

Redefining Health & Wellness

#58

Featured this episode: Shohreh Davoodi & Andrew Spiers

Shohreh Davoodi: You are listening to episode number 58 of the Redefining Health & Wellness podcast. The topic of this episode is one I've been wanting to cover on the pod for a very long time, and that is homelessness. If you've never experienced housing insecurity, you probably haven't thought much about how access to safe housing affects your health and well-being. Today you'll be hearing from Andrew Spiers, a licensed social worker who currently serves as the Director of Training and Technical Assistance at Pathways to Housing PA.

We discussed the Housing First philosophy and its emphasis on self-determination, the disproportionate rate at which transgender individuals experience homelessness, and much more. To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/58. That's shohrehdavoodi.com/58.

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Lastly, even if you're unable to support the podcast financially, you can always subscribe, rate, review, and share it so that more people can find and benefit from the show. However you choose to invest in the podcast, thank you for believing in me and tuning in each week.

[Music plays]

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Welcome to the Redefining Health & Wellness podcast. I'm your host and resident rainbow glitter bomb, Shohreh Davoodi. I started this project because I saw how black-and-white messaging about health harms everyone, and I wanted to paint a more honest and vibrant picture. This podcast is a space where we can reimagine health together by confronting limiting misconceptions, delving into aspects of well-being that are often ignored, and prioritizing conversations with marginalized individuals. I encourage you to take what you need and leave behind what you don't. Are you ready for this? Let's fucking go!

If y'all remember Erica Smith who has been on the podcast twice now, once early on to talk about purity culture and again, more recently, on our 2020 Pride Panel episode, today I get to introduce you to her equally badass husband, Andrew. So thank you so much for being here, Andrew.

Andrew Spiers: Yeah, thanks for having me.

Shohreh: Of course! So why don't you start by just telling me more about who you are, what you do, and how you came to do the work you're doing.

Andrew: So, I am a queer trans person in long-term recovery from substance use, and I'm a licensed social worker in the state of Pennsylvania. I came to social work in sort of a backwards way, as I think many social workers do. I studied poetry in undergrad at Pratt Institute of the Arts in Brooklyn, New York and spent the next few subsequent years playing music and touring. And then I was in my late twenties when my mom started encouraging me to find a job that would offer me health insurance, and I stumbled upon a position at an adolescent drug and alcohol rehab.

So, I had worked with teenagers before as a guitar instructor. And I thought I'd give that a shot, and that job really changed everything for me.

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So that's where I figured out that I myself had a substance issue that needed to be addressed. I just celebrated 11 years last month.

Shohreh: Yay!

Andrew: That's where I fell in love with social services. So I think the link between being a writer and a performer and social work, is, you know, I've always had this desire and ability to connect with other people. I've had a lot of odd jobs over the years to help support myself financially in between touring, and I usually got bored with them pretty quickly. But when I started working with youth in this rehab, I realized that no two kids were the same and that everyone came into treatment with a different set of skills and barriers. And after about three years as a behavioral health technician and supervisor there, I decided to go back to school for my master's so I could kind of continue on that path.

I studied community practice in advocacy at Bryn Mawr College's Graduate School of Social Work and Social Research, and I had two really great field placements as a student that I feel like really set me up for my later work. My first year I worked at Prevention Point Philadelphia helping with the syringe exchange program and the suboxone clinic and drop-in center.

And then later I worked with Returning Citizens at the Institute for Community Justice, which is part of Philadelphia FIGHT, which is, I think the largest HIV/AIDS service organization in Philadelphia. So I learned a lot about drug user health, and harm reduction, and HIV criminalization laws, and community-led advocacy while I was at those places.

And then after graduating, I worked for the Trans Health Information Project which is now called the Trans Equity Project. It's a peer-led program based in North Philadelphia that helps connect trans folx to

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affirming medical and legal resources and offers harm reduction-based peer counseling.

Then I was asked to come on as a therapist at Morris Home, which is a really special space. As far as we know it's the only in-patient substance use treatment program in the country, possibly the world, exclusively serving members of the trans community. So there are LGBTQ-focused rehabs, but Morris Home, which is run by Resources for Human Development, which is a national non-profit, Morris Home is the only trans, gender non-conforming, non-binary rehab that we know of.

So I was in that role for about four years. Morris Home is a nine-bed facility, and at the time that I was working there, we didn't have any resources to connect our members with permanent supportive housing upon completion of the program, so we'd often see the same folks returning time and time again. They'd come into treatment from off of the street or directly from jail, spend six months doing a lot of hard work to heal and get healthy, and then they'd be discharged right back to the same circumstances that they'd come from. So couch surfing with friends, staying with unsupportive family members, renting a room with no reliable source of income—it was really heartbreaking to watch. And so as much as I love that program, I mean that place has my heart. I have a Morris Home tattoo and everything [laughs]—

Shohreh: Aww!

Andrew: --I decided to move on from there in 2018, with a thought that if I could spread some of this expertise about trans-affirming care, because Morris Home is the only place doing that specific type of work, so the people working there are the experts on this type of work, and I thought if I could bring some of that expertise elsewhere and make some other programs in

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Philadelphia more trans-competent, I could actually have a greater impact on my community.

So, I came to Pathways to Housing PA in 2018, and I was part of the clinical leadership for my first year and a half, working on an interdisciplinary team of about 12 staff members, serving a caseload of 80 participants. And in my previous jobs I had done a lot of training and conference presentations on LGBTQ and trans-competent and affirming care. So Pathways launched its formal training initiative, Housing First University, in the fall of 2019. They brought me on as Director of Training and Technical Assistance.

So all of that background, I think, really set me up ideally for what it is that I do today, and I feel like all of those pieces are still part of my work and I get to touch on all of those things—drug-user health, and people living with HIV and AIDS, and trans folx, and folx with substance use disorders—all of that is involved in the work that I’m doing today, helping other agencies adopt the best practices that we use here at Pathways.

Shohreh: I am super excited to jump into all the work that you’re doing at Pathways, but first, you mentioned your music past a couple of times. And I did hear a rumor—from Erica—that you at least used to know the members of My Chemical Romance, which warms my emo heart!

Andrew: [Laughs] I did not know that that was gonna come up! Yes, I was affiliated with a record label when I was younger called Eyeball Records, based out of New Jersey, and that’s the label that put out the first My Chemical Romance record. I knew all those guys before they were in a band, and they’re really sweet dudes. I haven’t seen them in many, many years, but we used to share a practice space. And Mikey Way, who is the bass player for My Chemical Romance, his subsequent MCR project is called Electric

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Century, and a very, very old vocal track of me singing appears on that record.

Shohreh: What? That's cool!

Andrew: Yeah.

Shohreh: Yeah, I was not gonna get through this interview without mentioning this, so... [Laughs]

Andrew: Yeah, that's fair. Yeah, I was bummed that their tour got cancelled.

Shohreh: Me too!

Andrew: Yeah. Where do you live?

Shohreh: I live in Austin.

Andrew: You should probably fly to Philadelphia when they came through on tour, because you could probably meet them.

Shohreh: Oh my god! Alright, well, considering that an official invitation that is happening, 'cause I was gonna go to Dallas, but that sounds much more enticing.

Andrew: We'll see what we can do. I'll reach out to Mikey.

Shohreh: Yes! Alright, well, I guess we should talk about the things that you're here for, but that was a great side point for me. And before we dig in, I do wanna mention one thing about language, because you were kind enough to send me a handful of resources to review in preparation for our conversation, since I have no expertise whatsoever on this topic. And something I noticed was missing from those resources was the phrase "homeless people," and instead, it was replaced with "people

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experiencing homelessness.” And I was wondering if you could talk a little bit about the importance of that language shift.

Andrew:

Yeah, sure. So that’s an example of what we call “person-centered language.” Person-centered language is exactly what it sounds like. So it’s language that centers the person, not the problem or the disorder that you’re describing. So, it helps to combat stigma, ‘cause it’s strengths-based rather than deficits-based, which is a value of the social work profession. So instead of using words like “addict” or “schizophrenic,” we’d say “a person with a substance use disorder” or “a person living with schizophrenia.” So literally putting the word “person” before any other descriptor in the sentence.

It reminds us that we’re dealing with unique individuals who are more than the sum of their symptoms or adverse experiences. Folx who aren’t using person-centered language aren’t necessarily trying to perpetuate stigma, and it can still be hard to make the shift—like I’ll still slip up occasionally—but speaking from that strengths-based perspective really helps us to convey both a respect for and a belief in the resiliency of our clients.

Shohreh:

Yeah, and it’s definitely something I’d heard of before in like a mental health or disability context, but I had not heard it used in the context of someone’s situation or what they’re experiencing, and so I love that. I think that’s such a powerful change.

And speaking of stigma, which you mentioned, so the average person who has never dealt with housing insecurity probably has a lot of misconceptions about who ends up experiencing homelessness and how they get there. So what do you want people to know, given the experience that you have in this area?

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Andrew:

I think prior to having any experience in the social service field, like a lot of folx, I probably assumed that most of the folx I saw experiencing homelessness were homeless because they had a substance use problem or perhaps they just didn't want to take responsibility for themselves, but that's not the case. Do a lot of unsheltered folx use substances? Sure. Does substance use disorder contribute to homelessness for some folx? Yes. But we don't end up with people on the streets solely because they've decided that they'd rather get high than have a place to live. There's usually years of complex and compounded trauma contributing to the onset of that substance use disorder in the first place, and then all of that is complicated when you view homelessness, like through the lens of intersectionality, right?

So, folx who are experiencing employment discrimination, or poverty, or folx who are undocumented, folx who experience racism, or homophobia, or transphobia, folx who are living with a disability, like all of those factors contribute to how and why someone might end up homeless. So the more of those identities a person holds, the more likely they may be to experience homelessness at some point in their lives. For example, statistically we know that African Americans represent 13% of the general population, but they actually make up 40% of people who experience homelessness. By comparison, white people represent 79% of the general U.S. population, and only 15% of the population experiencing homelessness. In Philadelphia specifically, our poverty rate is double the national average, and here, black folx represent 41% of the population, but a whopping 76% of people experiencing homelessness.

Shohreh:

Wow!

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Andrew: Yeah. And 35% of our residents are white, and 22% of those people experiencing homelessness are white. The disparities are very, very clear. Pathways currently serves close to 550 participants. All of those folks are diagnosed with a serious and persistent mental illness and/or a substance use disorder. So we have participants who have been experiencing homelessness and unstable housing since childhood and were just never able to get a stable place until they came to us. We also have a participant who used to be a very high-level business executive, but was seriously impacted by mental illness.

So no one is really exempt from homelessness becoming a possibility for them when the perfect storm of events hits. But there are certainly common experiences among marginalized populations that contribute to this possibility, particularly when all of those things are compounded.

Shohreh: Is it fair to say that once you experience homelessness for the first time, it's extremely difficult to get back to a place of having permanent housing?

Andrew: I think it depends on all of those other factors in your life, so, if you're a person that has a supportive family, and you're able to access mental health treatment or substance use treatment, if that's what you want or need. The resources that you have dictate whether or not you're able to get back to more of a stable place and not experience recidivism with homelessness, if that makes sense?

Shohreh: Yeah, so it's going back to that issue of access, and systemic oppression, and all these other things that come into play where the more privilege you have, the more likely you're gonna be able to get back to a place of having permanent housing.

Andrew: Yep, exactly.

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Shohreh: And I know that in particular there has been a rise in homelessness among the transgender population. And I would love to have you talk about the surge in an already vulnerable population, including the now officially proposed Department of Housing and Urban Development rule that would deny transgender individuals access to single sex shelters of their gender identity.

Andrew: According to the State of Homelessness, 2020 edition report that was put out by the National Alliance to End Homelessness this year, rates of homelessness among trans folx has increased by 88% since 2016, which is staggering. And the rate of unsheltered homelessness among trans folx, so meaning the number of trans people experiencing street homelessness who are not accessing shelters, that number has climbed by 113%.

Shohreh: Whoa!

Andrew: Yeah. I mean we have seen an increase in homelessness for cisgender men and women as well, but those populations have only seen an 8-35% increase as compared to 88% and 113%. So we can infer that the reasons behind this are similar to the reasons someone might experience homelessness in the first place that I just talked about.

But additionally, with trans folx, we see more people coming out at younger and younger ages. So 12% of millennials identify as transgender or gender non-conforming, which is twice as many as GenX. We know that LGBTQ and particularly trans youth face issues with family rejection and bullying in school, which can precipitate homelessness. So, I mean, there's lots of applicable statistics in the 2015 U.S. Transgender Survey that was done by the National Center for Trans Equality. One in five trans people has been discriminated against when seeking a home. More than one in 10

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have been evicted. 30% of respondents to that survey have experienced homelessness at some point in their lives. Like, it goes on and on.

But on top of all of that, we're living under this administration [laughs] who is very interested in repealing the civil rights of trans folx as we're seeing right now with the revision to the Equal Access Rule, which you mentioned. So, the Equal Access Rule was developed under the Obama administration in 2012, and the rule was meant to ensure that all trans and gender non-conforming folx would be able to access temporary emergency shelters and other facilities funded by HUD's Office of Community Planning and Development. And the rule was updated in 2016 to be even more comprehensive in addressing the needs of trans folx following this listening session on LGBT issues that was conducted with the U.S. Interagency Council on Homelessness.

So that listening session found that trans individuals were often turned away from shelters or faced with unsafe conditions because they were being housed according to their sex assigned at birth rather than in a facility matching their gender identity or gender expression. And some of the homeless service providers that were in that listening session reported they knew trans individuals who were choosing to sleep on the street simply to avoid harassment or violence in shelters.

So, unfortunately, earlier this month the Trump administration proposed to roll back the Equal Access Rule, citing a combination of shelter providers' religious beliefs as a cause.

Shohreh: Of course!

Andrew: Yeah. So essentially HUD's proposal gives license for what is otherwise illegal discrimination. The revision says that all shelters serving a specific

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sex must provide people who they do not accommodate with information about other shelters in the area that can meet their needs. The reality is that most shelters are single-sex to begin with, rural areas usually have very limited options for shelters, and shelters specific to trans individuals are virtually nonexistent, even in urban settings.

Now, of course, HUD is pretending that their goal, in addition to religious freedom, is to protect cisgender women from potentially abusive cis male partners who are going to infiltrate the women's shelters disguised as trans women, despite no evidence of this happening anywhere, ever.

Shohreh: Right, it's the bathroom argument again.

Andrew: Yep. I mean even still, this is not the fault nor the responsibility of trans people to deal with this imaginary problem, right? Like trans people shouldn't have to shoulder the burden of imaginary bad behavior by cis people. So, there have been many academic studies on showing that trans-inclusive policies don't harm cis people. I mean, really this is not about protecting religious freedoms or protecting cis women, it's just about discriminating against trans folx, right?

And homeless service agencies, and advocates, and publicly funded shelters are supposed to be providing care and safety to the most vulnerable members of our society in what is arguably their time of greatest need. But the way that our government is currently colluding with white supremacy and cisheteropatriarchy, instead is choosing to further endanger the lives of trans individuals, especially black trans women. Meanwhile, this all comes at a time when individuals experiencing homelessness are threatened with contracting COVID-19. 44% of black trans women are living with HIV, puts them at greater risk. I mean, I could go on and on here.

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Today is July 23rd, we're a little over halfway through the year 2020, and the most recent statistic is that 23 trans individuals have been lost to violence in the U.S. and Puerto Rico so far this year. And this is only the deaths that have been reported and the individuals who haven't been misgendered by the media or family that we don't know about. So, at this rate, we're on track for what is going to be the deadliest year on record for transgender people. Sixty five percent of those deaths have been among trans women of color and 43% impacted black trans women specifically.

So, between 2015 and 2019, at least 128 trans individuals have been lost to violence, three-quarters of whom were trans women of color and two-thirds of whom were black trans women. So this is another reason that the rollback of the Equal Access Rule by HUD is unconscionable.

So we've talked a little bit about contributing factors to why an individual might experience homelessness. Trans folx face rates of substance use at nearly three times the national average. 40% of trans folx have attempted suicide at least once in their lifetime, and that's compared to 4.6% of the general population, which is just astounding. And we know that folx that are sleeping on the street are at increased risk for police surveillance, right? Cities don't want visibly homeless folx sleeping on park benches, right? Which is why we see this super offensive architecture, you know. Like the "arm rests" on park benches are not for your arms, it's to keep people experiencing homelessness from being visible.

So, what happens then if trans folx are not safe sleeping on the street, but they're not accepted into any shelters, what are they gonna do? We see folx turning to survival crimes, right? So sex work or drug sales so that they can afford a place to stay. That 2015 U.S. Trans Survey reported that one in five transgender people were working in an underground economy to

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survive at some point in their lives, and the rates were higher among trans women of color, again, with intersectionality. So, we can understand then why 47% of black trans women have also experienced incarceration as compared to only 2.7% of all adults.

When we step back, we can very clearly see how all of these systems intersect to keep trans people, and especially black trans women, at the farthest margins. In Philadelphia alone there have been at least 10 trans women of color that have been lost to violence since 2002. Most recently Dominique Rem'mie Fells who was 27 years old.

Legal protections vary significantly among states and jurisdictions, but aside from that 2020 ruling last month in June protecting trans people from discrimination in employment, there are no Supreme Court precedents explicitly protecting the rights of trans individuals. There's no state-wide protections in Pennsylvania, in housing or public accommodation, for individuals facing discrimination on the basis of gender identity or gender expression. So Philadelphia has prohibited discrimination based on gender identity since 2002, through the Fair Practices Ordinance, which was reinforced via the 2013 LGBT Equality Bill. But the number of trans folx currently connected to permanent supportive housing services is still far from representative of the actual need.

Last year, in 2019, the American Medical Association deemed anti-trans violence an epidemic in the U.S. And I can't help but think about how many of the 23 lives that we lost this year could have been saved if folx had access to stable housing, right, and supportive and affirming services. If folx weren't afraid to seek treatment or go to a shelter for fear of being harassed or discriminated against. Like how could things look different if our laws were equitable, and then if our society actually reflected those

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sentiments? But we're actually contending with the exact opposite problem right now with the Equal Access Rule being rolled back.

Action item for folx listening, on this note, is that beginning Friday July 24th, you can go to [housingsaveslives.org](https://www.housingsaveslives.org) and submit a public comment for the next 60 days, so through September 22nd. And we need as many people as possible to respond to the proposed amendment to the Equal Access Rule from HUD to explain why this is dangerous, and discriminatory, and not, just plain not okay. Because the more people who submit a comment, the longer it will take them to review these comments and respond to them all, which they're legally required to do, which will push back the rule actually going into effect and gives us more time to put up a fight. So, [housingsaveslives.org](https://www.housingsaveslives.org) please submit a public comment.

Shohreh: I'll definitely put that information in the show notes. So if you're listening to this episode in August or September of 2020, we would really appreciate if you would take that very simple action to help protect trans folx.

Andrew: Thanks.

Shohreh: So this leads us to how we as a society can work to eliminate homelessness. And Pathways, where you work, uses the Housing First model. So, can you explain to us what the Housing First philosophy is and why you believe it's an effective strategy for providing assistance to those experiencing homelessness?

Andrew: Sure. In order to explain why Housing First works, I'm gonna talk also a little about traditional housing models. So, traditionally, housing models would suggest that folx experiencing homelessness would have to first go to a big congregate shelter and live with a hundred other people and do that every night for however long, and if they're on their best behavior,

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maybe eventually they'll get connected to some transitional housing where they'd only have to live with maybe 20 other people for however long and be on their best behavior, etc., etc. And eventually, right, they might get connected to supportive housing to live independently, but their voucher may only last for so long or it only exists with certain conditions, and the fact is that most of the people that we work with at Pathways just can't function in that system the way it's set up. There's too many hoops to jump through and conditions for getting help that people with chaotic substance use disorder or really serious mental illness are just not, they're not going to be able to do those things.

So the Housing First model turns all that stuff on its head, and it says, we're going to meet you where you're at, get you set up in an apartment without any pre-conditions, and then surround you with the support services you need to be successful. So Housing First is more like a philosophical approach and asserts that people should not need to prove that they have earned or deserve a home. That housing is a human right, and everyone deserves a space to call home.

So you don't have to agree to take any medication, you don't have to stop using drugs, the only requirement is that folks allow us to visit them at their apartment at least once every two weeks to check in and make sure things are going okay. And then we work with them to help participants identify their goals, and begin to address their financial needs, medical issues, behavioral health concerns, and any other tasks that they identify as wanting to work on. Pathways also puts a lot of emphasis on community inclusion and making sure that our participants are engaged in meaningful social activity rather than just stuck isolating in their apartments all day long.

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So, harm reduction plays a big part in all of this. As I mentioned, Housing First doesn't require treatment or abstinence. So there are five key principles in that Housing First model, and one of those is recovery orientation, which refers to applying harm reduction principles as a means of promoting individualized wellness in the program design. So essentially, harm reduction is accepting that substance use and mental illness are real issues that people contend with, and rather than ignoring or condemning behaviors associated with substance use or mental illness, like we work with our participants to reduce the potential harms related to those behaviors for both themselves and people they may be surrounded by. We recognize that not every individual is interested in total abstinence or medication-assisted treatment, that there's a whole spectrum of use between abstinence and chaotic use, and Housing First really works to promote recovery in all of its forms without any hard line requirements of what people *have* to do.

So Housing First is really considered best practice in the field. A lot of people use pieces of the Housing First model in their work, but I feel like it's important to emphasize that there are actually 38 distinct fidelity measures that a program has to adhere to before they're actually really practicing Housing First. We have an 85% housing retention rate after five years. That's incredibly high, but it's only possible because of our fidelity to the model. So sometimes people take bits and pieces and try to incorporate them into the housing work that they're already doing, and they're wondering why their folks are not as successful, and that's because you need all of the pieces to actually be Housing First and to see those kinds of similar success rates.

Shohreh:

Are there certain parts of the model that tend to be missing when other people are adapting it?

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Andrew: Harm reduction is usually the biggest piece. You can't expect someone who has been living on the street for 10 years and self-medicating with alcohol to move into their apartment and suddenly stop drinking because you told them they had to.

Shohreh: Right.

Andrew: They're like, "Well, we gave them the house, and they were drinking when they were on the street, but like, we need them to stop drinking now because they get really drunk, and they make all this noise, and they bother their neighbors, and the landlord wants to kick them out, and we can't house them." Well, it's like talking to that person about their substance use, like, what purpose is that substance use serving? Is there something else that can meet that need for them? Do they want to go to treatment? Do they want to try in-patient, outpatient? Do they want to try Naltrexone to cut down on their cravings? Like, maybe that person is drinking because they have an unmet mental health or psychiatric need. It's looking at the reasons behind the behavior and helping to address those, *if* the person wants to, right? We can't make anybody do anything. And then figuring out the ways to minimize the harms in the meantime, right?

So it's like, alright, you know that when you get super-duper drunk you make a lot of noise in the middle of the night and it drives your neighbor crazy 'cause they've gotta get up at 5:00 in the morning to go to work. Like if you're gonna be drinking real all out, can you go to your buddies' house that night, so you don't disturb your neighbor? Or you do it on the weekends, or you start earlier. You have to look at all of the different ways to help a person be successful whilst still giving them choice and self-determination.

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Shohreh: I actually love the emphasis on autonomy in this model and how you specifically said that you identify *their* goals, meaning that Pathways is not forcing them into some preconceived goals that they have for them and are really letting them be their own person.

Andrew: Yeah. People need to have a say in what their life is gonna look like in this program. Like too many other housing programs are prescriptive in what a person needs to do, and that's why a lot of our folx are skeptical of us at first when we meet them on the street and tell them hey, we have a house for you. Sometimes folx don't want our houses; they don't want our housing at first. They don't trust us. They don't believe when we say, no, you actually have to do anything special, like, we just want to come visit you once we move you in.

And that participant choice is, like, I mean it's in every aspect of our programming, from that first time we meet somebody on the street and we talk to them about moving in to an apartment, we ask them where they wanna live. We don't have some big building somewhere where we stick every single person that participates in our services. We use a scattered site model. So we have apartments all over Philadelphia. Probably the only neighborhoods we don't have apartments in are Center City and Chestnut Hill 'cause they're too expensive [laughter], but everywhere else! We have places, in the north east, in south Philly, west Philly, north Philly, south west, all over the place.

So, we can say, hey, we're going to take you to see these three different apartments, which one do you like? That's the one you get to live in. Is there a neighborhood that you want to live in because you'll be close to family? Is there a neighborhood you don't want to live in 'cause you don't

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want to be near these people or these triggers? Cool, we'll keep you out of that neighborhood.

And a lot of the times the people that we work with are not used to having that level of choice, and that helps them, you know, to have ownership over what their trajectory looks like, and it helps them to build trust with us. Because we believe that our participants are the experts on their own lives—novel concept!

Shohreh: Yeah, you're not infantilizing them and being patronizing, and you're letting them live their lives, which I imagine, especially if you're living on the street, is something that you're just so not used to. So I think that shift must be really empowering.

Andrew: Yeah, that's our hope.

Shohreh: What do you think is so powerful about housing that when you start with that over other kinds of services, people have better outcomes?

Andrew: I mean, think about it. If you're living on the street and your mental health symptoms are really getting in the way of you being able to get a house—so you've gotta take these pills every day before we can connect you with an apartment or appropriate program—like where do you keep the pills? [Laughs] Like, when you're sleeping on the street, where do you store your stuff? You don't have a locker somewhere, necessarily, where you can keep all your... You don't know where you're going to be sleeping from night to night.

One of the first things you learn in social work school is about Maslow's Hierarchy of Needs, right? Like that bottom layer is safety. And one does not experience safety when they're sleeping outside and they don't know who is gonna walk up on them in the middle of the night. Well, most folk

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experiencing homelessness will sleep during the day, because at night they have to be on guard to protect themselves. So, once you can take away the unpredictability of like, where am I going to rest my head tonight, am I going to be safe, where's my next meal coming from? All of the other stuff becomes a lot easier.

Now you have a medicine cabinet in your bathroom, and that's where you can put your pills and know they're gonna be there every time. It changes everything. I don't understand how anybody thinks that you could work on any of those higher levels, like, how do you get to the doctor? You don't have an alarm clock on a night stand at your house. You know, some folk that are unsheltered on the street may have a cellphone, but the reliability of getting to an outlet to charge it all of the time is pretty unpredictable, I would assume. I mean, housing is the thing, is the foundational piece that makes all of those other domains, like, possible to address things in those other domains.

Shohreh: And that makes perfect sense to me. And I'm anticipating that some people have a knee-jerk reaction of, well that sounds great Andrew, but surely it is too costly to provide housing versus other services, and is that true?

Andrew: No! It's cheaper. It actually costs us less to house a person than it does to let them continue to be homeless on the street, right? So if you add up all of the costs involved with a person living in a shelter—so time spent incarcerated, ambulance services, police interventions, emergency room visits, medical or psychiatric hospitalizations, going to soup kitchens, spending a night in a shelter—all of that averages out to be way more than the cost of subsidizing rent and providing the appropriate services.

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So, if you couple that with the fact that we then take vacant market rate apartments across Philadelphia, helping retain the city's tax base, like it's a win-win for everybody. So the services are good for the person who is now housed, they're good for the community as a whole. On average it costs more than \$155 a night for in-patient rehab services. It's \$113 a night to house an individual in a congregate setting. But it's only \$80 a night for us to house an individual through the Housing First model.

So we did a pretty comprehensive study or participated in one in 2011 that showed our program is less expensive per person comparable to other programs serving the same population—so other housing programs not using the Housing First model—we're half the cost of those other programs providing permanent housing for individuals experiencing chronic homelessness, and we're about two-thirds of the cost of residential drug and alcohol for folks experiencing chronic homelessness and mental illness.

Shohreh: Damn, that's impressive!

Andrew: Yeah, so that 2011 study, which we're hoping to recreate that and update some of our numbers, but it showed that for our participants, shelter episodes decreased by 88%, crisis response center episodes decreased by 71%, mental health court episodes decreased by 11%, CBH hospitalizations decreased by 70%, like on and on. Prison system episodes decreased by half. The evidence is there.

Shohreh: Yeah, the evidence is definitely there.

Andrew: Yeah.

Shohreh: Well, and when you're talking about cost, one of the first things that I'm thinking about is healthcare costs, because when I consider the impact of

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homelessness on an individual, obviously there's really no part of their life that it doesn't touch, but in particular the impact on health and well-being, I have to imagine, is vast, which suggests that we should be viewing homelessness as a public health crisis. So can you speak to the effects that homelessness can have on a person in terms of their health and well-being?

Andrew:

Yeah, absolutely. I mean, I'm a social worker, right, I'm not a doctor, but I think everybody knows that stress and trauma impact the immune system, and chronic stress can decrease a person's life expectancy. So, when we're connecting folks to necessary healthcare, once we've got them housed, we're helping them to avoid further traumatization in jails or shelters or via interactions with the police. We're helping them to access mental health supports. They're getting to specialist appointments. They're doing preventative care.

When we combine all of that, we're gonna see an improvement in health and overall well-being, which contributes to a better life expectancy. So we have these interdisciplinary assertive community treatment teams that are made up of a bunch of different roles. So we have a team leader and an assistant team leader that kind of do the schedule, manage the other staff, a lot of the higher level crises in administrative work. We have a program assistant who kind of makes sure all the paperwork is tracked and keeps up with compliance measures. And we have an assortment of case managers—we call them service coordinators—that have different areas of specialty.

So you'll have a substance use specialist who can get folks connected to outpatient services or inpatient or medication-assisted treatment if need be. We have a medical case manager that can work with our folks that have

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high level of medical needs. We have an employment liaison who can help get folks connected to employment or volunteer services. We have a certified peer specialist, which is someone who has lived experience with homelessness, or substance use, or mental health recovery.

We have a registered nurse on every team, and the nurse can go out to people's apartments and do lower level wound care and medical interventions in that person's home, or support them with going to the hospital if that's something that they need. We also have a psychiatrist at the agency, and we have a behavioral health therapist, so folks can have those aspects of their health addressed on site, either in the office or in their home, depending on their level of need.

And we also operate an integrated care clinic on site, We have a nurse practitioner, an MD, and a behavioral health consultant with a beautiful therapy dog named Nugget. Shout-out to Nugget!

Shohreh: Nugget!

Andrew: She is a very good girl. She's a golden retriever. Everybody loves her.

Shohreh: Well now you're gonna have to give me a photo of Nugget to put in the show notes, obviously.

Andrew: I can absolutely do that. Nugget is fantastic.

Shohreh: Adorable.

Andrew: Erica and I have had the pleasure of dog sitting Nugget as well.

Shohreh: Of course you have! You have a whole zoo at your house.

Andrew: That is also true [laughter]. So our medical clinic, so folks can come in to see their case manager, and see their psychiatrist, and see their therapist, and

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see their doctor, like all in one shot. We can do medication management, we do medication-assisted treatment. So we have two teams that are specifically working with individuals who have opioid use disorder, and one team that's more of a polysubstance use disorder team.

Shohreh: And it's particularly interesting because you don't force people into treatment.

Andrew: Exactly! All of the folks that are on our substance use specific teams, all have an overdose prevention plan, right? Like we make it rain Narcan up in here. Everybody is trained on how to administer Naloxone or Narcan to reverse an overdose, including our participants, and not even just participants who are using opioids, but anybody who wants to get trained can get trained. We make sure that everybody has a supply of Narcan on hand.

We actually installed monitors in our, they're like reverse motion detection monitors that we installed last year in our offices. So if somebody is in the bathroom with the door closed and there's no movement inside for three minutes, a very loud alarm goes off, and then there's a procedure in place that we know how to get into that bathroom to make sure the person inside is okay. So, you know, if you're gonna sit on the toilet for a while and scroll on Instagram, you just have to wave your hand in the air [laughter] every couple of seconds.

But yeah, there's lots of different aspects to addressing health. It's not just about going to the primary care doctor, but we do that too.

Shohreh: Yeah, and that's what this podcast is all about, is all these different areas of health and how they intersect and affect people, because one thing I was thinking of too when you were talking about that is how things like

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Loneliness have a huge effect on health. And I know Pathways works really hard to integrate members into a community as part of the services.

Andrew:

Yeah, so we have a whole Community Inclusion and Advocacy department. The mission at Pathways is providing homes, restoring health, reclaiming lives, right? The reclaiming lives part is like, okay, you have a house and you're healthy, but if you just sit at home all day watching TV, what kind of life is that? So working with our participants, like, what kind of life do you wanna live? What are the things that you wanna do? Let's make it happen!

Last year a bunch of our participants went to a WWE match because they decided that collectively they really wanted to go see a wrestling match. And so we helped folks budget the appropriate amount of money, and then they went to go see some live wrestling. They had a great time.

We do trips to the movies pretty regularly when there's not a pandemic [laughs]. We have a restaurant club that happens once a month in the summertime when there's not a pandemic. We have a gardening club that we do. We volunteer with a local organization called Circle Thrift. We go to Phillies games. I mean, we're all over the place because we wanna make sure that our participants are having that meaningful engagement, because that has, like you said, a really major impact on somebody's health and wellness.

If they want to get reconnected to family, we're gonna help them do that. They need a new hobby, we're gonna get 'em connected. If they wanna volunteer, we're gonna do it. If they want to get a job, we have options for that too. We do employment workshops on site, and Pathways also runs the Philadelphia Furniture Bank, which has an employment program where Pathways participants can go work at the Furniture Bank for a year to build

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up some kind of like workplace soft skills, get something on their resume—they get paid for that work.

So we want to support our folx in whatever social endeavors that they're interested in. Some of our folx go back to school, get a GED, go to college, go to tech school, all kinds of stuff.

Shohreh: Yeah, 'cause if you're someone who has never had to worry about housing insecurity, you probably don't think much about the fact that a person who is experiencing homelessness doesn't have access to a lot of the things that bring the average person joy, whether it's outings, hanging out with friends, being able to go to a game or go out to a restaurant. They don't have access to that. And that makes life so much more difficult.

Andrew: Yeah, a thing that our Director of Community Inclusion and Advocacy, Rob Wetherington, talks about a lot, is sometimes when you'll go out to a restaurant or a sporting event and you see the big group of people that are all wearing the same t-shirt, you're like, oh, that's some kind of program. And we try not to do things like that at Pathways, because our participants don't need any additional stigma, right? We can just be a group of people going out together to have a nice afternoon, right, at a restaurant, or at an event, or at the park.

And similar to why we don't have a big congregate housing setting, because we don't want to have that building that people don't want in their neighborhood because they know it's like some kind of program and that the people there have "issues." So we avoid some of that like "not in my backyard" mentality that you get, even from "well-meaning liberals," and that's why we have these market-rate apartments all over the city. We do recognize that some of our folx do better in congregate settings, and we work with other programs to find an appropriate fit if living alone

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independently isn't best for our participants. That, again, goes along with the key principles of choice, and self-determination, and autonomy, and meeting the individuals where they're at, based on their goals, their unique needs.

Shohreh: Based on the way you've described it, the Housing First model sounds very intuitive. It sounds like it's had proven success. Are there barriers to implementing this model that need to be addressed?

Andrew: I mean, there's lots of people that still think that it's an absurd idea. Well, what happens when the person damages the apartment? Or it's a vulnerable person who gets taken advantage of? And what happens when their apartment gets overrun by drug dealers? And I will say that we have dealt with all of that stuff and found a way to continue to house those folks. Those vulnerabilities or behaviors do not mean that someone doesn't deserve a safe place to live.

So the reason that we started Housing First University, which is the training initiative that I run, is so that we can walk other agencies through kind of like the practical application of the theory, right? Like we can talk about the theory and the model all day long, but sometimes there are these, like, social work is a pretty colorful and unpredictable profession. We're encountering new, wild stuff all the time. But we can answer all of those challenges through a harm-reduction lens using the Housing First fidelity measures to make sure it's permanent supportive housing.

People don't become disqualified because of behavior, right? That only proves the need for the intervention in the first place. So we do what we can to figure it out. And it's not always easy, we don't always get it right the first time, but the point is, is that we don't give up on our folks. We walk alongside them to figure out the problems under their direction.

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Shohreh: So in a lot of ways one of the biggest barriers is just convincing people that housing is a human right, no matter who you are or what your circumstances are, and that starting with that as a powerful thing.

Andrew: Yeah, money [laughs] always helps guide those conversations. Like you said, people anticipate that Housing First is gonna be super expensive, and it's really not, it's super cost effective. So getting the buy-in from your stakeholders and securing the funding can be a challenge, but it can be done. We also help people figure out how to do that stuff.

Shohreh: So, for our final question, Andrew, I'd like to know how you define health and wellness for yourself at this moment in your life.

Andrew: Quarantine has introduced me to cycling. I was hitting the gym pretty hard before everything closed down, and when I saw all those imminent closures on the horizon, I went out and bought myself a bicycle, not knowing what was in store for me. And now I am obsessed. So health and wellness right now is definitely long bike rides, and then green smoothies, recovery meetings, flossing [laughter] regularly. My wife and I do a lot of animal rescue too, which is very fulfilling for me. I still write and play music sometimes. That's helpful for the wellness aspect.

Therapy! I need therapy. I am proud to be a person in therapy. I think everyone should be in therapy. And then staying aware of what's going on politically and engaging regularly, but not exhaustively. I think just in the last two days I've learned the term, "doom scrolling," and I am very predisposed to that [laughs]. So trying not to do that.

Shohreh: That is the first time I've heard that term, and yet, I knew exactly what you were talking about as soon as you said it [laughs].

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- Andrew:** Yep. Funny videos of animals on YouTube, that's always fun. YouTube videos, look up "animals scaring people," you won't be disappointed.
- Shohreh:** [Laughs] Awesome, I love that. Well, thank you again for being here, I'm so glad that we got to have this conversation. This is such an important topic. As soon as Erica told me what you did for a living, I was like, we need to talk and have you on the podcast. So thank you for coming on.
- Andrew:** Yeah, thanks for having me!
- Shohreh:** Of course!
- Andrew:** This was my first podcast!
- Shohreh:** What? That's so exciting! I love when I'm people's first podcast. Well, you're a pro, you can do tons of podcasts now and feel really confident about it. And if people wanna find you, how can they do so?
- Andrew:** So, I do have a professional Instagram, which is seldom used, but I do post stuff on it occasionally. It's @queerfutures. And then my Twitter, again, used occasionally, @queerfuturesPHL, as in Philadelphia. No promises about regular updates, but occasionally.
- And then also you can learn more about the work we do at Pathways, if you're interested, at pathwaystohousingpa.org, or our training initiative, housingfirstuniversity.org. And then I would also encourage everybody to look up the Morris Home because it's such a special and unique place, and that's rhd.org/morrishome.
- Shohreh:** Perfect, and I'll put all of that in the show notes as well, along with the amazing picture of Nugget, of course, so that everyone has access to all of those things.

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Andrew: Cool.

Shohreh: Thank you again, I am really looking forward to our future My Chemical Romance show, obviously, [laughs] and it's gonna be awesome.

Andrew: Very cool. Thank you so much! This was fun.

Shohreh: Yeah! And that's our show for today! If this podcast has taught you anything or helped you in any way, I hope you'll consider supporting me in my effort to keep it going. You can join my Patreon community and receive members-only perks by going to shohrehdavoodi.com/Patreon, or you can tip me for my work through the payment links located at the bottom of the show notes for each episode. I would also encourage you to subscribe and submit a rating and review through your podcast provider of choice. I love hearing from listeners, so feel free to screenshot from your podcast player, post on social media, and tag me. Finally, if you're looking for more information on what I'm all about and how to work with me directly, head over to shohrehdavoodi.com. Hope to see you for the next episode.