

# Miami-Dade Homeless Continuum of Care Systemwide Housing First Framework Revised as of 09/03/2020

## I. PURPOSE OF THE CoC's HOUSING FIRST APPROACH

The Miami-Dade County Continuum of Care is committed to incorporating a Housing First approach across its programs, as highlighted in the Homeless Plan and Coordinated Entry Policies and Procedures. Housing First is a system orientation and approach that works to connect people as quickly as possible to permanent housing and the care and support they need to stabilize and improve their quality of life. The primary goals are to help people obtain permanent housing as quickly as possible, increase their self-sufficiency, and remain stably housed.<sup>1</sup>

Although the term 'Housing First' can also refer to a specific PSH model, this document will continue to use the term 'Housing First' to refer to an overall system orientation and approach.

A Housing First orientation recognizes that everyone can achieve stability and in permanent housing, with the right supports, that housing stability provides the foundation people need to improve their health and well-being. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling, participation in these services is not a prerequisite to access permanent housing or a condition of maintaining it.<sup>2</sup> Research has shown that even when participation in services is not required as a condition of tenancy in supportive housing, tenants still participate at high rates.<sup>3</sup>

A system-wide Housing First approach includes: working to identify and prioritize people with the highest needs and vulnerabilities; taking a permanent housing-focused approach to crisis response services, including street outreach and shelter; moving people as quickly as possible into permanent housing; and providing and/or connecting tenants with voluntary social services to help tenants stabilize and maintain their housing.

## II. KEY HOUSING FIRST PRINCIPLES AND SERVICES

### A. Harm Reduction Approach

In the context of Housing First, a harm reduction philosophy prioritizes housing stability among persons who have experienced homelessness and who may be facing disabilities. Although recovery from mental health and substance abuse disorders is always the goal, harm reduction acknowledges that persons may be at different places along the continuum of behavior change, and that permanent housing and housing stability provide a platform from which tenants can improve and achieve health, recovery, and well-being.<sup>4</sup> Services are informed by a recognition that drug and alcohol use and/or addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how

<sup>1</sup> HUD: [Evidence-based Service Delivery](#)

<sup>2</sup> With the exception of case management requirements established by regulation in programs such as RRH and HUD-VASH.

<sup>3</sup> [Do Voluntary Services Work?](#)

<sup>4</sup> See #3, [Four Clarifications about Housing First](#)

to avoid risky behaviors and engage in safer practices. Harm reduction focuses on meeting tenants where they are at the present moment and assisting them to set and achieve goals for themselves. Through this process, a trusting relationship is established between the tenant and the provider.

In crisis response services, such as street outreach and emergency shelter, employing Housing First harm reduction principles means focusing on connections to permanent housing as well increasing safety and reducing harm by providing access services and resources participants require to fulfill their basic needs.

In permanent housing, Housing First harm reduction services focus on helping tenants stay housed by assisting with the management of problems that interfere with their ability to meet the obligations of tenancy, such as paying rent. Tenants are also encouraged to explore obstacles toward their goals in an open and non-judgmental atmosphere where they can contemplate the consequences and benefits of receiving services to address their special needs. Support service staff are not to alienate tenants or cause them to begin a dishonest game of hiding their drug use, psychiatric symptoms, etc. Like any other tenant, tenants receiving services using this philosophy must still pay rent and comply with the terms of their lease.

## **B. Trauma-Informed Service Provision**

Trauma-Informed service provision takes into account knowledge about trauma — its impact, interpersonal dynamic, and paths to recovery — and incorporates this knowledge into all aspects of service delivery. Service providers should also work to understand the impact of racial trauma and work to provide racially-sensitive, trauma-informed services. For tips and more information, see HUD's guide: [Racial Trauma and Trauma-Informed Services](#).

Trauma-Informed Service provision:

- Integrates an understanding of trauma, substance abuse and mental illness throughout the program.
- Reviews service policies and procedures to ensure prevention of re-traumatization.
- Involves consumers in designing/evaluating services.
- Sees trauma as a defining and organizing experience that can shape survivors' sense of self and others.
- Creates a collaborative relationship between providers and consumers, and places priority on consumer safety, choice and control.
- Focuses on empowerment and emphasize strengths.

For more on Trauma-Informed Care, see the National Center on Family Homelessness': [Trauma-Informed Organizational Toolkit for Homeless Services](#).

### C. Strength-Based, Client-Centered Case Management

Strength-based client-centered case management includes strategies to identify and build on clients' strengths and goals rather than focusing primarily on their problem areas. Staff, in partnership with clients, tap into clients' motivation and identify clients' skills and capacities, existing resources, challenges, and the supports they need to meet their short- and long-term goals. This approach also recognizes the importance of drawing from the strengths of an individual's family and community when developing a plan.

Strengths-based approaches employ a holistic approach to working with clients, recognizing their intrinsic value, and working with the individual's strengths and capacities in addition to his/her unmet needs. When employed together, client-centered case management and strength-based approaches aim to reduce stigmatization and marginalization experienced by clients by promoting their self-worth and value, and targeting the spectrum of challenges causing conflict in their lives rather than focusing exclusively on individual problems.

### D. Motivational Interviewing

Motivational Interviewing (MI) is a collaborative, client-centered, therapeutic approach that works to promote tenants' willingness and desire to change. It can help providers work with clients to make lasting changes to move away from harmful and risky behaviors, such as substance use, by building motivation for change and exploring and resolving ambivalence. This approach contrasts to other approaches that would directly inform the client that the person has a problem and needs to change; offers direct advice or prescribes solutions to the problem without the person's permission or without actively encouraging the person to make his or her own choices; uses an authoritative/expert stance leaving the client in a passive role; and/or imposes a diagnostic label. For more on Motivational Interviewing, see [Evidence-based Service Delivery, Spotlight on PATH Practices and Programs: Motivational Interviewing](#), and [What Special Techniques can Service Coordinators use to Promote Trust?](#)

## III.

### HOUSING FIRST ENGAGEMENT, CASE MANAGEMENT AND SERVICES

Miami-Dade County Continuum of Care providers **in all program components** should embed Housing First and harm reduction principles in engagement and case management methods, and employ evidence-based, strength-based, and client-centered case management and counseling practices, such as Motivational Interviewing and Trauma-Informed Care, in their work with participants. Staff should be trained regularly in evidence-based methodology and practice. In addition, programs should adopt the following component-specific approaches for applying Housing First principles:

#### A. Street Outreach

Policies, procedures, and services should focus on connecting participants to emergency shelter or directly to permanent housing with appropriate supports, whenever possible. In cases where people are unwilling or unable to access shelter or housing, outreach teams should provide essential services and care to ensure safety and work to build a relationship with the participant while making continued offers to connect them with housing and other

resources. Outreach teams should offer individualized, housing-focused case management services (per [§576.101\(a\)\(2\)](#) for ESG and [§578.53\(e\)\(3\)\(VIII\)](#) for CoC) that: help participants access Coordinated Entry (by conducting the assessment), support participants in planning a path to permanent housing, help verify and document eligibility for housing and other resources, secure benefits and services, and connect with housing and services providers.

For more information on operating street outreach programs that align with a Housing First approach, see USICH's [Core Components of Effective Street Outreach to People Experiencing Homelessness](#).

## **B. Emergency Shelter**

Policies, procedures, and services should provide low-barrier access to services and focus on moving participants into permanent housing as quickly as possible. Shelters should engage all participants, in services to facilitate rapid access to housing, especially those who have high barriers to permanent housing. Shelter case managers should work with participants to develop a Housing Stability Plan (or an equivalent document), connect participants to the Coordinated Entry System and mainstream benefits, provide assistance with collecting required documentation, and coordinate with housing programs to which participants are connected in order to expedite the participant's transition to permanent housing.

For more information on operating emergency shelter programs that align with a Housing First approach, see USICH's [Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System](#), and the National Alliance to End Homelessness' [How to Transition Your Emergency Shelter to a Low-Barrier and Housing-Focused Shelter Model](#) and [10 Steps to Evaluating Your Shelter Rules](#).

## **C. Permanent Housing (RRH and PSH)**

Policies, procedures, and services should provide low-barrier access to housing and focus on moving participants quickly into permanent housing and providing the services and supports participants need to stabilize and maintain their housing. Per the CoC's Coordinated Entry Policies and Procedures, permanent housing providers should reduce barriers to entry (such as requirements around sobriety, treatment, or service participation, except in cases mandated by the funding source). Providers should deliver tenant-driven housing-focused case management services and other services or connections to services that support tenants in stabilizing and improving their health, mental health, and quality of life. Except in the case of funder-mandated requirements for participation in case management or other services, services should be voluntary. Providers should utilize harm reduction principles by focusing on supporting participants to maintain housing stability and addressing any challenges that interfere with participants' ability to meet basic obligations of tenancy, such as paying rent.

For more information on operating permanent programs that align with a Housing First approach, see: HUD's [Core Principles of Housing First and Rapid Re-Housing](#), HUD's [Housing First in Permanent Supportive Housing Brief](#), USICH's [Implementing Housing First in Permanent Supportive Housing](#), and CSH's [Engaging Tenants in Voluntary Services](#) and [Delivering Services](#).

#### **IV. KEY RESOURCES ON HOUSING FIRST**

Department of Housing and Urban Development (HUD):

- [Adopting a Housing First Approach](#)
- [Housing First Assessment Tool](#)
- [Evidence-based Service Delivery](#)
- [Housing First in Permanent Supportive Housing](#)
- [Using a Housing First Philosophy when Serving Youth](#)
- [Core Principles of Housing First and Rapid Re-Housing](#) (webinar)

National Alliance to End Homelessness:

- [Housing First Fact Sheet](#)
- [Emergency Shelter Learning Series](#)
- [Organizational Change: Adopting a Housing First Approach](#)

United States Interagency Council on Homelessness (USICH):

- [Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation.](#)
- [Four Clarifications about Housing First](#)