Chronic Homelessness & Engagement:
Using Case Management as a Gateway to Recovery
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Workshop Agenda

• *Introductions*
• *Information*
• *Interaction*
• *Innovation*
Workshop Agenda

- Introductions
- Review Objectives
- BREAKOUT: Critical Thinking Dialogue
- Define Homelessness, Case Management and the Problem
- Systematic Strategies to Ending Homelessness: Kentucky and US Efforts
- BREAKOUT: Systems/Strategies Awareness
Workshop Agenda

- Role of Case Management in Recovery
- Evidence Based Practices: “meet the client where they are”
- 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 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
Who is at Risk?

**High Risk**

Veterans

People with disabilities

Single Parent Families

**Increasing Risk**

“Working Poor” People

“Parolees” from Incarceration

Transitional Age Young Adults

Women and Children
Re-Think Homelessness

Re-Think Homelessness, Human, 2016
Defining the Problem:

There were an estimated 77,486 individuals experiencing chronic homelessness on our streets and in our shelters on a single night in January 2016.

United States Interagency Council on Homelessness, 2017
Point In Time

- HUD requirement for certain grantee communities
- Required at least every two years
- On a single night volunteers go into communities and gather data regarding homeless individuals

"National Alliance to End Homelessness: Fact Sheet: Point-in-Time Counts," 2010
2016 Point in Time Count

Homelessness by Subpopulation

[1, 5] 5
(5, 9] 11
[9, 13] 23
(13, 17] 24
(17, 21] 9
(21, 25] 4

The 2016 Annual Homeless Assessment Report to Congress, 2016)
It’s a common misconception that this group (the chronically homeless) 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).
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.
The Cost of Chronic Homelessness

- Incarceration
- Urgent Medical Care and Hospitalization
- Mental Health Emergencies and Psychiatric Hospitalization
- Detoxification and Substance Treatment
- Emergency food and shelter
The case manager assists clients in addressing medical, educational, vocational, housing and other basic needs and linking to resources to gain stability.
Chronic Homelessness Timeline

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

Policies: Defunding/re-alignment of funding for programs (80’s)

Policies: Deinstitutionalization Efforts (50’s/60’s)

Today: Affordable housing in the open market place, other multiple complex factors MISSION to eliminate chronic homelessness
BREAKOUT! Systems

10 min Break – Return and Discuss:

*Where does Kentucky stand with homeless reduction efforts?

*What resources and programs are you aware of?
Systematic Strategies to Ending Homelessness: Kentucky and US Efforts
Broad Efforts: National/Federal
Broad Efforts: State/Local

CoC – Continuum of Care
BoS – Balance of State

Office of Homelessness Prevention and Intervention
What Do They Do?

- Policy
- Advocacy
- Programming Funding, Creation and Implementation
- Program and Practice Evaluation
Strategies to End Chronic Homelessness

General Strategic Models

Specific Programs and Approaches
* What are some indications that a client is “ready” to work on ending homelessness?
Evidence Based Practices: “meet the client where they are”
Stages of Change and the Trans theoretical Model

- **Precontemplation**: No intention of changing behaviour.
- **Contemplation**: Aware a problem exists. No commitment to action.
- **Preparation**: Intent upon taking action.
- **Action**: Active modification of behaviour.
- **Maintenance**: Sustained change - new behaviour replaces old.
- **Relapse**: Fall back into old patterns of behaviour.

The model shows an upward spiral, indicating improvement and learning from each relapse.
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Characteristics - Issues</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Pre-contemplation</td>
<td>“Nothing needs to change”</td>
<td>• RELATIONSHIP</td>
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<tr>
<td>“Ignorance is Bliss”</td>
<td></td>
<td>• TRUST</td>
</tr>
<tr>
<td>Contemplation</td>
<td>“I am considering change”</td>
<td>• ACKNOWLEDGE MIXED FEELINGS</td>
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<td>“On the Fence”</td>
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<td>• DEVELOP DISCREPANCY</td>
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<td>Preparation</td>
<td>“I am figuring out HOW to change”</td>
<td>• BUILD CONFIDENCE</td>
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<td>“Testing the Waters”</td>
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<td>• INFO, OPTIONS, ADVICE</td>
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<tr>
<td>Action</td>
<td>“I’m working on reaching my goals.”</td>
<td>• CAREFUL - DON’T PUSH...</td>
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<tr>
<td>“Started Moving”</td>
<td></td>
<td>• PLAN REACHABLE GOALS</td>
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<tr>
<td>Maintenance</td>
<td>“I’ve changed, now to just keep it up.”</td>
<td>• MONITOR AND ENCOURAGE</td>
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<td>“Holding Steady”</td>
<td></td>
<td>• SUPPORT CHANGE</td>
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<td>Relapse Prevention</td>
<td>“I’ve gone back to old behaviors. Have I lost everything I worked for?”</td>
<td>• RELAPSE PRE-PLAN</td>
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<td>“Falling off the Wagon”</td>
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<td>• CAREFUL - AVOID SHAMING</td>
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<td>“Revisiting the Past”</td>
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<td>• WHAT WENT WRONG?!</td>
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<td>• TRY AGAIN!!</td>
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Realistic Expectations for Chronic Problems

**HARM REDUCTION**

Focuses more on risks and consequences of behaviors rather than the behaviors themselves or abstinence.

Encourages client and/or teams to reduce negative consequences and risks related to substance use or other negative behaviors.

**LOW BARRIER**

Usually relates to housing.

Describes services with minimal expectations and barrier.

Not abstinence based.

Follows harm reduction philosophies.
What Works? Evidence Based Practices and Models

- **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/ Low Barrier
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 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
Rapid Re-Housing

- Follows Housing First Principles to house immediately (within 30 days)
- Available to multiple populations (transitional youth, families, domestic violence survivors, veterans, etc.)
- Housing Identification – recruits landlords and natural supports to find quick rental housing which can include co-habitation with a friend or family
- Rent and Move-In Assistance – programs offer housing assistance to cover costs to move in immediately out of homelessness and work toward permanent housing
- Case Management and Services – helps households overcome barriers to acquiring and maintaining permanent housing
Permanent Supportive Housing

7 Principles

- Housing Choice
- Separation of Housing and Services
- Decent, Safe and Affordable Housing
- Integration
- Rights of Tenancy
- Access to Housing
- Flexible Voluntary Services
Supported Employment
Individual Placement and Support

- Helps more people with mental illness obtain employment than any other program
- Focuses on strengths with zero inclusion to services
- Searches for competitive employment matches of the person’s choice
- Integrated with Mental Health services
- Benefits counseling
- Time-unlimited and individualized
- Understands that employment supports recovery and wellness
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 Disorder Treatment

- Co-treats Substance Use and Serious Mental Illness
- Collaborative
- Multidisciplinary
- Flexible
- Stage-wise approach
- Radically Realistic
- Rolls with Relapse
Role of Case Managers in Recovery
“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 what 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
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”

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

Health
Home
Purpose
Community

10 Guiding Principles to Recovery

SAMSHA, Press Release, 2011
10 Guiding Principles
1- 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.

SAMSHA, Press Release, 2011
10 Guiding Principles

2-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)
10 Guiding Principles
3- 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.
4- 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.
10 Guiding Principles
5- 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.

SAMSHA, Press Release, 2011
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.
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.
10 Guiding Principles
8 - 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.

SAMSHA, Press Release, 2011
10 Guiding Principles
9 - 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

SAMSHA, Press Release, 2011
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.
BREAKOUT! Case Examples

20 min Break – Return and Discuss:

- what stage of change might this person be at?
- what barriers to services/housing?
- what might/might not this person prioritize for services?
- what federal/local programs might be used?
- what service models or approaches might be used?
Starting a new conversation...
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 (then extended to 2017)."

HUD Exchange, Homelessness Assistance Main, Chronic Homelessness. (2016)
“We've made significant progress in our national effort to end chronic homelessness. Since 2010, chronic homelessness has declined 27% nationwide. But our progress is slowing . . during the last PIT individuals experiencing chronic homelessness only had a 1% decrease from the previous year”

The K-Count, also referred to as the Point-in-Time Count (PIT Count or PITC), is a count of homeless Kentuckians living on the streets, in emergency shelters, or other temporary housing programs during a single 24-hour period. The count is not meant to capture every person who will experience homelessness throughout the year in Kentucky. Rather it is a “snapshot” of homelessness on any given night across the state.
“Everyone has the right to ... food, clothing, housing and medical care . . . As well as necessary social services.”

Universal Declaration of Human Rights. Article 25(1), 1948
Re-Think Homelessness, Song of Summer, 2016
References


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