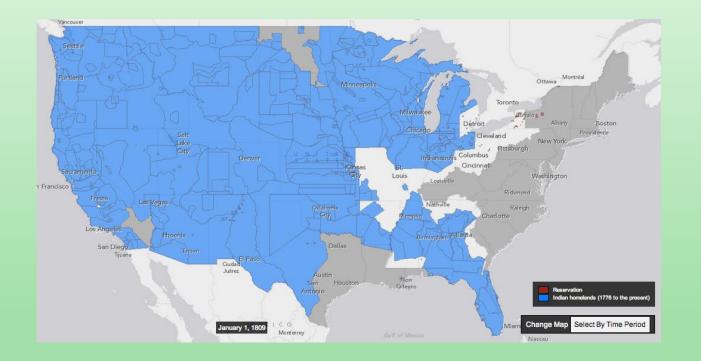


Engaging People who are Cynical about Housing Jake Bradley – they/them Alliance to End Homelessness in Suburban Cook County

Land and First Nations Acknowledgment:



We honor the history and contributions of Native peoples in this land, and we recognize a legacy of broken treaties and covenants, and the need to strive to make right with all our relations.

Acknowledgment of Human Enslavement:

We acknowledge the kidnapping and enslavement of people from the African continent and recognize that people of the African diaspora lost the knowledge of native languages and culture through that process. We acknowledge that as a nation, we have not yet begun to right the hundreds of years of oppression of the people who built this country with free labor and who continue to endure social and economic injustices.We acknowledge that we live and work within a system that was not designed for everyone and continues to result in the increased abuse and death of Black individuals and communities.



Invocation of Our Personal Values:



Engaging People Who Are Cynical Webcast Overview:

Today, we will cover:

- Why might someone not be excited about getting or staying housed?
- The importance of building rapport and reducing harm in the meantime
- Motivational Interviewing and other effective skills to clarify ambivalence and promote positive regard for housing
- Removing and remedying obstacles to housing
- How to make a smooth transition into housing
- Some common challenges and solutions



Consider this....

- You've just been told that you will be moving soon. You don't know yet where you are going, or what it will be like, and the person who is moving you is a stranger to you. You don't know what the rules are there, if you can take belongings you care about, how much it will cost or if you can afford it, or how long you will be able to stay, or even if they will let you in after all. You just know you have to leave where you are and trust the person who is moving you.
- Would you be excited to move? What would you be thinking or feeling?





Bad or traumatic past experiences:

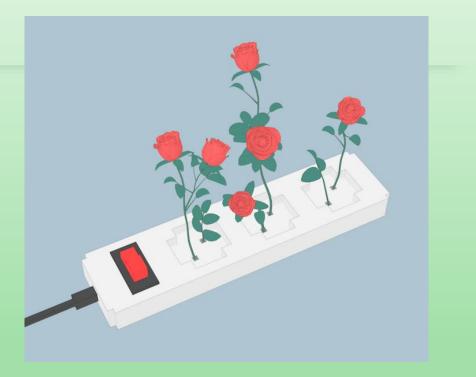
- Lousy prior experiences with landlords, neighbors, roommates, etc.
- Lack of reliability, efficacy or followthrough by previous workers
- History of living in substandard or unsafe spaces
- Evictions and lack of stability that lead to resignation to negative outcomes and unavoidable, constant flux

- Why might someone be ambivalent about a housing plan?: Pessimism stemming from lived experience of inequity and oppression:
- Awareness of lack of affordable housing
- Intergenerational lived reality of racism, segregation and housing discrimination
- Identity or circumstances especially marginalized in housing and other services:
 - Being LGBTQI+, a young person, and/or BIPOC
 - Having migrated or fled here without authorization / documentation
 - Having convictions in their history, being on the sex offender registry, etc.
 - Using substances / participating in the street economy



Adaptation to homelessness:

- Desire to be independent/self-sufficient, and/or avoid feeling "tied-down"
- Confidence and pride in survival skills
- Enjoyment of being outside
- Appreciation of privacy, personal space, etc.
- Not wanting to spend their limited income or resources on housing





Barriers to accessing services in conventional agency spaces and practices:

- May have been banned from agencies or facilities
- May not have transportation to access them
- May be unable or unwilling to self-regulate adequately and/or cope with crowded or chaotic spaces, copious rules, security guards, etc.

Barriers to accessing services in conventional agency spaces and practices:

- Abstinence only policies
- May anticipate rejection, pathologization or judgment
- May be unable to track or cope with inconsistencies between agencies and staff, service hours, etc.
- May be unable to physically enter and use sites that are not fully accessible, etc.



It takes A LOT of work to get housed:

- Bureaucratic burdens and irritations
- They may not have any ID documents, may have difficulty recalling information or historical details, etc.
- They may fear being forced to undergo searches and screening, commit to sobriety or mental health treatment, etc., and/or submit to services they don't want or need.

Mental Health and executive functioning related barriers:

- Stress/Anxiety
- Paranoia, poor reality testing, etc.
- Depression
- Traumatic brain injury
- Dementia
- Substance dependency





Fear of change and the unknown:

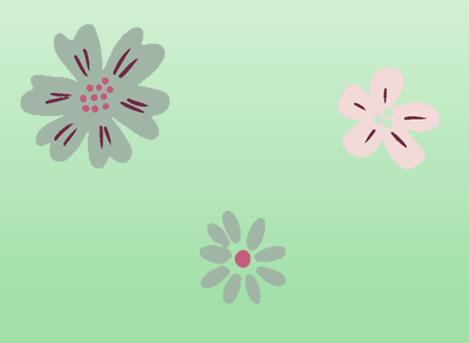
- Agency/Case Manager might change with referral
- Location and neighborhood / environs might change depending on referral
- Change in daily routine can be disorienting and scary
- Relationships and community might change
- Uncertainty about securing basic needs, apartment needs, etc.







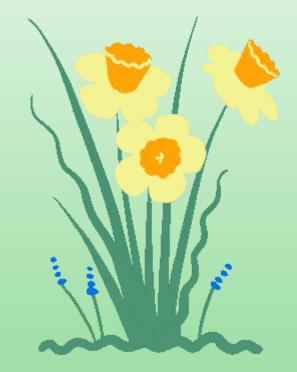
- A key component of collaboration for housing is TRUST – working for the client to legitimately feel they can trust the worker !
- Trauma and disenfranchisement make it especially hard for clients to trust anyone!
- This natural reticence is often exacerbated by occasions when they've let their guard down and have been disappointed or hurt by those they've shared their trust with.



- Often we hear the term "building trust" being used to describe the process as a collaborative effort where both sides learn to trust one another, but sometimes it helps to think in terms of "earning" the client's trust.
- This entails proving to them, sometimes repeatedly, that we are worthy of their trust.
 It is our responsibility to earn it, rather than their responsibility to grant it.
- And remember, it's significantly easier to lose someone's trust than it is to earn it.



- Demonstrate competence in your knowledge!
- Be reliable!
- Set realistic expectations!
- Be consistent!
- Be quick to apologize when you make a mistake!
- Be honest and open in communications!





- Use active listening and make sure the client feels heard.
- Show respect and caring.
- Utilize unconditional positive regard and being non-judgmental
- Act with intentionality.
- Be genuine.
- Manage your won discomfort well, and outside of your presence with the client.

- Refine your outreach services to be a unique service modality designed to engage and serve people who (for any reason) cannot or will not travel to a conventional service site or initiate services through typical institutional structures.
- Meet clients where they are geographically, emotionally, in terms of their service and life

goals, etc.





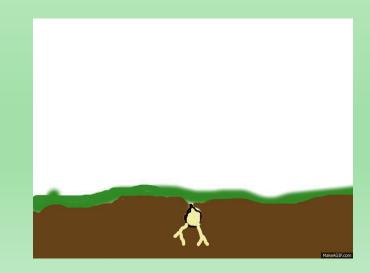
- Meet people at "neutral" or public indoor facilities such as libraries, emergency department waiting rooms,
 restaurants, township offices, etc., or in out-door locations where people experiencing homelessness congregate or live or are otherwise comfortable being.
- If the client is already engaged in services at an agency site, celebrate that, and affirm that they can continue to receive outreach and other supports indefinitely.



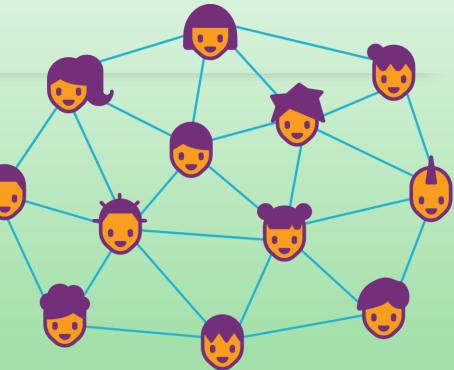


- Greet people warmly and enthusiastically, and learn and use their preferred names.
- Build relationships and rapport for their own sake, and attend to relational benchmarks as a major aim!
- Support a sense of belonging and camaraderie within whatever circles the client travels.
- Be reliable and demonstrate sturdy and persistent investment in the client's wellbeing and self-determination, regardless of which goals they endorse.





- Build a network inside and between service agencies and with a vast array of community stakeholders as needed and agreed upon by the client. Everyone should be working together to build trust, hope and investment in the process, while giving the client space to pace the engagement and progress.
- However, engage cops and law enforcement only as a last resort. Plan ahead, partner with other staff, and use other strategic means to handle crises whenever possible.
- Protect the client's privacy and confidentiality.



- Be attuned to the implications of past and ongoing trauma for someone's development and functioning.
- Preserve client self-determination and highest standards for informed consent. Let the client set the pace of conversations and activities focused on housing.
- Regard the client as the "expert" in their own life and circumstances, and recognize and support the strengths, skills and resourcefulness they bring.





- Honor the Housing First principle of considering every homeless person to be "housing ready" as soon as they opt into housing, and regardless of any other accomplishments, commitments, achievements or circumstances.
- Support whatever goals the client advances, but never give up on housing as an ultimate objective.
- Employ Harm Reduction skills and supplies, and seek to provide practical supports and solutions, regardless of a person's endorsement of housing or any other particular goals or cooperation with any other requirements.



- Use good listening skills.
- Don't make assumptions about people or what they may think, know, or feel.
- In general, ask open-ended questions, like "What's most important to you today?" "How do you feel about that?" or "What do you think might happen?" or "How can I be helpful or support you?"
- Use "we" language and present ourselves as part of a team whenever possible. For example, "We're concerned about you!" "We're happy to see you!" "We might have located a housing unit for you."

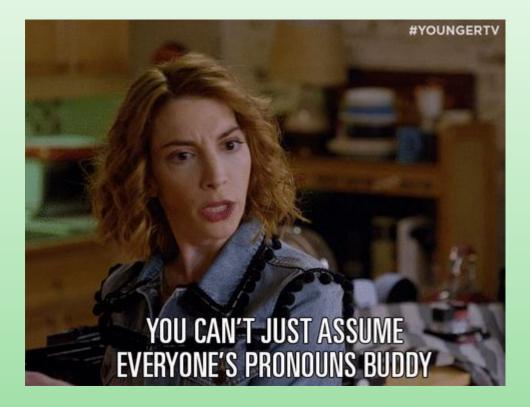




- Be Culturally Competent, and especially sensitive with people from vulnerable groups and identities!
- Some specific pointers:
 - Don't ask people about their citizenship or immigration status, and assure everyone that we will serve them without regard to these, and will not give their information to or cooperate with ICE.



- Some specific pointers:
 - Address everyone by their chosen name and gender pronouns, and advocate for people to be served according to their gender self-identity rather than their presentation or legal documentation.
 - Don't ask intrusive questions about people's bodies or medical history, or expect someone to "prove" or verify their gender to you or anyone else.





- Learn to spot Transition Aged Youth, and how best to engage with them.
 Offer youth the opportunity to be served at youth specialty organizations or services.
- Continually emphasize that the only goal of housing is to get and keep them housed, not to make them do anything else.
- Explain what Housing First is, and that your agency is committed to following it!



Myths about "Housing Readiness:"



- 1. People must sustain sobriety in order to be successful in housing.
- 2. People need to take their medicine and be stable in their health to be successful in housing.

3. People need to have their mental health issues resolved and/or be participating in conventional mental health services in order to be successful in housing.

4. People need Transitional Housing or site-based supports, especially if they've been homeless for a long period of time, been unsheltered, or use substances or have mental illness.

Harm Reduction:



- Learn and promote practical Harm Reduction knowledge and skills. Get more training, and be prepared to brainstorm with clients and teammates about the endless array of strategies to reduce risk and harm for potentially dangerous or stigmatized circumstances.
- Carry Naloxone and teach overdose prevention and intervention.
- Distribute supplies for safer sex, safer sex work, safer drug use, basic needs, warm weather gear, camping and outdoor survival, etc.



Harm Reduction:

- Teach people about their civil and human rights.
- Do vigorous and contextual safety planning and crisis management.
- Link people to specific supports for LGBTQQI+ people, immigrants and refugees, people experiencing sexual assault or domestic violence, people targeted for discrimination and criminalization, people whose first language isn't English, people with disabilities, etc.

Harm Reduction

Harm Reduction:

- Manage your own discomfort.
- Provide non-judgmental support.
- Pay attention to and filter your own needs, feelings and opinions.
- Spot and curb your "rescuimpulses.



JUDGING A PERSON DOES NOT DEFINE WHO They are, it defines who you are.

Helpful Supplies to Distribute:

bottled water

meals and snacks

bus fare (for appointments, school or work)

hygiene supplies (toothbrushes, soap, etc.)

sunscreen & bug repellant



DEEP WOODS

foot powder, blister care & prevention supplies

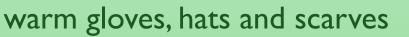
clothing, coats, shoes, etc. when possible

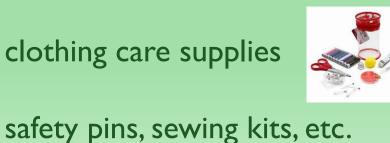
Sleeping bags and / or blankets when possible

safer sex supplies

chap stick & skin lotion

000% BOADS BOAD









Helpful Supplies to Distribute:

baby needs, diapers and formula

vitamins





first aid supplies & OTC remedies

school supplies, uniform shirts, etc.

maxi pads and tampons





day planners, wallets, folders, etc.



vouchers for furniture or household needs

herbal and homeopathic remedies



help securing groceries or prescriptions

household supplies for new apartment set-up

bandanas, belts, shoe laces, hats



safer drug use supplies





backpacks, duffels, etc.





art and journaling supplies



watches or battery alarm clocks

umbrellas and rain ponchos



Helpful Supports and Assistance:

- crisis intervention and safety planning including suicide risk assessment
- assessment for eligibility for public assistance, medical insurance, etc.
- assessment and application for housing interventions
- help securing personal identification and documents such as State ID, Birth Certificate, Social Security Card, DD214, Matricula Consular Card, etc.
- help enrolling and/or staying in school or other educational programs
- help applying for public benefits and navigating bureaucracies
- a mailing address at your agency
- referrals to other basic needs services such as:

lockersshowerslaundryothingflu shots and other immunizationsaccess to computers, the internet and free phone callshelp securing a free cell phone















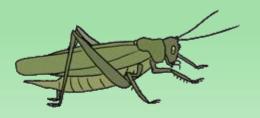
Learn and use Motivational Interviewing:

- Get training and practice engaging with clients without pressing your own agenda and evoking resistance.
- Learn to identify and illuminate ambivalence.

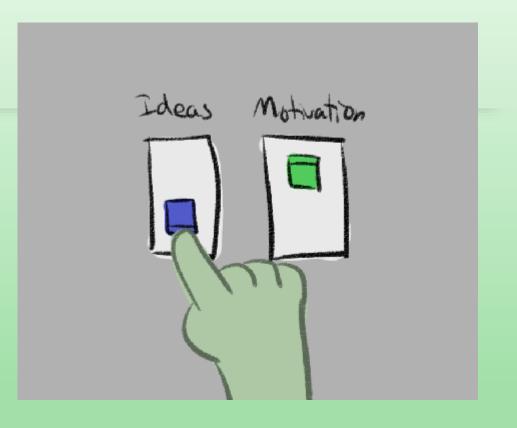


- Ambivalence is normal! Whatever the target behavior, one can anticipate that someone will have reasons to both sustain and to change.
- People have good reasons both to want to be housed and to not want to be housed!
- A person's reasons for not changing are seldom to do with a lack of knowledge, nor a lack of awareness of risks of not changing.

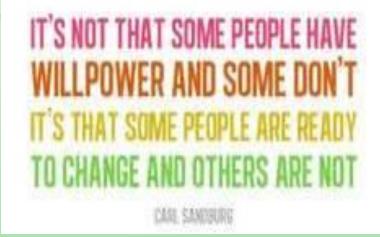




- People are inherently motivated.
 Intrinsic motivation must be elicited from the person: it can be enhanced, not imposed.
- Individuals are motivated by different things, so one cannot make assumptions about another's motivations or incentives.
- Motivation varies from day to day and circumstance to circumstance.



- People commit to change more readily when they have convinced themselves that they are better off changing.
- The approach of the helper is a critical factor in making time and space for the client to resolve their ambivalence.

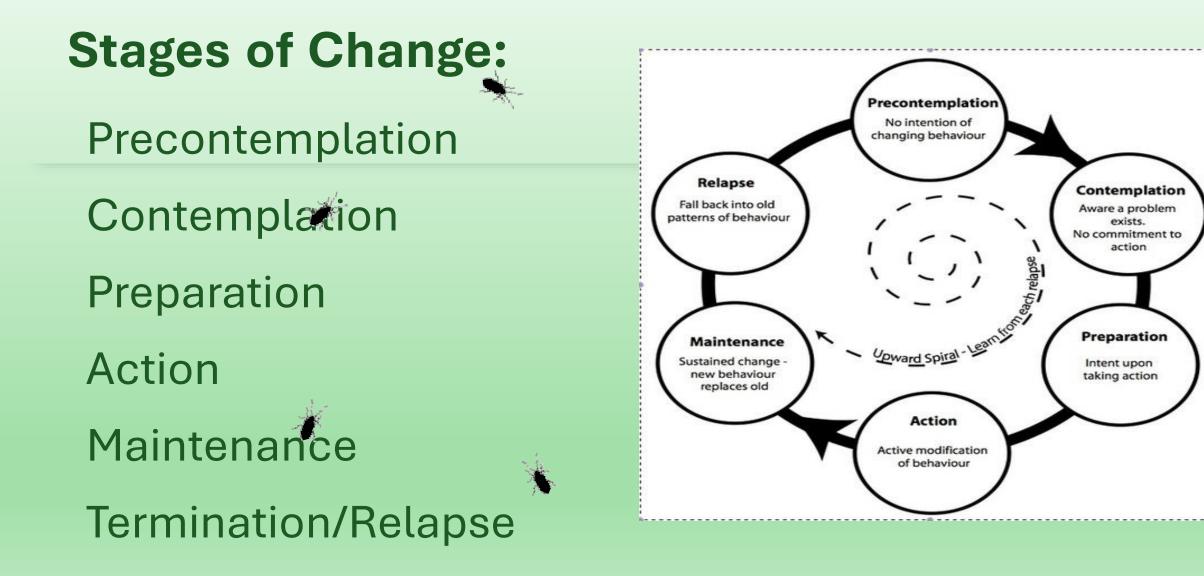




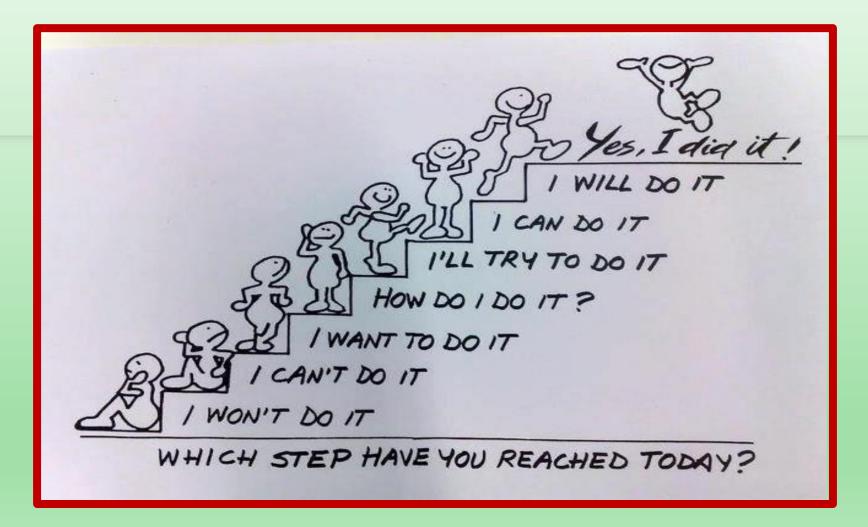
- respectful, empathic, collaborative, eliciting approach is more likely to lead to change.
- Giving advice and information when the client is not ready usually increases resistance.
- Confrontation leads to shaming, and drives people away or sends behavior underground.
- It is the person's task, not the helper's, to articulate and resolve ambivalence.



Addressing Ambivalence – Understanding Stages of Change:



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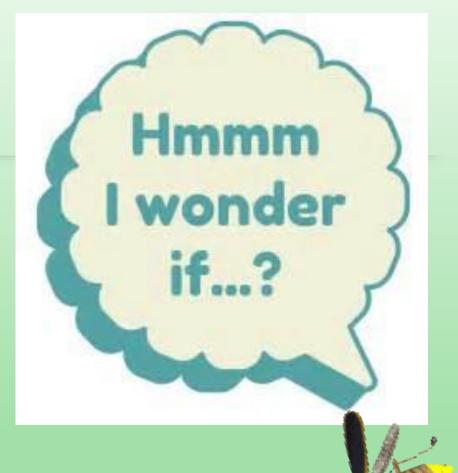


Addressing Ambivalence – Understanding Stages of Change:

Precontemplation	A person is not considering change in the foreseeable future, or is unaware or under aware of alternatives.	
Contemplation	A person experiences a problem and/or is considering alternatives, but has not made a commitment to action(s). They may formally or informally perform risk-reward analysis.	THE TRANSTHEORETICAL MODEL (STAGES OF CHANGE)
Preparation	A person is intending to make a change, and may be approximating or practicing some of the necessary components.	Maintenance Is sustaining changes and
Action	A person modifies their behavior or environment in order to attempt or effect change.	developing new behaviour action to change
Maintenance	A person works to sustain their changed behavior or circumstances, avoid or prevent relapse, and capitalize on positive outcomes.	Relapse Action Return to old ways Is sustaining changes and developing new behaviour
Relapse	The problem returns or continues or the change is not durable in the face of obstacles or challenges.	

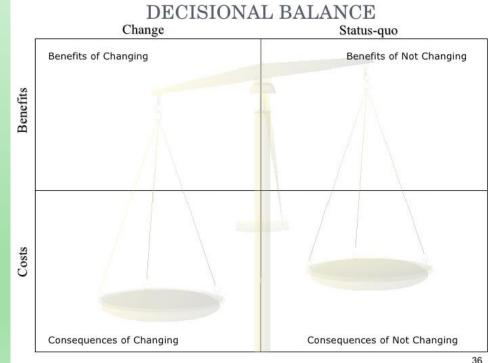
Precontemplation:

- Raise curiosity. Model alternatives.
- Support the person's perception of risks and problems with current behavior or status.
- For housing: help them begin to consider the risks and problems with staying unhoused, and the benefits of being housed, but stay open to all their pros and cons!



Contemplation:

- Tip the decisional balance.
- Evoke reasons for change, risks of not ٠ changing, etc.
- Acknowledge ambivalence.
- Strengthen sense of self-efficacy for • behavior change.
- For housing: say "I know you could make • housing work for you if you choose that direction!"





Preparation:

- Help to determine the best course of action to take in seeking change.
- Develop a plan.
- Provide practical / logistical support, information, resources, etc.
- For housing: answer questions, provide lots of information, give choices, etc.



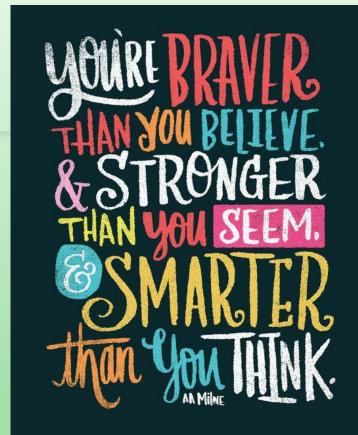
Action:

- Help implement the plan.
- Support self-efficacy.
- Applaud courage and initiative. Praise approximations and iterations of change.
- For housing: provide a super soft handoff and support them before, during and after!



Maintenance:

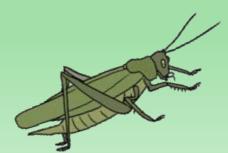
- Help identify and use strategies to prevent lapse/relapse.
- Resolve associated problems.
- For housing: support their happiness and success in housing, prepare for and prevent difficulties, and cheer them on.
- Help them fully realize all the benefits of being housed.



Relapse:

- Help recycle the stages of change without becoming stuck or demoralized because of relapse.
- For housing: rehouse them again quickly!





Termination:

- Celebrate!
- Continue to support selfefficacy.
- For housing: deepen rapport and support enhancements to quality of life.



- Change Talk: the person's statements reflect recognition of options, concern about status quo, openness to change, or optimism.
- Increased questions about change: the participant wants to know what they can do about the problem.
- Decreased resistance: The participant stops arguing, interrupting, denying or objecting.



- Envisioning: the person talks about how life could be after a change, or discusses advantages of change.
- Experimenting: the person begins to try different change approaches.



- Besistance is caused by helper's behavior, and is the signal to change strategies.
- It is how you respond to resistance that makes the difference.
- Avoid arguing for change!
- New perspectives should be invited but not imposed.
- The client is the primary resource in finding solutions.





- Enhance the person's belief in the possibility of change.
- Elicit and selectively reinforce change talk.
- Continually affirm the person's freedom of choice and self-direction.
- The helper's belief in the person's ability to change becomes a self-fulfilling prophecy.





Tipping the Balance Toward Housing:

- Some tools:
 - Housing Pros and Cons Worksheet
 - Decisional Balance Sheet
 - 3 Wishes Activity
 - The 10 Point Scale
- Have an open and honest conversation (or dozens) where the person gets to freely express the things they would like about becoming housed, and the things they wouldn't like, or that they worry about.
- Brainstorm things the person might need and what they might like to do with their time after they are housed.



Tipping the Balance Toward Housing:

- Show them apartments similar to what could be theirs, without a landlord present if possible.
- Invite them to discuss pros and cons of housing with a peer worker or other client who has been housed and is willing to share about their process.
- Ask them lots of questions about where they might like to live, and what sorts of things they want to be near, etc. Give lots of choice, but don't overpromise.
- Remind them they can return to staying outside or in their car if they want to in the future, but will have the unit as a place to keep their stuff and to go to avoid bad weather, being hassled by others, etc.





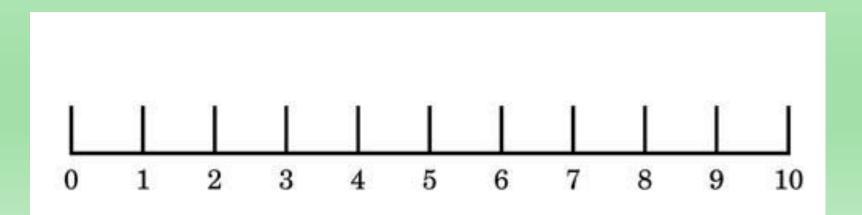
The 10 point scale:

On a scale from 0-10 (where 0 is definitely not going to change / it's impossible, and 10 is definitely will / it's easy), where are you about making this change?

Why aren't you at a 0? What makes you want to do it or think you can?

Why aren't you at a 10? What makes you want to stay the same, or what makes it feel too hard to change?

What would have to happen to make it a higher number?





Neighborhood orientation:

- Closest grocery stor, laundromat, bus and train stops, parks, library, police station, fire station, etc.
- Anything the client needs to know how to find



Apartment orientation:

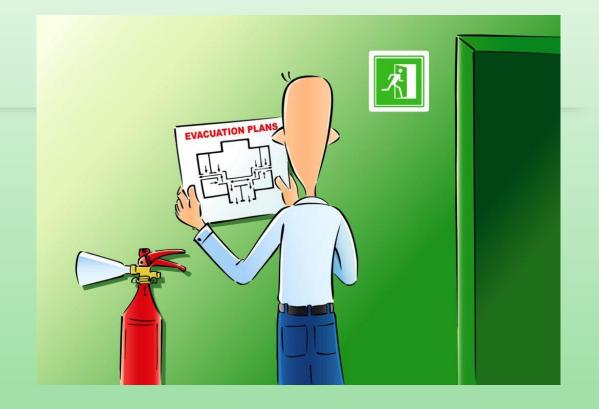
- Emergency exit plan
- How to work the stove and other appliances
- How door locks work
- How windows open, lock, etc.
- Any light switch or outlet peculiarities
- Where to take the trash
- Use of common areas in the building, yard, etc.





Crisis management plan:

- What to do if the toilet clogs or something breaks, etc.
- What to call the worker about and when
- What to call the landlord about and when
- What to call 911 about and when
- If anyone has a spare key, and where it is, and how they can get it



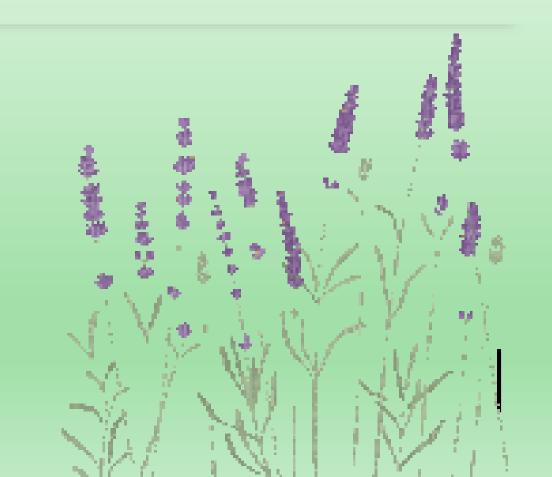
Relationship and community continuity:

- When will the client see their old worker(s) again?
- When can they see their old friends next?
- New community and support building



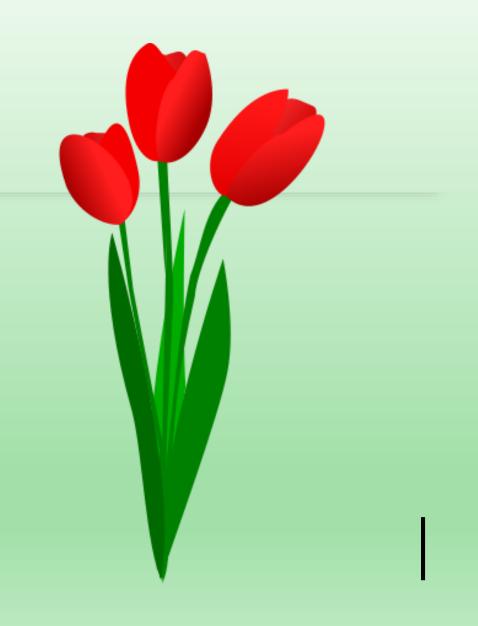
Guest management plan:

- Whom do they want to have visit them?
- When do they want and not want visitors?
- What are their own designated "house rules?"
- What will they do when someone breaks their rules?



Routine:

- Can they revisit their old neighborhood, day center, shelter, etc.?
- How will they occupy their time? What old or new routine "anchors" are there?







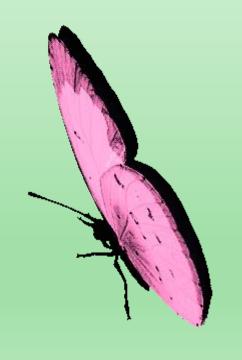
What if they:

- don't seem invested in or excited about the unit or housing after they are there?
- won't sleep in their bed, or even in the unit?
- keep going back to their old shelter, day center, campsite, squat, etc.?
- have never lived alone in an apartment, and don't know how to cook, clean, etc.?
- have mobility challenges or other disability-related difficulties?
- seem like they wouldn't be safe alone in their unit?
- don't have any household supplies, furniture, etc.? What if your agency doesn't have them?
- don't know their way around the new neighborhood, or are afraid to go out and about?
- don't have transportation and have lots of appointments, work or school?
- frequently lose their keys or lock themselves out?



What if they don't seem invested in or excited about the unit or housing after they are there?

- Give them time! Remember that they may have different ways of appreciating housing and demonstrating that.
- Try the Housing Decisions Worksheet or the Meaningful Activities and Holistic Engagement Worksheet to build interest in being and staying housed. Help them capitalize on the benefits of housing from their own point of view.
- Focus on quality of life! Embrace the client's stated goals and priorities. Follow their lead about what would make their place feel like "home."





What if they won't sleep in their bed, or even in the unit?

- So, what?!
- Having a warm and legal place to get in out of the elements or hazards when needed is harm reduction! Housing access is justice!
- It might take someone time to adjust to sleeping indoors, or in a bed.
- Get feedback to make the sleeping area and bed as comfortable and familiar as possible.

What if they won't sleep in their bed, or even in the unit?

- Consider white noise machines, fans, air cleaners, humidifiers, dehumidifiers, radios, nature soundtracks, black-out curtains or blinds, extra locks, or anything else that helps the person feel safer.
- Take seriously any angst the person expresses about pests, noises, or other things that make them feel unsafe, and work in earnest to eliminate these.



What if they keep going back to their old shelter, day center, campsite, squat, etc.?

- It may take someone time to adjust to a new routine, and people may need and miss their old support net.
- Provide a thorough orientation to the new unit and new neighborhood.
- Make sure someone has access to food and everything else they need in their unit, and that they know how to use the kitchen, prep food, etc..



What if they keep going back to their old shelter, day center, campsite, squat, etc.?

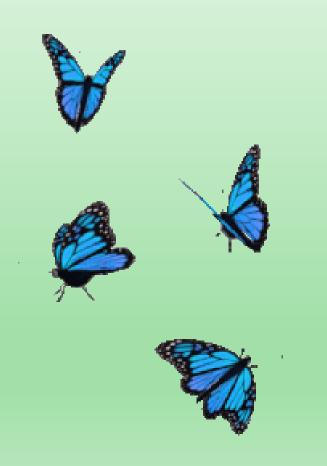
- Support reunification with old friends and workers as needed.
- Work to proactively build new routine anchors and connection to the new neighborhood.
- Work to establish a social network and support relationships, recreation and socializing.



What if they have never lived alone in an apartment, and don't know how to cook, clean, etc.?

- Provide shame-free classes and lessons proactively to all residents.
- Make sure they have food that requires little prep.
- Show them videos from YouTube, or provide a buddy or mentor to demonstrate, teach, coach, and support household chores.





What if they have never lived alone in an apartment, and don't know how to cook, clean, etc.?

- Have a common day of the week to take multiple clients to a laundromat and help them with the process.
- Secure donated services from a drycleaner /laundry service to do your client's laundry for them if needed.
- Focus on safety and quality of life rather than some construct of cleanliness or tidiness.



What if they have mobility challenges or other disability-related difficulties?

- Do a functional analysis of the client's capabilities before finding a unit, and periodically thereafter, especially after falls, illnesses, hospitalization, etc.
- Be proactive about finding an accessible unit, including:
 - Ground floor unit or with elevators
 - Wide doorways and hallways

What if they have mobility challenges or other disability-related difficulties?

- Engage all necessary mobility and accessibility aids, including:
 - Walkers and wheelchairs
 - Grab bars
 - Tub chairs
 - Grip strips
 - Doorbell flashers
 - Nightlights





What if they have mobility challenges or other disability-related difficulties?

- Most unit or facility modifications must be funded by the client / your program.
 Investigate public benefits or solicit donations for accessibility supplies or services.
- Negotiate reasonable accommodations with the landlord up front, including:
 - Communication patterns and methods
 - How and when any payments are made



What if you are afraid for their safety alone in their unit?

Consider a roommate arrangement.

Make a Worst-Case Scenario or Crisis Plan with the person. Make sure they have access to a working phone.

- Do rigorous Harm Reduction and safety planning.
- Engage their support net, build a multidisciplinary team, and collaborate to check in on the person as often as possible, especially at first.



What if they don't have any household supplies, furniture, etc.? What if your agency doesn't have them?

- Proactively work to engage community stakeholders and other service providers and donors to build your resources.
- Make sure the person is connected to any public benefits they might be eligible for.
- Connect people to food pantries and any other community resources there are.

What if they don't know their way around the new neighborhood, or are afraid to go out and about?

- Do a thorough orientation to the neighborhood.
- Meet them outside their housing in a public location they are interested in. Take walks during your visits. Take them to nearby places they might appreciate.
- Use a buddy system to get them out of their unit with companionship.
- Make a plan for meaningful daily activities, socializing and fun.



What if they don't have transportation and have lots of appointments, work or school?

- See if they are eligible for a disability rider card.
- Consider providing a bicycle and gear if they would welcome this and are able.
- Find providers or volunteers who can help provide transportation.
- Combine your visits with them with appointments they have, so you can drive them and also visit with them.



What if they frequently lose their keys or lock themselves out?

- Consider a realtor lock box with a tethered key with a simple code like their birthday.
- Give them a lanyard for their key or hook it inside the pocket or backpack with a line that reaches to the deleted



- Make sure there are multiple copies of their keys, and the they know where those can be found. Consider a buddy system.
- Try to find them a unit with a unique / private entry so that they are less likely to bother neighbors for help or with sounds of trying to break into their own unit.



What if they:

- don't pay rent or utilities?
- have guests that cause problems, damage, neighbor complaints, etc.?
- engage in "illegal activity" in the unit?
- are "hoarding" stuff?
- have lots of pests (rodents, roaches, ants, lice, bedbugs, etc.)?
- won't let you in to see them or the unit?
- cause hazards, dangers or damage with appliances or in the unit (stove, toilet, etc.)?
- have neighbors complaining about them?
- seem to have MORE medical, mental health, or substance use issues?
- seem to need more attention and care than one worker can provide?

What if they don't pay rent?

- In PSH and some other cases, the landlord gets paid by the agency, so everyone wins!
 - The landlord doesn't need to know whether, when or how much the client is paying us!
- Paying rent might be an adjustment! It might take some time and positive experience for the client to see and come to trust that they can have control over their finances and the ability to acquire things they want or need outside of rent.



What if they don't pay rent?

- There are often ways to reduce the client's utilities, health care costs, food costs, or other expenses to make more money available for paying rent and /or other things they want or need. Everything they don't have to pay for is less competition with their rent.
- Make a realistic, honest budget with them.
- Discuss setting up an auto-payment of rent and major bills. Help them consider a separate bank account (perhaps without a bank card) for bills and one for their discretionary use.



What if they don't pay their utilities, and these are in danger of being shut off?

- If you are concerned the person might be overwhelmed about multiple bills, try to find a unit where the heat (and as many other services or utilities as possible) are already included.
- Often, people are eligible for LIHEAP and/or other benefits programs, discounts, or rebates.
- Be proactive about enrolling people in their utilities, completing a formal change of address as needed, etc., so that people don't miss bills. Make sure to register / change their address on public benefits records.

What if they don't pay their utilities, and these are in danger of being shut off?

- Set up automatic payments when possible, with the resident's consent.
- Offer to open and organize mail with people as part of your regular visits or meetings with them.
- Consider instituting a separate bank account just for paying, rent, utilities, and/or other essential bills.
- Help the client understand what gets billed for utilities, and make strategies to conserve gas, electricity, water, etc. if these are hard for them to pay.

What if they have guests that cause problems, damage, neighbor complaints, etc.?

- If you anticipate that the client will have lots of visitors who might attract attention, factor this into housing location. Try getting a unit that has a private entry, or one in a more sound-proof location.
- Discuss pros and cons of living close to the former neighborhood and friends vs. moving to a new area.
 Work to build new supports to offset disadvantages of moving further away.

What if they have guests that cause problems, damage, neighbor complaints, etc.?

- Do PROACTIVE guest management planning and put the client in charge of their own space.
 Teach and support limit-setting, boundaries and negotiation skills. Post their chosen house rules with their permission. Engage Harm Reduction solutions.
- If possible, and with the client's agreement, meet with the visitors and engage their buy-in for maintaining the housing.



What if they have guests that cause problems, damage, neighbor complaints, etc.?

- Encourage the client to visit with people outside the unit in public spaces if needed.
- Discern which areas of the unit are least likely to allow noise or smell leakage, and encourage using those for visits /gatherings.
- Install a doorbell or door light if door knocking attracts negative attention. Buy the person a pager or teach them text messaging as a primary way visitors alert them of arrival.









What if they engage in "illegal activity" in the unit?

- Don't forget: you are not a cop! It's your job to protect your client from legal and other consequences.
- Help the client understand the law and their legal rights. Teach and practice declaring their rights, not consenting to searches, etc.
- Help them understand limits to how the landlord can access the unit, and advocate for these.
 Brainstorm with them about how to prepare when they are notified the landlord or other officials will enter the unit.

What if they engage in "illegal activity" in the unit?

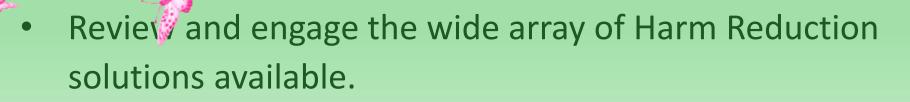
- See and use resources in the LMS.
- Do harm reduction to minimize likelihood of getting caught or penalized.



- Provide a shoe box, safe or designated discrete spot for storing drugs and equipment so that these are not laying around to be seen by others.
- Engage robust fair housing and legal aid supports as needed.

What if they are "hoarding" stuff?

- Get training on hoarding interventions.
- Do proactive hoarding prevention and management. Use tools provided in the LMS.
- Don't ever call someone a "hoarder" in their presence!
- Do not bully someone into discarding things, nor ever touch or move someone's possessions without their permission.



What if they have lots of pests (rodents, roaches, ants, lice, bedbugs, etc.)?

- Do proactive pest management with every resident!
 - Provide non-triggering education about what causes pest proliferation.
 - Be sensitive to dynamics of stigma and privilege.
- Use robust pest management strategies.
- Manage your own discomfort and don't project on the client.

What if they won't let you in to see them and/or their unit?

- Visit them elsewhere!
- Call, email, use zoom or facetime, etc.
- Focus on building rapport, not on monitoring or policing the space. Don't use punitive words like "inspection" or "compliance" or "pass/ fail."

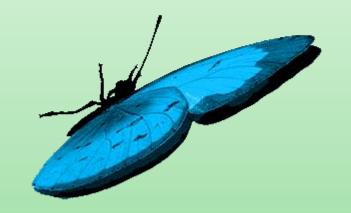


What if they won't let you in to see them and/or their unit?

- Make copious statements of positive intent, and focus on improving the person's sense of safety, agency, and quality of life!
- It may take time for someone to trust you and invite you in! Set long term benchmarks and be parent.
- Bring something useful or desirable with you every time you come, at least at first.

What if they cause hazards or dangers with appliances or in the unit (stove, toilet, etc.)?

- Make sure people understand how the appliances work.
- Find a unit with an electric stove instead of a gas one.
- Provide supplies to manage challenges (toilet plunger, rags, extension cords, etc.)
- Provide fire extinguisher(s), and make sure the smoke and carbon monoxide detectors are present and working. Discuss evacuation plans.





What if they cause hazards or dangers with appliances or in the unit (stove, toilet, etc.)?

- Move combustible materials away from the stove and outlets, and provide surge protectors and cords to prevent outlet overloads or spark hazards.
- Buy them thin toilet paper if they often cause clogs.
- Provide lots of cleaning supplies and offer to show them how to use them if they would welcome this.

What if they are inadvertently causing damage to the unit?

- Determine what is going wrong to cause the damage: is it a knowledge issue or a disability or hallucinations, or what?
- This will inform your Harm Reduction plan!
- Provide education about how to avoid the damage if this seems like it would help. (How to work the toilet, what things cost a lot to repair, etc.)
- Try to enlist volunteers or donors to provide or fund repairs as needed.
- Develop a mitigation fund to help defray repair expenses.





What if they purposely cause damage to the unit?

- Determine why they are causing the damage? Do they have a need to blow off physical energy or stress? Are they mad at the worker or landlord and are trying to retaliate? Respond accordingly!
- Provide alternative ways to blow off steam or to express anger to you or the landlord or about neighbors.
 - Punching bag, smashable drywall, etc.
- Engage incentives and rewards for not causing damage.

What if their neighbors are complaining to them to the landlord about them?

- Again, prioritize private entrance units when possible to avoid neighbor contact and interaction.
- Address the issues of complaint directly with the client, and problem-solve around those as discussed earlier (lockouts, door knocking, frequent traffic or noise from the unit, etc.)
- Help the client cultivate good neighbor relations, perform reparative acts, etc.
- Advocate with the landlord for the client if you think stigma, profiling or discriminatory attitudes of neighbors are coming to bear.



What if they seem to be using more substances or using more erratically, or are not able to achieve reduction goals?

- It's common for people's substance use to increase or get more chaotic during any transition, and especially during and after housing.
- Do proactive planning with the client about what they want their use patterns to be, and what Harm Reduction and other supports need to be engaged.

What if they seem to be using more substances or using more erratically, or are not able to achieve reduction goals?

- Discuss the higher likelihood of overdose due to these factors:
 - when use habits change
 - when different drug sources are used
 - when someone begins using alone in private space more often
 - when someone's patterns of rest, nutrition and hydration change, etc.



What if they seem to be using more substances or using more erratically, or are not able to achieve reduction goals?

- Provide education about signs of overdose and overamp, and establish a overdose or overamp prevention and response plan.
- Make sure they have access to a working telephone.
- Provide sharps containers if they inject. An empty detergent bottle is a good and discrete option. In most places, these can just be thrown out with the trash.



What if they seem to be using more substances or using more erratically, or are not able to achieve reduction goals?

- Make sure they have access to safer use supplies, competent psychiatric treatment, medication assisted treatment, peer supports, etc.
- Provide naloxone for the unit and the person, and train them how to use it. Consider posting signs in the unit (see resources in the LMS.)
- Make an explicit plan about who else is allowed to get or use drugs in the unit, and about how to prevent the unit being taken over or compromised by drug selling.





What if they seem to have MORE health or mental health problems or seem to actually decrease in functioning and independence after being housed?

- Once someone gains safety and stability, their acute survival functions may decrease, allowing underlying pain and difficulties to surface and become more troubling.
- When someone re-engages with healthcare and other services and providers, it's likely that new diagnoses will emerge.

What if they seem to have MORE health or mental health problems or seem to actually decrease in functioning and independence after being housed?

- Continue motivational interviewing and functional assessments to determine priorities for care and attention, and engage any supports, services or accommodations needed.
- With the client's permission, communicate and collaborate with other providers, build a multidisciplinary team, and cultivate wrap-around supports.



What if they seem to need more intensive time and care than one worker can provide?

- Remember that we are intentional about prioritizing our time and resources to those who have the deepest challenges and need them the most!
- Work with your supervisor to balance your case load with some newer or more demanding clients and some who are more established and/or independent.
- Work with other providers to investigate available supports, benefits and eligibility for other forms of care. Someone might be eligible for in-home nursing, medical case coordination, day center supports, Meals on Wheels, etc.

Some Tools and Resources to Help:



- The slide deck has lots more content in it than we covered today!
- Find these worksheets and tools in our packet of resources:
 - Housing Decisions Worksheet
 - Meaningful Daily Activities and Holistic Engagement Worksheet
 - Holistic Engagement Brief Worksheet
 - Decisional Balance Sheet
 - Worst Case Scenario Client Support Worksheet
 - Never Use Alone Poster and Cards
 - Housing First Troubleshooting Worksheet
- The Alliance training program has over 100 free on demand courses on a huge array of evidence-based practices, skillsets and frameworks, and we offer free CEUs!

Thanks for your participation!



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