Please be sure to ask questions and use the chat box to participate.

Reminders:
Mute your line while not talking to cut down on noise.

The chat box is available to use anytime.

Please make sure to put the name of your agency in your response so can follow up afterwards if we don’t get to your question or suggestion today.

This training will be recorded and posted to Back@Home Resource Portal for future use by current or new Back@Home staff. Turn off video if you do not wish to be recorded.
Welcome!
Back@Home
Onboarding Training
DAY 1

Emily Carmody, LCSW
Project Director, NCCEH

Tom Albanese, LSW
Consultant
Welcome to the Back@Home team!

We are excited to have you join the Back@Home team to help fellow North Carolinians facing homelessness.

You are an integral part of Back@Home implementation and ongoing feedback.

Our goal is to make sure you have the information you need to be successful and that we have an ongoing feedback loop about what is and isn’t working in your Back@Home program.
The goal for Onboarding Training is to provide an overview of key practices and approaches for Back@Home rehousing agency staff.

All new staff should review this training as part of their orientation and initial training.

Onboarding Training provides a high-level overview of:

✓ Homeless crisis response systems and the role of targeted homelessness prevention (THP) and rapid rehousing (RRH)

✓ Key concepts and best practices central to an effective Back@Home program

✓ Core service components of THP and RRH
Back@Home: Field Support

NCCEH will be coordinating field supports:
   - Emily Carmody
   - Sarah Murray
   - Chaney Stokes
   - Tom Albanese

Deeper dive trainings on topics to occur throughout Back@Home

Weekly rehousing agency cohort calls
# Back@Home-CV Forms and Links

## Back@Home Policies and Procedures

<table>
<thead>
<tr>
<th>Program Policies and Handbooks</th>
<th>Eligible Expenses</th>
<th>NC ESG Desk Guide</th>
<th>Program Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility and Prioritization</td>
<td>Training Slides and Recordings</td>
<td>90-Day Housing Stability Plan</td>
<td>Termination Form</td>
</tr>
</tbody>
</table>
Goal of the state’s COVID-19 response is to protect highly vulnerable populations and ensure access to healthcare resources.

Homeless crisis response systems are essential in flattening the curve to ensure there are enough ICU beds, ventilators, and other resources to meet the demand.

**Targeted Homelessness Prevention** and **Rapid Rehousing** help our system flatten the curve:
- Allowing people to follow CDC guidelines in housing
- Decreasing numbers in congregate shelter setting
- Decreasing time spent in congregate shelter setting

Building on a best practice model with Back@Home
- Centralizing systems at state level
- Supporting with training and creative problem solving
- Using data and reporting in program decisions
Who’s here?

• What’s your role?
• How long have you worked in targeted homelessness prevention and/or rapid rehousing programs?
Homeless Crisis Response Systems: Overview
Social-Ecological Context of Our Work

Community and Other Public Systems

Homeless Crisis Response System

People who Experience a Housing Crisis

Public officials, residents, businesses, and other public systems that support value of housing stability and immediate resolution of housing crises for community members, invest prevention and crisis responses, and set formal and informal expectations for systems and providers.

System of providers that work to prevent literal homelessness among community members, connect to other assistance (if possible), and provide shelter, re-housing, and housing stabilization assistance for those who become literally homeless.

Community members experiencing a housing crisis who interact with community's homeless crisis response system and other community systems, providers and resources.
Community-based Prevention

Unstably housed

At-risk of literal homelessness within 15-60 days

Immediately risk of literal homelessness within 14 days

Literally homeless tonight

Eviction Prevention Programs and Community-Based Prevention

Rapid Re-Housing

Targeted Homelessness Prevention

Permanent Supportive Housing

BACK@HOME
Community-Based Systems, Programs, Resources

HOUSING CRISIS

PREVENT
Coordinated access to Emergency Assistance

HOMELESS CRISIS RESPONSE SYSTEM

SHELTER
Safe, appropriate, Temporary Shelter

RE-HOUSE
Rapid individualized Re-Housing Assistance

STABILIZE & CONNECT
Individualized Stabilization Supports

Shelter not needed tonight

Shelter needed tonight

HOUSING STABILITY
RARE

ONE-TIME ONLY

BRIEF
Let’s break this down...
System Components
Prevention/Diversion
Street Outreach
Emergency Shelter
Transitional Housing
Rapid Re-Housing
Permanent Supportive Housing
Unable to find housing on own within short period (e.g. 7-10 days)

Coordinated Entry

Targeted Diversion & Prevention

Emergency Shelter

Rapid Re-housing

Unable to find housing on own within short period (e.g. 7-10 days)

Able to retain housing or gain new housing, bypassing shelter

Able to exit shelter on own

Unable to exit shelter on own

Street Outreach

Targeted to specific populations

Transitional Housing*

Highest needs, unable to maintain housing without ongoing services, subsidy

Community-Based Permanent Housing (includes market rate and subsidized)

Community-Based Services and Supports

Permanent Supportive Housing

System Goals

Prevent

OR

Rare

Brief

1 Time

Back@Home
A well-functioning, right-sized crisis response system has all of the necessary component types, with the right amount of availability.

**Optimization**: an act, process, or methodology of making something (as a design, system, or decision) as fully perfect, functional, or effective as possible.

-Merriam-Webster Dictionary
### Homeless Crisis Response System: Key Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homelessness is a crisis</strong></td>
<td>Crisis resolution = safe, stable housing</td>
</tr>
<tr>
<td><strong>Equity in access and outcomes</strong></td>
<td>People and data informed&lt;br&gt;Low barrier&lt;br&gt;Prioritization (when needed)</td>
</tr>
<tr>
<td><strong>Autonomy &amp; Choice</strong></td>
<td>Authentic engagement and involvement&lt;br&gt;Self-determination and individual rights</td>
</tr>
<tr>
<td><strong>Housing is healthcare</strong></td>
<td>Key to COVID-19 prevention</td>
</tr>
<tr>
<td><strong>Community integration</strong></td>
<td>Supported connections during and after housing crises</td>
</tr>
<tr>
<td><strong>Resource stewardship</strong></td>
<td>Efficient, effective, accountable</td>
</tr>
</tbody>
</table>
Targeted Homelessness Prevention & Rapid Rehousing
Core Program Components
Targeted Homelessness Prevention & Rapid Rehousing

Housing Navigation Assistance
ASSISTANCE TO LOCATE A NEW HOME

Rent and Move-In Assistance (Financial)
SHORT-TERM FINANCIAL ASSISTANCE TO MAINTAIN HOUSING OR MOVE IN TO A NEW HOME

Housing Stabilization Services
ASSISTANCE TO STABILIZE IN HOUSING AND INCREASE HOUSING RESILIENCY
Why are **Targeted Homelessness Prevention & Rapid Rehousing** priorities for homeless crisis response systems?

Primary drivers of homeless crisis response system...

✓ Responsiveness
✓ Effectiveness
✓ Efficiency
✓ Equity
Effective Targeted Homelessness Prevention & Rapid Rehousing...

- Reduces potential for community transmission of coronavirus and risk of severe illness among people with health vulnerabilities (i.e., large % of those at-risk or who experience literal homelessness)
- Reduces the overall number of people experiencing homelessness (“inflow”)
- Increases the number of people communities are able to serve - *Reduced inflow and length of shelter stays frees up crisis beds for others in need*
- Helps people exit homelessness quickly to permanent housing and not return to shelter
- Reduces the negative impacts of long-term homelessness
- Connects people to other community assistance to improve overall well-being and increase self-sufficiency
Homelessness prevention refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

Types of Homelessness Prevention

**PRIMARY:** Structural-level initiatives that apply to everyone, in order to reduce the risk of homelessness and build protective factors.

**SECONDARY:** Intervention strategies aimed at those who are at imminent risk of homelessness (i.e. received an eviction notice) as well as those who have recently become homeless, with the aim of avoiding homelessness or moving out of homelessness as quickly as possible.

**TERTIARY:** Prevention initiatives that support individuals and families who have previously experienced homelessness to ensure that it doesn’t happen again.

What is **Targeted** Homelessness Prevention?

A form of secondary homelessness prevention that **targets** assistance to households who will become literally homeless within 14 days or less “but for” timely, flexible prevention assistance.

THP helps individuals and families avoid imminent literal homelessness by providing timely, flexible assistance to resolve a household’s immediate housing crisis and help them stabilize in their current housing or new housing. THP assistance is an integral part of homeless system coordinated entry and diversion efforts.
Targeted Homelessness Prevention

“Poor targeting leads to an inefficient strategy and inefficient strategies are rarely effective.”

Effectiveness: prevention activities capable of stopping someone from becoming homeless

Efficiency: prevention activities that are well targeted, delivering effective activities to people who are very likely to become homeless unless they receive help

Typology of Risk for Literal Homelessness: Example

- **Risk Level 0**: Current housing is safe and stable
- **Risk Level 1**: Unstably housed
- **Risk Level 2**: At risk of literal homelessness within 15 - 60 days
- **Risk Level 3**: Imminent risk of literal homelessness within 1 - 14 days
- **Risk Level 4**: Literally Homeless Tonight
Targeted Homelessness Prevention: Primary Goals

1. Reduce the number of people who experience literal homelessness
2. Exit households to permanent housing
3. Limit returns to imminent risk and literal homelessness
4. Prevent & mitigate coronavirus transmission
Targeted Homelessness Prevention Works

Columbus/Franklin County THP for families – July 2018 – June 2019:

• 205 families enrolled. All first presented to local homeless hotline and were referred to THP provider upon failure to divert from shelter

• 176 families avoided entering shelter altogether, which reduced entry to shelter during the report period by 18%

• Avg length of participation 83 days (median 51)

• 73% in permanent housing at exit (43% in own rental, 31% with family/friends)
  • Among 180 families who exited, 57 needed financial assistance for new or current housing ($1,555 avg/household, $700 min/$3,600 max)
What is Rapid Rehousing?

Rapid re-housing is a solution to homelessness designed to help individuals and families to quickly exit homelessness and return to permanent housing. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.

— National Alliance to End Homelessness
Rapid Re-Housing (RRH) ends homelessness for families and individuals.

RRH HELPS

FIND HOUSING
Help people quickly find housing within one month or less.

PAY FOR HOUSING
Help people pay for housing short term; longer-term help an option.

STAY IN HOUSING
Help access services so people can stay in housing.

The Core Components of Rapid Re-Housing help people find housing fast, pay for housing, and stay in housing.
Rapid Rehousing Targeting

People who become homeless each year......

Obtain permanent housing with...

No help/on own

Rapid Re-Housing

To ensure all exit within **XX days**, per CoC goal
Rapid Rehousing: Primary Goals

1. Reduce the length of time program participants spend homeless
2. Exit households to permanent housing
3. Limit returns to homelessness
4. Prevent & mitigate coronavirus transmission
Rapid Re-Housing Works

Supportive Services for Veteran Families (SSVF) National Data (SSVF FY2018 Annual Report):

- 502,191 Veterans assisted FY2012-FY2018: 68% RRH, 33% THP (1% both)
  - RRH: 75% exit to permanent housing after participating for average of 117 days
    - 4 out of 5 moved into permanent housing in 90 days or less
  - THP: 88% exit to permanent housing after participating for average 98 days

FY2018:

- 63% reported having 1 or more severe and persistent disabling conditions
  - 59% of Veterans in shelters are disabled
- Estimated 51% of all homeless sheltered Veterans nationwide received SSVF RRH help to exit homelessness
- 49% of all SSVF RRH participants were unsheltered
- 76% earned less than 30% Area Median Income at entry
  - 75% of program participants with zero income at entry achieved permanent housing
  - 78% of program participants with $1-$500 monthly income at entry achieved permanent housing

Columbus/Franklin County RRH – July-December 2019:

- 261 families, 688 single adults served (prioritize high barrier, long-term homelessness)
- Avg length of participation about 101 days
- 76% of families and 57% of single adults exit to permanent housing (single adults is highly targeted)
- Avg monthly household income = $747 for families, $615 for singles
  - 38% of family head of household and 25% of single adults employed at entry
Rapid Re-Housing Works

• **Back@Home (Florence)**
  - 84% exited to permanent housing (82% of PH exits were to PH without subsidy)

• **State of CT** RRH Evaluation
  - 11% Recidivism Rate after 2 years in RRH

• **Phoenix** - 250 RRH Initiative (includes chronic and long-term stayers)
  - 27% Recidivism Rate after 1-2 years in RRH

• **Seattle/King County** RRH - Real Time Dashboards
  - Average of 10% Recidivism rate after 1-2 years in RRH

• **Los Angeles RRH** - 2018 Dashboard
  - 61% families exited to permanent housing
Successful Housing Outcomes for both THP & RRH include...

- Shared housing with friends or family
- Return to or secure their own housing
- Relocate permanently to safe place out of town

Some stay temporarily with family or friends while working to secure longer-term housing.
Remember community & system goals...
What THP & RRH does...

✓ Reduce overall number of people experiencing homelessness
✓ Reduce time people are homeless
✓ Help people successfully obtain and stabilize in housing
✓ Avoid or minimize impact of homelessness on employment, school attendance, health, etc.
✓ Connect to resources to help with other longer-term problems and goals (if they choose)
✓ Increase number of people able to access shelter by freeing up shelter beds

What THP & RRH doesn’t do...

✗ Cure poverty
✗ Assure people will have affordable housing; i.e. eliminate rent burden
✗ Protect people from the impact of the housing market, job market, bad choices or bad judgment
✗ Eliminate housing mobility
What do THP & RRH do?

*Flatten the Curve by Preventing & Ending Homelessness*
Where does Back@Home fit relative to other assistance?

- Economic Impact Payments
- Unemployment Benefits
- Emergency Rental Assistance
- Eviction Prevention
- Homelessness Prevention

Back@Home North Carolina State ESG-CV Funds

CDBG-CV
Core Program Components
Targeted Homelessness Prevention & Rapid Rehousing

- **Housing Navigation Assistance**
  - Assistance to locate a new home

- **Rent and Move-In Assistance (Financial)**
  - Short-term financial assistance to maintain housing or move in to a new home

- **Housing Stabilization Services**
  - Assistance to stabilize in housing and increase housing resiliency
<table>
<thead>
<tr>
<th>Activity</th>
<th>Eviction Prevention</th>
<th>Back@Home Targeted Homelessness Prevention</th>
<th>Back@Home Rapid Rehousing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCloning Navigation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Liaison/negation with rental properties</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible Financial Assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Assistance</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Utility Assistance</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rental + Utility Arrears</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Deposits (Rent, Utility, Pet)</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Barrier Busters*</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Moving Costs</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Move-In Fees*</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Upfit + Repairs*</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Household Goods*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Housing Stabilization Services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Housing Stabilization Case Management</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Legal Services</td>
<td>refer</td>
<td>refer</td>
<td>refer</td>
</tr>
</tbody>
</table>
## Back@Home Eligibility

<table>
<thead>
<tr>
<th>Back@Home-CV Eligibility Requirements</th>
<th>Targeted Homelessness Prevention (Back@Home)</th>
<th>Rapid Rehousing (Back@Home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>&lt;30% AMI AND</td>
<td>None (&lt;30% AMI at recertification)</td>
</tr>
<tr>
<td>Eligible Living situation(s)</td>
<td>Forced to leave current housing in 14 days AND one of below living situations</td>
<td>Emergency shelter/transitional housing OR Streets/place not meant for human habitation OR Fleeing DV OR</td>
</tr>
<tr>
<td></td>
<td>In hotel/motel (not paid for by non-profit/government) OR Living in campsite/trailer OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Living in the home of another because of economic hardship OR</td>
<td>Institution for less than 90 days, literally homeless before institutionalization</td>
</tr>
<tr>
<td></td>
<td>Unaccompanied youth (under 25) who cannot stay with family members with no stable place to live OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In housing that is leased OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exiting institution AND</td>
<td></td>
</tr>
<tr>
<td>Other Resources/Housing Options</td>
<td>Have no other safe, appropriate residence (whether temporary or permanent) AND Not have sufficient resources or support networks immediately available to prevent them from becoming literally homeless</td>
<td>AND household does not have sufficient resources or support networks immediately available to exit literal homelessness independently</td>
</tr>
</tbody>
</table>
Questions?
Thoughts?

5 Minute Intermission
Now let’s talk about STRESS
Impact of Stress Overload
Activity: Stress Overload

Think about a time in your life when:

You faced a very difficult situation
It was a very important situation
You didn’t feel you had much (or any) control
The problem(s) continued for more than a month

Try to remember how you felt and acted.
# Activity: Stress Overload

## Signs and Symptoms of Possible Stress Overload

(Mayo Clinic)

<table>
<thead>
<tr>
<th>Thoughts and Feelings</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anger</td>
<td>• Angry outbursts</td>
</tr>
<tr>
<td>• Irritability</td>
<td>• Increased complaining</td>
</tr>
<tr>
<td>• Anxiety</td>
<td>• Avoiding social activities</td>
</tr>
<tr>
<td>• Lack of direction</td>
<td>• Increased crying</td>
</tr>
<tr>
<td>• Apathy</td>
<td>• Being late</td>
</tr>
<tr>
<td>• Mood swings</td>
<td>• Increased smoking</td>
</tr>
<tr>
<td>• Cynicism (pessimism, doubt)</td>
<td>• Increased use of alcohol or drugs</td>
</tr>
<tr>
<td>• Nightmares</td>
<td>• Change in religious practices</td>
</tr>
<tr>
<td>• Defensiveness</td>
<td>• Change in sleep patterns</td>
</tr>
<tr>
<td>• Panic</td>
<td>• Increased use of sick time</td>
</tr>
<tr>
<td>• Depression</td>
<td>• Decreased interest in sex</td>
</tr>
<tr>
<td>• Feeling of impending danger or doom</td>
<td>• Difficulty concentrating</td>
</tr>
<tr>
<td>• Restlessness</td>
<td>• Neglecting responsibility</td>
</tr>
<tr>
<td>• Feeling of insecurity</td>
<td>• Excessive worrying</td>
</tr>
<tr>
<td>• Sadness</td>
<td>• Nervous twitch or habit</td>
</tr>
<tr>
<td>• Helplessness</td>
<td>• Forgetfulness</td>
</tr>
<tr>
<td>• Suspiciousness</td>
<td>• Overeating</td>
</tr>
<tr>
<td>• Hopelessness</td>
<td>• Impatience</td>
</tr>
<tr>
<td>• Worthlessness</td>
<td>• Poor job performance</td>
</tr>
<tr>
<td></td>
<td>• Increased arguing</td>
</tr>
<tr>
<td></td>
<td>• Poor personal hygiene</td>
</tr>
<tr>
<td></td>
<td>• Increase in accidents or injuries</td>
</tr>
<tr>
<td></td>
<td>• Procrastination</td>
</tr>
<tr>
<td></td>
<td>• Inability to enjoy activities you used to like</td>
</tr>
</tbody>
</table>
What do these words have in common?

Signs and symptoms of possible stress overload

Among people experiencing homelessness, these signs and symptoms will generally self-resolve-- partially or completely, slowly or quickly-- once they are safely housed
Stress overload can change your brain.

**Acute, Uncontrollable Stress Exposure**
- Impairs executive functions by overriding signals of the prefrontal cortex.

**Acute, Sustained Exposure**
- Changes the architecture of the brain.
- Seriously weakens prefrontal cortex control and reducing executive functioning.
Executive functions help with solving problems.

Executive function includes neurocognitive processes that enable us to:
- Solve novel problems
- Modify behavior in response to new information
- Generate strategies for complex actions
- Follow through with plans
- Over-ride behavioral and emotional responses to engage in goal-directed behavior
Individuals differ in executive functioning.

The person’s current episode of homelessness is likely NOT the only factor affecting their executive functioning:

<table>
<thead>
<tr>
<th>Genetics</th>
<th>Poverty</th>
<th>Parenting Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal Stress</td>
<td>Abuse and/or neglect</td>
<td>Stressful Life Experiences</td>
</tr>
<tr>
<td>of Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typical Aging Process</td>
<td>Alcohol, Drugs, Mental Illness</td>
<td>Physical Health, Inflammation, Medications</td>
</tr>
</tbody>
</table>
The brain is able to recover from the impact of stress.
BREAKOUT: What examples of chronic stress have you witnessed with clients?
We can help to minimize the damage of stress.

- Remove the stressor
- Avoid additional stresses (relax, recuperate)
- **Reduce** the perceived *importance* of the situation
- **Increase** perceived *control* over the situation
- Prioritize, plan and pace yourself; make lists, take notes
- Improve diet, exercise, sleep, breathing, relaxation, music, do something that makes you happy; be careful of overuse of alcohol, drugs
**Housing First** removes the stressor.

Assist persons experiencing homelessness to move into permanent housing as quickly as possible.

Remove preconditions and keep services voluntary to increase control and reduce stress.

Allow for recovery time in housing before extensive planning.
Client choice reduces the impact of stress.

Participant choice is respected and guides re-housing assistance.

While income and program restraints may reduce choices, participants can choose:
   Who they want to live with
   Where they want to live
   The housing unit

Other goals are set by the client as they determine priority.
Activity: List of Insights or Notes to Self

Considering the philosophies and the reality of people’s responses to stress, jot down a list of advice to yourself before we meet again tomorrow about:

• Things **you can do** to help people identify and/or recover from the stress of homelessness.

• Things **you should avoid doing**, to prevent or minimize additional stress for people who are showing signs and symptoms of stress overload.
BACK@HOME
NORTH CAROLINA
Please be sure to ask questions and use the chat box to participate.

Reminders:
Mute your line while not talking to cut down on noise.

The chat box is available to use anytime.

Please make sure to put the name of your agency in your response so can follow up afterwards if we don’t get to your question or suggestion today.

This training will be recorded and posted to Back@Home Resource Portal for future use by current or new Back@Home staff. Turn off video if you do not wish to be recorded.
Welcome Back!
Back@Home
Onboarding Training
DAY 2
Activity from Day 1: List of Insights or Notes to Self

Considering the philosophies and the reality of people’s responses to stress, what are:

• Things *you can do* to help people identify and/or recover from the stress of homelessness.

• Things *you should avoid doing*, to prevent or minimize additional stress for people who are showing signs and symptoms of stress overload.

*What did you jot down or reflect on?*
THP & RRH: Key Features and Practices
Key Features and Practices

- Crisis Orientation, Trauma-Informed Care, and Authentic Engagement
- Housing First – Housing Focused Services
- Progressive Engagement & Assistance
- System & Community Partnerships
Crisis Orientation & Readiness

Crisis intervention refers to urgent, emergency care that is aimed at assisting persons facing a crisis situation. Crisis intervention assistance seeks to end the crisis situation and restore balance to biological, psychological, and social functioning, while also minimizing the potential for additional psychological trauma to the person in crisis.

People in crisis experience high levels of stress and specific physiological responses to stress that negatively affect their ability to reason and solve problems. While these reactions can be reversed, prolonged crisis and stress may have long term effects.

People in or facing the risk of homelessness are in crisis, and staff assisting them should be ready and able to respond accordingly.
Mikael, with a ‘k’
A lesson about crisis.
Trauma-Informed Care

Services and supports designed to respond to the prevalent trauma among people who experience homelessness, and the ongoing trauma that people experiencing or at-risk of homelessness face daily.

Trauma-informed care (TIC) provides a framework for organizational and individual service delivery that honors and responds to that trauma.

It’s critical to also embed TIC in staff training and support.
Trauma-Informed Care

Assumes that everyone coming through our door (or phone) has experienced trauma

Switches question from “what’s wrong with you?” to “what’s happened to you?”
Trauma-Informed Care in Practice

• Staff training
• Establishing trust and safety
• Peer support
• Collaboration and mutuality
• Empowerment, voice and choice
• Anti-racist, equity orientation
• Taking care of staff and addressing secondary/vicarious trauma
• Authentically engaging clients to promote autonomy
Authentic Engagement: Promoting Autonomy & Choice

Supporting client autonomy requires trust, safety and engagement and recognizes that people have the right to decide whom they will live with and what services they want/need to achieve their goals.

Engagement means establishing a relationship and building upon it.

The Core of Engagement: Relationship

- Trust
- Safety
- Respect
- Boundaries
- Power
- Cultural Humility
Trauma Informed Care & Authentic Engagement in Practice

**TRUST**
- Gained through genuineness, consistency, dependability, and transparency
- Involves understanding personality characteristics, past experiences, cultural expectations, and the current situation and environment.

**SAFETY**
- A central component of trust. When people feel safe they are more willing to trust.
- "Does your client feel safe?" "They should, I'm not going to harm them" - common misconception.

**RESPECT**
- Central to engagement. Respecting the whole person is conveying to the client through words and behaviors the message: I see you. I hear you. And I care.
Trauma Informed Care & Authentic Engagement in Practice

**BOUNDARIES**

- When a client is being respected, their boundaries are also being respected.
- Offer opportunities for open discussions about boundary issues; include aspects of personal histories, relationships and behaviors clients may not wish to discuss if and until relationships evolve.
- Providers should model appropriate boundary setting around their work.

**POWER**

- To achieve a strong relationship, providers and agencies should work to remedy the inherent imbalance of power that exists in helping relationships with clients.

**CULTURAL HUMILITY**

- A relationship characterized by trust, safety and respect is built upon cultural humility.
- Culture can be defined as the set of beliefs, experiences, and expectations within which an individual exists, and the set of choices that that context provides for the individual.
- Responsibility of individual staff, as well as the organization on a programmatic level.
Trauma Informed Care & Authentic Engagement in Practice

- Explain why you are asking questions or need to complete certain paperwork
- Ask about negative experiences with former providers and what you can do to help them feel safe
- Allow clients to take breaks or complete tasks over multiple sessions
- Display empathy and patience
- Be curious about behaviors you do not understand, assume there is a context you do not understand in which client behaviors make sense
- Respect client self-determination
- Get your own support through supervision
- Pay attention for signs of compassion fatigue and address them
BREAKOUT: What does “authentic engagement” look like in your work?
5 Minute Intermission
Housing First

Housing First is a proven approach in which all people experiencing homelessness are believed to be housing ready and are provided with permanent housing immediately and with few to no preconditions, behavioral contingencies, or barriers.

Rehousing agencies will serve households without additional requirements like income and sobriety.

*Housing First doesn’t mean Housing Only*
Housing is the best medicine

“"It wasn't until I had just a couple of patients housed," said Gaeta, “that I saw this turnaround in their health. Basically I was seeing that if I could write a prescription for keys to an apartment that that was going to do more to improve the health of the patient sitting in front me than the prescription I can write for anything else.”

-Dr. Jessie Gaeta, Boston Health Care for the Homeless Program on CBS News
Coaching to achieve housing goals.
**Housing First in Practice**

- **Designed for and flexible enough to serve anyone** not able to exit homelessness on their own.
  Programs **don’t screen out** households based on a score on an assessment tool or criteria that are assumed, but not shown, to predict successful outcomes, such as a minimum income threshold, employment, absence of a criminal history, evidence of “motivation,” etc.

- When in permanent housing, participants have **all the rights and responsibilities of typical tenants** and should sign a standard lease agreement.

- **Housing-focused assessment**: tenant screening and retention barriers
Understanding Housing Barriers

Housing barriers prevent someone from obtaining or keeping housing.

- Tenant Screening Barriers
- Housing Retention Barriers
### Barriers to Housing at the Household Level

<table>
<thead>
<tr>
<th>Barriers to GETTING Housing</th>
<th>Barriers to KEEPING Housing</th>
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<tbody>
<tr>
<td>Criminal History</td>
<td>Financial Barriers</td>
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<tr>
<td>Credit History</td>
<td>income &amp; budgeting</td>
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<tr>
<td>Housing History</td>
<td>Behavioral Barriers</td>
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<tr>
<td>Financial Resources</td>
<td>mental health</td>
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<td>substance use</td>
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<td>tenancy skills</td>
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Housing First in Practice

- Helping clients **quickly identify and resolve barriers to obtaining and maintaining housing**

- Housing plans and assistance to **immediately stabilize or re-house and ensure stability** – *regardless of income, other barriers or personal issues*

- **Wide array of housing options/partners** to ensure options for people with different barriers, facilitate client choice, shorten time homeless
Housing First: What matters...

Adopting a Housing First approach helps better ensure systems, and programs that serve different functions within systems, are...

• **Person-centered**: address what people need *and* want relative to their housing crisis

• **Mission-driven**: Able to establish practices, processes, and performance measures that support efficient and effective resolution of housing crises
  
  Focus on practices/programs that best address and resolve housing crises and move away from unsupported practices

• **Collaborative**: operate collaboratively and interdependently to ensure housing needs of each person are met and system performs as intended *for the community and community members*
Progressive Engagement & Assistance

Progressive engagement and assistance is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance.

✓ Avoids false assumptions
✓ Individualized
✓ Efficient – conserves limited resources to assist more people
✓ Effective – reduces how many experience homelessness, how quickly people end their homelessness, and how many avoid homelessness again
Back@Home utilizes a **progressive assistance** model.
Housing-Focused Progressive Assistance

Removal or mitigation of housing barriers as central focus
  • Other needs assessed if critical and urgent to address

Expect that every household can be successful with individualized, flexible assistance
  • Be prepared to offer more or less to achieve stability
  • Have plan B and plan C options ready for when Back@Home assistance alone is not enough

Case managers work closely with participating households to regularly assess housing stability and type/amount/duration of help needed and desired

We are bad predictors of stability!
Progressive Engagement & Assistance in Practice

• Targeting
• Baseline housing barrier assessment & housing plans
• Individualized, flexible assistance
• Housing & service partnerships
• Case review & case closure focused on housing stability
• Case conferencing
• Program policies, procedures, & quality improvement
• Use of standard indicators and active case status reports
System & Community Partnerships

THP and RRH programs must be fully integrated with other homelessness prevention, homeless crisis response, and community resources and services to ensure coordinated, person-centered services and to effectively meet both the immediate and long-term needs and preferences of those assisted.
System & Community Partnerships in Practice

Partnerships can range from informal to formal arrangements in each of the following areas to maximize client choice, increase access, and coordinate services.

- Community-based prevention resources and providers
- Homeless system coordinated entry, diversion, outreach, shelter, transitional housing, and permanent supportive housing programs
- Housing partners (e.g., private landlords, Housing Authority(ies), federally subsidized properties, etc.)
- Healthcare partners (e.g., Federally Qualified Health Centers/Healthcare for the Homeless, local health systems, behavioral health providers, pre/post-natal services, VA medical centers, etc.)
- Income and employment resources
- Basic needs resources for furniture/household items, food, etc.
- Partnerships to meet the needs of unique subpopulations...

\textit{NCCARE360 platform should be used as a tool to facilitate referrals.}
Program Readiness

Programs must be able to competently and effectively serve a wide variety of people:
- People with significant chronic and acute health conditions
- Youth
- Domestic violence survivors
- Families with children, single adults

Critical to have...
- Training, supervision
- Partnerships
- And always – Authentic Engagement
BREAKOUT:
What key practices do you currently struggle the most with? What solutions have you put in place or are working on?
Putting it all Together: Principles in Practice
Core Program Components
Targeted Homelessness Prevention & Rapid Rehousing

Housing Navigation Assistance
ASSISTANCE TO LOCATE A NEW HOME

Rent and Move-In Assistance (Financial)
SHORT-TERM FINANCIAL ASSISTANCE TO MAINTAIN HOUSING OR MOVE IN TO A NEW HOME

Housing Stabilization Services
ASSISTANCE TO STABILIZE IN HOUSING AND INCREASE HOUSING RESILIENCY
Housing Navigation: *Principles in Practice*

• Within the limits of the participant’s income, a rapid re-housing program should help households **access units that are desirable and sustainable.**

• Housing identification efforts should be designed and implemented to **actively recruit and retain landlords** and housing managers willing to rent to program participants who may otherwise fail to pass typical tenant screening criteria.

• The landlord is a vital partner. The RRH provider must be **responsive to landlords** to preserve and develop those partnerships for the purposes of future housing placements.
Rent and Move-in Assistance: *Principles in Practice*

• Rent and move-in assistance should be **flexible and tailored** to the varying and changing needs of a household while providing the assistance necessary for households to move immediately out of homelessness and to stabilize in permanent housing.

• Program should make efforts to maximize the number of households it is able to serve by providing households with the financial assistance in a **progressive manner, providing only the assistance necessary to stabilize in permanent housing.**
Housing Stabilization Services: *Principles in Practice*

- Services should be **client-driven and voluntary**.
- Case management should be **flexible in intensity**—offering only essential assistance until or unless the participant demonstrates the need for or requests additional help.
- Case management uses a **strengths-based approach to empower** clients.
- THP and RRH housing stabilization services reflect the **short-term, crisis intervention/resolution** nature of the assistance.
Wrap Up
Before you go...

What do feel will be your biggest challenge in implementing effective THP and RRH?

❑ Challenging housing market
❑ Providing progressive, flexible assistance
❑ Serving high acuity, high need households
❑ Connecting households to services (e.g., job training, mental health)
❑ Helping households to increase their income
❑ Other
Deeper Dive Sessions

*Scaling Up Housing Partnerships* – September 2020 (Date TBD)

**Other Possible Topics – Identify your top 3!**
- Operationalizing Equity
- Progressive Engagement and Assistance Strategies
- RRH/THP for subpopulations
- Diversion & Housing Problem-Solving
- Housing-Focused Case Management
- SOAR
- Fair Housing
- RRH and Dynamic System Management
- Operationalizing Targeted Homelessness Prevention
- Effective Program Oversight
- Staff Onboarding, Development and Support
- Financial Assistance Administration
Onboarding new staff

• Use Back@Home resource portal to access training resources

• Submit contacts for program leadership and case managers to access resource portal and be added to contact lists:
  • Agency Leadership: [https://app.smartsheet.com/b/form/7c1803ed826141a4b0641a75e3bf3e5c](https://app.smartsheet.com/b/form/7c1803ed826141a4b0641a75e3bf3e5c)
  • Case Managers: [https://app.smartsheet.com/b/form/54ad8c848e914826b6e3679c28c3595a](https://app.smartsheet.com/b/form/54ad8c848e914826b6e3679c28c3595a)

• Back@Home Staff Onboarding Guides
Questions?
Thoughts?
THANK YOU!