



# Welcome!

# Tribal Nations and Rural Communities

Who are we and what do we do?

- **HUD Section 4 Capacity grants** – 32 Rural and Native grants this year
- **Training & Capacity Building for Native Partners-** TA provision for USDA 515 and California HomeKey
- **Native American Advisory Council-**Advisory Council of Native-led national organizations to support the organization to organization relationships and to provide input and guidance to our capital, policy, and programmatic work.
- Work outside lower 48 with Rural Placemaking Innovation Challenge in Anahola, HI and in Alaska delivering development basics curriculum
- **Native Homeownership Programs** -Supporting statewide homeownership coalitions in NM/AZ, SD, WI, MT and ID and deliver trainings through a Native Homeownership Learning Communities Cohort

# Mission and Vision

## OUR VISION

A country where home and community are steppingstones to more.

## OUR MISSION

To make home and community places of pride, power and belonging, and platforms for resilience and upward mobility for all.



### Increase Housing Supply

Preserve and produce good homes  
that people can afford



### Advance Racial Equity

After decades of systematic  
racism in housing



### Build Resilience & Upward Mobility

Support residents and strengthen communities to be resilient to the  
unpredictable

# Purpose of the Training

During this webinar, you'll learn about Supportive Housing Services in our Tribal communities. The role they play along with the benefits when put into practice.





# Supportive Services Plan Deep Dive

Wednesday, July 16, 2025

1:00p.m. Pacific Time

Enterprise Community Partners



Supportive Housing Consulting business – Founders Zoe LeBeau and Katie Symons – and Principal Brigid Korce

Over 50 years of collective experience working with Tribes, rural and urban communities

Experience from direct homeless services to affordable housing development

Subject matter experts and Technical Assistance Providers for Enterprise and National American Indian Housing Council

# Introductions

Who is on the call with us?

# Causes of Homelessness

- Lack of affordable housing
- Poverty
- Domestic Violence
- Chemical, mental and physical health disabilities
- Lack of social and familial supports
- Restrictive or “high” barrier housing
- Trauma including generational trauma



# Solution to Ending Homelessness



Photo by Ivy Vainio

## Supportive Housing

- A cost-effective, outcome-driven, and more humane solution to ending homelessness
- Serves families and individuals struggling with untreated trauma, addiction, mental health and/or other disabilities
- Provides subsidized housing with supportive services



- Combining affordable housing with access to support services like care management, employment training, and mental health treatment.
- Supportive housing is a nationally recognized best practice which gives vulnerable individuals and families the opportunity to live stable, autonomous, and dignified lives.



Makah PSH,  
Neah Bay, WA



# Services in Supportive Housing

- Services are flexible
- Services should range from clinical services to community building and socialization to basic life skills



Photo by Ivy Vainio

# Supportive Housing is Permanent

- Allows for open-ended stay, not time-limited
- Minimizes chances of repetitive displacement
- Focuses on long-term housing stability
- Provides long-term housing options that clients get to decide when they're ready



Photo by Ivy Vainio

# Supportive Housing is Affordable

- Requires rent payments to be no more than 30 percent of income
- Funded by an operating subsidy
- Subsidies must be attached to the Supportive Housing Unit or a tenant



Photo by Ivy Vainio



# Supportive Housing is Independent Living

- Provides tenants with a lease for their unit
- Focused on helping tenants adjust to living in a housed environment
- Supports tenants in treating past traumas

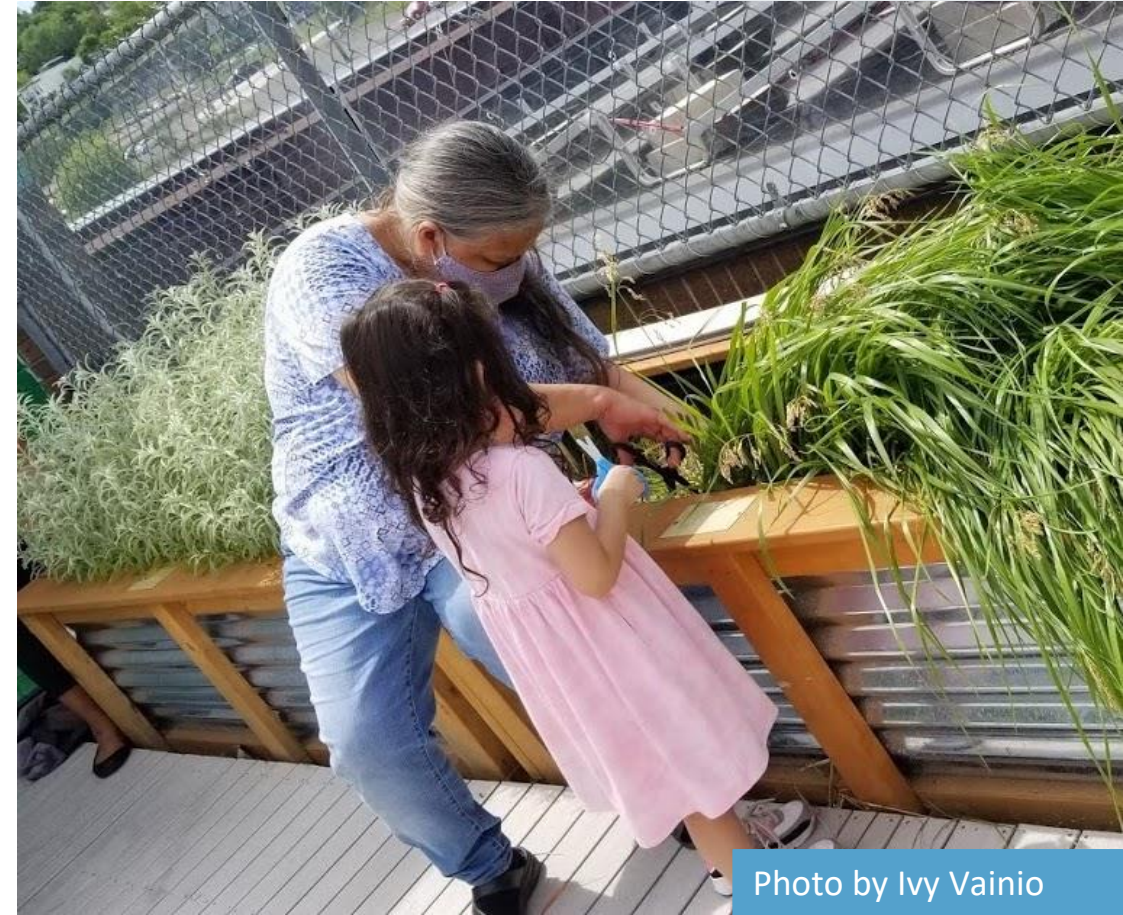
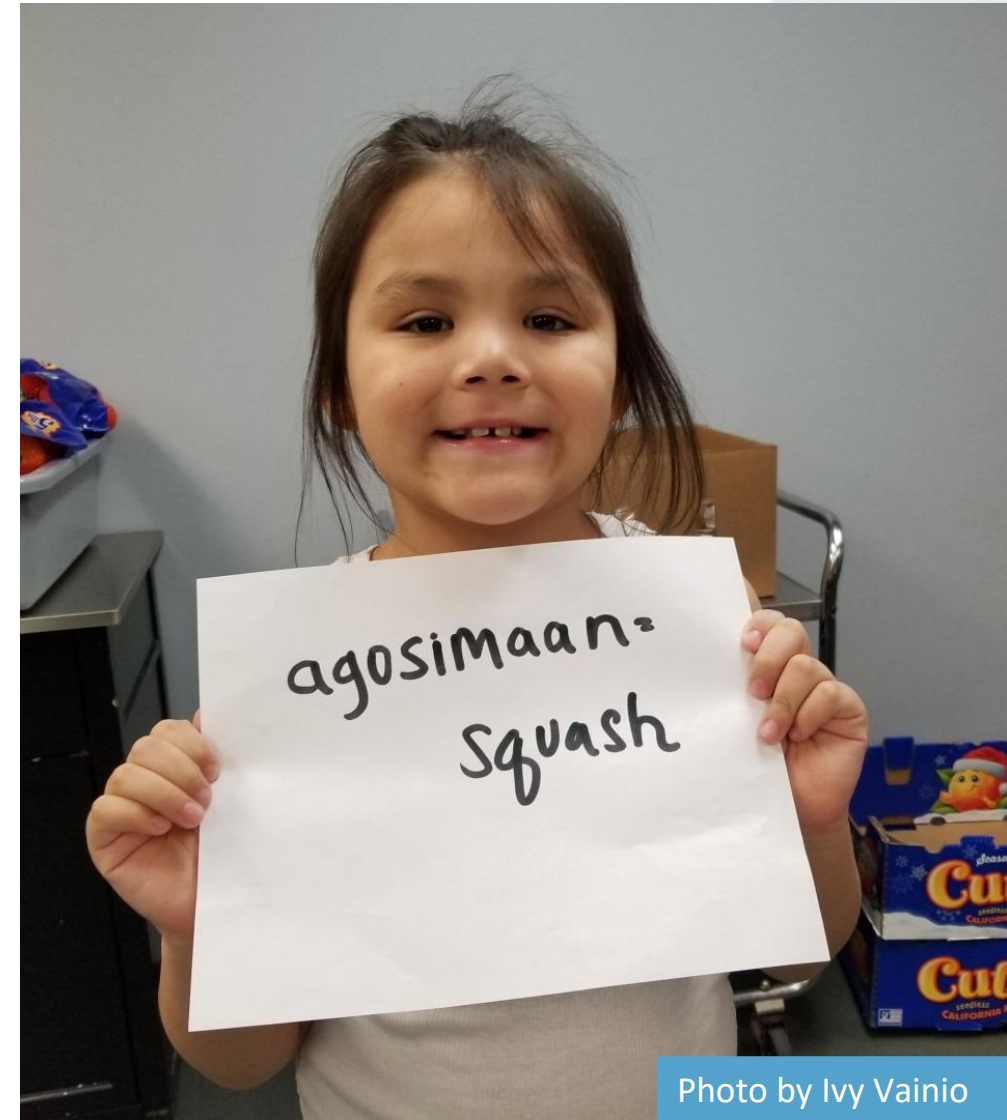


Photo by Ivy Vainio

# Who does Supportive Housing serve?

- Individuals and families who are
  - Homeless, including those living on the streets and in shelters
  - Living in overcrowded conditions and/or couch-surfing
  - Being discharged from prison or other systems of care
  - Living in places not meant for human habitation, i.e., cars, garages, abandoned buildings, etc.





# Who Lives Here in Supportive Housing?

- Individuals and families who have
  - Experienced various past traumas, including Adverse Childhood Experiences
  - Serious chemical dependency and/or mental health issues who need supportive services to maintain stable housing
  - Frequently utilized emergency services in the community because they lack stable housing



Photo by Ivy Vainio



# Benefits of Supportive Housing

- Reduces stress caused by doubled-up and overcrowding
- Reduces use of crisis and institutional services
- Produces better outcomes than the more expensive crisis care system
- Significantly reduces recidivism rates
- Ends cycles of homelessness



Photo by Ivy Vainio

# Service Models & Philosophies



Photo by Ivy Vainio

- Comprehensive
- Tenant-Driven Philosophy
- Focus on Housing Stability
- Effective Engagement Strategies
- Staffing and Supervision
- Service Partners and Linkages
- Cultural Competency

Collaborative relationship with Property Management is critical!



# The Housing First Model

- Offers permanent, affordable housing as quickly as possible then provides supportive services and connections to community-based supports
- Provides foundation from which services and supports for stability can be achieved
- Housing is a basic human right
- Homelessness is an ineffective treatment plan



Photo by Ivy Vainio

# Five Principles of Housing First

1. No pre-conditions to be considered “housing ready”
2. Self-determination in participating in services
3. Harm Reduction and recovery
4. Client-drive supports
5. Social integration and community building



Photo by Ivy Vainio

# Services Philosophy

An overview



# Services are the key

- **Targeted:** Based on populations served
- **Flexible:** Responsive to residents' needs
- **Voluntary:** Participation is not a condition of residency
- **Independent:** Focus is on housing stability



Photo by Ivy Vainio



# The Keys to Working Services

- Services should be comprehensive, culturally relevant, and tenant-drive
- Services focus on Housing Stability
- Services must have effective engagement strategies, staffing and supervision, service partners and linkages and collaborative relationship with Property Management





Photo by Ivy Vainio

# Tenant Centered Services

- Services are individualized, not “cookie cutter”
- Tenants involved in the design, development, and implementation of their plans – empowered
- Strengths-based approach to goal setting
- Assessments and service plans updated regularly



# Tenant Centered Services

- Ideally: 15:1 tenant to care manager ratio
- Services staff may include front desk staff, care managers, housing advocates, traditional language teachers, cultural and spiritual practitioner, mental health professionals, mentors, peer specialists or navigators, activities coordinator, children's program staff, property management or leasing assistant, maintenance technician, program or housing manager



Photo by Ivy Vainio

# Harm Reduction

An overview

# Harm Reduction Framework

- Accepts that licit and illicit chemical use is part of our world
- Chooses to minimize its harmful effects rather than ignore, stigmatize, or condemn chemical use
- Uses motivational interviewing to strengthen personal motivation for and commitment to a specific goal identified by the tenant
- Incorporates strengths-base programming





# Supportive Housing uses Harm Reduction Approaches

- Staff should not go out of their way to catch tenants in an act of big behaviors
- Find a balance between maintaining safety without eliminating trust
- Allow tenants to make their own choices



Photo by Ivy Vainio



# Harm Reduction Framework

- Recognizes abstinence and changed behavior is an ideal outcome
- Accepts alternative solutions that reduce harm
- Promotes low-threshold access to services as an alternative to traditional high-threshold approaches
- Helps tenants reach goals they've created for themselves
- Understands that substance use is a coping mechanism for other issues
- Focuses on quality of life and well-being, not reduction in use or behaviors



Photo by Ivy Vainio

# Trauma Informed Care

An overview

# Trauma Informed Care

- People living supportive housing have experienced trauma
- Supportive housing works to understand what trauma is, what trauma responses look like, and how staff can respond appropriately



Photo by Ivy Vainio



# Trauma “wears a groove”

Trauma is not just an event that took place, but it is also the physiological changes in the brain, body, and mind.

It changes how we think, what we think about, and our capacity to think

The stress hormone released in the body of traumatized people take longer to return to baseline and spike quickly in response to stress





### Fight

- Expressing anger
- Yelling
- Lashing out



### Flight

- Avoiding
- Fidgeting
- Pacing
- Panicking



### Freeze

- Shutting down
- Holding breath
- Struggling with speech
- Tensing up muscles



### Fawn

- Struggling with saying “no”
- People pleasing
- Putting others’ needs before your own



### Faint

- Shutting down
- Loosening up of the muscles

# Trauma Fear Responses



# Common Effects of PTSD

Expressions of anger

Irritability

Sleeplessness

Feelings of grief or sadness

Difficulty feeling happy

Fatigue, exhaustion

Lowered immune response

Easily startled

Feelings of guilt

Feelings of helplessness

Flashbacks

Nightmares

Difficulty concentrating

Hard time making decisions

Dissociation/spacing or zoning out

Memory problems

Headaches


Over protectiveness

Social Withdrawal

Alcohol/Drug use

**Big behaviors are not caused by bad character, it's caused by actual changes in the brain.**





It's not: WHY  
ARE YOU DOING  
THIS??

A diagram consisting of two large purple circles connected by a purple triangle pointing from left to right. The left circle contains the text 'It's not: WHY ARE YOU DOING THIS??' and the right circle contains the text 'It's: What happened to you in the past to cause you to react this way?'.

It's: What  
happened to you  
in the past to  
cause you to  
react this way?

**2x**

As likely to have emphysema

**60%**

More likely to experience feelings of sadness or hopelessness

**40%**

More likely to have tuberculosis

**2x**

As likely to die from liver disease or cirrhosis

**15%**

More likely to have heart disease

**15%**

More likely to die of stomach cancer

**60%**

More likely to be obese

**2x**

As likely to be diabetic

**30%**

More likely to be diagnosed with HIV

**60%**

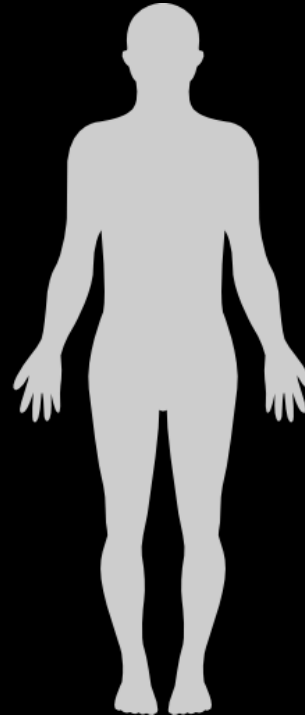
More likely to have end-stage renal disease

**10%**

More likely to die From HIV

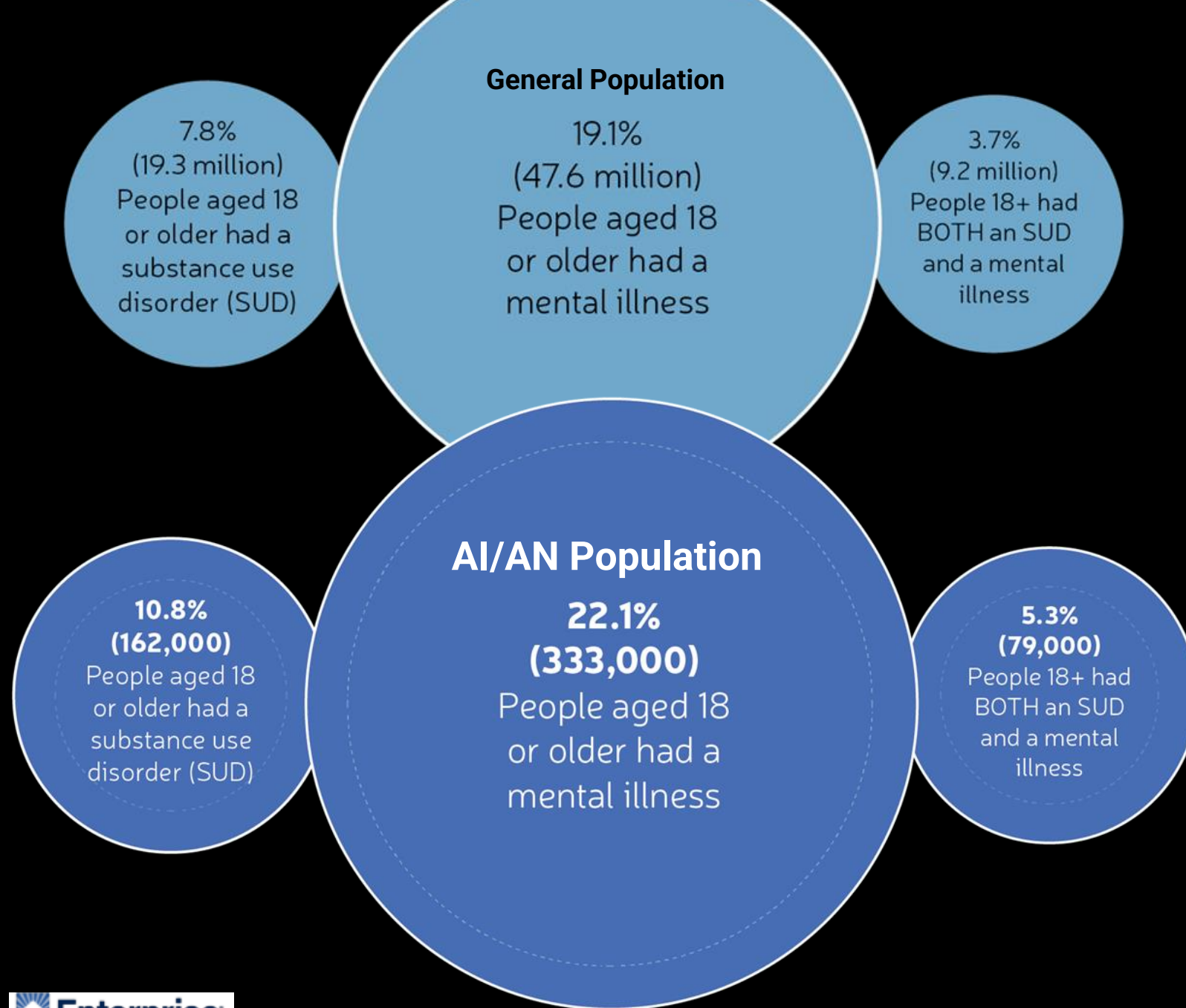
**90%**

More likely to die from diabetes



Native American Health Statistics

**Trauma as a  
Public Health Issue**



## Trauma as a Public Health Issue





**Healing is Possible**



# Trauma-Informed Care

- Realizes the widespread impact of trauma & understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff & others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures & practices; and
- Seeks to actively resist re-traumatization.





# Culturally Relevant Services

- Programs and services are centered in cultural practices or are culturally responsive
- Examples:
  - Teaching tenants fishing
  - Engage tenants in ricing traditions
- Programs and services are culturally informed and appropriate for the tribe



Photo by Ivy Vainio





# Gimaajii Mino Bimaadizimin

We Are, All of Us Together, Beginning a Good Life





Photos courtesy of AICHO



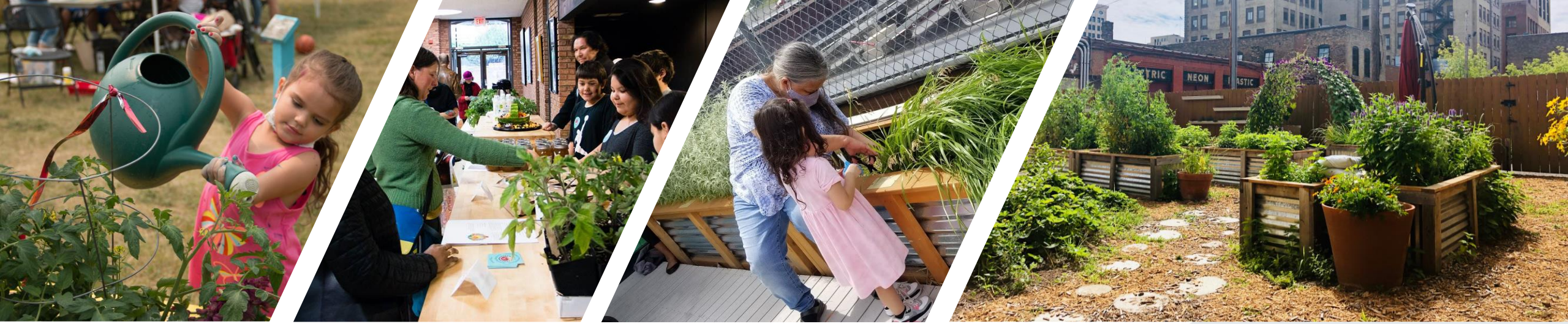
# Community Spaces





Photos courtesy of AICHO





# Urban Gardens

- Nutritious food for tenants
- Connecting and healing with nature
- Family activities
- Opportunities to learn how to garden







# Morning Star Apartments

| Confederated Salish & Kootenai Tribes (CSKT)

# Background

- CARES Act: \$8 billion dollars allocated to tribal governments to address COVID-19.
- CSKT did not have emergency housing to address self-quarantine, homelessness, or overcrowded living situations.
- CSKT purchased an existing motel for supportive housing project with CARES Act funding



# Project Team

Owner/Developer	Confederated Salish & Kootenai Tribes (CSKT)
Voucher Administrator	Salish & Kootenai Housing Authority (SKHA)
Service Provider	CSKT Tribal Public Defenders Office
Property Manager	Outside Local PM Company

# Consultants & Contractors

Development  
Consultant

RTHawk Housing Alliance

Supportive  
Housing  
Consultant

BeauxSimone Consulting

Architect and  
Engineering

Jackola Engineering and  
Architecture

Motel Rehab  
Contractor

R&R Building Productions

Acquisition & substantial  
rehab of an old motel on  
the Flathead Indian  
reservation

Focus population:  
homeless, returning  
citizens &  
immunocompromised  
individuals





14 units of PSH, 1 caretaker unit, 1 laundry room & 1 unit converted to a staff office, small service space for lease up and/or tele-mental health/probation hearings

Services on site and referrals processes in place to off site health, behavioral health, employment and other services the Tribes provide.



## Project-based Section 8 vouchers

Tribes committed funding  
for Tribal Public  
Defenders Office to hire 1  
full time case manager  
and 1 caretaker who live  
on site.





# Development budget

\$1.8 million Includes:

- Acquisition of the building
- Rehab of the building
- Appraisal, inspections, environmentalals
- Architect and engineering fees
- IT
- Furnishing and supplies
- Housing and supportive housing consultants



# Operations & services budgets

- Annual Operating Budget: \$99,200

This includes management fees, utilities, repairs and maintenance

- Annual Services Budget: \$163,000

This includes salary and fringe (services coordinator and caretaker). Budget also includes supplies, travel, training, and vehicle gas/maintenance

TOTAL ANNUAL BUDGET = \$262,200



# Positive Effects

- Research has shown supportive housing has a positive effect on:
  - School attendance
  - Employment retention
  - Improved physical and mental health
  - Housing stability
  - Reduced substance use

Supportive Housing  
Improves and Saves Lives!







# Client Driven Services

## Case Management

- Reentry Intake and Assessment Tool
  - Case management tool identifying needs & strengths
  - Assistance with housing, transportation, social & financial services, employment, parole assistance, referrals, reducing barriers

## Mental Health Services

- Screenings, assessments, psychological-educational groups

## Legal Services

- Collateral consequences, offender registration issues, expungement

## Jail Services

- Engage clients during incarceration
  - Psychology, mental health screeners, chemical dependency evaluations, case management, facilitate referrals, treatment, medications, Anger & Irritability Group



# Being A Good Relative

- Understanding Trauma
- Basic Needs
- Safe Space
- Showing Up
- Service Connecting
- Cultural Resourcing
- Self Care





# Supportive Housing works

- It's best practice
- On average, 85% of people remain in PSH for more than one year
- Emergency room and hospital visits decrease by between 62-81%
- Tenants use county medics 72% less than they would if they were unhoused
- Total hospital billing decrease by \$2.4 million—that's a 70 percent reduction
- Tenants are more likely to see improved health and overall wellness, improved self-confidence, healing, re-connection to family and culture, and in some cases, increased income.



Photo by Ivy Vainio



# Contact Information

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