

Case Management in Scattered Site Housing

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Common experiences of people that have been homeless

- **Loss of power**
- **Loss of role**
- **Loss of connection**
- **Change in routine**
- **Lack of privacy, nutrition, sleep**
- **Fear**
- **Focus on immediate needs**
- **Lack of hope that things will get better**

Transition to Housing

- **Mental Illness & Substance Use**
 - The transition to housing can put people off-balance and affect symptoms
- **Medical**
 - As people relax they sometimes get sick
- **Behavior**
 - Techniques that worked in the past may not work in housing
- **Friends & Family**
 - Reunification & connections and obligations remain after someone is housed

Transitioning to Housing

- **Being alone for the first time**
- **Not knowing how to fill the day**
- **New routines, rituals, connections**
- **Moving from a crisis orientation**
- **Pro-active case managers**
- **Understanding the new rules**
- **Expectation that everything is supposed to be solved**
- **Fear of losing new housing**

Tenant Focus Group

- **Need balance between structure and support**
- **Basic rules needed to keep us safe, good security**
- **Secure front door, good locks, clean windows, screens**
- **Buildings**
 - Well maintained
 - Urban gardens, plants, trees
 - Art – visual beauty increases self-esteem
 - No graffiti
 - Good garbage units, garbage pickup
 - Located in walking/bus distance
- **Menu of services to choose from - service options**
 - Financial management services very helpful
 - Adequate mental health services
 - Meal program

Tenant Focus Groups

- **Transportation**
 - **Computers and computer classes**
 - **A plan that includes reuniting with family and friends**
 - **Access to psychologists and psychiatrists**
 - **Job training**
 - **Referral services**

- **Children's services**
 - **bus passes for school**
 - **after school program – if child enrolled all year, 2 months free rent**
 - **walk to and from school**
 - **free field trips**
 - **summer jobs for youth 14-21**

Tenant Focus Group

■ Fear of eviction

- Private owner (scattered site)
- Always fear getting kicked out if bring up building problems (several mentions)
- Need better communication between service provider and owner
- Need fund for evictions / eviction prevention, esp. for scattered sites – what can service provider do?

■ Move-In: Top 2-3 things you would like

- Case manager switching over utilities, taking care of paperwork/referrals
- One site provided everything: furniture, linens, bedding, all basics
- Edelman gave \$800 voucher for TV / entertainment (need to avoid boredom)
- VOA donates 10 new items at warehouse (Maxine Waters)
- 1st and last months' rent
- Moving company

Case Management Services

- **Goal - Help Your Client/Tenant Obtain and Remain in Permanent Housing**
- **Case management services should be designed to offer tenant support in living independently and establishing and maintaining residential stability**
- **Coordination and Linkages**

Case Managers Role

- **Build trusting relationships**
- **Accept people as they are**
- **Offer choices whenever possible**
- **Empower people to make decisions about their homes**
- **Support each person's individual goals**
- **Give people many opportunities to grow, succeed and recover**
- **Be a resource – know locations of libraries, recreation centers, drop-in centers, community centers, food banks, employment and volunteer opportunities, health facilities**

Engagement

- **Not an event**
- **Process of building a positive working relationship between you and the client/tenant**
- **Length of time varies**
- **Individualized**
- **“Golden Rule” – treat the tenant as you yourself would want to be treated or would want a family member to be treated.**
- **Respect a person’s needs, desires and boundaries.**

Case Manager's Role

- **Michael is a 40 year old man, who was referred by a transitional shelter. His hygiene is poor, he says he wants housing but will only spend five minutes with you at a time, is very polite and declines any services. He believes he is president of a university and needs a quiet place to prepare his lessons. He has missed one appointment with property manager, looked at one apartment and met the landlord.**
- **Describe how you work with Michael? Describe how to work with property manager/landlord.**

Case Manager's Role

Mark is a 30-year-old male who was placed in a foster home at the age of nine because of physical abuse and neglect. In his teens, he was moved to a group home, where he became involved in many physical conflicts with his peers. Mark was treated for this aggressive behavior with a mood stabilizer. He has been in and out of detention and jail for assault and drug related crimes. At the age of 19, he left the foster care facility and became homeless. He is now a your client and has an apartment in a permanent supportive housing project. The on-site service staff realizes that he is drinking and doing drugs. When confronted about this, he told the workers that the only true friends he has are the people he gets high with.

Case Manager's Role

Case Manager calls to schedule a home visit and Mark is resistant.

Mark calls because he is having problems with the manager in his building. He says that the manager is harassing him about his music.

Mark becomes angry and verbally abusive toward staff.

Eviction Prevention

- **Orientation**
- **When a Tenant Doesn't Pay**
- **Lease Violations**
- **Problems with Neighbors**

Purpose of Home Visits

- **Provide on-going support in the creation of a household**
- **Develop a cooperative and supportive environment (not linear)**
- **Opportunity to address independent living issues**
- **Observe tenant in his/her own home**
- **Crisis intervention**
- **Conflict resolution (neighbor/landlord conflicts)**
- **Meet contractual obligations**

Engagement Tips

- **Know and understand goals and aspirations of the tenant and the things that s/he would like to obtain**
- **Schedule an appointment**
- **Be on time or contact your client immediately if there is a change in plans**
- **Remember that you are a visitor in their home.**
- **Be respectful of their time, boundaries**
- **Take a small gift whenever possible (a donation, a bag of groceries, or gift card)**
- **Limit visits to 30-60 minutes**

Safety Tips

- **Dress appropriately. No heels or tight clothing, Wear shoes and clothes that allow you to move easily.**
- **Avoid wearing expensive jewelry or carrying a purse. Avoid any accessory that could potentially be dangerous such as necklaces or scarves.**
- **Avoid going alone**
- **If you must go alone, make sure the office knows where you are, the time of the visit, etc.**
- **Schedule home visits during business hours**
- **Make sure cell phone is charged and relevant numbers are programmed in the phone.**

Safety Tips

- **Sit near the door**
- **Know your agency's policies regarding automobile accidents and medical emergencies**
- **Continually assess the situation. Trust your instincts.**
- **If in doubt about the safety of the situation, be prepared to abandon or postpone the visit.**
- **Be observant**
- **ALWAYS go with your gut feeling. If you don't feel safe you aren't. Trust Your Instincts**

SKILLS and KNOWLEDGE BASE (TRAINING)

- **Crisis Intervention (Suicide, Threatening Behavior)**
 - Assessment, Take Appropriate Action Steps, Inform Supervisor & Debrief
- **Psychiatric De-compensation**
 - Changes in Normal Routine, Changes in Behavior
- **Relapse (The Rule Rather Than Exception)**
 - Common Signs
- **Overdose**
 - Conscious & Unconscious
- **Medical Emergencies**

Take Care of Yourself

- **Talk to your supervisor or a co-worker after you have dealt with a crisis**
- **Avoid overeating & excessive eating to de-stress**
- **De-stress activity:**
 - **Music**
 - **Long bath**
 - **Massage**
 - **Talk to a friend or family member**
 - **Go to a park or to the beach**

Resources

- **Corporation for Supportive Housing**
www.csh.org
- **Mental Health First Aid Manual**
http://www.mhfa.com.au/mhfa_manual.pdf
- **Center for Urban Community Services**
<http://www.cucs.org/>
- **Overdose Prevention and Response**
<http://www.harmreduction.org>

For More Information:

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