Housing AND Mental Health First: Collaborative Behavioral Health Interventions for the Newly Housed

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Overview

- Introduction to DESC, housing first principles, clinical programs
- Case study
- Best practices
- Q&A

About DESC

Housing First

"The Housing First philosophy, which is the cornerstone of all DESC housing, embraces the notion that vulnerable clients are more easily engaged in robust clinical services and experience greater success once the chaos of living on the streets has been eliminated from their lives. Eliminating this debilitating chaos is achieved when a chronically homeless adult is provided a safe and permanent apartment of their own."

Two foundational principles:

- Housing is a basic human right, not a reward for clinical success.
- Once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization occur faster and are more enduring

Source: https://www.desc.org/what-we-do/housing/housing-first/

Seven Standards of DESC's Housing First Approach

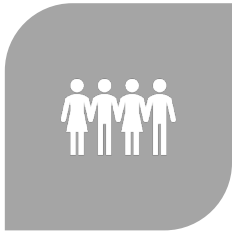
1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.
2. **The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion.**
3. Continued tenancy is not dependent on participation in services.
4. Units are targeted to most disabled and vulnerable homeless members of the community.
5. Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.
6. Residents must have leases and tenant protections under the law.
7. Can be implemented as either a project-based or scattered site model.

Permanent Supportive Housing at DESC

- Harm reduction supplies
- On-site or outreaching case managers
- Onsite health care services
- Daily meals and weekly outings to food banks
- Fund Development may provide material needs
- Medication monitoring
- Weekly community-building activities
- Managed by staff 24/7
- Assigned a Clinical Support Specialist

Clinical Programs at DESC

TRADITIONAL MENTAL HEALTH CASE MANAGEMENT



OUTREACH PROGRAMS

CRISIS SERVICES

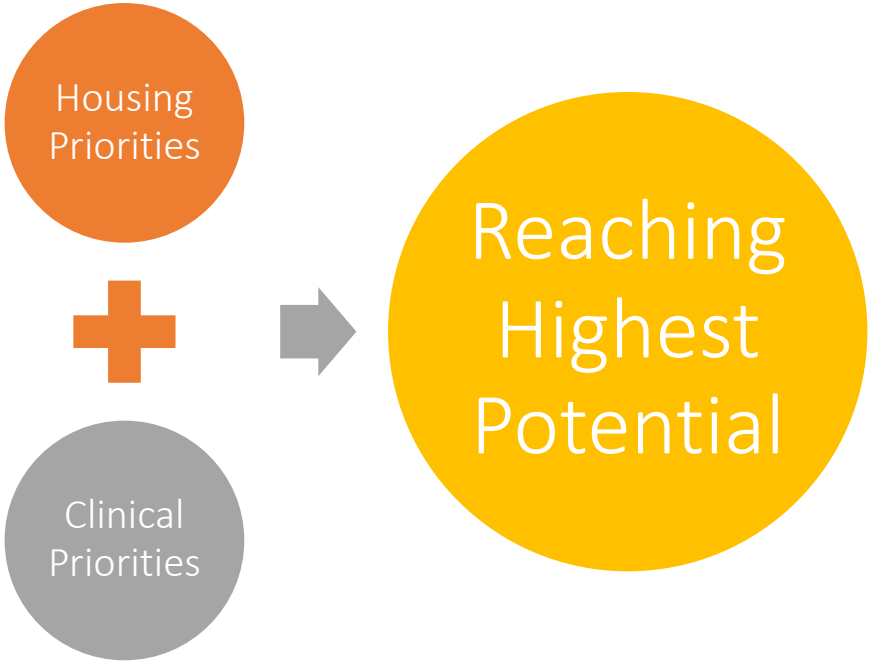
SUBSTANCE USE DISORDER SUPPORT

EMPLOYMENT SERVICES

SAGE Program

- Mental health case management
- Psychiatric services
- Counseling
- Groups
- Representative payee services, for some clients
- Assistance in obtaining employment or referral to vocational service programs

Working Together



Moving In

EXCITEMENT!

COMMON STRESSORS

Common Behaviors Related to Mental Health Observed in Housing

- **Attention Seeking Behavior (Connection seeking)**
- **Interpersonal conflict (with other residents and staff)**
- Property destruction
- Hoarding
- Lice/hygiene/pest management (life skills)
- Emotional lability (emotional regulation)
- **Staff splitting/staff communication regarding plan for client**
- Transphobia/racism/sexism/homophobia
- Hate speech
- Isolating

- Bizarre behaviors (make neighborhood/other residents uncomfortable)
- Interactions with police/emergency services
- Boredom
- Community integration
- SI/HI
- No contact orders between clients
- General safety planning
- Co-occurring disorders (impact of SUD on MH)
- Staff fixation
- Decline in personal hygiene

Case Study: RJ

RJ Case Study

- RJ is a white, transgender woman in her 30s
- Diagnosed with PTSD, BPD, Alcohol Use Disorder, and Opioid Use Disorder
- Reports being homeless entire adult life and a childhood history of institutionalization
- At baseline presents as friendly, engage in services, and eager to talk about her hobbies
- When dysregulated presents with para-suicidal behavior, pseudo-seizures, property destruction, and homicidal ideation
- Care team consists of a mental health case manager, therapist, substance use specialist, clinical support specialist, and a payee
- **Concern**: New housing at jeopardy due to property destruction, trigger other residence, and high utilization of emergency services

Theme 1: Attention Seeking Behavior

- Self-harming behaviors
- Aggressive behaviors
- Pseudo-seizures
- Property destruction
- Suicidal ideation

Theme 1: Attention Seeking Behavior Response

- Fluid and up-to-date Crisis Plan
- Planned ignoring
- Offered a staff training on BPD with emphasis on the lived experienced
- Utilize harm reduction practices
- Dialectical Behavior Therapy and Motivational Interviewing integrated into care plan and interactions
- Boundary setting on staffs' time

Theme 2: Staff Splitting & Care Coordination

The growing pains with an expanded care team.

What is Staff Splitting? Also known as Triangulation.

Clear understanding of roles among providers.

Theme 2: Staff Splitting & Care Coordination Response

- We can only control ourselves.
- Boundary setting that is consistent across staff positions
- Expand the team and clarify roles and plans
  - Large care conference with numerous providers involved (approx. 10)
  - Creating multi-agency care plans
  - Continuous updated email thread across agencies

Theme 3: Interpersonal Concerns

- Maladaptive relationships
  - Survival relationships, healthy relationships
- Grief
  - High building mortality rate
- Transphobia
  - Experiencing transphobic behaviors from other residents
  - Reacting with aggression/suicidal ideation

Theme 3: Interpersonal Concerns Response

- Maladaptive relationships
  - Learning and practicing boundary setting
  - Respecting the boundaries of others
  - Focus on DBT Interpersonal Effectiveness skills
- Grief
  - Focus on emotional regulation and grief
  - Safety planning for feelings of aggression
- Transphobia
  - Train staff on transgender issues, provide resources, interrupting oppressive behavior
  - Provide pronoun buttons for RJ

RJ Today

Best Practices

- Strong rapport with client and strong working relationship with care team members is essential.
- Outreach as much as possible!
- Regularly communicate across teams to provide consistent support.
- Understand and embrace the boundaries of each position.
- Teams working together when things hit the fan!


Questions?