

Putting the Pieces Together: Housing Crisis Response Systems

Denise Neunaber

Emily Carmody



NORTH CAROLINA
COALITION to END
HOMELESSNESS

Who is in the room?

Your Role

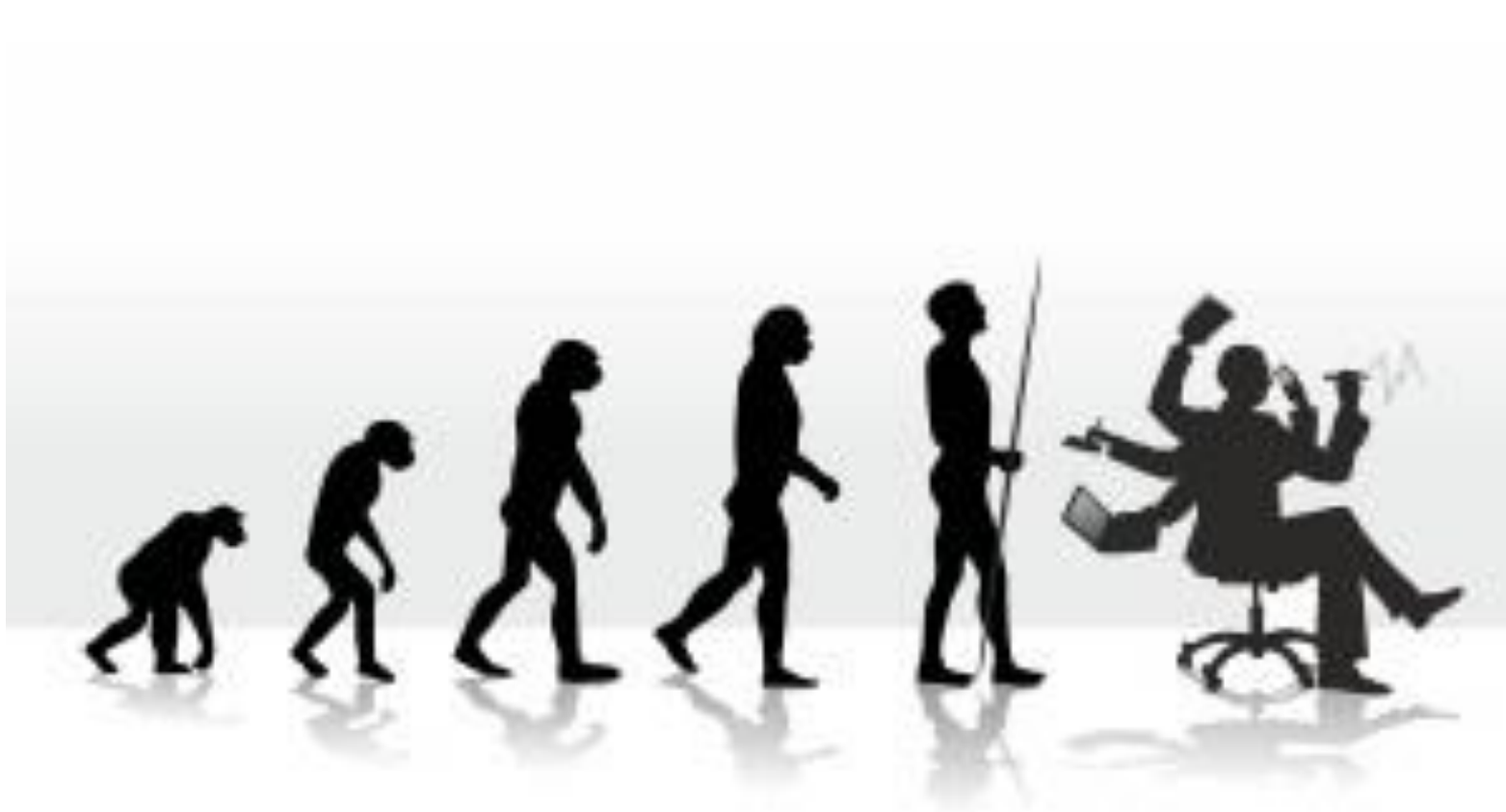
- Program Staff
- Agency Leadership
- Community Leadership
- Community Partner
- Other Partner

Your Program

- Emergency Shelter
- Rapid Rehousing
- Transitional Housing
- Permanent Supportive Housing
- Street Outreach
- Coordinated Assessment
- Other

Brief History of Homelessness in the United States

We are an Evolving System



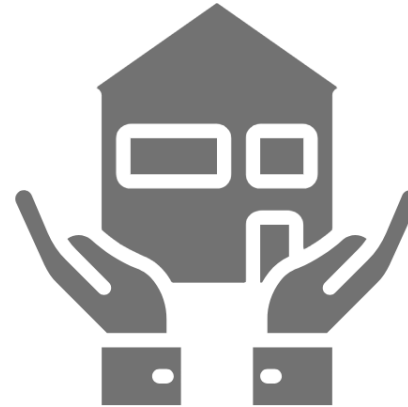
The response to homelessness evolved over the past 4 decades.



1980s



1990s



2000s



2010s



Research & Data

Chronic Homeless and Housing First Research =
Housing Plus Services is effective and cost-efficient

New research shows effectiveness of Housing Plus Services approach
for families

Housing PLUS Services can work for all individuals and families who
experience homelessness Difference = Length & Intensity of Assistance

HEARTH Legislation Enacted



President Obama signed the HEARTH Act on May 20, 2009.

It was the first significant reauthorization of HUD's McKinney-Vento Homeless Assistance Programs in nearly 20 years.

It required the U.S. Interagency Council on Homelessness to create a federal plan to end homelessness.

Opening Doors: Federal Strategic Plan to End Homelessness

ORIGINAL FOUR GOALS:

Finish the job of ending chronic homelessness by 2015

Prevent & end homelessness among Veterans by 2015

Prevent & end homelessness for families, youth & children by 2020

Set a path to ending all types of homelessness

www.usich.gov

The Time is Right: Momentum to End Homelessness

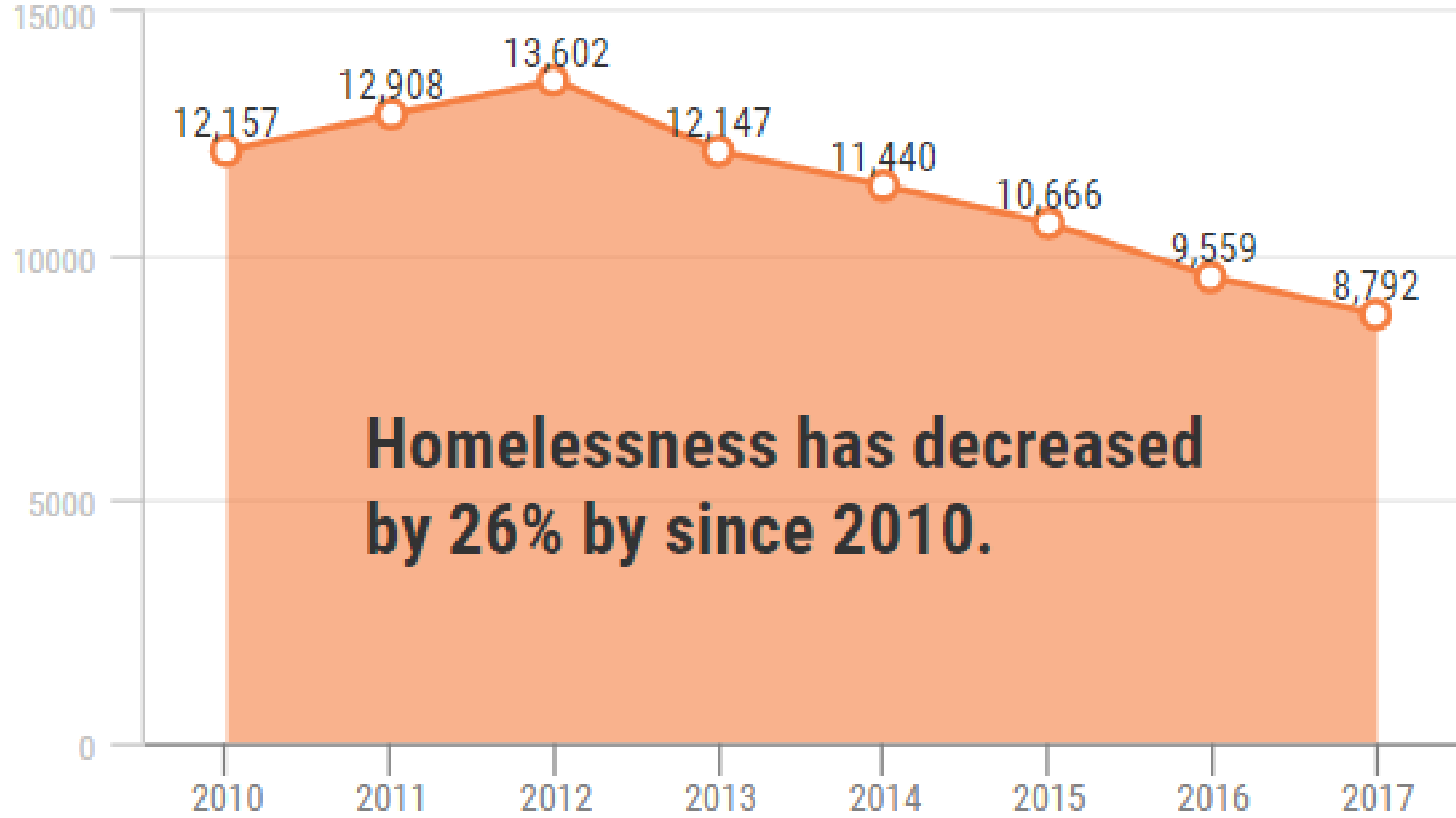
Cost-Effective Evidence-Based Practices

HEARTH Legislation

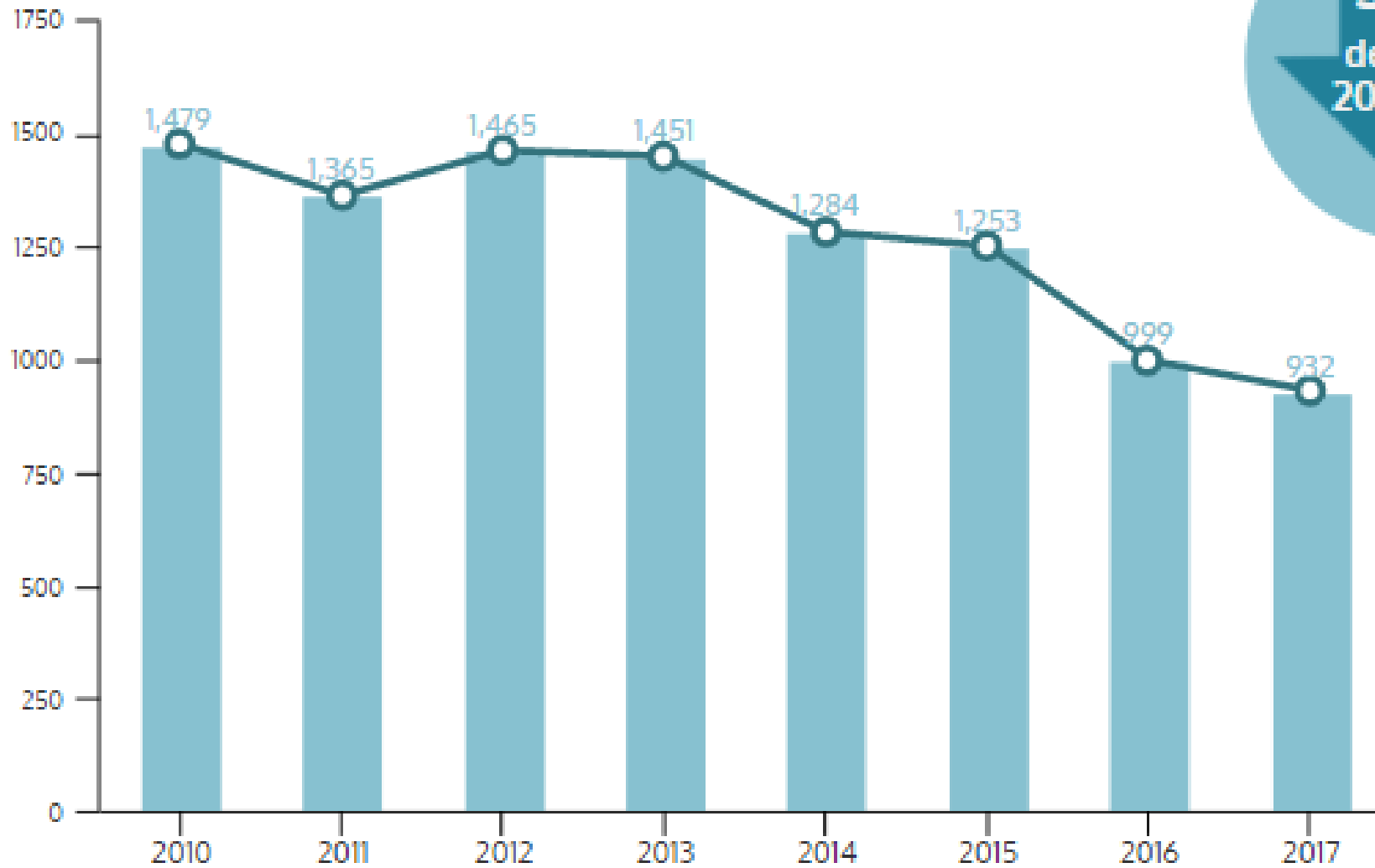
Opening Doors: Federal Strategic Plan to End Homelessness

Mayors Challenge to End Veterans Homelessness

New System Performance Measures



Chronic Homelessness Over Time

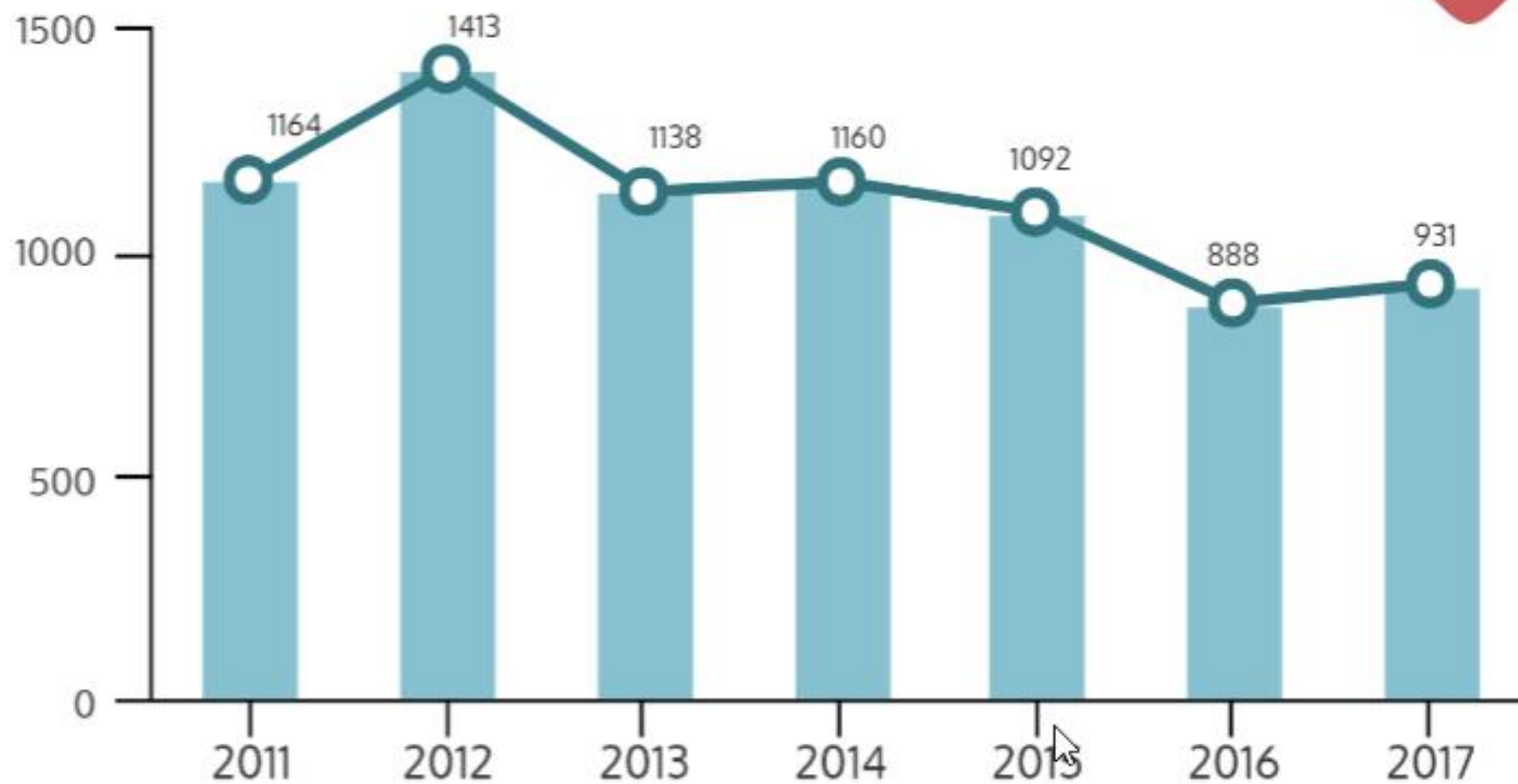


37%
decrease
2010-2017

10% were
chronically
homeless
2017

Homeless Veterans Over Time

20%



Retool the Crisis Response System

Federal Strategic Plan Objective 10:

Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

US Interagency Council on Homelessness

www.usich.gov



How should we invest
our limited resources?

Barriers to Housing at the Household Level

Barriers to GETTING Housing	Barriers to KEEPING Housing
<p>Criminal History</p> <p>Credit History</p> <p>Housing History</p> <p>Financial Resources</p>	<p>Financial Barriers</p> <ul style="list-style-type: none">income & budgeting <p>Behavioral Barriers</p> <ul style="list-style-type: none">mental healthsubstance usetenancy skills

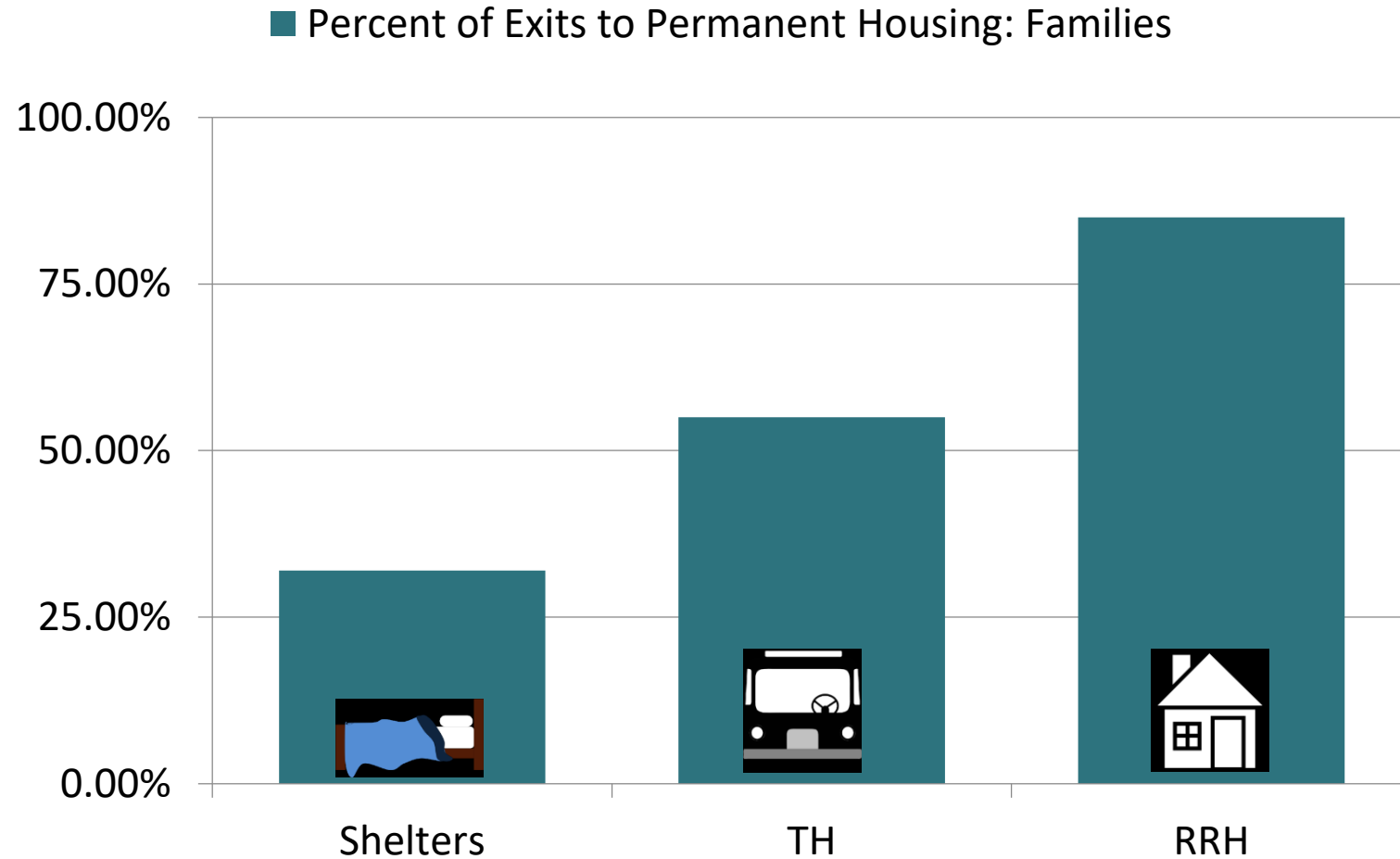
Housing First: A New Approach



vs.

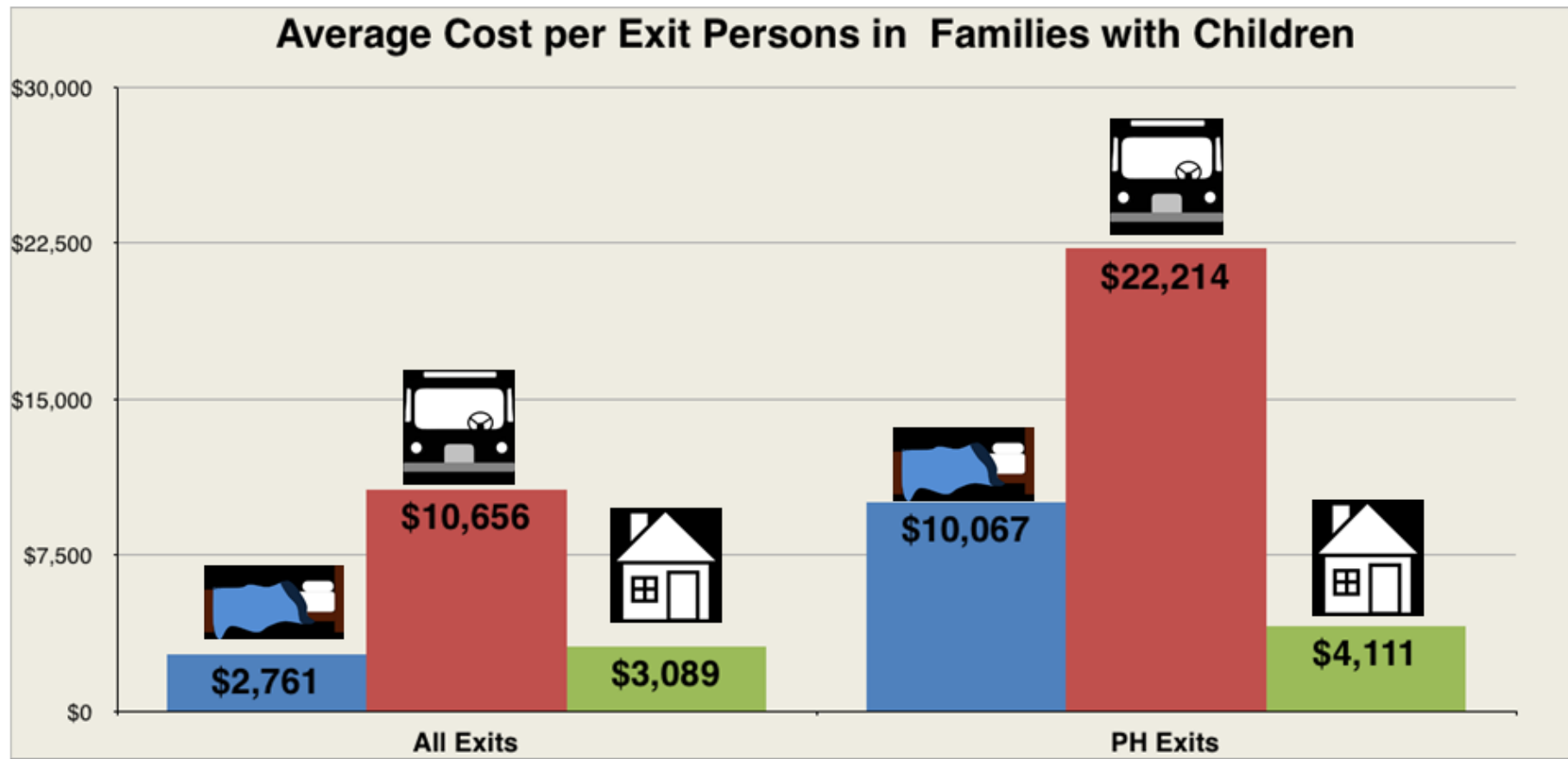


Rapid Re-Housing Programs have the highest average rate of exits to permanent housing.



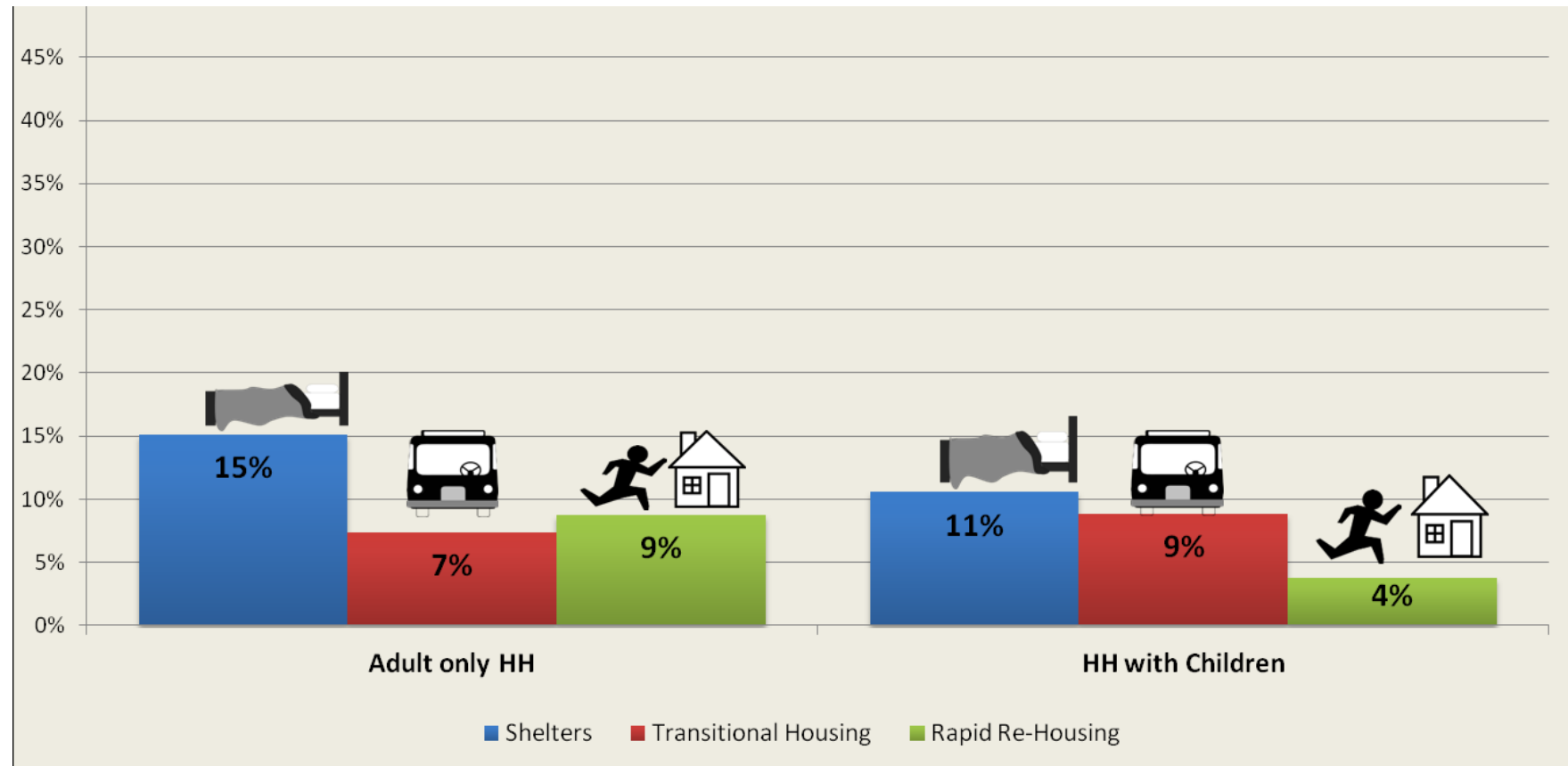
Source: Data from 14 Continuums in seven states that prepared Evaluators for NAEH Performance Improvement Clinics in 2011-2012 (Katharine Gale Consulting/Focus Strategies)

Rapid Re-Housing Programs are cost effective.



Source: Data from 14 Continuums in seven states that prepared Homeless System Evaluators for NAEH Performance Improvement Clinics in 2011-2012 (Katharine Gale Consulting/Focus Strategies)

Program types have similar rates of return.



Source: Data averaged from seven Continuums in four states that prepared Homeless System Evaluators for NAEH Performance Improvement Clinics in 2011-2012 (Katharine Gale Consulting/Focus Strategies)

HEARTH Act Purpose

“to establish a Federal goal of ensuring that individuals and families who become homeless return to permanent housing within 30 days”

HEARTH Act Purposes – Sec. 1002(b)

RARE

BRIEF

ONE-TIME

ONLY



Review of Homeless Definitions





An individual with no permanent living arrangement, i.e., no fixed place of residence, is considered homeless or transient. Someone who is transient is neither a member of a household nor a resident of an institution.



Youth and families who “lack a fixed, regular, and nighttime residence” or an “individual who has a primary nighttime residence that is a) a supervised or publicly operated shelter designed to provide temporary living accommodations; b) an institution that provides a temporary residence for individuals intended to be institutionalized including welfare hotels, congregate shelters, and transitional housing for the mentally ill; or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”



An individual or family who lacks a fixed, regular, and adequate nighttime residence, **or**

An individual or family who will imminently lose their primary nighttime residence (within 14 days) **or**

Unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes **or**

An individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing

HUD divides its definition into categories.

1

Literally Homeless:

- On the streets/not meant for human habitation
- Shelter
- Institution for less than 90 days and homeless prior

2

Imminent Risk:

- Will lose residence in 14 days of seeking assistance
- No subsequent residence identified AND
- Lacks resources and supports to obtain housing

3

Unaccompanied youth under 25 years old who are homeless under other statutes:

- No lease or occupancy 60 days prior
- 2 or more moves in 60 days AND
- Continue due to needs and barriers

4

Fleeing Domestic Violence:

- Fleeing or attempting to flee
- Has no other residence AND
- Lacks resources and supports to obtain housing

These HUD categories impact eligibility.

	1: Literally Homeless	2: Imminent Risk	3: unaccompanied <25yo & other statutes	4: Fleeing DV
Prevention		✓	✓	✓
Street outreach	✓		need HUD approval	✓
Emergency shelter	✓	✓	✓	✓
Rapid Rehousing	✓		need HUD approval	✓
Transitional housing	✓		need HUD approval	✓
Permanent supportive housing	✓		need HUD approval	✓
Supportive services only	✓	✓	need HUD approval	✓

A black and white photograph showing a person's feet wearing sneakers, sitting on a plaid blanket on a concrete floor against a rough wall. The person is wearing a dark long-sleeved shirt. The scene is dimly lit, emphasizing the textures of the concrete and the fabric.

Experiencing Homelessness: A Visualization

Perret, Y., Dennis, D., Lassiter, M., & Massaro, J. (2009). *Stepping Stones to Recovery: A Training Curriculum for Case Managers Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Income Applications, Trainer Guide* (3rd ed.). Delmar, NY: Policy Research Associates.

System Components

System Components

Prevention/Diversion

Street Outreach*

Emergency Shelter*

Transitional Housing*

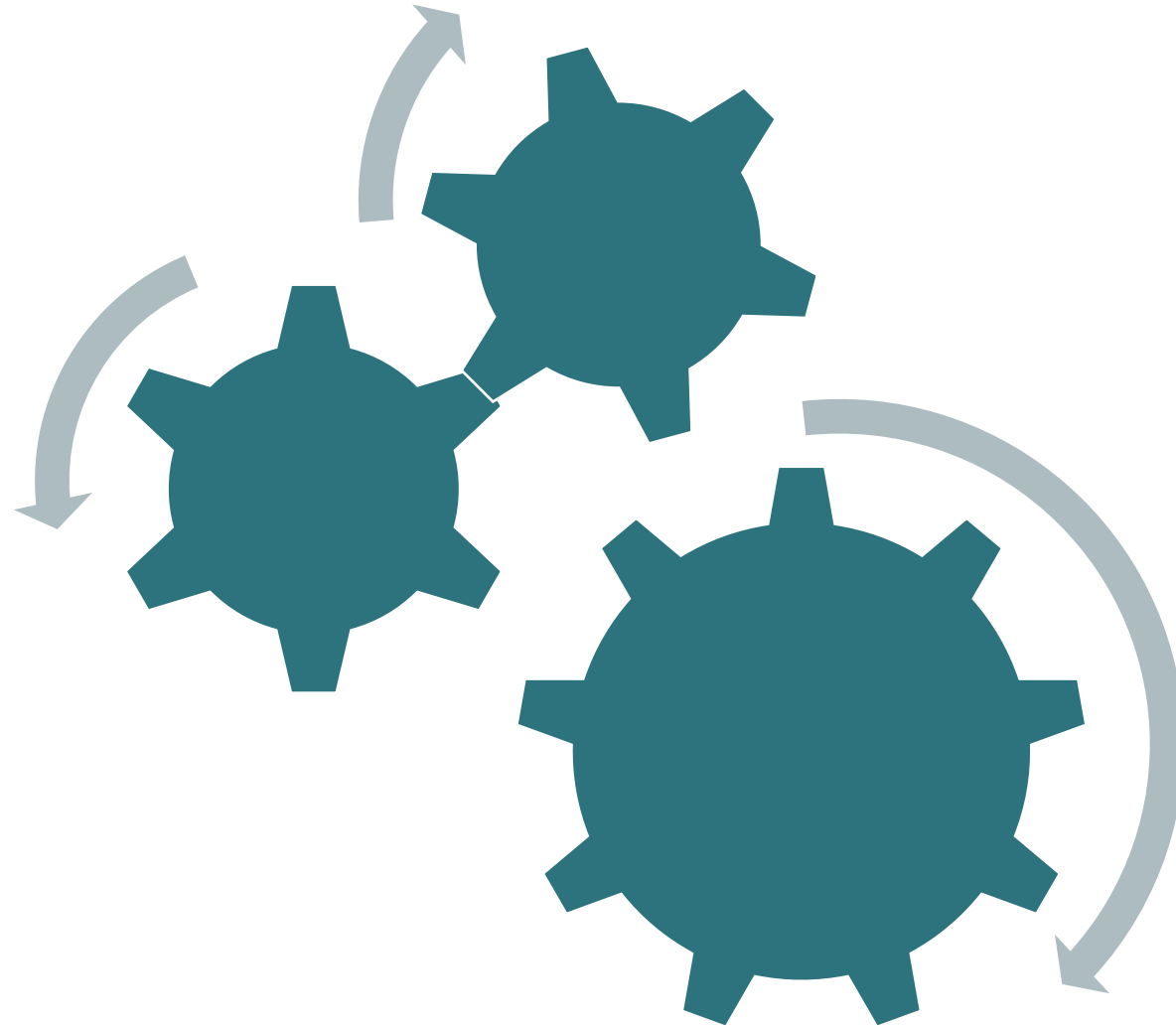
Rapid Re-Housing

Permanent Supportive Housing

*HUD literally homeless



How do the gears work together?





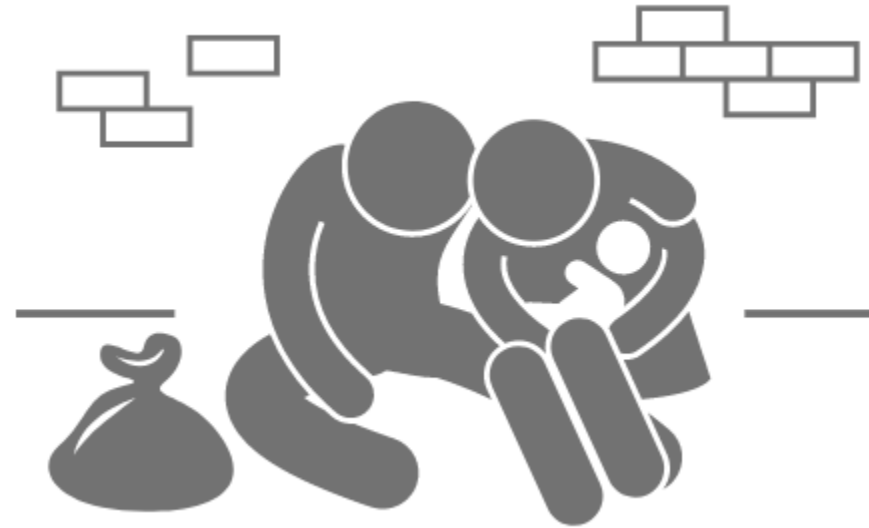
Prevention and Diversion



Prevention and diversion are financial assistance, case management services, and resources provided to households to keep in current housing or to move to another housing option in order to prevent an episode of homelessness.



Street Outreach



Reaching out to populations who can't or won't access the homeless system on their own to make sure they are connected to the system and critical services to meet needs.



Emergency Shelter (ES) and Vouchers



Purpose is to provide a safe temporary shelter for those experiencing homelessness while they finding the solution to a housing crisis.

Emergency Shelters face some unique challenges.

Closing the front door- Making sure that the shelter is the last resort.

Opening the back door- Making sure that people are able to be connected to housing resources and programs to exit the shelter system into housing.

Prioritizing beds- Utilizing diversion so that people with other safe places to go can utilize those resources.

Program rules- Keeping program rules balanced to keep everyone safe while not creating unnecessary barriers to accessing help.



Rapid Rehousing (RRH)



Programs that quickly place families in permanent housing by locating housing in the community, negotiating with landlords, providing time-limited rental assistance, and providing home-based case management to promote housing retention and link families with needed services within their community.

Rapid Re-Housing is a different type of intervention that faces challenges in program design.

Flexibility in program design- RRH works best when the program is able to provide as little or as much assistance to secure permanent housing.

Developing relationships with landlords- Provides a crucial link to allow programs to serve households with various barriers to getting and keeping housing.

Program Eligibility- RRH programs often place eligibility requirements on their program as a way to insure success. Research shows RRH is effective with a number of different, challenging populations.





Transitional Housing (TH)



A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by HUD.

Transitional Housing programs are in transition.

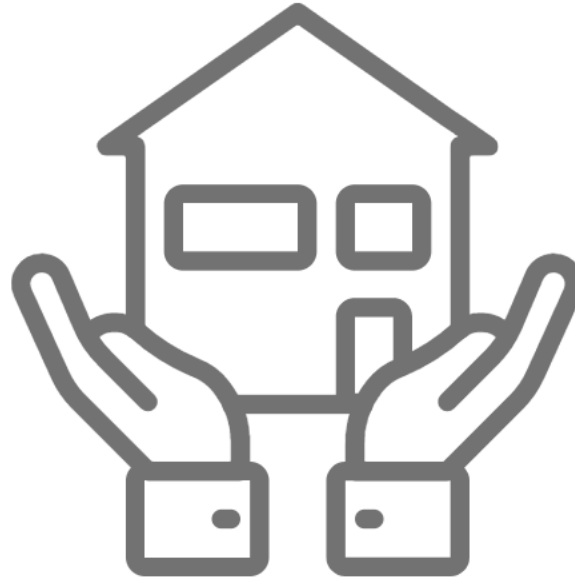
Programs can be redesigned to fit a new system:

- Transition-in-Place models
- Bridge housing
- Reducing eligibility barriers
- Reducing length of stay
- Targeting specific populations as needed in the system
- New CoC component: TH-RRH

CoCs are looking at the role they want TH to play in their systems.



Permanent Supportive Housing (PSH)



Provides households who have disabilities and high barriers with long term rental subsidy and services to get and keep housing. The goal is to assist people with living as independently as possible in housing.

Permanent Supportive Housing challenges

Eligibility requirements- HUD is encouraging PSH programs to utilize a Housing First approach and decrease eligibility requirements.

Lack of Turnover- Programs are looking at graduation models to increase turnover in PSH programs for those who are willing and no longer need the long-term services.



LUNCH BREAK

Room Two

System Design



White and Gold?
Blue and Black?
Which is correct???



WINTRUST
MIDDLE
4-4
H.L. 100

CBS
SCOREBOARD
CUBS

14





CHICAGO CUBS

WOOD





WINTRUST

NIVEA

ANTHONY RIZZO
1B FIRST BASE

AVG	.300	100	0
HR	20	10	0
RBI	100	10	0
SLG	.500	0	0

CHICAGO CUBS

TEAM	0	0	0
OPP	0	0	0
TOTAL	0	0	0





WRIGLEY FIELD
HOME OF
CHICAGO CUBS
WORLD SERIES CHAMPIONS
TOYOTA

WELCOME TO THE FRIENDLY CONFINES



RARE

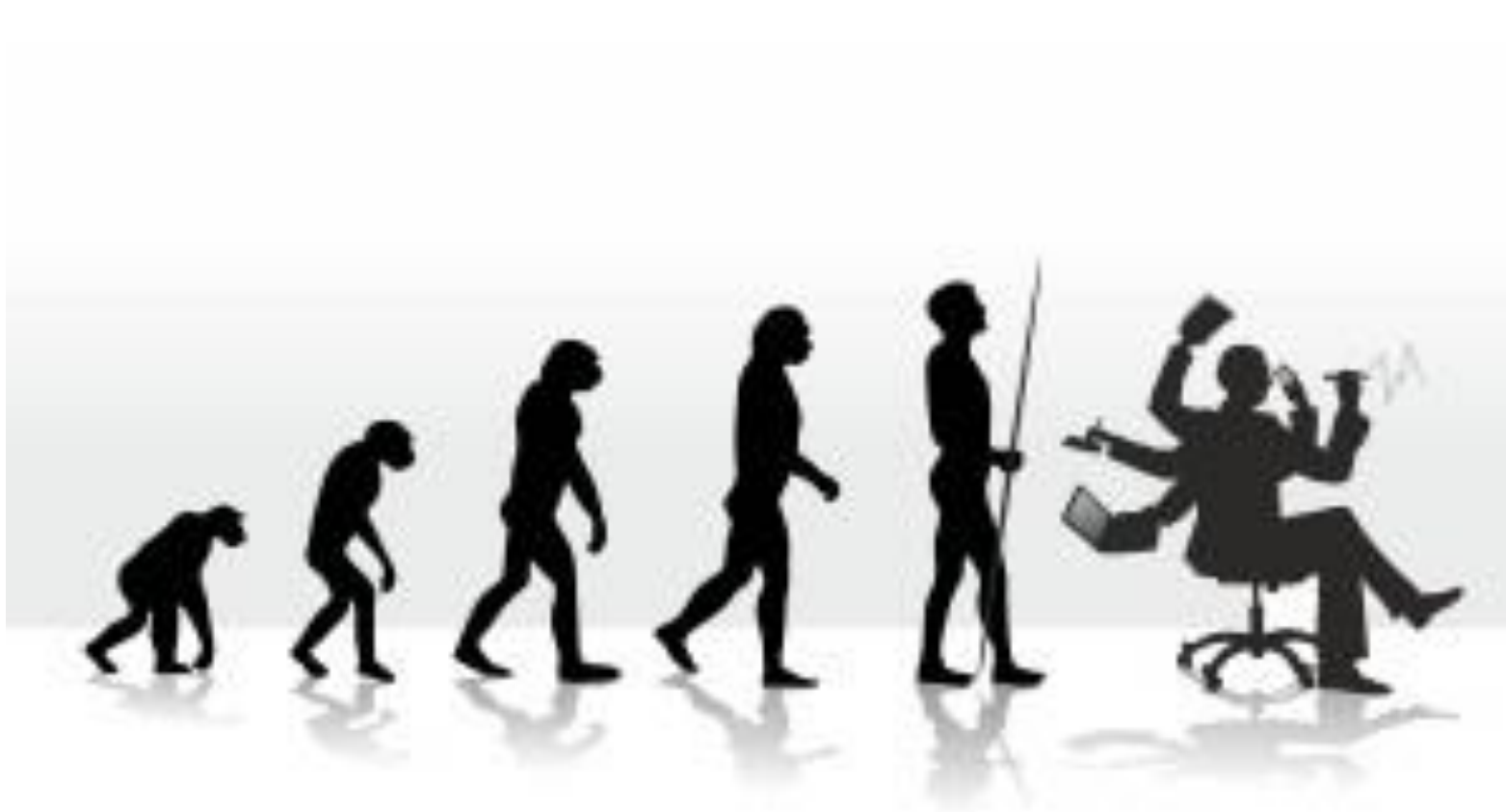
BRIEF

ONE-TIME

ONLY



We are an Evolving System



We are an Evolving System







Diversion

Unsheltered
or Sheltered*

self-resolve
rapid exit



Return Prevention

Rapid Re-Housing

Transitional Housing*

Permanent Supportive Housing



Unsheltered
or Sheltered*





Diversion





Unsheltered
or Sheltered*

Diversion



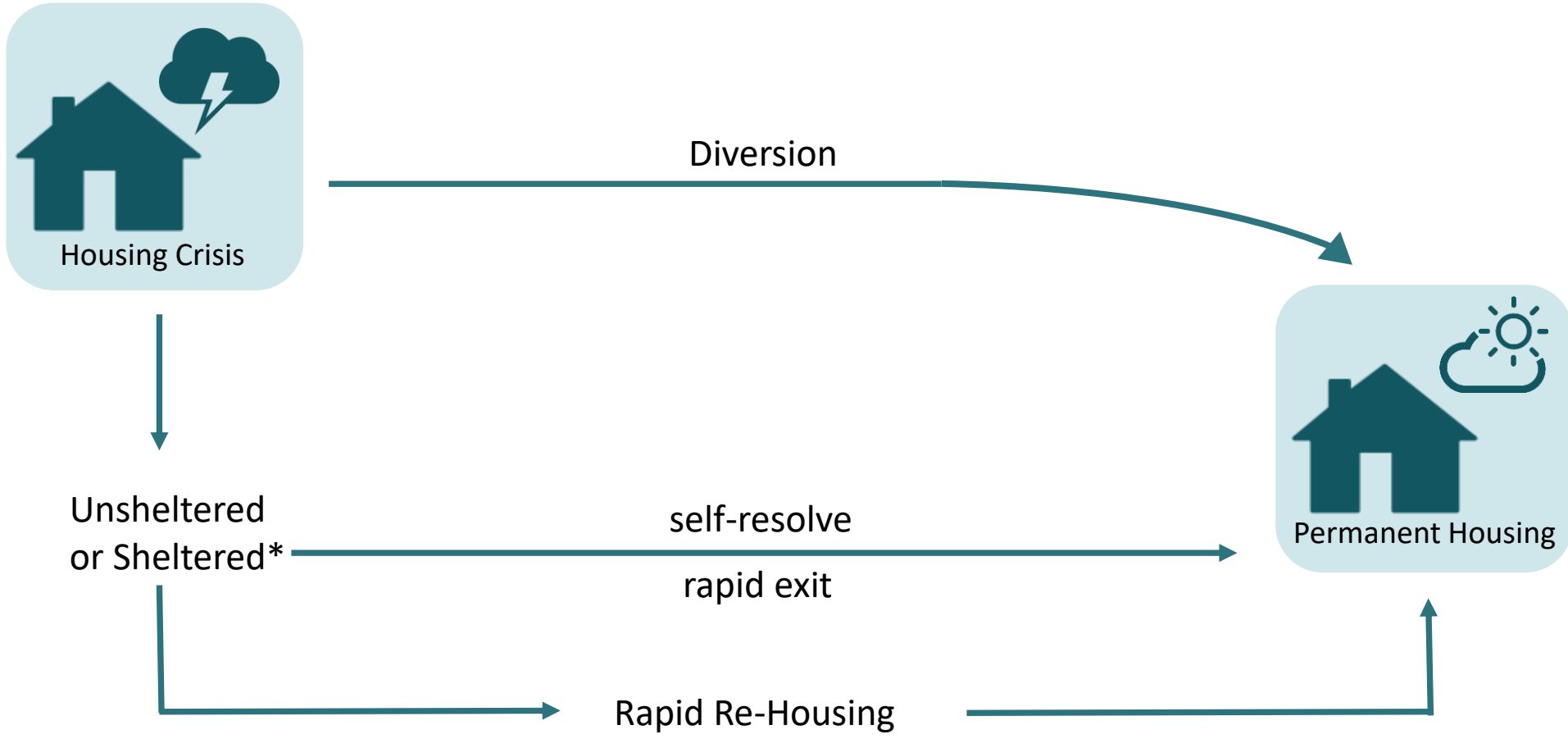


Diversion

Unsheltered
or Sheltered*

self-resolve
rapid exit







Diversion



Unsheltered
or Sheltered*

self-resolve
rapid exit



Rapid Re-Housing



Transitional Housing*





Diversion



Unsheltered
or Sheltered*

self-resolve
rapid exit

Rapid Re-Housing

Transitional Housing*

Permanent Supportive Housing





↓

RETURN to
Unsheltered
or Sheltered*





Diversion

Unsheltered
or Sheltered*

self-resolve
rapid exit



Return Prevention

Rapid Re-Housing

Transitional Housing*

Permanent Supportive Housing


“There is no such thing as a dysfunctional organization, because every organization is perfectly aligned to achieve the results it currently gets.”

Jeff Lawrence

A well-functioning, right-sized crisis response system has all of the necessary component types, with the right amount of availability.

System Performance Measures Overview

SPM data is pulled from two sources



Connecting your community.

NC HMIS

User Name

Password

Forgot your username or password?
Contact your agency administrator

System use requires your compliance
with the [terms and conditions](#)

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A	B	C	D	E	F
Row	Year	Proj. Typ	Organization Name	Project Name	Geoc
2E+05	2016	PSH	CASA	Carolina Place/ 1131 Carlton	3723
3E+05	2016	ES	DORCAS	Emergency Housing	3705
2E+05	2016	RRH	Passage Home	Essential Services- (Matthew House/Millbrook Villas)	3723
2E+05	2016	PSH	CASA	Families at Home-HUD 2003 (Oak Hollow)	3723
2E+05	2016	ES	Salvation Army	Family Shelter	3723
2E+05	2016	ES	Wake Interfaith Hospitality	Family Shelter	3723
2E+05	2016	TH	Healing Transitions	GPD-Veterans Per Diem	3723
2E+05	2016	ES	Urban Ministries of Wake	Helen Wright Center	3723
2E+05	2016	RRH	Passage Home	Hollenden Place	3723
2E+05	2016	PSH	CASA	Hope Crest	3723
2E+05	2016	PSH	WCHS	Housing First Shelter + Care 2004	3723
2E+05	2016	PSH	WCHS	Housing First Shelter + Care 2007	3723
2E+05	2016	PSH	Passage Home	Jobs Journey	3723
2E+05	2016	PSH	DHIC	Lennox Chase	3723
3E+05	2016	TH	Haven House	Maternity Group Home	3723
2E+05	2016	PSH	CASA	McKinney Team Housing	3723

HMIS

HDX

**Housing Inventory Chart (HIC)
Point-in-Time Count (PIT)**

Homeless Management Information System

Database use to collect client-level data on the provision of housing and services to homeless individuals and families, and persons at risk of homelessness.

Agencies* that receive federal funding must participate in HMIS

*except Victim Service Providers— these agencies are prohibited from participating in HMIS but must enter data into a comparable database.

HMIS data will help end homelessness.

HMIS data influences policy.



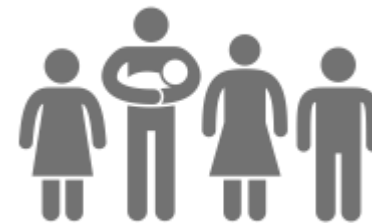
HMIS data helps communities.



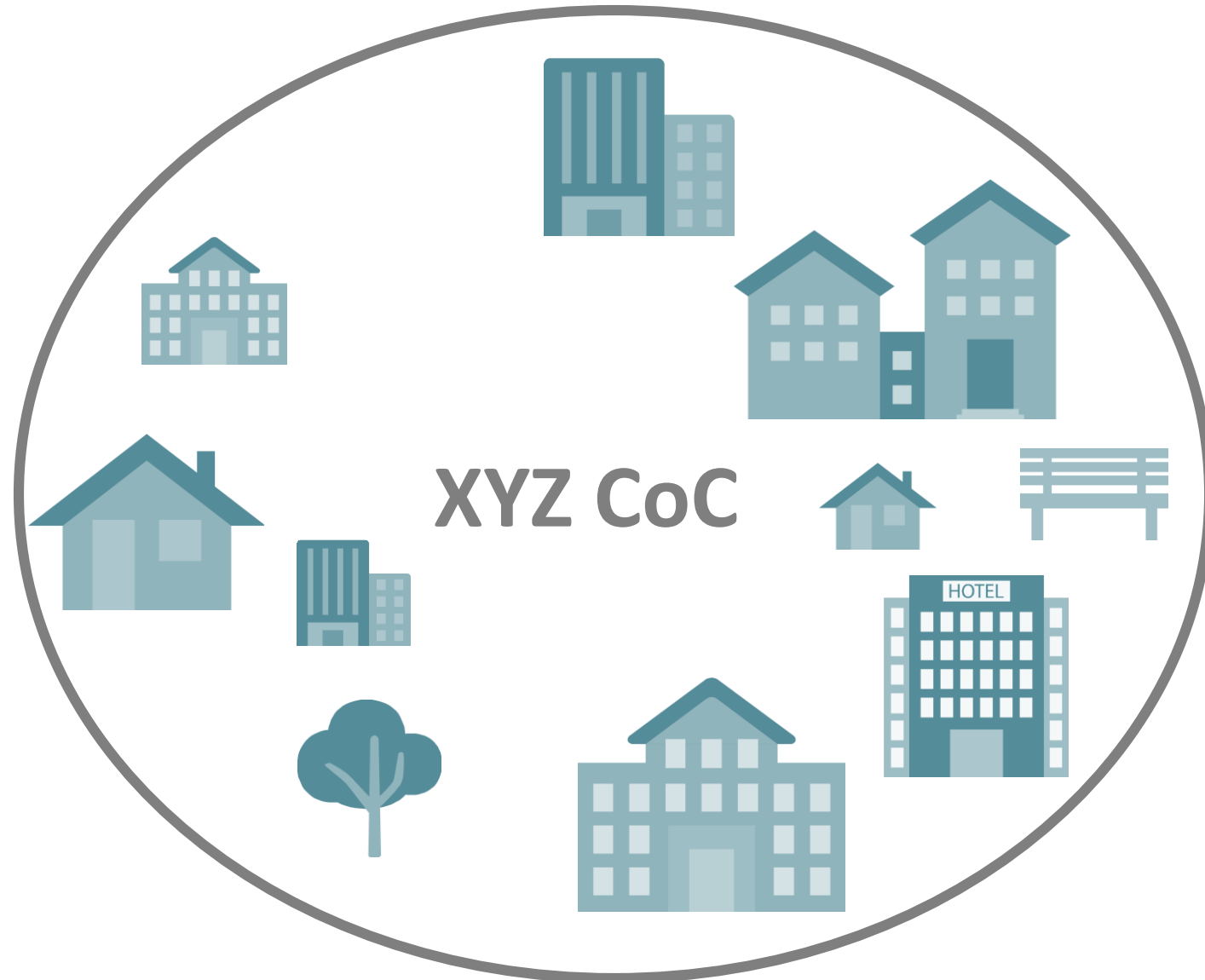
HMIS data improves practice.



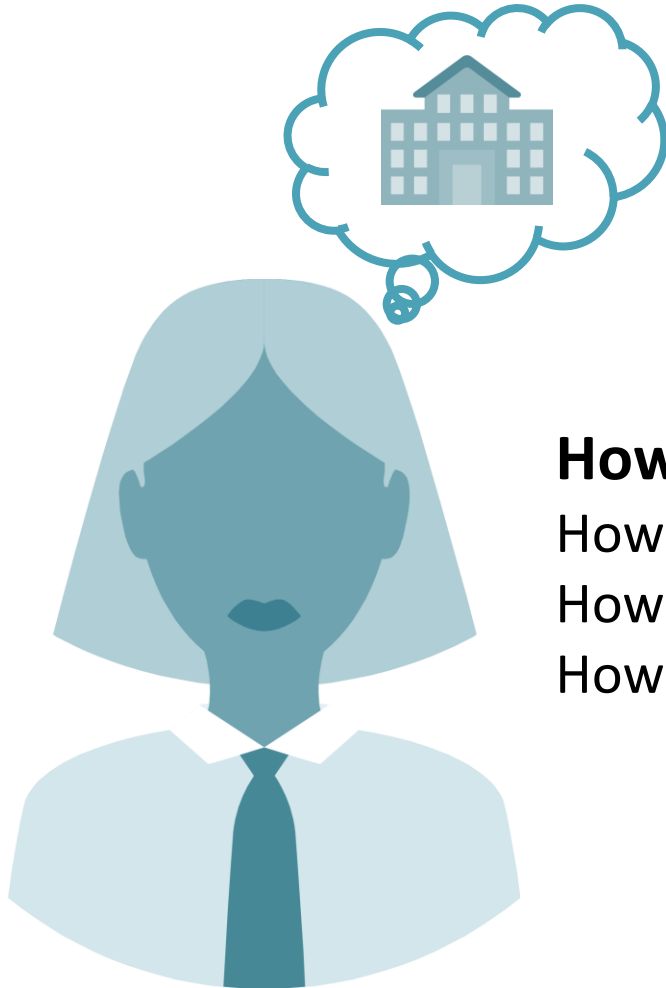
HMIS data helps people experiencing homelessness.



Our projects operate within a system



We tend to think about our projects



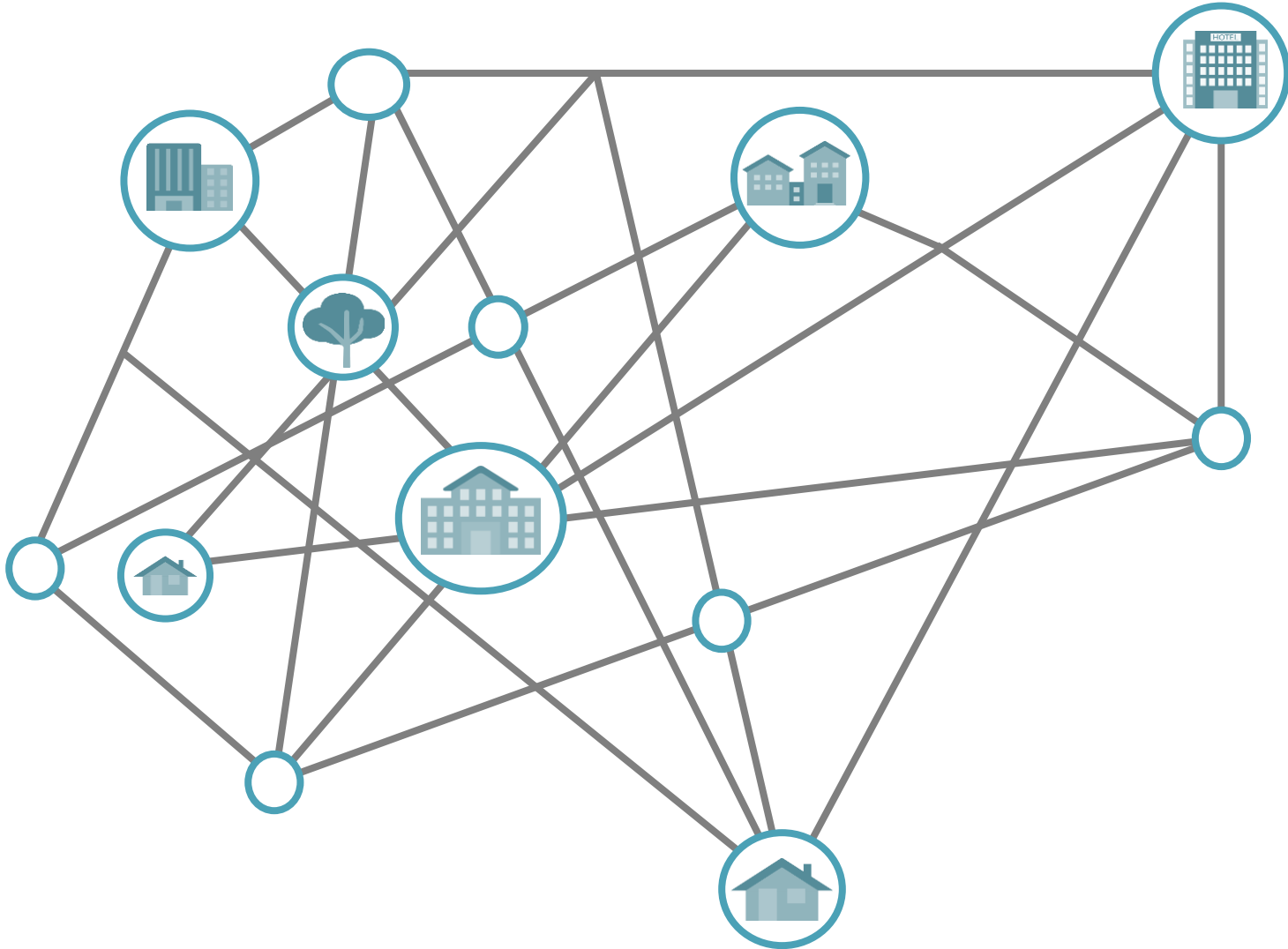
How is my project performing?

How many clients did we serve?

How many clients found permanent housing?

How many of those clients returned to homelessness?

Our work is interconnected



Shifting the way we think about performance



How is our system performing?

How does my project's performance impact the system?

6073

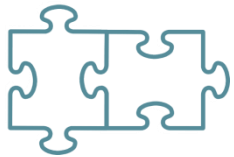


“Ships don’t sink because of the water around them, they sink because of the water that gets in them.”

7 measures to gauge impact



Help communities view their progress towards preventing and ending homelessness



The measures are interrelated and provide a more complete picture of system performance



Identify areas for improvement, needs, gaps

What HMIS client data is included?



October 1, 2015 to September 30, 2017 (24 months)




Any person who entered SO, ES, SH, TH, RRH and/or PSH during the reporting period



Data are reported for individuals and person in families

SPM data is pulled from two sources



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HDX

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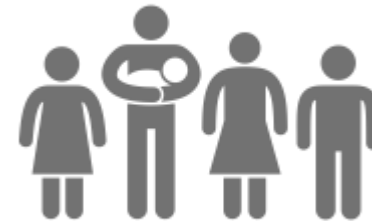
HMIS data helps communities.



HMIS data improves practice.



HMIS data helps people experiencing homelessness.



Data quality impacts the measures' usefulness



Coverage

Include as many homeless service providers in the community in HMIS as possible



Utilization

Bed utilization rates must be between 65% to 105%



Data Quality

Data entry is timely

Low rate of missing data

Data reflects what is accurate

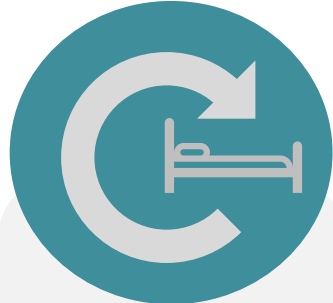
Discrepancies have been identified and addressed

System Performance Measures



1

Length of Time Homeless



2

Return to Homelessness



3

Number of Homeless



4

Increase in Income



5

First Time Homeless



7

Exits and Retention of PH



Homeless

New
Entries

Homeless

LOT homeless



Homeless



Homeless

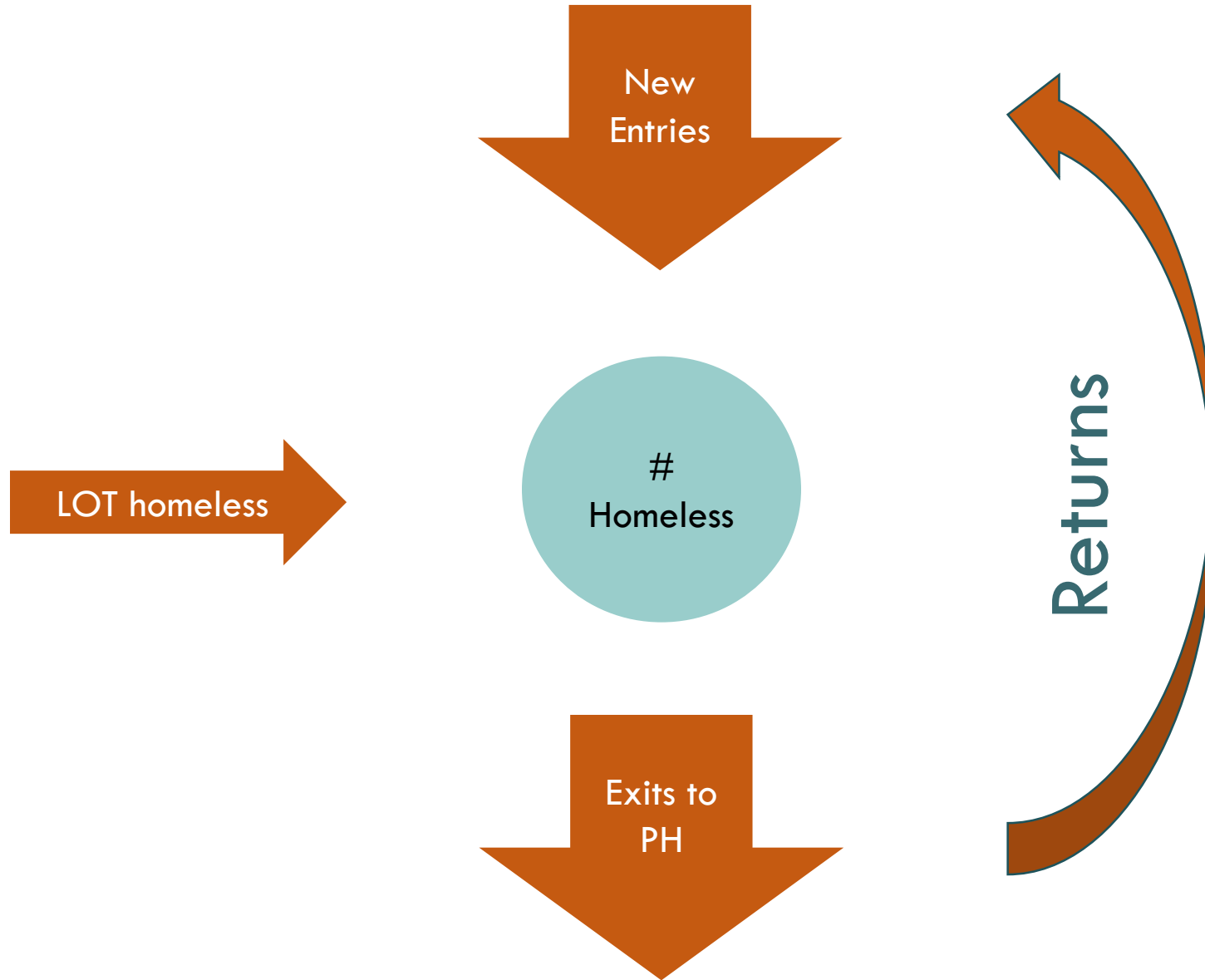
Exits to
PH

Homeless

Returns

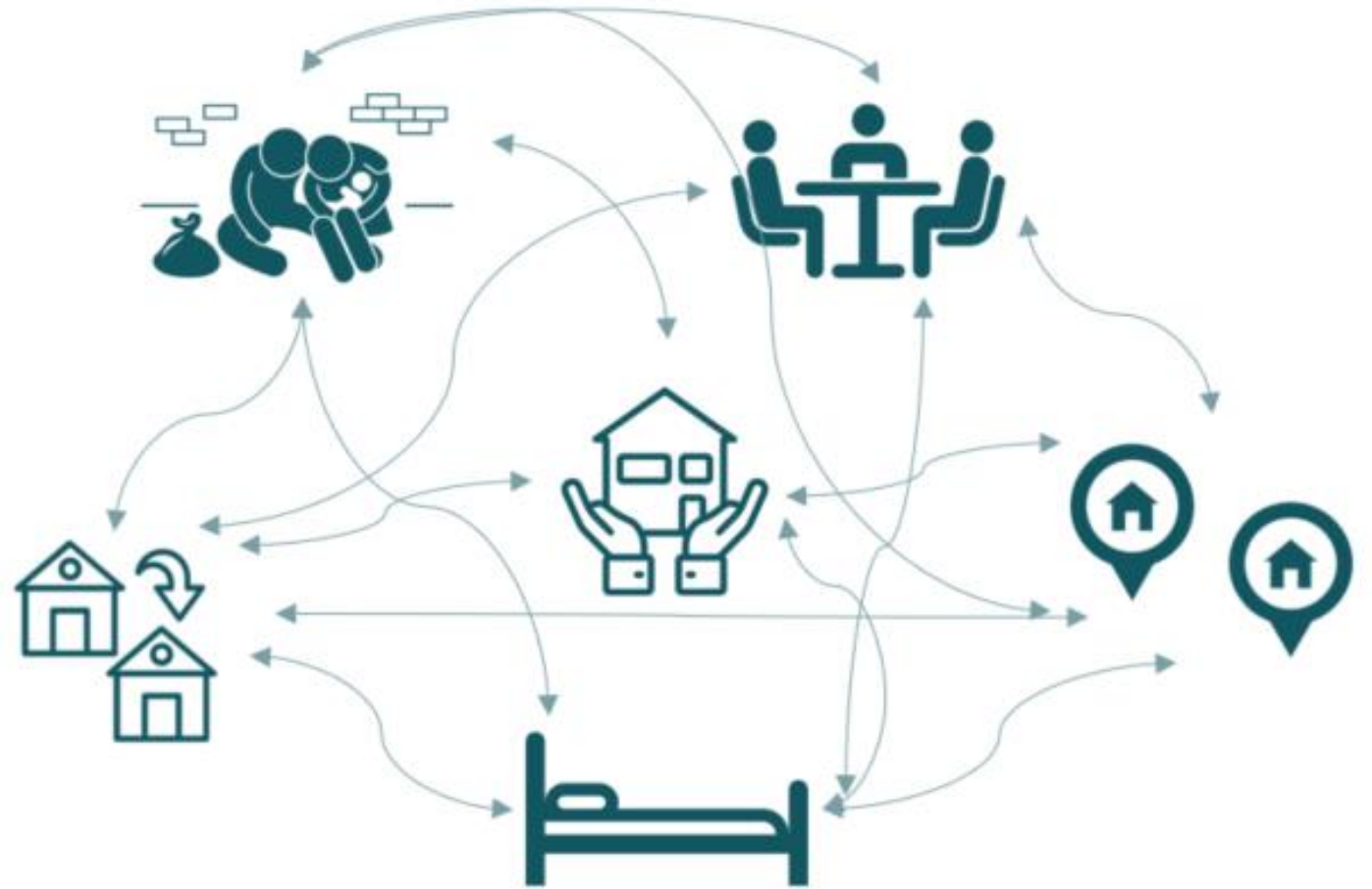
Sure glad the hole isn't at our end.





Coordinated Entry and Progressive Engagement

Coordinated Entry provides clarity to the system for partners and people in crisis.



Coordinated Entry means the system is responsible for overseeing flow and resources.



Coordinated
Entry
allows us to
triage as a
system.

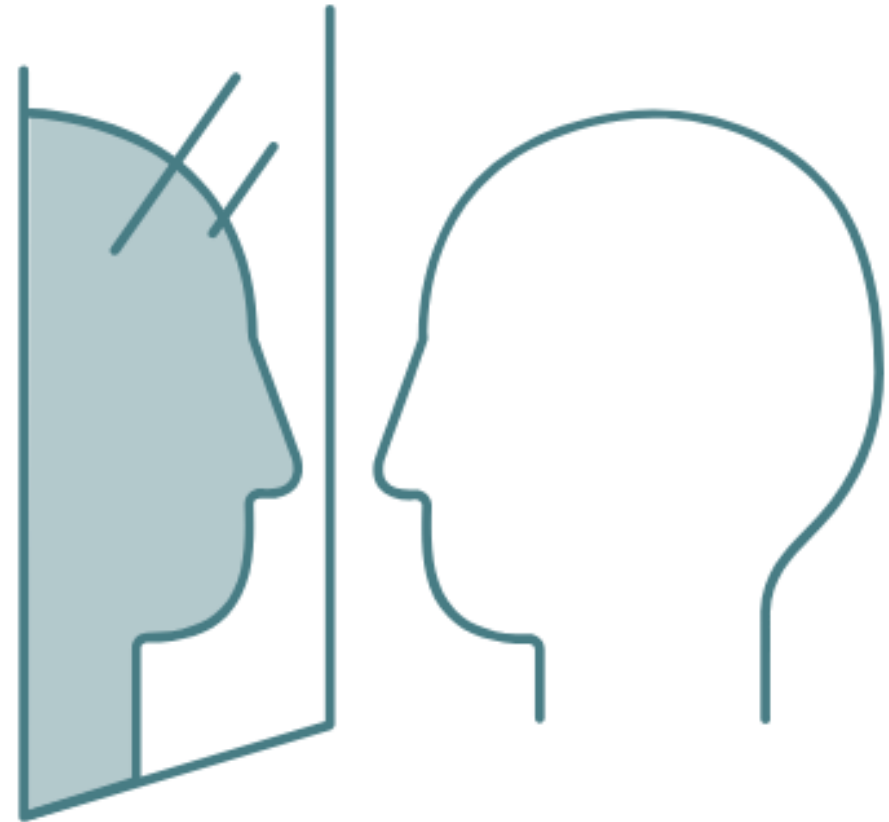


Coordinated Entry provides a mirror of our system.

How do we work together as a system?

Who needs shelter and housing in our community? Do we serve all in need?

What resources do we need to meet goals?



How is Coordinated Entry working in your community?

- Going great, we are housing more people!
- I think this version is going to work!
- We've started, but don't know how it is working.
- We don't have a system, yet.
- I don't know if we have one.

Coordinated Entry Warning Signs:

Long wait lists

Over-dependency on a tool

Side doors

Lack of feedback

Static



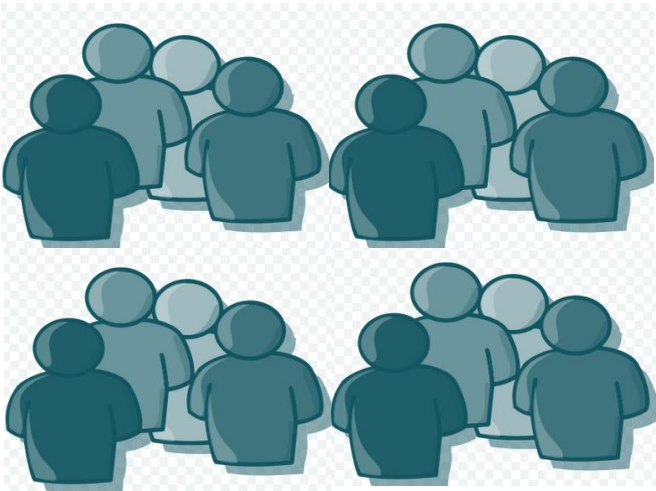
Systems are paying attention to flow.

When you evaluate and put people into program buckets, it can lead to:

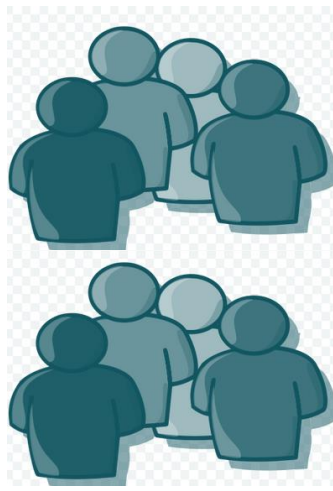
- Waitlists for programs
- A pool of people at the bottom of each waitlist that never get served
- A lack of problem-solving in the system



Homeless systems are trying a new, progressive engagement approach.



Prevention, Diversion and Light Touch Case Management



Rapid Re-Housing



Permanent Supportive Housing

As intervention intensity increases, the numbers served decrease.

Impact of Stress Overload

How are you feeling today?



Great



Good



Meh



Poor



Rough

Activity: Stress Overload

Think about a time in your life when:

- You faced a very difficult situation
- It was a very important situation
- You didn't feel you had much (or any) control
- The problem(s) continued for more than a month

Try to remember how you felt and acted.

Activity: Stress Overload

SIGNS AND SYMPTOMS OF POSSIBLE STRESS OVERLOAD (Mayo Clinic)

Thoughts and Feelings	Behaviors
<ul style="list-style-type: none">• Anger• Irritability• Anxiety• Lack of direction• Apathy• Mood swings• Cynicism (pessimism, doubt)• Nightmares• Defensiveness• Panic• Depression• Feeling of impending danger or doom• Restlessness• Feeling of insecurity• Sadness• Helplessness• Suspiciousness• Hopelessness• Worthlessness	<ul style="list-style-type: none">• Angry outbursts• Increased complaining• Avoiding social activities• Increased crying• Being late• Increased smoking• Increased use of alcohol or drugs• Change in religious practices• Change in sleep patterns• Increased use of sick time• Decreased interest in sex• Difficulty concentrating• Neglecting responsibility• Excessive worrying• Nervous twitch or habit• Forgetfulness• Overeating• Impatience• Poor job performance• Increased arguing• Poor personal hygiene• Increase in accidents or injuries• Procrastination• Inability to enjoy activities you used to like

Circle all of the words that describe your feelings and behaviors at that time

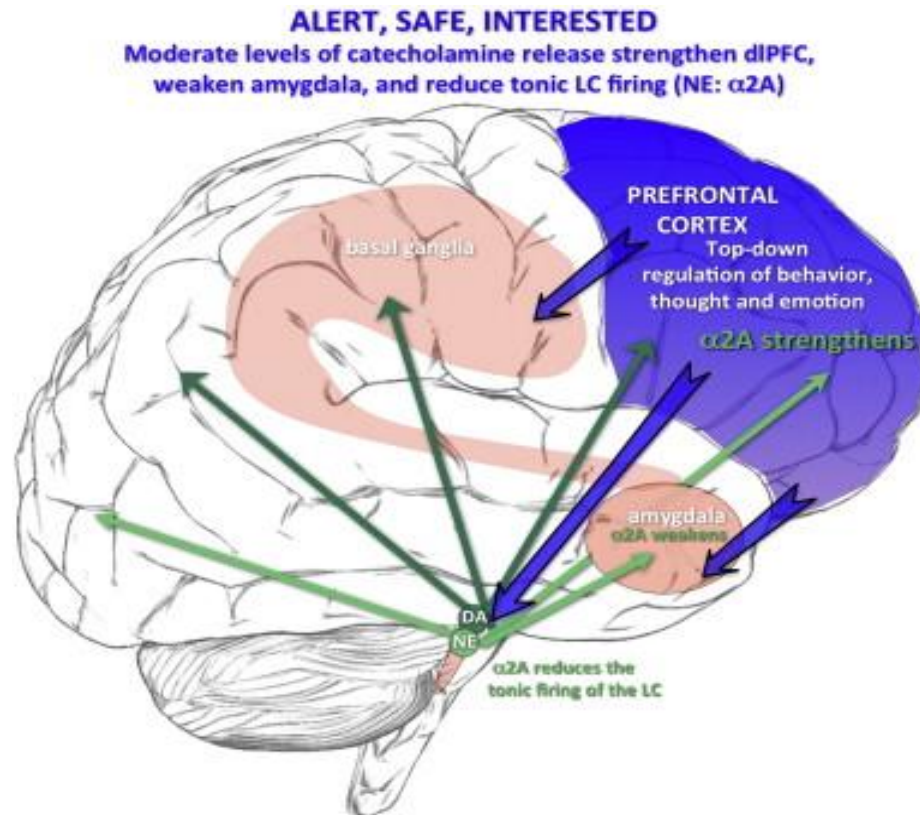
What do these words have in common?

Signs and symptoms of possible stress overload

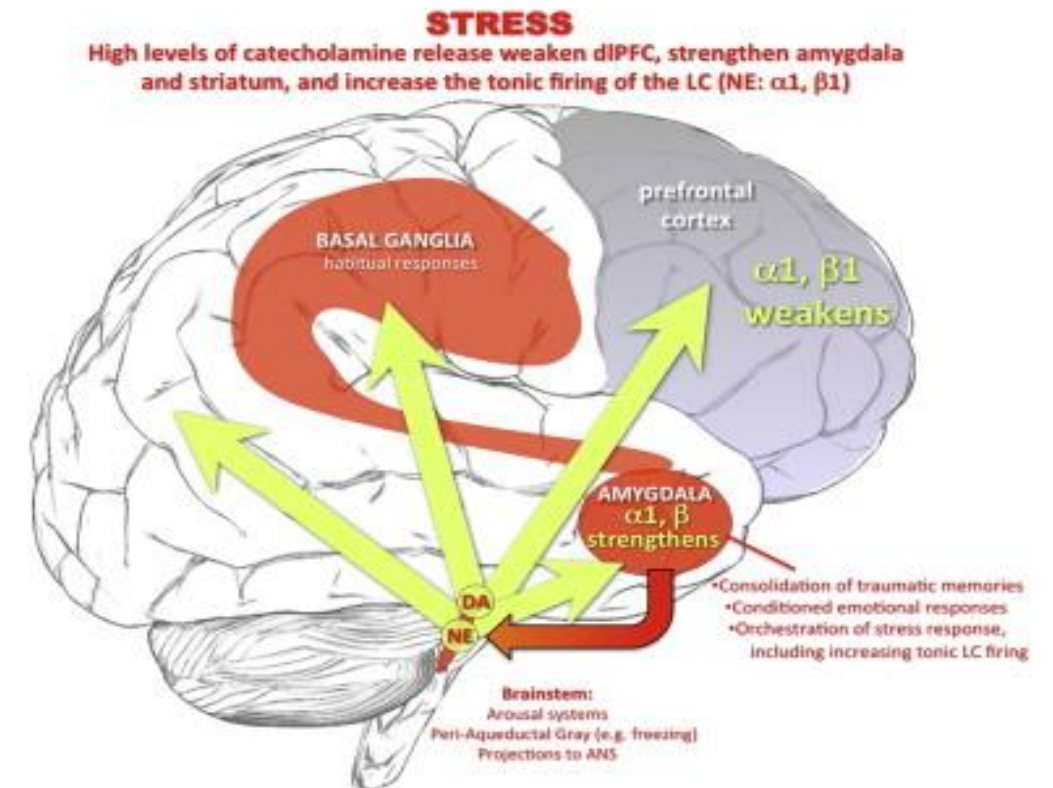
Among people experiencing homelessness, **these signs and symptoms will generally self-resolve-- partially or completely, slowly or quickly-- once they are safely housed**

This is Your Brain!

Your Brain, Feeling Good



Your Brain on Stress



Arnsten, A., Raskind, M., Taylor, F., Connor, D. (2015). The Effect of Stress Exposure on Prefrontal Cortex: Translating basic research successful treatments for post-traumatic stress disorder. *Neurobiology of Stress*. 2015 Jan 1; 1:89-99.

Stress overload can change your brain.

Acute, Uncontrollable Stress Exposure

Impairs executive functions by overriding signals of the prefrontal cortex.

Acute, Sustained Exposure

Changes the architecture of the brain.
Seriously weakens prefrontal cortex control and reducing executive functioning.

Executive functions help with solving problems.

Executive function includes neurocognitive processes that enable us to:

- Solve novel problems
- Modify behavior in response to new information
- Generate strategies for complex actions
- Follow through with plans
- Over-ride behavioral and emotional responses to engage in goal-directed behavior

Individuals differ in executive functioning.

The person's current episode of homelessness is likely NOT the only factor affecting their executive functioning:

Genetics

Poverty

Parenting Style

Pre-natal Stress
of Mother

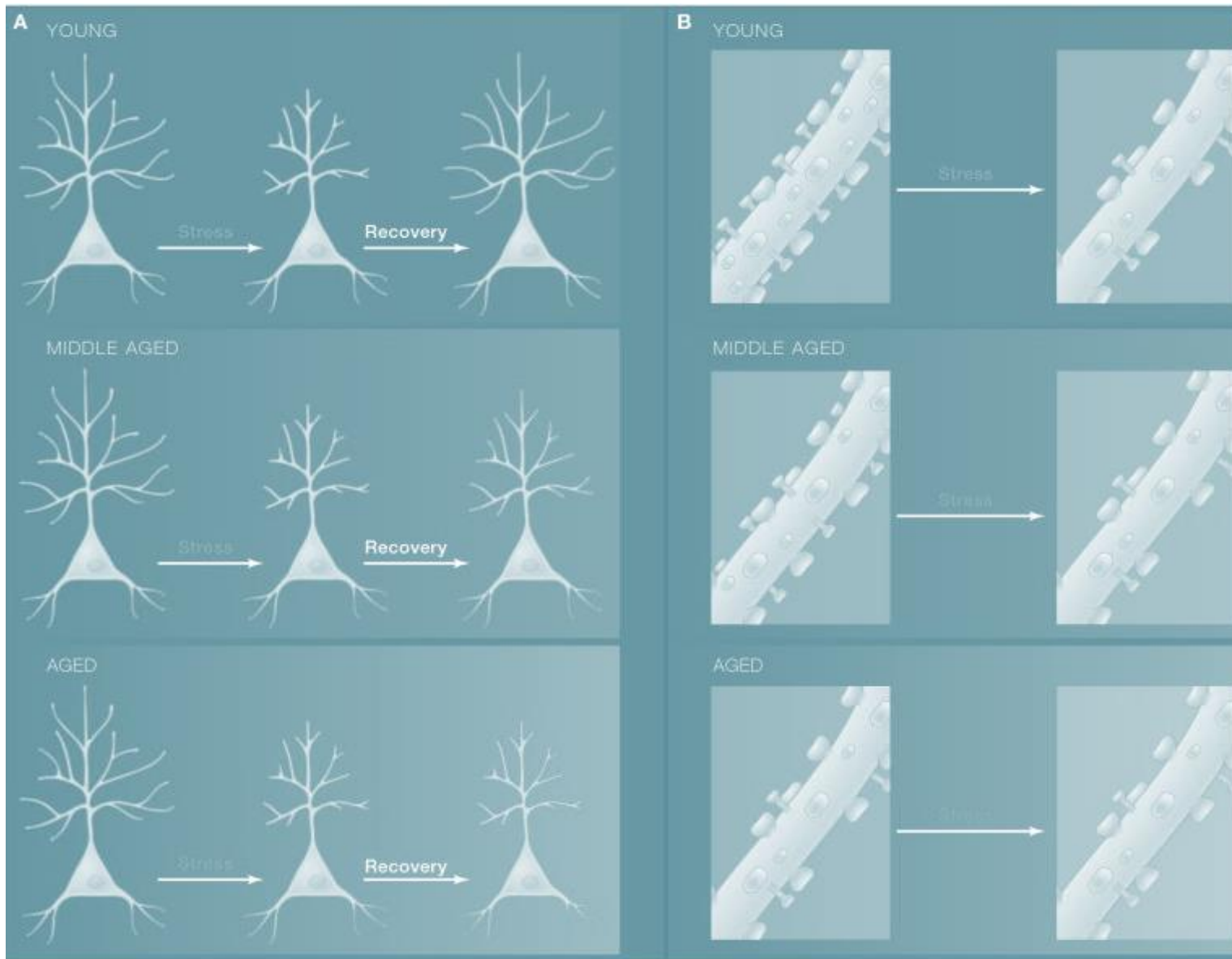
Abuse and/or
neglect

Stressful Life
Experiences

Typical Aging
Process

Alcohol, Drugs,
Mental Illness

Physical Health,
Inflammation,
Medications



The brain is able to recover from the impact of stress.

We can help to minimize the damage of stress.

Remove the stressor

Avoid additional stresses (relax, recuperate)

Reduce the perceived **importance** of the situation

Increase perceived **control** over the situation

Prioritize, plan and pace yourself; make lists, take notes

Improve diet, exercise, sleep, breathing, relaxation, music, do something that makes you happy; be careful of overuse of alcohol, drugs

Housing First removes the stressor.

Assist persons experiencing homelessness to move into permanent housing as quickly as possible.

Remove preconditions and keep services voluntary to increase control and reduce stress.

Allow for recovery time in housing before extensive planning.



Client choice reduces the impact of stress.

Participant choice is respected and guides re-housing assistance.

While income and program restraints may reduce choices, participants can choose:

- Who they want to live with
- Where they want to live
- The housing unit

Other goals are set by the client as they determine priority.

Programs and systems are a crisis response.

Focus is on resolving the immediate crisis and restoring a person to at least a pre-crisis level of functioning.

Resolve issues that prevent this crisis from recurring again in the near term.

Leads to a system that is housing-focused and client-centered.

Activity: List of Insights or Notes to Self

Considering the philosophies and the reality of people's responses to stress, jot down a list of advice to yourself about :

- Things ***you can do*** to help people identify and/or recover from the stress of homelessness.
- Things ***you should avoid doing***, to prevent or minimize additional stress for people who are showing signs and symptoms of stress overload.

Things ***you can do*** to help people identify and/or recover from the stress of homelessness.



Things ***you should avoid doing***, to prevent or minimize additional stress for people who are showing signs and symptoms of stress overload.



Lowering Program Barriers

When shelters in Connecticut transitioned

from



Rules are helpful to maintain safety.

Rules are NOT a tool for changing or controlling behavior

Moving from rules to expectations and shared values



Self-Reflection on Rules (groups of 2-3)

Can any of your rules be a barrier to people accessing shelter, housing, or services?

Would any of your program rules be a challenge to remember for someone experiencing acute, sustained stress?

Have you included people who need your services in setting your rules?

Do your rules reflect your values? Where can you provide choice to your participants?

Are there rules you are scared to let go of? Why is that?



Continuum of Care and Funding Overview

Continuum of Care has two definitions.

Planning Group (Continuum of Care Governance)

HUD Funding (Continuum of Care Program)

COC Functions

CoC Management

- Governance
- System Operations
- Coordinated Assessment
- Written Standards
- Performance Expectations and Monitoring
- Funding Priorities

System Planning

- Identifying Gaps in system and addressing
- Funding Priorities
- Connecting to mainstream service systems
- Partnering with ESG

Data Collection

- Data Collection for HEARTH measures
- Designating an HMIS Lead Agency

CoC Defined

At its simplest, a Continuum of Care is established by *representatives of relevant organizations* within a *geographic area* to *carry out the responsibilities* set forth in the CoC Program interim rule.



CoC Membership

Membership should ensure:

- Community-wide commitment to ending and preventing homelessness
- Representation of the relevant organizations within the entire geographic area served by the CoC



The CoC is regulated by HUD as a way to apply for competitive funds

Created in 1994 in NOFA

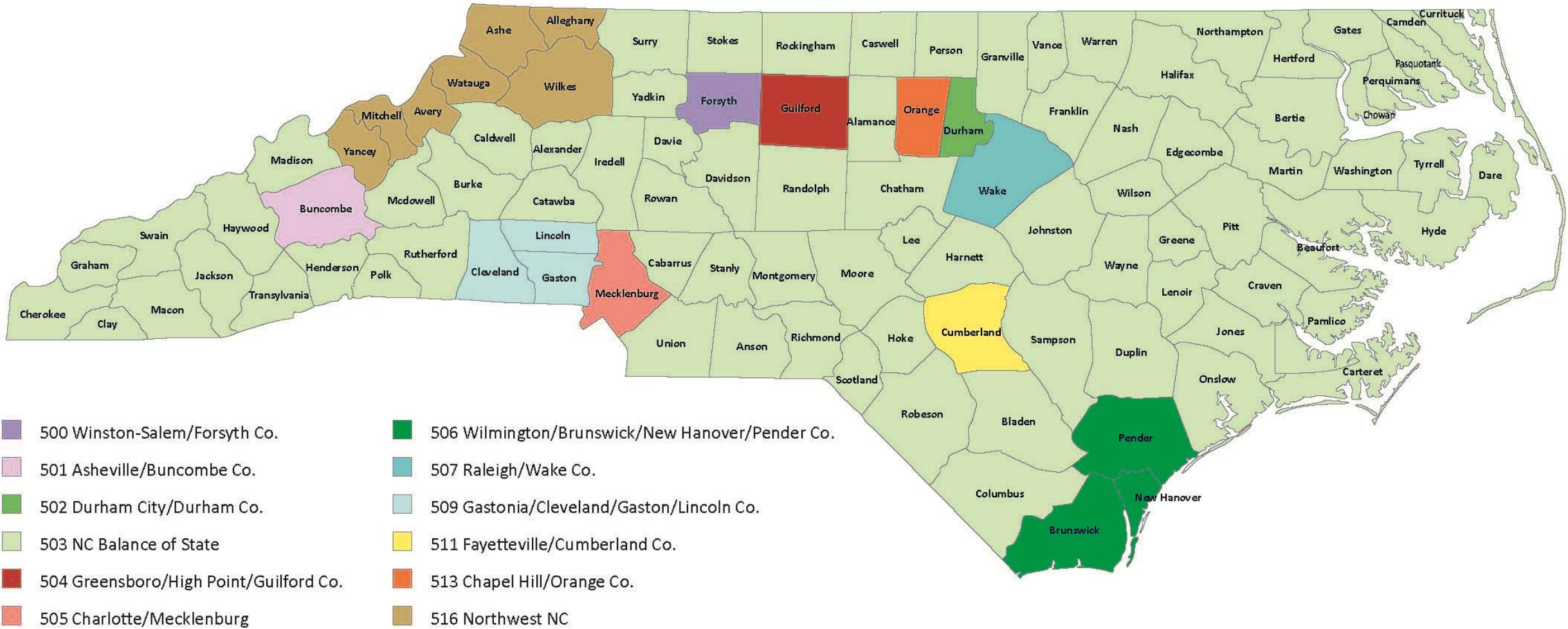
HEARTH updated in regulations and gave new responsibilities

Made up of agencies serving homeless households directly or indirectly

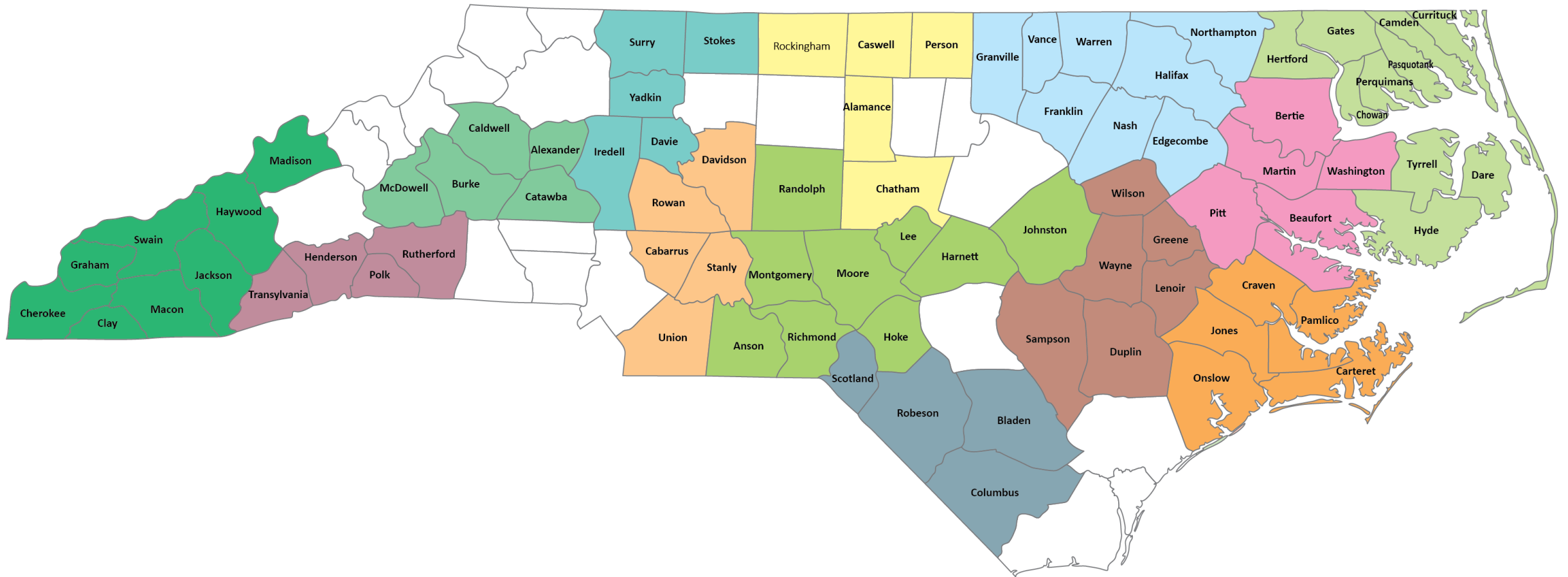
Self-determined geographic area

Agencies cannot apply individually, only through CoC

There are 12 Continuums of Care (CoCs) in North Carolina.



The NC Balance of State Continuum of Care has 13 Regional Committees or Local Planning Areas.



U.S. Department of Housing and Urban Development (HUD)
Homeless Assistance Grants

Continuum of Care Program (CoC)

Nationwide competition

Grants administered by HUD.

Eligible Activities:

- Permanent Supportive Housing
- Rapid Re-Housing*
- Supportive Services (Coordinated Assessment)
- Transitional Housing
- Transitional Housing-Rapid Rehousing
- HMIS*

Emergency Solutions Grant Program (ESG)

Block grant (State & 6 Entitlements:
Raleigh, Wake, Charlotte, Durham,
Forsyth, and Greensboro)

Grants administered by State or
entitlement.

Eligible Activities:

- Emergency Shelter
- Rapid Re-Housing*
- Street Outreach
- Prevention
- Coordinated Assessment
- HMIS*

*funded by both programs

The CoC Program is designed to:

- Promote a community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts to quickly re-house individuals and families who are homeless, which minimizes the trauma and dislocation caused by homelessness;
- Promote access to and effective use of mainstream programs;
- Optimize self-sufficiency among individuals and families experiencing homelessness.

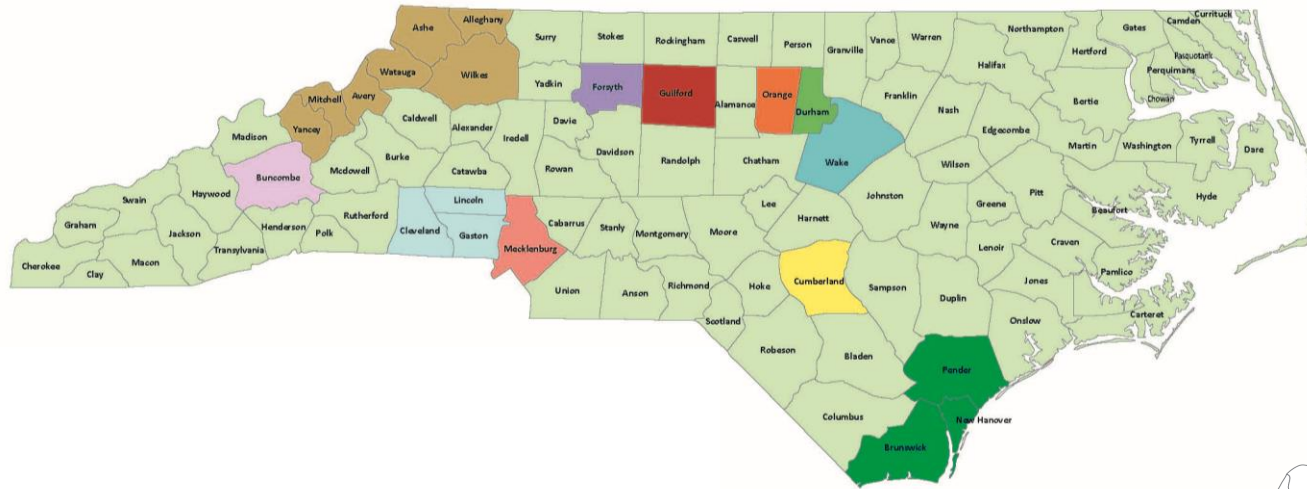
Recognizing that the community will need to be fully engaged in order to achieve the intended purpose of the CoC Program, the interim rule requires communities to establish a Continuum of Care in order to receive CoC Program funding.

ESG: Emergency Solutions Grants

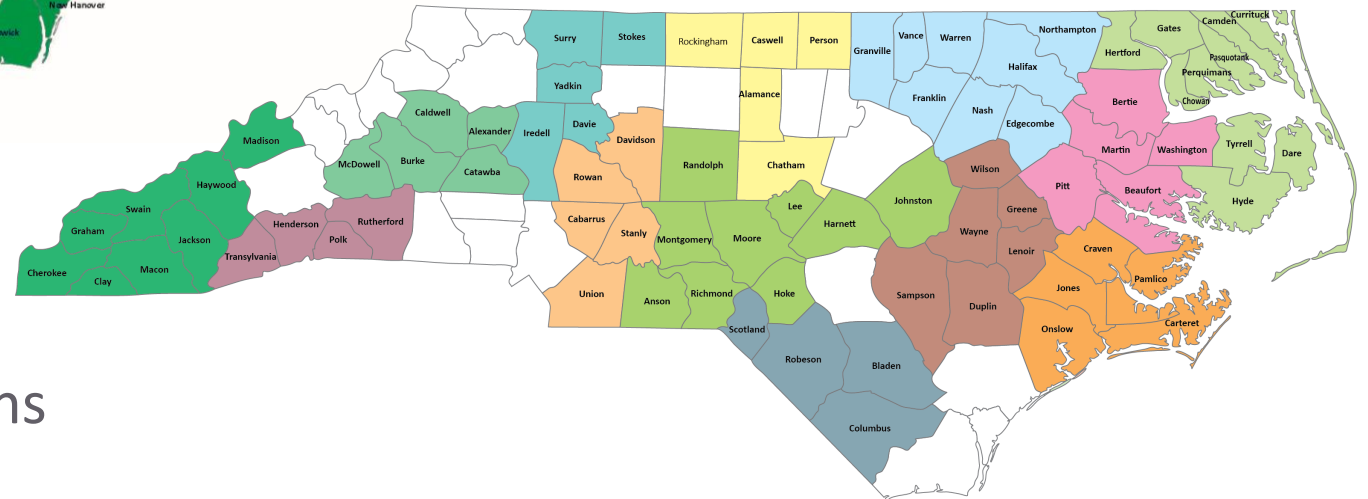
Purpose:

- Provide assistance to rapidly re-house persons who are currently homeless
- Assist in meeting the costs of operating emergency shelters
- Restrict the increase of homelessness through the provision of preventive programs and activities

North Carolina has 24 Local Planning Areas.

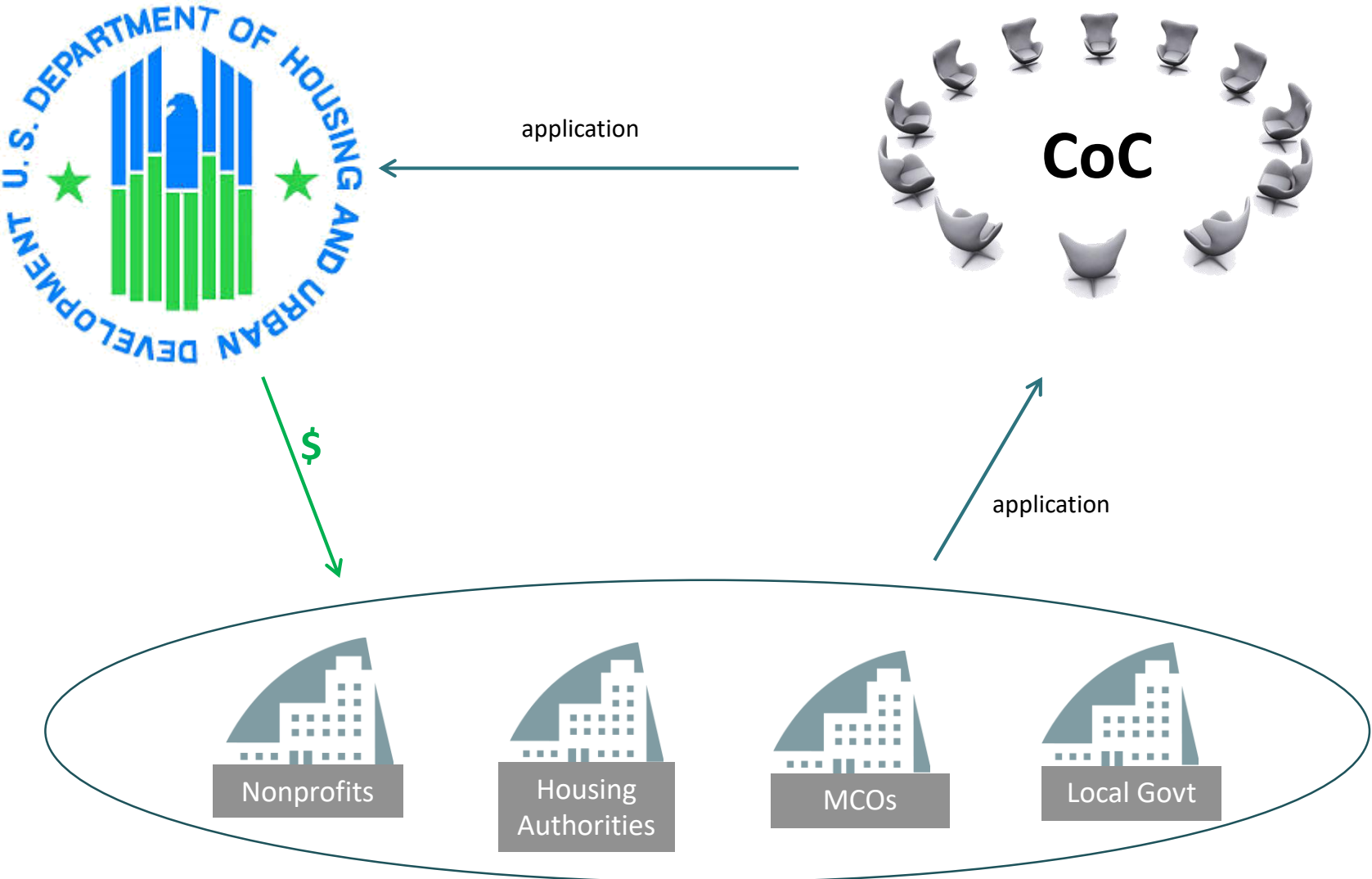


11 Continuums of Care

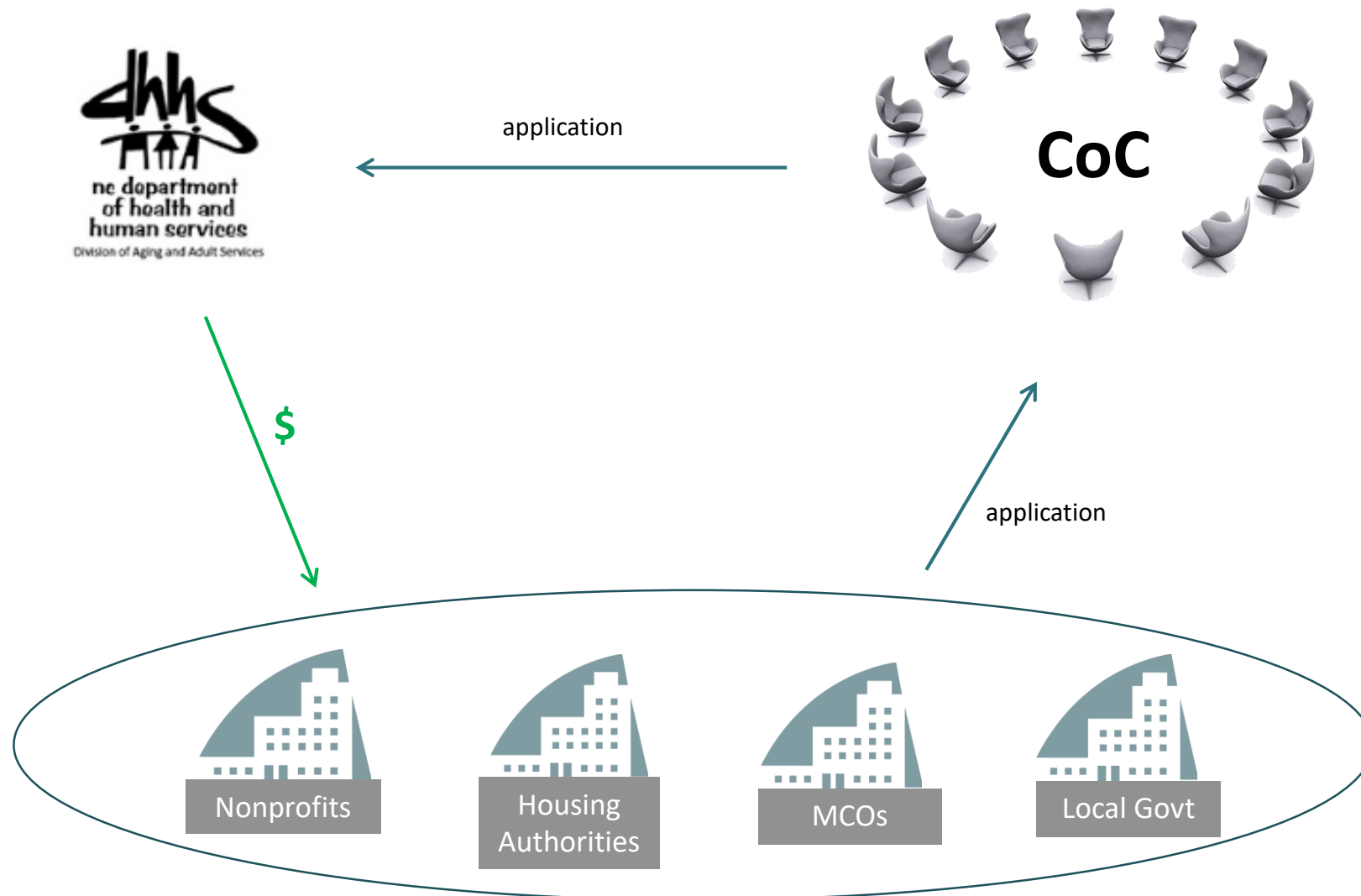


13 NC Balance of State
Continuums of Care Regions

CoC Program Funding & Application



State ESG Program Funding & Application



Application Best Practices Basics

Set funding priorities with CoC membership

Publicize funding availability

Use committee to create scorecard, based on priorities

Use conflict-free committee to make funding decision

Share scorecard before competition

Share completed scorecard with applicant after scoring

Have a clearly defined appeal process

Closing



“When perfectionism is driving, shame is always riding shotgun – and fear is the annoying back seat driver.”

Brené Brown





ME

+



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ME



ME

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AWESOME