

# → Prioritizing Services and Right-Sizing Assistance

09/01/2022

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# Agenda

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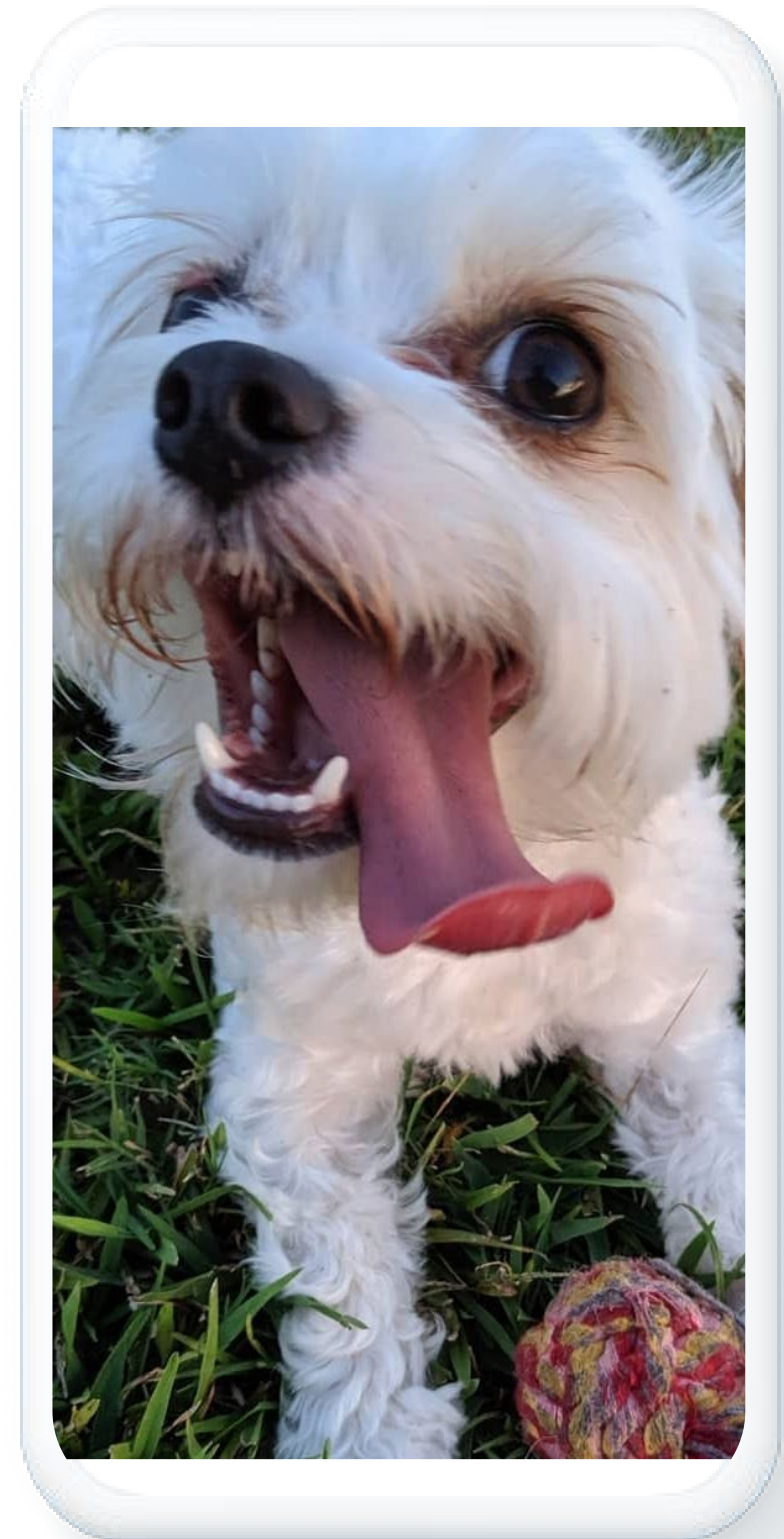
- Housing First
- Housing Problem-Solving
- Progressive Engagement
- Trauma-Informed Care and Participant Empowerment
- Connecting Participants to Outside Resources
- Considerations for Rural Areas
- Considerations for Tribal Areas
- Q&A

# About This Webinar

This capstone webinar in the “Closing the Gap” series **builds on the foundations in previous webinars**; it assumes familiarity with the following topics, and through the lens of prioritizing services and right-sizing assistance, it will examine how to successfully implement:

- Housing First
- Housing Problem-Solving
- Progressive engagement
- Trauma-informed care and participant empowerment approaches
- System-external benefits connections

This webinar will also **hold more space than usual** for Q&A and discussion





Housing First

# What is Housing First?

“An approach to quickly and successfully connect [people] experiencing homelessness to permanent housing without preconditions and barriers to entry such as sobriety, treatment, or service participation requirements.”



# Principles: Housing First

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Homelessness is first and foremost a housing crisis

All people experiencing homelessness can achieve safe, stable permanent housing

Everyone is “housing ready”

Achieving housing often results in quality-of-life improvements

People experiencing homelessness have the right to dignity, respect, and self-determination

Participant needs dictate the exact configuration of housing and services

Source: “Housing First in Permanent Supportive Housing,” HUD

# Organization and Project-Level Implementations: Housing First

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Eliminate prerequisites to project intake

When appropriate, try housing problem-solving before housing search and subsidy

Streamline housing entry to reduce time between housing decision and move-in

Create a communications template to sell landlords on saying 'yes' to participants

Protect the legal tenancy rights and responsibilities of participants

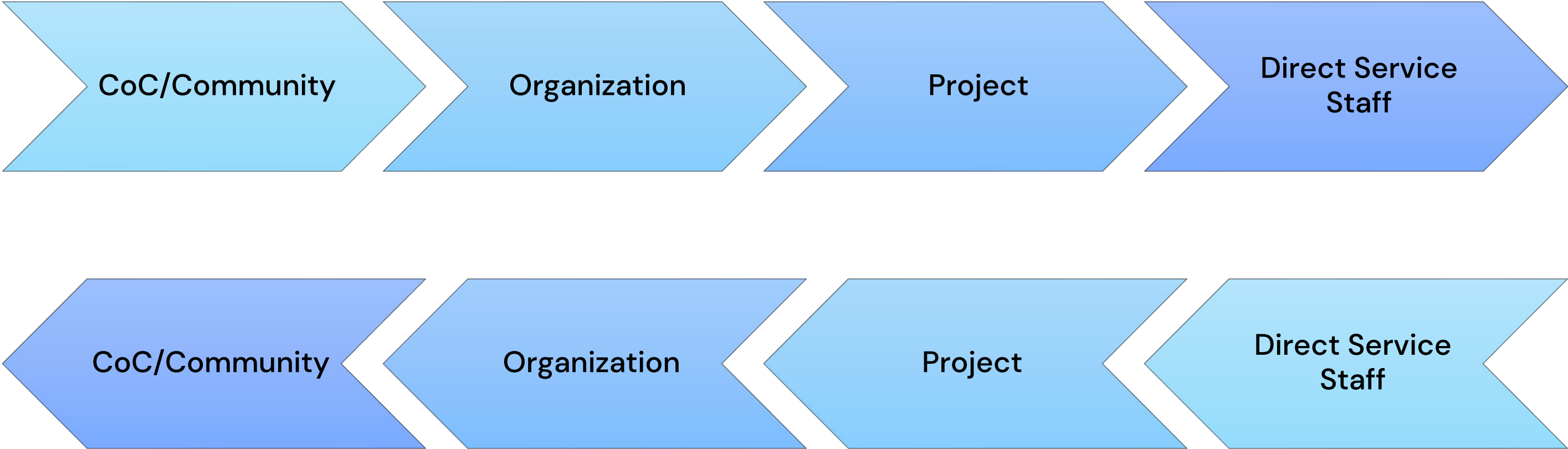
Solicit feedback from past and existing participants about housing barriers

Review and re-review project policies, procedures, and practices for unintentional barriers

Provide staff training on person-centered practices such as trauma-informed care

# Implementation Pathways: Housing First

In some communities, Housing First is adopted first at the community level, then flows down to individual service providers and their staff, while in others, Housing First is adopted first at the project/staff levels. In either case, Housing First only works if projects and direct service staff embrace it.





# Organizational Implementation: Housing First

Implementing Housing First at the organizational level is a change management process. Success requires buy-in from staff at all levels and commitment to the model. The National Alliance to End Homelessness has outlined the two-phase approach shown here to plan for and manage an organizational shift to Housing First.

## Phase 1: Assessment and Planning

- Establish a team to lead the change process
- Develop shared vision and clarify scope
- Perform agency self assessment
- Develop a plan and timeline

## Phase 2: Managing Change

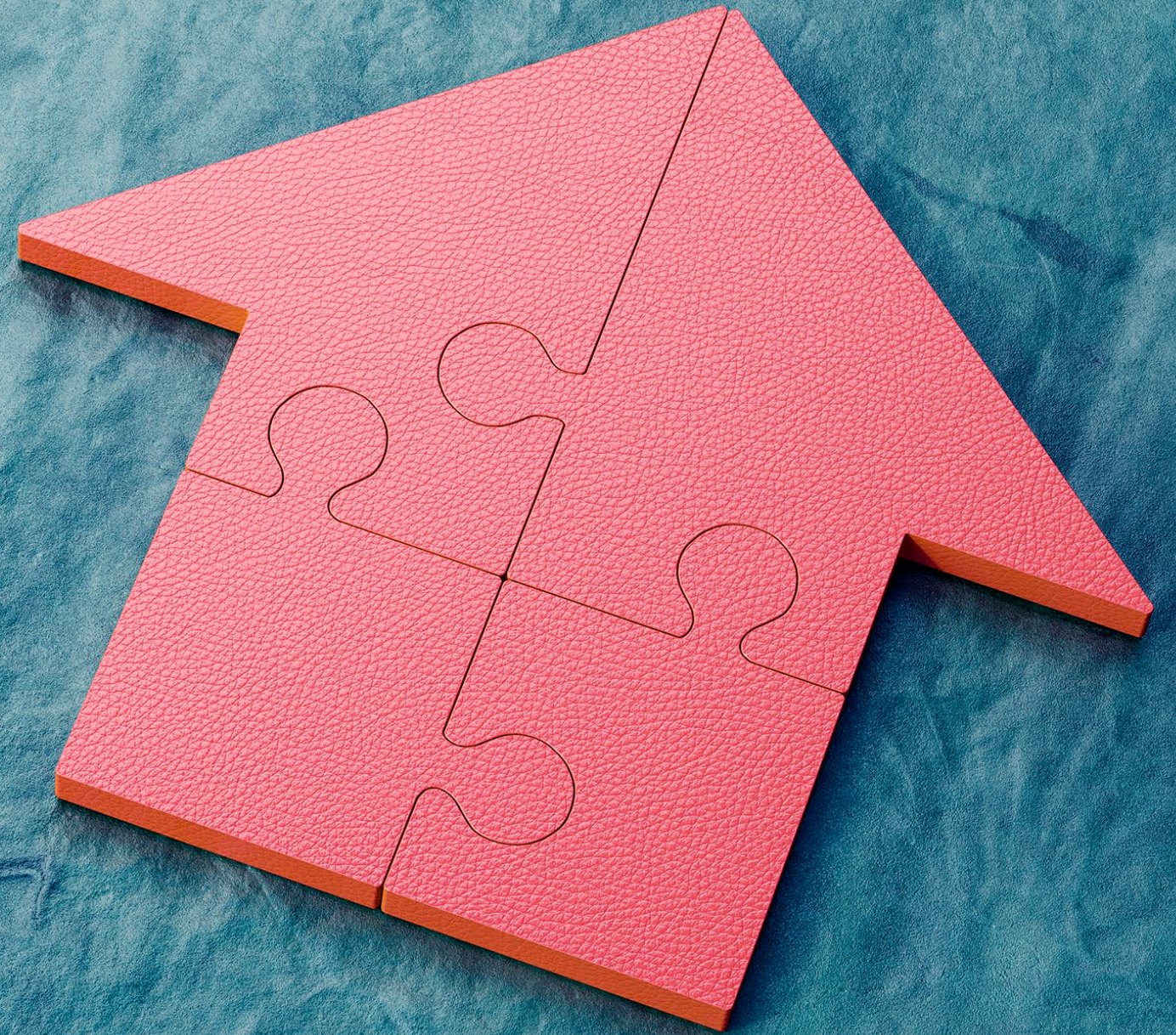
- Determine who will manage change process
- Initiate, monitor, and revise the plan
- Watch process indicators, outcome indicators, and the human element



Housing Problem-Solving

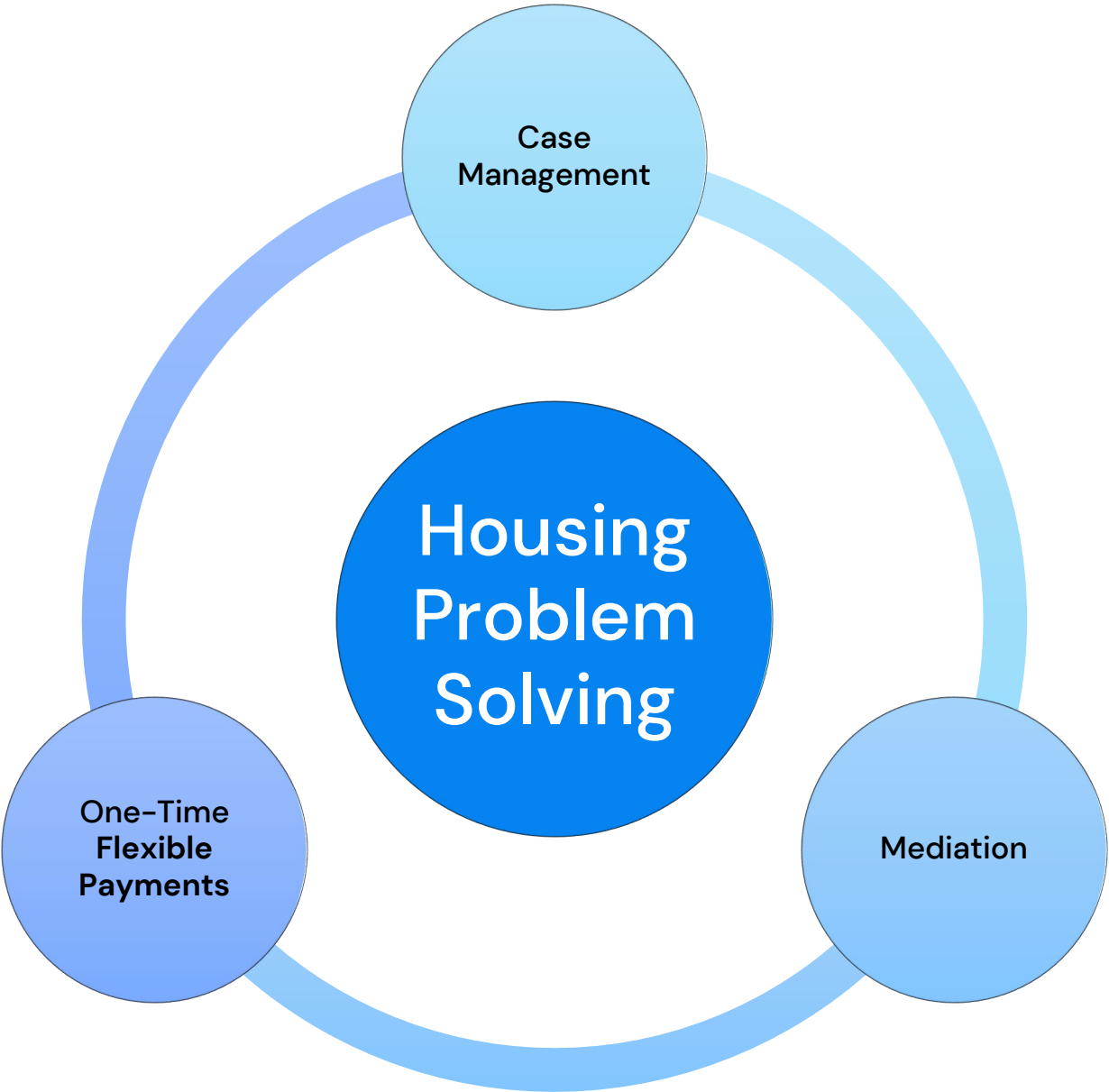
## Spotlight: What is Housing Problem-Solving?

“A person-centered, housing-focused approach to explore creative, safe, and cost-effective solutions to quickly resolve a housing crisis.”



# Core Tools: Housing Problem-Solving

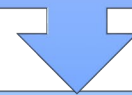
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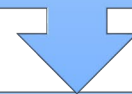
# Streets to Housing: A Complex Route to Housing

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Initial System Contact



Initial Housing Problem-Solving Conversation



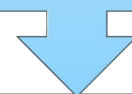
Ongoing Housing Problem-Solving Conversation



(time passes)



...and Housing Problem-Solving Works!



Housed Via Support Networks

# Housing Problem-Solving: Foundational Pieces

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The most likely route back to housing is the participant's existing strengths and support networks

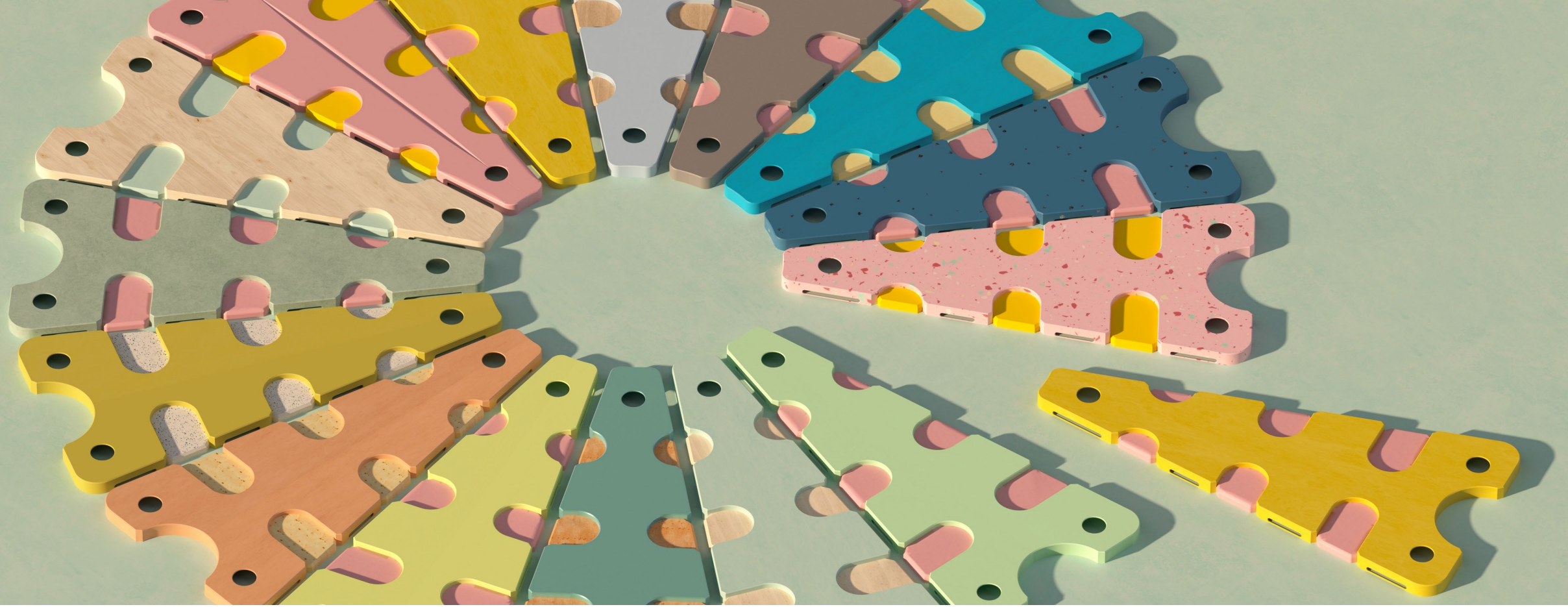
Assume all participants have a route back to housing

Ask open-end questions and prompt participants to surface their own strengths

Housing problem-solving frequently takes multiple conversations

Be a champion for housing problem-solving—but honor participant choice to disengage

Accept that housing problem-solving will not always result in a return to housing



## → Further Information



HUD and partners such as USICH have released products to help define, explain, and promote housing-problem-solving. Communities interested in housing problem-solving are strongly encouraged to start with the following resources:

- [“COVID-19 Homeless System Response: Housing Problem-Solving,”](#) HUD
- [“Housing Problem-Solving: Unscripted,”](#) HUD
- [“Homelessness Prevention, Diversion, and Rapid Exit,”](#) USICH



Progressive Engagement



# Spotlight: What is Progressive Engagement?

“A person-centered approach to ending someone’s homelessness [...] based on tailoring assistance to each individual or household’s needs and assessing what works best for them, with their specific strengths, and in their specific situation.”



# Progressive Engagement: Core Elements

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## Individualized

- Services are responsive to each household's unique pattern of strengths and barriers

## Flexible

- Providers recognize that each household's needs will change over time

## Scalable

- Assistance is offered in short or small increments and extended/expanded up only as needed

## Person-Centered

- Services are delivered in partnership with participants and avoid false assumptions about strengths/needs

## Efficient

- Progressive engagement conserves the highest acuity resources for where they're needed most

## Adaptable

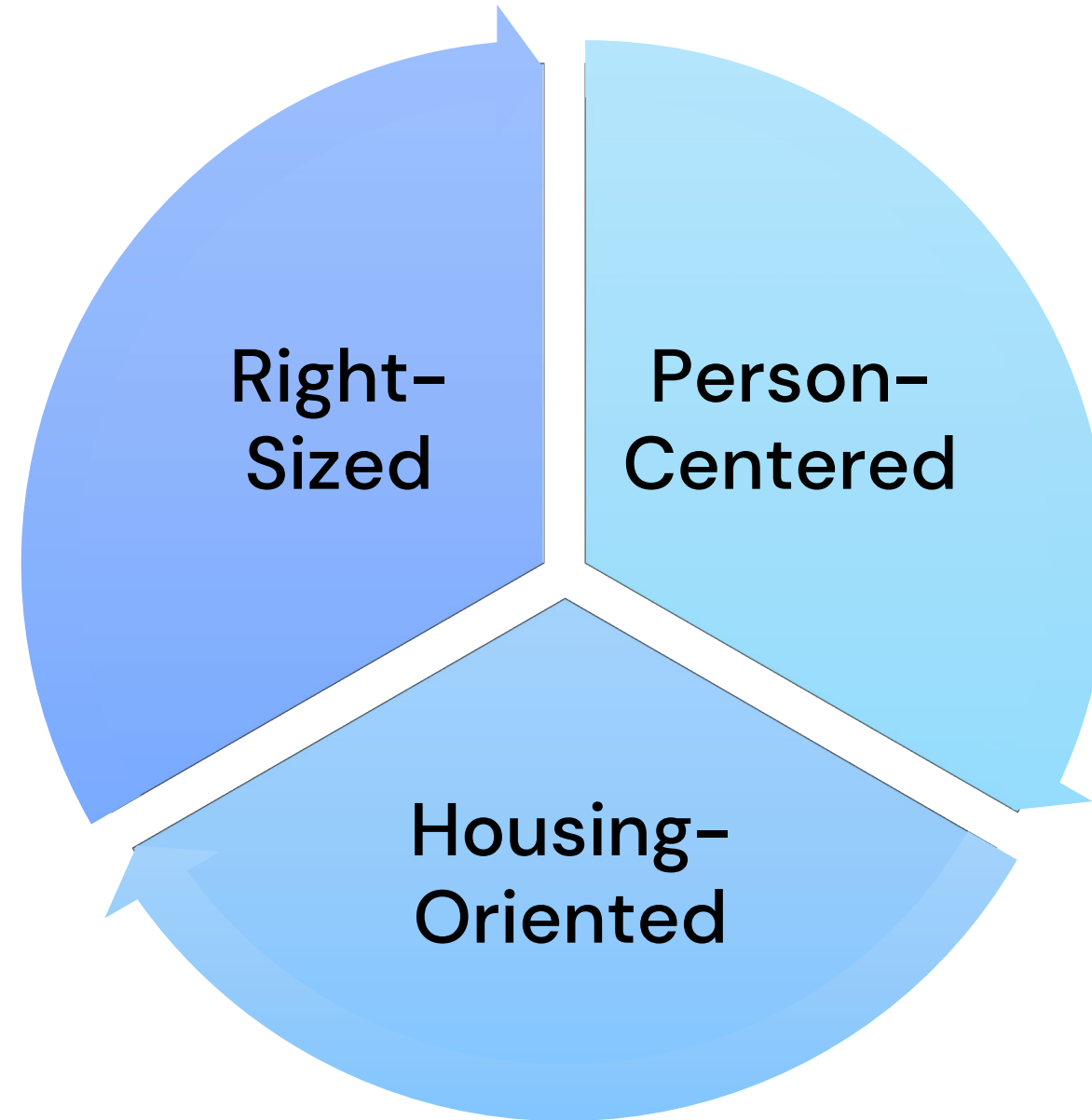
- Progressive engagement seeks to find the best housing solution for each participant—which is often not a subsidy



It's **not a coincidence** that progressive engagement has significant overlap with Housing First and housing problem-solving

# Core Tools: Housing Problem-Solving

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## → Further Information



Much of the information from the previous slides was drawn from materials from the NAEH, the VA, and HUD. Communities interested in progressive engagement are encouraged to review those resources:

- [“What Is Progressive Engagement?”](#) National Alliance to End Homelessness
- [“Rapid Re-Housing Brief,”](#) HUD
- [“Progressive Engagement Overview,”](#) US Department of Veterans Affairs



Trauma-Informed Care and  
Participant Empowerment



Services and supports must be responsive to **the prevalent trauma** among people who have experienced homelessness **the ongoing trauma** of people who are currently experiencing or at-risk of homelessness

# Defining Trauma

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- Different disciplines define “trauma” in different ways
- The applicable definition of “trauma” depends on context

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) engaged an expert panel to craft a concept of trauma that would be relevant to both public health agencies and service systems:

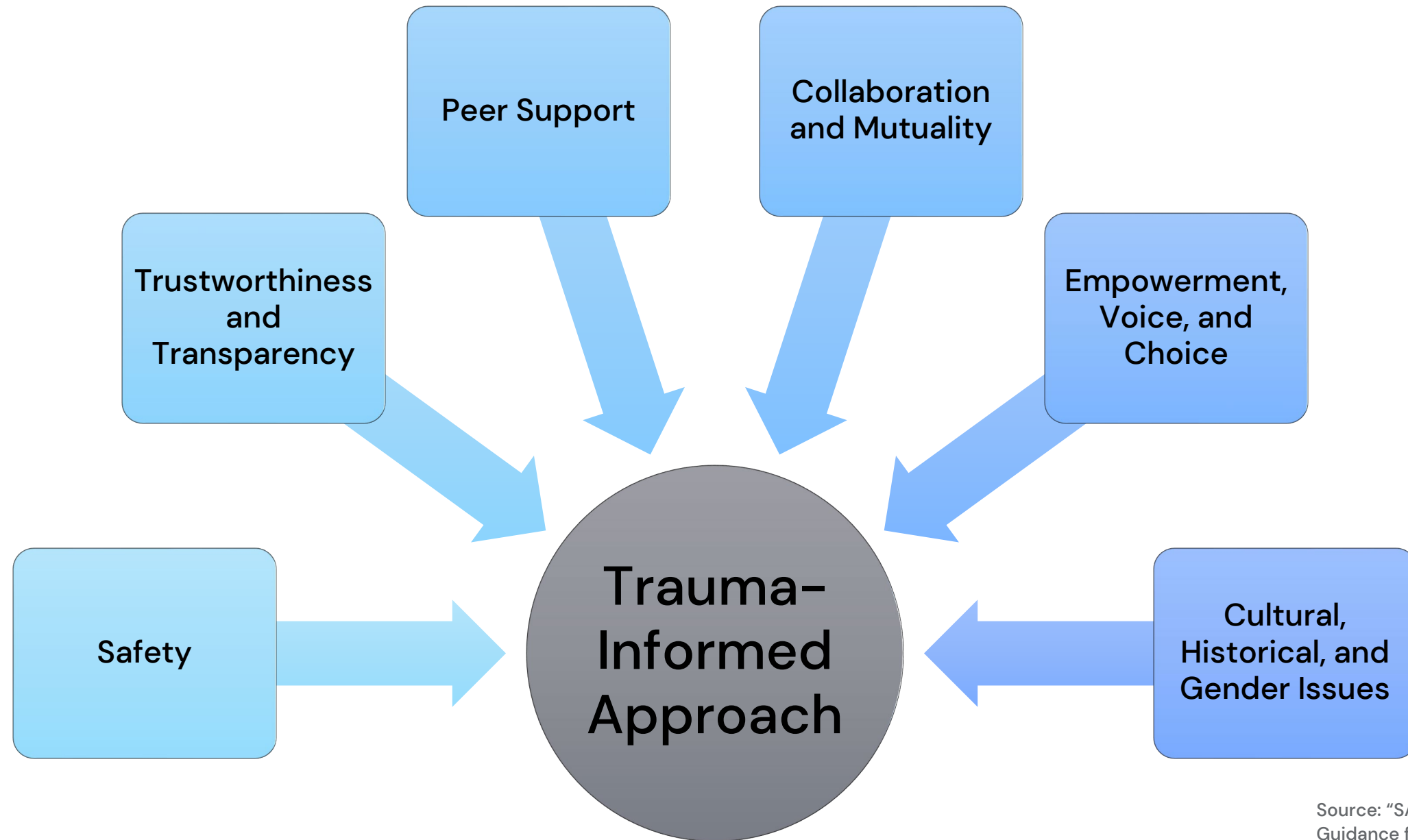
“[The result of] an event, series of events, or set of circumstances that is experienced [...] as physically or emotionally harmful or life threatening and has lasting adverse effects on [...] functioning and mental, physical, social, emotional, or spiritual well-being.”

Trauma can be experienced individually and/or as part of a family, community, or larger social group; it can be passed down through generations and is exacerbated by historical and current structural and environmental factors that marginalize or oppress groups of people.

Source: “Expert Panel on Homelessness Among American Indians, Alaska Natives, and Native Hawaiians,” USICH



# Trauma-Informed Approach: Key Principles



Source: "SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach," SAMHSA

# Trauma-Informed Approach: Key Principles

## Safety

- Participants and program staff feel physically and psychologically safe
- Physical settings and interpersonal interactions promote a sense of safety for everyone

## Trustworthiness and Transparency

- Systems and programs should operate and make decisions in transparency
- Build and maintain trust with people experiencing homelessness, staff, and stakeholders

## Peer Support

- Peers are integral to establishing and maintaining safety and hope, building trust, enhancing collaboration, and using their lived experience to help others with their goals

Source: "Trauma Informed Care: Building on Our Commitment to Strengths-Based Approaches to Ending Homelessness," USICH

# Trauma-Informed Approach: Key Principles

## Collaboration and Mutuality

- Place value on relationship, partnership, and reducing power disparities between staff and consumers
- Promote shared power and decision-making across the program

## Empowerment, Voice, and Choice

- Foster a belief in people's resilience and the ability of individuals and communities to heal from trauma
- Honor, recognize, and build on peoples' strengths and experiences
- Support consumers in shared decision-making, choice, and goal-setting

## Cultural, Historical, and Gender Issues

- Actively identify and address inequities and biases caused or perpetuated by service delivery models
- Promote access to culturally and gender-responsive services
- Leverage the healing values of traditional cultural connections, recognize historical trauma, and adapt programs

Source: "Trauma Informed Care: Building on Our Commitment to Strengths-Based Approaches to Ending Homelessness," USICH

# Trauma-Informed Approach: Participant Empowerment

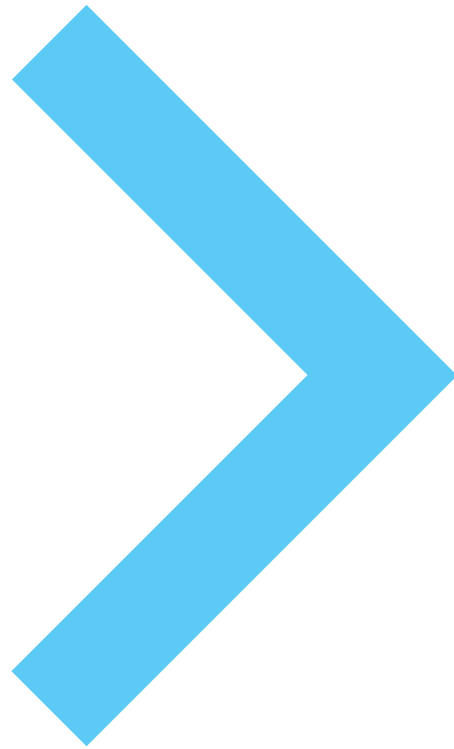
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- **Participants must be empowered to make choices for themselves**
- **The service provider's role is to facilitate access, inform choices, and provide support, not dictate a participant's path**

When participants are not allowed to make choices on how they receive services, they may be re-traumatized and instead choose to disengage with the program

Participants in homeless services programs are autonomous, possess free will, and can make decisions for themselves despite the natural inclination of providers to guide them more directly

To prevent and end homelessness, we must strive for programs that center individuals' and families' choices in how they engage in housing and services



Leaders and staff must have access to **comprehensive training and support** needed to design and deploy systems and programs aligned with the principles we have discussed

# Trauma-Informed Approach: Domains of Implementation



Source: "SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach," SAMHSA



Connecting Participants to  
Outside Resources

# Definitions: Outside Resources

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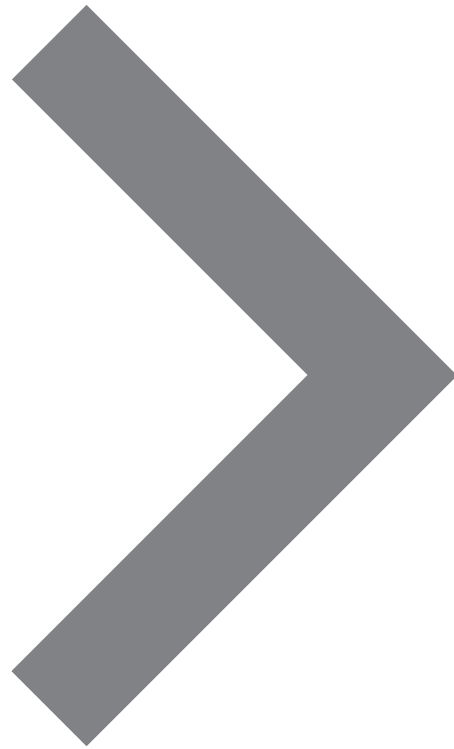
## Mainstream Benefit

- Public housing
- Housing Choice Vouchers
- SNAP
- SSI/SSDI
- TANF

## Partner Resources

- Healthcare through Federally Qualified Health Centers (FQHC)
- Legal aid
- Local free/reduced cost public transit
- SOAR case management

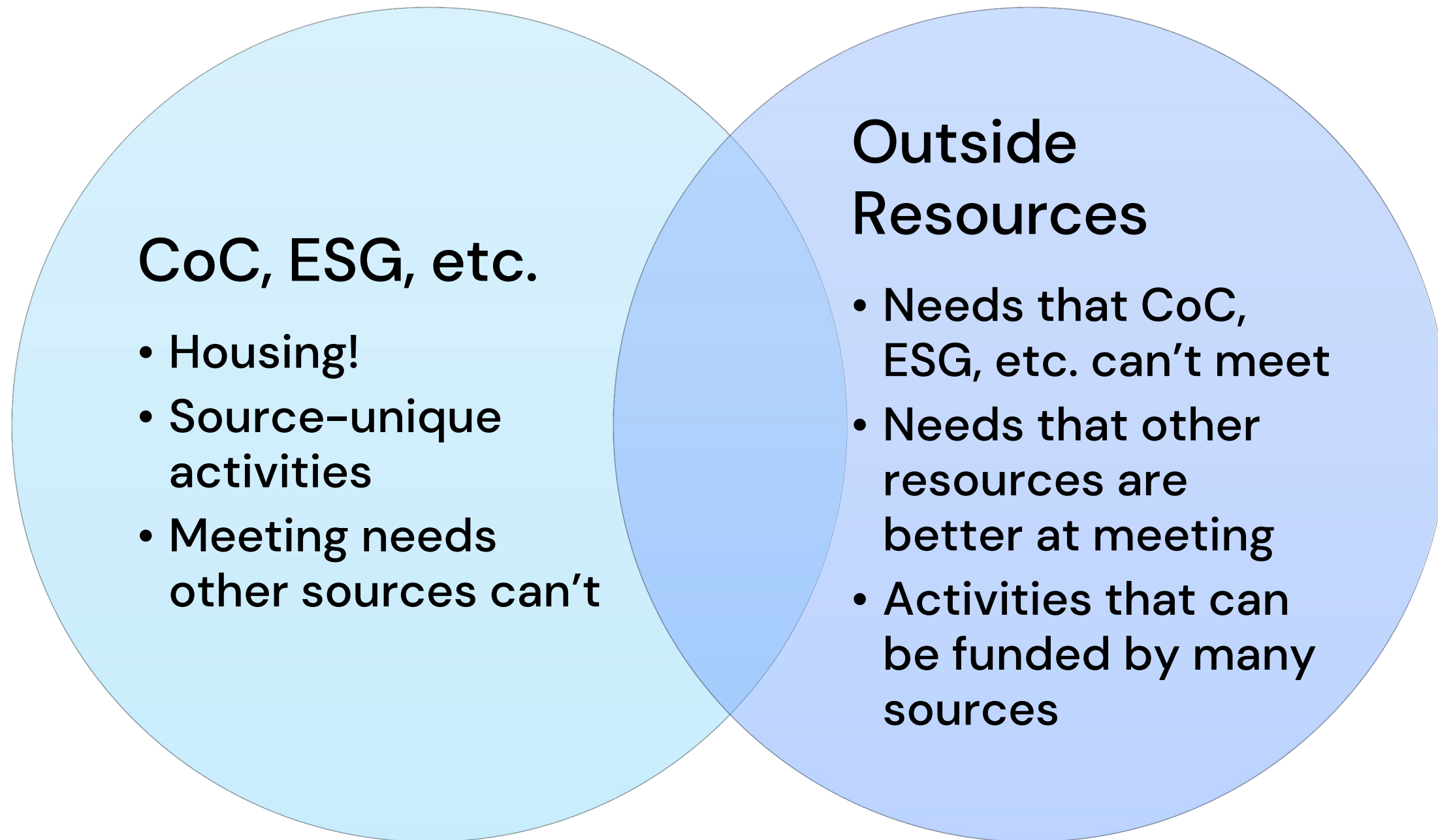




The important point is  
people experiencing  
homelessness can and  
should **benefit from  
both resource types**

# Spotlight: Right-Sizing Resource Patterns

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## → Further Information



Providing a full list of all potential outside resources is outside the scope of this webinar. However, HUD has published a Mainstream Resources Checklist as a valuable starting point, and CoC Program recipients are specifically encouraged to investigate SAMHSA SOAR, as it helps CoC Program participants access a critical resource that many need to achieve self-sufficiency.

- [“Mainstream Resources Checklist,”](#) HUD
- [SOAR Works,](#) SAMHSA



## Considerations for Rural Areas



The **unique local dynamics of rural areas** can shape the experiences of people who are unstably housed and the way in which homeless services are designed and delivered

# Rural Service Delivery: Contextual Challenges

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## Geography

Some small towns mobilize to provide centralized resource-rich areas while isolating poorer populations on the margins; this creates a significant barrier to accessing services, especially in the absence of transportation options

## Culture

Rural communities often demonstrate a commitment to “taking care of our own,” which improves community responsiveness but hinders community action by individuating problems, and prioritizing self-reliance and privacy

## Organizational Environment

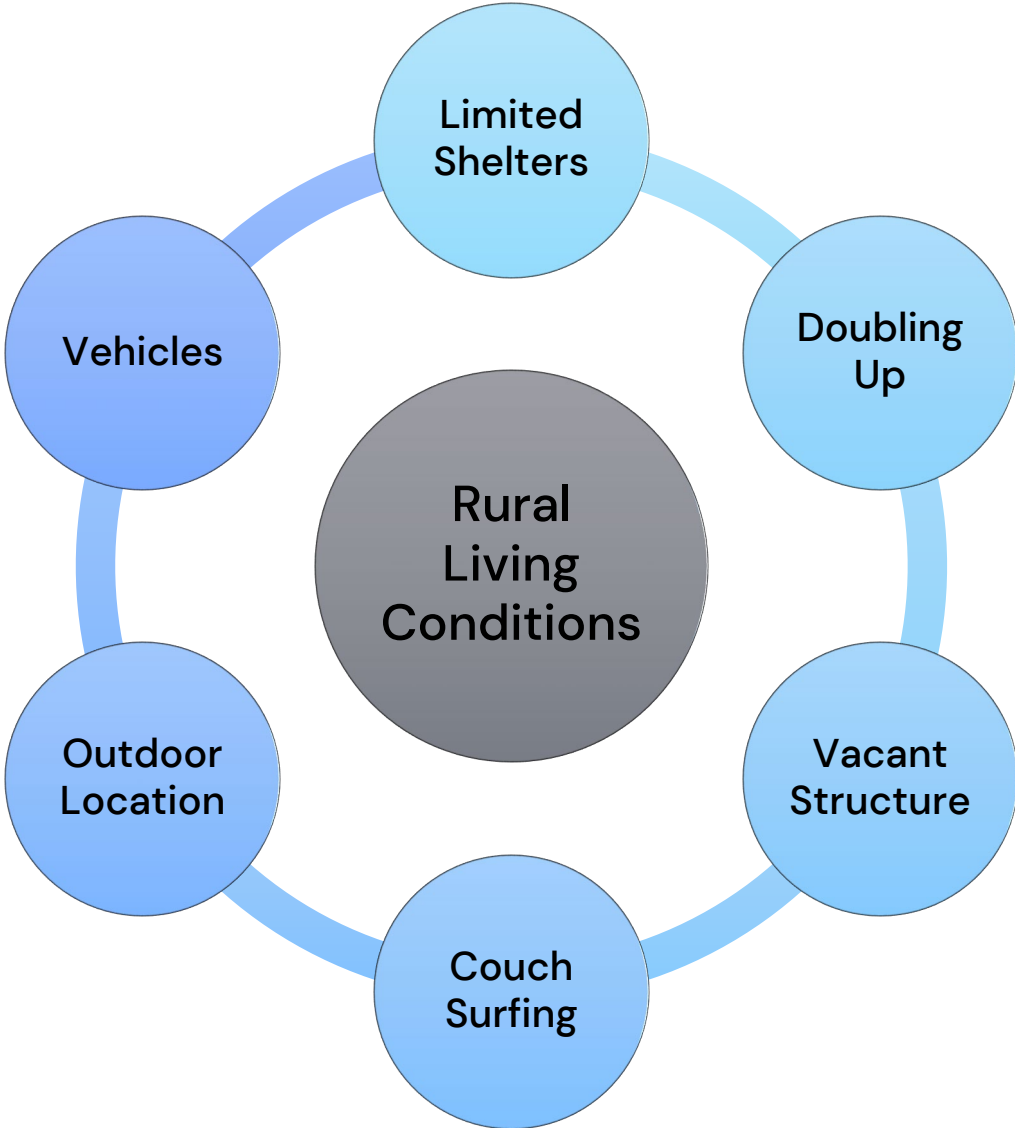
Most state and local government agencies operate autonomously, providing siloed services that belie the rural stereotype of a tight-knit community; the impact of limited collaboration is especially harmful compounded by other barriers faced by rural communities.

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As cited by the National Health Care for the Homeless Council (see works cited), Edwards et al identified the three paradoxes in service delivery described above. These paradoxes outline key context through which service providers in rural areas can design and implement effective homelessness response. Major points of interest include access to transportation, strategic location of services, and collaborative action. Challenges may be effectively addressed by employing local workers and leveraging interpersonal relationships within the community.

# Rural Service Delivery: Identifying People Experiencing Homelessness

For service providers operating in rural areas, one of the primary challenges is identifying and locating people experiencing homelessness. This can be particularly challenging if the service provider is headquartered outside of the rural community. Living situations identified below do not always align with HUD definitions of homelessness. Rural communities must identify innovative service options and funding sources.



"Rural Homelessness: Identifying and Understanding the 'Hidden Homeless,'" National HCH Council

# Rural Service Delivery: Reaching People Experiencing Homelessness

Engage with people trusted by the target population to build trust and understand needs

Develop relationships with local entities, including mainstream benefits providers, likely to encounter people experiencing or at-risk of homelessness

Provide interpreters and bilingual service providers to reduce fear associated with accessing services

Foster high levels of stakeholder engagement, including public figures and civic leaders

Distribute information through mainstream services providers and local institutions such as hospitals, jails, and behavioral health providers

Provide information through non-traditional places such as grocery stores, convenience stores, laundromats, etc.



# Rural Service Delivery: Linking Participants to Mainstream Resources

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Educate mainstream providers on the population, its needs, gaps in services, and services that you provide

Focus on mutually beneficial practices that will link allow both you and the mainstream services provider to work more effectively

Help mainstream providers analyze programs and determine how to make them more accessible to those experiencing or at-risk of homelessness

Maintain frequent communication through a variety of venues

# Rural Service Delivery: Health and Behavioral Health Providers

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**Meet with providers to discuss needs**

**Conduct training on rural homelessness and its intersection with health issues**

**Establish relationships with individual providers**

**Negotiate agreements for reduced fees for service**

# Rural Service Delivery: Other Important Partnerships

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**Workforce  
Development**

**Victim  
Services  
Providers**

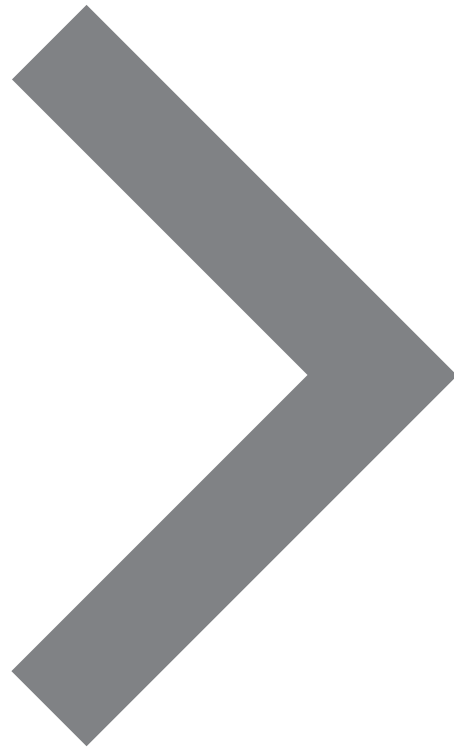
**Food and  
Nutrition  
Programs**

**School  
Systems**

**Faith  
Community**



## Considerations for Tribal Areas



“American Indian, Alaska Native, and Native Hawaiian people are all at **high risk** for many of the conditions that lead to and/or sustain homelessness”

“Expert Panel on Homelessness Among American Indians, Alaska Natives, and Native Hawaiians,” USICH

# Tribal Nations: Practices for Addressing Homelessness

These are some of the best practices identified by the USICH Expert Panel on Homelessness among American Indians, Alaska Natives, and Native Hawaiians

Unconditional  
Housing

Effective and  
Culturally  
Component Case  
Management

Ensuring Access  
to Care

Addressing  
Underlying Issues  
of Trauma

Incorporating  
Native Traditions

Facilitating Bonds  
with Community

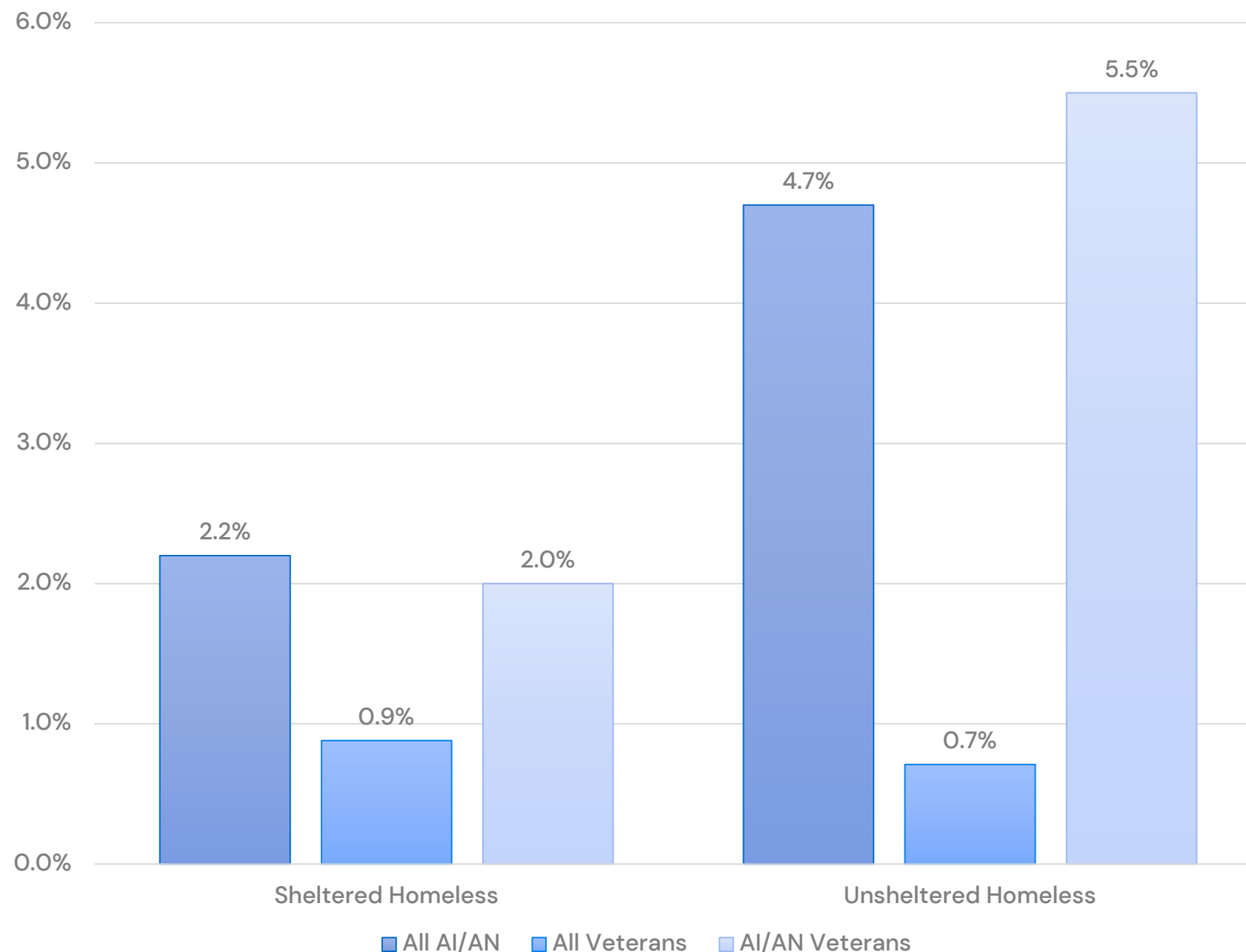
Acknowledging  
Racism

Offering  
Employment

# Spotlight: American Indian and Alaska Native Veterans

American Indian and Alaska Native (AI/AN) veterans experience unsheltered homelessness at a higher rate than AI/AN who have not served in the armed forces. They also experience unsheltered homelessness at a much higher rate than the overall veteran population.

While AI/AN veterans experience sheltered homelessness at roughly the same rate as AI/AN who did not serve in the armed forces, this rate is well above the rate of the overall veteran population.



# Tribal Nations: Providing Services to Veterans



Since homelessness, and particularly unsheltered homelessness, has a [disproportionate impact on AI/AN veterans](#), it is critical to be aware of and connect them to [programs for homeless veterans](#).

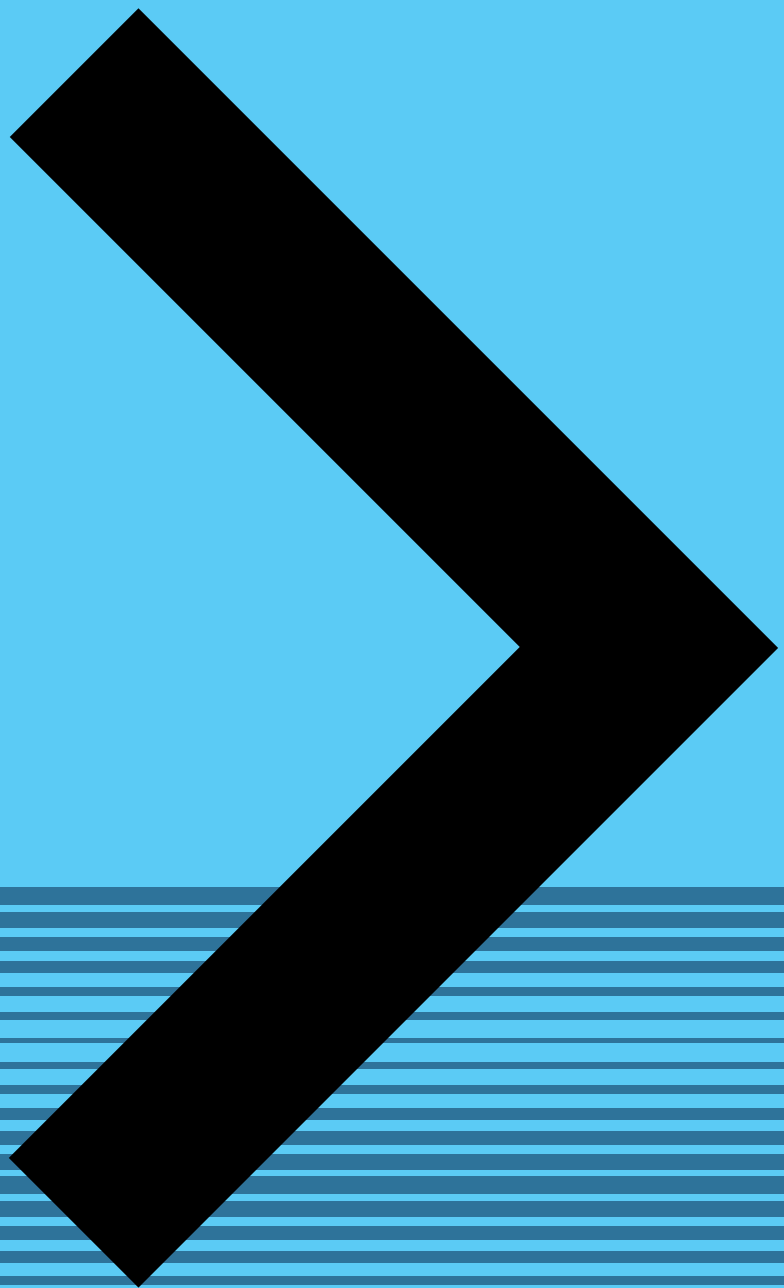
## Housing Programs

- [HUD-VASH Vouchers](#)
- [Grant Per Diem \(GPD\)](#)
- [Supportive Services for Veteran Families \(SSVF\)](#)
- [Domiciliary Care for Homeless Veterans \(DCHV\)](#)

While housing programs will often be the first thought, the VA offers [numerous other programs](#) to help homeless veterans with employment, health, dental, justice, and other needs.

It is also helpful to be aware of local [VA Stand Downs](#), where VA staff provide food, clothing, and health screenings to homeless and at-risk veterans.





Q&A

# Works Cited (1/2)

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- ["COVID-19 Homeless System Response: Housing Problem-Solving,"](#) HUD
- ["Homelessness Prevention, Diversion, and Rapid Exit,"](#) USICH
- ["Housing Problem-Solving: Unscripted,"](#) HUD
- ["What Is Progressive Engagement?"](#) National Alliance to End Homelessness
- ["Rapid Re-Housing Brief,"](#) HUD
- ["Progressive Engagement Overview,"](#) US Department of Veterans Affairs
- ["Mainstream Resources Checklist,"](#) HUD
- [SOAR Works,](#) SAMHSA
- ["Organizational Change: Adopting a Housing First Approach,"](#) NAEH
- ["SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach,"](#) SAMHSA's Trauma and Justice Strategic Initiative

# Works Cited (2/2)

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- ["Trauma Informed Care: Building on Our Commitment to Strengths-Based Approaches to Ending Homelessness,"](#) USICH
- ["Rural Homelessness: Identifying and Understanding the 'Hidden Homeless,'"](#) In Focus: A Quarterly Research Review of the National Health Care for the Homeless Council
- ["Service Delivery in Rural Areas,"](#) HUD
- ["Expert Panel on Homelessness among American Indians, Alaska Natives, and Native Hawaiians,"](#) USICH