

Overview of Best Practices in Housing First

Texas Homeless Network
Austin, TX
September 26, 2018



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centering

From housing ready to
Housing First

A brief history of the past 35 years
of homeless services in America

Homeless Services Late 1900's

Wanted: Worker to engage homeless people. Provide hygiene and survival supplies. Build trusting relationships. Assess short and long-term needs. Help to access shelter and treatment services. Assist with obtaining transitional housing to demonstrate stability and readiness to live independently in the future.

Homeless Services Early 2000's

Wanted: Worker to engage people experiencing homelessness using housing-focused approach. Offer permanent, affordable housing up front. Help individuals choose and move into housing as quickly as possible. Ensure linkage with multi-disciplinary team to assist in supporting recovery and improving health and quality of life.

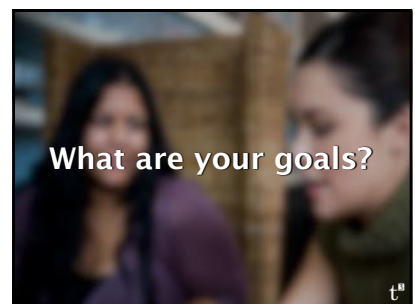
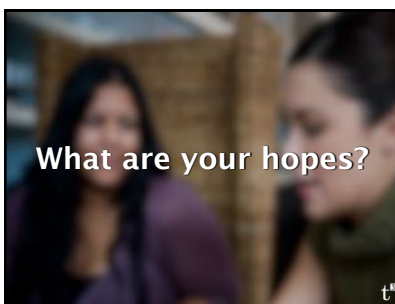
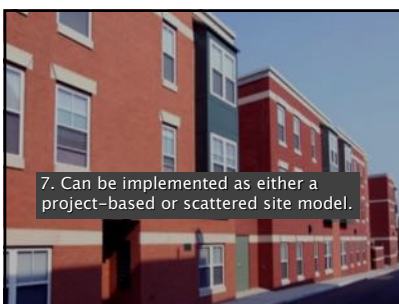
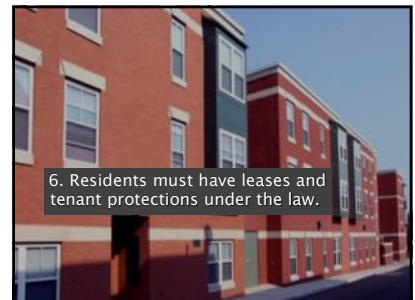
In which
century
are we
living?

Housing First is based on two core convictions:

1. Housing is a basic human right, not a reward for clinical success, and
2. Once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization occur faster and are more enduring.

Adapted from Downtown Emergency Service Center, Seattle, WA website
www.desc.org

**Housing First
Principles**



Mindset and Heart-set of Best Practices

PARTNERSHIP – a collaboration; demonstrating profound respect for the person; both parties have expertise; dancing rather than wrestling; best practices are not done *on* or *to* people, but *with* and *for* them

What partnership looks like...



What partnership sounds like...

Would it be all right if we took a look at...?
How do you feel about...?
What is your understanding of...?
I look forward to working together...
How can I support you in this process?

ACCEPTANCE

Prizing person's inherent worth and potential
Providing accurate empathy
Supporting autonomy
Affirming strengths

What acceptance sounds like...

Prizing person's inherent worth and potential

You are welcome here just as you are.
What are your hopes?
In looking ahead at your life, how...
"There's nothing about a caterpillar..."

What acceptance sounds like...

Providing accurate empathy

It sounds like this has been very upsetting...
It's hard for you to understand why...
Part of you wants to and part of you doesn't
You're hoping that...

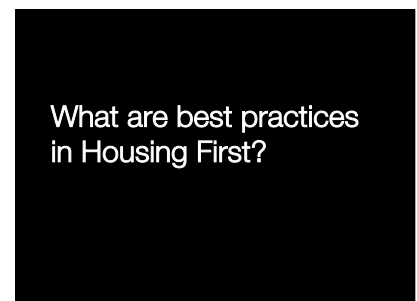
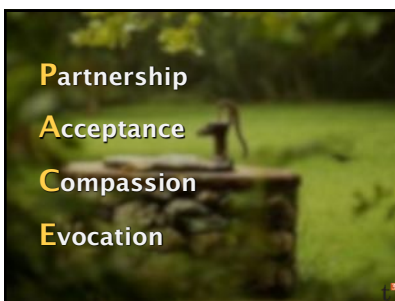
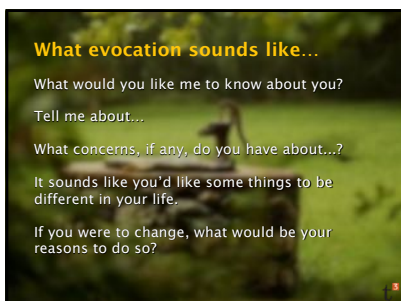
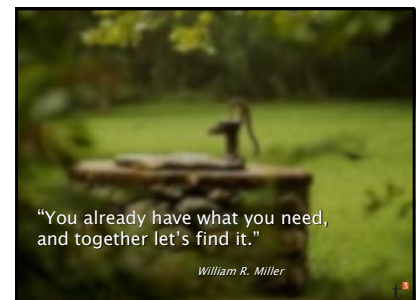
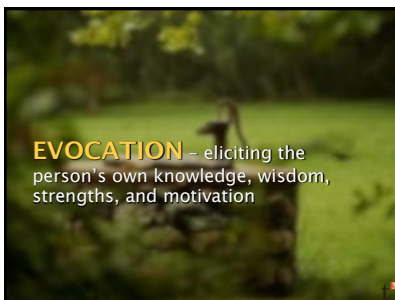
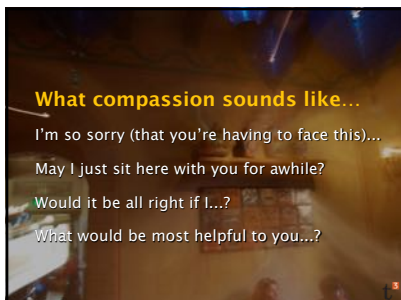
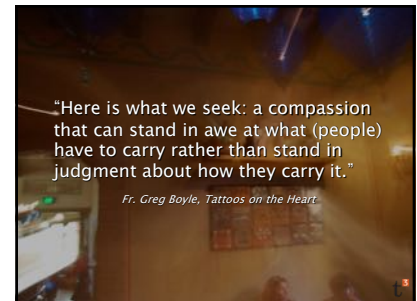
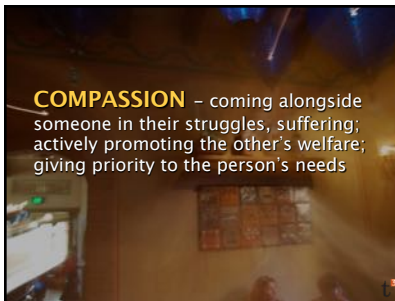
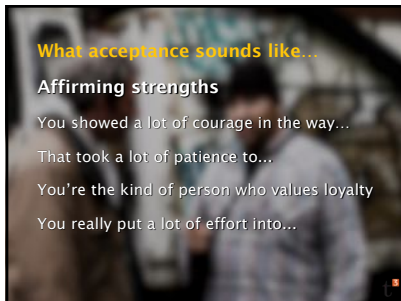
Empathy: The Human Connection to Patient Care

<https://www.youtube.com/watch?v=cDDWn1q-oB8>

What acceptance sounds like...

Supporting autonomy

You know what is best for you.
You like to weigh things carefully before making any changes.
This is a decision only you can make.



Best Practices

Methods or techniques that have consistently shown results superior to those achieved by other means, and are used as benchmarks.

Evidence-Based Practices

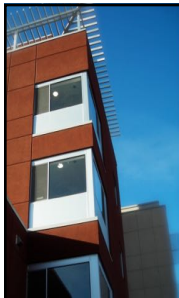
Approaches to prevention or treatment that are based in theory and have undergone scientific evaluation. *Evidence-based* stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.



- Assertive outreach and engagement
- Flexible, low-demand services
- Diversion
- Housing first
- Rapid rehousing
- Permanent supportive housing



- Harm reduction
- Interdisciplinary teams
- Integrated treatment for co-occurring disorders
- Trauma-informed care
- Recovery-oriented tenancy support

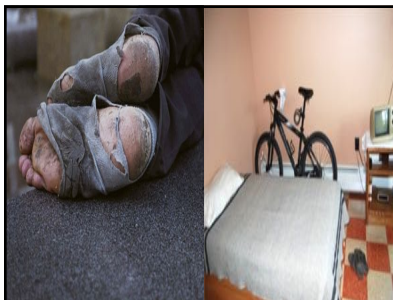


- Involvement of recovering persons
- Critical Time Intervention
- Motivational interventions
- Supported employment
- Self-help programs
- Prevention



- Cultural humility and responsiveness
- Self-care
- Collective care
- Supervision support
- Training and implementation

Or, to put it another way...



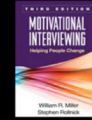
Characteristics of best practices



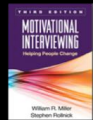
person-centered
housing-focused
trauma-informed
recovery-oriented
peer-integrated
self-compassionate



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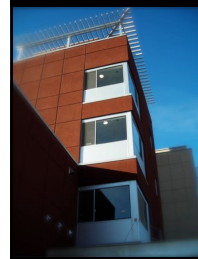
A collaborative conversation style for strengthening a person's own motivation and commitment to change.



A personal taste of MI

Dilemma/concern?
What's okay about status quo? What's not?
If no change, what would be at stake?
If change, your reasons?
If change, how...to be successful?
How important?
How confident you *could* change?
If change, who/what could help?
If change, next step(s)?

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How might survivors of long-term trauma complete this stem?

The world is...
They always think that I...
I will never be...
Because of me...
I am...
If they really cared...



“A thief”

What gets stolen?

sense of safety; trust; belief in goodness of self, other people and world; self-regulation, inner calm, feeling of groundedness; ability to problem-solve; ability to respond vs. react; control, autonomy, empowerment; confidence; health/protective factors; self-esteem, connection to own body...

Principles and guidelines of trauma-informed care

Understanding trauma and its impact

Promoting safety

Supporting client control, choice, and autonomy

Sharing power and governance

Promoting healing through relationships



Principles and guidelines of trauma-informed care

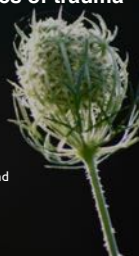
Practicing cultural humility

Integrating care

Recognizing that recovery can and does happen

Addressing secondary traumatization and promoting self-care

Adapted from Guerin, Sores, Kinneth, Cheryl, & Bessie, 2009



person-centered
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Post-traumatic growth

New opportunities emerge
Change in relationships
Increased sense of inner strength
Greater appreciation of life
Deepened sense of spirituality/meaning

What is recovery?

A **process of growth and change** through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Substance Abuse and Mental Health Administration (SAMHSA)

Guiding Principles of Recovery



There are many pathways to recovery.

Recovery is self-directed and empowering.

Recovery involves a personal recognition of the need for change and transformation.

Recovery is holistic.

Recovery has cultural dimensions.

Recovery exists on a continuum of improved health and wellness

Recovery is supported by peers and allies.

Recovery emerges from hope and gratitude.

Recovery involves a process of healing and self-redefinition.

Recovery involves addressing discrimination and transcending shame and stigma.

Recovery involves (re)joining and re(building) a life in the community.

Recovery is a reality. It can, will, and does happen.

CSAT White Paper: Guiding Principles and Elements of Recovery-Oriented Systems of Care

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Why involve peer specialists in service delivery?

Direct access to experiences of homelessness, mental disorders, trauma, addiction

Intimate knowledge of paths to recovery

Commitment and passion for recovery

Peer specialist involvement improves service delivery

Persons with experience of recovery acting in valued social roles improve organizational effectiveness in service delivery, policy development and evaluation.

Moving Forward, Together

How to involve and integrate peers

Create a recovery culture

Create opportunities for peer providers

Job Posting

Have you ever been homeless, arrested, diagnosed with a mental illness? Are you a recovering addict or alcoholic?

We want you to work for us!

Must be in recovery for at least two years,
off probation at least one year, willing to
travel within...

Please contact...



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"...the *entire conversation* about how we come to do this work, how we are affected by it, and how we make sense of and learn from our experiences."



No matter what I do or how well I do it, it won't be enough

vs.

It's a long road... I need to take good care of myself and my health

Feeling helpless and hopeless

The world is plunging into greater chaos, despair

Difficult to see positive changes, possibilities

Diminished creativity

Going through motions, bored

Energy spent just getting through the day

Playful spirit and creative energy missing in action

Chronic exhaustion

bone tired
soul tired
heart tired
spirit tired

Dissociative moments

MY LIFE BROKEN DOWN INTO SEGMENTS



Guilt

How can I experience the joy of

- sleeping in a warm bed
- going out for a nice meal
- traveling for fun
- getting a massage

when others are struggling to survive?

Anger and sarcasm

While anger is a natural response, sarcasm is a coping mechanism for dealing with anger, or other feelings, that we may not be able to manage.



Sarcasma
sarcasm relief capsules

Are you tired of repeating the phrase "Ya Think?" Do you often bite your lip during meetings to suppress your blatant sarcasm from spewing out? Relax. You don't have to live with it anymore. **Now there's Sarcasma - the sarcasm suppressant.** Just one Sarcasma Capsule a day can free you and others from your normally arrogant, abrasive attitude.

Comforting relief
from the use of sarcasm, mocking and conveying contempt.

Read Our Sarcasma Success Stories!

"I'm almost cured, if you can call it that!"
"I used to suffer from severe Witty Obnoxious Exaggerated Sarcasm. Then someone, well EVERYONE, in my office told me about Sarcasma. Sarcasma has virtually eliminated my need to ask friends, 'Where's that? Do your funny person of 20, yeah sure?' or 'No! That's not me! I'm not!' Thanks, Sarcasma!"

"I no longer shoot my co-workers!"
"Since I started taking Sarcasma, I've noticed a major change in my attitude. And, not on many people like the break rooms where I work in." - J. Smith

Sarcasma
If you know how to break it, you can use it to break sarcasm down.

Ask your doctor before taking any new medication, especially if you are pregnant or nursing. See your doctor for more information.

Addictions

What unhealthy attachments do I cling to?

What am I most resistant to give up?

What do I count on to help me numb out?

E.g. alcohol, drugs, sex, gambling, shopping, sarcasm, overworking, "helping" others, PPT slides

Manage your energy, not your time

"Manage Your Energy, Not Your Time" by Tony Schwartz and Catherine McCarthy, Harvard Business Review, October 2007

Energy

Physical energy

- Enhance sleep; earlier bedtime; less alcohol use
- Cardiovascular exercise 3 x week
- Strength training 1 x week
- Eat small meals/light snacks every 3 hours
- Notice flagging energy – yawns, restlessness
- Take brief, regular breaks at 90-120 min intervals

Emotional energy

- Defuse negative emotions (e.g. irritability, impatience) through deep abdominal breathing
- Fuel positive emotions in yourself and others by expressing appreciation to others in specific ways through notes, emails, calls, conversations
- Look at upsetting situations through a new lens – reverse lens, long lens, wide lens

Mental energy

- Reduce interruptions – do high concentration tasks away from phones and email
- Respond to voicemails and emails at designated times throughout the day
- Every night, identify the most important challenge for the next day – make it your first priority when you arrive at work

Spiritual energy

- Identify your "sweet spot" activities – give you fulfillment. Find ways to do these.
- Allocate time and energy to what you consider most important.
- Live your core values with intentionality.

Thank you for all you do to be as person-centered, housing-focused, trauma-informed, recovery-oriented, peer-integrated, and self-compassionate as possible!