Rebuilding the Safety Net for People who are Chronically Homeless

The Source for Housing Solutions

Collaborative Models that Enhance Health and Housing Stability

May 14, 2015

CCEH Annual Training Institute

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CSH: Our Mission

**Advancing housing solutions that:**

Improve lives of vulnerable people

Maximize public resources

Build strong, healthy communities

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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.

Housing:
Affordable
Permanent
Independent

Support:
*Flexible*
Voluntary
Tenant-centered
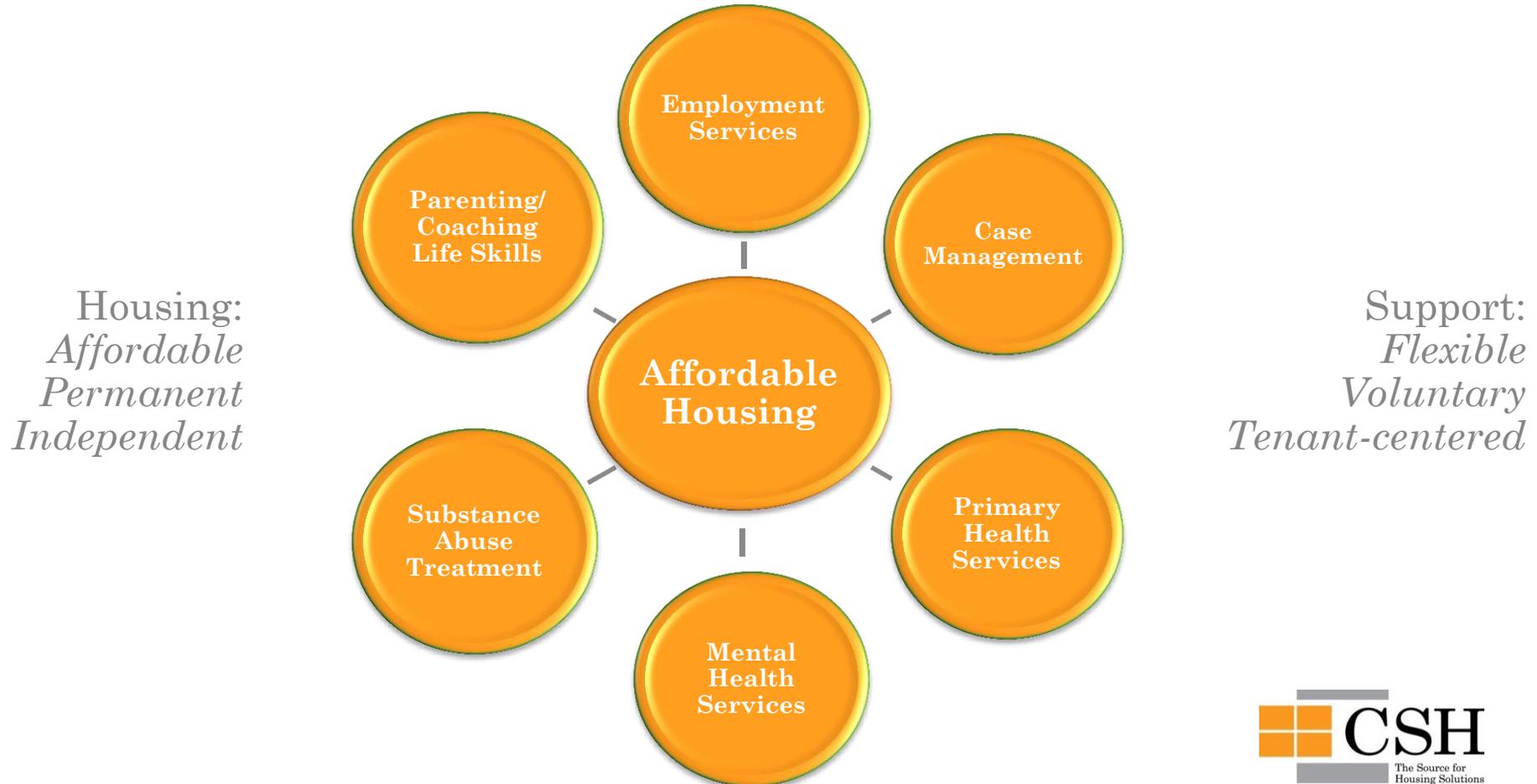
Maximizing Public Resources

CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.

What is Chronic Homelessness?
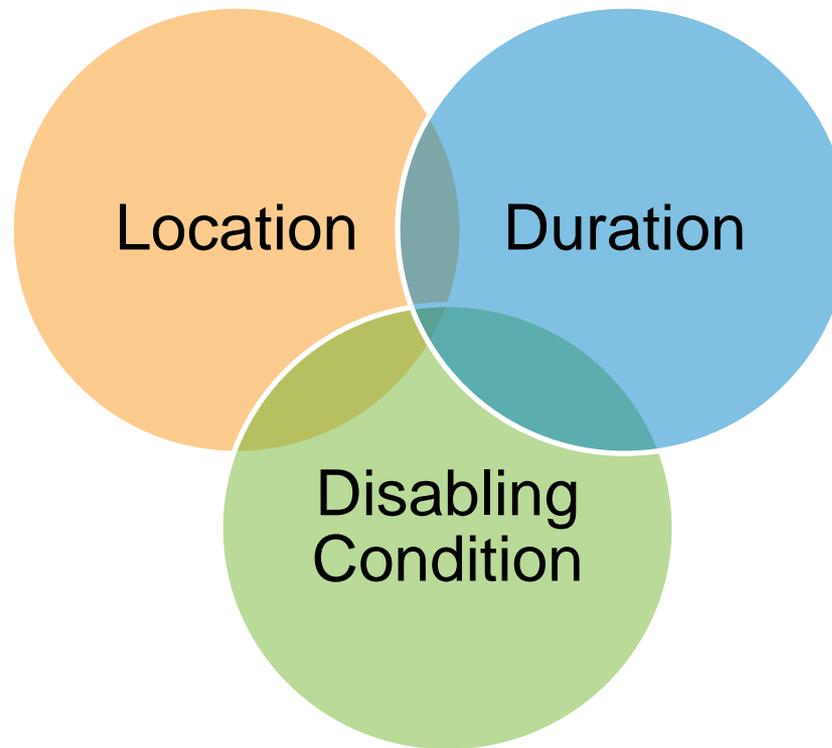
It doesn't happen to many people.

Poverty

Disability

Chronic Homelessness

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One possible key factor:

Poverty

Social Isolation

Disabling Condition

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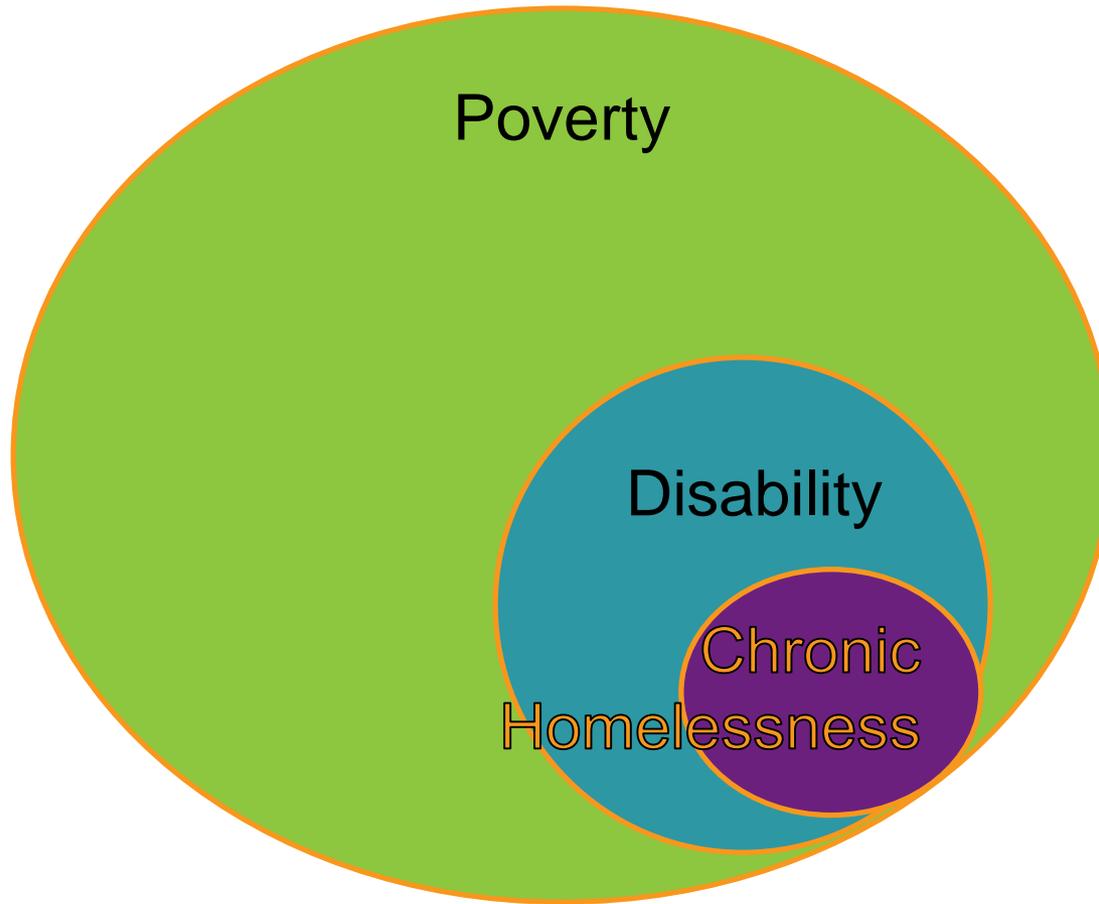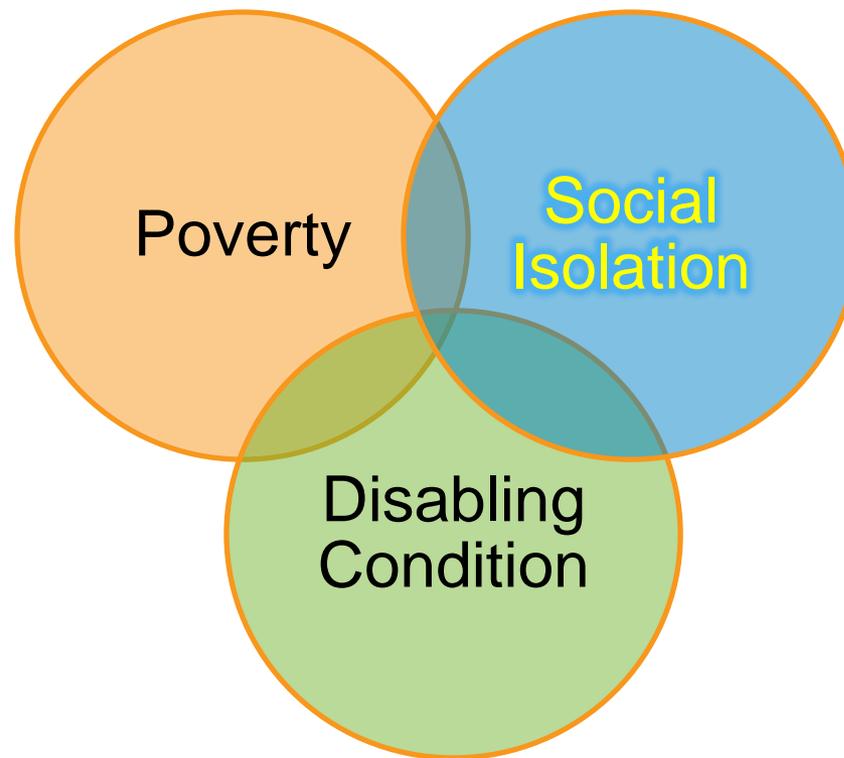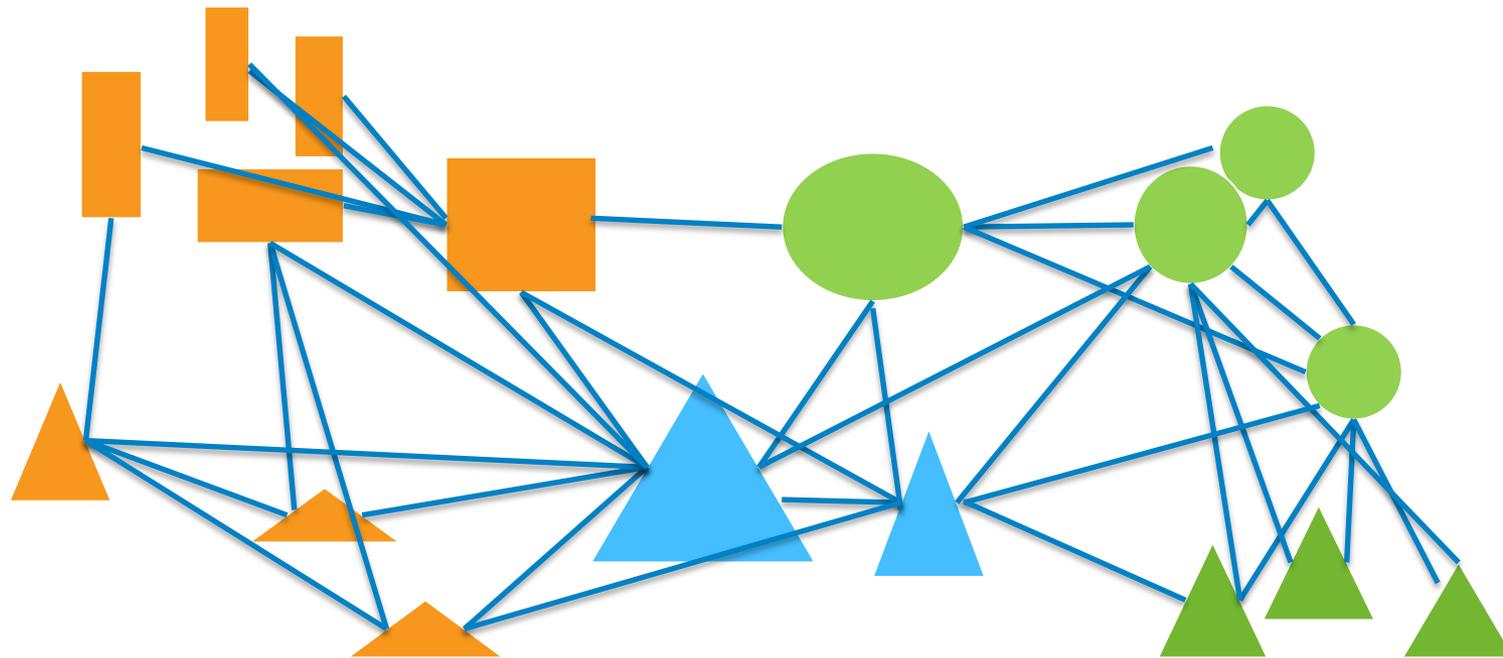
- **Sketch a social network you are part of**

How social networks help

- **Watch the kids**
- **Shovel the walk**
- **Keep an eye out**
- **Recommend a car mechanic**

- **Notice something's wrong**
- **Offer a ride**
- **Hand down clothing**
- **Share zucchini**
- **Introduce friends**

- **Find out about a job**
- **Invite to a party**
- **Give gifts**
- **Keep in touch**
- **Offer a hand**

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Commitment

- **Relationships that endure over time**

- **Relationships that persist through changing circumstances**

- **Person-based, not transaction-based**

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Redundancy

- **Belt and suspenders**

- **If one connection weakens or breaks, another can pick up the slack**

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Reciprocity

- **"You would do the same for me"**

- **Information and help flow freely in multiple directions**

- **Based on being part of the group, not on direct payback**

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Collaboration

- **Multiple connections among members -- not just hub-and-spoke**

- **Whole group can benefit from individuals' strengths**

- **Challenges/burdens are shared**

- **Who has a copy of J.'s birth certificate?**

- **Who remembers that D. is allergic to penicillin?**

- **Who understands that it's an achievement that R. stayed sober on Wednesday?**

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So what happens…

… when families experience job loss, divorce, death, a move?
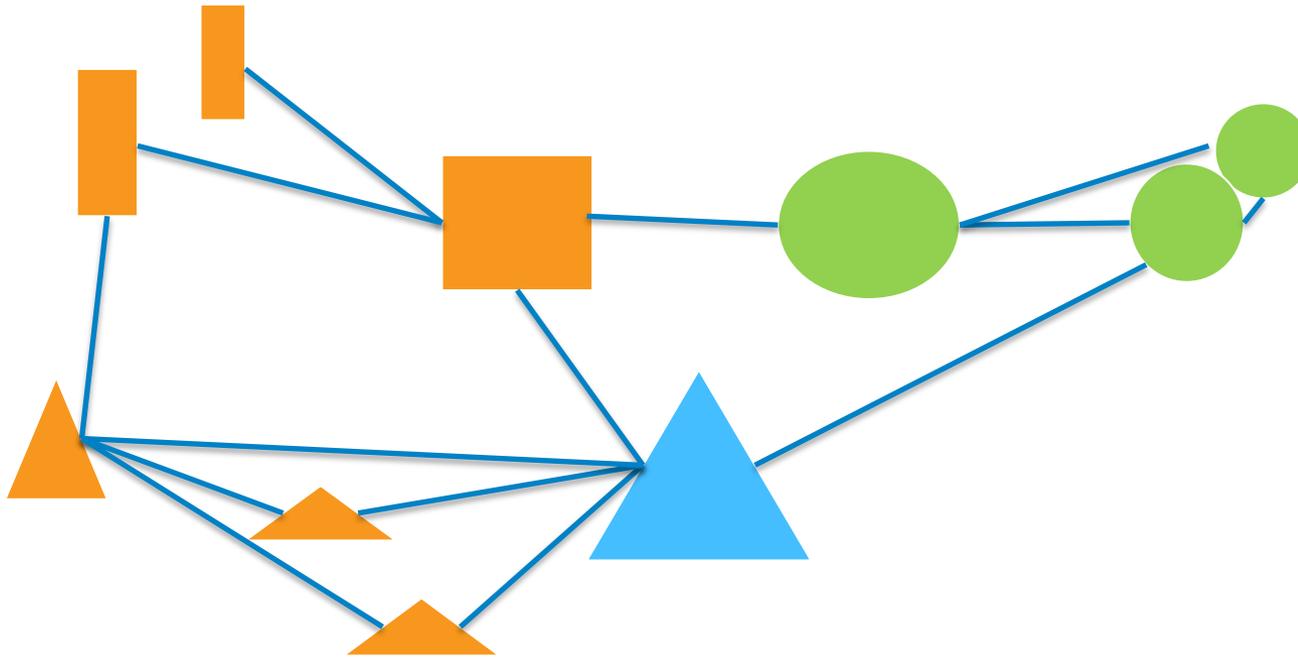
More serious traumas = more loss
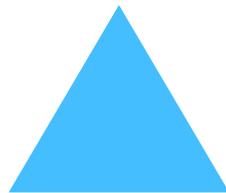
A case manager is a good start
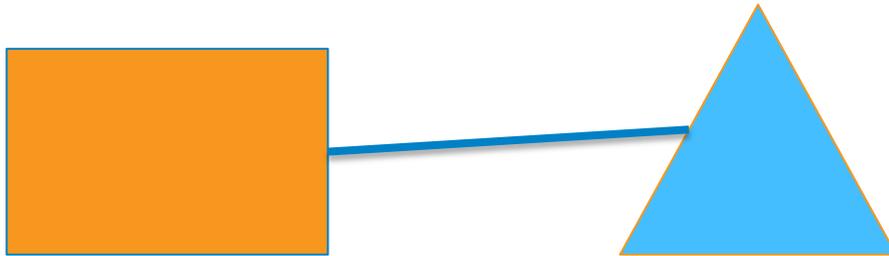
- **Many communities are developing structures that provide some of the same social-network benefits seen in a strong family structure.**

The Soup Kitchen Family

- **Lydia Brewster**
- **Assistant Director for Community Services, St. Vincent DePaul, Middletown**
- **Middlesex Community Care Team**

- **lydia@svmiddletown.org**

- **Nicole Swint**
- **Case Manager, Outreach and Engagement**
- **Columbus House, New Haven**

- **nicoles@columbushouse.org**

WHO WE ARE:

The Outreach and Engagement program started over 18 years ago and funded by DMHAS. It was led by the Connecticut Mental Health Center, as one of the homeless agencies in the city naturally we collaborated. Also, involved are Cornell Scott Hill Health Center, Marrakech and The Connection. We now provide the leadership and continue to work with these agencies along with Liberty Community Services as a new collaboration.

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Our Mission:

- **Our mission is to provide homeless individuals with multiple needs, who either have no previous connection with services such as mental health, substance abuse or medical to obtain and sustain services. We also provide a range of community-based clinical, case management and rehabilitative services intended to assist them with community stability such as housing and encouragement to actively participate in all aspects of their care. We try to connect with people that are hardest to reach due to past histories, mental health, medical issues and familial issues where they have burned bridges or damaged the relationship. Also, those who are suffering from trauma surrounding institutions and facilities that prevent them from coming into the shelters.**

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Quick Story:

- **40 year old female who was a client and then began working in the field and then became homeless again due to her addiction and mental health. She was living on the green in downtown new haven. Refused to come in due to her addiction, mental health and pride. She was physically, verbally and emotionally abused by the men that were outside with her. Unfortunately, she was raped and abused by different men while being outside. Refused to seek any services medical or mental health. She frequented the ER so much so that they began to treat her as though she was becoming a nuisance. She refused to connect with anyone on the team because of the shame she carried. I continued to engage with her just sit and listen to her and finally she agreed to allow me to help her help herself out of her current situation. She is now housed, going to all of her doctor's appointments and in the process of obtaining income.**

Challenges:

- **Some challenges we may face is the need for more vehicles to provide on the moment services. Lack of psychiatrists and mental health providers that accept our population medical insurance. One of the major challenges is housing opportunities for individuals with severe criminal histories. Also phones. Clients either don't have a phone or obviously no electricity to charge their phones for constant communication.**

- **I believe that there is room for growth and everything that we do. This work is individualized and case by case basis. We're also starting a new system with the CAN. Again, some clients may not have phones or frequent the same place regularly so it will be difficult to locate them if a bed becomes available. Also when a bed does become available clients may not have transportation.**

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- **More case management support would keep clients housed more successfully. I have seen in my experience clients that had been homeless and struggling with mental health disabilities obtain housing and then either lose it or become at risk of losing it after discharge from case management. I think with more supports it will provide the client with some security and provisions to help maintain housing.**

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- **Go into this with an open mind. This is a crisis driven work. You must have empathy and compassion. Keep in mind that this is not a typical 9-5 and learn to appreciate the small things. Lastly, self care is key.**

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The Peer Support Community

- **David Gonzalez Rice**
- **Housing Support Team Manager, New London Homeless Hospitality Center**

- **dlgonzrice@gmail.com**

"What the poor need is not charity but capital, not caseworkers but co-workers."

Clarence Jordan on the "Fund for Humanity" (Habitat for Humanity)

- **combines several small housing initiatives (FUSE, SIF, VA GPD, HUD)**
- **serves 24 in PSH (up to 36 this year)**
- **serves 8 in VA Transitional/Bridging housing**
- **supports ongoing Rapid Rehousing from Emergency Shelter**

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- *"As peer support in mental health proliferates, we must be mindful of our intention: social change. It is not about developing more effective services, but rather about creating dialogues that have influence on all of our understandings, conversations, and relationships."*

  - **– Shery Mead, Founder of IPS**

IPS Core Principles

- **don't start with the assumption of a problem.**
- **promote a trauma-informed way of relating.**
- **examine our lives in the context of mutually accountable relationships and communities**
- **working relationships are viewed as partnerships**
- **encourage moving towards what we want instead of focusing on what we need to stop or avoid doing.**
- **really about building stronger, healthier, interconnected communities.**

Challenges to Implementation

- **Low rate of reimbursement.**

- **Reimbursable "Recovery Support" in CT is limited to mental health history and services.**

- **Funder requirements that conflict with Peer Support model.**

- **Fidelity to Peer Support model requires that peers be supervised by peers.**

- **Embrace the "Spirit of Peer Support" across roles, cross-train staff where able.**

- **A "productive tension" between assessment and engagement?**

- **Pursue peer certification for team supervisor.**

The fundamental premise of restorative practices is that people are happier, more cooperative and productive, and more likely to make positive changes when those in authority do things *with* them, rather than *to* them or *for* them.

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- **FUSE "tenant group" every three weeks**
- **GPD house meeting once a week**
- **Health-focused groups (SIF and HUD) starting this week**
- **Staff self-care team every two weeks**
- **Restorative Justice conferences as occasions arise**

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- **Enable fidelity to best practices – person-centered, participant-driven, etc.**

- **Increase confidence among program participants seeking recovery**

- **Model mutual support for group participants**

- **Provide paths to employment and professional development**

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Resources

- **www.intentionalpeersupport.org**
- **www.mindlink.org/ed_recovery_ university.html**
- **www.abhct.com/Programs_Servi ces/WISE**
- **www.iirp.edu**

To learn more about social networks:

Connected:

The Surprising Power of Our Social Networks and How They Shape Our Lives

by Nicholas A. Christakis and James H. Fowler

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