

Engaging the Disenfranchised on their Journey from Street to Shelter to Home



If they would approach you on an equal level and just give you reassurance that you are part of society, that would help.

—John (formerly homeless)

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Resources For Human Development

RHD's mission is to empower people as they build the highest level of independence possible, building better lives for themselves, their families and their communities. From providing residential services for individuals with mental illness, intellectual and developmental disabilities, chemical addiction and those who are homeless to job training, assisted transportation, and crisis intervention, RHD provides individualized, quality assistance wherever the need exists.

RHD Values

Respect for the dignity and worth of each individual

Multi-level thinking

Empowerment of groups

Decentralization of authority

Safe and open environment

Creativity

RHD Values

Honesty and trust

Diversity

Organizational integrity

Ongoing growth and development

Personal and professional enrichment

Quality service

RHD FaSST/Connections

RHD FaSST/Connections program provides Resource Coordination (Case Management) services to individuals and families who are in the Philadelphia Shelter System. In order to qualify for our services, individuals must meet certain basic criteria.

These criteria are:

1. Client must have a significant mental illness (Axis 1)
2. Client must be 18 years old;
3. Person cannot be receiving any other case management service through TCM.
4. Person must agree to the service.

Types Of Homelessness

1) **Situational or transitional:** This is when someone is forced into homelessness because of uncontrollable circumstances such as losing a job, important material loss, loss of main breadwinner(father, husband, wife) etc.

2) **Episodic or cyclical:** This is when a person repeatedly falls in and out of homelessness. This often happens with drug addicts and with people experiencing mental health issues. The person might have episodes of severe depression cyclical way and fall back in homelessness when these occur. Same for someone with drug abuse issues. The person may be able to stop consuming for certain periods of time and get off the street, while being at high risk of homelessness all the time.

3) **Chronic:** This is when an individual is in the street for a long period of time and very few or no resources are at their disposition to modify their situation. Often, these people will suffer from mental health issues. They wont have the ability to modify their situation without the support of others. It is very rare that someone will be homeless all of his or her life on a voluntary basis.

Homeless Case Management VS Traditional Case Management

- Engagement Strategies
- Trust Issues
- Dual Diagnosis
- Identification ->
Benefits -> Housing
- Elopement
- Continuum of Care

Traditional Approaches Can be Disempowering

- There is an over-emphasis on consistency, universal do's and don'ts
- Distancing – Being genuine and authentic can be difficult
- Can reinforce old concepts of mentalism – attitudes that keep people labeled with psychiatric disabilities devalued, disempowered
- Don't require that someone be on medication in order to receive services
- You don't have to be an authority: you only need to recognize how a mental illness can effect a person's behavior, personality, sleep patterns, energy levels, speech, and the ability to care for him or herself
- Identify their goals and meet them where they are at

Engagement Issues

- Distrust
- Resistances
- Poor past experiences with homeless services
- Delusions, internal stimuli, other Mental Health symptoms
- Denial of Mental Health issues

To engage someone effectively

- Convey interest
- Communicate empathy
- Demonstrate attentive listening
- Manifest belief in the person's ability to change
- Show that you are there to help
- Be receptive and responsive while interacting
- Listen to their story

Ways to engage people With a Mental Illness

- **Accommodate**

- Don't make medication compliance a requirement for staying in a homeless service program
- Don't assume that someone perceives himself or herself as having Mental Illness
- Create a quiet space. Noise can be stressful for someone with a serious mental illness

- **Communicate**

- Approach individuals gently and slowly, and interact as normally as possible
- Present a non-threatening stance and calm demeanor
- Speak in a natural tone of voice and at a normal rate. Use concrete, simple and direct language
- Don't respond to comments that seem unrelated or strange. Stay focused on what's happening in the moment and what's necessary to accomplish

Keys To Success

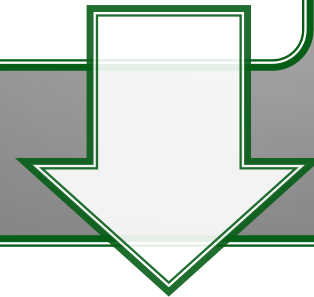
- Staffing
- Partnerships
- Funding

Staffing

- ▶ Training
- ▶ Time Off
- ▶ Support
- ▶ Qualifications
- ▶ Supervision

Transference


- The redirection of feelings, fears or emotions from a *client to a Case Manager* that may stem from past feelings and interactions with others.




- Can be conscious OR unconscious

Counter-Transference

- Case Manager's emotional response to clients transference.



Case Manager may 'favor' client who is having positive transference feelings toward them

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- Note that staff can have straight transference feelings toward clients

Keys To Success

- ▶ Staffing
- ▶ Partnerships
- ▶ Funding

Partnerships

- ▶ Shelter Facilities
- ▶ Government Agencies
- ▶ Homeless Non-profits
- ▶ Hospitals
- ▶ Out-Patients

Being a Good Partner

- ▶ Be responsive
- ▶ Be flexible
- ▶ Communicate effectively
- ▶ Provide extra service

Keys To Success

- ▶ Staffing
- ▶ Partnerships
- ▶ Funding

Funding

- ▶ Medicaid
- ▶ Gap Funding
- ▶ Support Staff
- ▶ Billing Software
- ▶ Budget Manager
- ▶ Community Business Partners



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