

***PSH PROGRAMS
FOR INDIVIDUALS WHO ARE
HOMELESS
AND HAVE MULTIPLE DIAGNOSES***

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POPULATION AND SOURCES OF REFERRAL



Housing Options



Primarily Scatter Site
Independent Apts. Rented from
Community Landlords
+ single site for the 15%
who cannot manage apts.
Aubry et al predicting success...

Housing is an adjustable commodity

Separation
Of housing and
services
Allows for life
event changes
And builds
continuity changes
continuity of
relationship

Son returns from tour in Afghanistan
and stays with (formerly homeless)
dad in his apartment.



MATCHING SERVICES TO NEEDS:

Community based, responsive, and flexible

High Need

ACT - a multidisciplinary team and provides support and services directly

Caseload

Work as Team

Services provided in the participant's home or community (group meetings offered at offices or other community settings)

Off site and on-call services 7-24

Moderate Need

ICM - case management team provides support and brokers services

Case loads of 1 to 15/20

FACT Team provides blended model

All teams use a recovery orientation

Home Visits: Essential Service

- EXPANDED DEFINITION OF “services”
- Responding to a concern
- Follow up physical care, medication support
- Support with social relationships
- We do plumbing, lost keys and windows



Housing First

Leading the Way to Ending Veteran Homelessness



Cost Savings

Table 1. VHA Healthcare Cost (12 months pre- and post-admission), N=622

	Mean Cost Pre-Admission	Mean Cost Post-Admission	Percent Change
Inpatient			
Mental Health	\$4,270.63	\$2,407.91	
Substance Abuse	\$3,164.34	\$1,587.38	
Other (Medical)	\$6,375.94	\$2,311.59	
Total Inpatient	\$13,810.91	\$6,306.88	-54.3%
Outpatient			
Mental Health	\$2,229.28	\$2,037.81	
Substance Abuse	\$1,209.07	\$1,019.00	
Other (Medical)	\$6,222.82	\$6,677.56	
Total Outpatient	\$9,661.17	\$9,734.37	0.8%
Total	\$23,472.08	\$16,041.25	-31.7%

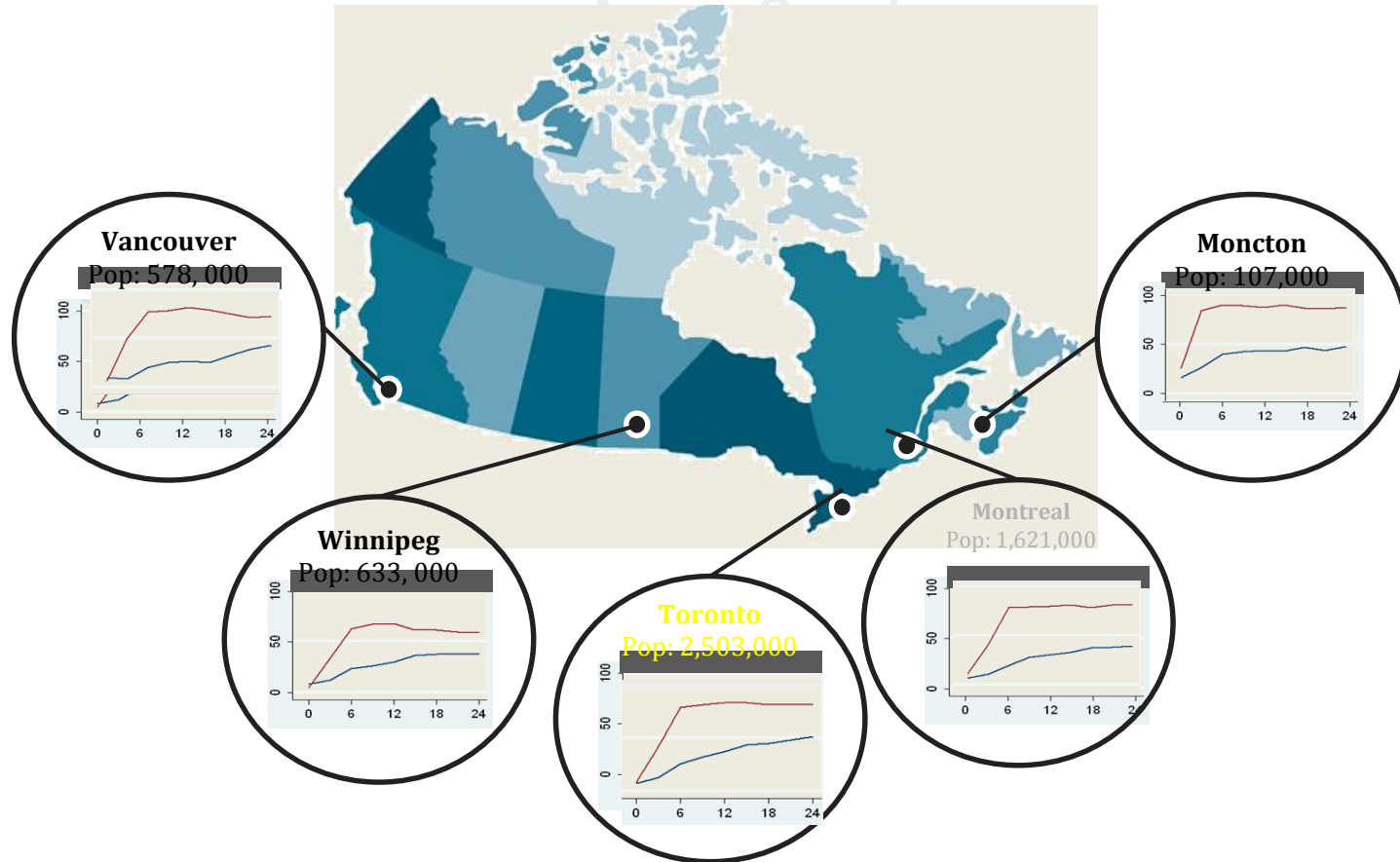
Data source: Veterans Health Administration (VHA) Decision Support System (DSS)

Housing Retention

- Of the 700 homeless Veterans admitted to HUD-VASH utilizing a Housing First approach, **84%** (585) are still living in permanent housing, with varying lengths of stay one year after we started the pilot
- Among the 16% (115) Veterans who have left the program,
 - 37% (43) moved to a more independent living arrangement;
 - 20% (23) discharged to an institutional setting, including hospital, nursing home, or prison;
 - 30% (34) relapsed into homeless or were lost to care;
 - 13% (15) died, the majority from natural causes.

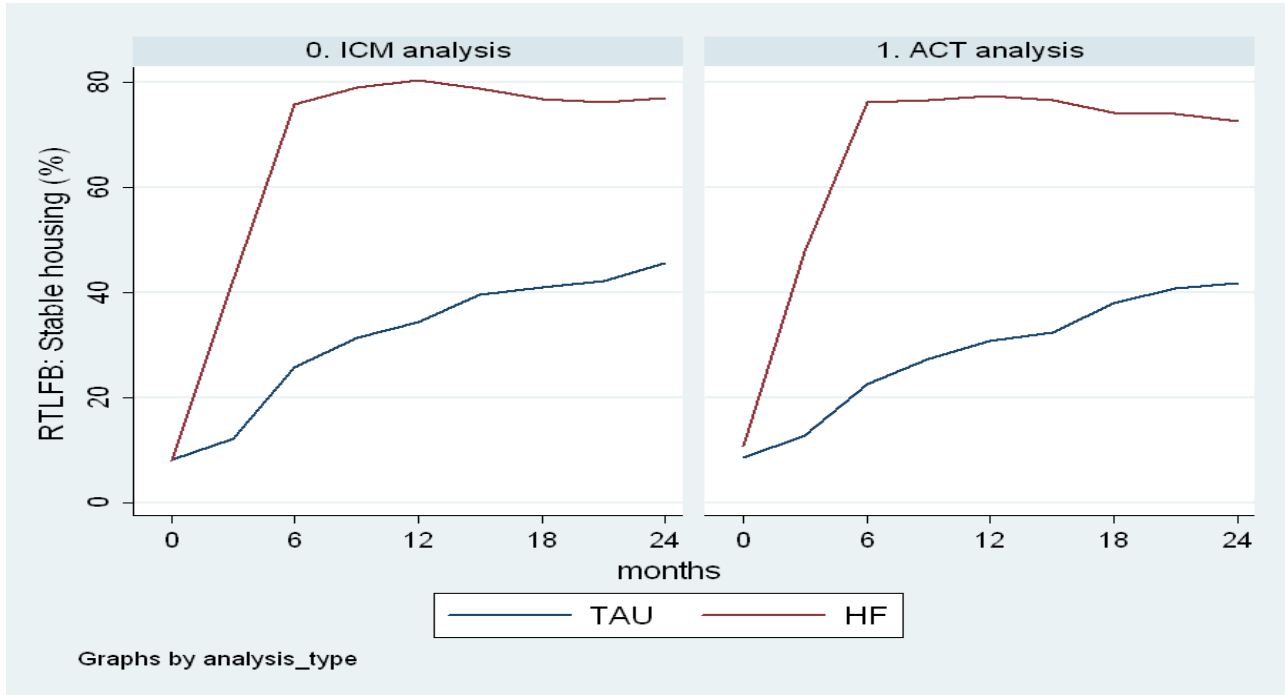
Housing First Research Demonstration

5 Cities of Different Sizes and Composition



Housing First Achieves Similar Housing Outcomes for Moderate and High Need Participants

Percentage of time housed



WWW.MENTALHEALTHCOMMISSIONOFCANADA/ATHOME/CHEZSOI

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CANADIAN STUDY: Housing First programs were offsetting costs that would otherwise be absorbed by shelters, emergency departments, hospitals, mental health facilities, and the criminal justice system.

For the highest service users prior to the intervention, every \$10 invested in Housing First resulted in an average savings of \$21.72 to the system.

National At Home / Chez Soi Final Report

<http://www.mentalhealthcommission.ca/English/focus-areas/at-home>

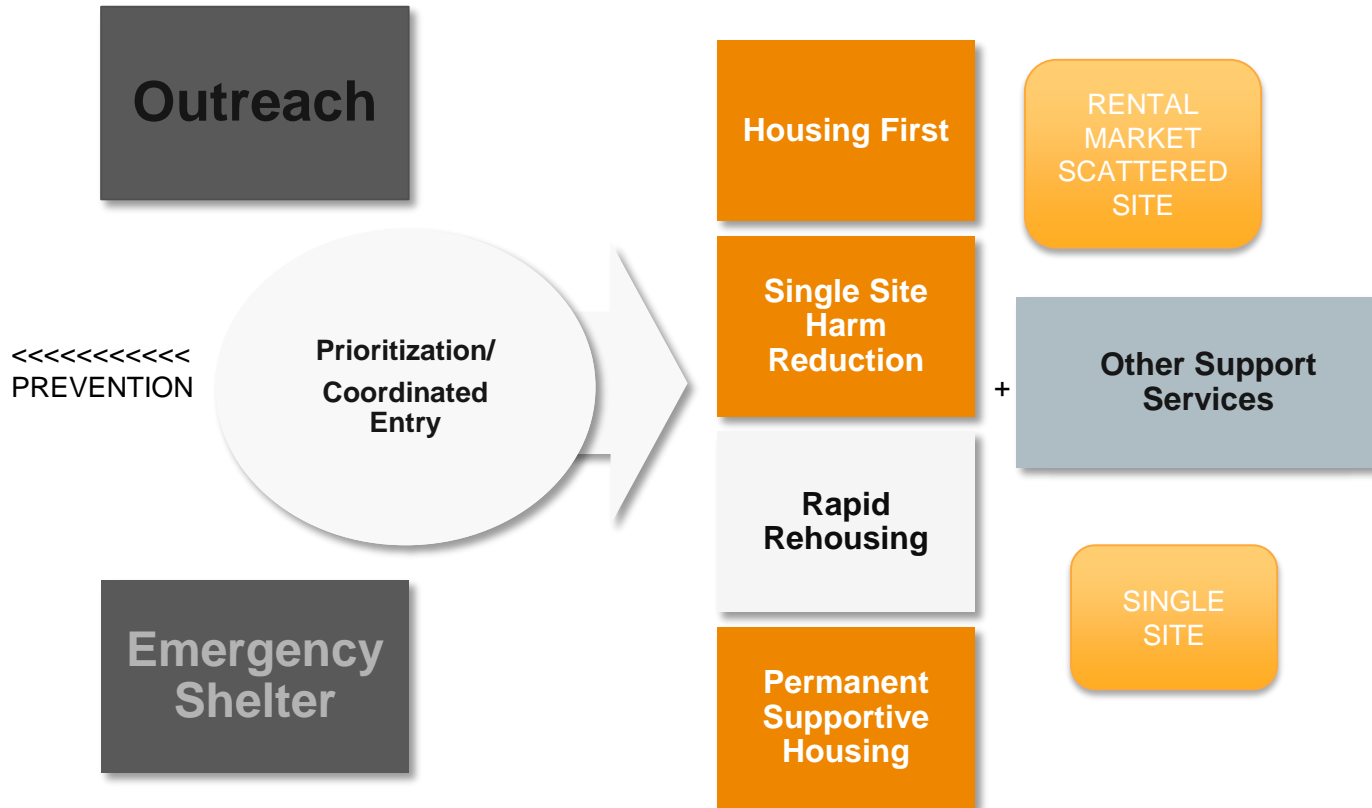
Lessons Learned:

CAPABILITIES

- People are much more capable than we imagined possible.



From Program Approach to Systems Approach



Q?