

Hawai'i Interagency Council on Homelessness (HICH)
Meeting
February 12, 2014
12:30 p.m. – 3:00 p.m.
Minutes

Council Attendees:

Colin Kippen	Chair
R. Malia Taum-Deenik	DHS
Lori Tshako	DHS Homeless Programs Office
Lynn Fallin	DOH
Elaine Young	DLIR
Ted Sakai	DPS
Janice Takahashi	DBEDT
Kamanao Mills	DHHL
Tamah-Lani Noh	DOD
Aulii George	OHA
Russell Suzuki	Dep. Attorney General
Cassandra Bennett	DOE
Jo Jordan	House of Representatives
Hakim Ouansafi	HPHA
Gail Kaito for	Mayor of City and County of Honolulu
Kaloa Robinson for	Mayor of Hawaii County
Jan Shishido for	Mayor of Maui County
Darryl Vincent	PIC
Maude Cummings	BTG
Andrew Dahlburg	DVA
Mark Chandler	HUD
Dave Rolf	Business Representative

Absent: Representatives from Senate, Kauai County, and Faith Community

Guests: Dr. Sam Tsemberis, Juliana Walker, Mary Brogan, Chris Rocchio, Nancy Haag, and Mariam Chase (via teleconference)

1. 12:30 p.m. The Chair Called the Roll and established Quorum.
2. 12:32 p.m. Meeting was called to order by HICH Chair Colin Kippen, who gave brief welcoming remarks. The Chair announced that there are four action items on the Agenda: Approval of the Agenda, Adoption of the Minutes from September 4, 2013, Adoption of Minutes from December 4, 2013 and Set next Meeting and Adjourn.
3. 12:35 p.m. Chair Kippen introduced Governor Neil Abercrombie who addressed the council. Governor Abercrombie commented favorably on the HICH's annual report to

the legislature. The Governor referred to and commented on the HICH plan to end homelessness and its alignment with the Federal Strategic Plan to End Homelessness, "Opening Doors". Governor Abercrombie commended President Obama for his leadership in the initiative to increase the minimum wage especially as it related to ending homelessness. The Governor read from the HICH plan and specifically addressed the work being done to retool the crisis response system as it related to a SAMHSA grant awarded to the DOH to implement Housing First and the work of Dr. Sam Tsemberis. Governor Abercrombie thanked the members of the council for their work pointed out that the HICH is a comprehensive council comprised of many talented individuals.

4. 12:45 p.m. First Order of Business: Action on Agenda. Motion to Approve the Agenda was made by Dave Rolf and Seconded by Kaloa Robinson. The Chair opened the floor for discussion seeing none the Chair Called the Question. The Motion passed unanimously. (see attached copy of agenda)
5. 12:47 p.m. Chair gave an overview of the meeting agenda.
6. 12:48 p.m. Second Order of Business: Action on Minutes. Motion to Approve the Minutes from the September 4, 2013 Meeting was made by Aulii George and Seconded by Kamanao Mills. The Chair opened the floor for discussion seeing none the Chair Called the Question. The motion to adopt the minutes from the September 4, 2013 Meeting passed unanimously. (see attached copy of 9/4/13 minutes)
7. 12:50 p.m. Third Order of Business: Action on Minutes. Motion to Approve the Minutes from the December 4, 2013 Meeting was made by Lori Tshako and Seconded by Tamah-Lani Noh. The Chair opened the floor for discussion seeing none the Chair Called the Question. The motion to adopt the minutes from the December 4, 2013 Meeting passed unanimously. (see attached copy of 12/4/13 minutes)
8. 12:52 p.m. Chair Kippen presented a brief update on the SCR 137 Kauhale Report to the Legislature and the 2014 Report to the Legislature which were previously mentioned by the Governor in his remarks.
9. 12:54 p.m. Chair Kippen opened the floor to Public Testimony. 10 individuals spoke
 - a. Michael Peacock, Hawaii Vet 2 Vet, Inc., stated that he is an advocate for Housing First and a member of the HICH SAMHSA Task Force.
 - b. Betty Lou Larson, Co-Chair of the PIC Advocacy Committee, gave a brief update on the initiatives the Continuum is supporting during the current legislative session. She commented that there is a lot of energy and collaboration focused on increasing the stock of affordable rental housing as it specifically relates to preventing and ending homelessness. She commended the HICH for its collaboration efforts and examination of new and creative ideas.
 - c. Scott Wall, CAMH, echoed the comments of Mr. Peacock and Ms. Larson. He stated that you cannot begin recovery on the street. Homeless individuals' health is improved by simple things like having a bed, an alarm clock, a shower and a place to do laundry.
 - d. Louis Galdeira, Waianae Community liaison for Councilmember Pine, said the Waianae Coast community is adopting a Mai Kakou concept and plan. He asked people who are interested to contact him.
 - e. Eric Butler, volunteer, formerly homeless individual, commented on the importance of literacy and the work of readers.org.

- f. Bruce Kehaulani, Living Life Source Foundation, spoke about his organizations work in the community and their emphasis on culturally based teaching. He thanked the council for its work on SCR 137 Kauhale Report to the Legislature.
 - g. Dan Purcell recommended the HICH create and fund a budget.
 - h. Ms. Polly Grace, testified about the work she has done over the years to support the homeless, especially children and families. She provided examples of some of the work she has done, especially with respect to her "Keiki Christmas" program.
 - i. Larry Geller, Kokua Council, President, spoke in full support of Housing First and mentioned the success that the City of New York has had with ending homelessness and mentioned the impact their rent control and rent stabilization policies have had on the achievement of measurable goals. He mentioned that recent events in Honolulu have advanced the perception that Honolulu is a mean city. He spoke specifically about the Representative Brower's sledgehammer approach. He feels that Rep. Brower should face some repercussions for his vigilantly actions aimed at homeless individuals in his district.
 - j. Don Creseimanno, homeless individual and advocate, echoed Mr. Geller's comments about Rep. Brower's appalling actions which he characterized as terroristic threatening that he strongly feels should have been addressed by the Honolulu Police and the Leadership of the House of Representatives.
10. 1:18 p.m. Chair Kippen introduced Dr. Sam Tsemberis, Founder and CEO of Pathways to Housing, Inc.
 11. 1:20 p.m. Dr. Tsemberis presented a power point titled "The Pathways Housing First Program: Program Philosophy, Services and Effectiveness" A copy of the power point is attached hereto.
 12. ... opened the floor for Voluntary Updates by members.
 13. 2:57 p.m. Chair Kippen Thanked Dr. Tsemberis for his Housing First presentation.
 14. 3:00 p.m. Meeting adjourned.



NEIL ABERCROMBIE
GOVERNOR



PATRICIA McMANAMAN
DIRECTOR

BARBARA A. YAMASHITA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Benefit, Employment and Support Services Division
820 Mililani Street, Suite 606
Honolulu, Hawaii 96813

COLIN KIPPEN

- Chair of the Hawaii Interagency Council on Homelessness •
Telephone 808 586-0974

Agenda

Hawaii Interagency Council on Homelessness (HICH)
February 12, 2014
12:30 pm to 3:00 pm
Hawaii Community Development Authority
Conference Room
461 Cooke St., Honolulu, HI 96813

12:30 pm Call to Order, Taking of the Roll, and Introduction of Members

Overview and Approval of Agenda (Vote)

Adoption of Minutes from September 4, 2013 (Vote)

Adoption of Minutes from December 4, 2013 (Vote)

Update: Chair's SCR 137 Kauhale Report to the Legislature

Update: Chair's 2014 Report to the Legislature

Public Testimony Taken (Approximately 3 minutes per person)

1:00 pm **Presentation by Dr. Sam Tsemberis pursuant to a SAMHSA grant received by the Dept. of Health "Housing First: The Pathways Model to End Chronic Homelessness for People with Mental Health and Substance Use Disorders"**

3:00 pm Set Next Meeting Date and Adjourn (Vote)

The Pathways Housing First
Program
Program Philosophy, Services, and
Effectiveness

Sam Tsemberis, PhD, CEO



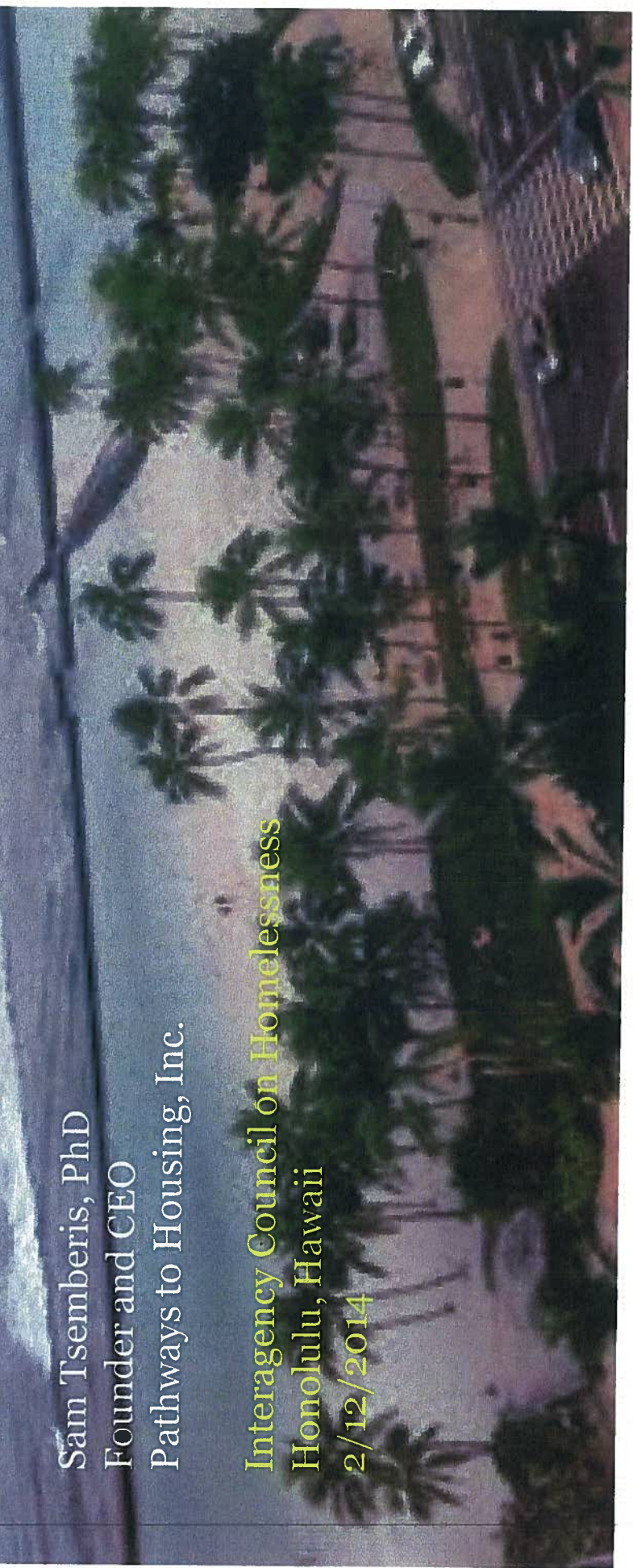
Interagency Council on Homelessness
Honolulu, Hawaii
February 11, 2014

What is the Pathways Housing First program?

Program Philosophy, Services and Effectiveness

Sam Tseberis, PhD
Founder and CEO
Pathways to Housing, Inc.

Interagency Council on Homelessness
Honolulu, Hawaii
2/12/2014



Outline

1. What is Pathways' Housing First Program?

2. Program Philosophy

3. Services (Housing + Treatment and support Services)

4. Effectiveness Research Outcomes

5. Implications for System Change

Goals of Pathways Housing First Program

- End Homelessness by providing immediate access to permanent housing and supports for people with behavioral health, addiction and other complex problems
- Consumer preference drives the provision of both housing and treatment
- Improve consumer's quality of life, support recovery and community integration

Pathways Housing First

A housing and service intervention that provides immediate access to permanent housing and support services and is based on a philosophy of client choice. Participants are not required to participate in psychiatric treatment or attain a period of sobriety in order to obtain housing.



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Volume



Only evidence based practice with a social justice dimension

Program offers housing as a basic human
right, not as a reward for compliance
with treatment or sobriety



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Volume

Development and Growth of Housing First

- » 1992: First implementation of Housing First at Pathways to Housing in New York City
- » 1997: Developing the Evidence for Effectiveness -- the New York Housing Study
- » 2000: National Alliance challenges providers to develop 10 year plans to end homelessness
- » 2003: US Interagency Council Implements Chronic Homelessness Initiative (11 cities begin HF programs)



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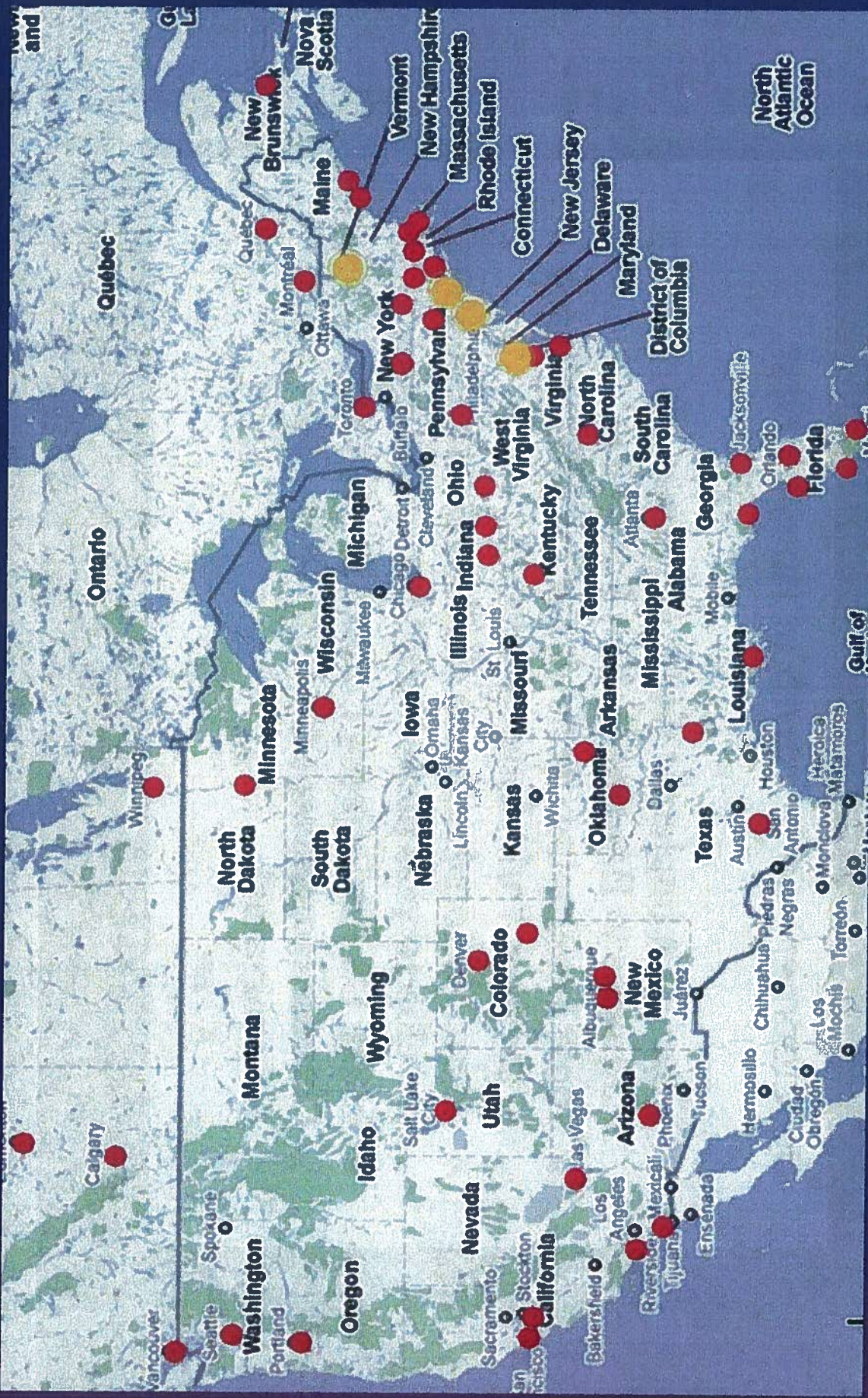
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Volume



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Development and Growth of Housing First

- » 2009: Canadian Government (Mental Health Commission of Canada) selects Pathways Housing First program to end chronic homelessness in 5 Canadian cities (\$110M RCT)
- » 2010: HUD and VA adopt Housing First as program to end homelessness for veterans (HUD-VASH)
- » 2012: First National Housing First Conference (New Orleans, LA)
- » 2013: First European Housing First Conference (20 countries)



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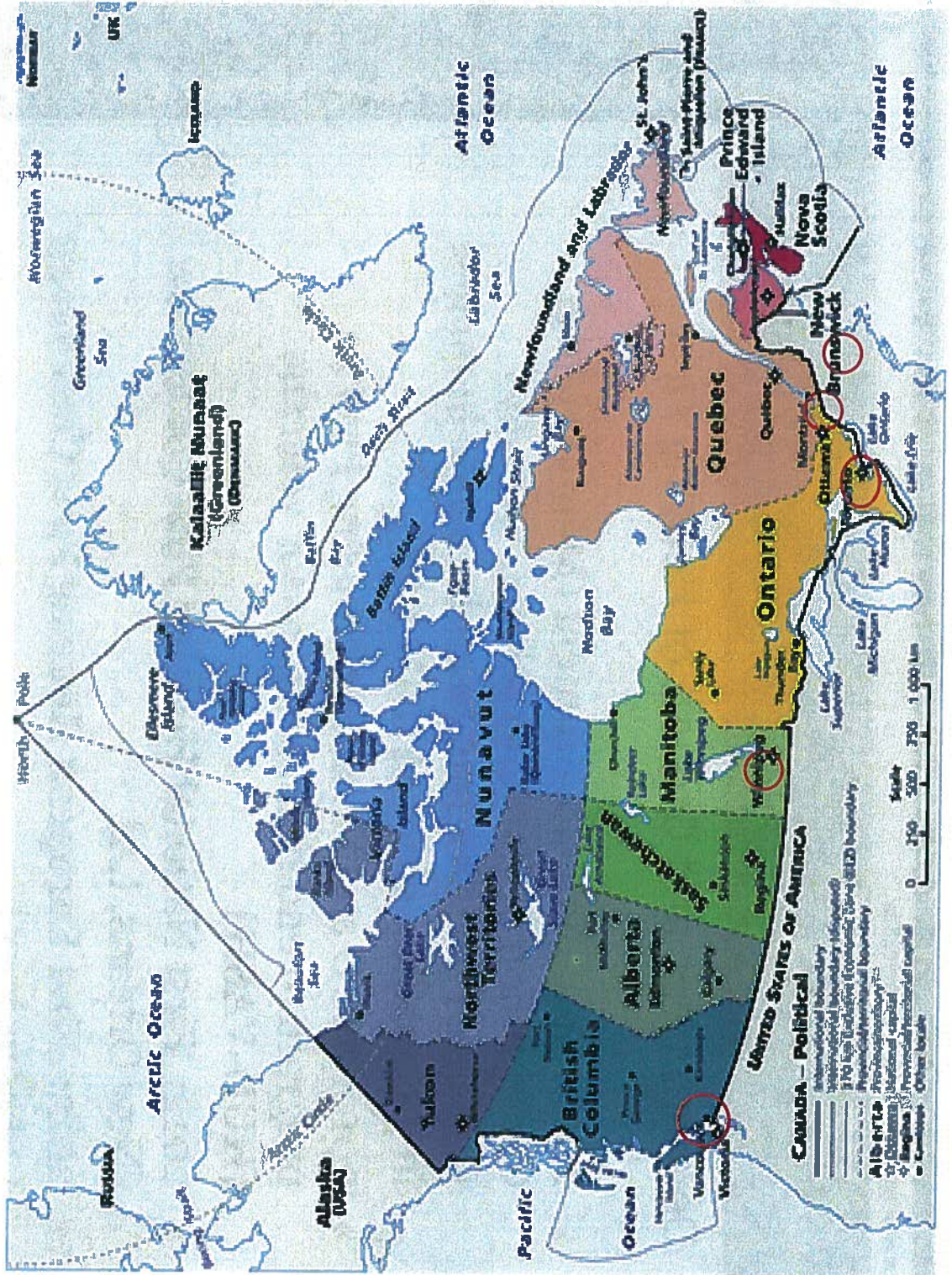


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Volume

MENTAL HEALTH COMMISSION OF CANADA (2009): AT HOME/CHEZ SOI -- 5 CITIES, RCT N=2,215



Who we serve

And why we provide services this way

A blurred night photograph of a street scene. In the foreground, a red car is visible, its lights blurred into streaks. The background shows other vehicles and streetlights, all out of focus, creating a sense of motion and depth. The overall color palette is dark with highlights from the lights.

WHO WE SERVE

Homeless
Mental health problems
Addiction and abuse
Health problems
Poverty
Isolation
Stigma
PTSD/Trauma

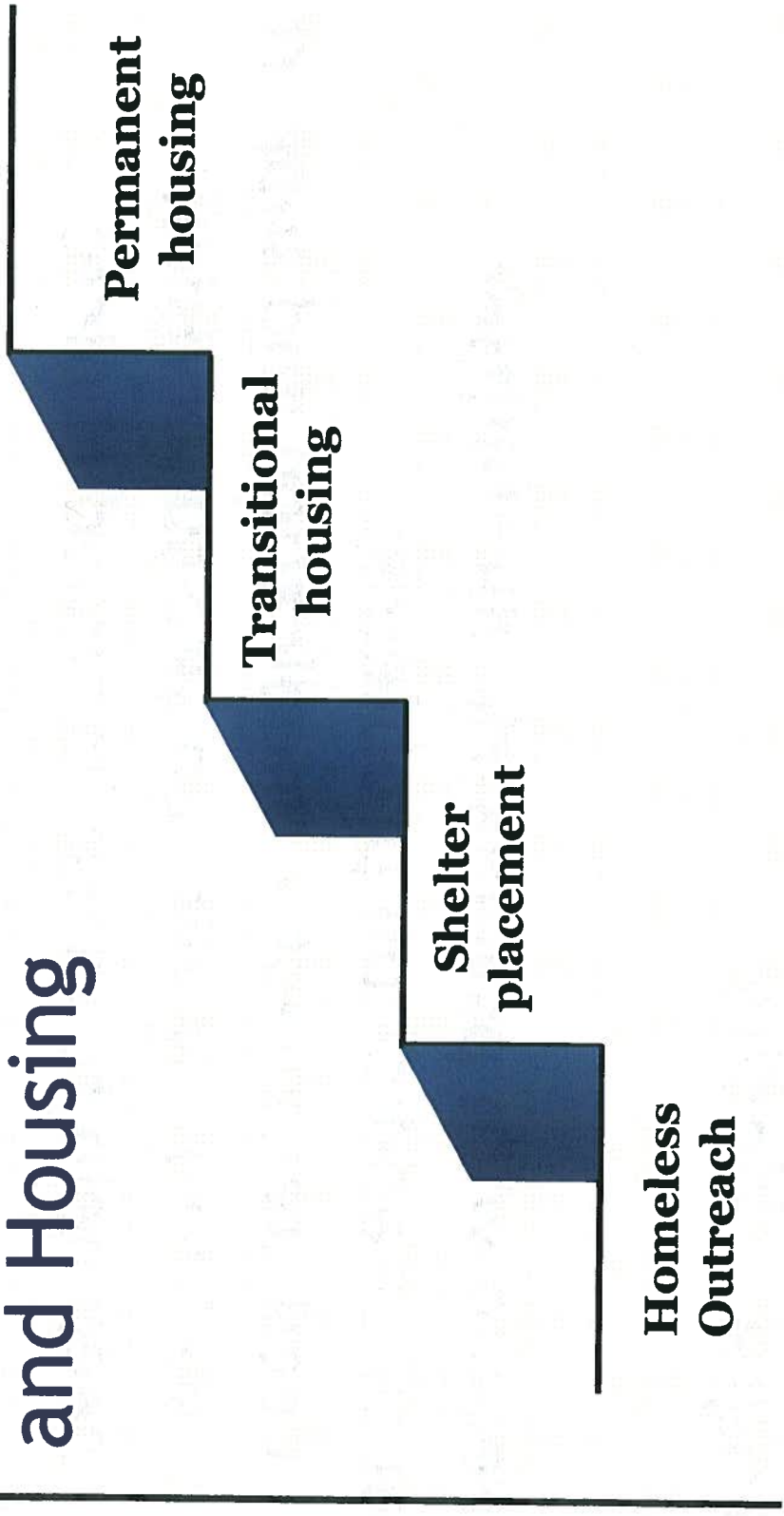
KALAKAUA Avenue 11:00 pm



Beliefs and assumptions influence your program design

- People with psychiatric disabilities and/or addiction problems:
 - need treatment -- medication and support
 - need housing with on site supervision
 - need help to make informed choices

Traditional system MH and Housing

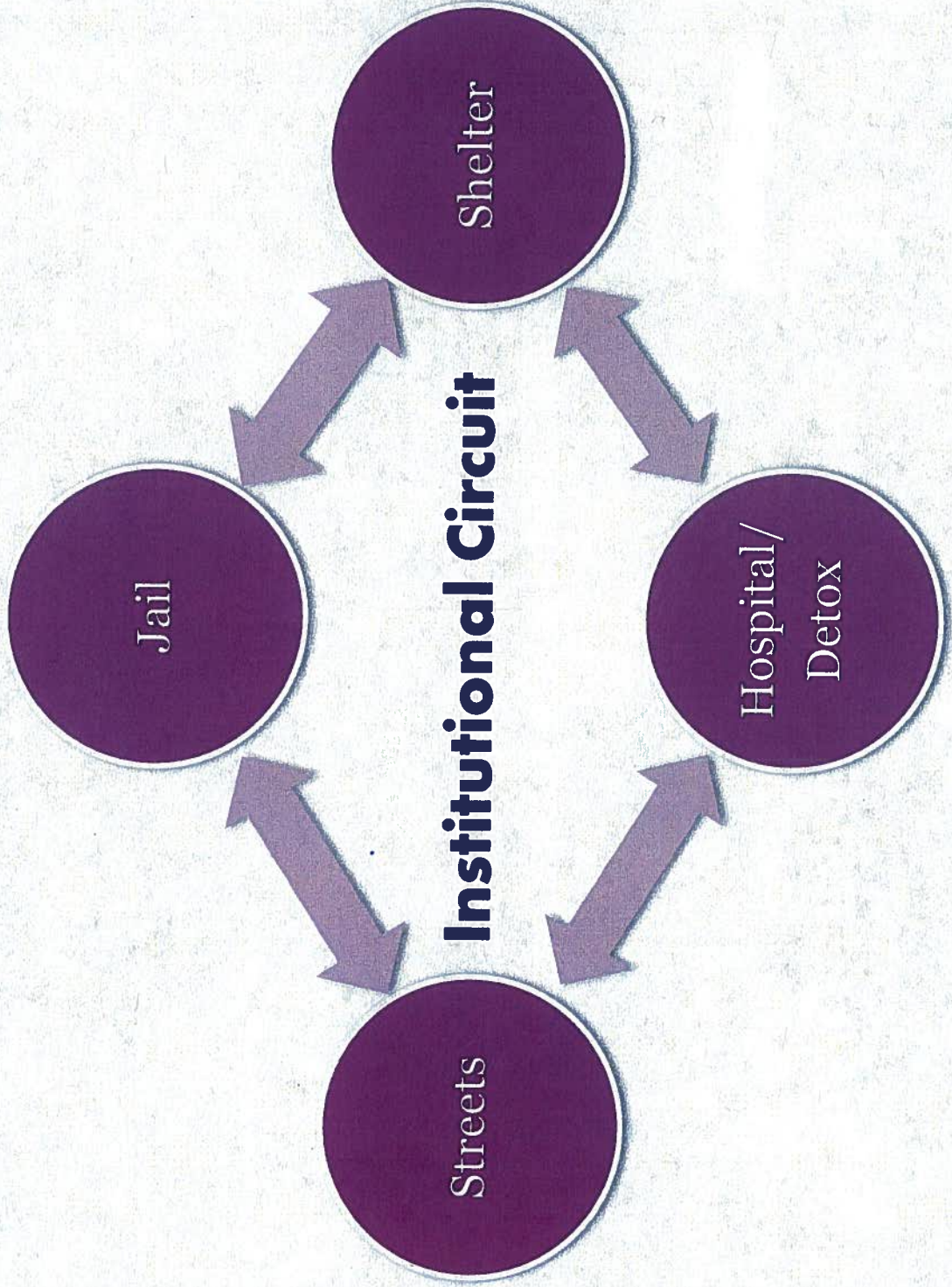


Level of independence

Treatment compliance + psychiatric stability + abstinence

For those who can't or won't climb the stairs:

Frequent use of acute care services





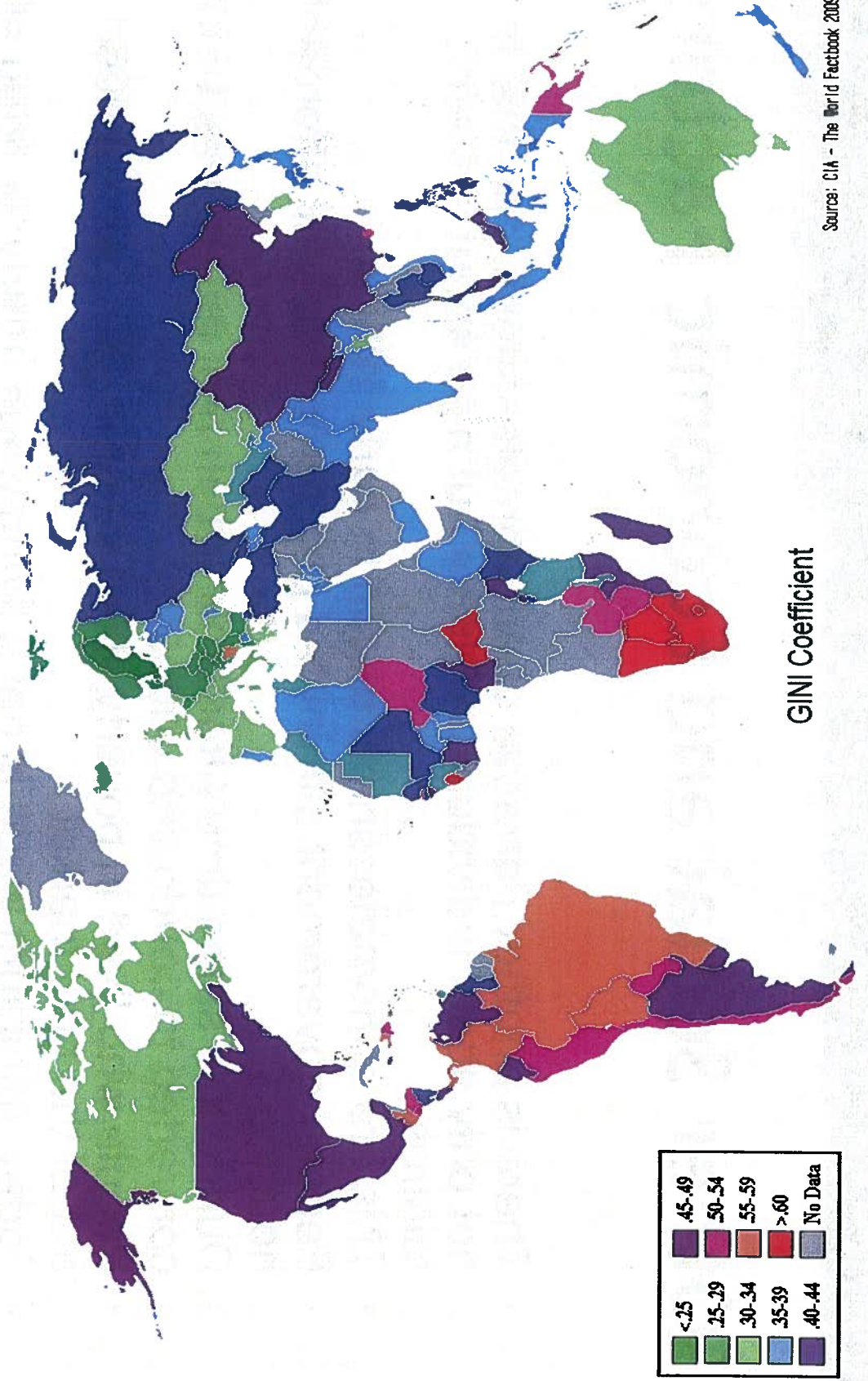
**ANOTHER PERSPECTIVE ON THE
HOMELESS MENTALLY ILL OR
MENTALLY ILL HOMELESS**

**“I was diagnosed when I was teenager, right now
being homeless is my main problem”**

*“When I returned from the service I was drinking heavily, lost my place, now these
programs want me be sober and jump through hoops before they give me a place to
stay . . . I'd rather stay out here”*

*“I want a regular place to live, not place that is filled
with people who have problems”*

Larger social factors contributing to homelessness
GINI Coefficient: Index of income disparity
Higher GINI score = fewer social services



Source: CIA - The World Factbook 2009

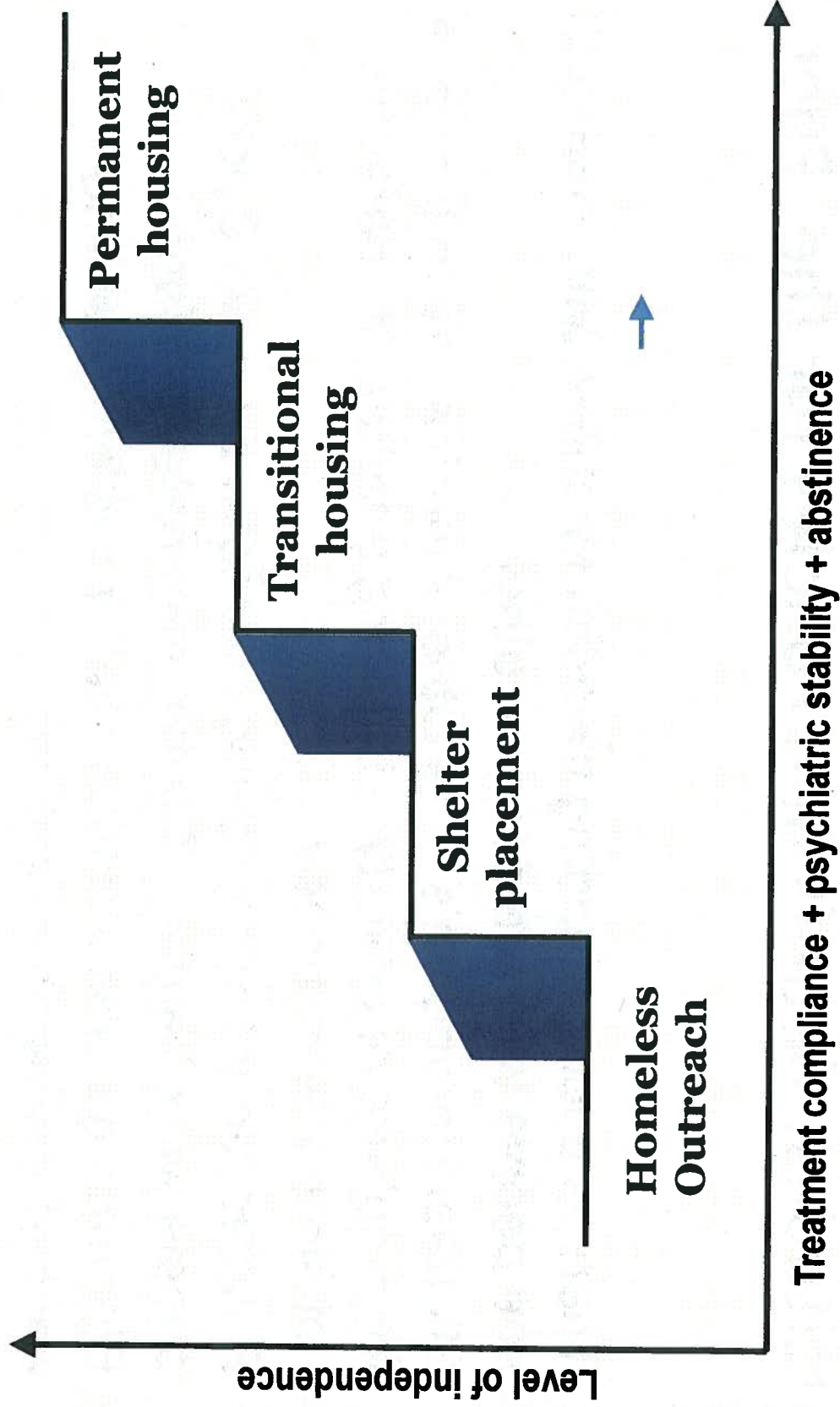
Other Social and Economic Factors

- There is another narrative about homelessness, one that is not only about individual problems but also about systemic failures...
- This era of homelessness began in early 1980's
- Federal government eliminated programs that built affordable housing
- During this same time affordable urban real estate was being converted to condo and coops
- People who lived in poverty, fixed income, SSI, were priced out of the new market
- Today, minimum wage is not a living wage, many working and living in shelters
- Income disparity steadily increasing = we just cut food stamps

Attitudes, Beliefs and Policies for the Poor

- There is a long standing tradition for those with means to see people who are poor as 'other'
- Michael Harrington's 'The Other America' made the case for a culture of poverty – implying a failure of character not simply less money
- Policies aimed at improving character by making poor people work harder – Clinton eliminated welfare
- Bloomberg administration shelter system guarding against 'perverse incentives'

Housing First - "right now being homeless is my main problem"



Staircase model: Designed this way because of misunderstandings about disability and poverty

Pathways' HOUSING FIRST!



Individuals go right from “streets”
(hospitals, jails, etc.) to homes”
Housing is offered right away not as something to be
earned as a reward for ‘good’ behavior

Housing First Beliefs and Values that Influence Program Practices

- Housing First - is based on the principle that housing is a basic human right
- **People with mental illness and/or addiction do not have to prove they are ready for housing or deserve housing**



Housing First: Complex Clinical Intervention

- **Pathways Housing First Program Fidelity Scale**
- **(five dimensions)**
 - 1. Housing Choice & Structure
 - 2. Separation of Housing & Services
 - 3. Service Philosophy
 - 4. Service Array
 - 5. Program Structure

Pathways Housing First Program

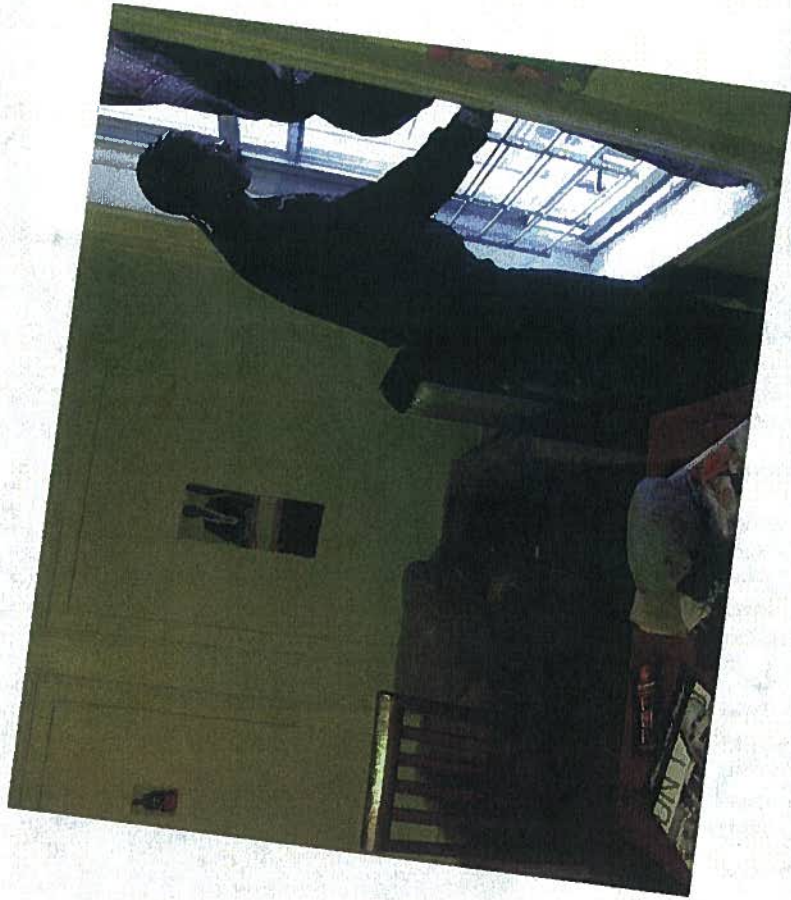
Operations and practices

- HF program reaches out - active outreach and engagement to reach people with complex needs who are most vulnerable;
- Complexity is the expectation not the exception
- People with complex needs are welcome!
- Program is consumer directed--encourages full participation in decision making by the consumer;
- Speedy admission and provision of all service (especially housing - 2-4 weeks).

PRICIPLE 1: Consumer Choice

Real choice is not only having the ability to pick from a number of predetermined options; it is also about having the power to add that which you as a consumer want, to those options.”

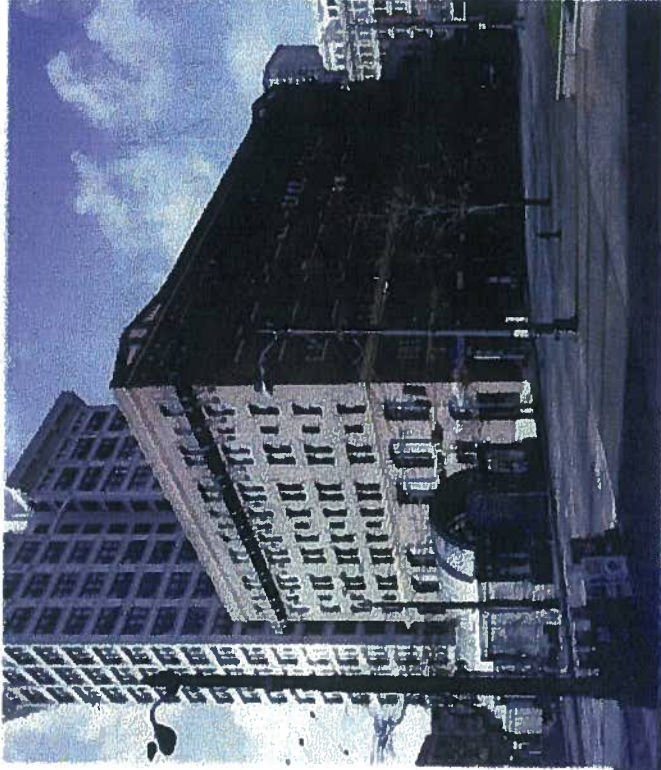
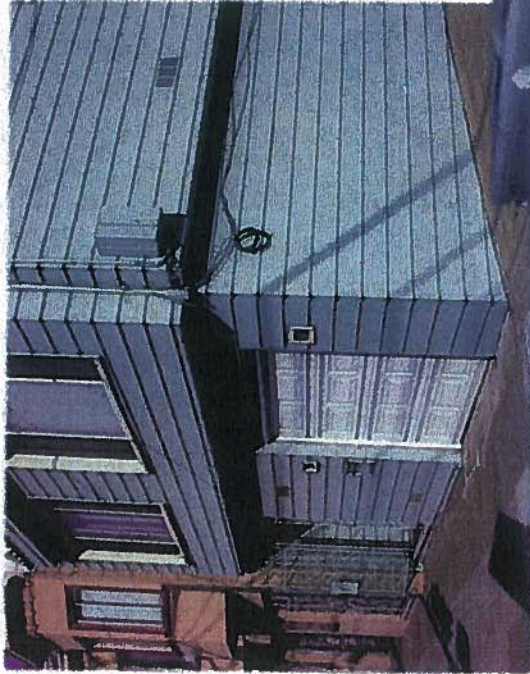
-Ron Coleman, author of Working Toward Recovery



*“The freedom, they have given me... They’re not controlling my life; they’re helping me to **better** my life”*

-PTH client

Housing Options



CHOICE Studio, 1 bedroo
1st floor; anything Aas long as
off the street level, etc..

PRINCIPLE 2: HOUSING AND SERVICES

ARE SEAPARATE DOMAINS

Housing Domain

- Agree to terms of standard lease
- Apartment selection and set up
- Lease signing, security, furnishing
- Rent payments and property management

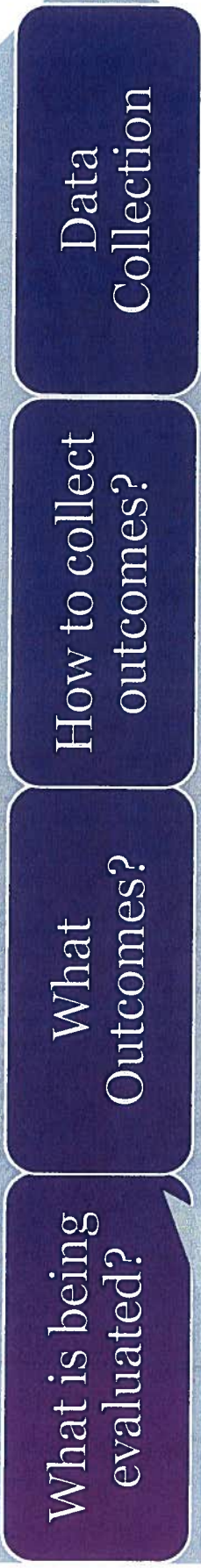
Clinical Domain

- Clinical and case management
- Benefits/entitlements/case management
- Recovery goals; family reconnection, social educational employment
- Treatment goals (mental/physical health; addiction)

Program Fidelity

Program Effectiveness

Program Effectiveness and Program



● Program Design

● Discussion with Stakeholders

www.pathwaystohousing.org/research



HF Program Goals

- 1. To reduce street homelessness;
- 2. To provide solutions other than shelters;
- 3. To reduce time spent in a shelter and transitional programs;
- 4. To reduce homelessness related to institutional release from prison and hospitals without a housing solution.

How it was developed

- Pathways program
- Early Implementers were surveyed
- Items from SAMHSA PSH Tool Kit
- Items from the DACTS



What we do on a Fidelity Visit

- Interview all staff
- Consumer Focus Group
- Chart Review
- Program Materials
- Verbal Debrief
- Written Report
 - Ultimate Goal – Achieve best results!



1. Housing Choice & Structure

1. Tenants Choose: Location, How to Decorate, Furnishings etc.
2. Housing Availability: Move in rapidly to a unit of their choosing
3. Permanent Housing Tenure: No expected time limits on housing
4. Affordable Housing: Tenants rent costs no more than 30% of their income
5. Integrated Housing: Private Market Housing, no more than 20% of building is leased by program
6. Privacy: Individual apartments (not shared unless so desired)

2. Separation of Housing and Services

No Housing Readiness:

Immediate access to housing without requirements other than agreeing to see the team

No Program Contingencies:

Tenants are able to keep units as long as they meet with the team and adhere to their lease

Standard Tenant Agreement

Commitment to Re-house

People are re-housed without requirements
Services Continue through Housing Loss

Off-Site Services

Mobile Services



3. Service Philosophy

- Service Choice
- No Requirements for participation in treatment
i.e. Psychiatric, Substance Use
- Harm Reduction Approach
- EBP's centered on client choice such as
Motivational Interviewing, Supported
Employment, WRAP, Shared Decision Making
- Assertive Engagement
- Absence of Coercion
- Person Centered Planning

4. Service Array- What is the team providing or Linking people to

- Psychiatric Services
- Integrated stage wise treatment services
- Supported Employment
- Nursing Services
- Social Integration
- 24/7 on call services
- Involved in coordinating if someone has to go to the hospital



5. Program Structure

- Is the program targeting the most vulnerable and most in need?
- Frequency of Contact with Participants
 - Is it at least once a week
- Low Staff to Client Ratio
- Team Approach
- Frequent Team Meetings
- Peer Specialist on the Staff
- Participant Representation in Program



Qualitative Data from Fidelity Visit: Framing of Program Goal

Low Fidelity

"Our main goal is really to keep them from going to jail and from getting back in the hospital."

High Fidelity

"...people are people. We're here to help them in their quality of life and to be what they want to be."

Fidelity Self-Assessment Survey & Residential Outcomes

California FSPs:

- 93 programs
- 5577 participants
- Administrative Data
- One year pre-post FSP enrollment
- Residential Outcomes (days spent in living situation)

Housing First Self-Assessment Survey:

Overall Fidelity & Residential Outcomes

	0% Fidelity	50% Fidelity	100% Fidelity	p-value
Days Homeless	7.4 (4.2)	-46.2 (1.7)	-56.0 (2.3)	.008
Apartment / SRO	-46.7 (6.7)	33.3 (2.3)	47.6 (3.2)	.001
Congregate / Residential	76.8 (7.9)	41.1 (2.2)	34.7 (3.0)	.042

No differences in shelter days & days spent with parents/family

MENTAL HEALTH COMMISSION OF CANADA (2009): AT HOME/CHEZ SOI -- 5 CITIES, RCT N=2,215



Fidelity Scale Scores: Canada (HF by design, TA)

- Canadian programs scored higher on:
- Housing Choice & Structure ($p < .01$)
 - Separation of Housing & Services ($p < .01$)
 - Service Philosophy ($p < .05$)
 - Stefancic, A., et al 2013 American Journal of Psychiatric Rehabilitation.

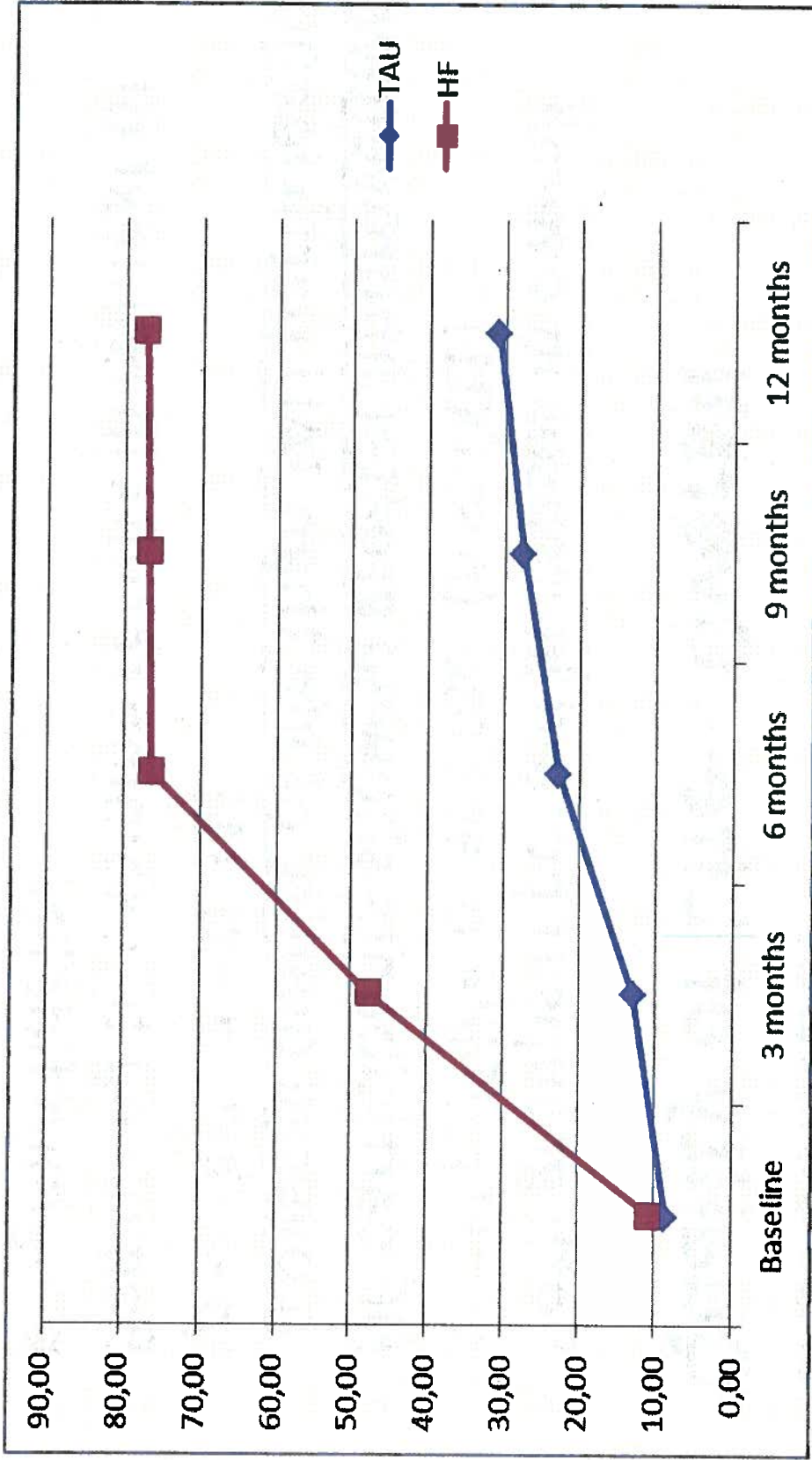
At Home/Chez Soi: ACT Sample Characteristics

- 950 participants
 - 469 in Housing First
 - 481 in Treatment as Usual
- 856 (90%) completed the 12 mos. follow-up
 - 96% HF & 84% TAU
- Primarily middle-aged (M= 39.4)
- 32% of participants are women
- 19% identified as aboriginal
- 59% did not complete high school

ACT Sample Characteristics -2

- 52% diagnosed with a psychotic disorder
- 73% of participants had a substance use problem
- All have one or more serious mental health issues
- Had on average 5 chronic physical health condition
- One third reported involvement with criminal justice system in last year
- Majority experienced victimization in previous 6 months

HF vs. TAU: % of Time Housed



Outcomes:

Quality of Life - Overall

- Both groups reported increases in overall quality of life over time. ($p < .001$)
- HF participants showed greater improvements in overall quality of life than TAU participants. ($p < .001$, $d = 0.31$)
- Beginning to examine results in context of program fidelity

Study Conclusions

- Housing First is effective in reducing homelessness, increasing community tenure and increasing use of outpatient services
- High fidelity programs are associated with greater improvements in residential outcomes and increased use of team and outpatient services
- Clients with the highest illness severity & pre period utilization see reduced inpatient costs
- Qualitative work identified factors associated with implementation of high fidelity programs

LESSONS LEARNED: CAPABILITIES

- People are much more capable than we imagined possible.

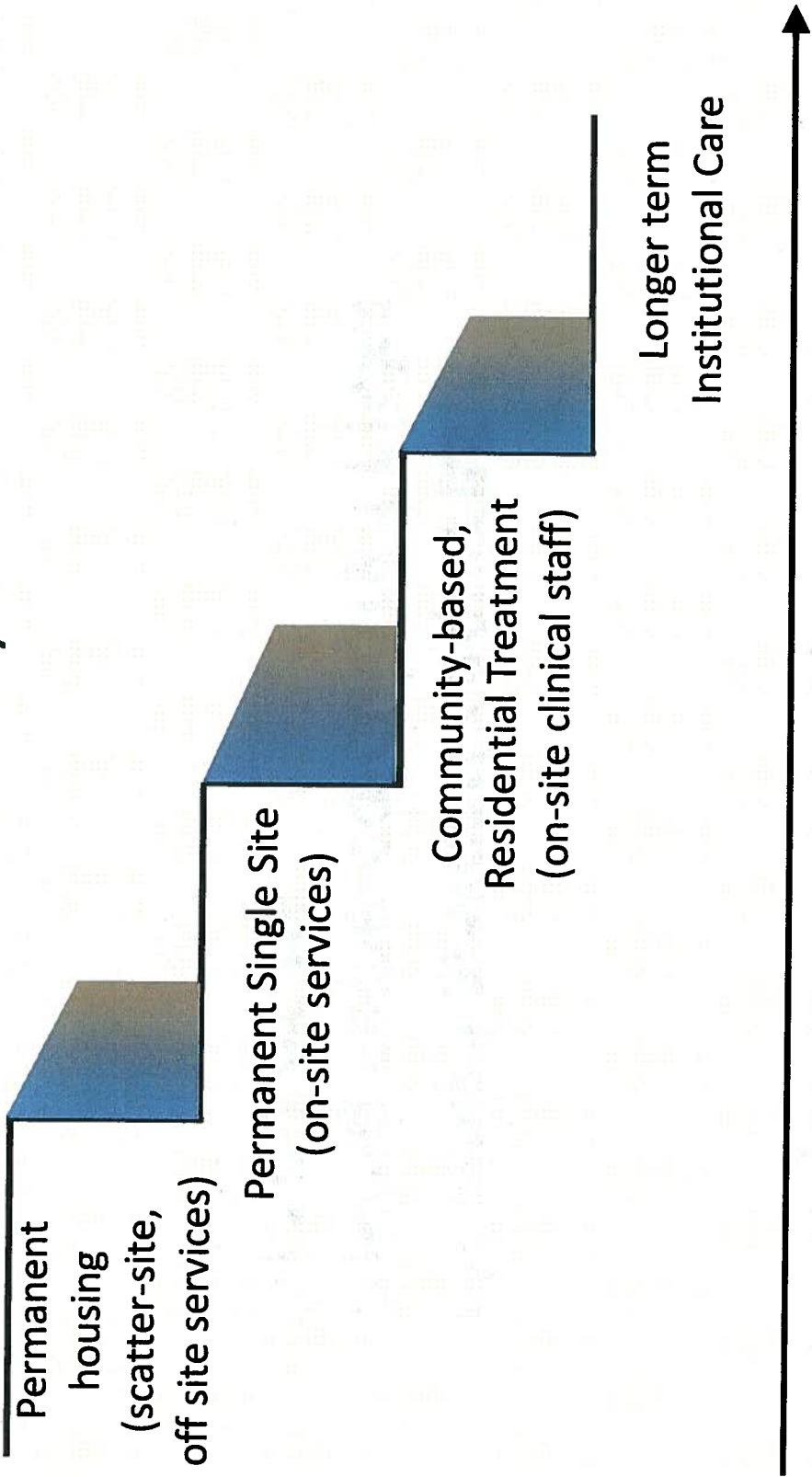




Balancing Risk and Responsibility

**Moving forward requires
taking some calculated risks
for all of us**

Redesigning the System: System Transformation



Introducing elements of HF into traditional systems

- Change must be embraced by all levels of agency
- 4 useful and cost neutral changes:
 - 1) **target** 'the most difficult' to serve
(define & count)
 - 2) **access and retention** not dependent on sobriety or treatment compliance
 - 3) embrace more risk and responsibility
(sign leases or serve as guarantor)
 - 4) **guarantee housing** through crisis



THANK YOU FOR YOUR ATTENTION!

For additional information, visit:

www.pathwaystohousing.org

email:

stsemberis@pathwaystohousing.org

 **Pathways** to Housing