



Shared Housing Institute

Shared Housing
COOHIO Conference Housing Institute
April 13, 2023

The Shared Housing Institute partners with a dynamic network of shared housing experts to increase housing options grounded on client choice, and effective community-building.



COOHIO SHARED HOUSING TRAINING AGENDA

9:00 – 9:30 Introductions / Housemate Survey Tool / **Brainstorm:** How has shared housing been a norm in your own life

9:45 – 10:00 Shared Housing Overview

9:30 - 10:00 Shared Housing Overview

10:00 – 10:30 How client-trust is the foundation for all shared housing functions

10:30 – 10:45– Review Housemate Resource Booklet / www.sharedhousinginstitute.com

10:45 – 10:55 SH Client Engagement Overview

10:55 – 11:05 BREAK

11:05 - 11:45 Client Engagement Experiential Exercise (Pair off in two's) First Pairing – Client is interested and has questions about SH

Role Model Shared Housing Client Messaging

Round 1 – B is a client who is pretty open to SH Purpose: for staff to practice empathy and understanding, then appropriately answer questions and fears a client may have around shared housing. Let them know there is support. • Client could demonstrate signs of confusion / anxiety about how to find a someone who would want to live with them

Process

Round 2 – A is the client who is resistant / skeptical of SH

Purpose: for staff to practice empathy and understanding of a client's hesitancy and resistance towards shared housing. To gain trust, be open to hearing advantages of SH.

Process

11:45 – 12:15 Noon LUNCH - LWWO intro during lunch, which is your favorite section?

12:15 – 12:30 – Three Person Role Play Housemate Pairing Process *Empowering clients to identify their housemate from their known network if possible – then prepare clients for Meet and Greet questions

12:30 – 12:45 - Housemate Survey Pairing Exercise – (Participants put into potential housemate matches, **use Housemate Pairing Questions and End with Housemate Agreement!**

12:45 – 1:00 – Process Housemate Pairing Process Exercise

1:00 – 1:10 – SH Case Management Modified CTI approach / Brainstorm Community Support Networks

1:10- 1:30 – Community Connections Tool Experiential / Process

1:30 – 1:40 BREAK / Yarn Toss

1:40 – 2:30 – Background of LWWO / Conflict Management Exercise / Process

2:30 – 2:50 – LWWO Anger Management Exercise / Process / How will LWWO books be used by staff?

2:50 – 3:00 Break

3:00 – 3:30 Rent Determination and Landlord Engagement for Shared Housing

3:00 – 3:30 SH Case Conferencing: Brainstorm ways shared housing can be incorporated into existing case conferencing schedules. Roleplay SH Case Conferencing - creatively share solutions for housemate conflict

4:00 – 4:30 Q&A - Local SH Planning for next steps / Closing

Why Shared Housing Now!

What we are facing:



Decrease in affordable housing options



Increasing rents



Increased homelessness and length of time in homelessness

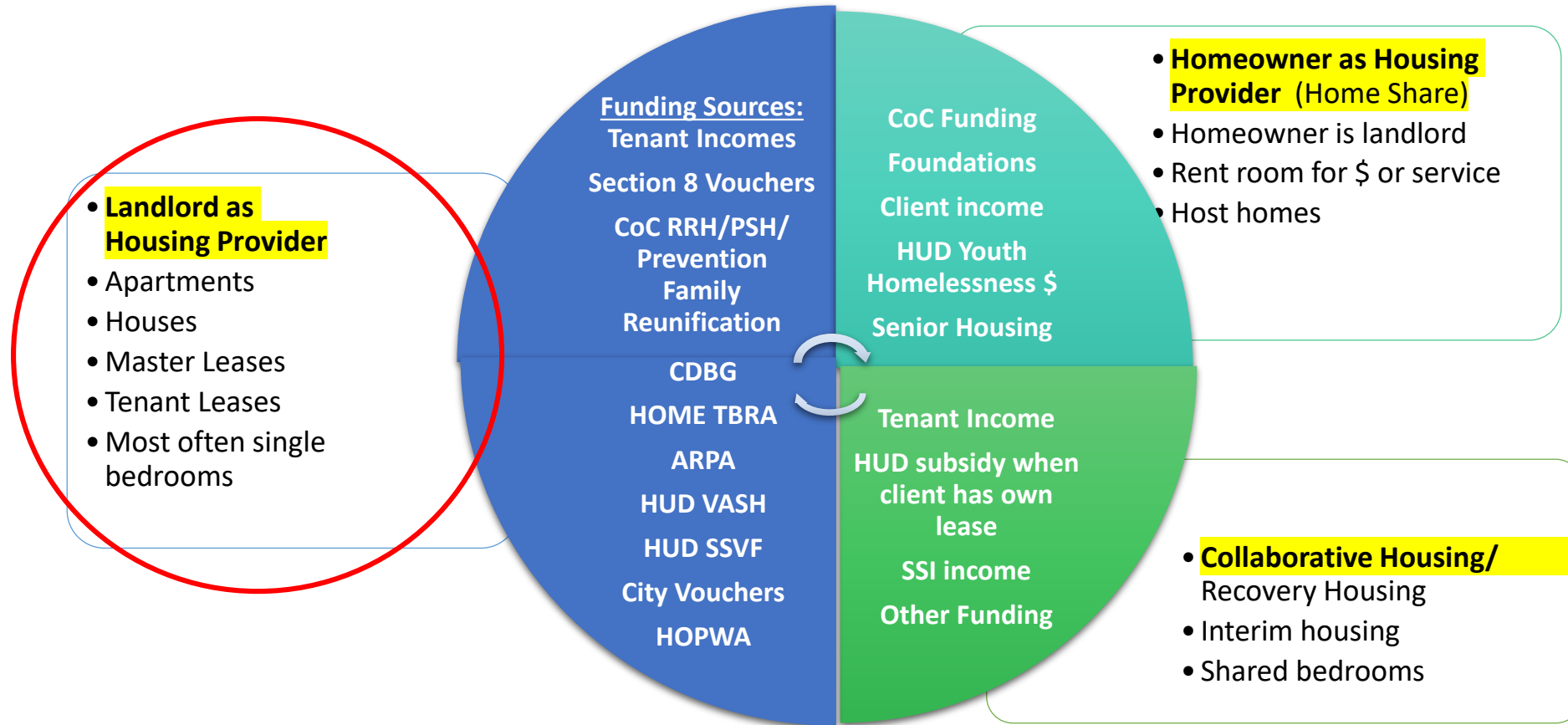
What shared housing offers:

- Opens-up affordable housing options, split rent reduces individual rent burdens
- More housing options reduces length of time to move-in
- Opportunity to decrease isolation and increase self-determination

Shared housing is a norm – a common option - in the private housing market!



Shared housing has many types





What does Shared Housing do?

- Maximizes access to existing 2-, 3-, and 4-bedroom housing options for ending homelessness


What is Shared Housing as permanent housing?

- Two or more unrelated tenants who share common living space (most often have their own room)

How many attendees are currently...



**SHARED HOUSING
PROVIDERS?**



“What we do
while we’re
waiting for the
world to
change.”

Jim O’Connell

Healthcare for the Homeless

-



Shared Housing Impacts:

Shared Housing Placements and Returns to Homelessness (reported July 2020)

Organization	Location	Shared Housing Funding Source	Shared Housing Target Population	Year for data – begin Shared Housing	Total # in shared housing since 2017	Rate of Return to Homeless
MICAH	Fredericksburg, VA	PSH / RRH	Single Adults	2018	225	7%
Palm Beach County	Palm Beach County, FL	RRH	Youth	2017	258	9%
Illumination Foundation	Orange County, CA	PSH	Single Adults-Chronic Homeless	2017	250	9%
Pacific House	Fairfield County, CT	PSH	Single Adults-Chronic Homeless	2017	61	5%
PATH LA	Los Angeles County, CA	RRH	Single Adults	2017	179	9%
BACS	Oakland, CA	RRH	Single Adults-Chronic Homeless	2017	2000	10%

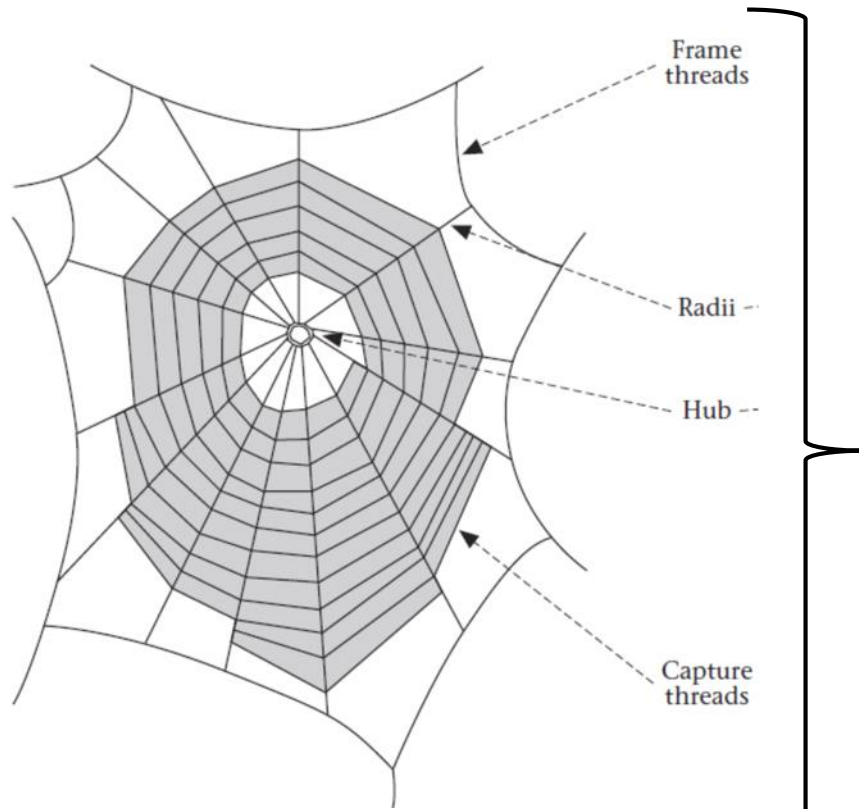
Key Findings about Effective Shared Housing Programs

- 1. All types of populations are successfully served by shared housing *when* Client-Centered principles are the foundation**
 - Shared Housing works for people with Serious Mental Illness and/or Substance Use when supported with Housing First/client-choice wrap-around services.
- 2. There is no standardized / fidelity model of shared housing**

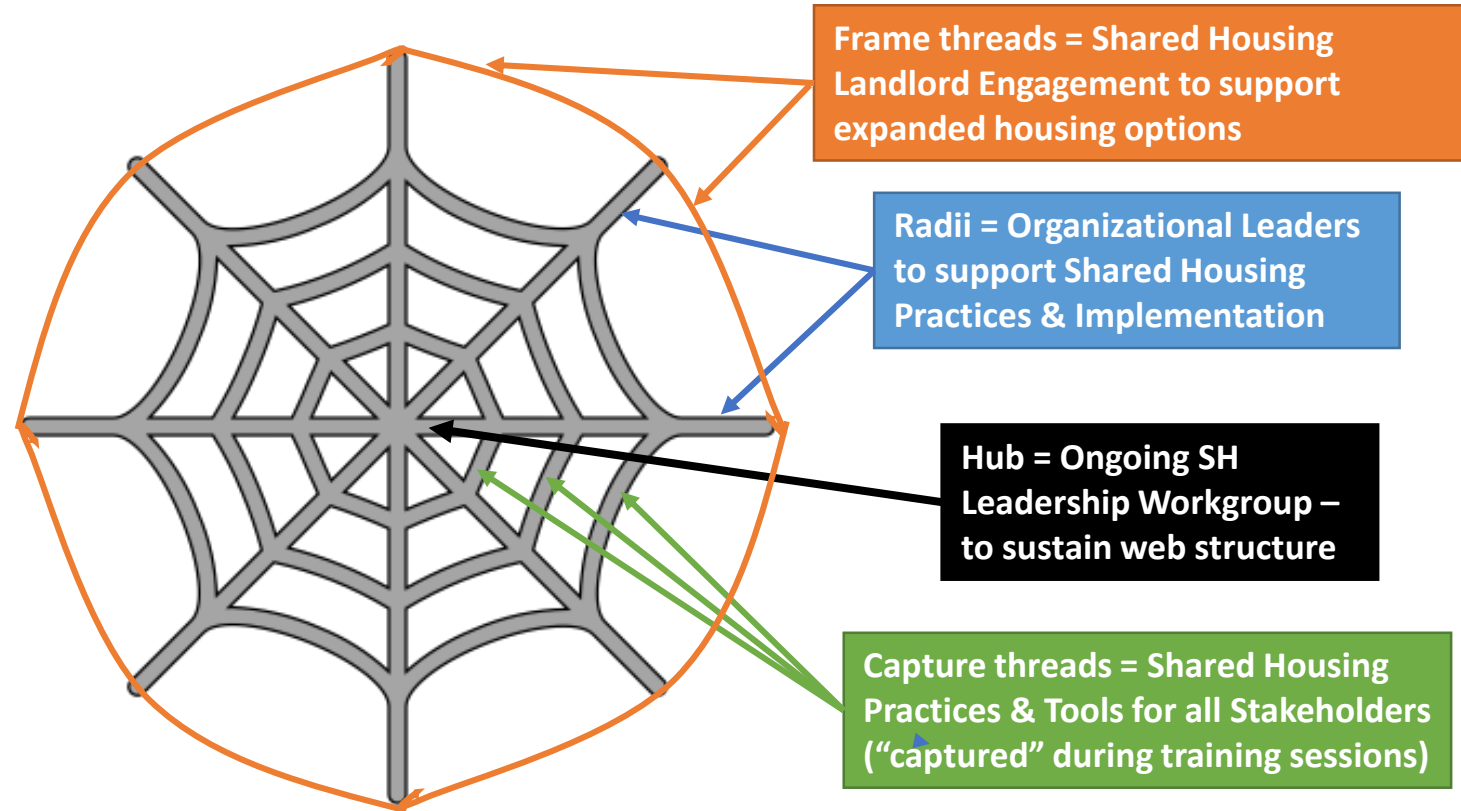


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System-wide shared housing requires a culture shift. Each one of us has a role to play.

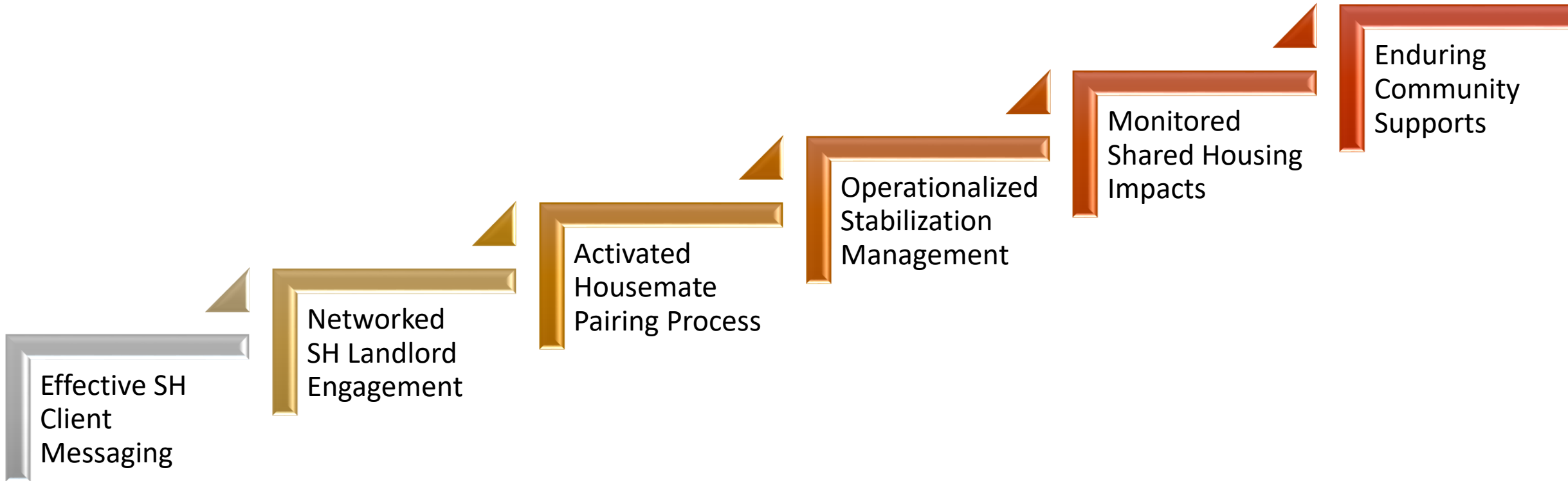


Spider Web Metaphor for Shared Housing Culture Change Framework



System “Web” Goal: to offer shared housing options as a client-centered norm across all programs

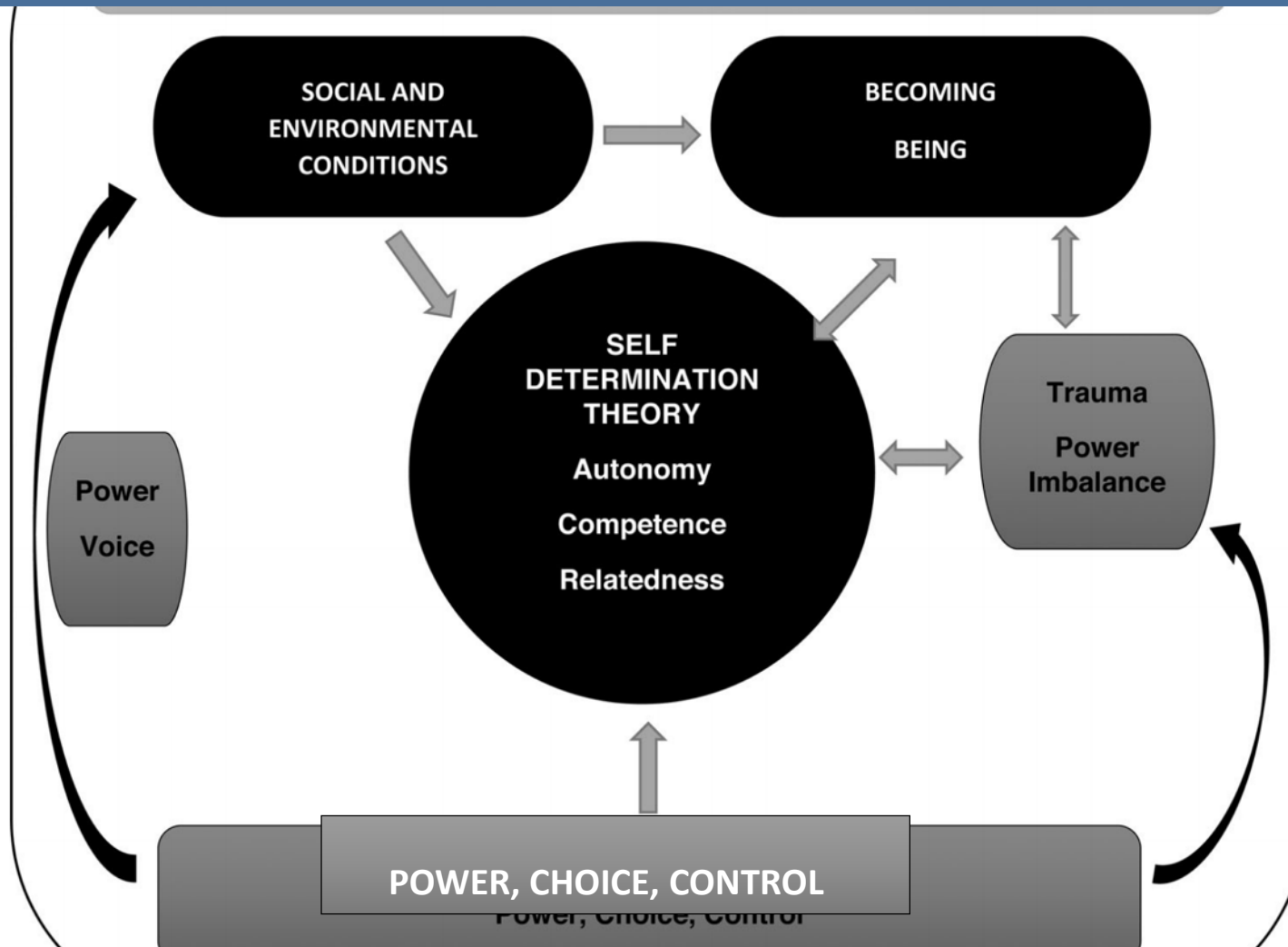
Key System Components of Shared Housing





Client Trust / Client Choice and Shared Housing

Self-Determination Theory*



Self-determination Theory* is a strengths-based, person centered framework that illuminates the three factors essential to wellbeing:

- 1) Autonomy
- 2) Competence
- 3) Relatedness

*Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268.

*Monique Phipps, Lisa Dalton, Hazel Maxwell & Michelle Cleary (2021) Combining Self-Determination Theory and Photo-Elicitation to Understand the Experiences of Homeless Women, *Issues in Mental Health Nursing*, 42:2, 164-171

To assess self-efficacy / self-determination: A validated survey tool

- The basic psychological needs scale (Deci & Ryan, 2000) measures self-determination. The scale consists of three subscales: **autonomy**, **competence**, and **relatedness**.*

- Autonomy** - ability to self-organize and regulate one's own behavior
- Competence** – ability to feel confident and effective in work or life efforts
- Relatedness** - ability to feel cared for by others, to care for others;
- to feel a sense of belonging

*Source: Basic Psychological Need Satisfaction and Frustration Scale (BPNSNF)
<https://selfdeterminationtheory.org/basic-psychological-needs-scale/>

	1	2	3	4	5
	Not at all true	Rather not true	Sometimes true/ Sometimes not true	Rather true	Totally true
1. I feel a sense of choice and freedom in the things I undertake.	1	2	3	4	5
2. Most of the things I do feel like "I have to".	1	2	3	4	5
3. I feel that the people I care about also care about me.	1	2	3	4	5
4. I feel excluded from the group I want to belong to.	1	2	3	4	5
5. I feel confident that I can do things well.	1	2	3	4	5
6. I have serious doubts about whether I can do things well.	1	2	3	4	5
7. I feel that my decisions reflect what I really want.	1	2	3	4	5
8. I feel forced to do many things I wouldn't choose to do.	1	2	3	4	5
9. I feel connected with people who care for me, and for whom I care.	1	2	3	4	5
10. I feel that people who are important to me are cold and distant towards me.	1	2	3	4	5
11. I feel capable at what I do.	1	2	3	4	5
12. I feel disappointed with many of my performances.	1	2	3	4	5
13. I feel my choices express who I really am.	1	2	3	4	5
14. I feel pressured to do too many things.	1	2	3	4	5
15. I feel close and connected with other people who are important to me.	1	2	3	4	5
16. I have the impression that people I spend time with dislike me.	1	2	3	4	5
17. I feel competent to achieve my goals.	1	2	3	4	5
18. I feel insecure about my abilities.	1	2	3	4	5
19. I feel I have been doing what really interests me.	1	2	3	4	5
20. My daily activities feel like a chain of obligations.	1	2	3	4	5
21. I experience a warm feeling with the people I spend time with.	1	2	3	4	5
22. I feel the relationships I have are just superficial.	1	2	3	4	5
23. I feel I can successfully complete difficult tasks.	1	2	3	4	5
24. I feel like a failure because of the mistakes I make.	1	2	3	4	5



Intro SH Housemate Resource Booklet and Website Tools - Shared Housing Messaging



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[About Us](#) [SH Tools](#) [Initiatives](#) [Conferences](#)

SHARED HOUSING RESOURCE GUIDE

FOR SYSTEMS ENDING HOMELESSNESS



MAKING HOUSING OPTIONS A REALITY

STAFF – Shared Housing Processes & Tools

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[Housemate Pairing Process](#)

CLIENT – Shared Housing Tools

[Budget Tool](#)

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HOUSEMATE RESOURCES

LIVING WELL WITH OTHERS
A Harmony Book for Housemates



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Client Choice and Self-determination Foundation and Objective in Client Messaging



- **Case workers either support these needs and have a positive impact on motivation, or thwart these needs and have a detrimental impact on client wellness in every setting.**

Role Play Demo – Client Messaging using Motivational Interviewing Techniques (OARS)

- **OARS: Open Questions** - Open questions invite others to “tell their story” in their own words without leading them in a specific direction.
- **OARS: Affirmations** - Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small.
- **OARS: Reflective Listening (3 ways):**
 - **1) Repeating or rephrasing:** Listener repeats, rephrases what the speaker has said.
 - **2) Paraphrasing:** Listener makes a restatement of speaker’s meaning.
 - **3) Reflection of feeling.**
- **OARS: Summarizing** – “Let me see if I understand so far.”; “Here is what I’ve heard”. “Tell me if I’ve missed anything”.

Training Role Play: Case worker and Client

(Pair-off in two's A's and B's)

Round 1 – B is a client who is pretty open to SH

Client unaware of SH but open – Purpose: for staff to practice empathy and understanding, then appropriately answer questions and fears a client may have around shared housing. Let client know there is support. • Client demonstrates confusion and anxiety about having to find someone to live with

Process

Round 2 – A is the client who is skeptical of SH Client resistant/suspicious—

Purpose: for staff to practice empathy and understanding of a client's hesitancy and resistance towards shared housing. Gain trust so they will be more open to hearing the advantages of SH.

Process



Housemate Pairing Process

Housemate Pairing Process

Always First Ask:

Do you know anyone you would want to live with?

If natural network housemate choice, support Meet and Greet with Housemate Pairing Questions. If not, deploy Housemate Survey, then support Meet and Greet once housemate match is made.

Housemate Survey

Name: _____ Age: _____ Today's Date: _____

Instructions: You have this opportunity to choose a housemate. Based on your preferences, potential housemates will be matched for you to then meet in-person.

1. Do you have a specific person/s in mind with whom you would like to live? If yes, are they currently experiencing homelessness?
2. What gender would you be most comfortable living with?
☐ Male
☐ Female
☐ I am comfortable living with any gender, including transgender and gender non-conforming.

3. Please indicate your position about common housemate preferences, choose best choice:

	Not tolerable	Willing to discuss	Completely Fine
Loud Music			
Having Friends Over Often			
Overnight Visitors			
Drugs &/or Alcohol			
Smoking			
Pets			
Write-in Other Concern:			
Other Concern:			

4. What neighborhoods would you want to live in?
5. Are you restricted from living in certain areas?
6. What is the highest rent level you are willing to pay, including utilities?

Follow-up: Staff will match these preferences to clients who want to reside in same neighborhoods, are similar in age (plus or minus 20 years) and have no conflicting concerns. You will then meet with those persons to discuss additional concerns, accommodations, and whether you want to be housemates. See Pairing Questions below for your Meet-and-Greet.

Housemate Pairing Questions

Use **Housemate Pairing Conversation Questions** below to identify deal breakers and ways to accommodate differences when living together. Deal breakers and accommodations can be defined in the **Housemate Agreement**.

Housemate Pairing Questions (explore in any order)

What are some of your favorite meals?	What is your favorite type of music?	Do you like loud music?
How often will you be inviting visitors over?	Are you an early bird or a night owl?	Are you a messy person, neat freak or in-between?
Do you clean up after cooking and eating?	Do you clean the bathroom/shower after use?	Do you drink alcohol? Smoke? Drugs?
Do you have any allergies? Food restrictions?	How do you feel about visitors? Overnight guests?	Do you have a significant other?
What can we do if we don't like each other's visitors?	What do you like to do for fun? What are your hobbies?	Are you willing to talk if there is an issue?
Are you a light or heavy sleeper?	Would you prefer your home to be free of alcohol / drugs?	Would you mind having a pet in the house? Pet visit?
Do you recharge your energy with quiet time, social time, or both?	What qualities do you hope to find in a good housemate?	What do you do for work, or volunteer? Your schedule?
Are you vaccinated for COVID?	Do you have any controversial political or personal views?	Do you have any medical conditions to know about?
OTHER QUESTIONS:		

Training Role Play: Housemate Pairing

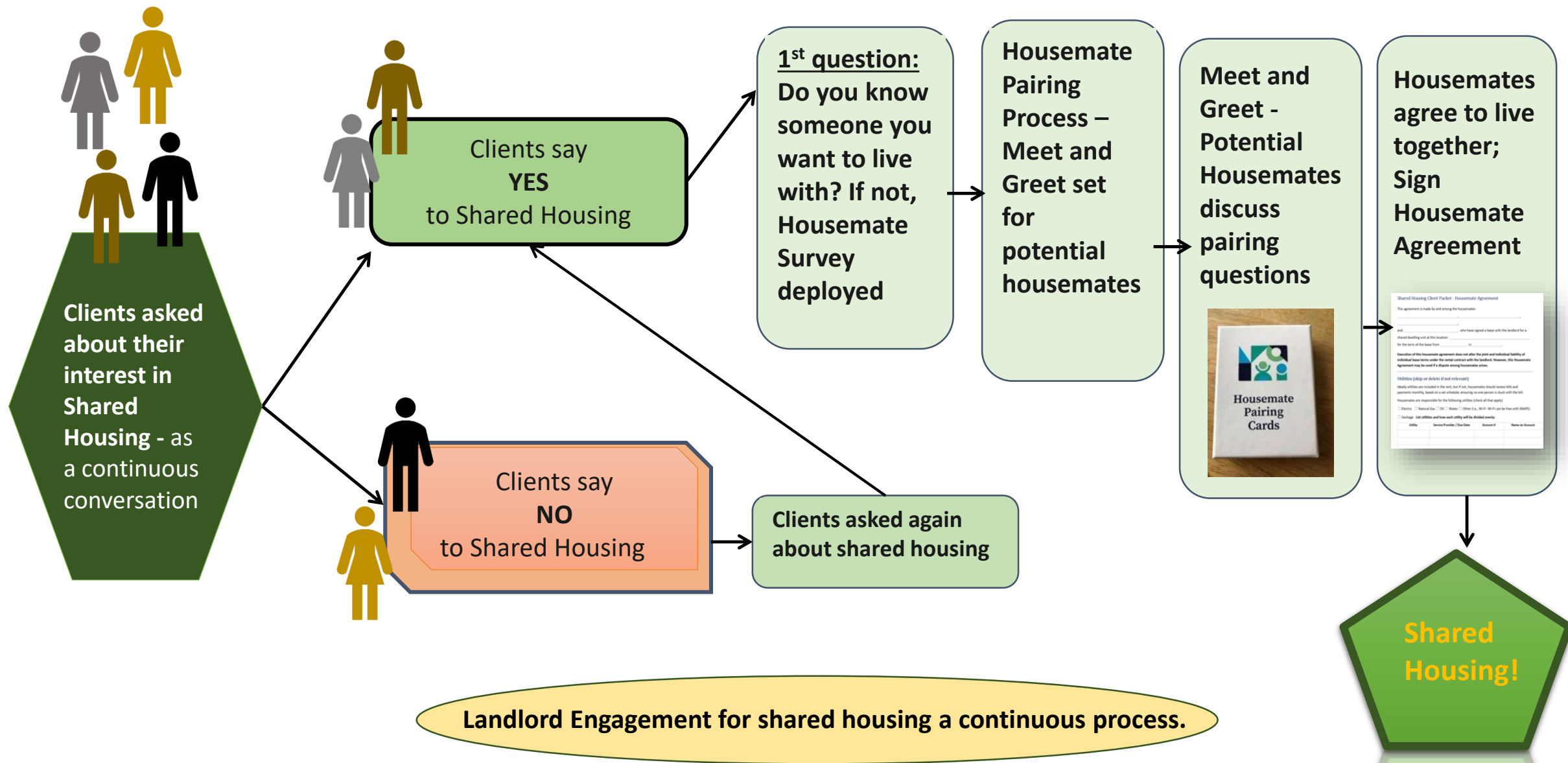
Demo Role Play – Housemate Pairing with Potential Housemates

Training Role Play: Staff and Client Convo using Housemate Resource Booklet – First support client to identify a potential housemate from someone you already know

Process with potential housemates use Shared Living Preferences in HR Booklet - - - If choosing to be housemates, discuss with Housemate Agreement!

Process

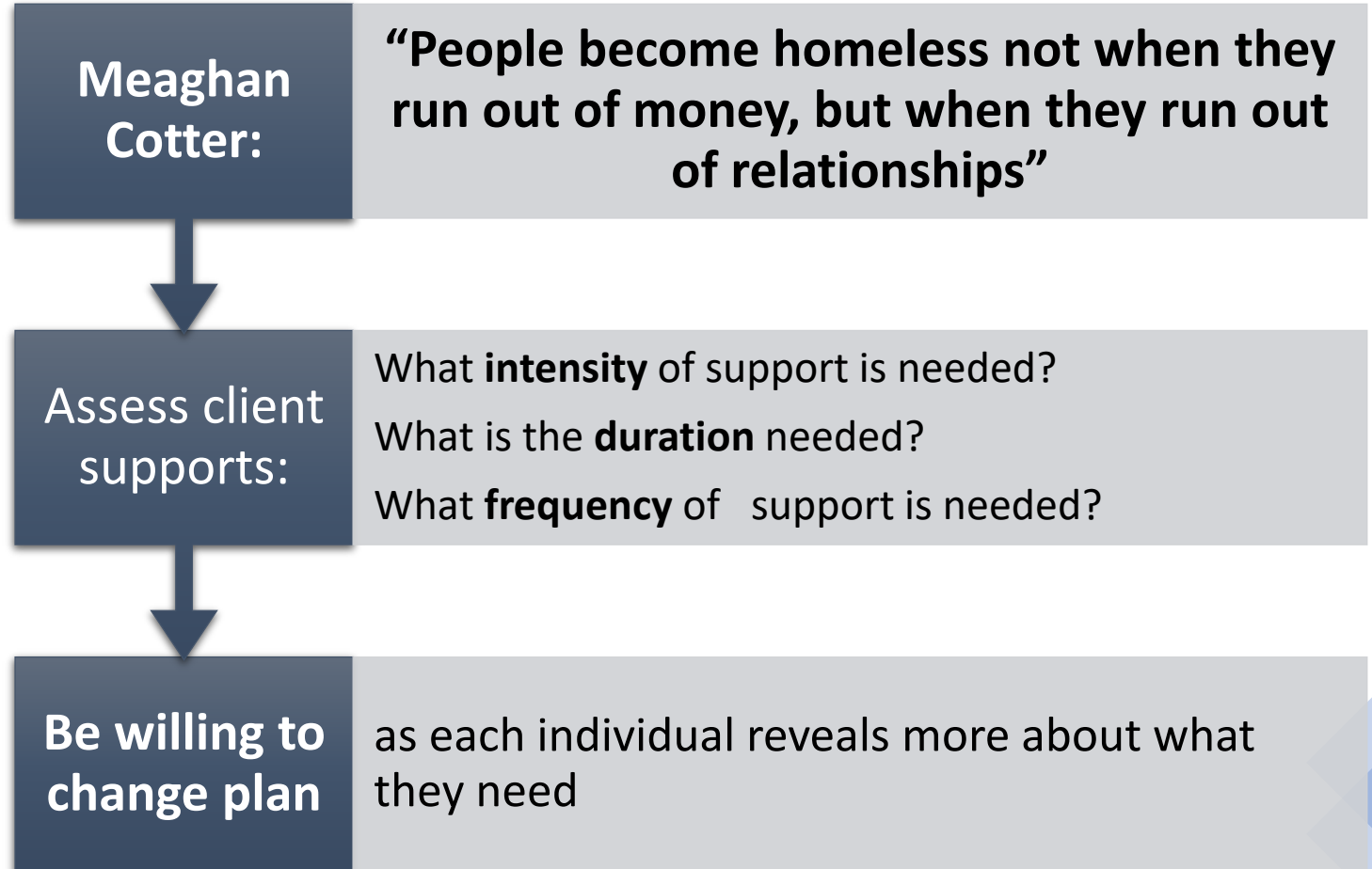
Use Case Example: Shared Housing Process





Housing Stabilization

Shared Housing and Community Supports - *“Begin with the end in mind”*



Source: Micah Ministries

SH Community Connections Tool

Community Connections begin right away once in housing to:

- empower clients to identify their own community connection goals
- clients self-identify what motivates them to achieve their own goals and monitor progress

Shared Housing Community Connections

Community relationships are the most important ingredient for ongoing housing stability. The existence of meaningful relationships supports each person's sense of autonomy, competence, and connectedness, profoundly impacting overall wellness. Our connection to natural and community supports promotes the process of adapting new patterns of behavior and improving housing stability.

Support options found in every community include: self-help groups, libraries, 12-step meetings, faith-based communities, mental health skill building supports, outdoor clubs, local adult education classes, meet-up activity groups, nature parks, etc. Understanding how wellness, community connections and supports impact our housing stability means understanding a framework for wellness.

8 Dimensions of Wellness have been defined as: Emotional; financial; social; spiritual; occupational; physical; intellectual; and environmental health.

For every individual, these dimensions are interconnected, with an imbalance in one area impacting the stability of other areas. **The ability to make choices that promote balance and support the attainment of personal goals is essential for long-term housing stability.**

People empowered to identify their own next steps in each of the 8 dimensions of wellness and health increase housing stability.



In Eight Dimensions

Personal Wellness Plan (reevaluate in 4 months)

Emotional, physical, social, and occupational wellness are all essential components for good health and stable housing.

Are you supporting your Emotional Wellness?

Check the best response for each question	No	Sort-of/ Sometimes	Yes
I can name two people I can call for help or support.			
I can name two people I have helped in the last 30 days.			
I speak to a friend at least once per day (via phone or in-person).			

Are you supporting your Physical Wellness?

Check the best response for each question	No	Sort-of/ Sometimes	Yes
I know how to reach my doctor if I have any health concerns.			
I regularly purchase fruits and vegetables and actively monitor my diet.			
I exercise or takes walks with myself, a group, or a friend regularly.			

Are you supporting your Social Wellness?

Check the best response for each question	No	Sort-of/ Sometimes	Yes
I am regularly in touch with my family and/or friends.			
I try to help my family and friends in different ways.			
I am involved in at least one community organization, social program, and/or attend community events.			

Are you supporting your Occupational Wellness?

Check the best response for each question	No	Sort-of/ Sometimes	Yes
I attend a full-time job or have a volunteering commitment.			
I can name two things I participate in outside of my home that give me fulfillment.			
I am committed to learning a new skill - exploring my purpose.			

My recent achievements in attaining wellness:

-
-
-

My new goals and action steps (set hope-to-achieve dates):

-
-
-

Key challenges to achieving my goals:

-
-
-

Resources to help me achieve my goals (community or faith-based centers, self-help groups, library programs, parks, wellness care, mental health care, etc.):

-
-
-

Celebrate your success!

Scaling SH Caseworker Interactions with SH Tools

	Phase 1 Approx. 1 st two months	Phase 2 Approx. 2 nd - 3 rd months	Phase 3 Approx. 4 th – 6 th months
Visits:	Weekly or bi-weekly	Bi-weekly	Monthly or as needed
<u>Case Worker Tasks</u>	<ul style="list-style-type: none"> • (Frequency based on tenant/household need) • Assess client strengths using MI skills • Establish housing stabilization plan • Begin linkage to community supports 	<ul style="list-style-type: none"> • Continue assessment of client community connections • Empower client to prioritize goals for community connections • Role-play and encourage self-advocacy 	<ul style="list-style-type: none"> • Ensure community connections are evolving • Support client to monitor own community connection goals • Acknowledge housemates don't have to be friends, just need stable household
Shared Housing Tools	<u>Shared Housing tools</u> <ol style="list-style-type: none"> 1. Housemate Agreement 2. Community Connections Plan 3. Living Well with Others Book for each housemate 	<u>Shared Housing tools</u> <ol style="list-style-type: none"> 1. Revisit Community Connections Plan 2. Review Housemate Agreement 3. LWWO book <ul style="list-style-type: none"> - Conflict Management - Anger Management 	<u>Shared Housing tools</u> <ol style="list-style-type: none"> 1. Revisit Community Connections Plan 2. Review Housemate Agreement 3. Promote shared games, conflict management, Storytelling, Cooking



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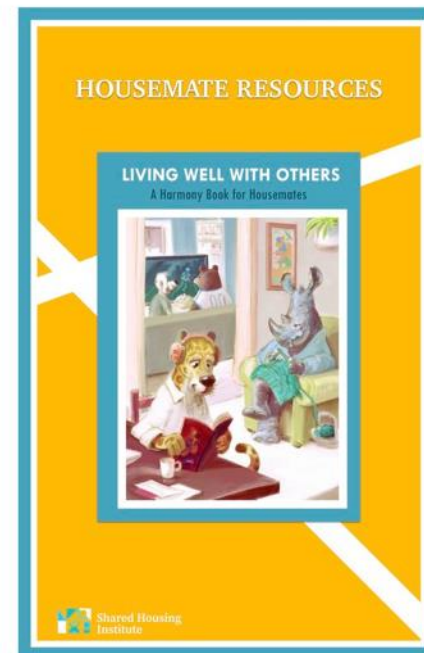
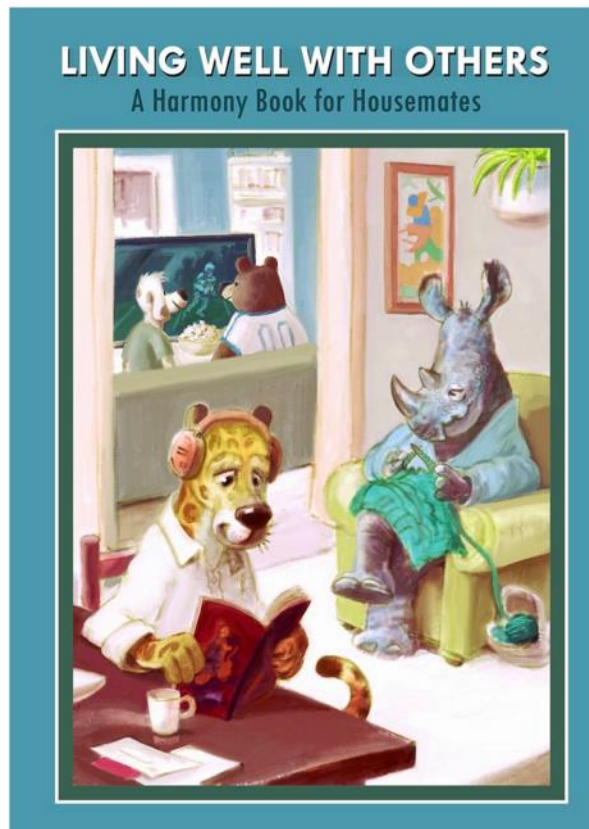
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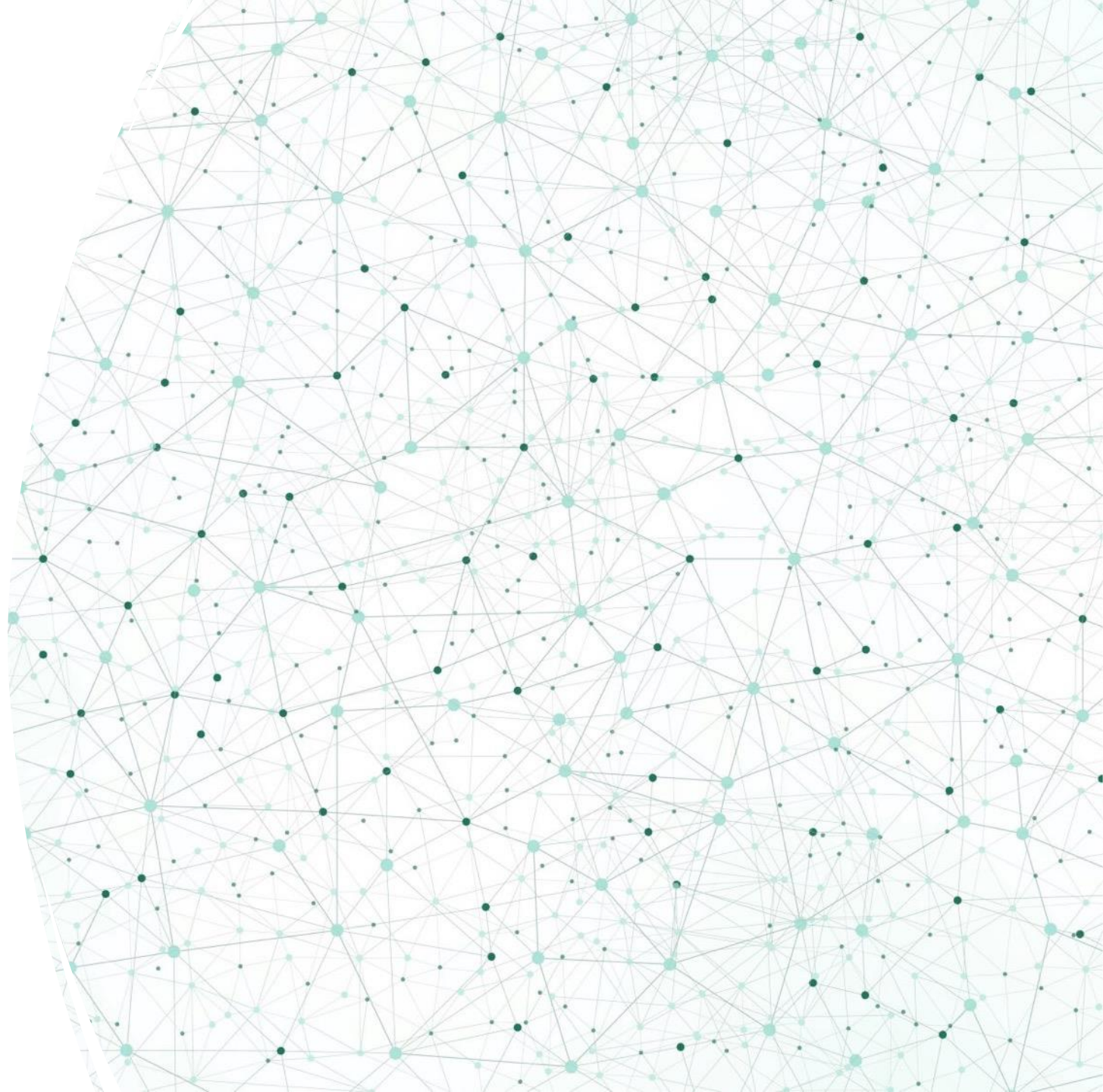
[Community Connections Wellness Plan](#)

Living Well with Others



Training Role Plays: Living Well with Others

- **LWWO - Conflict Management Exercise**
- **LWWO - Anger Management Exercise**
- **How will you use LWWO resource? With Self? With Clients?**





Behavioral Health and Shared Housing

BACS video: [Shared Housing for High Acuity Populations](#)

Principles of Working with High Acuity



Robust Team Decision Making – conflict resolution, roommate matching, Team Decision Making

Using Motivational Interviewing, Harm Reduction, Housing First

Grounded in Wraparound “Whatever It Takes” Approach

There are lots of ways to provide housing for high acuity – be CREATIVE

Shared Housing – Use ASSETS! Roommates, Landlords, Providers

Shared Housing and Behavioral Health

Trauma-informed means:

- Realizing how trauma affects people
- Recognizing the signs and triggers
- Understanding trauma healing approaches, therapies and self-care
- Supporting healing and recovery

Behavioral Health informed Care

- Recognize clients may be dealing with addiction
- Clients may have an unmedicated mental health issue
- Clients may have medication gaps and needs
- Harm reduction accepts clients wherever they are in their own behavioral health
- Effective shared housing programs successfully serve high-acuity clients with a housing first, harm reduction approach

Harm Reduction

Scaling SH Caseworker Interactions with SH Tools

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Training Role Play: Case Conferencing

“No One Does Shared Housing Alone”

- Brainstorm Shared Housing conflict situations
- Discuss with your “staff team” problem-solving ideas for shared housing conflict.
- How will your team share shared housing successes as well as challenges?
- How are you partnering with housing staff?

Shared Housing Resources for Special Populations

Youth	<u>Youth and Shared Housing - Palm Beach County Presenters</u>
Veteran	<u>SSVF Shared Housing Toolkit</u>
Elderly	How will you target shared housing to the elderly and people with SSI in your own jurisdiction?
Newly Homeless	What data could you use to identify newly homeless populations who have income and/or SSI and could choose shared housing if they knew about it?



Review the Landlord Engagement PPT, HUD Rules for Shared Housing and Rent Determination



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Jamie Taylor, PhD

jamie@sharedhousinginstitute.com