Case Management in Supportive Housing Programs

Presented by:
Ken Martin & Paula Harper
The Role of the Case Manager in Supportive Housing

- Provides a single point for the coordination of services
- Acts as a link and an advocate between the tenant, service providers and property managers
- Assists tenants in identifying their goals and developing a plan to achieve the goals

Case management services should be designed to offer the tenant support in living independently and establishing and maintaining housing stability.
Purpose of Combining Housing with Services

- Evidence-based best practice
- To offer a wide range of services designed to improve the quality and stability of their lives while increasing independence
- Supportive services help people who might otherwise have difficulty living independently
- Services are geared toward assisting participants achieve residential stability
Housing Stability

Transitional Programs

• The focus or goal of services is to secure permanent housing and achieve stability.

Permanent Supportive Housing

• The focus of services is on maintaining housing, assisting participants in meeting the obligations of tenancy and increasing independence.
Case Files
Building a Case File

What to Include in a File

Tenant Identifying Information

- Application.
- Intake information.
- Copy of Social Security cards for all household members
- Copy of picture ID for all adults, if available.
- Homeless Documentation
- Chronically Homeless Documentation.
- Disability Documentation, if applicable.
- Consent Forms (update every six months)*
- Annual Income
- Confidentiality Agreement
Building a Case File

What to Include in a File

Service Plan

• Initial Assessment
• Initial comprehensive service plan.
• Service plan reviews and updates.
• Documentation of supportive services.
• Documentation of mainstream benefits or attempts to secure mainstream benefits.
• Educational and vocational assessment, if applicable
• Employment history
• Progress notes and correspondence
Medical Documentation

• Initial psychosocial assessment and updates
• Health assessment and any medical exams
• Medication regimen and updates or changes in medication
• Monthly medication log, if meds are monitored
Building a Case File

What to Include in a File

Rental Unit Information

• Address of unit
• Lease
• Rent Reasonableness form
• HQS inspection form
• Landlord information, if applicable
• Income verification
• Rent calculation
• Annual re-examination documentation
• Lead-based Paint documentation
Maintaining a Case File

Why is it Important?

• Enhances service delivery by providing staff with current information
• Allows for continuity of support when the current case manager is not present or there is a staffing change
• Provides a record of progress and movement toward achieving goals
• Provides quick access to information relevant to the tenant in case of crisis
Maintaining a Case File

Why is it Important?

- Develop a checklist to be sure that all required documents are in the file
- Files should be organized and arranged in the same order
- Regularly check that documents are complete with signatures and dates
- Keep service plans and accomplishments up-to-date
- Rent must be examined annually using current income information
Policies and Procedures
Policies & Procedures

Supportive housing programs should develop two manuals:

- **Supportive Housing Program Policy & Procedures**
  Describes the operations of the supportive housing program
  - Property management policies and procedures may be included or be separate.

- **Participant/Tenant Handbook/Orientation Guide**
  - Explains the program and its operation to participants and can be included in an orientation package
Policies and Procedures

Grantees must have and follow written policies and procedures for documenting program eligibility.

Written policies and procedures must:

• Require intake staff to document:
  • At intake/screening for eligibility for ALL persons seeking assistance

• Include standards for documenting due diligence
  • Be consistent with recordkeeping requirements and reflect HUD’s preferred order

• Provide support and guidance for staff and sets the standards for fair and equal treatment of applicants and program participants
Policies & Procedures

- It is suggested the following be in the Policies & Procedures manual:
  - Organizational chart for agency and program
  - Admission and Discharge Policies
  - Housing Policies
  - Supportive Service Policies
  - Grievance Policies
  - Emergency Procedures
  - Child Abuse and Neglect Reporting
Intake and Assessment

The process of interviewing a person to determine the most appropriate housing placement and supportive services
Preparing for Intake

• Outreach
  • Get to know referrals sources and education them on eligible participants

• Develop written criteria for acceptance
  • Keep it objective and clarify expectations
  • Create a participant profile

• Develop written reasons for rejection
Intake Considerations

• Develop an interview process.
  • Include the number of interviews
  • Whether or you will maintain a waiting list
  • Steps in the process
  • Rejection appeal process

• Unit selection
  • How will units or rooms be distributed
  • How will special accommodations be handled

• Develop forms
  • Include move-in paperwork, lease, house rules, welcome guide
Intake Considerations

Fair Housing

• No discrimination based on:
  • Race or color
  • National origin
  • Religion
  • Gender
  • Familial Status
  • Disability
• For HUD programs
  • Sexual orientation, gender identity or marital status
Obstacles in the Intake Process

- Lack of clear criteria for acceptance and rejection
- Interviewing too early in the process. This can result in an outdated and useless waiting list
- Renting up very quickly
- Tensions between property management and social services regarding intake process, decision making power and/or tenant selection
Principles of a Helping Relationship

- The needs and interests of the participant are the starting points for the work
- Know your role and its limits. As staff, you have specific functions and tasks; you are friendly but not the participant’s “friend”
- Avoid personalizing negative feelings and behaviors of participants
- Be mindful of when and why you share information about yourself
Principles of a Helping Relationship

• Establish trust by being honest, consistent, and predictable
• Convey respect at all times, even if faced with disrespectful behavior or attitudes
• Use empathy to facilitate understanding of the participant’s feelings and concerns
• Recognize and respect difference and diversity
• Remember that change is a slow and gradual process
Engagement

- Engagement is the process where:
  - Introduce the participant to the service relationship
  - Explain the case manager role and
  - Find a common ground to build on
- Engagement is a process – not an event
- Successful engagement will vary from participant to participant
- Because a person has accepted tenancy in your program does not mean they accept their role as a “client”
Engagement Strategies

Finding Common Ground

• Case managers must put aside their agenda and meet the participant where he/she “is”
• Case Managers must learn to address the tenant’s “felt needs”
• “Felt Needs” are defined by what the participant feels is a need as opposed to what the case worker might see as a “desire”
• In responding to “felt needs”, case managers can more easily engage the person and begin the process of forming a positive relationship
Engagement Strategies

• **Create the proper environment.**
  • Make people feel comfortable and offer private spaces for talking

• **Respect, accept and support people.**
  • Address participants by name and use eye contact
  • Be responsive to participant’s requests
  • Don’t lecture, demand or be too analytical

• **Develop Active Listening Skills**
  • Focus attention on the speaker
  • Reflect back what is heard
  • Ask clarifying questions and explore meanings
Engagement Strategies

The participant’s goals drive the services

• There is no such thing as a “wrong” goal.

• All services should help the person reach the intended goal.

• Outline obstacles toward goals and list them as steps in the process.

• Reinforce all achievements along the way.
Engagement Strategies

Help participants make informed choices
• Engage participants in choices about their lives
• Discuss the lack of choices in certain situations and how that can affect accomplishing goals

Be consistent with predictable patterns of interaction

Engagement should be non-threatening
• Do not choose controversial topics during the initial engagement attempts
• Do not agree or disagree with delusional content when working with mentally ill tenants
Are You Really Listening?

Open-ended Questions

• Establishes an atmosphere of trust
• Encourages the speaker to do most of the talking and explore the problem
• Cannot be answered by “yes” or “no”

Closed-Ended Questions

• Do not encourage the person to explore their feelings and options
• Do not give the person the opportunity to validate, elaborate or change what they meant
Are You Really Listening?

- Reflective Listening involves listening and responding to what a person says in a way that clarifies the person’s meaning

- **Why use reflective listening**
  - Most statements have multiple meanings
  - It is a way of checking, rather than assuming, that you know what is meant
  - It helps people think things through on their own
Are You Really Listening?

Levels of reflective listening

• Repeating
  • Repeat elements of what the person has said

• Rephrasing
  • Stay close to what was said but substitute certain words or slight rephrase what was said to help clarify further

• Paraphrasing
  • Offers a major restatement by reflecting back in new words but no new meaning

• Reflection of Feeling
  • Reflects back what a person seems to be feeling
Developing Service Plans
Service Plans

Whose Goal Is It?

- In order to create an effective service plan, there has to be an agreement about the work to be done.
- The participant and case manager may have different ideas about what the central issue is and what are the priorities.
- The participant must feel that they are working towards getting what they want.
- Case managers should be aware of their own agenda.
- On the flip side of that, participants must be willing to take responsibility for their own lives.
The Process of Goal Setting

- Listen and reflect back to clarify your understanding
- Prioritize issues to be addressed
- List and discuss obstacles to reaching goals
- Break obstacles down into component parts
- List and discuss options for dealing with obstacles
- Break options into steps with a realistic timeframe

Even when a participant’s goal seems unrealistic the steps necessary to achieve the goal are often the same as what the case manager wants.
Service Plans

- The service plan is ongoing process
- The service plan should be a participant-driven process and documented
- Use engagement activities and reflective listening
- The participant’s needs should be the basis of the goals and objectives
- Identify strengths and weaknesses relevant to achieving the goals
- Describe outcomes and achievements in measurable terms
Developing Goals and Objectives for Service Plans

• Goal setting is a mutual task – participant and case manager should act as a team
• The case manager assists with the strategies, methods or activities that will help the participant to reach their objectives
• It is an individual process – one person’s short-term goal may be another’s long-term goal
• The steps must be achievable and the timeline realistic
• Obstacles can become another step toward achieving the goal
• Achievement of a goal, no matter how small, should be positively reinforced
Developing Goals

• Phrase the goals accurately. Begin each statement with: The participant will...
• The case manager should not be mentioned directly or indirectly in the goal

An example of a misstated goal is:
• “the case manager will help the participant acquire interviewing skills for employment”
• To re-state as a participant directed goal, it can read: (Name) will learn interviewing skills for employment”
Service Plans & Case Notes

- The purpose of case notes is to provide a record of supportive services.
- Describe any significant events that have occurred which relate to the participant’s progress toward meeting the goals in their service plan.
- Document changes in goals, objectives and services.
On-Going Assessments

• The participant’s progress toward achieving the goals in the service plan must be documented.

• Service plans should have a column to record outcomes:
  • This provides a quick and easy way to review a participant’s progress.
  • Provides program monitors with performance measurement information without having to read through progress notes.

• Progress notes should provide a more detailed description of events that have occurred and any changes in goals or objectives.
On-Going Assessments

- Goals and objectives should be reviewed and revised on a frequent and regular basis

On-going assessments

- Allows the participant to see what has been achieved
- Provides an opportunity to discuss strengths, weaknesses and obstacles
- Provides for the development of new goals
Interviewing Skills
Building Motivation for Change

*Basic Tools*

- **Build Trust**
  - Be consistent, trustworthy and honest
- **Know the Person**
  - Supportive changes must be relevant and make sense to the participant
- **Assist in Cognitive Restructuring**
  - Help identify self-defeating thoughts
- **Assist in Preparation and Goal Setting**
  - Help develop goals and steps; identify obstacles, feelings, resource needs and discuss positive and negative effects of achieving goals
Building Motivation for Change

Basic Tools

• Learn to Recognize Emotions
  • Identifying emotions can help participants learn to control them so they do not interfere with their ability to achieve goals

• Teach Visualization Skills
  • Helping participants visualize details of situations – how they feel, what they will say, how they will overcome obstacles

• Provide Support
  • Help develop additional coping mechanisms to deal with setbacks or losses

• Establish a Contract
  • Identify what services the program can provide and your role in helping to achieve goals
Interviewing Techniques

5 Basic Principles

1. Express “accurate empathy”
   • You are not trying to identify with person but rather understand the specific meaning of what they are saying without judging

2. Develop Discrepancy
   • Assist the participant in seeing the discrepancy between current behavior and their goals

3. Avoid Arguing
   • Arguing creates resistance
Interviewing Techniques

5 Basic Principles

4. Roll with Resistance
   • Resistance is not bad – it provides insight to guide the work

5. Support Self-Empowerment
   • Hope, optimism and self-esteem are needed for change. Learn to reframe failures in terms of “let’s figure out what didn’t work”
Understanding Resistance

• Reactance theory states that people are resistant to treatment and/or worker intervention because:
  • They are afraid the worker will tell them what to do and use their power to make them do it
  • They do not want to be controlled or lose the right to make choices
• By understanding what motivates certain behavior we can become more effective at helping participants change
• What is often seen as “resistance” may actually be an understandable response to feeling a lack of freedom or control
Working with Ambivalence & Resistance

**Basic Tools**

- Present options and avoid telling the participant what to do
- Explore both sides of an issue
- Present options for change in a matter of fact manner
- Address one specific problem at a time
- Provide feedback in a non-judgmental way
- Avoid demanding that the person be aware of the need to change
Warning Signs

Tenants

- Past history of violence (#1 Predictor)
- Changes in baseline behavior
- Low frustration tolerance
- Change in psychiatric symptoms
- Anniversary or special date reactions
- Aggressive body language and/or verbal content
- Changes in medications
- Substance abuse
- Unresolved conflict
- HALT (Hungry, Angry, Lonely, Tired – AA motto)
Warning Signs

Environmental Factors

- Tension Centers (smoking area, mail area, pay phone, TV or community room)
- Climate
- Changes in normal routine (staff turnover, change in schedule, visit from family)
- Special times of the month (check day, assessment by psychiatrist)
- Social/Political/Racial tensions
Staff Communication & Roles

Things that should be established:

- Staff role in crisis intervention
- Security and front desk staff should have a clear understanding of this since they have the greatest potential for being on-site with the least backup
- Procedures for communicating with staff on-site and off-site
- When staff should handle the problem themselves
- When staff should call emergency services
The Assault Cycle

• Violence does not usually come on suddenly but builds to a crisis point.

There are five phases of the assault cycle:

• Triggering Phase
  • Trigger Phase is characterized by a change in baseline behavior

• Escalation Phase
  • In the Escalation Phase, the person is clearly agitated, displaying aggressive body language or verbal content
The Assault Cycle

• Crisis Phase
  • The Crisis Phase is characterized by the person becoming totally out of control and jeopardizing their own safety or the safety of others.

• Recovery Phase
  • The Recovery Phase is characterized by the person gradually returning to their baseline behavior.

• Post Crisis Phase
  • It is generally a mistake in this phase to try and get the person to reflect on the situation or work it out with the other party.
  • Allow the person some time alone following the outburst.
Strategies for Intervening in Violent Situations

- Before entering the room, notify other staff, if possible
- Be aware of your state of mind
- Watch your body language
  - Remain a leg’s distance away
  - Do not hide your hands
  - Do not get “in their face”
  - Position yourself by a door
Strategies for Intervening in Violent Situations

- Do not intervene with a person who is clearly drunk or high
- Avoid using humor or sarcasm
- Do not engage in power struggles – instead reflect back the person’s concerns
- Try to provide some options or choices
- Adopt a supportive yet firm stance
- Modulate your voice
- Avoid touching anyone in crisis
Critical Incident Debriefing

Process with persons in the incident:

- Ask how they are feeling and reassure them appropriate actions were taken
- Attend to anyone who feels particularly angry or traumatized
- Do not take sides or break confidentiality
- Set up subsequent meetings, if needed
Critical Incident Debriefing

Process with Community:

• Have a community meeting to discuss what happened and how people are feeling
• The people who witnessed the event may want to express their feelings
• Be careful not to re-fuel the incident
Critical Incident Debriefing

Process with staff:

• How did you intervene as a team?
• What could you have done differently or better?
• Are there programmatic changes that need to be made to address safety concerns?
• Are there staff that feel traumatized and need to be referred for help?
Psychiatric Decompensation

• Decompensation is the deterioration of mental health in a person with a previously maintained psychiatric illness, leading to a diminished ability to think and carry on daily activities.

• Decompensation can be related to stress such as moving in or even successes, like graduating from a program.

• Look for a change in baseline behavior such a deteriorating ADL skills, isolation or change in socialization.
Psychiatric Decompensation

Immediate Danger Signs:

- Is the person experiencing command hallucinations?
- Are the voices saying derogatory things to him/her?
- Are the voices telling him/her to harm someone?
- Is the person taking care of him/herself?
- Is the person acutely paranoid, agitated, incoherent, non-responsive or completely out of touch with reality?
- Is the person’s actions posing a threat to him/herself and/or others?
- Is the person not able to keep outpatient appointments?
Suicidal Crisis

All threats should be taken seriously!

Risk Factors:
- History of past attempts
- Family history of suicide
- Major mental illness
- Command hallucinations telling the person to harm themselves
- Isolation
- Access to weapons
- Physical pain or illness
- Recent loss or recent major stress
Suicidal Warning Signs

- Giving away personal items
- Stockpiling medications
- Sudden improvement in mood or increased energy signaling resolution
- Worsening symptoms of depression
- Social isolation and withdrawal
- Talking about dead people
- Joking about death
- Tying up loose ends/business
Suicidal Crisis

Assess for Intent

• Does the person say they want to die or be put out of their misery?

Assess for Plan and Means

• Does the person have a plan and a time frame?
• How does the person imagine they would kill themselves?
• Do they have access to the means?

Interventions

• Notify other staff and supervisors
• Obtain a psychiatric consultation
• Do not leave the person alone while evaluating
HOUSING STABILITY
HUD’s CoC Program Goals

• **Residential Stability** - Help participants obtain and remain in permanent housing.

• **Increased Skills/Income** – Increase their skills and/or income.
Housing Stability

Key Factors:

• Type of unit should fit the needs of the participants
• Develop a strong intake/interview process
  • Participants are appropriate for the type of housing program
• Develop a plan for crisis/emergency situations and relapse
• Identify and assist with applying for all eligible benefits
Mainstream Resources & Permanent Housing

- Mainstream resources can increase and stabilize income resulting in housing stability.
- HUD Recognized Mainstream Resources are:
  - Medicaid
  - State Children’s Health Insurance Program
  - TANF
  - SNAP (Food Stamps)
  - SSI
  - Workforce Investment Act
  - Veterans Health Care
Mainstream Resources

There should be:

• Assessment for eligibility during the intake process
• A process for referral to mainstream providers
• A system for follow-up to track who receives the services
• Methods for tracking and ensuring that the participant continues to receive the benefits
• HMIS can be used to monitor benefits
Transitioning to Permanent Housing

• Successful transitional programs should create an environment that supports movement into permanent housing
• Make the expectation of obtaining permanent housing clear to all participants
• Determine the most appropriate permanent housing options and the participant’s preferences
• Exploring the participant’s preferences sends the message that the decision-making process is mutual between the participant and staff
Transitioning to Permanent Housing

Areas of Assessment

• Applicant preferences
• Psychiatric functioning
• Medical Status
• Activities of Daily Living Skills
• Community Living Skills
• Substance Abuse
• Entitlements (Mainstream Resources)
• Social Skills and Needs
• Housing History and Patterns
Obstacles to Permanent Housing

Community Obstacles

- Lack of decent, safe, affordable housing
- Lack of rental subsidies
- Landlord prejudice – based on race, culture, special needs, homelessness
- Lack of sufficient income from the inability to get a job, amount of entitlement income, immigration status or special needs
Identifying Obstacles

Personal Obstacles
• Mental Illness
• Substance Abuse
• Poor Credit History
• Criminal History
• Illegal Immigrant Status
• Medical Problems
• Financial/Budget Problems
• Anxiety Over Change
• Unrealistic Housing Expectations
Transitioning to Permanent Housing

• Supporting participants as they move from transitional to permanent housing is an important role for the case manager.
• Staff should be alert to feelings of anxiety, sadness and anger as participants prepare to leave the program.
• Feelings of stress can lead to relapse.
• Encourage participants to get involved in activities outside of the housing program and services activities.