

Assertive Community Treatment and Housing First

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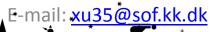
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ACT-team

Homeless Unit

City of Copenhagen





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



<u>Assertive Community</u> <u>Treatment - ACT</u>



- 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



<u>ACT-team</u>



- 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

- 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





<u>Outcome</u>



- It is possible to house homeless citizens with complex support needs!
- More than 90% stay housed!
- Many report a higher quality of life!



<u>Outcome</u>



- 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



<u>Reference</u>



• Lars Benjaminsen (2013) "Rehousing homeless citizens with assertive community treatment. Experiences from an Act-Programme in Copenhagen" SFI

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