Chronic Homelessness & Engagement:

Using Targeted Case Management as a Gateway to Recovery

Presented By:

Kelly Ruff, LPCA

ACT Team Leader at Bluegrass.org

Jessica Sucik, LCSW

Regional Director of SMI Services at Bluegrass.org

Workshop Agenda

- *Information!*
- *Interaction!*
- *Innovation!*

Workshop Agenda

- Introductions
- Review Objectives
- Define Homelessness, Case Management and the Problem
- Systematic Strategies to Ending Homelessness: Kentucky and US Efforts
- BREAKOUT : Systems

Workshop Agenda

- Evidence Based Practices: “meet the client where they are”
- BREAKOUT: Role of TCMs in Creating Change
- Housing First, Harm Reduction and Unconditional Positive Regard
- BREAKOUT: Case Examples
- Bringing It All Together

Who Are You? ? ?

Name ?

Agency ?

Interest in Workshop?

Workshop Objectives

- Learn Strategies for effective engagement with the chronically homeless population
- Understand the importance of community partnerships and outreach
- Identify the principles, standards, and philosophical structure of the Housing First Model
- Understand the Targeted Case Manager role in linking clients to services and supports to maintain housing and recovery
- Develop understanding of the importance of restoring the independent level of functioning through the helping relationship

Defining Chronic Homelessness, Case Management and the Problem

A Mission:

”In 2010 the Administration released *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness* and set the goal to finish the job of ending chronic homelessness by 2015 (this goal has since been extended to 2017).”

HUD Exchange, 2016

Defining the Problem:

Chronically Homeless Individuals

are homeless individuals with **disabilities** who have **either** been **continuously homeless for a year** or more or have **experienced at least four episodes of homelessness in the last three years**.

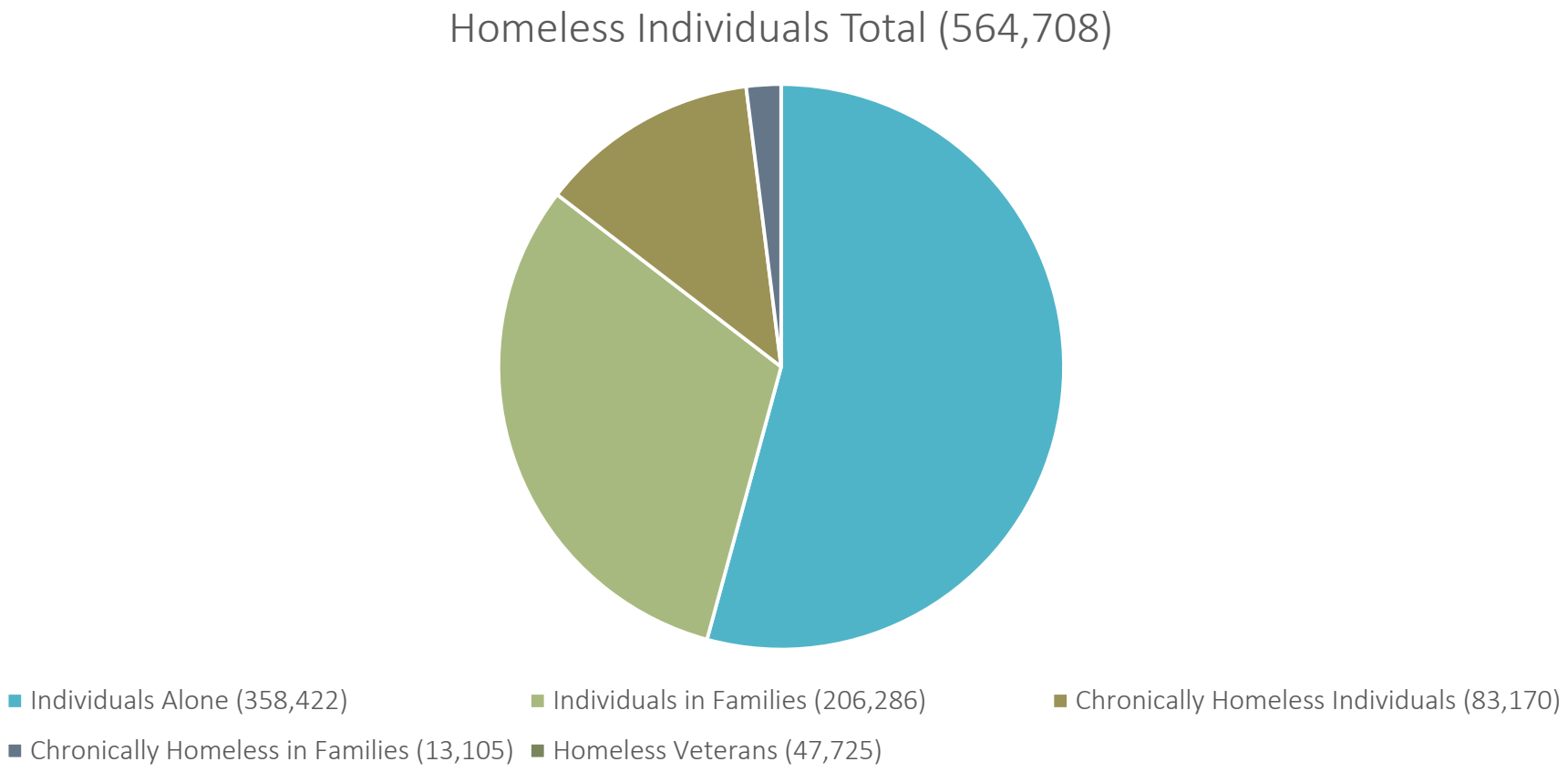
HUD Exchange, 2016

Defining the Problem:

There were an estimated 83,170 individuals experiencing chronic homelessness on our streets and in our shelters on a single night in January 2015.

United States Interagency Council on Homelessness, 2016

2015 Point in Time Count



The 2015 Annual Homeless Assessment Report to Congress, 2015)

Defining the Problem

It’s a common misconception that this group represents the majority of the homelessness population. Rather, they account for less than **15 percent** of the entire homeless population on a given day.

(National Alliance to End Homelessness, Snapshot of Homelessness, 2016)

Defining the Problem

Chronic homelessness is often the public face of homelessness. "Chronic" has a specific definition, involving either long-term and/or repeated bouts of homelessness coupled with disability (physical or mental).

People experiencing chronic homelessness often end up living in shelters and consume a plurality of the homeless assistance system’s resources.

National Alliance to End Homelessness-Snapshot of Homelessness, 2016

The Cost of Chronic Homelessness

- Incarceration
- Urgent Medical Care and Hospitalization
- Mental Health Emergencies and Psychiatric Hospitalization
- Detoxification and Substance Treatment

The Cost of Homelessness

Some studies have found that leaving a person to remain chronically homeless costs taxpayers as much as $30,000 to $50,000 per year.

Case Management:

Less structured, defined form of helping service and support. Provider credentials and training are not necessarily monitored. Not billable through Medicaid.

(Targeted) versus Case Management

What is the Difference?

Targeted Case Management:
Federally defined and State regulated Medicaid billable service, in Kentucky, for individuals experiencing Serious Mental Illness and/or a chronic and complex physical health disorder.

(Targeted) versus Case Management

What is the Difference?

Chronic Homelessness Timeline

Events: Great Depression (natural disasters, mass unemployment, housing market crash,etc.)

Policies: Deinstitutionalization and Defunding **(80's)**

Today: Lack of affordable housing in the open market place, and multiple complex factors and a new MISSION to eliminate chronic homelessness

BREAKOUT! Systems

5 min

Where does Kentucky stand with homeless reduction efforts?

Systematic Strategies to Ending Homelessness: Kentucky and US Efforts

Broad Efforts: National/Federal

National Alliance to End Homelessness

Substance Abuse and Mental Health Services Administration SAMHSA

U.S. Department of Veterans Affairs

United States Interagency Council on Homelessness

What Do They Do?

Policy

Advocacy

Programming Creation and Funding (Grants)

Program and Practice Evaluation

Broad Efforts: State/ Local

LOUISVILLE METRO HOUSING AUTHORITY

We Strive to Enhance Lives, Build on Strengths and Create Community.

KHC Kentucky Housing Corporation
Investing in quality housing solutions.

CoC – Continuum of Care
BoS – Balance of State

Homeless & Housing Coalition of Kentucky

AMERICORPS KENTUCKY

HOMES FOR ALL

LEXINGTON
Office of Homelessness Prevention and Intervention

What Do They Do?

Policy

Advocacy

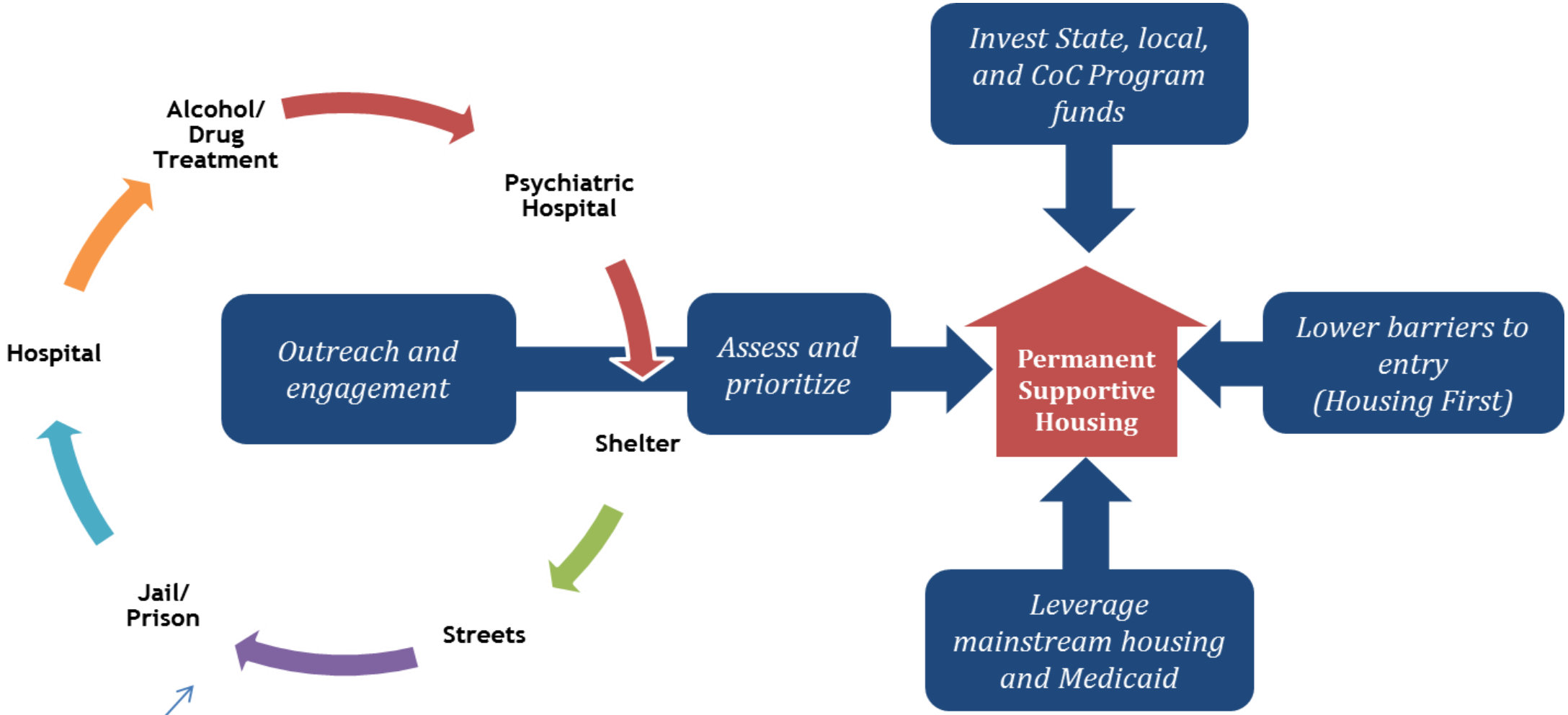
Programming Creation and Implementation

Program and Practice Evaluation

Strategies to End Chronic Homelessness

General Strategic Models

Specific Programs and Approaches



The cycle of chronic homelessness

United States Interagency Council on Homelessness, Strategy to Combat Homelessness, 2016

BREAKOUT! Stages of Change

Where does recovery start for those who are experiencing chronic homelessness?

Evidence Based Practices: “meet the client where they are”

Evidence Based and Planned Practices and Approaches

- Housing First
- Rapid Re-Housing
- Permanent Supportive Housing
- Supported Employment/Individual Placement and Supports
- Assertive Community Treatment
- Motivational Interviewing
- Integrated Dual Disorder Treatment
- Harm Reduction

Housing First

"Housing First is an approach to **quickly and successfully connect** individuals and families experiencing homelessness **to permanent housing without preconditions** and barriers to entry, such as sobriety, treatment or service participation requirements

Supportive services are offered to to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry"

Housing First and Rapid – Rehousing Webinar HUD July 2014

Assertive Community Treatment

- A comprehensive community-based model for delivering treatment, support, and rehabilitation services to individuals with severe mental illness
- Appropriate for individuals who experience the most intractable symptoms of severe mental illness and the greatest level of functional impairment
- Individuals appropriate for ACT services are often frequent utilizers of inpatient hospitalization and have the poorest quality of life

Motivational Interviewing

- Express Empathy
- Support Self-efficacy
- Roll with Resistance
- Develop Discrepancy

Integrated Dual Disorders Treatment

- Co-treats Substance Use and Serious Mental Illness
- Collaborative
- Multidisciplinary
- Flexible
- Stage-wise approach
- Radically Realistic
- Rolls with Relapse

RECOVERY IS POSSIBLE

The Substance Abuse Mental Health Services Administration (SAMHSA) initiated a year-long effort to operationalize the ongoing recovery process in behavioral health

Recovery is defined as

"a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential"

http://www.samhsa.gov/newsroom/press-announcements/201112220300

RECOVERY IS POSSIBLE

The initiative delineated four major dimensions that support a life in recovery:

Health

Home

Purpose

Community

http://www.samhsa.gov/newsroom/press-announcements/201112220300

Housing First, Harm Reduction and Unconditional Positive Regard

BREAKOUT! Role of TCM

Where role does the TCM play in reduction of homelessness and in services for homeless individuals?

Role of TCMs in Creating Change

Targeted Case Management: Agent of Change

"Case management can be magic, glue – the thing that holds the plan together. Case managers are lucky to be viewed as useful, with resources and connections to things client's find valuable. The same things we all see as valuable – income, housing, social activity, support…. This provider an opportunity for case managers to develop relationships with individuals in a different way and to remain connected to what that individual truly values and sees as a priority and to support that individual in making change and meeting goals"

10 Guiding Principles

Recovery Emerges from Hope

The belief that recovery is real provides the essential and motivating message of a better future – that **people can and do overcome** the internal and external challenges, barriers, and obstacles that confront them.

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Person-Driven

Self-determination and **self-direction** are the foundations for recovery as individuals define their own life goals and design their unique path(s)

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery Occurs Via Many Pathways

Individuals are unique with distinct strengths, needs, preferences, goals, culture, and backgrounds, including trauma experiences, **that affect and determine their pathway(s) to recovery.** Abstinence is the safest approach for those with substance use disorders.

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Supported by Peers and Allies

Mutual support and mutual aid groups, including the **sharing of experiential knowledge and skills**, as well as social learning, **play an invaluable role in recovery**

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Supported Relationships and Social Networks

An important factor in the recovery process is the **presence and involvement of people who believe in the person**'s ability to recover; who offer hope, support, and encouragement

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Culturally-Based and Influenced

Culture and cultural background in all of its diverse representations, including values, traditions and beliefs, **are** keys **in determining** a person's journey and unique pathway to **recovery**

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Supported through Addressing Trauma

Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Involves Individual, Family, and Community Strengths and Responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery

http://www.samhsa.gov/newsroom/press-announcements/201112220300

10 Guiding Principles

Recovery is Based on Respect

Community, systems, and societal acceptance and **appreciation for people affected by mental health and substance use problems** – including protecting their rights and eliminating discrimination – **are crucial in achieving recovery**

http://www.samhsa.gov/newsroom/press-announcements/201112220300

BREAKOUT! Case Examples

-what stage of change might this person be at?

-what might/might not this person prioritize for services?

-what federal/local programs might be used?

-what EBP treatment/service models might be used?

-What EBP approaches might be used?

Bringing It All Together

Are Things Getting Better?

Is there Less Chronic Homelessness?

Remember the 2017 Goal of Ending Chronic Homelessness ?

”In 2010 the Administration released *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness* and set the goal to finish the job of ending chronic homelessness by 2015 (this goal has since been extended to 2017).”

HUD Exchange, Homelessness Assistance Main, Chronic Homelessness. (2016)

Are We Finishing or Just Getting Started?

"We've made significant progress in our national effort to end chronic homelessness. Since 2010, chronic homelessness has declined 22% nationwide.

But our progress is slowing . . during the last PIT individuals experiencing chronic homelessness only had a 1% decrease from the previous year"

United States Interagency Council on Homelessness, People Experiencing Chronic Homelessness, 2016

"Everyone has the right to … food, clothing, housing and medical care . . . necessary social services.“

Universal Declaration of Human Rights. Article 25(1), 1948

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