Assertive Community Treatment and Housing First

Rie Kløver Eriksen

June 25, Oslo
ACT-team
Homeless Unit
City of Copenhagen
Denmark
E-mail: xu35@sof.kk.dk
Where we started

- Part of The National Danish Homeless Strategy 2009-2013
  - reduce the number of homeless citizens
  - testing Housing First and different methods of social support (ICM, CTI and ACT)
- 8 municipalities in Denmark with the highest level of homeless citizens
- 500 million DKK (66 million €) in total
- Copenhagen 200 million DDK (27 million €)
Progress to date

• Anchored in the Homeless Unit in City of Copenhagen
• Existed since 2010
• Permanent program

• The National Board of Social Services is facilitating a program focusing on expanding the results from the former homeless strategy – e.g. Housing First and ACT
Principles of Housing First

- Housing as a basic human right
- Respect, warmth, and compassion for all clients
- A commitment to working with clients for as long as they need
- Scattered-site housing; independent apartments
- Separation of housing and services
- Consumer choice and self-determination
- A recovery orientation
- Harm reduction

(Sam Tsemberis)
Assertive Community Treatment - ACT

- Multidisciplinary team
- Outreaching and floating support
- Less contacts across sectors
- Long term support – support is given as long as needed
- No requirement of treatment – either to addiction treatment or treatment for mental illness
- Housing First as a basic principle – assigned to housing as part of the program
ACT-team

- 1 team leader
- 10 social support workers (caseload 1:8)
- 2 social office workers - administrative authority
- 1 nurse
- 1 social and health service assistants
- 1 psychiatrist (2 days a week)
- 2 addiction councilors (2 days a week)
- 1 job center worker - administrative authority (3 days a week)

- The ACT-team can support 75 citizens
- Over time 118 citizens have been assigned to the ACT-team
Target group

- Homeless citizens with complex support needs
- Citizens who are not capable of using the existing support system – e.g. addiction treatment, health care system, social services
- All citizens have been addicted to either alcohol or drugs – or both – while being assigned to the ACT-team
- Many citizens suffer from mental illness or psychological issues
- Many citizens have difficulties with social relationships
Housing solutions and assessment

Scattered independent housing

Congregate housing
Outcome

• It *is* possible to house homeless citizens with complex support needs!

• More than 90% stay housed!

• Many report a higher quality of life!
Outcome

• Time and flexibility as a key point!

• Housing solution; scattered independent housing – congregate housing

• Health problems; possible to test and start treatment

• Addiction: getting housed gives the opportunity to stabilize or reduce addiction problems

• Economic issues
Challenges and lesson learned

- It is not possible to tell who will succeed or not
- Social aspects of addiction and “life on the street”
- What is a home?
- When there is no addiction – then what to do?
- Changing focus on something else than the addiction problems and mental illness – finding meaningful activities and other perspectives
Reference

• Lars Benjaminsen (2013) “Rehousing homeless citizens with assertive community treatment. Experiences from an Act-Programme in Copenhagen” SFI
  Link: http://www.sfi.dk/s%c3%b8geresultat-10668.aspx?Action=1&NewsId=4082&PID=32427

• Sam Tsemberis (2010) “Housing First. The Pathways Model to End Homelessness for People with Mental Illness and Addiction.” Center City, Minnesota: Hazelden