The Why and How of Low Barrier Housing

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Group Activity: Hopes and Fears (15 minutes)

Instructions: At each table, have a volunteer read out loud the low-barrier requirement mandated by HUD for CE and Washington State Department of Commerce for Consolidated Homeless Grant (CHG) funding.

Discussion:

- What is your reaction?
- What fears do you have? Where do you see challenges in this requirement?
- What are your greatest hopes for your community in regards to low barrier housing?

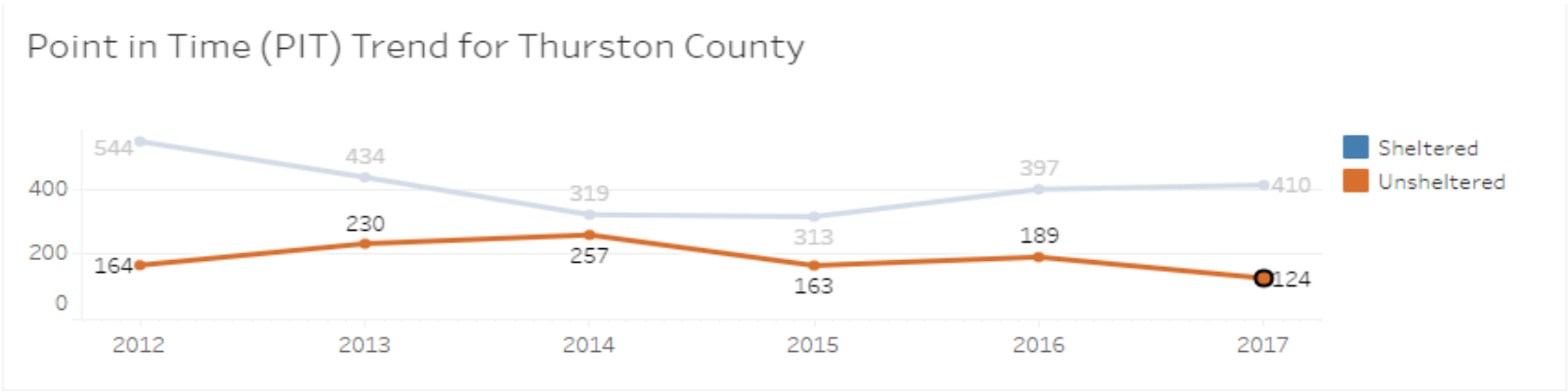
Report back

Thurston County

3,586 individuals were entered into homeless housing services 10/1/16 – 9/30/17

40% of those who were served were unsheltered upon entry

Mid-sized county. Population 280,588 (July 2017), about 3% growth from 2016



SIDE WALK

Program Evolution

Opened October 3, 2011 as Thurston County Coordinated Entry for childless adults living on the streets. Volunteer driven with 3 staff.

2012 - Began the 1st Rapid Rehousing Program for adults w/o minor children in Thurston County. Housed 17 people with average cost of $815 and 85% retention after 1 year

2014 - Received first County funding. Began shelter diversion program offering up to $250 for a minimum of a 30 day stay. Nearly doubled placement rate.

2015 By the end of 2015 had housed over 600 individuals with RRH and shelter diversion. Retention rate remained around 87%

2017 all RRH funds reserved for most highly vulnerable. Placement slowed until lowered VI to 8.

Sept 2017 - moved downtown to the Providence Community Care Center. By the end of 2017 – had housed ~1000 individuals over the 5 years; many through diversion.

SIDE WALK

RRH & Shelter Diversion Placements

	RRH Placements		RRH Returns		SD Placements		SD returns *		RRH	
Year	Chronic	Nonchronic	Chronic	Nonchronic	Chronic	Nonchronic	Chronic	Nonchronic	Chronic	Nonchronic
2012	7	10	2	2	N/A	N/A	N/A	N/A	N/A	N/A
2013	26	102	8	9	N/A	N/A	N/A	N/A	N/A	N/A
2014	53	105	11	7	23	47	6	12	7	7
2015 YTD	15	40	2	1	8	25	1	4	0	3

RRH Cost Per Person**	
$815.00	2012
$1,194.00	2013
$1,260.00	2014
$1,268.77	2015 YTD

*SD Drives 2015 cost does $924.28

RRH Cost Per Person Positive Outcome**	
$1,065.00	2012
$1,378.00	2013
$1,420.00	2014
$1,341.00	2015 YTD

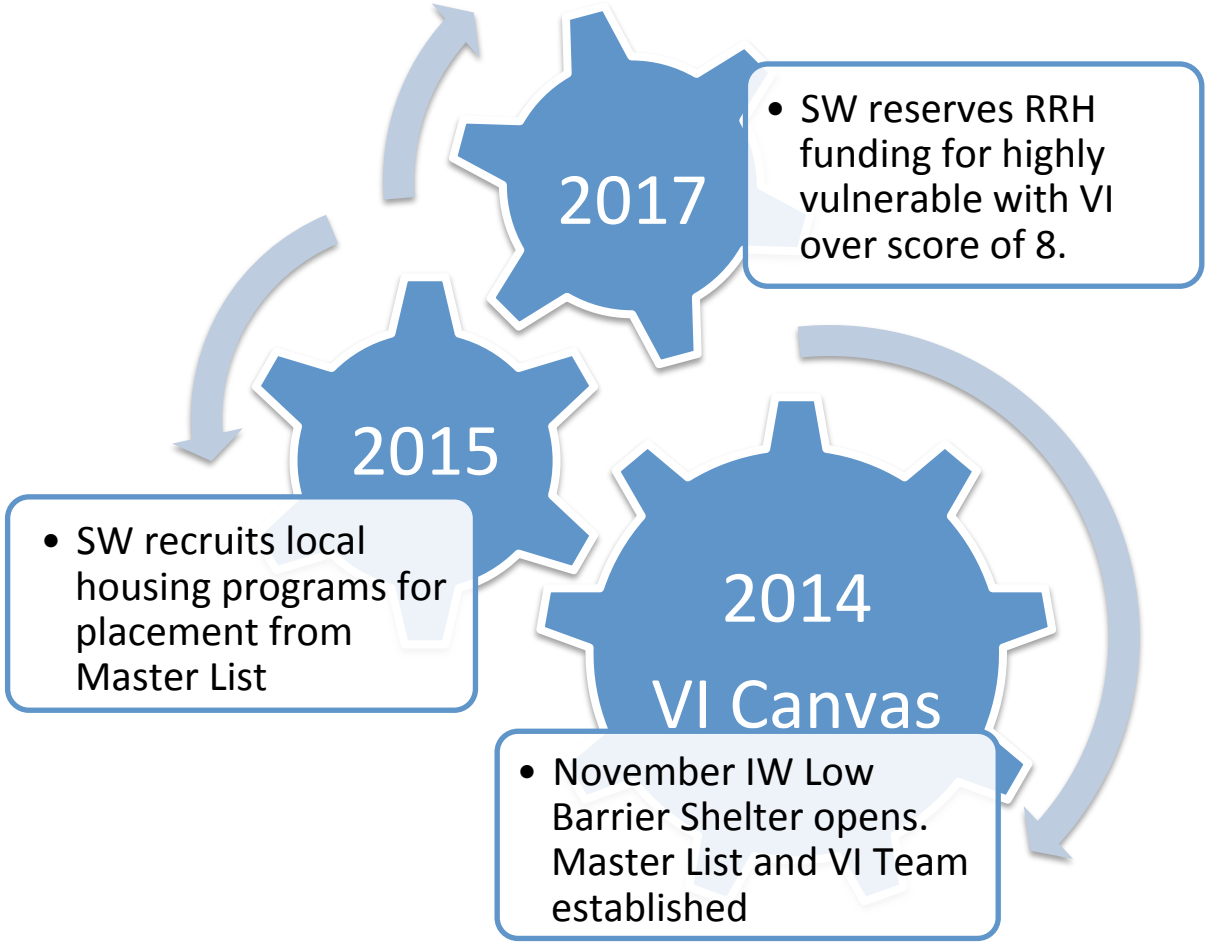
* Includes those who transitioned to RRH

** Include cost of extensions

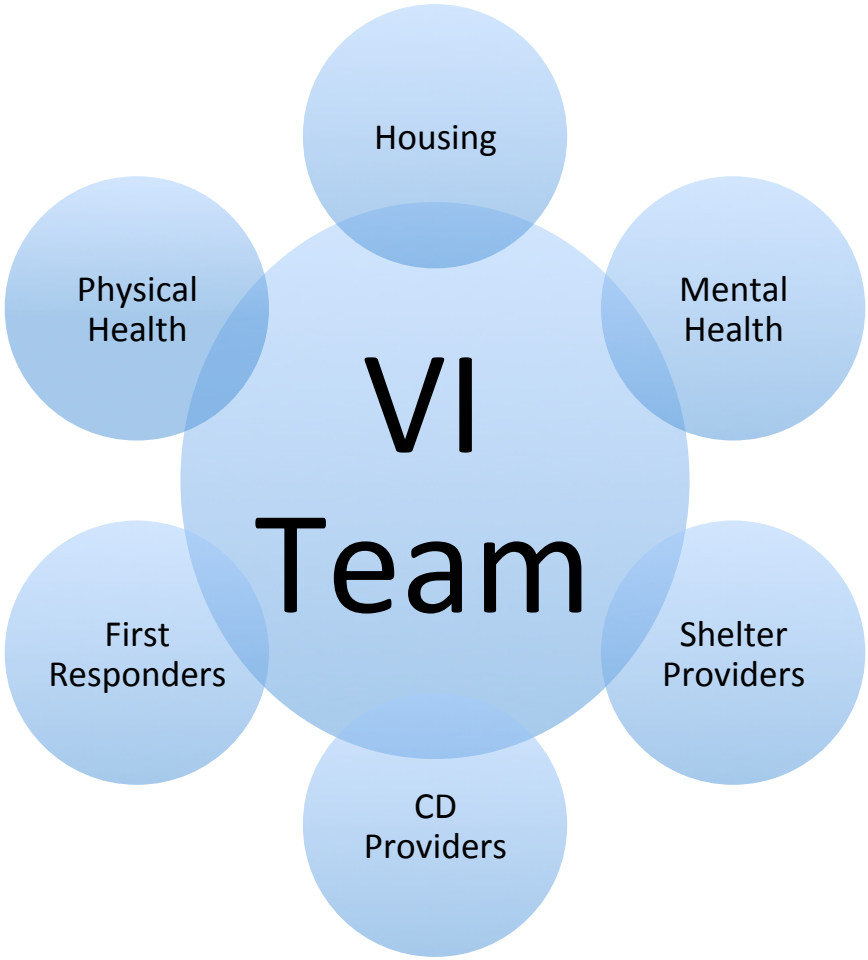
Year	Placed	Returned	Housed	Retention
2012	17	4	13	76%
2013	128	17	111	87%
2014	228	36	192	84%
2015 YTD	88	8	80	91%
	461			85%

[Click to Open Hyperlink for SW 2015 – 2018 YTD Tableau Data]

Moving toward Housing First



Vulnerability Index Team



Clarifications about Housing First

Housing First is…

- not a "program". It is a whole system orientation and response.
- a recognition that everyone can achieve stability in "real" housing. Some people simply need services to help them do so.
- about health, recovery, and well being. Housing itself is the foundation and platform for achieving these goals.
- about changing mainstream systems.

Core Components of Housing First

- The direct, or nearly direct, placement of targeted homeless people into permanent housing. Even though the initial housing placement may be transitional in nature, the program commits to ensuring that the client is housed permanently.
- While supportive services are to be offered and made readily available, the program does not require participation in these services to remain in the housing.
- The use of assertive outreach to engage and offer housing to homeless people with mental illness who are reluctant to enter shelters or engage in services. Once in housing, a low demand approach accommodates client alcohol and substance use, so that "relapse" will not result in the client losing housing (Marlatt and Tapert, 1993).
- The continued effort to provide case management and to hold housing for clients, even if they leave their program housing for short periods.

Interfaith Works Homeless Services Program

Opened November, 2014 opened 42 bed low-barrier, vulnerability based shelter for single adults/couples, all genders, pets ok, couples stay together.

2015 - VI Team weekly, multidisciplinary case conferencing group is founded.

2015 - Navigation Team Pilot project began. In first 6 months 42% rate of moves to perm housing, 40% rate of connections to SU tx, 80% rate of connections to MH tx.

2017 - Community Care Center, partnership with Prov. Bx Health, SideWalk and many others opens it doors.

Fidelity to the model really matters.

How to operationalize low-barrier services

- Values based
  - What are you organizations core values?
  - How often do you discuss that as an org?
  - Is your org focused only on the mission or the values as well?
- Person in environment
  - Zoom out to find the context for the behavior rather than focusing on the behavior.
  - Trauma and the coping mechanisms people have to deal with it are totally normal and to be expected
- Basic belief in people (Guest driven)
  - Meeting people where they are actually at in every moment (it changes!), rather than where we think they should be, where we hope they will be or where we are scared they will be if we don't intervene.
- Set up the environment
  - Remove aggravating stimuli, lighting, routine, art and positivity, hospitality vibe, consistency in how we greet people each day, create a predictable environment whenever possible.

How, though? Theory into practice

- Mental flexibility and willingness to change.
  - Regular dorm meetings/community meetings with actionable outcomes
  - Regular staff meetings with continual feedback and actionable outcomes
  - Directors prioritizing being on site somewhat regularly
- From "rules" to expectations.
  - Updated IWHS expectations DRAFT
- Training, shared trainings and refresher trainings.
  - Staff Core training Agenda
  - CCC Core training curriculum

How, though? Theory into practice

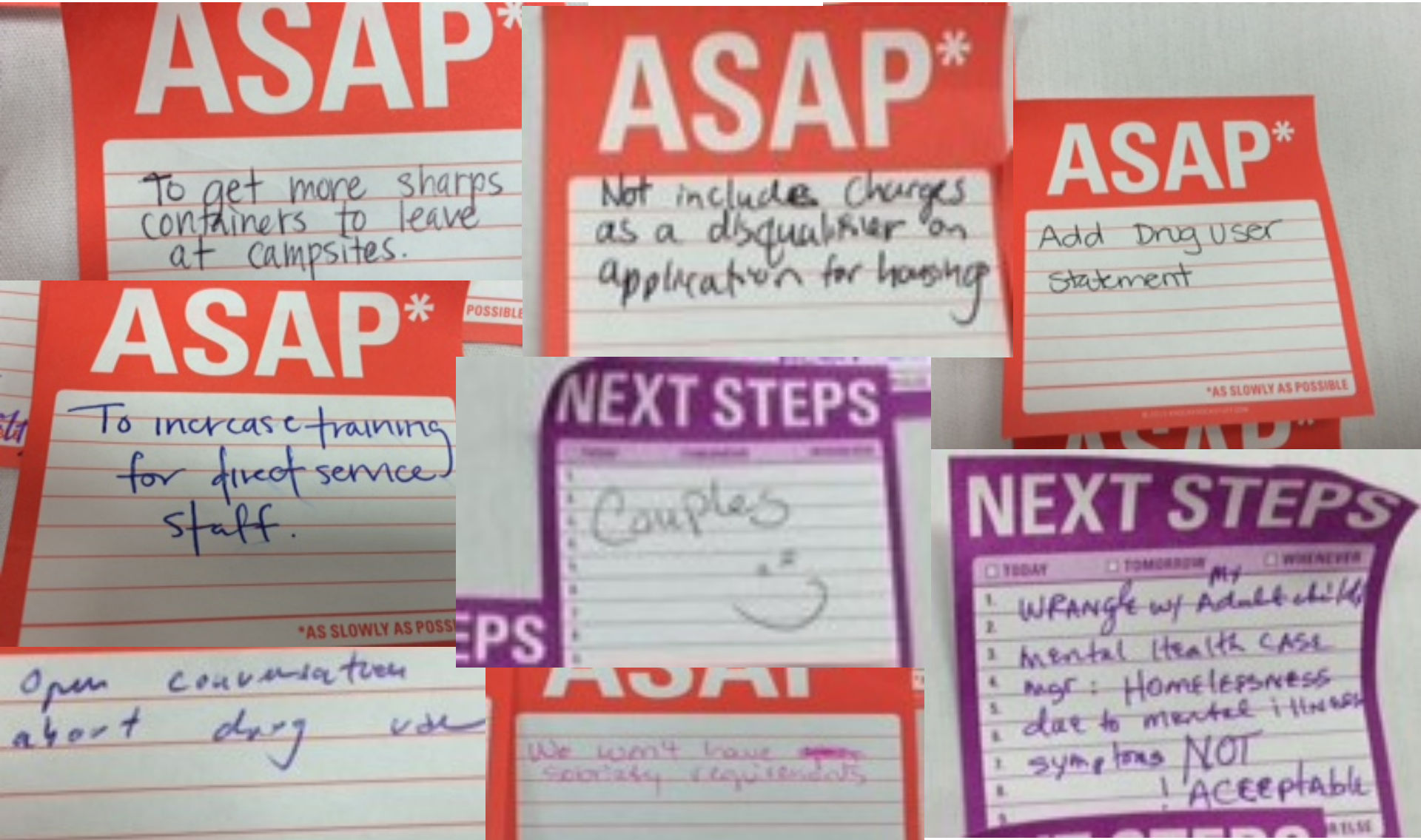
- Supervision, clearly articulated roles, regular self evaluations.
  - It's a lot more about us than it is about our guests.
- Robust fill-in system and encouraging self/ community preservation as often as possible.
  - Increases staff retention.
- Organizational transparency.
  - Increases staff retention.

How, though? Theory into practice

- Commitment to intersectional understanding.
  - White Supremacy Culture
  - Community re-evaluation of the VI-SPDAT and recognition that racial and gender based vulnerabilities are not captured.
- Continuous improvement. Culture of providing feedback.
  - Progress not perfection.

Questions?

Before you go – Please leave us a Post-It with one barrier you can drop now and/or a commitment to how you can help your community lower barriers



Get in touch!

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