

***Opening Doors to Innovation:  
How to Improve Client Outcomes Using  
Housing First***

USICH and NCHV  
May 8, 2013

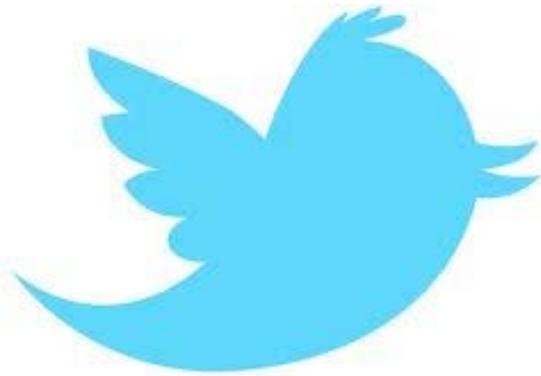


# Today's Webinar

- Today's webinar will last approximately 1 hour
- We have reserved time at the end of the webinar for Q&A.
- Please pose your questions at any point during the webinar by using the *Questions* function found in the GoToWebinar toolbar. We will attempt to answer as many as we can.
- Due to the high number of participants, you are in "listen only mode"
- Today's webinar is being recorded and will be posted on [www.usich.gov](http://www.usich.gov)



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# Webinar Purpose

- To provide information on how transitional housing providers can incorporate Housing First practices in order to improve outcomes for homeless Veterans and help them exit to permanent housing quickly.
- These practices include low-barrier admission, provision of housing-focused services, and housing placement services that both meets the needs of individual Veterans and targets permanent supportive housing resources to those who need it most.
- To explore clinical perspectives from health care that demonstrate how Housing First practices help Veterans achieve greater wellness.



# Panelists

- Barbara Poppe, Executive Director, USICH
- Baylee Crone, Vice President, Operations and Programs and Technical Assistance Director, National Coalition for Homeless Veterans
- Dr. Josh Bamberger, Medical Director for Housing and Urban Health, San Francisco Department of Public Health
- Dr. Tom O'Toole, Director, National Homeless Veterans PACT Program
- Sue Smith, Vice President of Residential and Homeless Services for Project H.O.M.E.



# What is Housing First?

- Housing First (HF) is a proven method and clinical practice to end homelessness.
  - Works for individuals and families
  - Works in many different program models
- Housing First programs offer:
  - Immediate, low-threshold access to permanent housing
  - No admission requirements for treatment, sobriety, program compliance, or income
- Higher housing retention, lower returns to homelessness, and less crisis services/institutions.



# What does Housing First mean for Transitional Housing?

- Housing First is not just for Permanent Supportive Housing (PSH). Transitional Housing also aims to help participants live stably and independently.
- Transitional Housing programs can incorporate Housing First into their programs by:
  - Providing low-barrier admission
  - Delivering housing-focused services
  - Helping residents transition to appropriate housing quickly
- Where participants transition to depends on their needs – to PSH or to other affordable housing



# Housing First: The NCHV Perspective



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# HOUSING FIRST AND HEALTH CARE

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Thomas P. O'Toole, MD  
Director, Homeless PACT Program  
National Center on Homelessness among Veterans  
U.S. Department of Veterans Affairs

# Case Study

- JM is a 54 year old homeless Veteran who has been living in local emergency shelters for the past three years
- He presents to the emergency department after a fall (4<sup>th</sup> visit in 2 months) and was found to have high blood pressure and an elevated blood sugar.
- On presentation to the Homeless PACT clinic, he is found to have hypertension, diabetes, hepatitis C, trench foot, along with chronic back and shoulder pain. He also has a history of heavy alcohol use and occasional crack cocaine use but denies using anything currently
- He reports he was diagnosed with all of this a few years ago at the local free clinic but was never able to take the medications prescribed because he lived at the shelter and kept forgetting to take them as prescribed.

## Case Study – cont'd

- The housing coordinator at the H-PACT meets with JM and is able to quickly get him into transitional housing at our local grant-per-diem (transitional housing) site.
- The RN case manager works with JM weekly to reinforce his medication regimen and educates him on how to check his blood sugars and watch for signs and symptoms related to his chronic diseases.
  - Within 3 months his diabetes, lipids and blood pressure are all at target, he is working with the mental health provider on the team for treatment of newly diagnosed depression and he has an initial appointment with GI for his Hepatitis C.
- He hasn't gone to the emergency department for care and is interested in trying to get a job and a place of his own.

## Case study – cont'd

- Five months later he presents to clinic looking more disheveled and he missed filling his most recent prescriptions, including his antidepressant and reports that he started drinking again because his back was hurting and he was “tired of it all and didn’t give a damn anymore”.
- He is afraid he will lose his housing and reports he would have come in earlier but was too embarrassed. He wants help.

# Background

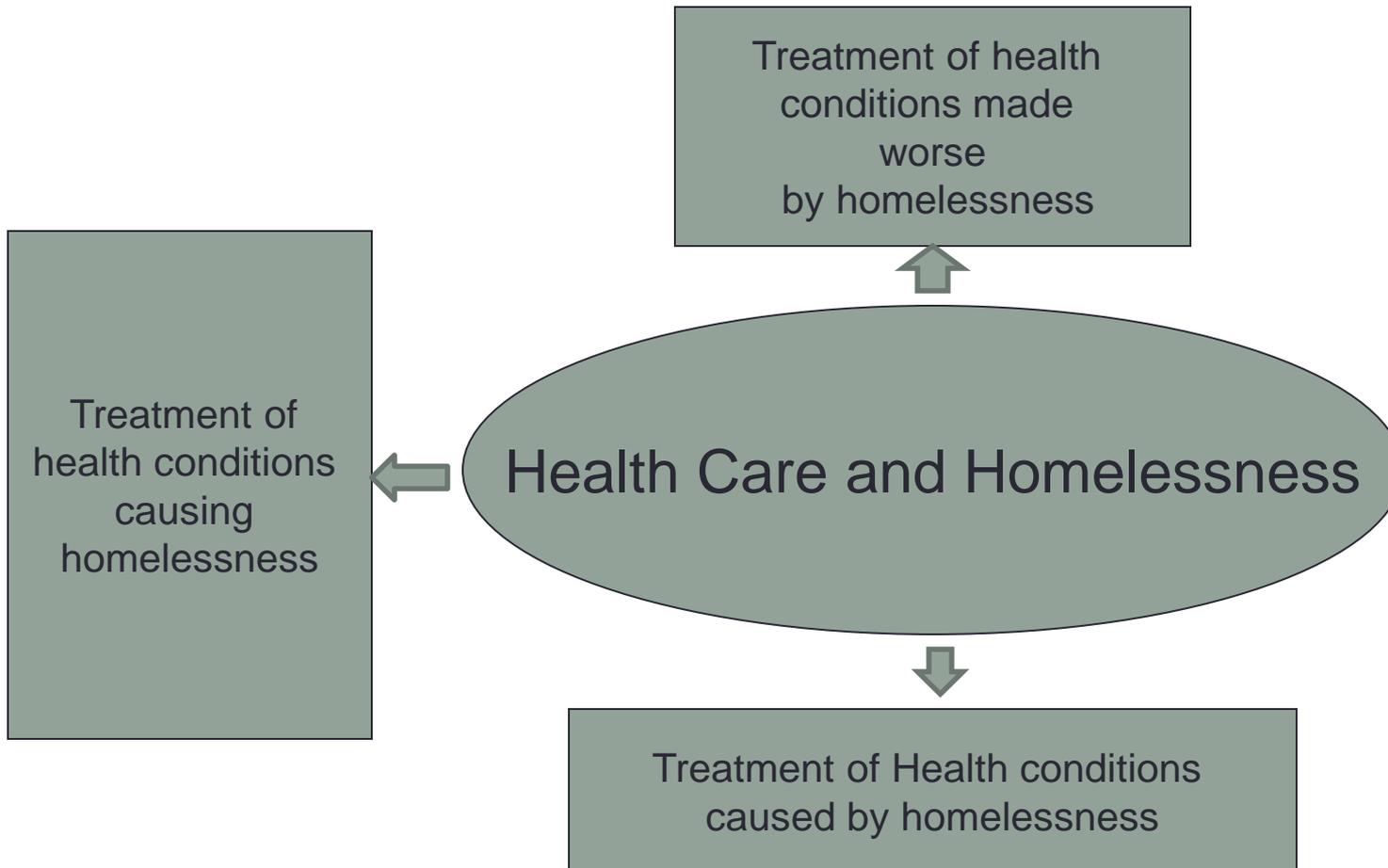
- Homelessness disproportionately affects Veterans. The average age is mid 50s; 10% are OEF/OIF and 8.7% are >62.
- Homeless Veterans have more medical, mental health and substance abuse needs, concurrent disorders and chronic disease complexity. Much of their care needs are delayed or deferred because of their homelessness.
- More difficult to treat homeless persons in traditional settings: transportation, access, provider competencies, fragmented care and stigma are all significant barriers
- Age adjusted mortality rate 4.5 time higher; mean age of death is 51

# Background

- Homeless Veterans end up disproportionately relying on emergency departments and hospitalizations for care:
  - > 1/3 had at least 1 ED visit in the past year (3x higher than US norm); 12% had 4+ visits (30% higher than nonVeteran homeless)
  - 23.3% were hospitalized in the past year - over 2x more likely and at younger ages than nonVeteran homeless, Admissions were 36% longer and cost 20% more
  - 24.6% couldn't get care when they needed it
- Over 700,000 enrolled Veterans have experienced homelessness since 2002. Many continue to be at high-risk for a recurrence.

# How does the health care system typically respond to the care needs of a homeless person?

Institute of Medicine, 1988



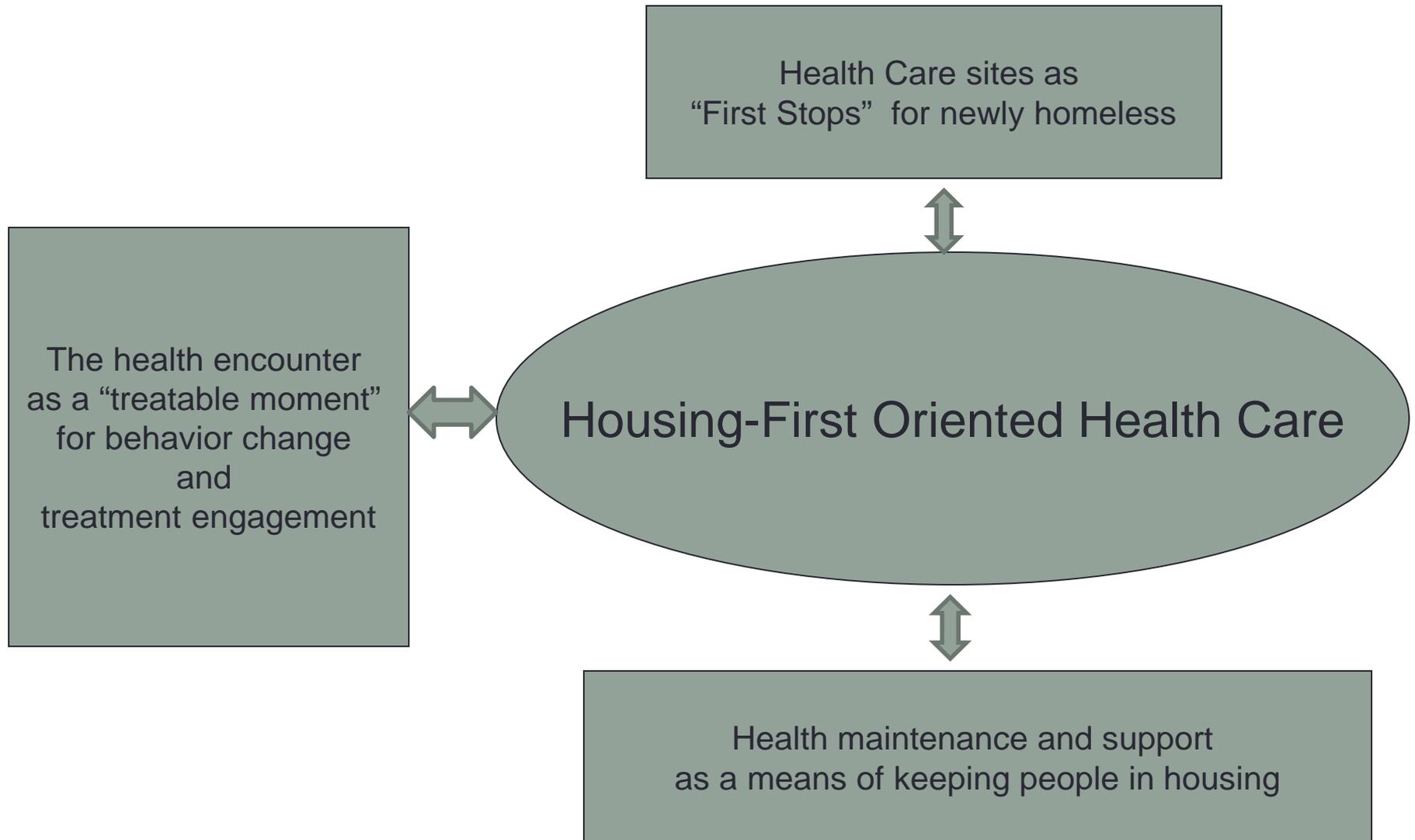
# Rethinking what homeless health care means

Health seeking behavior as a “treatable moment” embedded in a health care episode to engage in needed services?

How does health care fit with housing support?  
Are we working in concert with each other?

Can we predict and be there for emerging needs once housed?

# Rethinking health care for homeless persons within a Housing First context



# Key Outcomes

- 40 VA sites now have or are planning H-PACTs
- **36.6% reduction in emergency department use** (6 month pre-post); 1,101 fewer ED visits\*
- **34.1% reduction in hospitalizations**; 240 fewer admissions\*
  - Annualized systems savings : \$5.8-7.2 million (AHRQ/MEPS cost estimates)
- 80.7% moved into **stable housing** within 6 months of enrollment (Providence VA data)
- Significant **improvements in chronic disease** monitoring and management

\* Based on 6 month pre- post- H-PACT enrollment utilization comparisons using PCMM data

# Case Study Update

- We met with JM's social worker and the house manager at his GPD site and discussed the situation, including how going off his medications was playing a role in his behavior and his appearance. They were able to share how some group dynamics with other residents may have contributed.
- JM agreed to restart his antidepressants and to accept a substance abuse treatment referral. He started attending group and individual meetings and began to make a connection between how his drinking was contributing to his physical and mental health needs and how sobriety was needed to keep his housing.
- He has now been sober for 3 years, lives in his own apartment and works at our H-PACT as a peer mentor. He went on his first vacation in 15 years last summer to visit his brother.

# HOUSING FIRST AND HEALTHCARE

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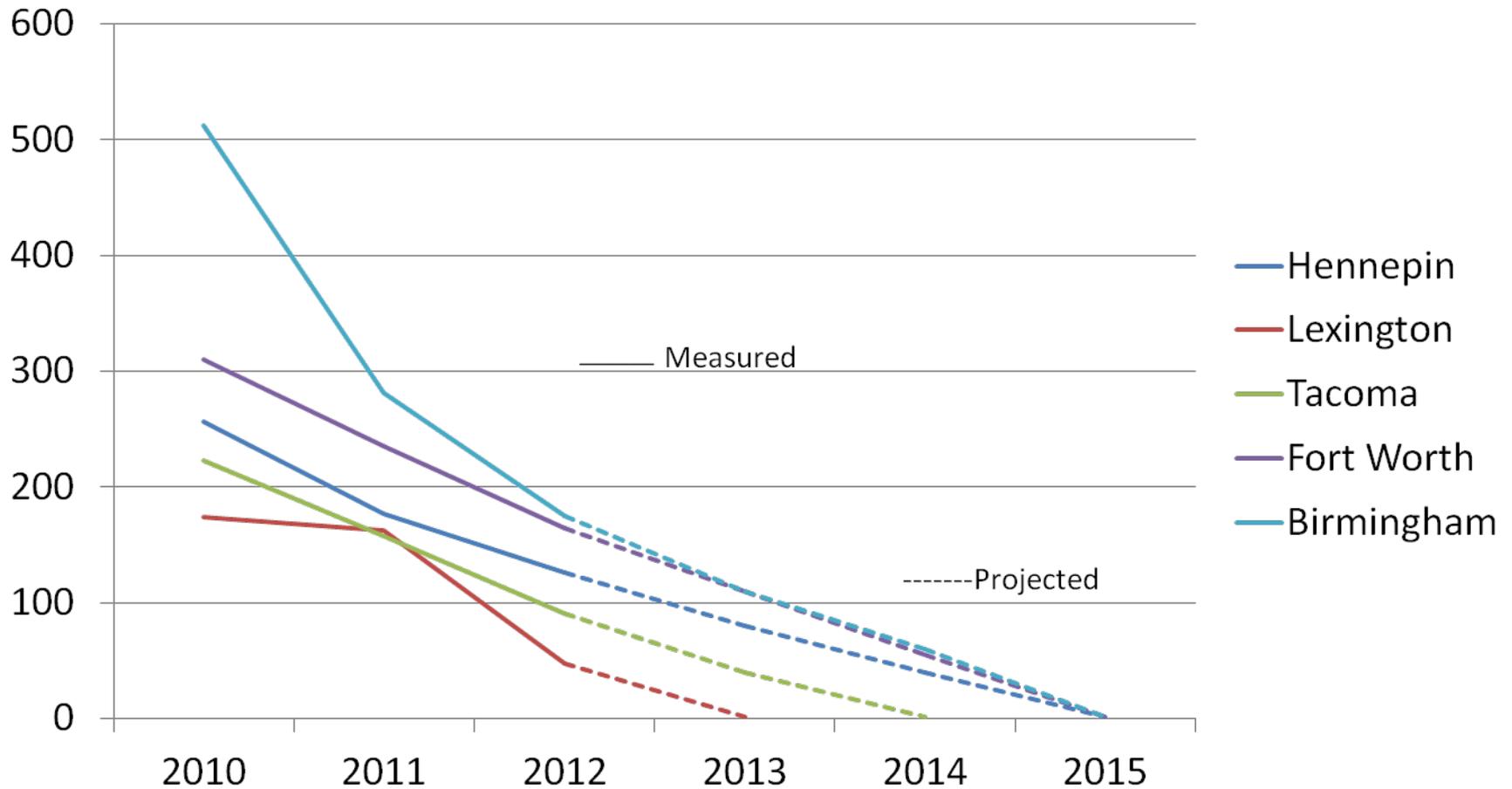
# Case Study

- 62 y/o male Veteran with many year history of alcohol, cigarette and cocaine addiction.
- Frequent hospitalizations for exacerbation of emphysema
- Followed closely by SF DPH primary care for the past 20 years.
- With expansion of HPACT in SF, began getting primary care at Downtown VA Clinic
- In 2010 he became homeless after his girlfriend was evicted from Housing Authority housing for drug related behavior
- In Feb 2012 he entered Hope House, on of the local GPD programs in SF

# Case Study (cont'd)

- At the time of admission, he reported not having a drink for the past 15 days. Utox negative for cocaine.
- In April, he exhibited signs of alcohol intoxication and tested positive for cocaine on Utox.
- Entered inpt SA treatment at VAMC for two months but was discharged after having two positive Utox for cocaine
- Returned to Hope House after agreeing to attend 4 day a week treatment.
- Hospitalized for COPD exacerbation 5 times in past year
- After last hospitalization in Feb., entered Medical Respite
- Moved into HUD VASH unit from MR 2 weeks ago

# Number of Homeless Veterans in 5 Communities with Greater than 40% reduction 2010-2012



# Common aspects of “positive outliers”

- Common values and philosophy of practice, strong leadership
- Consistent application of housing first strategy
- Targeting
- High level of communication (HIPPA busters)
- Use of data to inform policy and measure success

# Practicing Housing First

- Addiction and mental illness are life long disorders with fluctuating symptoms over time
- Housing improves outcomes
- Housing first can be abstinence based
- Client centered
- Working across a diversity of programs can improve outcomes
- Moving forward to end homelessness

# St. Elizabeth's Recovery Residence (SERR)

## Overview

- 24 SRO units for homeless, addicted men who are ready to make a commitment to sobriety. No requirement of sobriety upon admission. 12 of the 24 units are dedicated to Veterans who are homeless.
- 24-hour staffing
- Provision of meals
- Medication management
- Financial management services available
- Case management and recovery services
- Low levels of caseworker to resident ratio (approx. 1:10)
- Employment, educational and life skills classes

# SERR Outcomes

- \* 65 Veterans discharged:
  - \* 42 (65%) moved to independent, supportive or housing with family/friends (n=7)
  - \* 11 (17%) long term inpatient hospitalization or substance use treatment
  - \* 11 (17%) shelter/homeless or whereabouts unknown
  - \* 1 (2%) deceased

# Contact Info

Suzanne Smith, VP Residential and Homeless Services

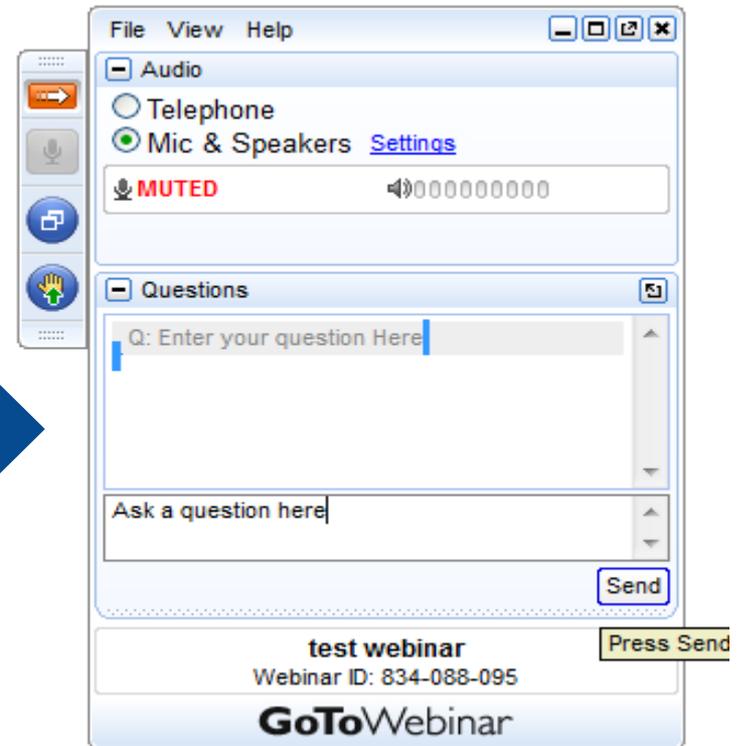
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# Questions?

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### State Homeless Resources Map

Ohio

**Ohio (OH)**  
 Statistics Contacts

Total Homeless Population	13,030
Persons in Families Experiencing Homelessness	5,218
Veterans Experiencing Homelessness	1,279
Persons Experiencing Chronic Homelessness	1,881
Rate of Homelessness per 100,000 Population	113

USICH Contact  
 (202) 708-4683  
 usich@usich.gov

State Interagency Council? No  
 State Homelessness Plan? No  
 Governor's Lead Contact on Homelessness

Key - Total Homeless Population on a Given Night in 2011  
 Fewer than 2,000 | 2,001-5,000 | 5,001-10,000  
 10,001-25,000 | Over 25,000

**United States Interagency Council on Homelessness**  
*Preventing and Ending Homelessness in the United States*

### The Housing First Checklist: A Practical Tool for Assessing Housing First in Practice

**Introduction**

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites or a course of treatment or evidence of sobriety and with a low-threshold for entry, Housing First

USICH is continuing to identify programs and practices that will be the most accurate information available at the time the profile is updated. If something in the database is in error, if you have a resource for us to recommend a solution to us as we move forward updating the



# VA's National Call Center for Homeless Veterans

## Are You or a Veteran You Know At Risk of Homelessness?

- Are you currently living with someone because you can't afford to rent or own a home of your own?
- Have you had trouble finding or holding a job?
- Do you have a physical or mental condition that makes it difficult to keep a steady job?
- Do employers say you don't have the skills or education they are looking for?
- Are you struggling with an alcohol or substance use problem?
- Have service-related injuries made returning to civilian life difficult?

If you answered **yes** to any of the questions listed, or are simply feeling worried about your housing situation or that of a Veteran you know, VA can help.

You fought for our homes.



We'll fight for yours.

**We're Here for You.**

Whether you are in need of immediate assistance, just looking for more information, or interested in finding out how you can help eliminate Veteran homelessness — VA is here for you. Our trained professionals, many of whom are Veterans themselves, are available 24 hours a day, 7 days a week:

**National Call Center for Homeless Veterans**

TOLL-FREE  
**1-877-424-3838**  
(1-877-4AID-VET)

Live 24/7 Chat on VA's Homeless Veterans website,  
[www.va.gov/homeless](http://www.va.gov/homeless)



The words homeless and Veteran should never be used together.

**Make the Call!**

Call VA's toll-free hotline:

**1-877-424-3838**  
(1-877-4AID-VET)

or visit [www.va.gov/homeless](http://www.va.gov/homeless) for help with housing, jobs, health care, education and other Veteran benefits.



Created 09/11



# Stay Connected



United States Interagency Council on Homelessness

*No one should experience homelessness. No one should be without a safe, stable place to call home.*

## Ending Veteran Homelessness

April 25, 2013

### Pushing to the Goal: 3 Ways to Accelerate Ending Veteran Homelessness

**With less than 1,000 days until the 2015 goal, here are three important ways to accelerate progress**

The Administration's commitment to end homelessness among Veterans and their families remains steadfast. The President's FY 2014 budget proposal continues to increase investment in effective strategies including \$75 million for the [HUD-Veterans Affairs Supportive Housing \(HUD-VASH\) program](#) and \$300 million for Department of Veterans Affairs (VA) [Supportive Services for Veteran Families \(SSVF\) program](#). The Administration's previous investments in ending Veteran homelessness continue to show significant results: homelessness among Veterans is down 18 percent since the launch of *Opening Doors*.

During the April 16 meeting of the U.S. Interagency Council on Homelessness, along with representation from the White House's Domestic Policy Council and Office of Management and Budget, Council leadership reviewed progress at ending Veterans homelessness, recognizing that even with the progress to date, efforts must be accelerated to meet the goal of ending Veterans homelessness by 2015. Ending Veterans homelessness remains possible with the right investments focused in

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**"Opening Doors to Innovation: Improving Client Outcomes Using Housing First"**  
Wednesday, May 8,

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