

## The Housing First Philosophy

The Housing First model has been in use in the United States since the late 1980's, yet many still regard it as a radical and high-risk intervention. Common misconceptions of Housing First as an "anything goes" approach have prevented more widespread adoption of this proven successful innovation in addressing homelessness for those with psychiatric disabilities and substance use disorders. In this session, attendees will learn about the philosophy and guiding principles of the Housing First model and compare success rates of Housing First against those in traditional linear-residential treatment models. Attendees will explore the both benefits and challenges of working from a Housing First approach, and discuss the vital role of harm reduction in working with Housing First program participants.

### Learning Objectives

- Identify the five key principles of the Housing First model
- Explain the benefits of Housing First vs. traditional recovery-based housing models
- Recognize barriers to housing stability for individuals with disabilities

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## Introduction to Harm Reduction

In this session, presenters will provide an introduction to harm reduction practice as it applies to individuals engaged in all types of high risk behaviors. Attendees will explore the relationship between risk and trauma, the inherent dangers of shame and isolation, and the impact of stigma on vulnerable populations. Presenters will assist attendees in understanding their own experiences of harm reduction in daily life, and the importance of promoting safety and bodily autonomy as harm reduction's primary goals. Attendees will explore the outcomes of harm reduction practice, connect their passion for the helping profession with the responsibility to center clients' self-identified goals, and walk away from this session with a greater understanding of key harm reduction principles as practical and effective clinical solutions.

### Learning Objectives

- Define stigma and explain its impact on people who use drugs or engage in other risky behavior
- Identify at least two ways you engage in daily harm reduction practice
- Recognize safety and bodily autonomy as the primary goals of harm reduction

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## Housing First for Individuals with Substance Use Disorders

This session will address special considerations for implementing Housing First services for individuals using substances, with particular emphasis on opioids. Attendees will explore the role opioids play in increased rates of unsheltered homelessness, note high risk transition points for individuals with opioid use disorder or polysubstance use disorder, and discuss harm reduction strategies used to keep participants safe in independent living settings. Presenters will provide suggestions for unique services offered to the SUD population, and partnerships to consider in your local community. The session will also cover common concerns and barriers to care, as well as creative solutions employed by Housing First teams to keep participants safe and successfully housed.

### Learning Objectives

- Describe what Housing First services look like for individuals with opioid use disorder and the unique challenges presented by opioid use
- Name 3 high-risk transition points for individuals with substance use disorders
- Identify 3 harm reduction strategies you can use with individuals using substances in independent living settings

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### Landlord Engagement Strategies

Since 2008, Pathways to Housing PA has grown from a team of 70 participants, to housing over 550 individuals with complex needs. As such, finding housing and maintaining mutually-beneficial relationships with landlords has been one of our top priorities. In this session, presenters will share insight into building our housing department from the ground up and developing it into the robust program it is today. Attendees will gain knowledge of proven leasing practices and unit retention, as well as strategies for building and cultivating productive, sustainable landlord relationships. Presenters will provide an overview of the Housing First approach to leasing and discuss the vital skill of responding to the needs of our landlords, while also maintaining supportive clinical relationships with our participants.

#### Learning Objectives

- Explore strategies to recruit landlords, as well as lease and retain units for participants receiving supportive housing
- Recognize skills to support landlords in maintaining long-term, collaborative relationships
- Name at least three ways to incentivize landlord engagement in your program

**No CE credit offered for this session.**

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### Eviction Prevention Strategies

Congratulations, you got your client housed! Now, how do you keep them there? The Housing First model was initially developed to serve the individuals in our communities with some of the greatest barriers to success—chronic homelessness, serious and persistent mental illness, substance use disorders, and other disabilities. We know that programs maintaining a high fidelity Housing First practice typically report a housing retention rate of between 85-90%, but this work is not without its challenges. Unwanted guests, noise disturbances, damages, clutter, and unsanitary conditions are just some of the issues property managers, clinicians, and other support professionals contend with in supporting their clients to maintain successful tenancy. In this session, we'll discuss setting expectations, communication, harm reduction in supportive housing, and strategies for addressing common tenancy challenges. Landlords, program participants, and support staff all share a common goal—keeping people housed! Join us to learn how to preserve your landlord relationships while supporting participant needs and preventing eviction.

#### Learning Objectives

- Describe the role of harm reduction in supportive housing work
- Identify common tenancy challenges and practical strategies for mitigation
- Practice developing mutual agreements to maintain housing

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## Housing First: How and Why It Works

Housing First is an evidence-based program model defined by adherence to 38 distinct fidelity measures. However, most "Housing First" programs in operation today are actually using a less stringent low-barrier approach to housing. In fact, criticisms of the Housing First model are largely rooted in confusion between the two. As one might guess, programs straying from fidelity to the evidenced-based model cannot anticipate achieving comparable success rates, such as 85-90% housing retention after five years. In this session, presenters will assist attendees with examining the intricacies of how a high fidelity Housing First program actually operates. Presenters will invite attendees to assess their agency's current fidelity to the model, explore common deviations from fidelity among low-barrier housing programs, and identify ways to improve service outcomes through aligning service provision more closely with evidence-based practice. Attendees will explore the importance of participant self-determination, interdisciplinary staff, community inclusion, supported employment, and integrated care all as parts of the Housing First model. Ample time will be allotted for Q&A.

### Learning Objectives

- Differentiate between a high-fidelity Housing First model and a low-barrier approach to housing.
- Assess your agency's current fidelity to the Housing First model.
- Identify three ways to move your current service provision closer to a high fidelity Housing First model.

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## Harm reduction & the Therapeutic Alliance: Responding to recurrence of use

Relationships impact outcomes. As such, we know that open and honest communication can lead to increased safety for those engaged in high-risk behavior. In this session, we'll explore the bond between provider and participant as one of the primary vehicles for positive change. Centering our approach in authenticity, collaboration, and compassion, attendees will explore strategies for building and maintaining a therapeutic alliance with individuals managing behavioral health challenges. Presenters will contrast themes of "accountability" and "enabling" with the importance of rapport, empathy, and unconditional positive regard. We will review practical applications of harm reduction skills in clinical interactions and touch on the intersections of harm reduction and abstinence-based recovery models. Presenters will discuss strategies to help individuals explore their relationship to risk behaviors in a manner that emphasizes safety, connection, and bodily autonomy, while decreasing stigma and shame.

### Learning Objectives

- Define the harm reduction principle of "accountability without termination" and explain the role of natural consequences in harm reduction practice
- Compare and contrast harm reduction and abstinence-based recovery approaches
- Name three clinical tools for exploring risk behaviors with participants

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## Assertive Engagement

Often the individuals most in need of our services are the very folks most hesitant to work with us. Past disappointments by other providers, as well as mental health symptoms and substance use patterns can create a lengthy and challenging engagement process. This training will present an overview of best practices for engagement and initiation of services for individuals experiencing homelessness. Facilitators will discuss the goals of engagement, tips for building rapport, creative strategies for those facing barriers to care, and relevant evidence-based practice skills. Through review of case studies and real client scenarios, attendees will learn that the most important thing we can do for our participants is continue to show up.

### Learning Objectives

- Define the purpose and goals of engagement
- Articulate the importance of centering client needs
- Name three common barriers to care and three creative solutions to overcome those barriers

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## Service Providers in Recovery and Harm Reduction: The benefits and challenges

Supporting people who use drugs requires a recognition of the multiple pathways of recovery that are possible. A harm reduction approach is a central ingredient in helping people define their own recovery. Service providers with lived experience are often the most well-equipped to develop the therapeutic relationship necessary to use this approach, yet may have been drawn to this work through an abstinence-based recovery journey. This session explores how staff in recovery utilize lived experience to support substance users in harm reduction spaces. It addresses the challenges staff encounter in the field and how organizations can support them. Presenters will lead a discussion with attendees about how lived experience impacts their work as service providers.

### Learning Objectives

- Describe the benefits staff in recovery bring to harm reduction-informed Housing First work
- Identify three potential challenges staff in recovery may encounter in this work
- Recognize the support needs of staff in recovery working as harm reduction service providers

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## The Peer Role in Our Service System

Peer Specialists bring a unique and valuable perspective to social service work, but not everyone shares a common understanding of this specialized skill set. In this 90-minute workshop, attendees will review the purpose and values of Certified Peer Specialists; explore the impact they can have on program participants when their perspectives and skills are utilized effectively; discuss the intersection of recovery and professional boundaries; and explore creative ways to engage service recipients in the community. Attendees will also have the opportunity to discuss supervision, professional development, and experiences with and as certified peer specialists.

### Learning Objectives

- Explain the purpose and values of Certified Peer Specialists
- Identify the tension where recovery and boundaries interact
- Describe the benefits of having Certified Peer Specialists as treatment team members

- Share unique and creative approaches to engaging service recipients in the community

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### Boundaries, Ethics, & Confidentiality: Managing professional relationships

In this workshop, attendees will explore the importance of upholding boundaries and confidentiality to support both program participants and co-workers, especially for those working in small communities. Presenters will provide concrete strategies for maintaining client privacy while also noting the legal limits of confidentiality. An introduction to ethical decision-making frameworks will also be provided to empower staff to address ethical dilemmas in the workplace appropriately. Attendees will be invited to reflect on their professional experiences in these areas throughout the session, as well as during a dedicated Q&A. Facilitators will also provide resources for continued learning.

#### Learning Objectives

- Name the six steps used for addressing ethical dilemmas in the workplace
- Define countertransference and give three examples of how it may impact client relationships
- Explain confidentiality and its limits in your professional role

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### Making Space for Lived Experience

Lived experience is a crucial tool that both shapes an individual's identity and lends a perspective to direct service work that has historically been absent in our service systems. In recent years, systems of care for people experiencing behavioral health challenges have become more accepting of employees with lived experience. However, the stigma associated with homelessness, mental health challenges, and substance use recovery often follows these individuals into the workforce. In this session, we'll explore ways to make space for and support employees with lived experience in various service provision roles, recognizing the value of their expertise throughout the Continuum of Care.

#### Learning Objectives

- Articulate the value, expertise, and unique skill set of people with lived experience working in the homeless services system.
- Consider ways that stigma can hinder the contributions of people with lived experience in service operations
- Identify three new skills to facilitate inclusive working environments for people with lived experience in the service system

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