Low-Barrier Shelter

What is it and how does it fit into the homeless housing and services system of care
The existing homeless system of housing and services was built slowly and over many years by those who saw people struggling to stay housed.

Necessary components of a complete system are: outreach, prevention, shelter, rapid rehousing, transitional housing, permanent supportive housing and affordable housing.
In Thurston County, the network of homeless housing and services has grown to try and keep up with the need, but along the way has become difficult to navigate, especially for those struggling to meet daily basic needs.
Modern thinking has us looking at this network as a *homeless system* of housing and services all aimed at the goal of leading to stable housing. A *system* works best if it is coordinated, easy to navigate, efficient and effective.
Best Practice Aims: PSH and RR

Permanent Supportive Housing

For people who:

✓ Are chronically homeless
✓ Cycle through institutional and emergency systems and are at risk of long-term homelessness
✓ Are being discharged from institutions and systems of care
✓ Without housing, cannot access and make effective use of treatment and supportive services
**Best Practice Aims: PSH and RR**

**Permanent Supportive Housing**

- **HOUSING**
  - **PERMANENT**: Not time limited, not transitional;
  - **AFFORDABLE**: For people coming out of homelessness; and
  - **INDEPENDENT**: Tenant holds lease with normal rights and responsibilities.

- **SERVICES**
  - **FLEXIBLE**: Designed to be responsive to tenants’ needs;
  - **VOLUNTARY**: Participation is not a condition of tenancy; and
  - **INDEPENDENT**: Focus of services is on maintaining housing stability.

*Think Drexel House!*
Rapid Rehousing

- New housing tool introduced as part of the federal economic stimulus in 2009
- Rental assistance and support services are provided to homeless households in just the right amounts to re-house and stabilize them
- Alternative to cookie-cutter 90-day or two-year programs
- Nationwide it is a best practice
Best Practice Aims: PSH and RR

Rapid Re-housing

For people who:

- Are **NOT** chronically homeless
- Families experiencing temporary losses of income
- Single adults and couples **without** serious mental illness, addictions and/or disabilities
- Survivors of domestic violence
- Those exiting jails and prisons **without** serious mental illness, addictions and or disabilities
Current Realities

- Permanent Supportive Housing is **expensive** to build and to maintain.

- However, the **public benefit** and the impact on the individuals the housing serves, is great, and has been proven to cost much less than leaving people homeless because supportive housing reduces jail stays, arrests, impacts to businesses and trips to the ER.

- Supportive Housing also results in decreases in use of alcohol and drugs and **stabilizes health and mental health for individuals**.
Effective programs like Drexel House are initially constructed and annually operated almost exclusively with the following resources that Thurston County providers currently have no access to because of budget cuts at the state and federal level.

- No access to the Washington State Housing Trust Fund until 2016
- No access to Housing Trust Fund Operations and Maintenance Funding until 2016
- No access to federal HUD McKinney Supportive Housing Funds for the foreseeable future
- No access to Project Based Section 8 Vouchers
  - Vouchers reduced by 150 households in 2013
  - Projected to lose another 150 households in 2014
Current Realities

No access to PSH Resources + Unsheltered and unmanaged Chronic Homelessness = Interim housing as a crisis response while PSH tie-ins are gathered

The People’s House aims to provide this crisis response
Low-barrier shelter falls within a category of programs referred to as "interim housing".

While the ultimate goal is stable and safe permanent housing, a community must set up interim housing of varying lengths of stay and supports.

All components of interim housing aim to move people as quickly as possible to permanent housing outcomes. For some, especially families and single adults without long-term and chronic barriers to housing, this interim housing will be extremely short. It may not even require a stay in a shelter.

<table>
<thead>
<tr>
<th>Interim Housing</th>
<th>Permanent Housing</th>
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<tbody>
<tr>
<td>SMW</td>
<td>Single Men, Women and Couples without Children</td>
</tr>
<tr>
<td>(not permanent, time limited)</td>
<td>(homelessness as entry criteria, no limit on length of stay)</td>
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<tr>
<td><strong>System Performance Goal: within 3 days</strong></td>
<td><strong>System Performance Goal: within 30 days</strong></td>
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<tr>
<td>Short Stay/Shelter</td>
<td>RR</td>
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<tr>
<td>▪ B&amp;R</td>
<td>▪ SideWalk</td>
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<td>▪ Drexel</td>
<td>▪ Drexel</td>
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<td>▪ TSA</td>
<td>▪ HEN at CAC</td>
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<td>▪ People's House</td>
<td>▪ DOC</td>
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<td>▪ Triage Center/ENT</td>
<td>▪ Veterans Assistance</td>
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<tr>
<td>Permanent Housing</td>
<td>PSH</td>
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<tr>
<td>▪ Gardens</td>
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<td>▪ Drexel</td>
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<td>▪ Quixote Village</td>
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<tr>
<td>▪ Oxford Houses</td>
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<tr>
<td>Permanent Housing</td>
<td>PH</td>
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<td>▪ Homes First</td>
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<td>▪ HATC Set asides for Veterans</td>
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<td>▪ Subsidized Housing List</td>
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For the chronically homeless, *interim housing may take longer*. Longer due to a variety of barriers to permanent housing:

- Lack of permanent supportive housing units
  - Years-long waiting lists exist for PSH in Thurston County
  - Rapid re-housing does not work for CH
- Lack of stable or adequate income
- Lack of trust in the homeless system of housing and services
- Paranoia due to mental illness, including PTSD
- Mental illness that does not allow them to track appointments, take medication, navigate any system of care including mental health, healthcare, shelter rules, housing waiting lists, probation or parole
Low-Barrier Shelter

In the meantime, a chronically homeless population, outside of interim and permanent supportive housing, will cost the community a great deal:

- $92 per day in jail
- $558 per day at Western State Hospital (Source [here](#))
- I've requested costs for the E&T Center and St Peter's ER…
- Daily clean-up of the downtown core by the Downtown Ambassadors and Business Owners and Staff
- Reduction in money spent by patrons in the downtown core
- City staff, elected officials, advocates, business owners and faith community time spent meeting about an issue that is not being addressed in a manner that solves the problem.

✓ Housing, even if it has to start out as interim housing, is a solution
Low-Barrier Shelter

Here is what the National Alliance to End Homelessness, a leading voice on preventing and ending homelessness in the United States, says about low-barrier sheltering:

“Using a low-barrier approach to shelter .... is a discussion many shelters are (and should be) having. Shelter providers must be thinking about how to reduce admissions requirements to ensure that no one is sleeping on the streets, while at the same time preserving the safe environment of their programs.”

Source: NAEH Blog: [Link here](#)
Here is what Abt Associates, a mission-driven, global leader in research and program implementation in the fields of health, social and environmental policy, and international development, says about low-barrier sheltering:

- Homelessness = housing crisis
- Everyone is “housing ready” – homeless crisis response systems programs must be “consumer ready”
- Low barrier access to services and housing
- Address emergency needs and help to retain housing or obtain permanent housing as quickly as possible
- Consumer choice and self-determination: voluntary services and housing that consumers need and want
- Goal: rapid resolution of housing crisis, link to longer-term resources, plan for future crisis

Source: NAEH Library of Presentations: Link here
The term “harm reduction” is used often to refer to the same model that is referred to locally as “low-barrier”.

- Local shelter and housing providers have been lowering the barriers to accessing and participating in programs for years because it has been considered a best practice in the field for some time.

- According to the Harm Reduction Coalition, “harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users “where they’re at,” addressing conditions of use along with the use itself.”

- These are the same strategies currently applied to safe sex education, “wet” housing models and is the philosophy behind needle exchange programs.

Source: National Healthcare for the Homeless Presentation: Link here
Thank you for inviting my perspective!

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