Housing First: Where Street Outreach & Best-Fit Housing Intersect

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The People Concern empowers the most vulnerable among us to rebuild their lives.

The People Concern was formed in 2016 in a merger of two trusted social service organizations based in Los Angeles County, OPCC and Lamp Community. Together, we have had more than fifty years of work in the community.

The People Concern is a leading provider of, and advocate for, evidence-based solutions to the multi-faceted challenges inherent in homelessness and domestic violence.

The People Concern believes no one should have to live on the street or in a violent household. Our programs empower the most vulnerable among us to improve their quality of life – housed, healthy and safe – and become active participants in the community.

We also work to educate the broader community and improve public policy.
According to HUD’s Housing First in Permanent Supportive Housing Briefing, The Housing First philosophy is based on the premise that:

Quickly and successfully **connecting** individuals and families experiencing homelessness to permanent housing.

Housing **without traditional preconditions** such as sobriety, treatment or service participation requirements.

Stable housing leads to **improvements in critical determinants of health** such as education, employment, and other positive outcomes related to well-being.
EBP – HOUSING FIRST

In practice, this means that participants will not be rejected or exited from our housing programs due to active substance use, lack of income, unregulated mental health symptom presentations, disabilities, or “non-compliance” with traditional medical and mental health treatment.

✔ Founded in a trusting partnership between the program participant, service provider, and community partners to ensure that short and long term service needs are met (driven by participant preferences) once the individual or family is housed.
EBP — HARM REDUCTION

• Harm reduction is aimed at reducing negative effects of high risk behaviors by using practical strategies to keep a person safe.

• Frequently conceptualized in relation to drug use and/or sexual health.

• Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Adapted from: https://harmreduction.org/about-us/principles-of-harm-reduction/
Photo from: https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/
• Trauma Informed Care (TIC) is an approach to engaging people with a history of trauma
  • TIC recognizes symptoms of trauma
  • TIC acknowledges the role that trauma has played in their life.

• Working from a “strengths based framework”
  • TIC is grounded in an understanding of responsiveness to the impact of trauma
  • TIC emphasizes physical, psychological, and emotional safety for both providers and survivors to “rebuild a sense of control and empowerment”

(Hopper, Bassuk and Olivet, 2010)
# EPB - Trauma Informed Care

<table>
<thead>
<tr>
<th>Safety</th>
<th>Trustworthiness</th>
<th>Choice</th>
<th>Empowerment</th>
<th>Collaboration</th>
<th>Language</th>
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</thead>
<tbody>
<tr>
<td>Physical &amp; Emotional</td>
<td>Transparency</td>
<td>Listen</td>
<td>Believe in the Person</td>
<td>Equal Partnership</td>
<td>Positive &amp; Respectful</td>
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<td>Environment</td>
<td>Boundaries</td>
<td>Gather Input</td>
<td>Build on Strengths</td>
<td>Shared Power</td>
<td>Non-Punitive</td>
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<td>Support System</td>
<td>Offer Explanation</td>
<td>Offer Choices</td>
<td>Teach Skills</td>
<td>Connection</td>
<td>Non-Demanding</td>
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<td>Cultural Consideration</td>
<td>Follow Through</td>
<td>Inclusion</td>
<td>Restore Hope</td>
<td>Team Work</td>
<td>Tone &amp; Body Language</td>
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<td>Consistency</td>
<td>Cultural Consideration</td>
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THINK OUTSIDE THE BOX

Be the girl on the right
OUTREACH & ENGAGEMENT

Goal = Establish **safety** with traumatized groups

Street Engagement Skills:
- Identify “quad-morbid” population
- Assess immediate risk
- Implement *real* Harm Reduction
- Be consistent
- Follow Through
OUTREACH & ENGAGEMENT

Tools for establishing safety: Eliminating barriers to care!

Street medicine & Street psychiatry
Strong medical partners interested in harm reduction-based medical care

Operate from a place of assuming that clients have experienced past traumas within medical / psychiatry system

(abuse, law enforcement, withholding care, violence, racism, classism)
OUTREACH & ENGAGEMENT

Examples of C3 Pilots:

1. Low Barrier MAT (Medication Assisted Treatment)
2. Narcan distribution (& all staff trained to utilize)
3. Harm-Reduction supplies / kits
4. Long-acting injectable meds
5. Syphilis testing and treatment
OUTREACH & ENGAGEMENT

Service Resistant

Fit services to Clients, rather than Clients to services

"Housing-Ready" Client

Broaden idea of "success"

Documentation-ready → Whatever it takes!

“Whatever it takes!”

"Housing-Ready"
FROM STREETS TO HOME

Whose transition is it anyway?

1. Joint outreach & warm handoffs!
   ✔ Housing case managers need to hit the streets.

2. Barrier busting!
   ✔ Humanize stories within subsidy & property management applications and compliance reviews.

3. Seed planting!
   ✔ Talk early and often about preparing for the shift in community, new responsibilities, building treatment teams.
FROM STREETS TO HOME

What is home? Is it safe? Does it bring me joy?

1. Normalizing mix of happiness, relief, fear, loneliness, grief, guilt, relief.
2. Radical acceptance – really listening to where someone is at in their goal (or lack thereof) planning.
3. Housing literally without conditions.
4. Creating an environment of non-judgement. (modeling life skills vs. pontificating / “should-ing”).
5. Translation of street / shelter survival skills into neighbor skills
6. Defining safety – physical & emotional
FROM STREETS TO HOME
### FROM STREETS TO HOME

<table>
<thead>
<tr>
<th>Trixie</th>
<th>Katya</th>
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</thead>
<tbody>
<tr>
<td>1. Trauma history, EtOH Use, Mental Health &amp; Medical Diagnoses</td>
<td>1. Trauma history, Polysubstance Use, Mental Health &amp; Medical Diagnoses</td>
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<tr>
<td>2. Credit &amp; criminal background check concerns – <strong>Housing Authority of the City of LA Project-based Voucher</strong></td>
<td>2. Credit &amp; criminal background check concerns – <strong>Flexible Housing Subsidy Pool Project-based Voucher</strong></td>
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<tr>
<td>3. Boundary setting with guests</td>
<td>3. Blurred boundaries with guests</td>
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What’s the secret sauce to housing retention?.....CLIENTS

- **Consistency** in communication & follow-up of consequences (lease violations) coupled with transparency in expectations for change.
- Opportunities for help – **offering choices** (i.e. different best-fit housing)
- **Celebration** of small goals.
- Processing joy *and* guilt associated with **shifting identify** as a housed person.
What makes us think this approach is effective?

- 90% of individuals who transitioned from street homelessness to Project-based Housing remained housed 1-year later (or transitioned to higher level of care).

What should I remember?

- Clients are the center of integrated treatment teams.
- “Difficult clients” or inflexible service providers?

You cannot do one of these 3 EBPs well without the other 2.
Thank you!

Photo courtesy of Francine Orr and the Los Angeles Times featured in the 5-part series, The Streets Within
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