Housing First

The Pathways Model to End Homelessness for People with Mental Health and Substance Use Disorders

Sam Tsemberis, PhD

Dartmouth PRC HAZELDEN
Evidence-Based Resources for Behavioral Health

Hazelden Publishing
Center City, Minnesota 55012
hazelden.org/bookstore

©2010 by Sam Tsemberis
All rights reserved. Published 2010.
Revised and updated for *DSM-5* edition published 2015.
Printed in the United States of America

Unless a statement on the page grants permission, no part of this publication, either print or electronic, may be reproduced in any form or by any means without the express written permission of the publisher. Failure to comply with these terms may expose you to legal action and damages for copyright infringement.

Library of Congress Cataloging-in-Publication Data

Tsemberis, Sam J.
Housing first : the Pathways model to end homelessness for people with mental health and substance use disorders / Sam Tsemberis.
p. cm.
Includes bibliographical references and index.
ISBN 978-1-61649-649-4
1. Homeless persons--Housing--United States. 2. Homeless persons--Housing. 3. Homeless persons--Services for--United States. 4. Mentally ill homeless persons--Services for--United States. 5. Homeless persons--Substance use--United States. I. Title.
HV4505.T74 2010
363.5'9740973--dc22
2010035376

20 19 18 17 16 15 1 2 3 4 5 6

Editor's note: The names, details, and circumstances may have been changed to protect the privacy of those mentioned in this publication.

The suggestions and model documents in this book are not meant to substitute for the advice of lawyers, accountants, or other professionals.

Cover design by Terri Kinne
Interior design and typesetting by David Farr, ImageSmythe
Copyediting for *DSM-5* update by Jean Cook, ImageSmythe

Dartmouth PRC | HAZELDEN

Evidence-Based Resources for Behavioral Health

The Dartmouth PRC–Hazelden imprint was formed as a partnership between the Dartmouth Psychiatric Research Center (PRC) and Hazelden Publishing, a division of the Hazelden Betty Ford Foundation—nonprofit leaders in the research and development of evidence-based resources for behavioral health.

Our mission is to create and publish a comprehensive, state-of-the-art line of professional resources—including curricula, books, multimedia tools, and staff-development training materials—to serve professionals treating people with mental health, addiction, and co-occurring disorders at every point along the continuum of care.

For more information about Dartmouth PRC–Hazelden and our collection of professional products, visit the Hazelden Behavioral Health Evolution website at www.bhevolution.org.

to Cherie, Elena, and Alex
who taught me about love

and for every person who came to Pathways to Housing
from the streets, hospitals, and jails—
and never lost the ability to love

Contents

Foreword xiii
Acknowledgments xv

Introduction 1

Homelessness: A Global Problem 1
About Housing First and This Manual 4
Who Should Read This Manual—and Why 6
How to Use This Manual 6
Chapter Overview 6
Terminology 8

Chapter 1
The Pathways Housing First Program 11

Why It Works 11
The Origins of Housing First: An Alternative to Linear Residential Treatment 13
The Principles of Housing First 18
Chapter 1 Summary 30

Chapter 2
Initial Program Steps 33
Client Demographics 33
Determining Eligibility 35
Referrals to PHF Programs 36
The Engagement Process 37
Preparing for the Apartment Search 43
Initial and Ongoing Services 44
Chapter 2 Summary 45

Chapter 3
Housing and Housing Support Services 47
Why Housing First? 48
The Two Program Requirements 48
First Steps to Securing Housing 50
Criteria for Choosing an Apartment 52
Leasing or Subleasing through PHF 55
Tenant Responsibilities and Rights 56
Security and Safety Issues: The Basics 57
Making a Home: Physical and Emotional Comfort 58
Landlords 61
Collaborative Roles in Housing PHF Clients 63
Some Common Property Management Challenges 65
Personal Relationships: Building and Reconnecting 67
When Relocation Is Necessary 69
Chapter 3 Summary 74

Chapter 4

An Interdisciplinary Approach: How the ACT and ICM Teams Serve Clients in a PHF Program 77

A Community-Based Interdisciplinary Approach 77
Matching Clients with the Right Level of Service 78
ACT and ICM Teams: Differences and Similarities 79
Comprehensive Assessment and Treatment Planning 80
The Art and Science of the Home Visit 83
Renewing Team Practice and Team Process 88
Chapter 4 Summary 89

Chapter 5

The PHF Assertive Community Treatment Team 91

Assertive Community Treatment Teams: How They Work in a PHF Program 92
The ACT Team Members 96
The ACT Team's Morning Meeting 116
A Hypothetical Morning Meeting 126
The ACT Weekly Case Conference 127
Chapter 5 Summary 127

Chapter 6

The PHF Intensive Case Management Team 129

The ICM Strengths Model of Service Delivery 129
The ICM Team Members 132
The ICM Weekly Team Meeting 145
Chapter 6 Summary 145

Chapter 7

Incorporating Other Evidence-Based Practices 147

Integrated Dual Disorders Treatment 148
Wellness Management and Recovery 158
Supported Employment 161
Groups and Social Events 163
Community Integration 164
Chapter 7 Summary 165

Chapter 8

Bringing Pathways Housing First to Your Community 167

Assessing the Need and Making the Case for a PHF Program 167
A Local Champion: One Key to Successful Implementation 168
Obtaining Funding for the Two PHF Program Components 171
Launching a PHF Program 174
The Important First Year—and Beyond 176
Chapter 8 Summary 177

Pathways Housing First Institute for Training 179

Appendices

Appendix A: Research and Evaluation 181
Appendix B: Some Administrative Considerations 191
Appendix C: Sample Forms 195
Appendix C-1: The ACT Team Morning Meeting Description and Checklist 197
Appendix C-2: Furniture List and Client Shopping List 201
Appendix C-3: Pre-Move-In Apartment Readiness Checklist 205
Appendix C-4: Use and Occupancy Agreement 207
Appendix C-5: Pathways Housing First Program Fidelity: The Essential Ingredients Checklist 215

Appendix D: Sample Budget 219
Appendix E Awards Received by Pathways Housing First and Dr. Sam Tsemberis 223
Appendix F: Two Testimonials 225
Appendix G: Additional Resources 229

Notes 231
References 233
Index 237
About the Author 243

Foreword

Some people, convinced on principle, "get" the idea of Housing First instantly. Others are more skeptical, convinced by their training that people with mental health disorders and substance use disorders are incapable of making wise decisions for themselves. In 1998, I was part of the team conducting the first experimental evaluation of Pathways Housing First. Founder Sam Tsemberis—everyone calls him Sam—had already shown in two published studies that Pathways tenants were more stable in their housing than clients in other programs designed for people with long histories of homelessness and serious psychiatric disabilities known as severe mental disorders. Traditionally trained social service providers from the other programs, which required clients to be clean and sober and participate in treatment in order to have a bed of their own in a congregate facility, claimed that Sam must be working with a different group of people—that their clients could not succeed in a model where homeless people are given independent apartments with a panoply of services but without close supervision. It seemed time to put Sam's model to a more rigorous test, randomly assigning some people to Pathways to Housing and others to traditional programs to create a fair comparison.

Recruitment to the study was lagging, so we held a breakfast for outreach workers to explain the experiment and to urge them to refer more people. One outreach worker ate our bagels but argued that it would not be ethical to refer the clients she worked with to the study: they might get randomly assigned to *receive their own apartment*, and that, she insisted, would be setting them up for failure. A couple weeks later, we caught a break. A study participant who had been randomly assigned

to Pathways to Housing invited his family and his former outreach worker over to dinner to show off his new apartment. The outreach worker was so impressed by the transformation of the disheveled denizen of the street into a gracious host that he told all the other workers at his agency. They responded by referring dozens of clients to the study, and we finished up recruitment with a bang.

Of course, the outreach worker's epiphany could have been based on an anomalous case. But the evidence from the study was convincing: over the first year, people randomly assigned to the Pathways program spent ninety-nine fewer days homeless than individuals in the control group, and they used substances at no greater rates. Pathways participants got housed faster and stayed housed longer. The enormous differences between experimental and control groups gradually narrowed over time as more control group members found their way indoors, but a study published in 2004 found that the Pathways tenants were still far more likely to be housed at the end of the four-year experiment. Nonetheless, I have no way of knowing whether the skeptical outreach worker at that breakfast was convinced.

By now, Housing First has garnered so much acclaim that everyone claims to be doing it, no matter how little their programs resemble the Pathways to Housing model. Pathways Housing First is neither a "housing only" approach, nor does it offer "worker-knows-best" services coupled with immediate housing. It is a successful, rigorously documented, systematic approach to serving homeless people with substance use and mental health disorders. This manual clarifies the ethos and practices of Pathways Housing First. We hope it will also begin to change the standard training that still makes it hard for many social service professionals to give up coercive control—no matter how artfully it may be disguised—and support the choices of the people with whom they work.

Marybeth Shinn, PHD
Professor and Chair
Department of Human and Organizational Development
Vanderbilt University

Acknowledgments

This book owes its existence to the many remarkable people, past and present, whom I met as clients served by Pathways to Housing and its predecessors, Choices Unlimited and the 44th Street Independence Support Center drop-in centers. By bringing together the essential elements of our many heated and passionate conversations about choice, power, rights, poverty, privacy, disabilities, and abilities, we were able to develop, design, implement, and operate the Pathways Housing First program. I had the good fortune to have Bill Anthony, David Shern, Mikal Cohen, and Howie the Harp as early collaborators in our "taking psych rehab to the streets" grant. Our 44th Street drop-in center was modeled after Howie's consumer-operated Independence Support Center in Oakland. Rachel Efron, Hilary Melton, and Ed Rooney were influential staff members who ensured that our priority lay in taking care of the needs of our clients, and not of the programs.

In the early nineties, when Housing First was considered a risky venture, Bert Pepper, Mary Brosnahan, and Elmer Struening, national experts in mental health and advocates for ending homelessness, risked their reputations in order to support our work by joining our board. Since then, Housing First has been replicated in hundreds of cities by innumerable local champions who have started Pathways programs in their own communities, and as of 2011, Pathways to Housing became Pathways to Housing National. We've had welcome support from Philip Mangano, Ann O'Hara, and Nan Roman, all of whom have been prolific advocates for using Housing First as a means of abolishing what Mangano has called "the national disgrace of homelessness."

There were many lessons learned from early program replications, the ones that took place when most providers could still not believe that with the right support people with mental health disorders could live on their own in their own apartments. These replications—the ones created before the evidence base was available—were the most challenging and required the greatest investment from our stakeholders. It took enormous courage for Nancy Travers to import the program into Westchester County. Marti Kinsley had the political will and willingness to risk importing Pathways to Washington, DC. The program in the nation's capital would not have been possible without Nan Roman's advocacy and the generosity of the Abell Foundation. In the early years, my friend and writing mentor Jay Neugeboren put our program on the national map by describing it in his book *Transforming Madness: New Lives for People Living with Mental Illness.*

This book would not have been possible without the ingenious researchers who conducted the rigorous longitudinal randomized controlled trials that have charted the development and effectiveness of Pathways as an evidence-based program. This group includes Sara Asmussen, Beth Shinn, and especially Ana Stefancic, our director of research, who also provided the research summary for this volume. Their articles led to program dissemination that created hundreds of Housing First programs that have, across the country, succeeded in ending homelessness for many thousands of people.

In 2010, the Mental Health Commission of Canada was at the midpoint of a $110 million, longitudinal randomized controlled trial to test the effectiveness of our Housing First program in five Canadian cities. This continues to be an unprecedented and enormous social science experiment, and it is a great honor to be working with a talented Canadian team that includes Paula Goering, who directs the research, and Jayne Barker and Cam Keller, who direct the project at the Commission. I am grateful to Tim Richter, director of the Calgary Homeless Foundation and advocate for the Housing First approach. With Tim's able assistance and the collaboration of our colleagues at the Alex Community Health Centre, we were awarded a knowledge dissemination grant from the Canadian government. I am extremely indebted to all my Canadian compatriots because my participation in their projects, and what I learned as a participant, have helped make the writing of this book possible.

The Canadian programs have fewer fiscal constraints then those in the United States. In part because Canadians have national health insurance, the financial operations of our programs in Canada have few restrictions placed upon them. This creates an environment where funding does not impinge upon clinical practice (e.g., requiring a fixed number of visits per client in order to be reimbursed). It became easy to see, and thus to be able to describe, how it is possible for the Pathways Housing First program to operate across a wide variety of settings. Juliana Walker, who has served as our director of training and worked with me on the Canadian projects, contributed enormously to this volume by writing early drafts, editing others, and helping to clarify and describe various aspects of team operations. (Since 2011, the Mental Health Commission of Canada made Housing First a national policy for its At Home/Chez Soi project, requiring 65 percent of homelessness funding monies be used for such Housing First activities.)

Bob Drake, my friend and colleague at Dartmouth, has been supportive of our program. Among other things, Bob helped Ana Stefancic and me as we shaped the research on program fidelity. But a book needs a publisher, and Bob introduced me to Sid Farrar of Hazelden Publishing. Sid's enthusiasm, and his professionalism, made the process painless and efficient. I am most grateful to Cynthia Orange, my editor at Hazelden who suggested changes in structure and content that have improved the book and made it readable, and who offered invaluable guidance, along with a gentle therapeutic touch, throughout our collaboration. Thank you, too, to Mindy Keskinen—you brought it all together and took it to the finish line.

Above all, I want to acknowledge the support and love I receive from my wife, Cherie, and our children Elena and Alex. Their patience during family vacations and other times that I have had to spend away from them, and their acceptance and understanding, have made it possible for me to complete this project. Most summers we visit *yiayia* (my mother; my children's grandmother) in Skoura, a village in southern Greece. In this village of some five hundred people, everyone is included in *kafenio* at the center of town: old and young, rich and poor, some with mental health problems and some without. It is a place where there is respect and acceptance of all—just as it is at Pathways to Housing.

All royalties from the sale of this book will be contributed to Pathways to Housing.

Introduction

As originators of Housing First, Pathways to Housing National's mission is to transform lives by ending homelessness and supporting recovery for those with mental health challenges.

We believe housing is a basic human right and aspire to change the practice of mental health and homeless services by

- *providing immediate access to permanent housing, without preconditions*
- *providing support and treatment based on choice and services that support recovery, social inclusion, and community integration*
- *and conducting research and training to develop best practices for recovery-oriented care*

Pathways to Housing National mission statement

Homelessness: A Global Problem

People with mental health disorders who are also homeless can be found worldwide. Their characteristics vary from country to country, and so do the reasons for their homelessness. But the problems they face because of their shared conditions give

them more in common than the differences that divide them. Access to affordable housing and treatment is an almost universal barrier for this population worldwide. Estimating the number of people who are homeless and who have mental health disorders presents complex methodological and epidemiological challenges because definitions of homelessness and mental disorders vary across countries and across cultures. In 2004, the United Nations provided a practical and useful definition:

> The correct definition of a homeless household should be. . . "those households [or individuals] without a shelter that would fall within the scope of living quarters. They carry their few possessions with them, sleeping in streets, in doorways, or on piers, or in any other space, on a more or less random basis."[1]

Further complications arise because counting the number of people who are homeless and have mental health disorders is not simply a matter of identifying individual or demographic characteristics of this population. This number can also be viewed as an index of a nation's failed social service, housing, and mental health policies. Thus, the number of people who are homeless can be seen as a consequence of larger social problems. Research on the *Gini coefficient* is one way to illustrate this point. This coefficient is a commonly used measure of a nation's income disparity—the distance between rich and poor. A 2000 World Health Organization study reported that developed European countries and Canada had Gini indices between .24 and .36, while the United States and Mexico were both at .46 and Brazil and South Africa at .61. Of relevance here is that social scientists report that there is a negative correlation between the Gini coefficient and the percentage of a nation's budget spent on social and mental health services.[2] Countries whose social and mental health policies provide financial and other support to those at the bottom of the income distribution are also the countries with lower levels of homelessness.[3] It is not surprising that, in general, advocates accuse governments of underestimating the number of homeless, and government representatives say that advocates tend to overestimate. For example, the United States Department of Housing and Urban Development (HUD) conducts a nationwide "one-night count" of the homeless every year. The count is conducted late at night in the middle of winter. In 2014, the most recent year for which data is available, HUD estimated more than 578,000 people

were homeless—staying on the streets or in drop-in centers, shelters, or temporary housing.[4] This number is nearly the population of cities like Boston, Memphis, or Baltimore. The advocacy organization National Law Center on Homelessness and Poverty estimates the number of homeless at 2.5 million to 3.5 million, with an additional 7.4 million who have lost their homes since the 2008 recession living with family or friends out of financial necessity.[5] In another national survey of the prevalence of homelessness, Bruce Link and his colleagues estimated that 26 million people had been homeless at one point in their lives.[6] As for the subpopulation that is the focus of this manual, HUD estimated in 2008 that 28 percent of the people who are homeless have severe mental disorders; 39 percent have chronic substance use issues; and 18 percent are considered "chronically homeless," which means they have been continuously homeless for more than one year and suffer from mental or physical disabilities.[7] Those figures are consistent with other studies that estimate a 30 to 70 percent incidence of mental health problems among the homeless, with the highest percentages among the chronically homeless.

A 2007 study of mental health and homelessness by the Canadian Institute for Health Information estimated that more than 10,000 people are homeless on any given night across Canada.[8] The report also found that mental disorders accounted for 52 percent of acute care hospitalizations among Canadian homeless in 2005 and 2006. Because of the data collection complexities in its many member countries, measuring homelessness in the European Union (EU) is even more difficult than in the United States. However, the European Federation of National Organizations Working with the Homeless (FEANTSA) estimated that at least 3 million Western Europeans were homeless during the winter of 2003.[9]

From our perspective as clinicians and advocates, any number of people who have severe mental health disabilities and are living on the streets is too big a number. When people enter into homelessness, they are at greatly increased risk for health problems, victimization, malnutrition, exhaustion, and exacerbation of mental health and substance use disorders. Their physical and mental health deteriorates rapidly, and those who remain chronically homeless are among the most vulnerable. Fortunately, as Pathways to Housing has discovered and this manual will show, the problems encountered by people who have remained homeless and who have multiple or co-occurring conditions are problems with a proven solution—a solution called "Housing First."

About Housing First and This Manual

> *Housing First ends homelessness. It's that simple.*
>
> **—Sam Tsemberis, founder and CEO of Pathways to Housing National**

Founded in 1992 in New York City, Pathways to Housing, Inc. is a nonprofit corporation that is widely credited as being the originator of the Housing First model of addressing homelessness among people with mental health and substance use disorders. Put simply, Pathways' unique approach is this: provide housing first, and then combine that housing with supportive services and treatment services. Research studies examining this model have shown that it dramatically reduces homelessness and is significantly more effective than traditional treatment and housing models. Because the Pathways model is so distinctive—providing services through a consumer-driven treatment philosophy and providing scattered-site housing in independent apartments—we refer to it as the Pathways Housing First (PHF) program to distinguish it from other programs that also identify with the Housing First approach. The PHF program is built on more than two decades of clinical and operational experience, manuals, fidelity standards, and research findings, attesting to the model's effectiveness. After a 2007 peer review of these studies and other materials, the PHF program was entered into the National Registry of Evidence-based Programs maintained by SAMHSA, the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Today, the PHF program has been replicated in more than one hundred cities across the United States, and a growing number of programs are in place in Europe, Australia, and through the At Home/Chez Soi project, nationally in Canada.

The Pathways to Housing success has not gone unnoticed. Among its many honors, Pathways to Housing was awarded the Excellence in Innovation Award from the National Council for Community Behavioral Health Care, which represents 1,300 U.S. organizations that provide treatment and rehabilitation for people with mental health and substance use disorders. The PHF program also earned the American Psychiatric Association's Gold Award, ranking it first among

community mental health programs. (A list of other awards can be found in this book's appendix E.)

The PHF program is a proven, effective, cost-saving approach for both the street-dwelling homeless and those staying in shelters, jails, state hospitals, or other institutions. The problem of homelessness among adults with severe mental disorders still persists, of course, but with the PHF approach, this issue can now be effectively addressed on a large scale. In June 2010, the U.S. Interagency Council on Homelessness (www.usich.gov) unveiled the federal five-year plan to end homelessness, and this plan includes Housing First as one of its five core strategies.

This manual was created after Pathways to Housing received countless inquiries from agencies and individuals wanting to replicate the successful PHF program in their own countries and communities. Written from the point of view of PHF staff, this manual describes the fundamentals of the PHF program—including the philosophy, principles, and values that guide its thought, operation, and administration. Because the needs, goals, and capabilities of each agency and potential program implementer are so varied, this manual is intended not only for readers planning to introduce the PHF model into new locations, but also for those seeking to integrate PHF's ideals into more traditional programs. Those who intend to adopt and operate a PHF program will want to seek more specific direction from qualified PHF experts on launching and operating the program.

Although PHF sounds very simple and practical, it is actually a complex clinical and housing intervention. As with other complex clinical interventions, mastering this program requires practice and supervision. Because PHF is based on the principles of consumer choice and individualized treatment, it is impossible to anticipate or describe how the program will unfold for each and every client. This manual offers guidance, principles, procedures, and clinical experience as a framework. Translating these principles and procedures into day-to-day decisions based on input from each client requires training and supervised practice. Because every client makes unique choices, no two days in a PHF program are ever alike. Even if your community lacks the capacity to begin a full-scale PHF program, this manual can help you begin a practice or a small program that respects and responds to the voices of men, women, and families who want nothing more than to attain what should always be attainable: a home.

Who Should Read This Manual—and Why

This manual explains PHF practices in detail, including staffing patterns, finances, and operations. By laying bare the program, we hope that administrators, advocates, policy makers, educators, and others may find it useful for implementing (or contemplating) a PHF program in their communities. We also hope it will prove useful to researchers interested in studying particular elements of the program that account for its success. Beyond its instructional and educational purposes, we hope this manual will serve as an affirmation to those who work in traditional programs but believe in consumer-driven programs at heart. Finally, we hope that this manual will inspire the broader adoption of practices that foster client dignity and empowerment.

How to Use This Manual

Most of this book addresses the *what, why,* and *how* of the Housing First model. But it also covers the *if*—that is, if readers are ready to launch a PHF program in their own community.

Because many readers may not be familiar with the Housing First model, this book begins with a general description of the model, followed by a detailed discussion of the unique Pathways Housing First approach (chapters 1 and 2). Chapters 3 through 6 offer a nuts-and-bolts description of PHF's team approach to housing and treatment services. Chapter 7 discusses some of the other evidence-based practices integrated within the PHF program; this discussion can help readers determine whether PHF is a good fit for their agency or program. Chapter 8 offers guidance on what steps need to be taken next for those who want to go forward with a PHF program—including information on possible funding sources and other avenues of support. (You'll find a more detailed chapter overview next.)

If readers are already familiar with the precepts of Housing First and know they want to launch a PHF program, they may want to read chapter 8 first before delving into the more detailed chapters that precede it.

Chapter Overview

Chapter 1, "The Pathways Housing First Program," introduces the PHF approach, describing the origins of the model and its clinical and philosophical foundations.

Chapter 2, "Initial Program Steps," discusses the population served by PHF; it also describes how eligibility is determined, how clients are referred and engaged in the program, how housing preferences are determined, the use of interim housing, and what initial services might be needed.

Chapter 3, "Housing and Housing Support Services," discusses the program's philosophy on housing and how it practices that philosophy with clients, including the process of searching for an apartment, signing a lease, furnishing the apartment, and moving in. This chapter also covers property management issues, noting some of the PHF program's benefits for landlords, and offers solutions to some common housing challenges clients face.

Chapter 4, "An Interdisciplinary Approach: How the ACT and ICM Teams Serve Clients," describes the community-based treatment and support services offered in a PHF program. Two types of teams can work in this framework: the assertive community treatment (ACT) team (for clients with severe mental disorders) and the intensive case management (ICM) team (for those with more moderate mental health disorders). This chapter also covers the treatment planning process and the home visit.

Chapter 5, "The PHF Assertive Community Treatment Team," details some of the ACT team's clinical operations, including staff roles and the essential daily "morning meeting" for the ACT team in a PHF setting, complete with sample schedules, other essential forms, and a hypothetical meeting outline. The weekly conference review is also briefly discussed.

Chapter 6, "The PHF Intensive Case Management Team," discusses the ICM team's strengths model approach to services and some of its operational matters in a PHF setting, such as staff roles and meeting procedures.

Chapter 7, "Incorporating Other Evidence-Based Practices," provides a broad overview of integrated dual disorders treatment (IDDT) and its core elements, which include harm reduction, Stages of Change, and Motivational Interviewing. It also addresses the principle of Wellness Management and Recovery and the Supported Employment approach. In the PHF context, ACT and ICM teams use these evidence-based practices in their client interactions and as they assist clients with recovery and community integration.

Chapter 8, "Bringing PHF to Your Community," offers guidance to prospective program implementers who, after reviewing this manual, want to take the next

steps toward launching a PHF program in their area. It includes a brief discussion of possible funding sources and offers some advice on connecting and working with various governmental and not-for-profit agencies.

Each chapter ends with a summary of the key points discussed. The manual concludes with information about the Pathways Housing First Institute for training and technical assistance. This manual's appendices contain reviews of the quantitative and qualitative research on the PHF program and provide the results of several cost-effectiveness studies from several cities. They also contain a sample of some of the documents and forms commonly used in PHF programs; a discussion of common administrative concerns; and a list of awards honoring Pathways to Housing and its founder, Dr. Sam Tsemberis.

Terminology

This glossary explains some terms commonly used in PHF programs.

ACT team: For clients with severe mental disorders and multiple needs, assertive community treatment (ACT) teams are composed of multidisciplinary staff members who directly provide clinical and support services. The ACT team as a whole is the service provider, offering around-the-clock on-call services and maintaining a low participant-to-staff ratio.

ICM team: For moderately disabled clients, intensive case management (ICM) teams are composed of clinicians or other caseworkers. ICM teams use a "caseload" practice model with a ratio of about ten to twenty participants per staff member. Staff are available on call; the PHF model recommends that one case manager be available twenty-four hours a day, seven days a week. (Many other Housing First programs offer twelve-hour coverage, perhaps using another crisis line service to implement around-the-clock on-call service.)

Client: A person receiving services in the PHF program, also referred to as *consumer*, *participant*, or *tenant*.

Consumer-driven (client-driven): With this approach, PHF invites its clients (consumers) to be their own decision makers—to drive the process themselves. Clients in large measure determine how housing, clinical support, and services

will be delivered to them. Clients are asked for their preference in type of housing (almost all choose an apartment of their own), location, furnishings, and other personal amenities. Clients also determine the type, sequence, and intensity of services and treatment options (rather than the clinician or provider dictating these). While the PHF program offers many choices, it also has two requirements: (1) participants must agree to a weekly apartment visit by program staff, and (2) they must agree to the terms and conditions of a standard lease, including paying 30 percent of their income toward rent.

Harm reduction: This is a practical, client-directed approach that uses multiple strategies, including abstinence, to help clients manage their substance use disorders and psychiatric symptoms. Harm reduction focuses on reducing the negative consequences of harmful behaviors related to drug and alcohol use or untreated psychiatric symptoms. With harm reduction, staff "meet clients where they are" and start the treatment process from there, helping them gradually gain control over their harmful behaviors.

Pathways Housing First (PHF): This term is used throughout the manual to refer to the Pathways Housing First program.

Pathways to Housing or Pathways to Housing National: Since July 2011, this is the name of the not-for-profit corporation founded as Pathways to Housing, Inc., in 1992 in New York City by Dr. Sam Tsemberis, credited as the originator of the Housing First model and creator of the unique Pathways Housing First program.