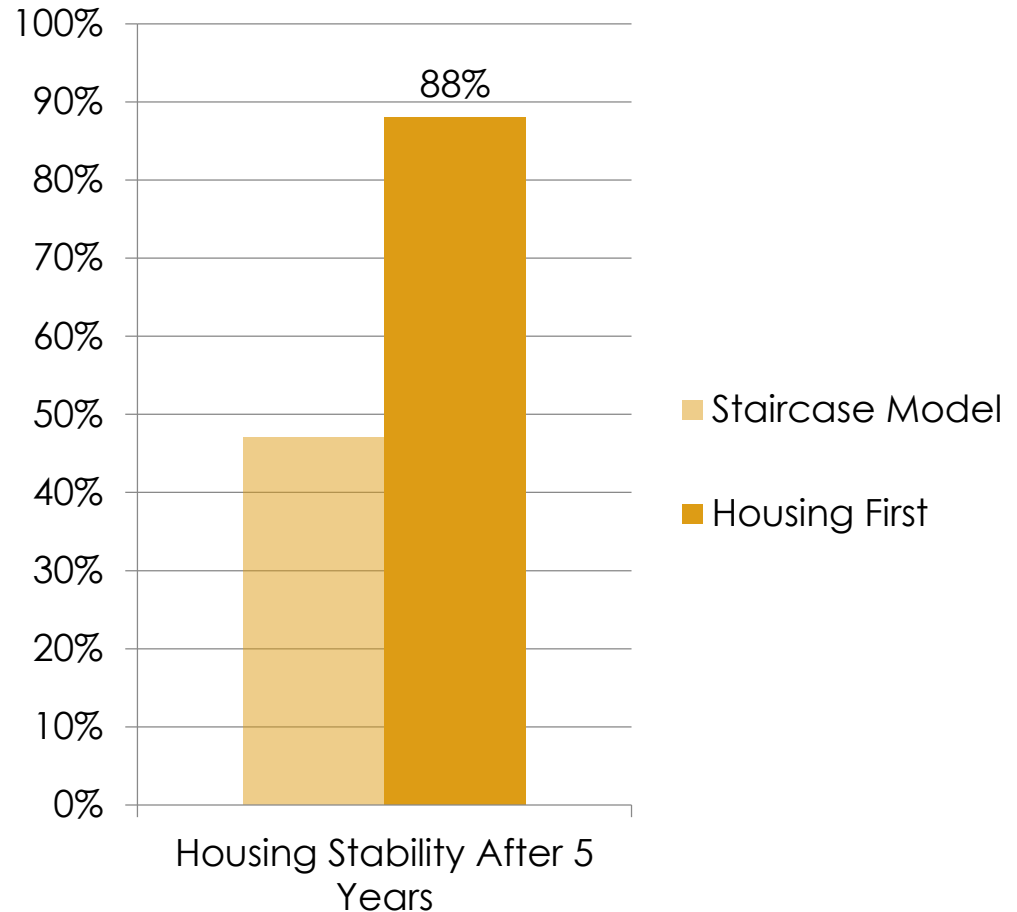
The growing evidence base demonstrated:

- Increased housing stability
- Improvement in overall well-being
- Cost effectiveness and reduced impact on community resources

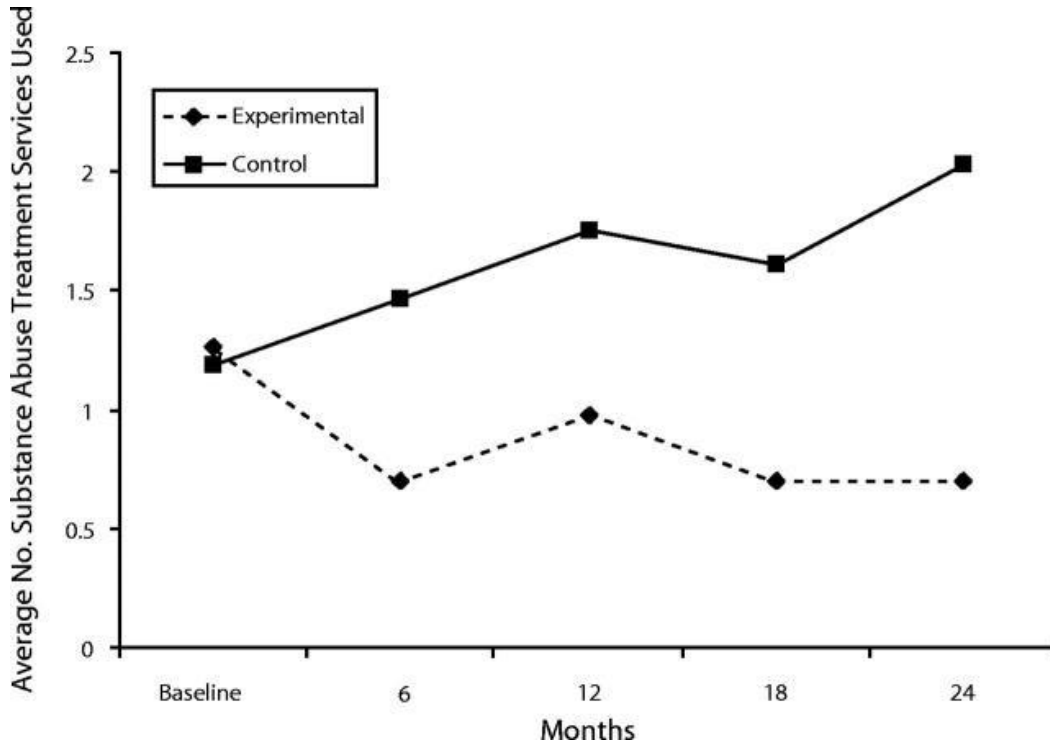


Increased Housing Stability

- A 2000 study of the Pathways to Housing **PSH program** in New York City showed that **88% of participants remained housed after 5 years**, compared to 47% in the traditional staircase-model residential program
- Studies have shown that **rapid re-housing** helps people exit homelessness quickly – in one study, an average of 2 months – with **75-91% remaining housed a year later**



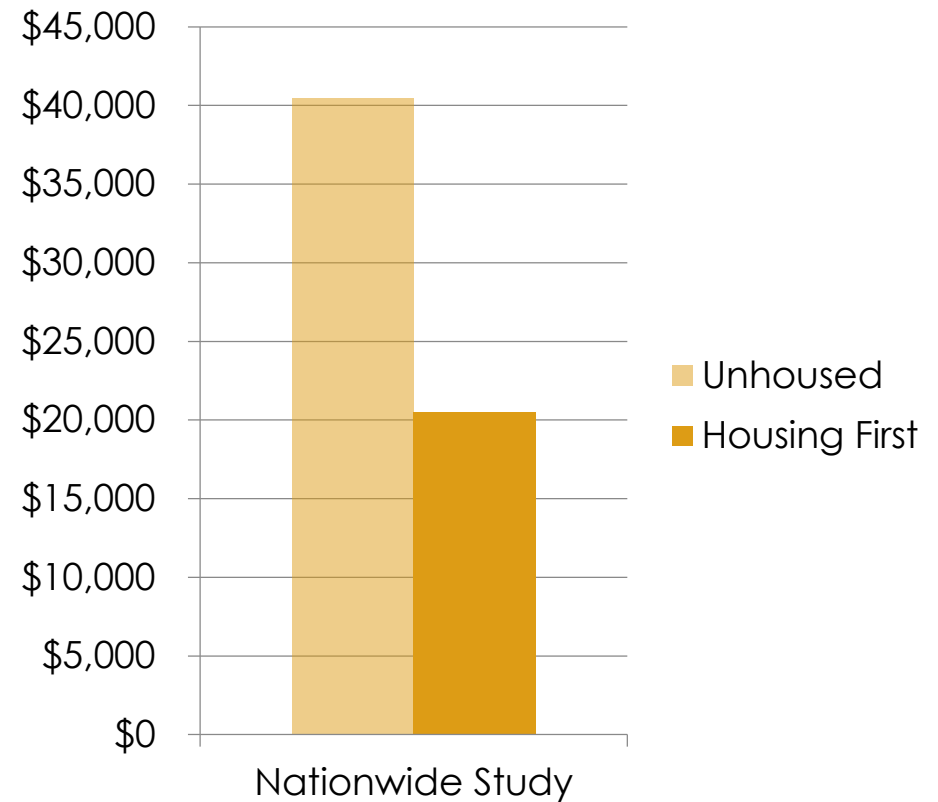
Increased Service Participation



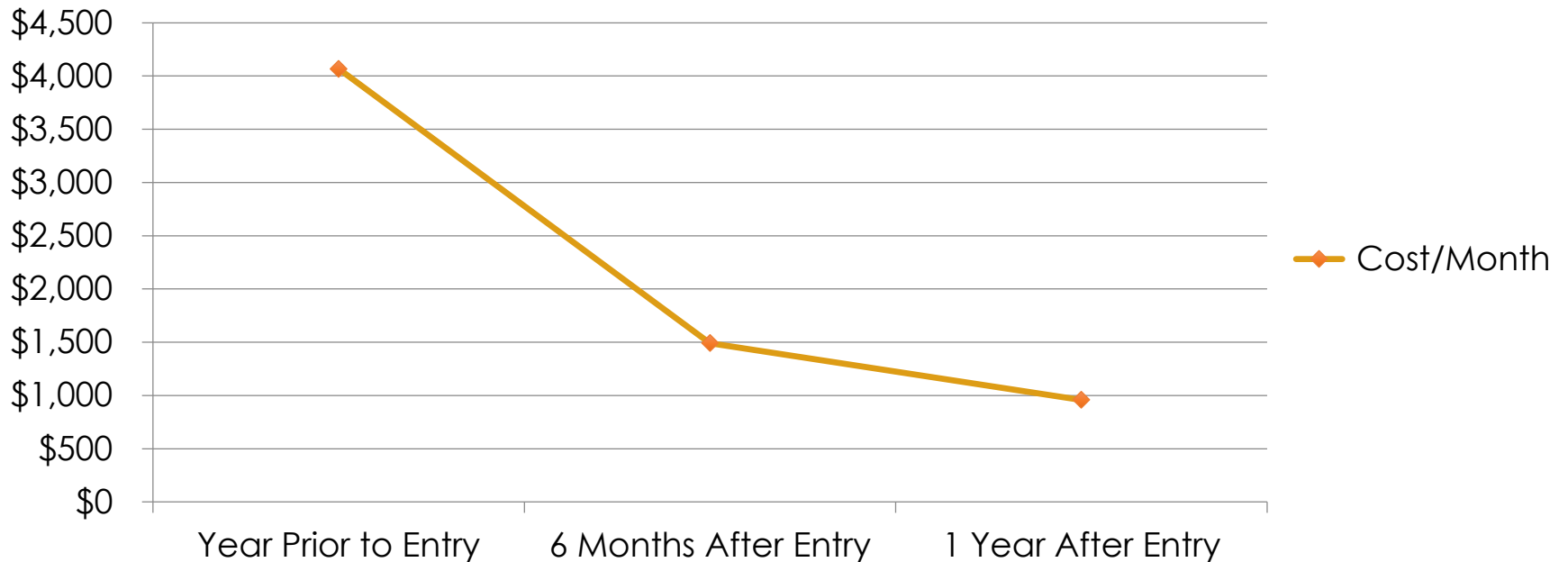
- A 2004 study showed that participants in a Housing First program were **significantly more likely to utilize substance abuse treatment services** than those receiving housing contingent on treatment and sobriety
- The study showed **no difference** in the rate of **substance use or psychiatric symptoms**

Reduced Costs

- The **average annual cost** for participants in Housing First programs cost **between \$17,000 and \$24,000 per year**, compared with \$40,500 in average annual cost associated with drop-in shelters, shelters, emergency services, police interventions, and incarceration for chronically homeless persons on the street per year



Declining Costs Over Time



- In the year before entering a Housing First program, client costs totaled \$4,066 per month; costs declined to \$1,492 per client for the first six months of participation in a Housing First program, and were further reduced to \$958 per month by the end of the first year



Housing First In Practice

Low Barrier Emergency Shelter Multi-Disciplinary Street Outreach

- Minimize barriers to entry and retention
- Emphasis on Housing Planning
- Immediate connection to Coordinated Entry System

Coordinated Entry System

- Connecting most vulnerable to housing as quickly as possible
- Housing location/navigation and support

Rapid Rehousing & Permanent Supportive Housing

- Subsidized housing/rental assistance
- Voluntary wrap-around supportive services



Implementing Housing First

1

Case planning that starts with a housing focus; intensive engagement, voluntary, emphasizes client-choice.

2

Housing and services are not preconditioned on sobriety, lack of criminal record, completion of treatment, service participation, poor credit history, etc.

3

Separation of housing and treatment; services don't end if the client loses their housing. Loss of housing is an opportunity to learn and adapt, not a failure.

4

Recovery orientation and harm reduction approach to services, non-judgmental and client-centered, provided where the client resides.

5

Clients have standard leases with no special clauses, often scatter-site, with all the rights and responsibilities of tenancy.



Key Strategies

Funding the System



- Housing First is incentivized by most federal/state funding (CoC, ESG, HUD-VASH, CA SB 1380)
- Layering resources (e.g., HCV + supportive services)
- Pay for Success models

Engaging Landlords



- Landlord incentives and support (risk mitigation pools, etc.)
- Housing navigation/location services
- Support providers in effective landlord engagement, managing crises

Client Engagement



- Recovery orientation/harm reduction approaches focused on individual well-being and providing range of supports
- Motivational interviewing, trauma-informed care, critical time intervention, Assertive Community Treatment

Supporting Long Term Stability



- Individualized, client-driven range of treatment/services that are voluntary, culturally-appropriate
- Leverage community-based services and supports
- Housing First and second and third and fourth . . .



Questions?



Thank You!

If you have any questions or would like additional information about anything I've discussed today, please do not hesitate to contact me at:



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