

Doing What Works: Innovations in Homeless Services Episode 6 Sam Tsemberis (Date)

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SPEAKERS

Host: Ashanti Blaize-Hopkins

Guest: Sam Tsemberis

[00:00:00] **Ashanti Blaize-Hopkins:** Welcome to Doing What Works, Innovations in Homeless Services, the podcast that takes a closer look at one of our community's most urgent challenges. I'm your host, Ashanti Blaize-Hopkins, Interim Associate Dean at Santa Monica College's Center for Media and Design. Each episode we'll engage with experts, policymakers, and educators to uncover the history, explore effective policies, and highlight the efforts of those working to create change.

Joining us on the podcast today is someone who is a psychologist by trade, who has been deeply entrenched in mental health support services for the homeless and unhoused for more than three decades. He's also served as a clinical associate professor of psychology at UCLA for the past seven years. He has a Ph.D. in Clinical and Community Psychology from NYU, and currently he's the Chief Executive Officer of Pathways Housing First Institute, a nonprofit that seeks to provide housing and ongoing support services to homeless individuals with mental health and addiction issues. He was also on the Distinguished Time Magazine list of 100 Most Influential People of 2024. Sam Tsemberis, thank you so much for joining us today.

[00:01:13] **Sam Tsemberis:** Thank you for having me.

[00:01:15] **Ashanti Blaize-Hopkins:** Our first question for every one of our Doing What Works podcast guests is always the same. What was your first job ever and how does what you learned in that position inform doing what works for you now in your current role?

[00:01:28] **Sam Tsemberis:** My first job ever paid or unpaid? We're talking about--

[00:01:32] **Ashanti Blaize-Hopkins:** It can be either one.

[00:01:33] **Sam Tsemberis:** Yeah. I grew up in my father's restaurant business and so my first job was dishwasher. I couldn't quite reach the bottom of that big restaurant sink. I had to stand on a case to reach the dishes. But, that was my Friday night, then Sunday morning job for quite a while. And what that taught me, strangely, is something that is still very important to me today in the work that I do, 'cause the mantra in that restaurant, and in many good restaurants, I think, is the "customer's always right." And that's something I've taken with me in my work in mental health as well.

[00:02:12] **Ashanti Blaize-Hopkins:** I completely see how that would connect with just the service part of having clients and being there as a support system.

You spend a significant amount of time working at Bellevue Psych Psychiatric Hospital in New York. How did that experience shape your perspective of the homeless crisis in our country and what were you seeing while you were there?

[00:02:33] **Sam Tsemberis:** Well, one of the first things that happens in a hospital system is, it's a system that's designed to avoid risk, avoid errors. It's a medical center, so you don't want to forget, scalpel in surgery, or give the person the wrong medication. So all of the procedures around hospitals are the clinical team having a lot of rules about how things are done. Which makes sense in medicine. But then in psychiatry, it's a whole other situation because there isn't a surgery to be performed. There's a person to be learned. And in order to shift from telling people what to do so that you can learn something about them. You have to change your focus and go from being the expert to being the learner.

[00:03:26] **Ashanti Blaize-Hopkins:** Let's talk a little bit about the patients you were treating while you were in New York. You really started to gain a passion for working with a particular population of patients. Tell me more about that and what you saw as the critical need for the patients you were serving.

[00:03:40] **Sam Tsemberis:** Well, during the inpatient service, the people that come to Bellevue Psychiatric Hospital, the largest in New York City, and one of the oldest in the country are people that have severe mental illness. What does that mean? Severe mental illness? It means that their families or the people that were trying to help them were just besides themselves and couldn't figure out a way to help them. And that people needed more attention than it was possible to have at home. But at the hospital, you had a chance to get to know people like with severe mental illness.

And then once you get to know like anybody, they start to make a lot of sense. While I worked at Bellevue, this was in the eighties now, one of the things that happened in the country was that the federal government stopped funding the building of public housing. And there was a lot of, chatter about the terrible consequences this would have. But in a very short time, I got to see on my way to work the people that had been treated in Bellevue's psych ward, on the streets, still sometimes in their Bellevue pajamas. So it was a moment of, confusion for me in terms of trying to help people because, what was I doing going into the ward when the people that we cared about were on their street and there was no one there looking for them? And at that point I changed jobs.

[00:05:06] **Ashanti Blaize-Hopkins:** I can only imagine how jarring that must feel, right to see someone that you have served, someone that you're there to help. Then turning around and seeing them not only on the street, but in the same medical gown that they had when you were trying to help them. I know that when we spoke before, you mentioned that at Bellevue you started to see this cycle of care that was evolving, the medication and then back on the streets for many of those patients.

How did that realization impact you and how did it lead you to start your own organization?

[00:05:37] **Sam Tsemberis:** Well, the effort to help people was, it was limited from the streets. We could either offer them trip back to the hospital, which they didn't want, they had just been there, or a trip to the shelter. At that point, the shelter system was growing. And some of the shelters in New York City had as many as a thousand cots, and they were scary places. Many of the people were just desperate and poor, high, exhausted, distraught. And for someone with mental illness, it was a frightening kind of a space. And they would not go there.

They would rather hide in the crevices of a building overnight rather than risk being in a shelter. That actually ended up giving them a reputation that these people were resisting shelter or not ready to be housed. In fact, they were making a very different choice based on what their emotional capacity was.

We would take people to Bellevue on occasion if they were a danger to themselves or others. If we thought they would freeze to death that night, or if they were coughing up blood, or their feet were swollen outta their sneakers, whether they wanted to go or not. And so that involuntary commitment, which is a big, popular program now in California and lots of other places. This care courts, and let's get people who are homeless and mentally ill, off the streets involuntarily. That's what we were doing 30 years ago. It's fine. It does help people to stop coughing up blood and takes care of their pneumonia or it fixes their feet. But without a housing plan, the very same person would be back on the street again and we would start that cycle, again and again. And that was, deeply disappointing and frustrating.

[00:07:23] **Ashanti Blaize-Hopkins:** Tell me the name of your organization that you started back in 1992. I know that this all kind of started with a grant.

[00:07:30] **Sam Tsemberis:** Yes, yes. We were trying to get people into housing, which is where they wanted to go. But all of the housing programs for people with mental illness coming up at that time, required treatment and sobriety and, following all kinds of rules about curfews in order to get in. And the people we were dealing with were not either able or interested in doing that.

They just wanted a safe, decent, affordable place to live. So we ended up having to start our own organization. We got a grant from the State Office of Mental Health. It was called the Supported Housing Grant, which gave us money for the rent subsidy and also for case managers so we could visit people.

And we started taking people right from the street into a place of their own. It was scary, exciting, just, very, very, unprecedeted kind of thing. And we were all out there. The tenants

were excited and nervous. The staff was excited and nervous. We had no idea how it would turn out.

[00:08:32] **Ashanti Blaize-Hopkins:** The name of the organization really does speak to the mission of the organization. Talk. Talk a little bit about that because it really is that crux of why you're doing what you're doing and why you think it can be sustainable.

[00:08:45] **Sam Tsemberis:** Yes. The organization, we struggled about what to call it, and we ended up calling it Pathways to Housing. Not having the word homeless in it, not having the word mental illness in it, because we were renting apartments from community landlords, so we wanted a name that represented what the mission was and also was a name that didn't signal this was a different tenant than anybody else. We didn't want people to be, identified because of their diagnosis. We wanted them to be a tenant like everyone else. They're paying the rent, they sign a lease. And landlords also pathways to housing. What do we do?

We help people find apartments. So we could help people remain, keep their dignity, their identity as people rather than as, participants in a program or patients in a hospital. That was important to maintain that. So that worked out very well, and we were able to rent apartments and at the end of the first year. we had housed 50 people and we didn't know if.

Any of them would stay housed given their diagnosis and their history. But it turned out that 84% of the first 50 people we housed were still housed at the end of the year. It was mind blowing. It was unexpected. It was like so much better than we had hoped.

[00:10:07] **Ashanti Blaize-Hopkins:** What do you think the key to that success was? Obviously if this wasn't something that you anticipated, this really was beyond probably your wildest dreams or any of the expectations that everyone that you worked with had, what was the key to that success? How did you get there, do you think?

[00:10:24] **Sam Tsemberis:** I think we got there because we were looking in the same way that anybody who walks by a person who's homeless, sees that person and sees the condition they're in, and sees them as helpless and sees them as troubled. And it's hard to imagine this person on the street, in an apartment doing well. So I think our expectations were very low. We were hoping they would do well. It turns out what we weren't seeing, because we are just walking by a person who's homeless, in five, 10 seconds, you feel bad. Should I give money? You have all those thoughts and you're onto the next thing. But what? But what we don't see, if we thought about it, that person is still there day after day. That means. They're getting food. They're surviving on the street. They know where to use the bathroom. They know where it's safe to sleep. They still have their stuff with them. They are actually living a life on the street with nothing. Now, you take those skills and you bring them into an apartment, Where's the bathroom? Where's the kitchen? Where's the place to sleep? The whole world becomes so much easier for them. So in hindsight, well of course they're gonna do fine if they have a place of their own. It just makes life so much easier. The same life they've been living on the streets is now contained and secure all within a much, much easier and much, much more manageable space. So it wasn't obvious to us immediately, but it certainly became obvious once it started to happen. And we'd felt very confident then the more we did this that, you think this person's gonna be okay in an apartment? It's like, no way. Yes way. Yes way they are. And in fact, surprise after surprise people did remarkably well.

[00:12:09] **Ashanti Blaize-Hopkins:** I know you said that there had been a lot of doubt that this could be replicated.

[00:12:15] **Sam Tsemberis:** Yes.

[00:12:15] **Ashanti Blaize-Hopkins:** and I think there was shock and surprise when this model started to be replicated and others were finding success. Talk to me about those early days of seeing this model replicated and seeing how it was kind of spreading in different areas, even globally.

[00:12:34] **Sam Tsemberis:** Yes. Yes. It didn't spread immediately. I mean, we talked about it, but you know. There was no data. Even when we began to produce data, it was just our data. And then we did a randomized control trial, where we had 225 people. We randomly assigned them to our, what we called, the Housing First program to, the Sobriety Treatment and Housing Eventually programs. It was housing first and then treatment first, and the results were spectacular.

80% success in the Housing First program, 40% success. We published it in the American Journal of Public Health and that's when there was a kind of a sea change of people saying, "that won't work," to, "could you come and tell us how it would work here?"

One very, memorable example, Salt Lake City had a big shelter downtown, and they wanted to also do a kind of a study to show the local community that this would work here in Salt Lake.

I think they had 30 people in their shelter who had stayed a long time, the chronic shelter users. The agreement was we'd randomly assign 15 of the 30 to a Housing First program, and the other 15 would slowly work their way outta the shelter into Housing Eventually. And when we did the randomization, one of the people that was randomized to housing first was an elderly woman, maybe late sixties.

Who the shelter Director was very fond of, this guy, Matt. Matt was, he had kind of adopted her, like sometimes he would come to the shelter to open the door and she had missed the curfew. She was outside on the stairs. He would carry her in, sometimes she was outside at night intoxicated. He would help her, he cared for her. And when he learned that she was gonna have an apartment of her own, he was very upset. He was like, he wasn't sure who would take care of her. What if she's locked outside the apartment, who's gonna bring her in? You know, all of these legitimate concerns given what he'd seen of her at the shelter.

So anyway, the deal was the deal though. She gets an apartment and it was about two or three months after she got the apartment, Matt got an invitation from her to visit her at home and Matt goes to her house and she had cooked a meal for him to thank him. And this apartment, perfectly neat, well kept. And she's like just a gracious hostess, a side of her. He had never even imagined existed. That was a big turning point, then Matt was like a big fan like, we gotta do this for everyone. But it takes those kinds of experiences, and to feel the kinds of changes to see and feel the kinds of changes people go through in these programs that makes then Matt an advocate, and the next person, an advocate. And you know, the movement to have the program everywhere 'cause there was always somebody that wasn't fitting in well to the existing system.

And this program became the solution for those people that weren't doing well in the existing system, became the plan B for everybody, that the system was failing.

[00:15:48] **Ashanti Blaize-Hopkins:** It seems, given the chance people will persevere. Right. Given the chance they can show that they are capable of being independent

[00:15:58] **Sam Tsemeris:** Yes. Given a *different* chance.

[00:16:01] **Ashanti Blaize-Hopkins:** Yes.

[00:16:01] **Sam Tsemeris:** You know, I mean, people tried and tried to succeed in the shelter system. Tried and tried to succeed, staying sober so they can get housing and they couldn't. So they were given a different opportunity to demonstrate their skill.

[00:16:16] **Ashanti Blaize-Hopkins:** There is a large need, obviously, especially here in southern California, the state of California, but also nationwide for homeless services workers. The boots on the ground to be able to engage, to triage, to determine what services support that those who find themselves without homes may need.

Santa Monica College obviously just started a homeless services program, just this past fall. When was the first time you heard about that particular program and what was your reaction to that?

[00:16:51] **Sam Tsemeris:** I heard about it recently actually. And, I thought it was a wonderful idea. I think the field is in desperate need of people, of employees. I mean, lots of places are working with a 20% or something vacancy rate. And the other thing that happens is that people go because their values push them into a kind of a humanistic professional, setting. But you know, they've taken English literature or political science or one of the humanities even, and they come and they're working with people who have real challenges and you need some skills and knowledge in order to manage, not only an effective way of helping the people you're helping with, but also to understand your experience of this work and to set your expectations realistically so that you can be more effective and sustain your own wellbeing while you're doing this job that is really caretaking on an ongoing basis. And all of that I think is better served with knowledge and skills. And so I was really happy to hear that the program was here and then.

People were paying attention to getting trained. I think it's gonna be great for everyone.

[00:18:04] **Ashanti Blaize-Hopkins:** You know, a little bit, of something about replication. Yeah. In the work that you've done. Yes. How important and how critical do you think it would be to be able to replicate this program at Santa Monica College and Homeless Services to not only just other community colleges in LA County, but across the state, across the country?

[00:18:25] **Sam Tsemeris:** I think it's an unspoken need. I think it's an industry that puts people into frontline work with not having them well prepared. I think there's a huge need for that.

[00:18:37] **Ashanti Blaize-Hopkins:** When you think about the homeless crisis that we have, here in this country. And you also think about the work that you've done and how that's been replicated, nationally, internationally, and how well it seems to be working.

If you look at what we're doing here, In the city of Los Angeles, in LA County more broadly, what are some of the things that you think, we're doing well, and where are some areas that we may need to improve, grow? Challenge ourselves to look at things differently?

[00:19:10] **Sam Tsemberis:** Well, LA County is, unique challenge in many ways because of the 88 cities in the county. Because you have all of those cities with different political beliefs, it's hard to have a unified countywide view, but without a unified countywide view, we're gonna be pulling in different directions and we're not going to get to a destination. We'll just be pulling half of us this way, and half of us that way will be back in the middle at zero.

So we need to develop a countywide view. I think one of the things that's really working well, not only in LA County but nationally, is the Veterans initiative to end homelessness among Veterans. Now in 2024, the, we do this one night count in homelessness. You know, it's happening right now, actually, just of some of the weeks in January and a little bit in March. But we do it as imperfect as it is. We do it every year and every year the number in Los Angeles goes up, just like it did nationally. 18% Actually, this year in LA County, it remained flat, or there may have been only a 1% decrease or something, but essentially the same, which speaks to Karen Bass's, getting people off the street and putting them into hotels. We don't know where they're gonna go after the hotels, but it reduced the, or kept even the street count. The Veterans count for LA County in 2024 was a drop of 23% in homelessness among Veterans. Now same tough real estate, same 88 competing view cities. But why did the Veterans count go down 23%? It went down for three reasons. One, the resources that are needed to end homelessness are there for the Veterans. Congress has allocated vouchers for every Veteran that's eligible for the health benefit so that there is a voucher for every Veteran, and there's a rentable apartment. Maybe not the first choice, but there's a rentable apartment for Veterans. The VA has money for social services because this housing program, housing is only one component, and if it was housing only, it would not work. It only works because social workers or nurses or case managers are visiting the Veterans after they're housed and making sure they're managing okay. And the VA is using a housing first approach. They're not requiring Veterans to be clean and sober or anything else. It's led by the Veteran and the sequence. Typically, when you ask a person who's homeless what they want, first, it's housing. So it's housing first, and then supports. So the resources, the right approach, the case management, and you have results in a city where no one else is getting results.

To me, that says if we took that same approach and applied it to the general population, we would be doing a lot better.

[00:22:14] **Ashanti Blaize-Hopkins:** We would've Similar results.

[00:22:16] **Sam Tsemberis:** Yes.

[00:22:16] **Ashanti Blaize-Hopkins:** Yeah. You mentioned earlier, about the approach that many people may have when they see someone on the streets who is homeless, where you're

like, oh, what can I do in the moment? Should I give them money? Should I do something else? And then it almost becomes a fleeting passing thought.

[00:22:32] **Sam Tsemberis:** Yes.

[00:22:32] **Ashanti Blaize-Hopkins:** And then you move on about your day.

[00:22:34] **Sam Tsemberis:** Yes.

[00:22:34] **Ashanti Blaize-Hopkins:** But that didn't happen to you. Right. So tell me what drives you? What keeps you going and doing this work? What? What keeps you waking up every morning to say, I think we can do more. I think we can, evolve. I think we can keep fighting this problem.

[00:22:50] **Sam Tsemberis:** I think that I was fortunate that I was able to see success in the solution of the problem. I think it would be much more difficult to continue to do this work if you're working, let's say in a setting where people are just coming in and out and you know the repetition.

This happens in the criminal justice system, in the hospital system, the shelter system. In fact, that first job I had, that was the involuntary commitment job. I did that for four years, and I couldn't do it anymore. I couldn't in good conscience just keep repeating the same thing and expecting a different result.

We had to shift. And I think when you're working in a setting where you can see positive results, that fuels you to continue to see more positive results, and this program happens to be spectacularly successful. And then, it's also been replicated in other countries.

For example, 2009, the Canadian government wanted to do something about street homelessness. Not for the noblest of reasons. They were gonna have the, winter Olympics come to Vancouver and they wanted to get people off the street. But, whatever the motivation, it got the parliament to vote \$110 million to address chronic homelessness across Canada. That was, five cities. And we did a randomized control trial there as well. Vancouver, Winnipeg, Toronto, Montreal, and Moncton. 2,225 people randomly assigned half of them to Housing First, and the other half to treatment, and then housing. And we got the same results from the Canadian study as we had from our own study. I mean, that was enormously gratifying to see the program implemented at that scale in a different country, different healthcare systems, the provincial government providing the healthcare that everybody's entitled to there and the federal government picking up the rent subsidy and the collaboration.

So, it's just a kind of a wondrous thing to see unfold. And, we're over 1500 people housed.

[00:24:56] **Ashanti Blaize-Hopkins:** Are you optimistic that we can eliminate homelessness in this country? The state? LA County? And if so, what do you think it's going to take to make that happen?

[00:25:07] **Sam Tsemberis:** This is one of the most frustrating things for me because I know we can end homelessness. I've seen people who you would not believe are able to be housed, not only get housed, but stay homeless and have lives of meaning. So I know we can end homelessness. We don't need to find the cure. What we're lacking is that shared vision that says we can end homelessness if we want to. And I think that's us. I think that's the public, that's all of us believing in that and supporting that. Because it also is not, it's not a big ticket item. It's not like the defense department and we're keeping ourselves safe from enemies in the world. This is a rather, 10, 20 billion dollar kind of investment if we had the political will to do it.

There's some things that push against it, in the sense that people who are homeless don't have a microphone. They don't have a voice, and they're not represented in the conversation. So what we have done is we end up talking about them as if they're a separate group of people. But if you're working in homelessness and you start to get to know people, this is somebody's brother and this is somebody's sister and somebody's aunt and uncle. And it takes away this sense of us and them. It's like, who's on the street? It's not them. It's us. And if we could have people realize this and see the connectivity, I don't think we would be able to tolerate to leave us on the street. I think that's our biggest challenge, to shift the mindset so that people understand it's hurting us. It's hurting us. I mean, if not directly, to have to walk by someone and feel that pain or explain it to your child, and then be able to walk away. We're cutting down a part of our humanity in order to allow this to happen. I think it would be healing for all of us if we, didn't.

[00:27:10] **Ashanti Blaize-Hopkins:** This idea that we are all responsible for each other.

[00:27:13] **Sam Tsemberis:** We are.

[00:27:14] **Ashanti Blaize-Hopkins:** Sam Tsemberis, thank you so much for sharing your insights and expertise with us on the podcast today. And thank you for joining us on Doing What Works, Innovations in Homeless Services. We hope today's conversation has shed light on the complexities of homelessness and inspired ideas for change.

If you found value in this episode, please subscribe, share, and leave us a review. Together we can continue the dialogue and support the efforts to create lasting solutions. Stay tuned for more insights from the experts leading the way. Until next time.