



**Heartland Housed
Learning Lab
Session One: Supportive Housing
Standards of Quality**

Welcome & Introduction

- **Johnna Lowe**

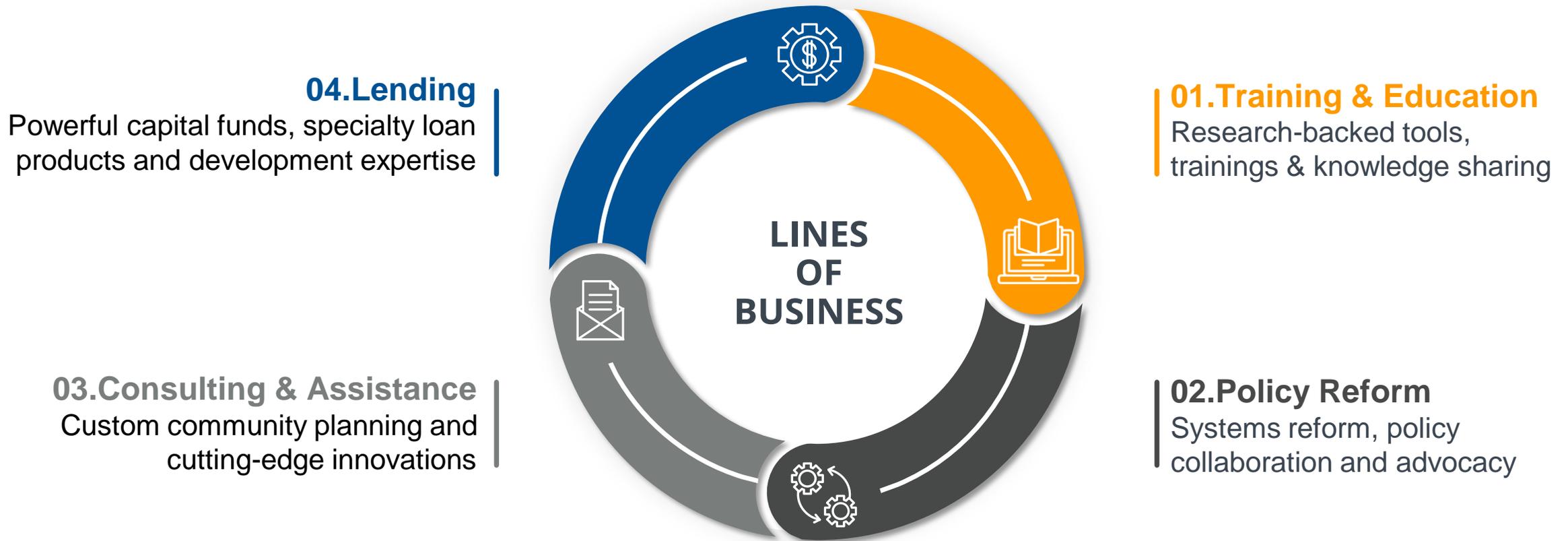
- **Senior Program Manager**
- **Staff at CSH for 9 years, 16 in the sector**
- **CES Lead in Chicago, CSH National Trainer, Landlord Engager**

- **Ronti Ghosh**

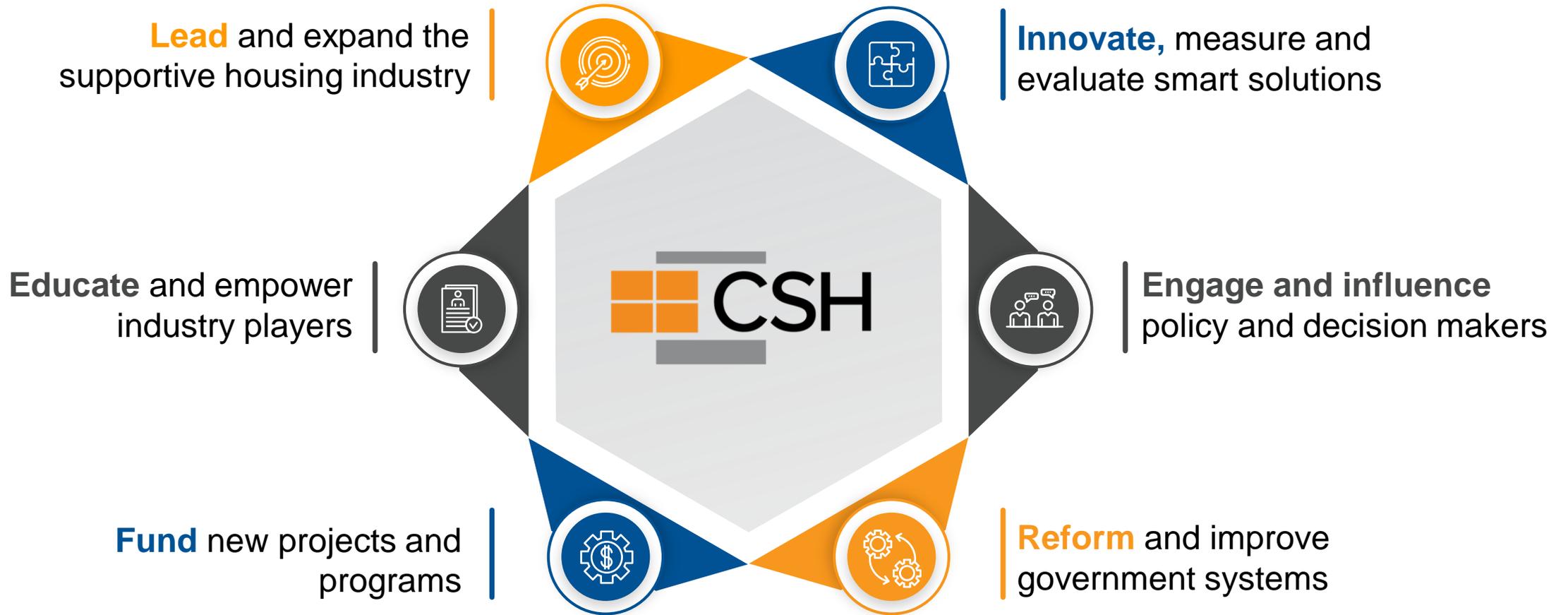
- **Program Manager**
- **Staff at CSH for 4 years, 7 in the sector**
- **CES DV Lead in Chicago, State Referral Network**

What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.

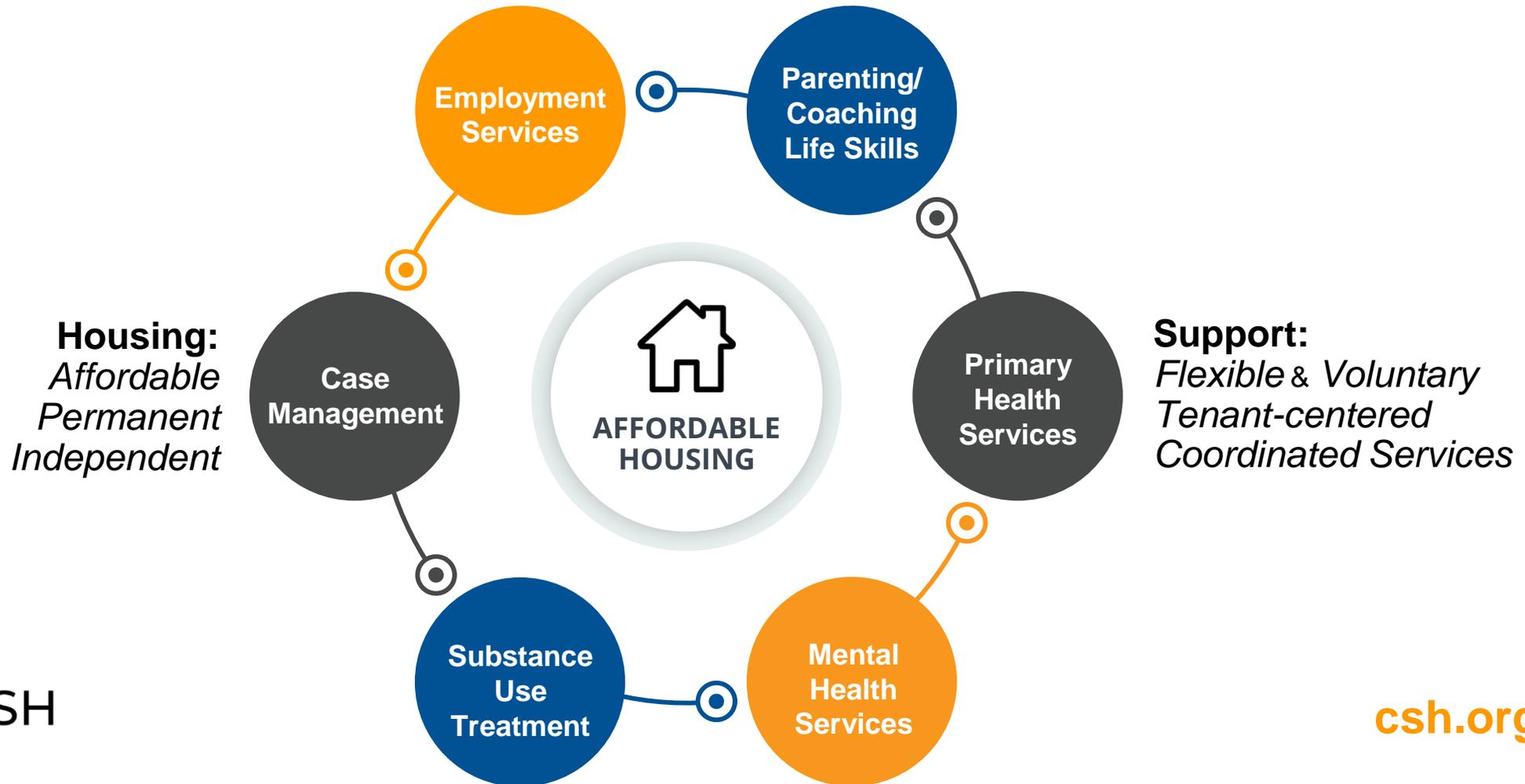


How We Drive Impact



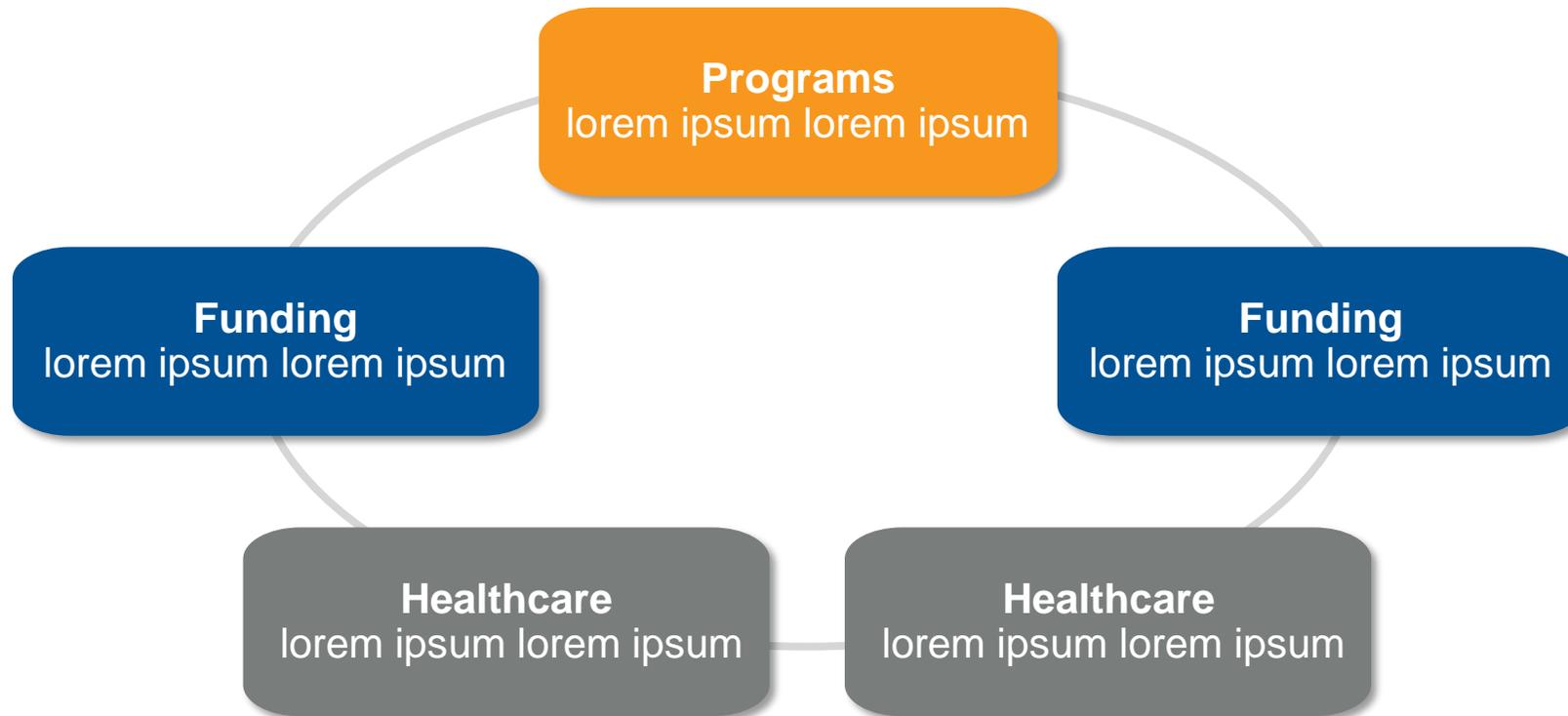
Supportive **Housing** is the Solution

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.



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Welcome & Introduction

- ❖ Name
 - ❖ Organization & Role
- ❖ Goals within your role in 2024

Learning Lab Goals

- ✓ Capacity building for the entire Springfield Continuum of Care
- ✓ Support direct service staff
- ✓ Refresher in supportive housing foundation
- ✓ Support new sector staff
- ✓ 4 sessions
- ✓ Interactive
- ✓ Active dialogue

Today's focus: Essentials of Supportive Housing & Standards of Quality



Essentials of Supportive Housing

Essentials in Supportive Housing



Housing First



Harm Reduction



Trauma-Informed Care

Housing First

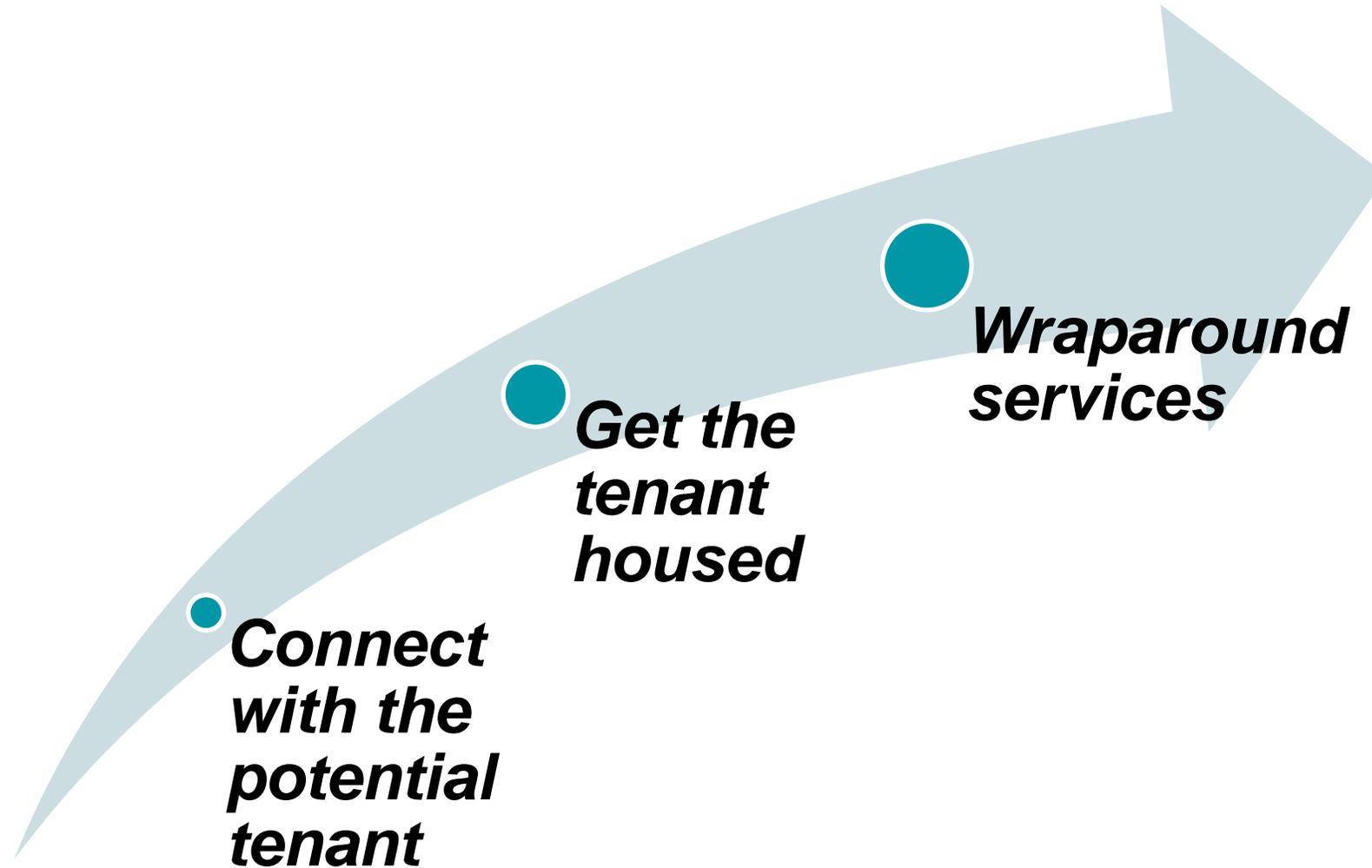
Two Central Premises

Quick re-housing

Housing focused, voluntary services



Taking out the Housing Ready “Stuff”



Housing First Works!

- **Housing retention rates in a Housing First model, 75% - 80%.**
- **Fewer hospital visits by participants.**
- **Reduced involvement in criminal justice system.**
- **Greater satisfaction from participants.**



What are the Benefits?



Key Principles in Housing First

1. Quick access to housing

2. Units targeted to most disabled and vulnerable

3. Provide leases and tenant protections

4. Centered on Tenant choice

5. Voluntary support services with assertive engagement

6. Embrace a harm-reduction approach

7. Tenancy is not dependent on participation in services

Quick
Access to
Housing

Housing
Focused,
Voluntary
Services

1. Quick Access to housing. Screening In

- **Making the process accessible at all points:**
 - Application
 - Unit Search
 - Move-in
- **Do you have:**
 - Rules
 - Procedures
 - Policies
 - Applications
 - That really “Screen out”?



System vs Program Barriers to Housing

System Barrier Example

- Coordinated Entry list isn't updated.
- No coordinated landlord outreach/incentive program.



Advocate for Change

Program Barrier Example

- Requiring “clean time”.
- Criminal background check.
- Long and confusing application process.



**Advocate for and
Implement
Change**

2. Units Targeted to the Most Vulnerable

Chronically homeless



Cycling through systems

Exiting institutions

3. Provide leases and tenant protections



Why are Leases Important?

...and that said
...on the attached
...and in good satisfactory
...keep the premises and all
...or replace any portion of the
...At the termination of this
...and good condition except for
...and must not belong to OWNER. It
...the carpets, drapes, walls, fixtures, and...

...RESIDENTS have read and under
...stands the entire Agreement between OWNER
...ifications or notices shall be in writing

LEASE

BASIC RENTAL AGREEMENT OR RESIDENTIAL LEASE

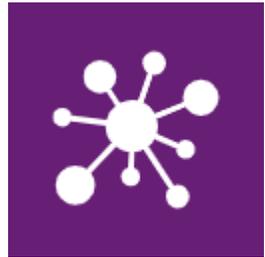
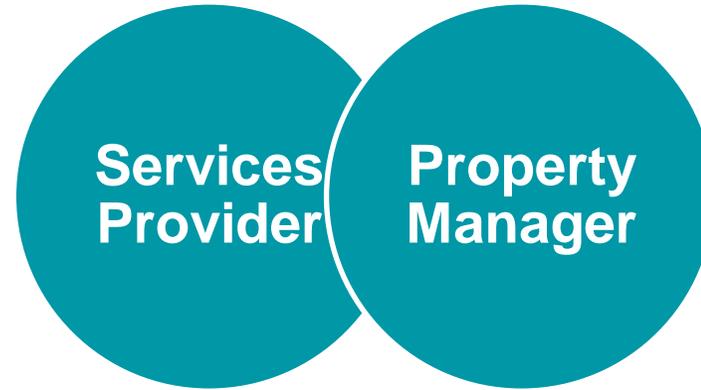
This Rental Agreement or Residential Lease shall evidence the complete terms and conditions under which the parties whose signatures appear below have agreed. Landlord/Lessor/Agent, _____, shall be referred to as "OWNER" and Tenant(s)/Lessee, _____, shall be referred to as "RESIDENT." As consideration for this agreement, OWNER agrees to rent/lease to RESIDENT and RESIDENT agrees to rent/lease from OWNER for use solely as a private residence, the premises located at _____ in the city of _____.

1. **TERMS:** RESIDENT agrees to pay in advance \$ _____ per month on the _____ day of each month. This agreement shall commence on _____ and continue; (check one)
 as a leasehold. Thereafter it shall become a month-to-month tenancy. If RESIDENT
 expiration of this time period, he shall be liable for all rent due until s
and paying RESIDENT and/or expiration of said t
... terminat

Tenant Education



Who Educates?



On What?



Lease

Services

When/Who to Call



How?



Move-In Packet

Orientation Meeting

Unit Inspection

4. Centered on Tenant Choice



What does consumer choice mean?



How do you create choice?



Why is choice important?

Tenant Centered

Housing First: A person centered approach that can accommodate individual needs

My dog comes with me

Me and Ana go together, or we don't go at all

Is it possible to get an extra room so my kids can visit?

Can I look at another unit that doesn't have stairs?

I want to decorate my place myself

5. Voluntary support services with assertive engagement

Why assertive engagement?

Services are voluntary for tenants...NOT STAFF!

Consistently working to build a trusting relationship with tenants.

User-friendly services are driven by the tenants' needs and individual goals.

Meeting tenants where they are.

Services Make the Difference

Flexible,
voluntary

Counseling

Health and
mental health
services

Alcohol and
substance
use services

Independent
living skills

Money
management/
rep payee

Community-
building
activities

Vocational
counseling
and job
placement

Housing
stability
services

Large Group Exercise: How do we know?

1. Quick access to housing

2. Units targeted to most disabled and vulnerable

3. Provide leases and tenant protections

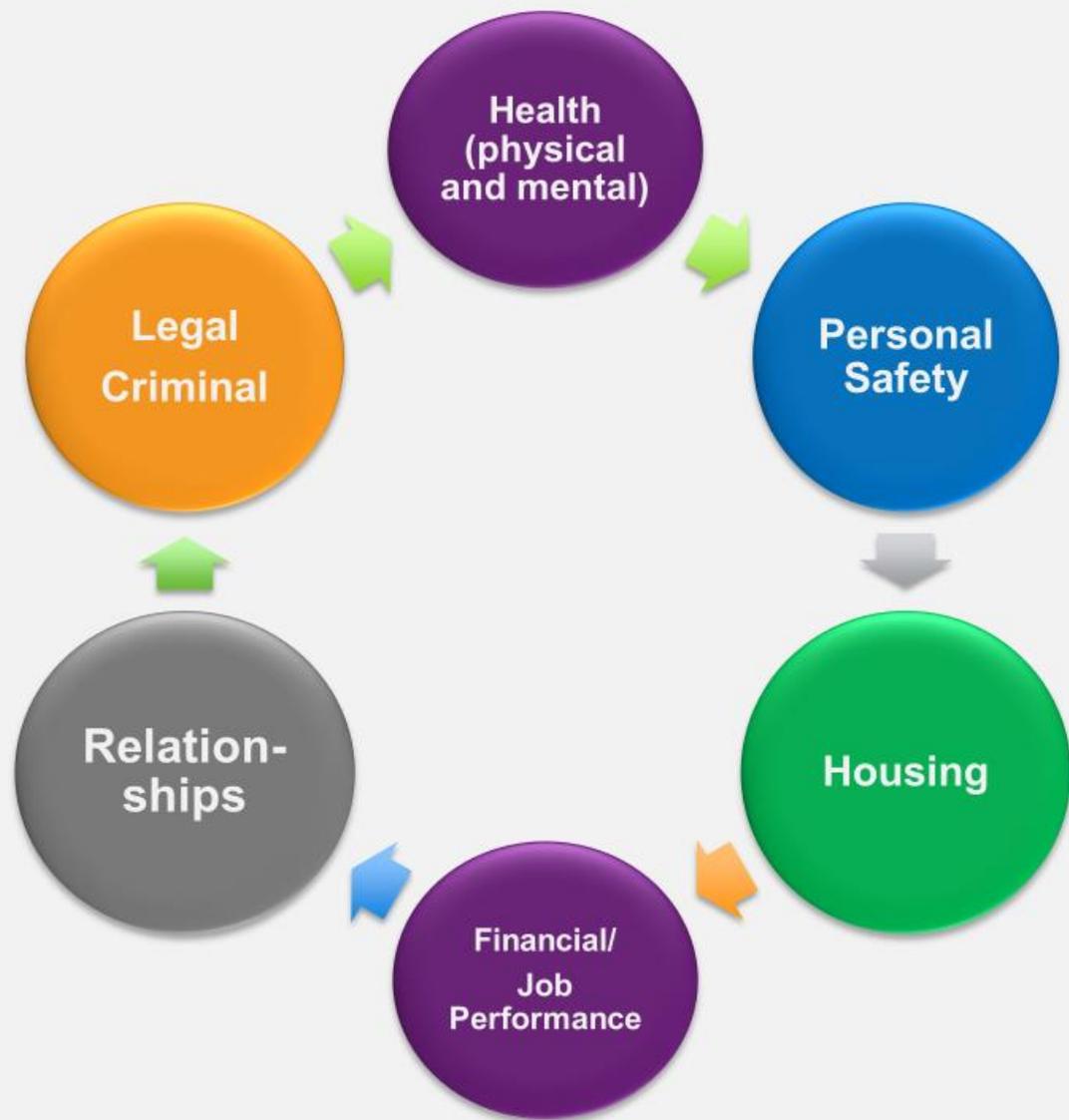
4. Centered on Consumer choice

5. Robust support services with assertive engagement

6. Embrace a harm-reduction approach

7. Tenancy is not dependent on participation in services

Harm Reduction

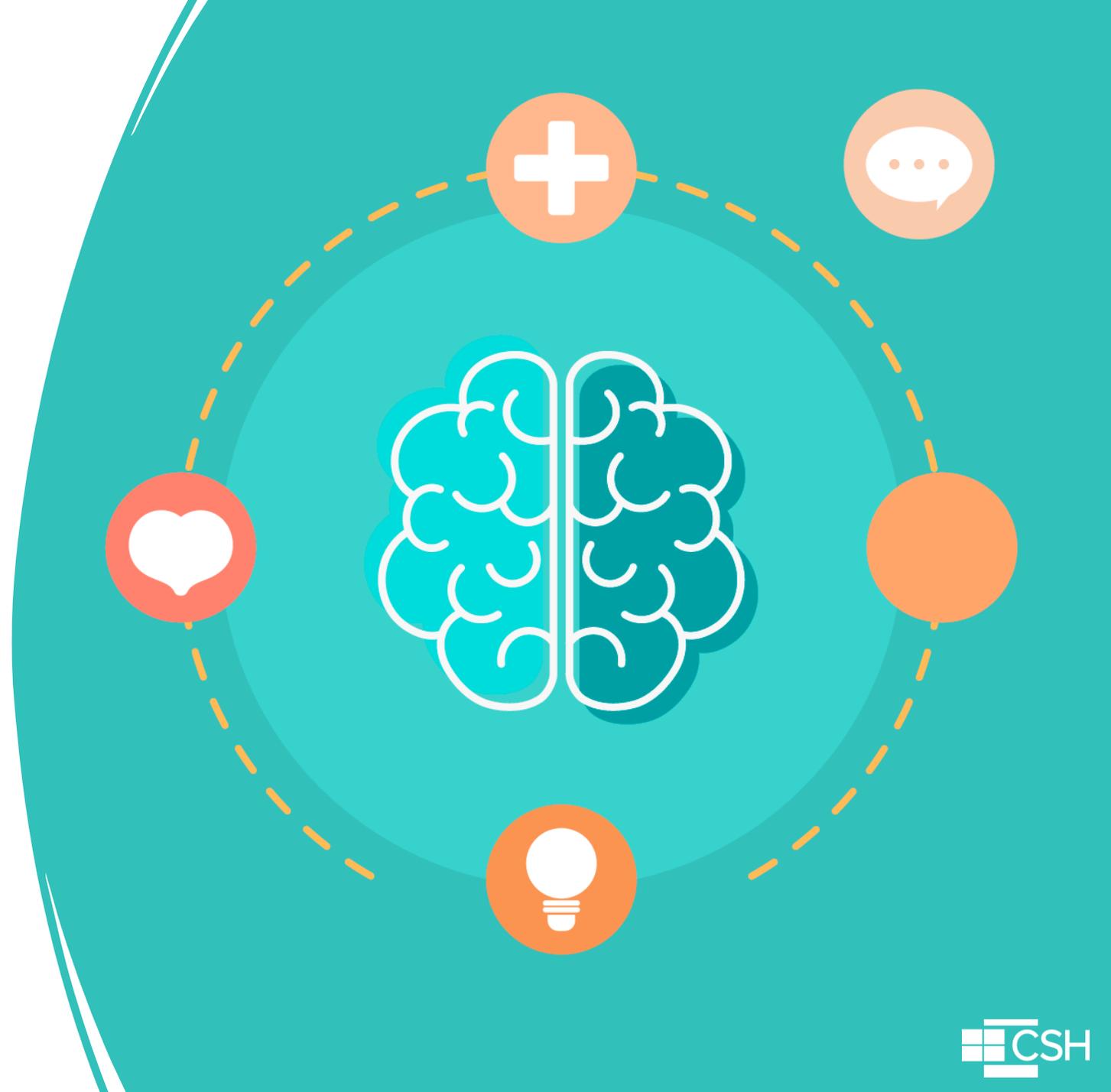


Areas of Harm

Harm Reduction

“The philosophy of harm reduction promotes and supports the right of people who use substances and engage in other risky behaviors to be treated with dignity and respect; their right to exercise self-determination related to use; and their right to a collaborative approach in therapeutic relationships.”

Source: Midwest Harm Reduction Institute



Why Harm Reduction

1

Respond to rising fatalities from overdoses

2

Keep people engaged if they relapse or aren't abstinent

3

Reach vulnerable people

- Personal understanding is not the focus
- Harm Reduction can be everywhere:
 - Helmets
 - Seatbelts
 - Dieticians
 - Vaccination
- The concept & practice is very literal



What are some benefits in a harm reduction framework?



Why It Works

- **Harm reduction is**
- **Non-judgmental - it understands that most people change gradually and experience ups and downs**
- **Strength-based - It applauds and builds upon one success at a time**
- **Individualized - Each individual's relationship with drugs and alcohol is different**
- **Affirming - It emphasizes self-determination, is client directed and encourages honesty**
- **Empowering - It allows clients to choose their own goals**
- **Encouraging - It fosters client growth, self-discovery and decision making**

Harm Reduction Principles

Incorporates practical, informative and comprehensive strategies

Individuals have a voice

Focus on reducing harmful effects and minimizing risk

No pre-defined outcomes; allows the freedom to choose goals

Individual takes responsibility for his or her own behavior

Accepts an individual's decision to engage in risky behaviors

Individual is treated with dignity

What is Harm Reduction?

Harm Reduction is

- **A set of practical strategies to reduce negative consequences of drug use and sexual risk**
- **Incorporates a spectrum of strategies including safer techniques, managed use, and abstinence**
- **Is inclusive and meets people at their stage of change... BUT**
- **Doesn't leave them there**

Harm Reduction is not

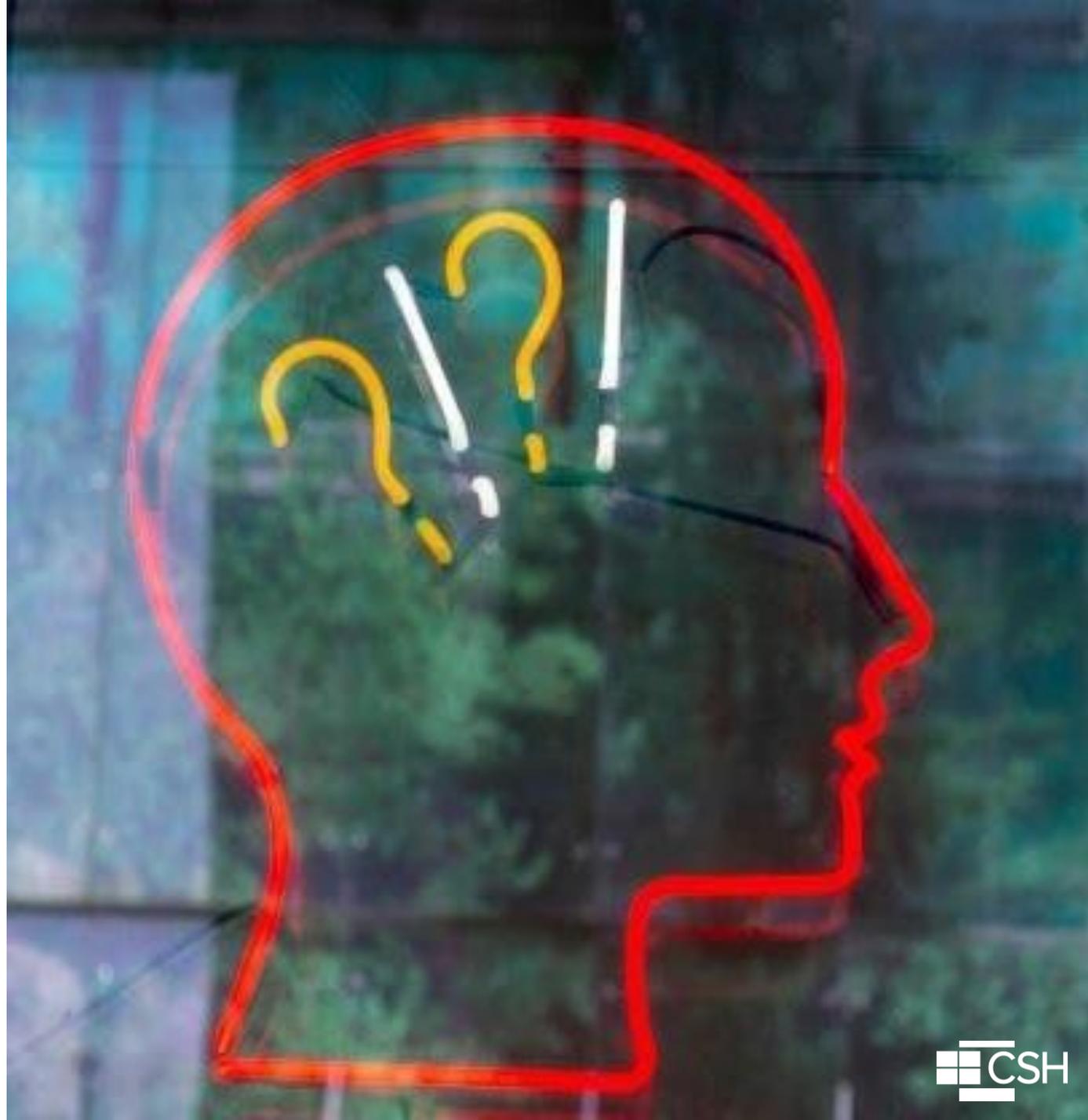
- **Attempting to minimize the real harm associated with use**
- **Enabling or creating an attitude of anything goes**
- **A means to sobriety or a hook into traditional treatment**
- **Passive, ignoring someone's use, or thinking one size fits all**

Harm Reduction & Substance Use



Impact of Stigma

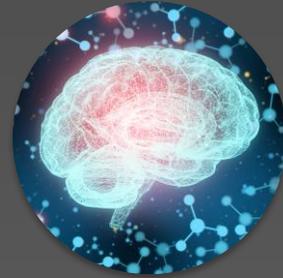
- High contributor to mortality associated with substance abuse:
- Prevents people from seeking treatment (branding)
- Police interactions – increased risk of incarceration
- Long-term suspicion
- Pushed to the shadows; increases high-risk behaviors



The 3 Factors That Impact Risk



Drug



Set



Setting



***Substance Use
Management***

DRUG

**What is the goal/benefit
of your use?**

**What do you use and in
what combination?**

**How much do you use
and how do you use?**

***Substance
Use
Management***

SET

How are you feeling before you use?

What kind of mood are you in?

Are you sick?

Are you depressed?

Are you happy?

***Substance Use
Management***

SETTING

What are you using – is it always in the same place?

How safe is it?

Do you use by yourself or with others?

How do your surroundings/environment contribute positively or negatively to your experience?)

What are some challenges of working in a harm reduction framework?



Trauma-Informed Care

Trauma-informed care (TIC) - adoption of principles and practices that promote a culture of safety, empowerment, and healing



What is Trauma?

- **Harm done by others.**
- **Experience of a life-threatening event.**
- **Leading to a lasting effect on health and well-being**



Keep in Mind...

Trauma Does not have to be directly experienced

Not everyone who experiences harm, or a traumatic event will be adversely impacted

Every person will experience trauma differently

Trauma – Protective and Risk Factors

Protective Factors?

- **Secure/affordable housing**
- **Income/employment**
- **Education**
- **Healthcare**
- **Healthy family relationships**
- **Healthy peer relationships**
- **Social network**
- **No previous experience of trauma**
- **Access to support**

Risk Factors?

- **Previous experience of trauma**
- **Homelessness**
- **Experience of racism**
- **Institutionalization**
- **Mental health issues**
- **Health issues**
- **Lack of support**
- **Unhealthy family relationships**
- **Experience with justice, foster care system, child welfare**
- **Lack of access to income support, educational opportunities, employment**

Impact of Trauma



Trauma has imprints on the brain

- **Internal "alarm clock" is distorted**
- **Difficulty to discern who or what is harmful or not**
- **May lead to hypervigilance/paranoia**
- **Difficulty trusting others**



People may often feel

- **Estrangement**
- **Fear**
- **Isolation**
- **Loss of trust**
- **Powerlessness**
- **Guilt**
- **Shame**
- **Stigma**



Reminders of Past Trauma

- **Reaction to a sensory experience – sounds, taste, smell, sight, touch**
- **May be aware or unaware**
- **Trauma impacts memory – may not recall why they are reacting**

How can you address triggers?

- Be sensitive
- Do what you can to avoid activating them
- Can't eradicate them- but can work to reduce them wherever possible



Principles of Trauma-Informed Approaches



Substance Abuse and Mental Health Service's (SAMHSA) Six Key Principles of a Trauma-Informed Approach



Safety

- Racialized and intersectional safety is considered and explored.
- Individual, therapeutic, familial, community and organizational safety.
- Trauma is anticipated to have an impact.



Trustworthiness and Transparency

- All interactions respectful, with the understanding that racism plays a role.
- Systemic interaction with other organizations clarified.
- Boundary violations are explored with curiosity.

A photograph of two men, one in a blue shirt and one in a maroon shirt with a black beanie, looking down at an open book together. The man in the blue shirt is pointing at the text in the book. The background is blurred, suggesting an indoor setting like a library or study area.

Peer Support

- Client lived experiences are believed, validated and affirmed.
- Clients are encouraged to share narratives with others who may have had similar experiences.



Collaboration and Mutuality

- Providers and clients broach dialogue regarding differences in intersectional identities and lived experiences to develop genuine rapport.
- Clients are invited to share honest feedback.

Voice and Choice

- **Decision making, with both micro and macro consequences are considered.**
- **Clients are provided culturally relevant tools and information to analyze options.**



Cultural Humility

"A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities."

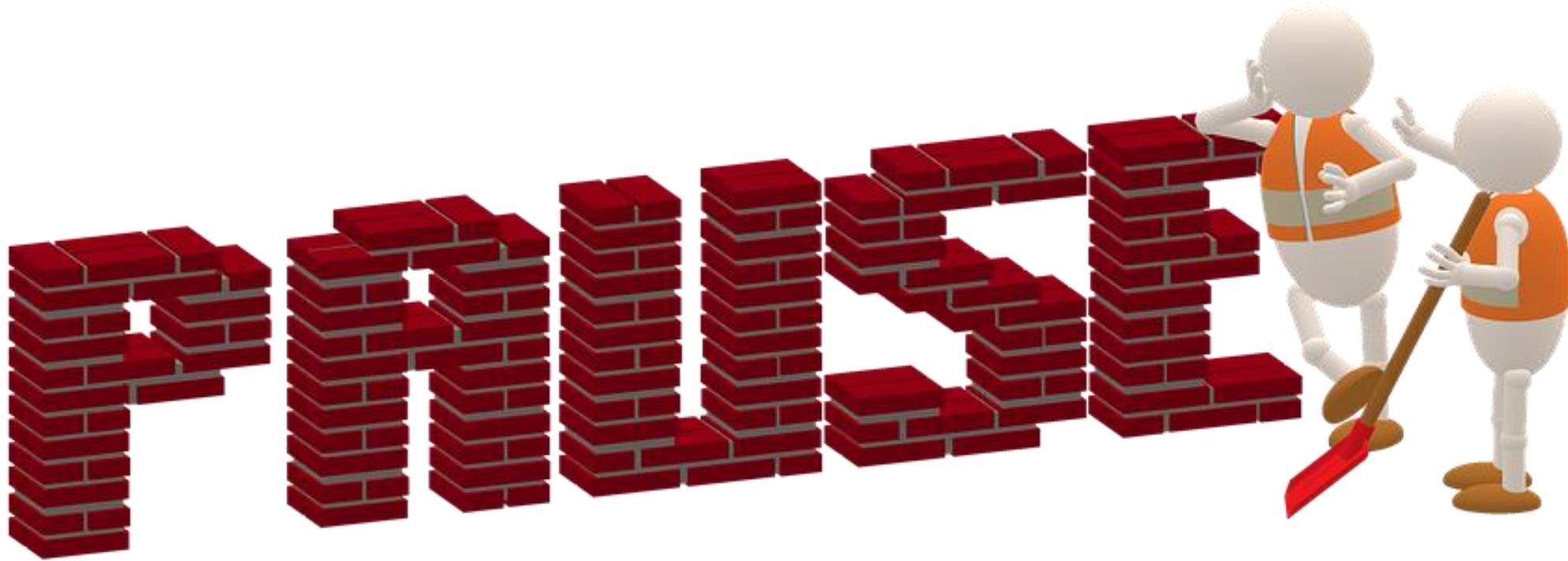
National Institutes of Health (NIH)



Takeaway...

- **Reduce the harm of ongoing trauma**
- **Build resilience**
- **Reduce the likelihood of re-traumatization**

Break!



Group Exercise: 15 minutes

- In small groups, list and discuss examples of the essentials from your life, your work, or the world.

Ex. Housing First: We no longer require multiple program applications.

Harm Reduction: I take vitamins in the winter and wore a mask while Christmas shopping

T.I.C: I ask residents if this is a good time to discuss their personal goals.

- **Housing First**
- **Harm Reduction**
- **Trauma Informed Care**



Supportive Housing TRAINING CENTER

www.csh.org/training



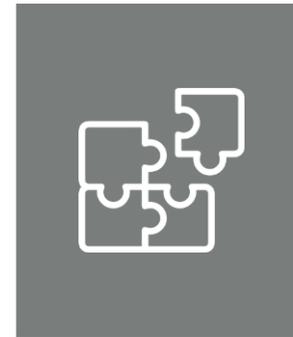
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