

Housing First in Alaska**Why do people need help remaining in housing?**

The Alaska Mental Health Trust provides services to people with mental illness, chronic alcohol addictions, developmental disabilities and Alzheimer's disease and related dementia conditions, including conditions like traumatic brain injury. Oftentimes, a disabling condition limits a person's ability to perform everyday tasks that most people take for granted. Creating order and habits that lead to stability can be a challenge if one's thinking is not clear or impacted by substances. Areas such as time management, shopping, cleaning, self care, hygiene, social connections and money management can be impacted and disorganized. If any of these skills are not sufficiently taught or maintained, a person can fall into homelessness, break social rules and end up in jail or become so mentally ill he/she may require hospitalization to become stable.

Supported housing is a method of assisting Trust beneficiaries in maintaining stable housing through careful design of the building to promote visibility of staff and residents and also through the availability of on-site staff members able to instruct residents in those tasks required to maintain a healthy, stable home. A staff member or 'residential support' person may assist by developing daily schedules, creating methods to track appointments and help establish routines leading to time management for self care, housekeeping and responsible follow up on appointments and work opportunities.

What is *Housing First*?

Some models of supported housing focus on individuals who are the most challenging to engage and assist with these types of services and who have not been able to maintain housing. *Housing first* is a model aimed at the most vulnerable homeless individuals (i.e. those with mental illness; or those with multiple mental, physical disabilities or health conditions; and often times co-occurring addictions).

In this model, people are first housed and **then problems and barriers to successful housing are identified** and plans are implemented to ensure tenancy and to address a person's goals for healthier living and success in the community.

The major components of a *housing first* approach that have been demonstrated in successful programs¹:

1. Direct, or nearly direct placement in housing with the program's commitment to ensure that the participant is **housed permanently**
2. Tenancy is not connected to use of supportive services, although robust services are readily available and offered frequently through **assertive engagement**;
3. Use of a harm reduction model for substance use: addressing the harm caused by elevated substance use while not forcing elimination of the use completely.
4. Pairing of the housing with **intensive (oftentimes around the clock) case management** services, even in circumstances where participants leave the housing temporarily. Case management follows the person.

Are there projects that utilize *housing first* in Alaska?

Over the past four years the Alaska Mental Health Trust's *Affordable Housing Focus Area* has demonstrated several projects that have shown effectiveness for people with intensive needs with the result of greatly increased tenure in safe, stable housing. Several Alaskan agencies have been working on *housing first* or key components for the model: RurAL CAP (Anchorage), Valley Residential Services (Mat-SU), Assets, Inc (Anchorage) and Anchorage Community Mental Health Services (ACMHS).

ACMHS' program is the largest and most striking effort to date, targeting mentally ill individuals who have high incarceration and inpatient psychiatric hospitalization rates, those with chronic addictions and the most challenging of individuals with

multiple diagnoses. These groups include people with long standing alcohol/drug addictions and/or multiple mental health diagnoses in addition to addictions. Highlights from the project:

- A **47% reduction in admissions to Dept of Corrections** over the study period (2007-20010) for the 47 participants
- An **82% reduction in days spent in Dept of Corrections from 2546 down to 461** after one year of participation in the program
- During the same period, **admissions to API were also reduced by 52%**
- Participants remained in service over the program period and in fiscal year 2009; **only 3% of the participants were evicted** from stable housing.

What makes a *housing first* program successful?

- Housing first is a **voluntary** program and builds on a philosophy that believes that having the opportunity to secure safe housing is a right that all of us enjoy rather than a condition of participating in a social service program or treatment.
- Tenants pay rent and hold leases just as in any housing arrangement.
- Tenants are encouraged and actively engaged by staff to work on areas of their life that have been neglected or damaged by long term substance abuse and the chaos of homelessness. This is not a requirement for holding a lease, however daily discussion and engagement occur in the program.
- Tenants are able to leave the building as they need or desire. There is heavy onsite monitoring of tenants and visitors.
- **House rules, visitor policies** and methods such as **safe living plans** (voluntarily agreed upon by tenant and landlord) are used to maintain the safety and order of the facility.

Does *housing first* and supported housing really work for people with chronic addictions?

- *Housing first* has been generally accepted on the national level as being associated with longer stays in housing (**retention rates of 84% across three programs studied in 2009**).ⁱⁱ

- In a recent study of the DESC program, participants also experienced a **30% reduction in alcohol use** with a drop in the median number of drinks by the study group from 15.7 per day at move in to 10.6 per day at 12 monthsⁱⁱⁱ.
- *Housing First* programs generally use an intensive outreach to the neighborhoods and business community. Becoming a **partner and a component of public safety** and welcoming communities is a basic tenet of the model. In Seattle, outreach to the community includes distributing the phone number of the program to businesses to call with concerns.

Why replicate this in Anchorage?

RurAL CAP and other housing groups have recognized the need to provide better on-site support services for residents. The only cost effective way to do this is to have more people in one location and to provide for full time support. RurAL CAP's experience and success in these areas make them the leader in our community. Examples from the Homeward Bound program show incredible success in reducing CSP pick-ups:

For 13 residents studied, **average Community Service Patrol picks up went from 70.58 down to 1.3** after residing in the Homeward Bound program. RurAL CAP and Anchorage are ready for the next step in implementing a full and successful *housing first* program.

ⁱ Pearson, C, Montgomery, A.E., Locke, G (2009) Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs, Journal of Community Psychology 37(3) 404-417. Online: Wiley InterScience (www.interscience.wiley.com)

ⁱⁱ *ibid.*

ⁱⁱⁱ Larimer, M.E, Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W.G., & Marlatt, G.A (2009) Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems, Journal of the American Medical Association, Vol.301(13).