

# HOUSING FIRST- PERMANENT SUPPORTIVE HOUSING- HARM REDUCTION STRATEGIES

*interdependent and essential to the  
success of chronically homeless persons  
obtaining and sustaining a home*

# HOUSING FIRST = HOME FIRST

- Direct access to a home
- Having a home is a basic human right
- Tenant driven
- Tenant choice
- Acknowledges that a person can heal & recover at home (vs. on the streets)
- Does not *require* abstinence from drugs or alcohol
- Does not *require* participation in mental health treatment
- Not *necessarily* rapid re-housing

# HOUSING FIRST

*not necessarily rapid “re” housing*

- Many individuals who are chronically homeless have not lived in housing other than shelters, jails, and prisons
- Applying for and obtaining a rental subsidy and permanent housing can take months
- These months can be very useful- precious time to build effective **relationship**- the *TEAM* (staff + tenant) that obtains + sustains a home

# PERMANENT SUPPORTIVE HOUSING

- Housing “unbundled”, but linked to services
- Participation in services is voluntary & NOT a condition of lease
- Affordable
- On-site services are:
  - Flexible
  - **Pro-active**
  - individualized
- *NOT a program*
- Retention of housing is not contingent on participation in mental health treatment
- Retention of housing is not contingent on abstinence from drugs
- Retention of housing is contingent on abiding by the lease

# PERMANENT SUPPORTIVE HOUSING

An array of housing models/choices:

- Scattered site
- Project-based
- Abstinence-expected (“dry”)
- Abstinence-encouraged (“damp”)
- No restrictions on legal substance use (“wet”)

# PERMANENT SUPPORTIVE HOUSING

## ***TO SUCCEED PSH RELIES ON:***

- an effective partnership among property owner, property management, on-site service staff, *and the tenant*
- initially, utilizing the relationship between the new tenant and the service staff who has engaged and helped him/her obtain housing- to assist the tenant through the transition from streets to home

# PERMANENT SUPPORTIVE HOUSING *RETENTION*

The *RELATIONSHIP* between service staff and tenant is a critical factor in housing retention.

# CHARACTERISTICS & APPROACHES TO BUILDING THE RELATIONSHIP

- Ability to be consistent, reliable, authentic
- An understanding of *each* tenant's needs as s/he defines them
- As a *team*, assess & re-assess goals & plans
- Capacity to *facilitate change in behavior*
- A genuine enjoyment of time & interactions
- Mutual respect



- Obtain maximum benefit from any time or interaction- being fully present
- Being flexible and responsive- adapting and learning new tools and strategies
- Remaining a student- learning from the relationship
- A commitment to be **PRO-ACTIVE**

# HARM REDUCTION STRATEGIES

*Harm Reduction Strategies* build a consistent, trusting, reliable, and empowering **relationship** between a service provider and tenant.

*Harm Reduction Strategies* embrace all recovery intervention modes; maximize individual choice and self-determination; and are voluntary, tenant-driven, and health enhancing.

*Harm Reduction* is a set of practical strategies that reduce negative consequences of drug use and mental illness, incorporating methods from safer use, to managed use, to abstinence.

*Harm Reduction* strategies address the *conditions* of use and treatment along with the person's illness or drug use itself.

# THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- acknowledge that mental illness and drug use are part of our world and we choose to work to minimize their harmful effects rather than simply ignore or condemn them;
- acknowledge that mental illness and drug use are **health-** not criminal justice- issues
- do not attempt to minimize or ignore the many severe and lasting harm and dangers associated with illicit *and* licit drug use;

# THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect people's vulnerability and capacity for effectively dealing with mental illness and drug-related harm;
- acknowledge that some ways of treating mental illness and using drugs are clearly safer than others; that recovery is an individual path that can involve relapse;

# THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- establish quality of individual and community life and well-being (not necessarily cessation of drug use or participation in mental health treatment) as the criteria for successful interventions and policies;
- ensure that persons with co-occurring disorders and those with a history of drug use and/or mental illness *routinely* have a real voice in the creation of programs and policies designed to serve them;

# THOSE OF US WHO UTILIZE HARM REDUCTION STRATEGIES:

- affirm that persons with co-occurring disorders are the primary agents of reducing the harms of their own illness/drug use;
- advocate for the non-judgmental, non-coercive provision of services, treatment, and housing options to people who have co-occurring disorders.
- facilitate the creation of constructive, diverse, and safe communities- essential to growth, change, and each individual's ability to thrive.

# Utilizing Harm Reduction strategies is a *way of being with individuals*

It involves developing an empathic, mutually respectful, empowering **relationship** that helps people:

- make the best decisions for and take maximum control of their own lives
- resolve fear and ambivalence
- enhance intrinsic motivation
- build confidence to change



# MYTHS ABOUT HARM REDUCTION

- Harm Reduction is the opposite of abstinence
- Harm Reduction is just giving people permission to use
- You can't mix harm reduction and abstinence goals in treatment
- Harm Reduction means that anything goes

# WHAT IS THE GREATEST BARRIER TO INCREASING THE USE OF HOUSING FIRST AND HARM REDUCTION STRATEGIES?

The belief and assumption that people will change their behavior if they are fearful and ostracized

# WHAT HAS RESEARCH DEMONSTRATED?

That people are actually more *likely*  
to accept treatment once their  
basic needs have been met

Gabor Mate:

"The moments of reprieve... come not when we aim for dramatic achievements... but when clients allow us to reach them, when they permit even a slight opening in the hard, prickly shells they've built to protect themselves.

For that to happen, they must first sense our commitment to accepting them for who they are. That is the essence of harm reduction, but it's also the *essence of any healing or nurturing relationship.*

# RECOVERY FROM MENTAL ILLNESS

- Resilience in the personal process of tackling the adverse impact of mental health problems, despite their continuing or long-term presence
- recognition that recovery does not mean “cure”
- personal development and change, including:
  - acceptance that there are problems to face
  - a sense of involvement
  - the ability to self-regulate
  - a perception of control and self-efficacy
  - the cultivation of hope
  - the ability to develop positive interpersonal relationships
  - openness to and acceptance of support from others

# IMPLEMENTING HARM REDUCTION IN PSH

- Focus on goals & assets
- Value the *strengths* people bring to their recovery
- Respect self-directedness
- Value small steps & successes
- Provide choices
- Be an *active* member of the team
- Create predictable environments
- Provide culturally and linguistically competent services
- Focus on behavior when enforcing lease

# IMPLEMENTING HARM REDUCTION IN PSH

- Be:
  - Responsive
  - *Pro-active*
  - Flexible
  - Pragmatic
  - Honest
  - Accessible
  - Engaging
  - Genuine
- Enjoy being with the tenants- a part of the community
- Honor and affirm that **our tenants can recover**, rebuild, and sustain a healthy, self-determined future