Overview of Best Practices in Housing First

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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.

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.

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.
1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.

2. The provider is obligated to bring robust services to the housing. These services are predicated on assertive engagement, not coercion.

3. Continued tenancy is not dependent on participation in services.

4. Units targeted to most disabled and vulnerable homeless members of the community.

5. Embraces harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery.

6. Residents must have leases and tenant protections under the law.

7. Can be implemented as either a project-based or scattered site model.

What are your hopes?

What are your goals?
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...”

Empathy: The Human Connection to Patient Care
https://www.youtube.com/watch?v=cDDWvj_qo8

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...

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.
What acceptance sounds like...
Affirming strengths
You showed a lot of courage in the way...
That took a lot of patience to...
You’re the kind of person who values loyalty
You really put a lot of effort into...

COMPASSION – coming alongside someone in their struggles, suffering; actively promoting the other’s welfare; giving priority to the person’s needs

“Here is what we seek: a compassion that can stand in awe at what (people) have to carry rather than stand in judgment about how they carry it.”
Fr. Greg Boyle, Tattoos on the Heart

What compassion sounds like...
I’m so sorry (that you’re having to face this)...
May I just sit here with you for awhile?
Would it be all right if I...?
What would be most helpful to you...

EVOCATION – eliciting the person’s own knowledge, wisdom, strengths, and motivation

“You already have what you need, and together let’s find it.”
William R. Miller

What evocation sounds like...
What would you like me to know about you?
Tell me about...
What concerns, if any, do you have about...
It sounds like you’d like some things to be different in your life.
If you were to change, what would be your reasons to do so?

What are best practices in Housing First?
Partnership
Acceptance
Compassion
Evocation
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.

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

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

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

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)?

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

Practicing cultural humility
Integrating care
Recognizing that recovery can and does happen
Addressing secondary traumatization and promoting self-care

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)
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 rebuilding a life in the community.
Recovery is a reality. It can, will, and does happen.

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.

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

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...
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

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.

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

"...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

Diminished creativity

Chronic exhaustion

Dissociative moments

Guilt

Anger and sarcasm
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

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 challenges 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!