Addressing Homelessness: What Works
South Dakota Statewide Homeless Summit
Oacoma, SD
June 9, 2015

Ken Kraybill

What’s our mission?

“We are called to heal wounds, to unite what has fallen apart, and to bring home those who have lost their way.”
Frances Assisi, Italy

Three Homes

What do you already know about what works in addressing homelessness?

What works less well?

Learning Objectives
You will be able to:
● Describe the mindset and heart-set of best practices
● Name and give examples of at least three current best practices in homeless services
● Explain the key steps in implementing best practices

The spirit of best practices
A mind-set and heart-set

Partnership - a collaboration, demonstrating profound respect for the person; both parties have expertise; dancing rather than wrestling; best practices are not done on or to people, but with and for them

Acceptance
Prizing person’s inherent worth and potential
Providing accurate empathy
Supporting autonomy
Affirming strengths
COMPASSION - coming alongside someone in their suffering; actively promoting the other’s welfare; giving priority to the person’s needs.

Here is what we seek: a compassion that can stand in awe at what (people) have to carry rather than stand in judgment about how they carry it.” Fr. Greg Boyle, Tattoos on the Heart

EVOCATION - eliciting the person’s own knowledge, wisdom, strengths, and motivation; “you have what you need and together we will find it”

Partnership
Acceptance
Compassion
Evocation

A history of the past 35 years of homeless services in America in three minutes

Homeless Services
Late 1900’s
Wanted: Worker to engage homeless people. Provide hygiene and survival supplies. Build trusting relationships. Assess short and long-term needs. Help to access shelter and treatment services. Assist with obtaining transitional housing to demonstrate stability and readiness to live independently in the future.

Homeless Services
Early 2000’s
Wanted: Worker to engage people experiencing homelessness using housing-focused approach. Offer permanent, affordable housing up front. Help individuals choose and move into housing as quickly as possible. Ensure linkage with multi-disciplinary team to assist in supporting recovery and improving health and quality of life.

In which century are we living?

What are best practices?
**Best Practices**
Methods or techniques that have consistently shown results superior to those achieved by other means, and are used as benchmarks.

**Evidence-Based Practices**
Approaches to prevention or treatment that are based in theory and have undergone scientific evaluation. Evidence-based stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

**What best practices?**

Person-centered, housing-focused, trauma-informed, recovery-oriented, peer-integrated, self-compassionate care

Assertive outreach and engagement
Flexible, low-demand services
Housing first
Rapid rehousing
Permanent supportive housing

Interdisciplinary teams
Integrated treatment for co-occurring disorders
Trauma-informed care
Recovery support (aka case management)

Involvement of recovering persons
Critical Time Intervention
Motivational interventions
Long-term follow up and support
Self-help programs
Prevention

Cultural competent practice
Self-care
Team-care
Supervision support
Training and implementation
Implementing Best Practices

Despite the emergence of evidence-based practices, the research-practice gap persists. (IOM Crossing the Quality Chasm, 2001)

The workforce serving marginalized individuals and families is often poorly resourced and ill-equipped to implement best practices. (Hollin and McMurran, 2001)

“As anyone knows who has worked in the field, implementation of new practice is the biggest challenge of all.” (Hollin and McMurran, 2001)

Questions

What is the current state of your organization in regard to implementing best practices?

What hopes do you have for your organization in regard to implementing best practices?

How does your organization/team recruit, screen, and interview job applicants for adherence to core principles of best practices?

The literature is clear that implementation is a process that takes two to four years to complete in most provider organizations. (Hollin and McMurran, 2001)
Four Main Phases
1. Define and identify
2. Implement
3. Evaluate
4. Sustain

Core Components
Staff selection
Pre-service and in-service training
Ongoing coaching and consultation
Staff performance evaluation
Decision support data systems
Facilitative administrative supports
System interventions

Implementation Brief, Number 1, January 2008, National Implementation Research Network