




**Rapid Re-Housing
Institute**
November, 2015
DAY 1 Afternoon
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Welcome and Introductions

- Who is in the room?
- Agenda Overview

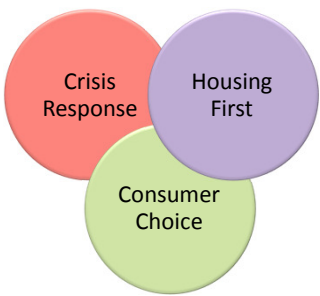


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Part One:
**Core Concepts of
Rapid Re-Housing**

Basics of Rapid Re-Housing




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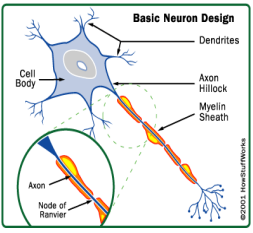
Rapid Re-Housing is a Housing First & Crisis Response Approach

- Ends the crisis of homelessness quickly
- Enables people with housing barriers to access decent housing
- Enables people to access financial resources
- If/When people want and need other resources, provide efficient and effective referrals

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**Part Two:
Core
Components**
(and a little neuropsychosocial context)



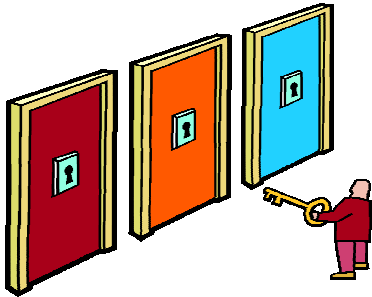
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Core Components of Rapid Re-Housing

- Housing Identification
- Rent & Move-In Assistance (Financial)
- Rapid Re-Housing Case Management & Services

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Client Choice



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First Encounter

What Do You See?

Homeless man, age 52: showing up late to appointment, complaining, irritable, suspicious of your questions, argumentative, defensive, cynical, liquor on breath

Homeless woman, age 25: showing sadness, helplessness, hopelessness, panic, crying, worrying

Homeless mother of three, age 21: showing apathy, difficulty concentrating, forgetfulness, poor personal hygiene

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Activity #1

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.

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What do these words have in common?

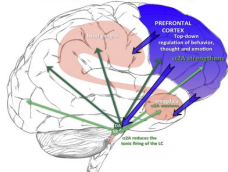
- Signs and symptoms of possible stress overload (Source: Mayo Clinic)
- Among people experiencing homelessness, these signs and symptoms will generally **self-resolve** – partially or completely, slowly or quickly – **once they are safely housed**

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This is Your Brain!

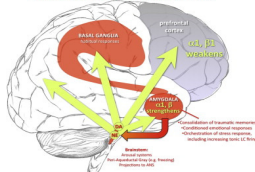
Your Brain, Feeling Good

ALERT, SAFE, INTERESTED
Moderate levels of catecholamines release strengthen dPFC, weaken amygdala, and reduce tonic firing (NE, nDA)



Your Brain on Stress!

STRESS
High levels of catecholamines release weaken dPFC, strengthen amygdala and striatum, and increase the tonic firing of the IC (NE, nA, DA)



Source: Effects of stress exposure on prefrontal cortex... (Arnstén, Raskin, Taylor, Connor 2014)

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The Impact of Stress Overload



- Acute, **uncontrollable** stress exposure impairs **executive functions** by overriding signals of the prefrontal cortex.
- **Sustained** stress exposure changes the architecture of the brain, more seriously weakening prefrontal cortex control and reducing **executive functioning**.

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Executive Function



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
- Override behavioral and emotional responses to engage in goal-directed behavior

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What Helps?



Helping yourself as well as your program participants:

- 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

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Activity #2: Start Your List of Insights (Notes to Self)



Considering the philosophies and the reality of people's responses to stress, take 5 minutes to jot down a list of do's and don'ts (.....*advice to yourself*) 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.

Add to the list throughout training; we'll share some of our best ideas at the end.





Part Three:
Tenant Housing Barriers, Progressive Assistance, & Case Management Services



Tenant Screening Barriers



Definition: **Any criterion** that is important to a landlord in making a decision about prospective tenants.



Tenant Screening Barriers



- Know local landlords' criteria for accepting tenants
- **ASAP:** Assess household's Tenant Screening Barriers (TSB) compared to landlord criteria
- Use TSB assessment to match household with appropriate partner landlord—using either normal or increased landlord supports

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Assessing Tenant Screening Barriers



What will you assess?

- Past housing experiences
- Current housing goals
- Experience as a leaseholder
- What they liked/didn't like about previous housing and roles
- How person/family became homeless
- Ability to complete paperwork, view apartments, handle interviews

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Housing Retention Barriers



Patterns in a person's history that have resulted in housing crisis or housing loss—

May be due to:

- Lack of information (e.g. leases, tenant responsibilities)
- Lack of skill(s) (e.g. care of unit, communication)
- Interpersonal style (e.g. promotes/escalates conflict)
- Poverty
- Bad luck (company closed, illness, etc.)
- Bad friends/relatives

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Think Step-By-Step (Multiple Plans)



- **Initial emergency and housing search plan:**
Emergency health and safety needs that must be immediately met; goals/action steps for housing search
- **Housing retention plans:**
Updated regularly as goals are achieved, need to be scaled back, or circumstances change
- **Exit plan:**
With follow-up options, continuation toward longer-term goals; plan for future housing emergencies

Activity #3 Barriers: The Client Interview



- Three case scenarios with information from a first interview
- Identify the Tenant Screening Barriers in one list along with what other kind of information you would like to get, and
- Identify the Housing Retention Barriers in the other list.

Activity #4: Plans to Secure & Retain Housing



Small Group will develop a list (for one client) of decisions/actions that will likely be part of one or more of his/her Housing Plans :

1. The decisions/actions needed to **OBTAIN** and **RETAIN** permanent housing
2. Would each item be addressed by the rapid re-housing program or by another community resource?
3. Indicate the priority for each—*i.e.* how quickly it must be resolved

Use worksheet to organize responses.

We'll then ask folks to share out with the full group.

Progressive Assistance



Lightest touch possible *first*, leaving open potential for more...

– or –

**“you can always add more,
but, you can’t take it away”**



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A Change in Philosophy & Culture



- Take as the goal: ending the housing crisis quickly.
- Idea of doing the least necessary
- Believing people can make it without us, but being there if they cannot
- Getting rewarded by seeing people leave and helping more



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Rent Subsidy



- Provide **just enough** financial assistance, **just in time**, and for **only as long** as necessary to get/keep housing. This avoids the “cliff effect” and allows you to assist more people in crisis.
- Client always pays a share, but be prepared to pay 100% if client income is zero
- **FLEXIBILITY IS IMPORTANT:** Situations change and people have different and changing levels of executive functioning

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Use Data to Adjust

Unacceptable losses or rates of return?

- *Resize, assist longer, check-in more, develop new partnerships*

Almost everybody sticks?

- *Try giving less support*

Some succeed and some don't?

- *What factors can we look at: e.g. family size, income source, histories of homelessness, the staff person or staffing?*

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Goals

Understand how your program is working

- # of households assisted and key characteristics
- Assistance provided
- Length of program duration and of time to enter housing
- Expenditures: amounts and categories

Understand program impact

- Exits to permanent housing
- Increases in income and benefits
- Returns to homelessness

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Data sources

- Homeless Management Information Systems (HMIS) Several software providers, but with common data standards. Captures:
 - Characteristics
 - Services provided
 - Length of enrollment
 - Destinations at exit
- CalWIN, C4, Leader – CalWORKs status, household characteristics, program participation, employment information
- Other public systems (Health Care, Behavioral Health, Probation, etc.) – service utilization, cost
- Provider databases

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Common Challenges



- Data quality – completeness and accuracy
- Barriers to Data sharing
 - Within programs
 - Across programs and funding sources
- Creating/getting reports that provide what's needed
 - Key indicators tracked consistently
 - Ability to query, follow up on findings
 - Tracking change over time
- Lack of culture of using data

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Tomorrow



We have a full day ahead of us. We will be:

- Focusing on **Landlord Engagement and Creating Housing Partnerships;**
- Working in **High Cost/Low Vacancy Housing Markets,**
- ...as well as in **Rural Communities;**
- And, finishing with **The End Game: Housed and Connected**

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RELAX!!!!!!