INTRODUCTION TO SUPPORTING HOUSING PART I
THE WEBINAR WILL BEGIN PROMPTLY AT 2PM (ET)
Housing Assistance Council
Building Rural Communities since 1971
MARK YOU CALENDAR AND JOIN US FOR...

Part II: Financing of Operations and Services in Supportive Housing
- October 15, 2020 | 2:00PM (EST)

Part III: Managing and Maintaining Supportive Housing
- November 17, 2020 | 2:00PM (EST)
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Thinking about Permanent Supportive Housing? What is it Exactly?

Tuesday, September 15, 2020
2:00pm EST
Introductions / Expectations / Hopes

HELLO

My name is

PLEASE TYPE INTO THE CHAT BOX:
1. Your name, role, and organization
2. What are you hoping to gain from this training?
TODAY’S AGENDA

Thinking about Permanent Supportive Housing?

What is it Exactly?

2:00pm: Welcome & Overview of Permanent Supportive Housing
2:20pm: Guiding Principles of Housing First and Harm Reduction
2:35pm: Trauma-Informed Care and Trauma-Informed Design
2:50pm: Case Study – Providence at the Heights (PATH)
2:55pm: Questions & Answers
BeauxSimone Consulting: Who we are

- Over 40 years of collective experience working with Tribes, rural and urban communities
- Experience in direct homeless services and affordable housing
- TA providers for HUD
- Under contract with HAC for a 3-webinar series
Overview of Permanent Supportive Housing

A cost-effective, outcome-driven and more humane solution to ending homelessness for families and individuals struggling with addiction, mental health and/or other disabilities who can benefit from and thrive in subsidized housing with supportive services.
Housing that is…

Permanent: Not time limited; not transitional

Affordable: Residents pay no more than 30% of their income for rent

Independent as possible: Resident holds lease with normal rights and responsibilities
Who Lives Here?

Families & Individuals who are:

- Homeless, including those living on the streets and in shelters
- Living in overcrowded conditions and/or couch-surfing
- Being discharged from prison or other systems of care
- Living in places not meant for human habitation, i.e., cars, garages, abandoned buildings, etc.
Who Lives Here?

Families & Individuals who have:

- Serious chemical dependency and/or mental health issues who need supportive services to maintain stable housing

- “Burned their bridges” in other housing or service programs b/c of behaviors associated with chemical dependency, mental health or other disabilities

- Frequently utilized emergency services in the community because they lack stable housing
Benefits of Supportive Housing

- Reduces stress caused by doubled-up and overcrowding
- Reduces use of crisis and institutional services
- Produces better outcomes than the more expensive crisis care system
- Significantly reduces recidivism rates
- Ends cycles of homelessness
Supportive Housing is NOT

- Shelter
- Group Home
- Transitional Housing
- Residential Care Facility
- Treatment Center
Service Models and Guiding Principles

Housing First

Harm Reduction

Housing Transforms Lives.
Housing First

Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, then provides supportive services and connections to the community-based supports that people need to keep their housing.

Housing provides a foundation from which a person or family can access the services and supports they need to achieve stability, begin the recovery process, and pursue personal goals.
Basic Philosophy

Homeless is a really bad treatment plan

Housing is a basic human right
Housing First

- People do not need to be “housing ready”
- No one should be denied housing because they did not meet **pre-determined clinical goals** or did not choose to participate in services.
- Housing should never be used to coerce people into services they would otherwise not choose.
- Housing and services are interconnected but with separate criteria for operation and evaluation.
Five Principles of Housing First

1. No pre-conditions (i.e. med compliant) for housing
2. Self-determination
3. Harm-reduction and recovery
4. Client-driven supports
5. Social integration and Community
Service Approach

- **Targeted** based on populations served
- **Flexible** in responding to comprehensive resident needs
- **Voluntary** with participation not being a condition of residency
- **Independent** focus specifically on housing stability
Key to Services Working

- Comprehensive
- Culturally Relevant
- Tenant-Driven Philosophy
- Focus on Housing Stability
- Effective Engagement Strategies
- Staffing and Supervision
- Service Partners and Linkages
- Collaborative Relationship with Property Management
Examples of Services

- Counseling
- Health & mental health services
- Alcohol & substance use services
- Independent living skills
- Money management
- Community-building activities
- Employment training & job placement
- Mentoring
- Benefits Acquisition
- Children/Family Services
Tenant Center Services

- Individualized – not “cookie cutter”

- Individuals involved in the design, development, and implementation of their plans (not ours)

- Strengths-based approach to goal setting

- Assessments and service plans updated regularly
Examples of Staff

- Residential Counselors Day & Night
- Front Desk Manager & Staff
- Nurse Practitioners, RNs
- Psychiatrists
- Care Managers
- Therapists
- Mentors
- Peer Specialists
- Leasing Assistant
- Maintenance Technician
- Regional Property Manager
- Program Manager
Harm Reduction

Homelessness, poverty, mental health and drug and alcohol use and abuse have always been part of modern society and will not be eliminated. Therefore, it is better to work to minimize the harm than to ignore it, or stigmatize the condition.

Accepts, for better and or worse, that licit and illicit chemical use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
Examples of Harm Reduction

- Sunscreen
- Condoms
- Seat Belts
- Bicycle Helmets
- Designated Drivers
- Blood Alcohol Levels
- Nicotine Patches/Gum
- Needle Exchange
- Blood Pressure Medication
- Cholesterol Medication
Harm Reduction in Supportive Housing

• Use Motivational Interviewing

• Incorporate strengths-based programming – no one likes to be reminded of their challenges

• Don’t try to catch people doing things unless it’s an immediate safety issue – it will eliminate trust

• Keep asking yourself are we really allowing the tenant to make their own choices?

• Understand the impact of trauma and its relationship with harmful behaviors
Trauma Informed Care

Trauma has no boundaries... [and] is an almost universal experience of people with mental and substance use disorders.

“I'm right there in the room, and no one even acknowledges me.”
What Does Trauma Look Like?

Intense stress that overwhelms our biological psychological and social coping capacity.

- Activates survival responses
- Shuts down non-essential tasks
- Impedes rational thinking
Six Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues
What does it mean to be a Trauma-Informed Organization?

- According to SAMHSA, a program, organization, or system that is trauma-informed when it:
- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- **Seeks** to actively resist re-traumatization.
It’s not: WHY ARE YOU DOING THIS.

It’s: what happened to you in the past to cause you to react this way?
Three-legged stool

- Services
- Property Management
- The Building
What is Trauma-Informed Design?

• We feel we have a responsibility to not just design housing, but to design housing that promotes healing and well-being.

• For as damaging as trauma can be, healing and recovery are possible.

• Through a holistic, culturally relevant and trauma-informed approach to design, we create buildings and communities that contribute to prevention of further trauma and healing from past traumas.

• We prioritize the physical and mental health and well-being of residents and the larger community.
Self-Actualization
Desire to become the most that one can be

Esteem
Respect, Self-esteem, Status, Recognition, Strength, Freedom

Love and Belonging
Friendship, Intimacy, Family, Sense of Connection

Safety Needs
Personal Security, Employment, Resources, Health, Property

Physiological Needs
Air, Water, Food, Shelter, Sleep, Clothing, Reproduction
Trauma Informed Design

- Welcome Desk/Lobby Area
- Open Stairwells
- Clear lines of sight
- Cutouts in bedroom walls
- No bars in showers/closets
- Safe Outdoor Sleeping Courtyard
- Glass windows in offices
- Warmer colors – Earth tones
- Bringing in elements from the outside
Case Study - Makah PSH
Sail River Longhouse

Makah Reservation, Neah Bay, WA

- Safe and secure Front Door Entrance
- Lobby with open space for sitting, standing by fire, offices
- Trauma-Informed, secure courtyard
- Entrance into individual apartments from Courtyard, Balconies
Sail River Longhouse serves formerly homeless Makah Tribal members and their families, many of whom have disabilities and who would not be able to maintain housing without the services provided.
Case Study – Providence at the Heights (PATH)

- 50 total units (40 one-bedroom, 10 two-bedroom)
- Formerly homeless individuals and families who are in need of services due to behavioral health needs and involvement in the criminal justice system.
Case Study – Providence at the Heights (PATH)

Amenities and engagement spaces provide opportunities for residents to connect and feel safe, including child friendly areas, community room, gardens, wide hallways, cozy living spaces and places to exercise.
Case Study – Providence at the Heights (PATH)

Misty, a 34-year old and her son, who is 3, were homeless, rotating between living on the streets and at the Samaritan House. She had lost custody of her son for a short time due to their homelessness and not being able to keep him safe. Once she received the call that she had been selected for PATH, CPS was willing to work with her and allow her to keep her son. They have since closed her case. With a stable home, she is now looking for a job and childcare for her son.
Questions?
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