



Housing-Based Case Management & Supportive Services



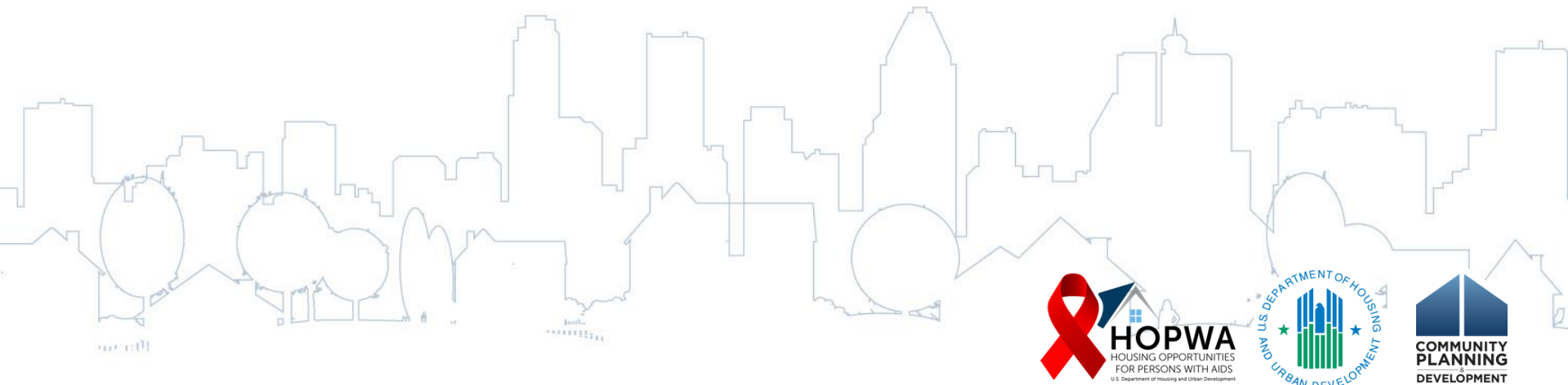
Learning Objectives

- ❑ Understand the core components of successful housing-based case management
- ❑ Increase knowledge about case management and its specific application in housing settings
- ❑ Learn how to incorporate trauma-informed care and low-barrier service models in your case management practice
- ❑ Increase knowledge of HOPWA supportive services and how they can enhance delivery of housing-based case management



The HOPWA Institute:

“Housing’s Role in Ending the HIV Epidemic”





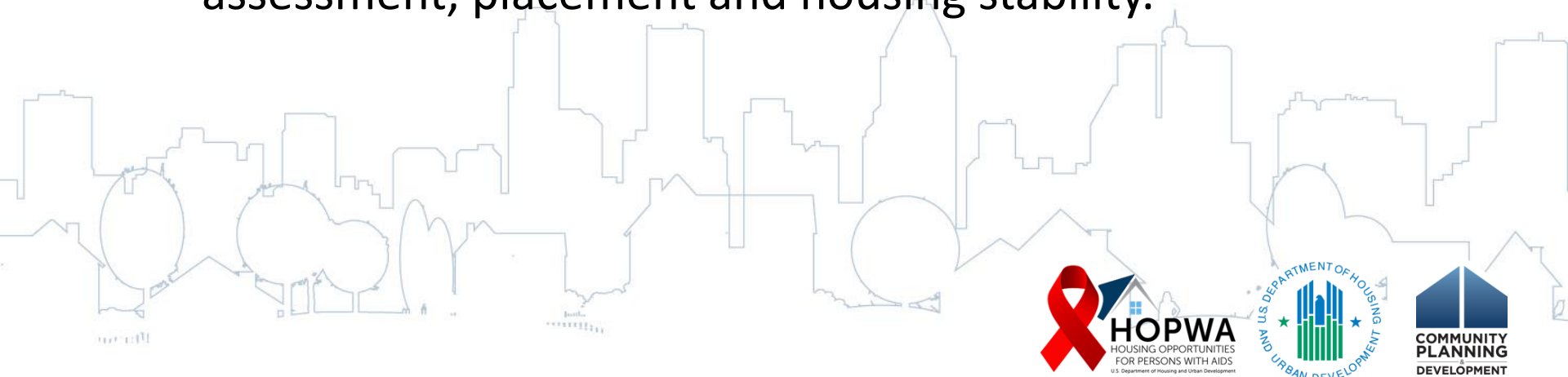
FUNDAMENTALS OF HOUSING-BASED CASE MANAGEMENT



Housing and Health Outcomes

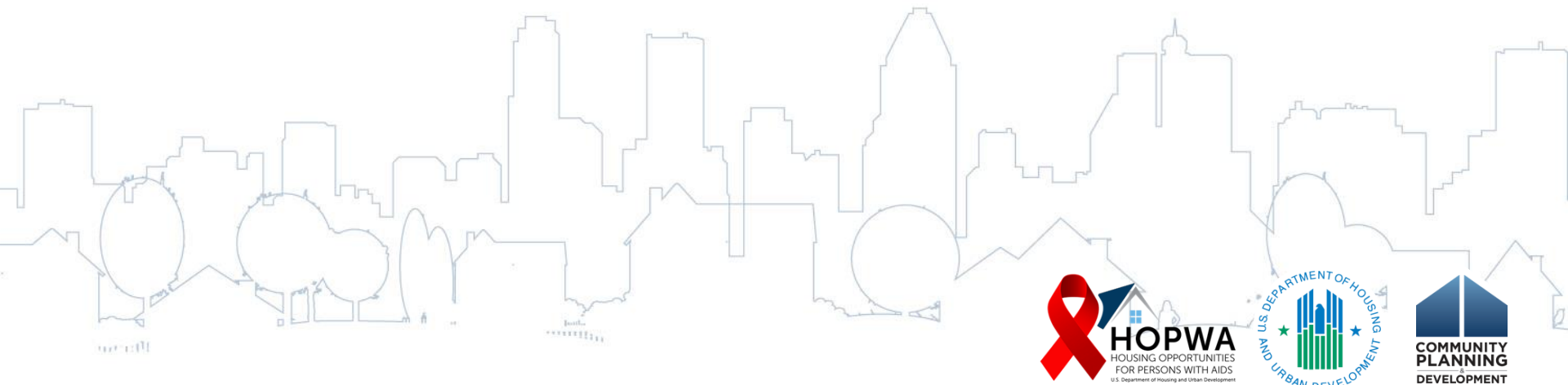
Housing status is likely the most important characteristic of each new client – *the most significant determinant of each PLWHA's health and risk outcomes!*

Case management must focus on housing assessment, placement and housing stability.



Housing is Healthcare!

How can housing be an intervention?



Case Management: Core Functions

Building Rapport

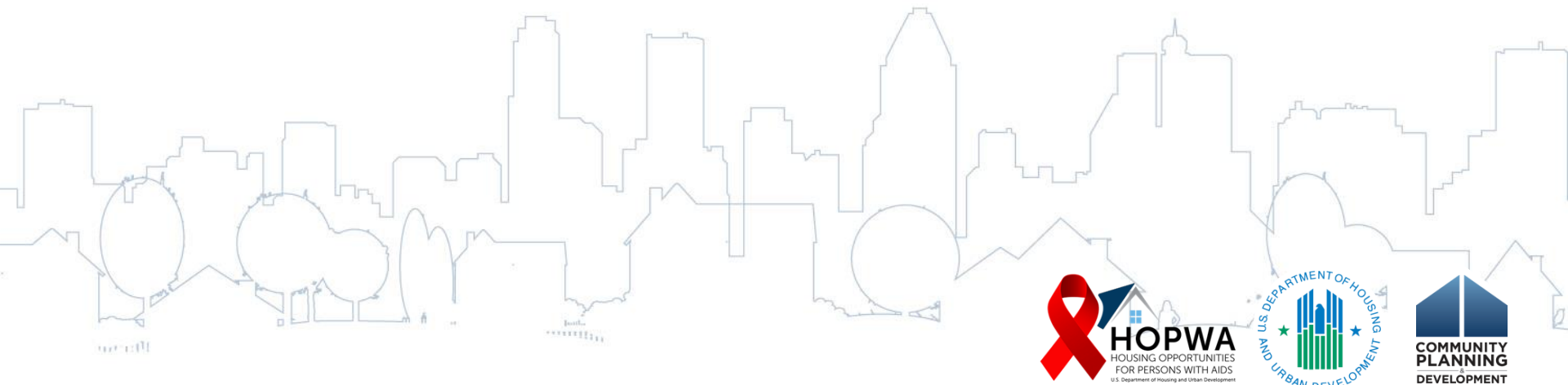
Assessment

Goal setting

Service coordination

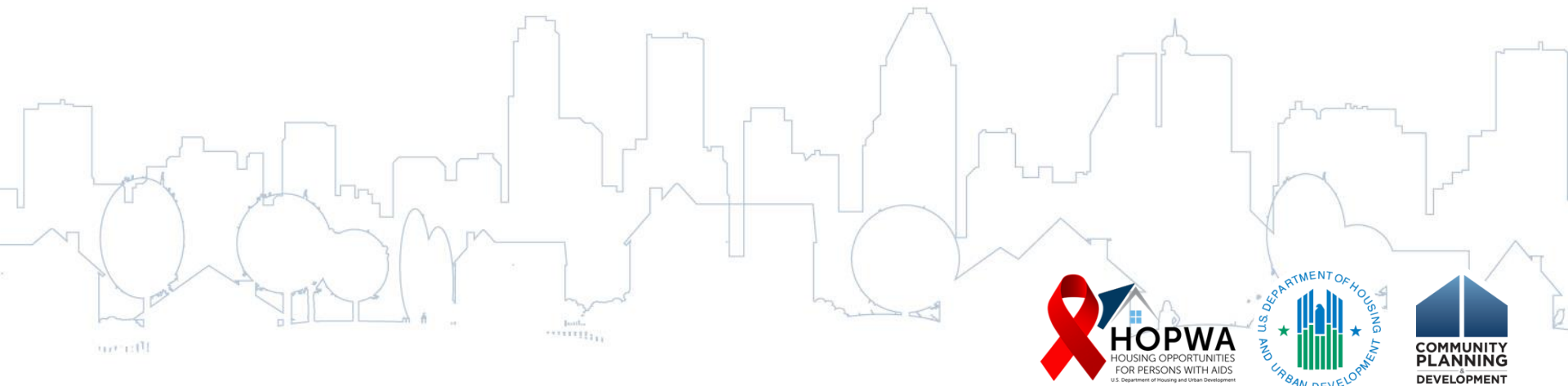
Discharge Planning

Termination



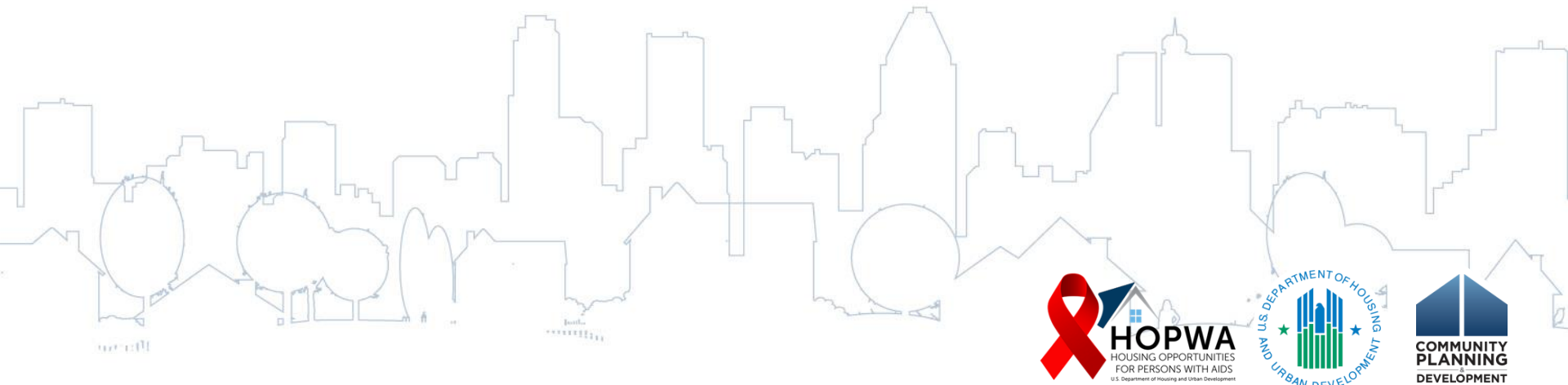
Barriers to Engagement

1. What do we as providers do that impedes engagement?
2. How do systems impede engagement?



Rapport-building Strategies

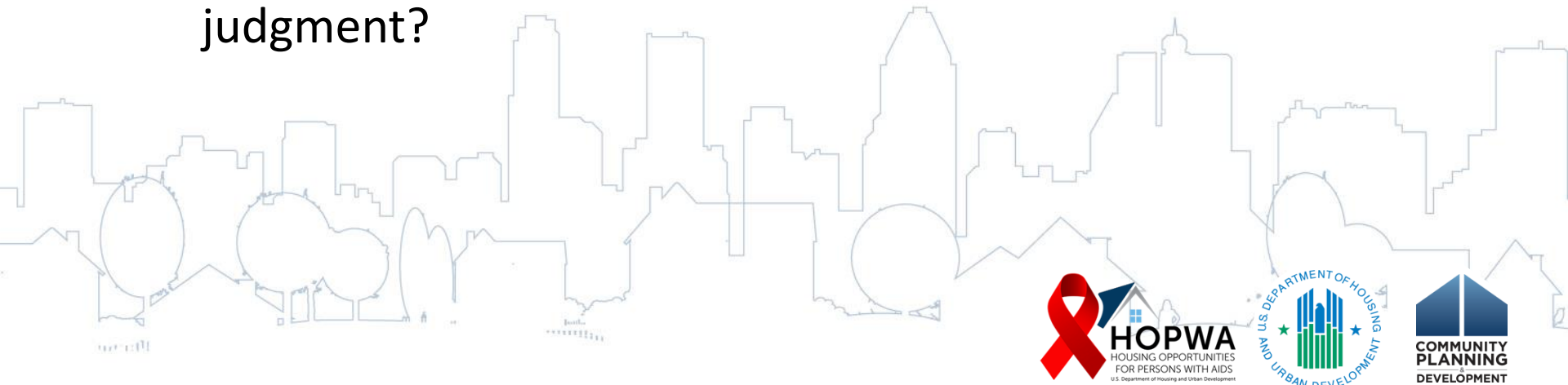
What methods have you used to engage hard to reach clients who are distrustful?



Strategies to Manage Bias

If housing staff feel disappointed, frustrated, angry, concerned, judgmental...

- ✓ What can we do that is constructive?
- ✓ What can we say/avoid saying?
- ✓ How do we prevent perception that we feel judgment?





DEEP DIVE: HOUSING BASED CASE MANAGEMENT FOR HOPWA CLIENTS



Goal of Housing-Based Case Management

Goal: Helping HOPWA clients to *secure and maintain* stable, affordable housing

For clients not currently in safe, decent, affordable housing, the primary goal is to develop a strategy to assist them in securing housing

For those already housed, the goal is to assure that adequate supportive services are in place so the client can maintain housing



Case Manager Responsibilities

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Helping client understand rights and responsibilities in relation to eviction

Provide clients with possible housing options to keep clients from re-entering into homelessness

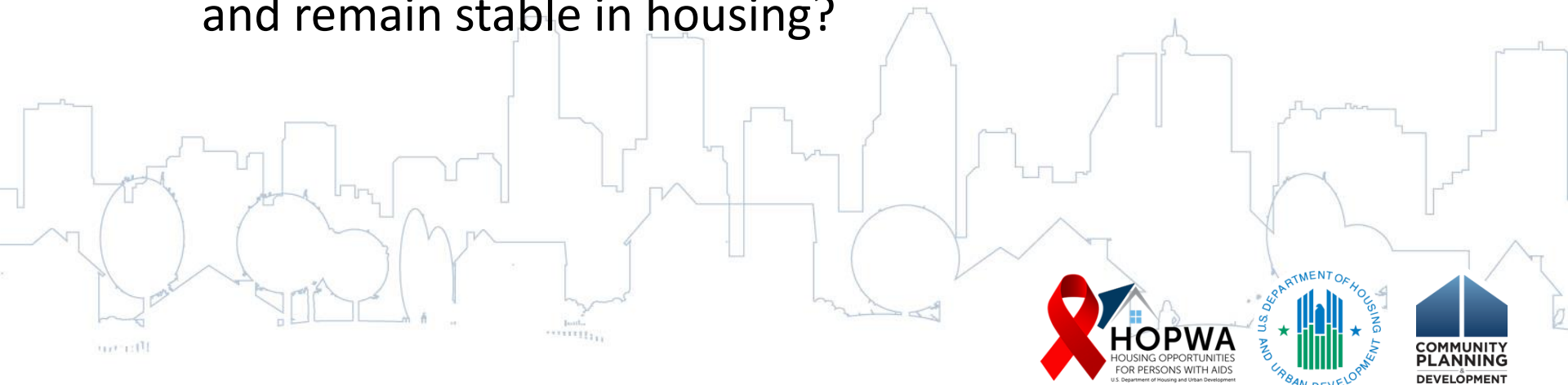
Advocating for tenants with landlords for fair treatment during eviction process.



Housing Focused Needs Assessment

Assessment

- ✓ History: What actions, behavior or circumstances led to housing problems?
- ✓ In what setting has the client been happiest and most stable? What settings did not work?
- ✓ What supports will this client need in order to enter and remain stable in housing?



Housing History Example

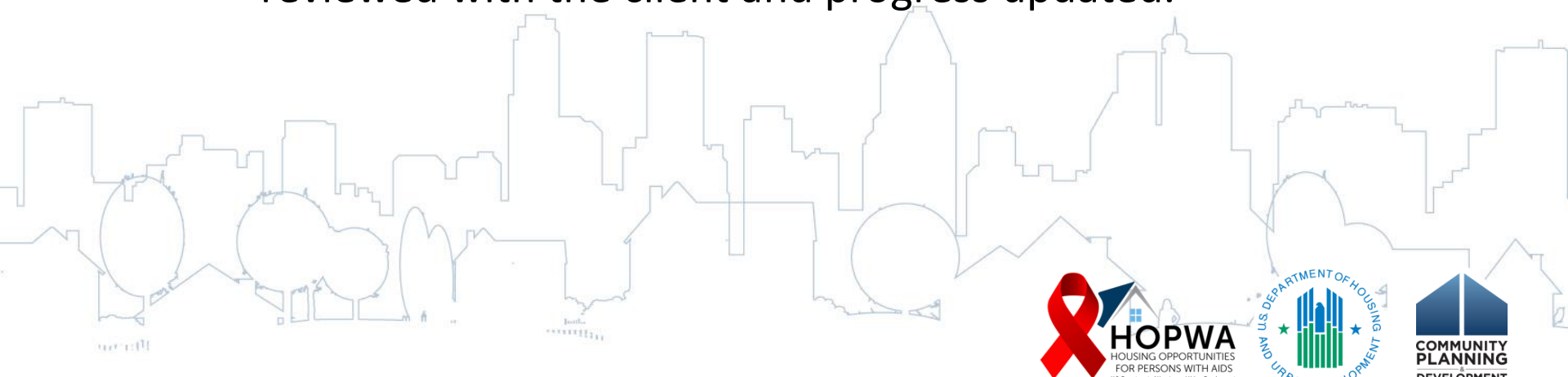
Type of Residence	Dates of Residence	Reason for Leaving
<input type="checkbox"/> Emergency Shelter		
<input type="checkbox"/> Permanent housing for formerly homeless		
<input type="checkbox"/> Psychiatric hospital/facility		
<input type="checkbox"/> Substance abuse treatment		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Room, apartment or house that you rent		
<input type="checkbox"/> Apartment/house you own		
<input type="checkbox"/> Staying/living in a family member's room, apt., etc.		
<input type="checkbox"/> Hotel or motel		
<input type="checkbox"/> Place not meant for habitation		



Housing Focused Goal-Setting

Case managers will help clients think realistically about their housing goals and identify steps to achieve goals.

- ✓ Agree on supportive services needed.
- ✓ Opportunity to assist clients with budgeting, assess issues related to credit and debt, and establish plans for clients to be able to manage/save money.
- ✓ Case managers will ensure that the plan is regularly reviewed with the client and progress updated.



Goal Setting

Setting goals is a collaborative effort

Goals must be SMART!

- Specific
- Measurable
- Achievable
- Realistic
- Time-sensitive



Homeownership as a Goal

Many people want this in their future.

Setting a future goal is a motivating factor.

Even for those not yet ready for homeownership, the stepping stones will be beneficial to their stability in rental housing...

Budgeting

Saving

Reducing Debt

Repair Credit History

Increasing Income

Increasing Independence





SUPPORTIVE SERVICES



HOPWA Supportive Services: Requirements

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- ✓ HOPWA regulations require appropriate supportive services to be provided as part of any HOPWA-assisted housing.
- ✓ Supportive services must be linked with the rental assistance provided.
- ✓ An assessment of both housing and supportive services must be conducted.



HOPWA Supportive Services: Client Housing Plan

- ✓ Individualized plans are required!

- ✓ The plan should:
 - Address all needs and barriers to housing stability identified through the assessment.
 - Be used by case managers to develop a strategy for helping clients obtain and maintain housing stability.
 - Be a living document; HOPWA requires at least annual income and rent recertification, presenting an opportunity for reassessment.



Core Supportive Services

- ✓ Case management emphasizing access to care and procurement of mainstream resources.
- ✓ Outreach and support to encourage client participation in services needed.
- ✓ Development and maintenance of client Individual Housing Service Plans
- ✓ Assistance for clients in developing the skills needed to increase and enjoy social network supports
- ✓ Assistance to enhance client functioning and daily living activities.



What is Allowable?

24 CFR 574.300(b)(7)

- Adult day care and personal assistance
- Alcohol and drug abuse services
- Case management
- Child care
- Education
- Employment assistance and training
- **Health and medical services**
- Legal services
- Life skills management
- Nutritional services
- Mental health services
- Outreach
- Transportation



Medical Expenses

There are restrictions! From the regulations:

Health services can only be provided to persons living with HIV or AIDS (24 CFR 574.300b(7));

Payments for health services can not be made to the extent that payment can come from another public or private source (24 CFR 574.310a(2));

Payments may not be made in substitution for AIDS Drug Assistance Program (ADAP) payments;

Any health services to be paid by HOPWA must be approved directly by HUD;

Health-related payments can only be considered for approval on a case-by case basis; and

Organizations must document reasonable efforts to qualify beneficiaries for available types of health care support, including health insurance and other programs.



Billing to Program Activity

Many projects charge all of staff time to case management under supportive services

- ✓ Activities like intake, HQS, housing referrals, landlord outreach, etc. are all related to administering the TBRA program
- ✓ Often, only expenditure people bill for under TBRA is voucher costs
- ✓ In reality, you can save your SS dollars by billing directly to the rental assistance activity



Parting wisdom!

- ✓ There is no all-inclusive list of eligible services.
- ✓ It is important to consult your existing grant agreement for clarification and specifics on the nature and scope of supportive services offered through HOPWA and permitted in your contracts/grant agreements.
- ✓ As a note, because affordable housing resources are limited in most communities HOPWA is primarily intended to increase affordable resources in communities, or to increase housing stability for persons already housed experiencing a temporary crisis due to lack/loss of resources.





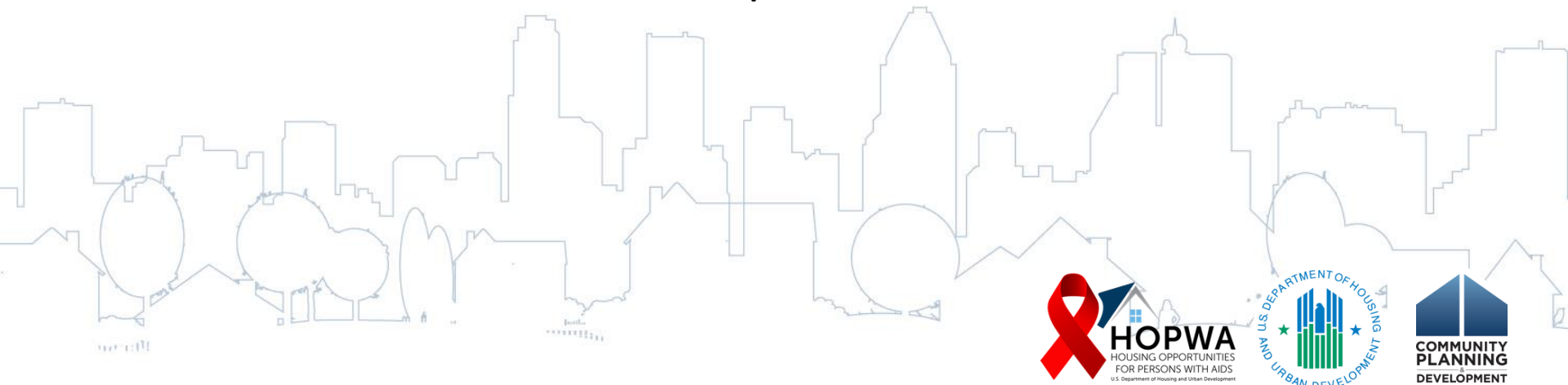
LOW-BARRIER SERVICE MODELS



What is Trauma-Informed Care?

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Trauma-informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.



Trauma-Informed Approach

The 6 key principles fundamental to a trauma-informed approach include:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues



Avoiding Re-Traumatization

Anticipate and be sensitive to the needs of clients who have experienced trauma regarding program policies and procedures in the treatment setting that might trigger memories of trauma.

Attend to clients' experiences. Ignoring clients' behavioral and emotional reactions to having their traumatic memories triggered is more likely to increase these responses than decrease them.



Avoiding Re-Traumatization

Develop an individual coping plan in anticipation of triggers that the individual is likely to experience in treatment based on his or her history.

Rehearse routinely the coping strategies highlighted in the coping plan.

Recognize that programmatic efforts to control behavior can cause traumatic stress reactions, particularly for trauma survivors for whom being trapped was part of the trauma experience.



Assumptions

Lack of information is often not the most important issue for clients not consistently engaging in healthy choices.

Lasting change is most often evoked from clients.

The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

Readiness to change is not solely a client trait, but a fluctuating product of interpersonal interaction.



Introducing the Provider's Agenda

When giving education, consider an Ask-Tell-Ask approach.

- 'Could I offer some additional information about...'
- Offer the education in brief, non-coercive terms.
- Ask the consumer's reaction/understanding of the information you presented.

Asking permission to discuss your agenda.

- Would it be all right if we also talked a bit about . . . ?



Housing First (HF) Philosophy

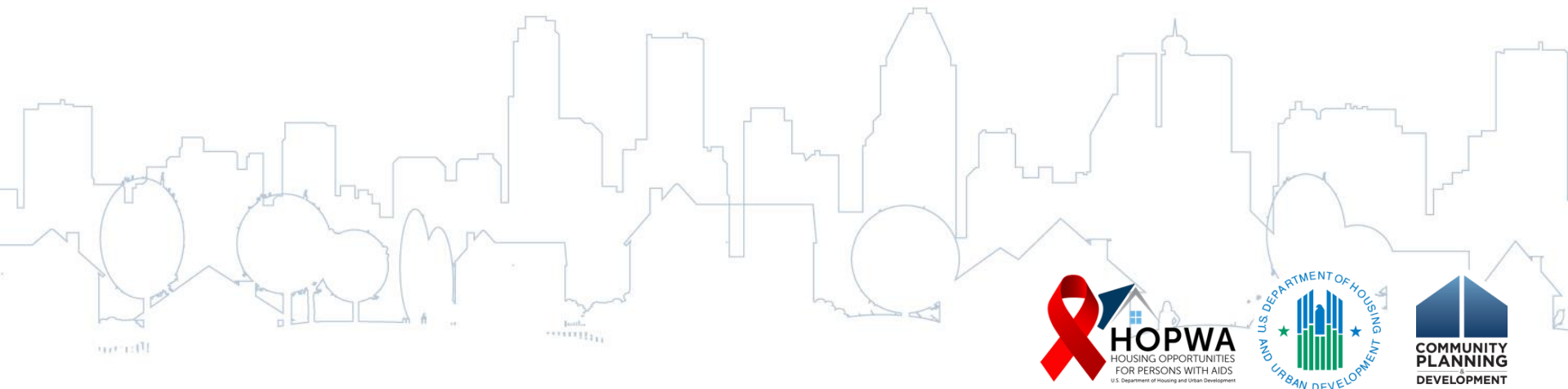
The Housing First philosophy is simple!

1. Provide individuals and families experiencing homelessness with ***immediate*** access to permanent or affordable supportive housing.
2. Supplement the housing by offering supportive treatment services such as mental and physical health, substance abuse, education, and employment.



Housing First Emphasizes...

- ✓ Consumer choice
- ✓ Voluntary services
- ✓ Eviction prevention



What is Harm Reduction?

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Public health intervention that seeks to reduce the negative consequences associated with certain behaviors

Does not reject abstinence-based treatment or 12-step models but acknowledges a spectrum of safer use → managed use → abstinence

Traditionally refers to substance use, but can also be applied to mental health

Harm Reduction is NOT “anything goes”



Harm Reduction and Housing First

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Harm Reduction is an important part of the Housing First model—based on principles of self-determination and individual choice

Examples:

- Individualized plans for psychiatric medication compliance
- Scheduling CM meetings first thing in the morning
- Budgeting for alcohol/recreation
- Going to AA/NA meetings while a person is still using
- Direct vendor checks or rep payee for rent

These practices should be tailored to the culture and needs of your community!



QUESTIONS?

