EVH - S1EP21 - What's the Big Deal with Housing First?

Keith Harris: [00:00:00] The second layer is more complex, I think. So where the first is essentially a garden variety disagreement on things like the etiologies and solutions of homelessness. The second is more what I would call political. And I think this is partly why it gets so controversial. Everyone knows homelessness is political. In many cities, it's literally the top concern of voters when they're spoken with in focus groups. It's seen by both sides of our political spectrum as a failure, but we differ on who to blame.

But it's hard to talk in soundbites and tweets about complex topics like this. So everybody looks for something that'll crystallize this disagreement and here we have Housing First. It's literally just two simple words that say what it is. Everybody can grab onto that. And so to opponents, it becomes a symbol of everything wrong with homelessness and the way many of our cities in America are trying to deal with it.

Shawn Liu: Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless [00:01:00] Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out.

Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

To kick off this year, we thought it would be a good idea to go back to basics and spend some time talking about one of our core concepts, Housing First. You see, since about 2012, VA's efforts to prevent and end Veteran homelessness have been built around a Housing First approach. Now this is an approach that prioritizes getting Veterans into housing. *first* and then assist them with access to healthcare and other supports that promote stability and an improved quality of life.

At VA, we don't try to determine who's housing ready or demand [00:02:00] treatment prior to housing. Instead, treatment and other supports are wrapped around the Veterans as they obtain and maintain permanent housing.

Initially, Housing First within VA was most closely associated with our Housing and Urban Development-VA Supportive Housing, or HUD-VASH program, which pairs HUD's Housing Choice Vouchers, which make rent affordable, with VA's clinical case management and healthcare services.

Not only that, but VA has found significant value in adopting Housing First as a system-wide orientation to increase vulnerable Veterans' access to temporary housing, such as emergency shelters or transitional housing, as well as to other non HUD-VASH permanent housing options.

Now this approach's emphasis on eliminating enrollment preconditions and expediting placement into housing is generally considered within VA to have contributed to, number one, shorter lengths of stay among temporary housing providers while maintaining or sometimes [00:03:00] improving the rate of exit to permanent housing, and two, increasing access to programs like Supportive Services for Veteran Families for Veterans who may not have income or may still struggle with minor substance use disorders or moderate mental health conditions.

And the results speak for themselves. Since 2010, Veteran homelessness has decreased by over 52% and 83 communities and three states have effectively ended Veteran homelessness.

But, if you've been following the news lately, you may have a different impression about Housing First. That Housing First essentially is a failure. That it fails homeless people by moving them into apartments too quickly without providing them adequate support, or that it fails homeless people by not addressing what some perceive to be important risk factors for homelessness, namely substance addiction and mental illness.

So, what gives? How can Housing First be both a failure but also a major contributor in cutting Veteran [00:04:00] homelessness basically by more than half? How could it be both this terrible, terrible thing and one of the most important things contributing to our progress? How do we actually square this circle?

Those are really great questions. So to help us unpack all of this, I can think of no one better to talk to than our next two guests.

First, we have Dr. Keith Harris, Senior Executive Homelessness Agent for Los Angeles with the Department of Veterans Affairs. Dr. Harris is a Licensed Clinical Psychologist representing the Office of the Secretary, and he provides

support, consultation, and strategic direction on Veteran homelessness in Los Angeles, California.

And today he's joined by Dr. Stefan Kertesz, a physician practicing at the Birmingham, Alabama VA Healthcare System. Dr. Kertesz is also a professor at the University of Alabama at Birmingham Heersink School of Medicine. His research has covered issues related to addiction, primary care, and housing interventions for people who have experienced homelessness.

Keith, Stefan, welcome to the show.

Keith Harris: Thank you.

Stefan Kertesz: So great to be here.

Shawn Liu: [00:05:00] Yeah, really great to have you both.

This is a really important topic. It's a foundational conversation that we have had for many, many years. It, for better or worse, is entering the broader mainstream culture, and dare I say, even the culture war. And so I'm really excited to have you both for your expertise and I think your awareness of the history of how VA has implemented Housing First in all of its different forms over the years.

But before we get into that really weighty, heavy discussion, I wanna get to know you both a little bit better, get to know your bonafides a little bit.

Keith, starting with you. You may have, by far, the coolest sounding title: Senior Executive Homelessness Agent, which is amazing. Also, another full disclosure, you've kind of been like a mentor for me since joining the National Homeless Programs Office. So it is a deep honor. I'm very pumped to actually have you on the podcast. So tell us a little bit about yourself. What is your role these days as a Senior Executive Homelessness Agent?

Keith Harris: Well, it is a pleasure be here, Shawn. And thank you for calling attention to my [00:06:00] wordy momouth-full of a title. Glad you like it.

I wanted to note first of all that I'm a little under the weather, so apologize for that.

I'm a licensed clinical psychologist by training. I work in the Office of the Secretary.

I represent our Secretary and senior leadership in the work on Veterans homelessness in Los Angeles. Prior to that role, I served as the National Director Clinical Operations and VA's Homeless Programs. I oversaw collection of VA's Homeless Programs in that role, it included HUD-VASH, which you noted in your intro. Also the Health Care for Homeless Veterans program, our HPACT, or Homeless Patient Aligned Care Teams program and our employment programs, but also as a team that managed data collection and analysis and reporting, et cetera.

And then prior to that, I actually ran the Homeless Programs at the Palo Alto VA. I've literally spent my entire career in the VA and literally all of it in Homeless Programs.

Near and dear to my heart.

Shawn Liu: Yeah, yeah, likewise. I, too, have spent basically all of my professional career, either mostly in VA, but definitely in homelessness throughout. And it is for many of us, especially for those who aren't Veterans, who haven't served, it is very [00:07:00] much kind of like a calling or a really special, honorable mission that we have the privilege of being part of.

So really pumped to have you and definitely to tap into your expertise from the many, many years of being in Homeless Programs.

Stefan, let's go to you. If I remember correctly, you and I have actually been on a couple presentations or, uh,

Stefan Kertesz: Yeah.

Shawn Liu: conferences before. So it's also delightful for us to have you on the show.

We're gonna talk a little bit about some of the research that you've done about how VA has implemented Housing First in our HUD-VASH program in a little bit. But before we get into that too, tell us a little bit about who you are, what you've been up to lately.

Stefan Kertesz: I'm a physician in internal medicine and early on as a medical student, I discovered that I found it really interesting to form relationships with patients where their life situation and their culture or their background were just totally different from mine. That made the invention of medical care for that individual creative and it was genuinely fun. And in pursuit of that, I took a job

at Boston Healthcare for the Homeless program straight out of residency and wound up finding [00:08:00] that care for individuals who were experiencing homelessness was a great example of a powerful situation . And I pursued that.

I moved to the south and wound up at the Veterans Administration Hospital here in Birmingham. I lead a Homeless Patient Aligned Care Team, which is a primary care team focused on individuals who are homeless. I have been the chair of the organization that handles funds for the community for Housing and Urban Development funds on homelessness called the Continuum of Care. And currently I do research, a lot of which is funded by VA's research and development branch on homelessness, pain, addiction, we've done some housing work as well.

Shawn Liu: Outstanding. Outstanding stuff. Really excited to have you on as well.

Okay. Let's go ahead and jump on in. Really, really weighty topic. But we're hopefully going to, for the listeners, not only do it justice, but provide some reflections on a lot of the nuance. I want to get away from like the dogma and the panic. But also, I don't want to drink the Kool-Aid either.

I wanna have a very kind of like sober-eyed discussion about how Housing First has worked over the years, [00:09:00] what some of the challenges have been in terms of living out our implementation.

It's probably important, and we do this a lot on the show, before we get into the nuance, let's actually just level set a little bit. And at the top I shared a little bit about what we've been describing as Housing First. It's kind of like our two or three sentence elevator pitch on what Housing First is.

But Stefan, I wanna start with you. From your perspective, what is Housing First? What is this term that has so much weight that it's carrying?

Stefan Kertesz: So it's one response among many possible responses to people who are homeless and where short-term assistance has not helped them get back into their own place. The point of emphasis is to get the individual rapidly placed into permanent lodging of some kind that is going to be their own, not just a place in a shelter. Usually that's a market rate apartment, although it could be a unit in a building. That placement includes a decision to offer supports in conjunction with what they think is going to be helpful to them. You can engage them and talk about what they might need to seek, but it doesn't impose a

requirement that the [00:10:00] individual be fully sober before they are assisted or that they specifically participate in this treatment or that one.

The Housing First approach also usually requires or calls for prioritizing people who seem to be more vulnerable. And where lighter touch interventions like cash assistance have not helped.

There have to be sufficient supportive services for the people who you place or else they're going to do poorly. That's a requirement. And in fact, I remember early on in learning about Housing First in an interview with Sam Tsemberis who's one of the founding figures. And he looked at my team and he said, "Housing First a clinical intervention." Which kind of stunned me 'cause I thought it was just a housing intervention. But he made clear that from his point of view, yes, housing is going to be foundational here, but it is part of a process of serving a human being.

Shawn Liu: As you were sharing that, the things that were kind of coursing through my head as somebody who both has actually provided Housing First-oriented services in HUD-VASH. I actually was a HUD-VASH social worker back earlier in my career, and now as somebody who

Track 1: like

Shawn Liu: you [00:11:00] both, provide technical assistance, training, do essentially content and guidance around Housing First, the language that we use is so important. And there were a couple moments there where even I kind of breaking out into hives a little bit about making sure that I was being intentional with the words that I was choosing for a couple different things.

Right? A lot of times, and I know Keith, you've probably experienced this a little bit, sometimes we use the term "housing" a little bit loosely. And I wanna acknowledge that housing takes a lot of different forms in homeless services. But a big focus in Housing First is actually what we call permanent housing.

So not temporary. No time limits. It's not necessarily your forever home. But it's a place that you're gonna say oftentimes with tenant protections and no time limit. And we contrast that with, say, transitional housing or emergency shelter, which are temporary settings.

But Keith, I would love to come over to you next and just stay on this topic largely because there's another component here that we oftentimes play a little bit fast and loose with, and it's whether or not we use, sorry for those here, I'm

gonna get a little bit grammar nerd here, whether we use Housing First [00:12:00] as a noun, like a proper noun, or if we use it as an adjective.

And what do I mean by that? A lot of times we mix up Housing First as an evidence-based model. And Stefan, you touched on this a bit just now, right? About it's a clinical intervention that has certain staff requirements, services that you deliver.

And when we say it's evidence-based, that particular formulation is what the evidence is flowing from, right? A specific way of doing things. Versus an approach which gets a little bit softer and focuses more on values, principles, attitudes, dispositions and isn't often as firm and some would say true to the actual way of structuring things.

So Keith, I would love to get your take. Does that distinction ring true for you? Based off of your history? Are there things in which you want to get maybe like push back on or provide deeper insights based off of your vantage point over the years?

Keith Harris: Well, it rings very true and in a one particular way, I'm gonna immediately wade into [00:13:00] Stefan's area here because he is the one who's actually studied at a much more fine grain level the way that medical centers implemented the Housing First model. But that's where you fairly immediately see the distinction you're talking about.

There are some very realistic differences in implementing a Housing First model in HUD-VASH, for instance, which places Veterans into permanent housing, which is what the model as defined is meant to do, versus implementing it in some of our other programs where it becomes much more quickly a set of values, and approaches, and philosophies. So it, it absolutely has come up for us repeatedly.

I think one thing I wanted to add to this, which is a bit implicit in what both of you have said already, is that in some ways defining Housing First is oftentimes saying what it is not. Or what it arose in response to. When you listen to someone like Sam Tsemberis, who Stefan just mentioned, you know, this has been a fairly central piece of his input for many years. It arose as an alternative to what are broadly called linear models where you sort of go through treatment programs and [00:14:00] transitional housing before you're ready for permanent housing and that there are conditions placed on participants before they're able to be placed into permanent housing. And Housing First places really no such

preconditions on the housing. It simply addresses the most immediate pressing need, which is the lack of housing, and then offers support and yes, treatment.

Speaking of being careful with words, treatment is a tricky word when it comes to Housing First because of its role as a precondition in other models. But treatment is indeed one of the things we offer to Veterans, even in a Housing First model. Anything that will help them overcome the contributors to their homelessness, to their housing instability.

Shawn Liu: I reached out to you several months ago because I was preparing for a panel discussion on Housing First and one of the things that you mentioned to me that has still stuck with me, and I, think about it and use it to inform kind of how we prepped for today's episode, which is, and we're gonna jump into essentially the controversy basically now.

So much about Housing First. You're exactly right, is about a response to or refutation [00:15:00] of some other way the world worked or the way we approached doing things. And this was like an alternative. And one of the things that you had raised to me when I reached out to you several months ago was that in some ways Housing First unfortunately became synonymous with anti treatment.

And that that feeds into a lot of what the controversy is today. And one of the things you shared was like, "Shawn, like we are VA. We're like you and me speci-" well actually not you anymore 'cause you're with the Secretary. But like I work in the Healthcare Administration. Stefan is with the Healthcare Administration. "Treatments. Lowercase t treatment is what we do. It's at our core, regardless of what housing interventions we're doing."

And so I say all that to bring us back to you and to essentially wade into the controversy. And I want to kind of just let you riff for a little bit.

Keith, what on earth is the big deal with Housing First?

On one hand, it feels like if you were just to here it firsthand, somehow could come off as like so intuitive that it's almost a tautology or like a self-evident truth, right? It's like, oh, of course. Just get [00:16:00] them house. They need housing. They're homeless, they need housing. On the other hand, for many people, Housing First is the most counterintuitive, almost offensive concept.

And I know this wades into a lot about what's entered into zeitgeist about the intersection of substance use and substance addiction and rates of homelessness

or mental illness and rates of homelessness. But hum a few bars for us. Like what on earth is the big deal? Why is this such a big, contentious topic?

Keith Harris: Well, how much time you got? I have lots of thoughts about this one.

So I think there's multiple layers to this and I want to take us through a couple of them. We easily could spend a whole podcast on this topic and what makes Housing First controversial.

So in preparation for this, I Googled Housing First, just outta curiosity. I don't know if you've done this recently, but I was struck by the fact that there were three sponsored links at the top of the Google page. Two of the three were anti Housing First. And the very top one, the big bold words, said "Housing First omits root cause." And I think that's the first layer in understanding the controversy. There are people [00:17:00] who believe very strongly that homelessness is the result of what I'm gonna broadly call personal problems, whether it be addiction, mental illness, et cetera. They believe those things need to be fixed before offering housing, or the recipient will simply lose the housing and waste it, waste the intervention. So to these folks in that camp, Housing First is not only misguided, it's also wasteful and ineffective. And of course, this mischaracterizes Housing First as housing only, which is something you and I have talked a lot about. And it ignores two things. First, it ignores the wraparound services and case management that accompany housing as well as the treatment that is offered. And second, it ignores the fact that Housing First outperforms other more traditional linear models when it comes specifically to housing and housing retention. I don't wanna miss a chance to wade into the controversy here, so that's the simple layer in my mind.

The second layer is more complex, I think. So where the first is essentially a garden variety disagreement on things like the etiologies and solutions of homelessness. The second is more what I would call political. And I think this is partly why it gets so controversial. Everyone knows homelessness is political. [00:18:00] In many cities, it's literally the top concern of voters when they're spoken with in focus groups. It's seen by both sides of our political spectrum as a failure, but we differ on who to blame.

Broadly framing, the Left attributes homelessness primarily to structural and societal factors through lack of affordable housing, systemic racism, lack of a living wage, impacts of incarceration. And then what'll broadly characterizes the Right blames personal failures. So lack of personal responsibility, a perceived permissive environment, especially in larger urban coastal cities.

But it's hard to talk in soundbites and tweets about complex topics like this. So everybody looks for something that'll crystallize this disagreement and here we have Housing First. It's literally just two simple words that say what it is. Everybody can grab onto that. And so to opponents, it becomes a symbol of everything wrong with homelessness and the way many of our cities in America are trying to deal with it.

An additional layer, if you permit me another minute or two on this. I'll just mention this briefly 'cause to some extent it's a subset of the second layer, but there really is a moral layer to [00:19:00] this, for lack of a better word. Since Housing First doesn't require sobriety. It's seen as permissive, if not downright accepting of drug and alcohol use. And so because of this, some of our most vocal opponents to Housing First, this includes some of our grantees and contractors or faith-based organizations that are staunchly opposed to an acceptance or tolerance of substance use. And because these groups tend to align more with the Right side of the political spectrum, we get the feedback loop with layer two that adds to the intensity.

The one other thing I wanna say here is you mentioned, Shawn, earlier, you made a reference to questions about its effectiveness. And one of the things that I've seen is people who point to the federal government's more broad formal adoption of Housing First, and this is really more about HUD's adoption of it than ours, VAs. But HUDs started taking certain language out of NOFAs putting certain language and requirements in the NOFAs. They started moving money around in terms of more money towards rapid rehousing and permanent housing solutions away from transitional ones, and they couch that all under what the Housing First [00:20:00] model would suggest we do. And people will point to the fact that since that time homelessness has been on the increase. And they'll draw causal inference from those two things. And is that classic correlation not causation mistake.

The other thing that has happened during that time at a much more extreme rate is rents have increased, the cost of housing has increased. And there is ample research that shows when the cost of rent goes up, when the availability of affordable housing goes down, that you're gonna see increases in homelessness.

So, I will pause there.

Shawn Liu: Yeah, no, I'm really glad you brought up... So, so much and this is why I brought you on. 'cause I, of the things I've always appreciated about you is your ability to braid your operational knowledge with basically the zeitgeist

with what's going on out there in the world, and reflect on how we should approach things strategically.

You talked about your different layers and that third one being the moral layer.

And as you were saying that, that resonated so hard with me because as both a former HUD-VASH social worker, and as a HUD-VASH supervisor who helped [00:21:00] manage and lead a team of social workers, that moral question came up so much. Our social workers who got into this profession to help people felt like, because whether it was a model or an approach, it didn't have treatment mandates... Like you couldn't mandate somebody to go to treatment. And I always have to kind of push back, "Well, what happens if they don't do the mandate? What's the consequence? You gonna kick 'em out for it?" That because they couldn't mandate treatment and thus couldn't kick out Veterans for not going to treatment or still having substance problems, still relapsing, that they felt complicit in the behavior. Like it wasn't just condoning that they were essentially doing the worst type of enabling. And that was, in many ways, very morally offensive.

And for many people it's quite a bit of a journey to disentangle. I don't necessarily wanna say like unenmesh. I don't know what the opposite of enmeshment is. But it's a journey to disentangle that. And to think about it, Stefan, as you mentioned, more of as a clinical intervention and not as being complicit in criminal act... like [00:22:00] morally reprehensible activity.

Keith Harris: It's a real struggle for clinicians. I mean, I don't wanna minimize that at all. I watched a lot of clinicians struggle with that, and I understand that.

Shawn Liu: Yeah. Stefan, any other thoughts before we shift gears just slightly.

Stefan Kertesz: Yeah. Certainly. Two things. Well, maybe three. One thing that comes to mind is the model of what's the cause of homelessness. And usually when people speak about the why, they're really talking about two different questions at once, and they conflate them all the time. So one is why is there more homelessness here versus there, or at this era versus a prior era? And that's different from why given this amount of homelessness, these people are the ones who seem to be in the homeless population. And those are just always conflated.

So if you're in a place with high rents, and usually low shelter availability, you're gonna have more homeless people. And oftentimes the reason there's high rents is a collection of decisions made over 75 or a hundred years, many of

which weren't made by the current homeowners, but by previous homeowners. And then, if you're living in that community, you can be very frustrated because you're like, "Wow, I bought into this community. I didn't quite understand all the decisions that had been made, but it seemed like my property's pretty cool and now there's all these homeless people, and I feel [00:23:00] like I didn't know that getting in here, that some of the decisions made 50 years ago or 25 years ago are actually part of why we have all these people who are homeless. But I wasn't consulted at the time and I don't know if I would've supported them, but I do want my housing value." So the causal model for why there's more here and there is about community decisions.

But that's different from why an individual would lose their housing. And an individual who falls into that situation often has made mistakes, or made mistakes in the context of a bunch of lifetime factors whether it's trauma, addiction, whatever it is. Then they did something and they lost their hold and didn't have anybody with extra money to back 'em up, which honestly is a big deal. If you don't have people with extra money to back you up, you tend to wind up homeless faster. So that's the causal issue that fuels a lot of upset.

The other thing to underscore is that at times the advocacy for Housing First has over promised and then underdelivered. As long as Housing First was referred to, not so much as a service model, but as a philosophy, and the implication often made was, if we just pay for [00:24:00] these apartments, the services will sort of be covered. It'll all pay for itself, or something. That implication looked really good as a marketing tool, but it wasn't true.

In randomized trials where you test how much things cost, it's very rare that you find a true situation where doing the right thing to help people pays for itself. Maybe with vaccines or something. But in everything else, you pay extra to do the right thing and it doesn't pay for itself. And it is possible to do the right thing badly. That is you can create a building which has a lot of chaos and a low level of service, and it can be a difficult place for the people who live in it and the people who live around it. So, the fear I've had for the last, you know, seven years, which I think is coming to light, is that in promising a little bit too much, or not being very careful about the clinical needs of the people we house, we invited the blowback. Although it's certainly not just the fault of any one party. We are in the middle of a bit of a culture war and that becomes the template through which people want to perceive complex problems.

Shawn Liu: As an aside, a couple years ago we did a video [00:25:00] on the risk factors for why Veterans become homeless. It was actually based off of some research that our Research Director, Jack Tsai had done. And he actually

touches on this dichotomy that you both are raising, which is the individual or personal factors that may lead a Veteran to become homeless, but then those system, structural, or neighborhood factors that may contribute as well.

We're gonna put a link to that video into the description. That's a really big topic, especially when it gets, Keith, as you mentioned, political in terms of how heavy should we weight individual or personal factors as opposed to system or structural factors.

Keith, I'm gonna go a little off script. This is not what we prepped, but you raised something about what we mean when we say Housing First works. Before we get into like how VA's implemented, I feel like this is one other word play thing that we need to maybe unpack a little bit more.

You know, when we say Housing First works, we're largely talking about exiting to permanent housing and largely staying in permanent housing. Like that works.

When it comes to reducing the number of Veterans experiencing homelessness, that also works. [00:26:00]

However, we don't have a lot of good research that supports the idea that Housing First lowers use of drugs or alcohol. Lowers symptomology of mental health conditions. Lowers costs of services that in some instances, and Keith, I know you and I have had conversations about this over the years, especially for Veterans who are just moving into housing, sometimes the service costs go up. They skyrocket because now they're in system of care and paying for health care that we weren't paying before because they weren't accessing our services.

Can you share a little bit about your thoughts over the years about this miscommunication and talking past each other over what we mean when we say Housing First works?

Keith Harris: It's funny. It's like Stefan and I planned this, but we didn't. I would've used a similar term like overpromise. And I don't pretend to know why. I will say this is also going off script. I'm not convinced that everybody who talks about the benefits of Housing First has read the literature on Housing First.

I think there's a lot of secondhand and they hear it, and then it gets [00:27:00] amplified. I wanna recap what you just said because it is my understanding also. When you look at Housing First head to head with other models, it is better at

getting people into housing and keeping them housed. It is essentially not statistically different when you start looking at other impacts or effects like substance use, mental health, et cetera. And then when it comes to the cost savings, I just wanna unpack that slightly more also. What you said a minute ago is exactly what I've seen, which is you're not only getting people into housing, you are wrapping all sorts of supportive services and care.

You've often got a lot of deferred maintenance, so to speak, on somebody who's been out in the streets for five, 10 years. You connect them with primary care. Primary care connects them with specialty care. Suddenly you've got costs increasing rapidly. Where you do see cost savings, and I think this is more than just anecdotal, is in the million dollar Murray's. That's named after the piece by Malcolm Gladwell. And that means the extraordinarily high utilizers, the ones who are [00:28:00] in the ER every week, they're in and out of the justice system, in and out of the hospital. That extreme subset, you do see reductions because getting someone into a home and with standard primary care wrapped around them, you will reduce the use of those really highly expensive services. But the larger group you may very well see cost go up before they go down.

Shawn Liu: Let's go ahead and shift gears a little bit. Let's talk about how Housing First has been used in all of its different forms in VA. And Keith, I wanna stay with you on this. You've had a very good vantage point being the National Director for Clinical Operations. You oversaw HUD-VASH for many years, our outreach programs. Watching as some of our other interventions evolved and changed over time. How has VA used Housing First as a tool in the toolkit?

Keith Harris: You noted it in the opener, we first formally adopted Housing First in HUD-VASH in 2012, and that was with the funding of a few assertive community treatment teams at certain medical centers around the country. Over the next couple years, all of our medical centers were expected to adopt the Housing First model in HUD-VASH. That was [00:29:00] formally put out in memos. I know we'll likely hear a lot from Stefan about that since that was one of the things that he studied: is sort of how that implementation went. And then we later saw it being applied to our other non-permanent housing programs. And we saw it in things like the NOFAs for Grant and Per Diem, for instance, noting a preference for Housing First. You saw it in SSVF...

Shawn Liu: And just to unpack that really quickly, the NOFA is the Notice of Funding Availability. It's like, "Hey y'all, there's grants you can apply for if you're a nonprofit, come over, get it." And, and these are grants for our transitional housing programs, which for many, many years, people not only

didn't associate with Housing First, but also kind of felt like it was anti Housing First too.

Like it was the old regime.

Keith Harris: Yep. Yep. And you know it is a permanent housing model. Housing First is unabashedly a permanent housing model. So it's never been a perfect fit for our non-permanent programs like Grant and Per Diem, like the Health Care for Homeless Veterans contract sites. But the expectation across those programs was that Veterans be given rapid [00:30:00] access with low barriers to programs. That the demands once in the program be lowered. So it's essentially easy to get in, easy to stay, as opposed to the kind of more traditional higher barriers to both. And then that there would be a very rapid initial focus on moving the Veteran from that program into permanent housing. All of those things were changes from the traditional transitional models. And just to be frank, we've still got a ways to go in some of programs in particular.

But that's the quick version I would say, Shawn, of how it's used. And I guess I just wanted to note again that all the way back when I was still pretty closely involved with the Palo Alto VA and with other medical centers earlier in my role as Director of Operations, I talked a lot with clinicians that struggled with the model. As you said this feeling of almost being complicit in Veterans who were actively struggling with either substance use or mental health in the sense that placing them into housing was somehow a stamp of approval almost, or at least kind of a I'm gonna look the other way and, figuring out how to handle that really is a challenge [00:31:00] for clinicians and I understand that.

It doesn't mean that forcing them to stay on the streets is the solution. The model, I'm still a very strong proponent of it, but I don't wanna minimize the challenge that we face when it is the Veterans having the kinds of struggles that people do bring up in their concerns about the model.

Shawn Liu: I'm not aware of any research on this, but anecdotally we've heard a lot that the positive impact, and you've kind of touched on this from some of our other non-permanent housing resources, is ultimately like greater access for Veterans who may not have gotten that first chance.

Like even, you know, going into transitional housing programs, going into emergency shelters. Still having, you know, struggling with substance addiction, still struggling with mental health treatment. That having a Housing First approach or orientation, even though we're not talking about like the model

and permanent housing, it's still encouraged providers to take a chance on them in a way that they may not have.

And in a lot of ways, that's a great thing.

Keith Harris: And Shawn, one of the things I've seen with my own eyes on this is the next step of that. So you're absolutely right about getting Veterans into programs who never would've gotten in before. It's the keeping [00:32:00] Veterans in programs who would've been kicked out before. That there are countless examples of Veterans who relapse while in a transitional program and uniformly the answer was to kick Veterans like that out, make them spend some amount of time away before they came back.

With the advent of Housing First in our transitional programs, one of the biggest things you saw was residential programs creating what they might call relapse track, for instance. Okay, you get, you're gonna stay. We may take you out of some of this programming while you focus on getting physiologically stable again, behaviorally stable. But we're gonna keep you here.

That is a massive improvement, a massive change that introducing this model into the transitional programs has had.

Shawn Liu: Stefan, I wanna shift gears again and I wanna zoom in a little bit on HUD-VASH. You've done a lot of research on how VA has implemented Housing First in HUD-VASH, . As well as evaluating our strengths, our challenges, our opportunities, what worked, what didn't.

And we're gonna go ahead and put links to those research articles into the description too, so folks can read it [00:33:00] firsthand. But can you give us a little bit of a summary on what are the key takeaways that you've found over the years of doing research on HUD-VASH implementation of Housing First?

Stefan Kertesz: So just as a background, our research team was funded to interview staff at eight VA medical centers twice, about a year and a half apart. We did about 175 interviews of staff all the way up to top leadership at those medical centers about their efforts taking those voucher programs and making them Housing First. And we were assessing how the management responded, how the staff responded, and what were they able to do well and what were they able to do less well. We were truly independent. There was no expectation that our research findings support the views of leaders in VA.

What we found was a pretty rapid and strong adoption of the idea that there should not be preconditions on housing. Where there was strong leadership support in terms of focused attention, asking middle managers, "What's going wrong? What are the problems you're facing? Tell me what's really happening so that I can help you fix it." These kind of safe communication approaches from senior leaders to middle management, the more that [00:34:00] kind of leadership was present, the stronger the adoption of the approach that emphasized permanent housing and rapid placement, and working to quickly get people placed.

There was a gap though. The two gaps that really occurred and emerged, at least relative to progress on housing, was whether there were sufficient supportive services available in the community setting, particularly when people were living in independent apartments that were some distance away from the VA Medical center mothership. And we were worried about that. We could hear from talking to staff that they were worried about it, and it wasn't always just, "Hey, I feel I'm not doing the right thing."

That... we rarely heard that what we heard was, "We don't know if our clients will succeed because I'm a case manager, I'm a social worker. But what they need is a whole bunch more things."

As we were doing the study, there were efforts to start to install new staff in HUD-VASH teams. But I still do homeless focused primary care now within the VA. And I can tell you that one of the biggest challenges is when someone gets housing 10 miles away from the VA medical center, and the kind of service they need isn't one that [00:35:00] works for them over a smart device or they don't have a data plan. Those folks are people we need to see. And we either have to get out to see them, which we're gonna be trying to do soon, or they have to be brought in.

And I think the room for improvement really for VA, but also even more so outside the VA, is to maximize the support from both medical services, psychological services, and real engagement with people who do have challenges in their mental health or their substance use. And that doesn't mean a threat to kick you out, but it means, "Hey, I am engaged with you. I'm here to try to help you move forward. What's going on? I noticed that there were 10 bottles stacked on your bed. You know, when I saw you last time, what the heck is going on with the bottles? You know, those questions have to be asked respectfully, with the same regard you would to anybody you cared about. it's not necessarily authoritarian, but it has to be engagement. And there was no shortage of desire to engage. But there was a concern I've had in all healthcare

in America is that human to human time to really talk to people [00:36:00] and understand what's going on for them is sometimes the thing we invest in least.

Shawn Liu: You raised a really important point that I want to get more reflections from you on, and it's, you, you described it as engagement. For me, in my head, like I flag it as access.

VA is all about access, right? Like more access to more Veterans, more benefits than ever before, right?

Access has a lot of different components though. A lot of times when we think about the Housing First debate, there's a discussion about motivation from the Veteran versus requirements, mandates to participate in the thing. But what you just shared about the supportive services offers layers of complexity that I think are really important to kind of like have you riff on a little bit more.

Outside of what the rule state, number one, do you actually have the services available? And number two, does the Veteran have means to access those services? And we're talking like really concrete stuff like transportation. Do they have a car? Does your community have adequate bus service? Is there a staff person that can drive the Veteran in or out?

Does your clinic have available times? [00:37:00] Do you have cell phone reception or other internet connectivity for virtual care? Does the Veteran know how to do virtual care? Are there other challenges, barriers or limitations that need to be accommodated that can't be from a rural community 60 miles away.

Stefan Kertesz: One of the things we did is we sent observers to watch some of the case management teams that did more intensive forms of Housing First, where there was actually a team of multidisciplinary folks. And one of the things that happened is we could see that in a given city, if you distribute people widely, which often happens when you're looking for low rent apartments, suddenly there's this problem to solve, which is how are the staff going to get out to see clients who may not be able to get in to see them. So you have to actually staff up and provide transportation in some way or another. The staff have to have cars, they have to have vouchers, they have to have enough protected time to get all the way across the city or into a remote suburb. There really wasn't access concern, particularly for the most vulnerable individuals.

In more recent work, we are running models now, and I'm just mentioning results we've presented in meetings, but we can see that people who [00:38:00] use our VA's primary care, the further away they live, the greater the difficulty

they report in getting the services due to distance and the less services they use. This is not, I mean it, they all line up pretty well.

So access is the first part of the equation, which is what you really focused on there. And we can address that I think. But it requires resources and some of those resources, you know, in the VA we go to Congress for that kind of thing.

But if you're not in a VA, you have to have a discussion with state authorities or with your county authorities about are we really going to do this? 'cause it does cost money. The other thing I want to talk about is just to touch on, and you can cut this if you need to in post, but engagement. What I mean by engagement really is based on the words of a colleague and collaborator, who is himself a VA doctor named Dr. Saul Wiener. And engagement is the fundamental nature of a relationship in which you are respectful to another person. You've clear boundaries that that person, and at the same time, you're genuinely concerned to help them.

When somebody's behavior is part of why you take care of them and could put their [00:39:00] housing at risk. For instance, if somebody spirals out of control and loses their lease, they're going to lose their housing. Part of engagement is to say, "I'm worried that there's a consequence for the things that you're doing right now that you actually don't want, I mean, you've told me you want to keep this unit, but things that I just noticed when I walked in or when you talked with me, could put that at risk." That's very respectful to put on the table with somebody. It's not authoritarian, it's not actually enforcing a rule. Eventually, landlords will kick you out if you violate the terms of the lease. So there is a rule out there. But as a clinician, my job is to help people understand that I'm there to help them figure out how do we make your goals happen?

But one of your goals is this unit, and we want you to keep it. And engagement's fundamentally about respect, and that's kind of how I was using that word.

Shawn Liu: Yeah, no, that makes a ton of sense. Also, just kind of acknowledging you're basically raising up another podcast episode topic about engagement and how it intersects here. So, I appreciate the ideas for upcoming episodes.

Alright, I wanna shift gears two more times as we wind this episode down. This has been [00:40:00] fantastic, and obviously the start of a discussion. I know both of you are probably kind of kicking yourself like, "I should have said this, or this is other point that I wanna make and..."

Before we let you go, shifting gears the first time, what do you want Veterans to know about Housing First? We've talked a lot about the models and what the research tells us and how the climate, whether it's political or operational, has changed over the years. But for the Veterans who are listening in, what do you want them to know about Housing First and VA's use of Housing First in caring for them?

Stefan Kertesz: We've talked about the fact that there is, there are vouchers, there's rental support, there's clinical support, but it's crucial that anybody who's entering into anything understand the demands involved on them. And despite the philosophy of Housing First, getting an apartment. If you've been living out there or in shelters, trying to get through the bureaucratic process of getting an apartment is real work. Even with a case manager helping you do it, it's an investment of time and energy. And there often are delays. There's bureaucratic [00:41:00] moments where somebody says, "The blank form has not been filled out, the inspector has not come out. You didn't show up at the time we expected you." So I think if someone is currently homeless and thinking, you know, I might want to use that HUD-VASH program and take advantage of this, there is a real investment of time and energy involved. And then there'll be terms of the lease to uphold. So it's work for the person who goes into it, even though we are trying to make the barriers less. It still is a task.

Shawn Liu: Keith, how about you?

You've been doing this work for a while as well, and have had many opportunities to kind of share publicly, both, the agency's position, but also your thoughts. What do you want the Veterans to know about how we use Housing First to care for them?

Keith Harris: Well, I'm gonna hit a couple greatest hits here from today's podcast.

The first one is, Shawn, something you and I have talked about before. Kinda big, bold letters. Housing First is not housing only. There's a couple things I just wanna say again so that we're sure they land. We often hear opponents say something like, "How can you put a Veteran who's using out by himself in an apartment?" And the the implication being we're [00:42:00] just sort of dumping people out there and forgetting about them.

We offer case management. We offer supportive services. We offer treatment. Housing First is person-centered. We honor Veteran choice. It's not anti treatment. If you're a Veteran who struggles with substance use and you believe

you require treatment before seeking housing, then we support that. The model doesn't preclude that it will honor Veteran choice. If you prefer to seek housing and simultaneously seek treatment, we support that and the model accommodates that. And if you prefer to focus on housing, worry about treatment down the line after you're stably housed, we support that as well. We will honor your preferences. The model supports, however you want to tackle things.

Shawn Liu: Awesome. Well said.

Stefan Kertesz: Love it.

Shawn Liu: Yeah. Love it.

Okay. Shifting gears one last time. We're gonna bring this episode to a close with the tradition on our show, ending with why. Folks who've been listening in for basically the last two years now know that I'm not a Veteran. And what's really important for me as a civilian who's never served is communicating [00:43:00] to those who I'm helping, who I'm working with, that I'm not just collecting a paycheck. This is not just another job. I'm here for them. I'm here for the mission.

So as we wind down our episode and bring us to a close, Stefan, I wanna start off this last segment with you.

What's your why for this work? You are an accomplished physician, accomplished researcher. You've done a lot of great studies. A lot of your studies have been on homelessness among Veterans. What's your why for this work? What compels you.

Stefan Kertesz: I do feel morally compelled. The work I do almost always is the work that matters to me at an emotional and ethical and moral level. It really is how do we establish relationships that make all this cool medical stuff actually work for people. For people who have complex lives that are unlike mine? To me that's both ethically valuable, but most importantly, it's enjoyable. I do the work because I like it.

Shawn Liu: Keith, give you the last word. What's your why for this work?

Keith Harris: All right. I love this question. So I got my psychology degree because I thought I would end up doing private practice. But the Homeless Program rotation in my internship at the [00:44:00] Palo Alto VA absolutely

changed my life. I loved it. I was of course deeply moved at the suffering evident in those we were serving and the injustice of seeing Veterans in such a state.

But what really got me was seeing the change. Seeing that with the right combination of support and services and opportunities and structure, watching these Veterans come back to life. They, uh, rediscovered dormant talents. They rekindled fractured relationships. They found hope for a future. You saw light return to their eyes.

I was the chief of that program and I'd be sitting in my office and a Veteran would pop his or her head in the door dressed up off to a job interview. I watched him come into the building with literally nothing but a trash bag of belongings and beaten down and watched them transform and find kinship and employment and housing. Nothing has ever felt more gratifying. It drives me to this day.

And in terms of the final why, we've come a long way. We've accomplished a lot, but we can't rest until we finish the job.

Shawn Liu: Dr. Keith Harris [00:45:00] is the Senior Executive Homelessness Agent for Greater Los Angeles, and Dr. Stefan Kertesz is a physician at the Birmingham VA Healthcare System.

Keith, Stefan, thank you so much for the gifts of your time.

Stefan Kertesz: Thank

Keith Harris: Pleasure.

Stefan Kertesz: you.

Keith Harris: If you wanna know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless.

And if you're a Veteran who's Homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

That's all for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care. [00:46:00]