Understanding the Housing First Model to End Homelessness

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The CURL Model

- Community collaboration
- Team model
  - Faculty & senior staff
  - Predoctoral fellows/research coordinators
  - Community members/organizational staff
  - Graduate student research assistants
  - Undergraduate research assistants

Development of the study: Previous research experience

- *Homeless Over 50: The Graying of Chicago's Homeless Population* (George, Krogh, Watson, & Wittner, 2008)
- Chicago Housing for Health Partnership Quality Assurance Study (not published)
- *Evaluation of the Midwest Harm Reduction Institute's Harm Reduction Housing Training and Technical Assistance Program* (Watson & George, 2009)

Development of the study: Balancing needs and problems of stakeholders

- Personal
  - Need to write a dissertation
  - Want to study harm reduction and housing
- Community
  - Resistance to harm reduction related to implementation of Housing First Model
- Scientific community
  - Difficult to obtain funding for harm reduction research

The Housing First Model

- Human rights, harm reduction, and low-demand approaches
- Developed to serve:
  - Chronically homeless
  - Co-occurring disorders (CODs)
- Demonstrated to have positive outcomes associated with recovery
  - **Housing retention**
- Spread throughout the United States

Fidelity and why it is important

- Helps to determine if a program is operating within the parameters of a specific type of programming
- Helps connect program outcomes to the program model
  - Housing retention
  - Involvement in treatment
  - Reduction in symptoms
  - Financial stability
  - Employment

The current study

- Primary goals (as proposed to NIDA)
  1. Define the critical ingredients of the Housing First Model
  2. Develop an instrument to measure the extent to which the housing first model has been implemented in community-based programs (i.e., fidelity index)
  3. Establish if the instrument consistent and actually measuring what it is supposed to (i.e., reliability and validity)
- Secondary goal (the actual dissertation)
  - Develop a sociological understanding of recovery from COD's as it occurs in Housing First programming
- Goals divided between 3 phases

Phase 1: Understanding the critical ingredients of Housing First (and how they relate to recovery)

- What we did
  - Comparative case study of 4 Chicago-based Housing First programs
    - Structured administrative interviews
    - Administrative documents
    - Focus groups
      - Staff & consumers
    - Semi-structured interviews
      - Staff & consumers

Comparing Housing First with abstinence-based housing

- Abstinence-based housing
  - Inflexible structure
  - Little opportunities for exercising choices
  - Weak relationships with staff
  - Little security in housing
  - Threatened sense of self
- Housing First
  - **Flexible structure**
  - More opportunities to exercise choice
  - Stronger relationships with staff
  - Highly secure in housing
  - Stronger sense of self

Example: Developing a stronger sense of self

It [her current program] **made me feel good about myself**… [T]hey [the staff] **gave me choices** where [I] can do this or [I] can do [that], it's up to [me]. [The program is] just trying to provide [me] what [I] need and what [I] want, what's best for me. That's what made me feel good too, cause they wanted, they'd give me information where they know its gonna be good for me, its not gonna hurt me or anything. So I could take that chance, and **I don't have to worry** cause I know they got my back…[O]ut there [when I was homeless and in traditional programming] I didn't have no choice, it [is] either "your gonna help me or you don't". You don't have choices out there, you just have to go with the flow if you want to get some[thing]. (Harriet, 51, Allied consumer)

How consumers and staff defined recovery

- Consumer centered
  - “Where they’re at”
  - “At my own pace”
- Process
  - Journey
  - Continuum
- Nonlinear
  - Relapse happens
- Multiple areas
  - Mental health, substance use, employment, education, relationships

Example: Consumer centered recovery

Well I think [participant states another staff member's name] has said before that every participant's different and they all have different goals. And so, what does recovery look like. I think it really is about **meeting the client where they're at** (Male staff member, Allied staff focus group)

Example: Process with multiple areas

I think there's a parameter of recovery or a **continuum of recovery**, let me use that word. And then there are **different areas of life** experience in that continuum…in that continuum I think there's **different areas of recovery** and the [my] program has taken me from a place where it was a non-stable area in my life to where it's a very stable area in my life. (Colby, 60, HIVHA consumer)

Example: Recovery is not a linear process

Those **relapses don't define who I am. They don't define my recovery**. They don't define what I'll be in the future. And they **don't negate everything I did** in that nineteen months [at a traditional housing program] …The relationships of primary importance in my life aren't ruined because of those, but kind of even enhanced. My relationship with myself…I know more about who I am and what I am. I'm more comfortable with that. And that helps me to, in a way, (Jesse, 48, Metropolitan consumer)

Six critical ingredients that facilitate recovery in Housing First Programming

1. Low-threshold admission policy
2. Harm reduction-based policies and procedures
3. Eviction prevention
4. Reduction in service requirements
5. Separation between housing and case management
6. Strategies to inform and educate consumers

Phase 2: Development of the fidelity instrument

- What we did
  - Phone interviews
  - “Expert users”
  - 25 largest cities in U.S.
- Participants and recruitment
  - 19 structured interviews from 12 states
    - “How important is____to Housing First?”
  - Recognized many programs did not understand model in way at all compatible with literature and Phase 1 findings
  - Dropped 5 programs from sample

Phase 2: Analysis and results

- Analysis
  - Averaged importance rating for each question
  - Compared findings with literature and Phase 1
- Results
  - 29 critical ingredients divided between 5 dimensions

Five dimensions of Housing First programming

1. Human Resources Structure and Composition
   - Diversity of Staff
   - Staff availability
2. Program Boundaries
   - Population served
   - Termination guidelines
3. Flexible Policies
   - Flexible admissions policy
   - Flexible alcohol and drug use policy
4. Nature of Social Services
   - Low-demand service approach
   - Harm reduction approach to service provision
5. Nature of Housing and Housing services
   - Structure of housing (scattered-site vs. project-based)

Example of survey questions and rating scale

NS2. HARM REDUCTION APPROACH TO SERVICE PROVISION: Program uses a Harm Reduction approach and staff has a strong conceptual understanding *4. Does your program require drug and/or alcohol abstinence of all consumers?* YES or NO *5. Does your program use a harm reduction approach to work with consumers when they relapse?* **(Note: If the interviewee asks for a definition of harm reduction or does not know what harm reduction is mark "no".)** YES or NO **If "YES" to question 5:** *a. Please provide a definition of harm reduction.* **If "NO" to question 5:** b. *Does your program only work with substance abusing consumers using a abstinence-based approach?* YES or NO or N/A **If "NO" to question b:** ii. *Please explain the program's approach to substance use/abuse* **(Note: If definition of harm reduction or explanation of program's approach to substance use/abuse is abstinence-focused, then treat this as only working with consumers using an abstinence-based approach.)**	Program does require abstinence AND Only works with consumers using abstinence-based approach	Program does require abstinence AND Program does not follow either a harm reduction or strict abstinence-based approach	Program does require abstinence BUT Program uses a Harm Reduction approach to substance use when consumers relapse (regardless of whether definition of harm reduction is weak or not) OR Program does not require abstinence AND Program does not follow either a strict harm reduction or abstinence-based approach (i.e., works with consumers according to individual substance abuse needs)	Program does not require abstinence AND Program does use a Harm Reduction approach BUT Staff does not have a strong conceptual understanding	Program does not require abstinence AND abstinence Program does use a Harm Reduction approach AND Staff has a strong conceptual understanding

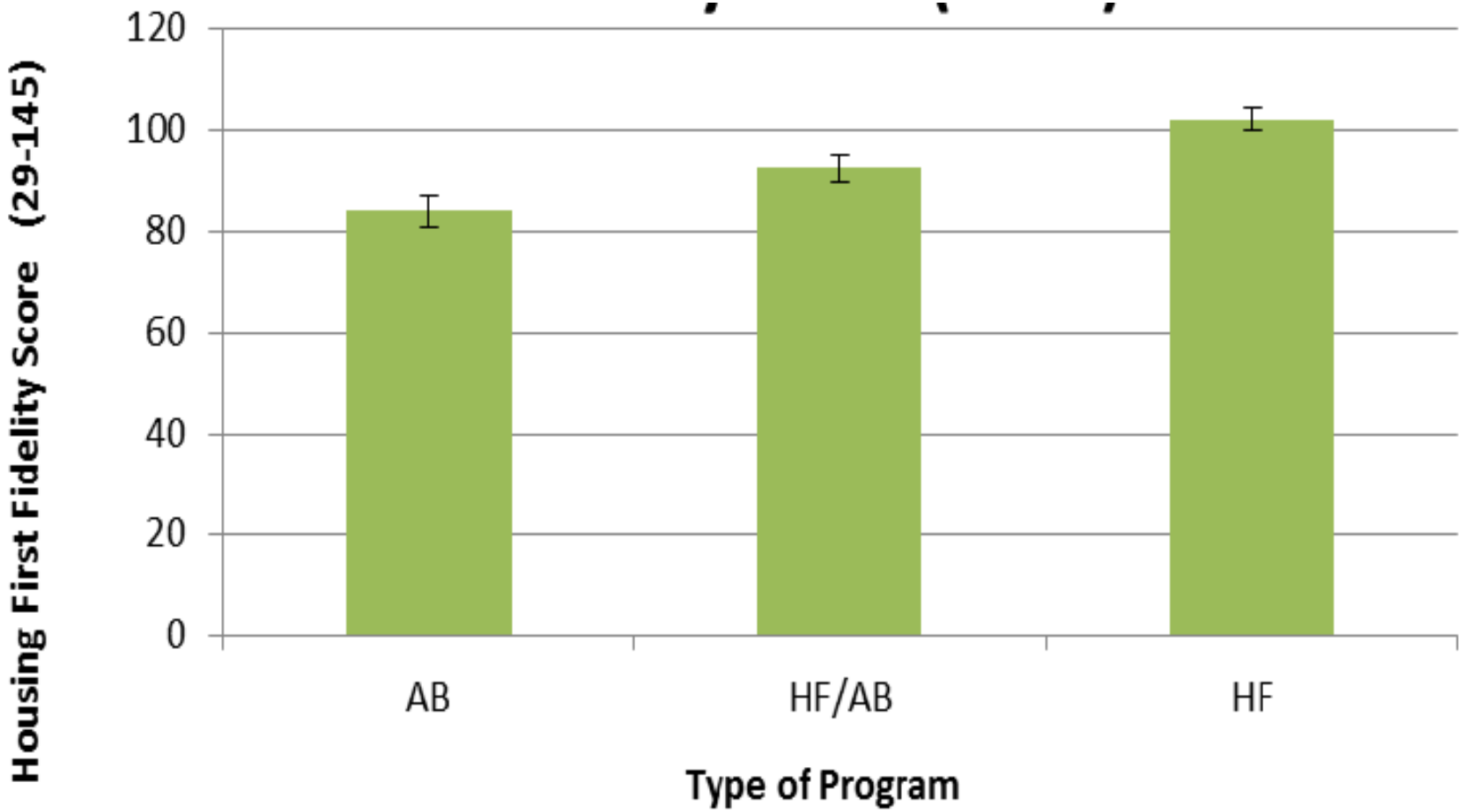
Phase 3: Testing for reliability and validity

- Why is this important?
- What we did
  - Phone interview with case managers
- Participants and recruitment
  - Randomly selected from national HUD list
  - Troubleshooting
    - Determining program type
    - Lack of standard program terminology, policies, requirements, and laws
    - Issues with case management
    - Issues with serving families (mixed populations)

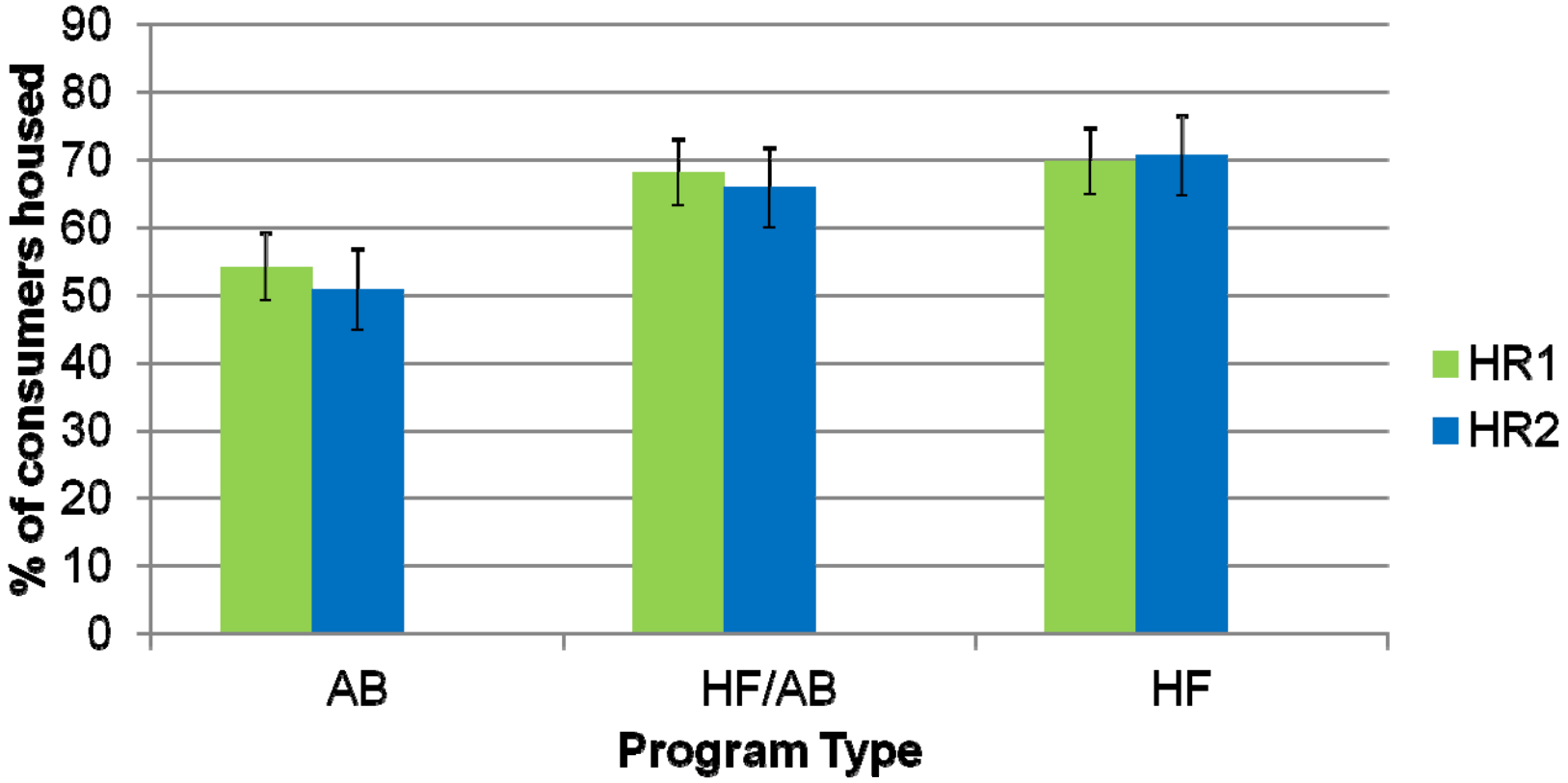
Phase 3: Testing for reliability and validity

- Participants and recruitment
  - 35 states represented
  - Divided programs into 3 types based on this
    1. Abstinence-based = 12 programs
    2. Housing First *with* abstinence-based principles (HF/AB) = 18 programs
    3. Housing First *without* abstinence-based principles (HF) = 21 programs

Housing First programs had highest scores



Housing retention highest for Housing First programs (though not significant)



Policy Implications

- Program accountability
- Program evaluation
- Harm reduction is a necessary component of Housing First
  - Need for more research on this
- Housing retention might not be a reliable indicator of Housing First programming
  - Need to identify other outcomes to associate with model

For more information and a copy of the final report, contact: dpwatson@iupui.edu