

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).”



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

Women and Children

Increasing Risk

“Working Poor” People

“Parolees” from Incarceration

Transitional Age Young Adults

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.

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

2016 Point in Time Count



Defining the Problem

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.



Case Management

What is it?

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



United States Interagency Council on Homelessness

Broad Efforts: State/ Local



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



CoC – Continuum of Care
BoS – Balance of State



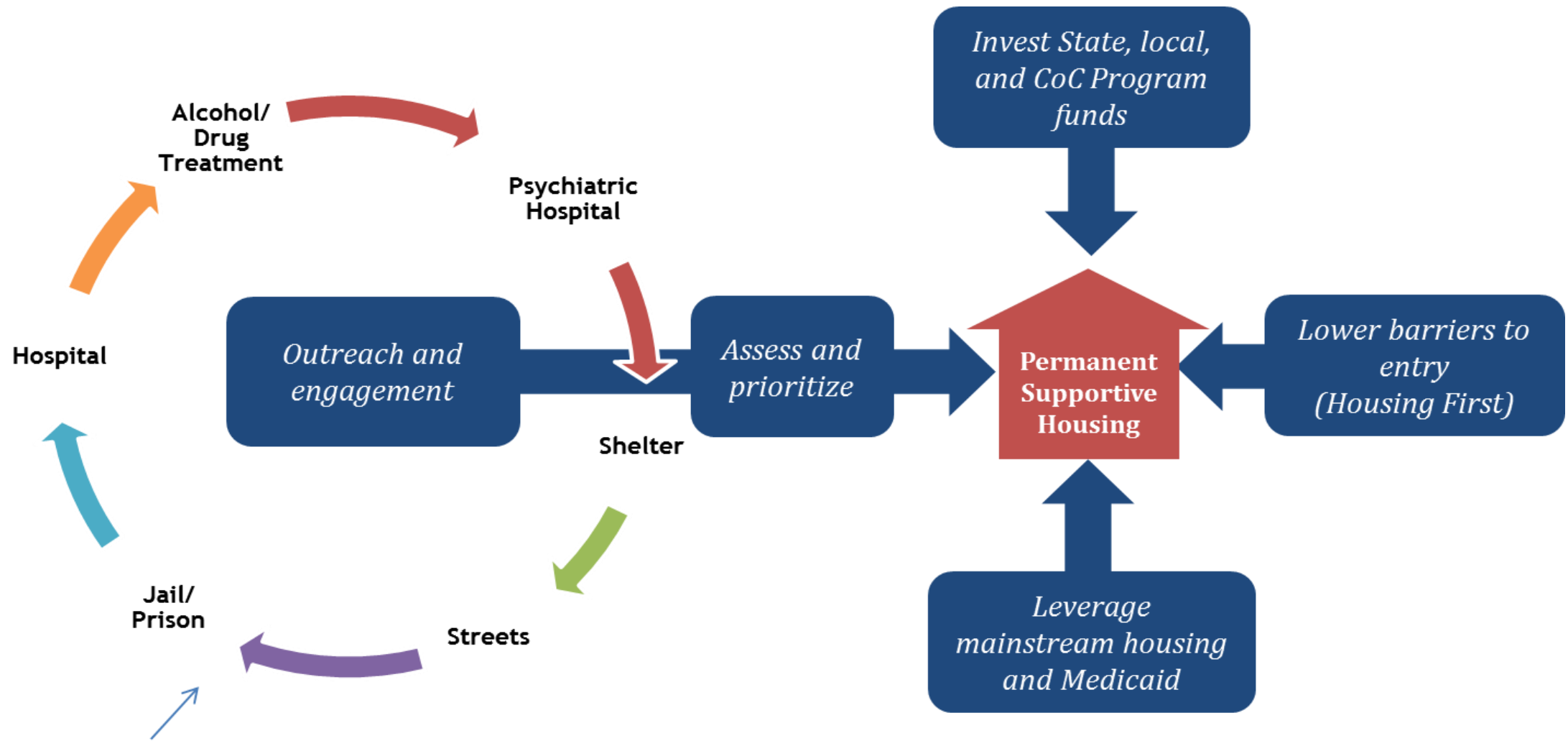
What Do They Do?

- Policy
- Advocacy
- Programming Funding, Creation and Implementation
- Program and Practice Evaluation

Strategies to End Chronic Homelessness

General Strategic
Models

Specific Programs
and Approaches



The cycle of chronic homelessness

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

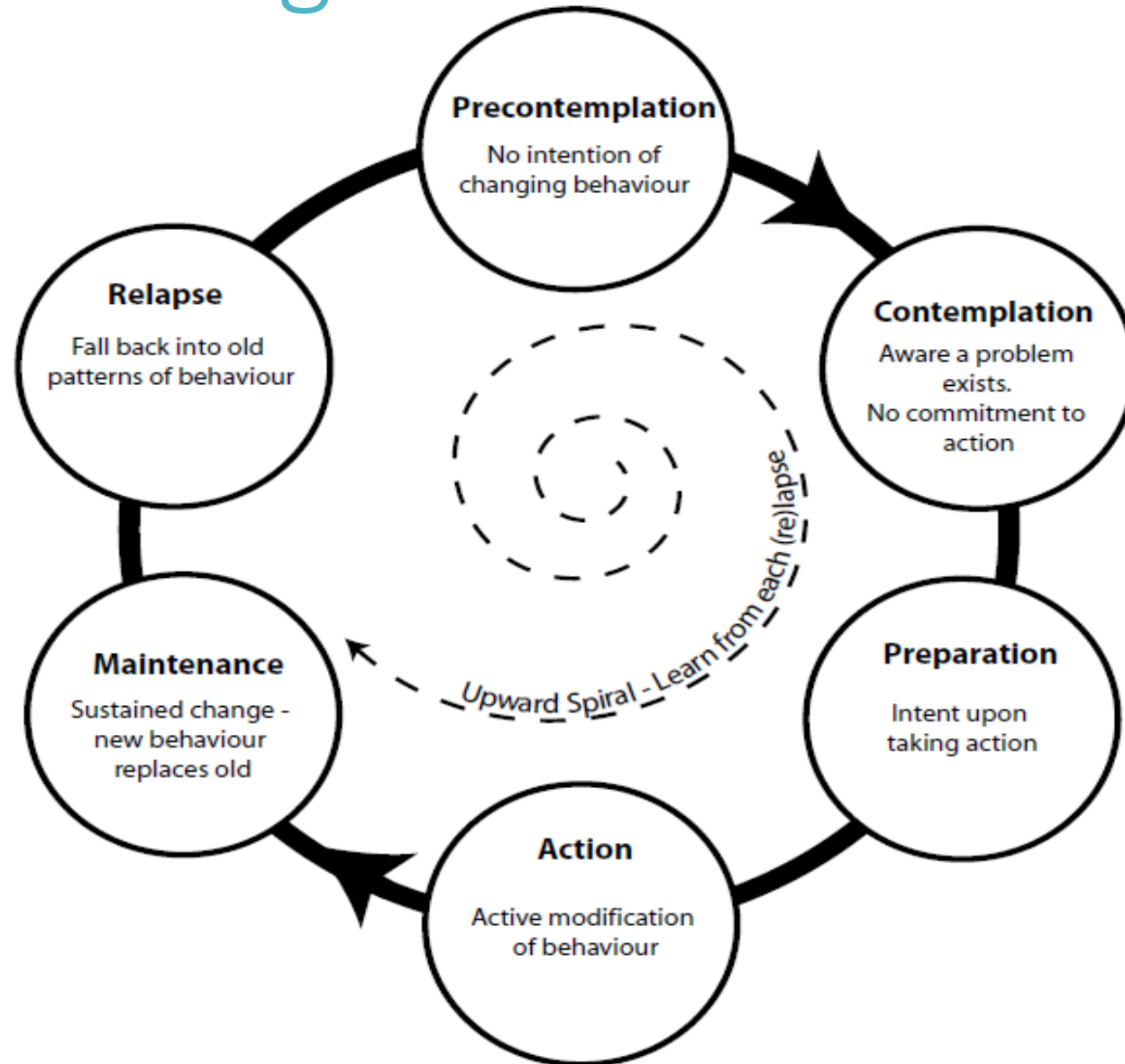
BREAKOUT! Stages of Change

10 min Break – Return and Discuss:

* 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



| Stage of Change | Characteristics - Issues | Strategies |
|--|---|--|
| Pre-contemplation <i>"Ignorance is Bliss"</i> | "Nothing needs to change" | <ul style="list-style-type: none"> • RELATIONSHIP • TRUST |
| Contemplation <i>"On the Fence"</i> | "I am considering change" | <ul style="list-style-type: none"> • ACKNOWLEDGE MIXED FEELINGS • DEVELOP DISCREPANCY |
| Preparation <i>"Testing the Waters"</i> | "I am figuring out HOW to change" | <ul style="list-style-type: none"> • BUILD CONFIDENCE • INFO, OPTIONS, ADVICE • CAREFUL - DON'T PUSH... |
| Action <i>"Started Moving"</i> | "I'm working on reaching my goals." | <ul style="list-style-type: none"> • PLAN REACHABLE GOALS • MONITOR AND ENCOURAGE |
| Maintenance <i>"Holding Steady"</i> | "I've changed, now to just keep it up." | <ul style="list-style-type: none"> • SUPPORT CHANGE • RELAPSE PRE-PLAN |
| Relapse Prevention <i>"Falling off the Wagon"</i> <i>"Revisiting the Past"</i> | "I've gone back to old behaviors. Have I lost everything I worked for?" | <ul style="list-style-type: none"> • CAREFUL -AVOID SHAMING • WHAT WENT WRONG?! • TRY AGAIN!! |

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

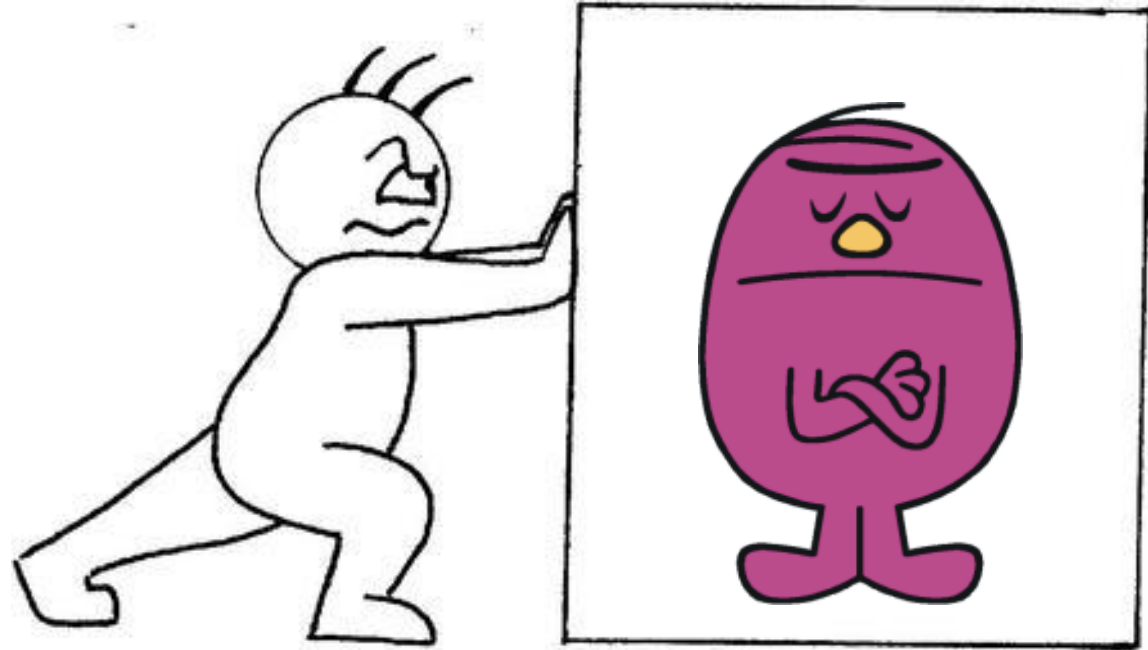
- Helps more people with mental illness obtain employment than any other program
- Focuses on strengths with zero inclusion to services
- Searches for competitive employment matches of the person's choice
- Integrated with Mental Health services
- Benefits counseling
- Time-unlimited and individualized
- 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: 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 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**

Housing First and Rapid – Rehousing Webinar HUD July 2014

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

10 Guiding Principles to Recovery



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.

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.

10 Guiding Principles

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

10 Guiding Principles

6 - 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

10 Guiding Principles

7 - 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

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

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

10 Guiding Principles

10 - 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

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”

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

Are We Finishing
or Just Getting
Started?

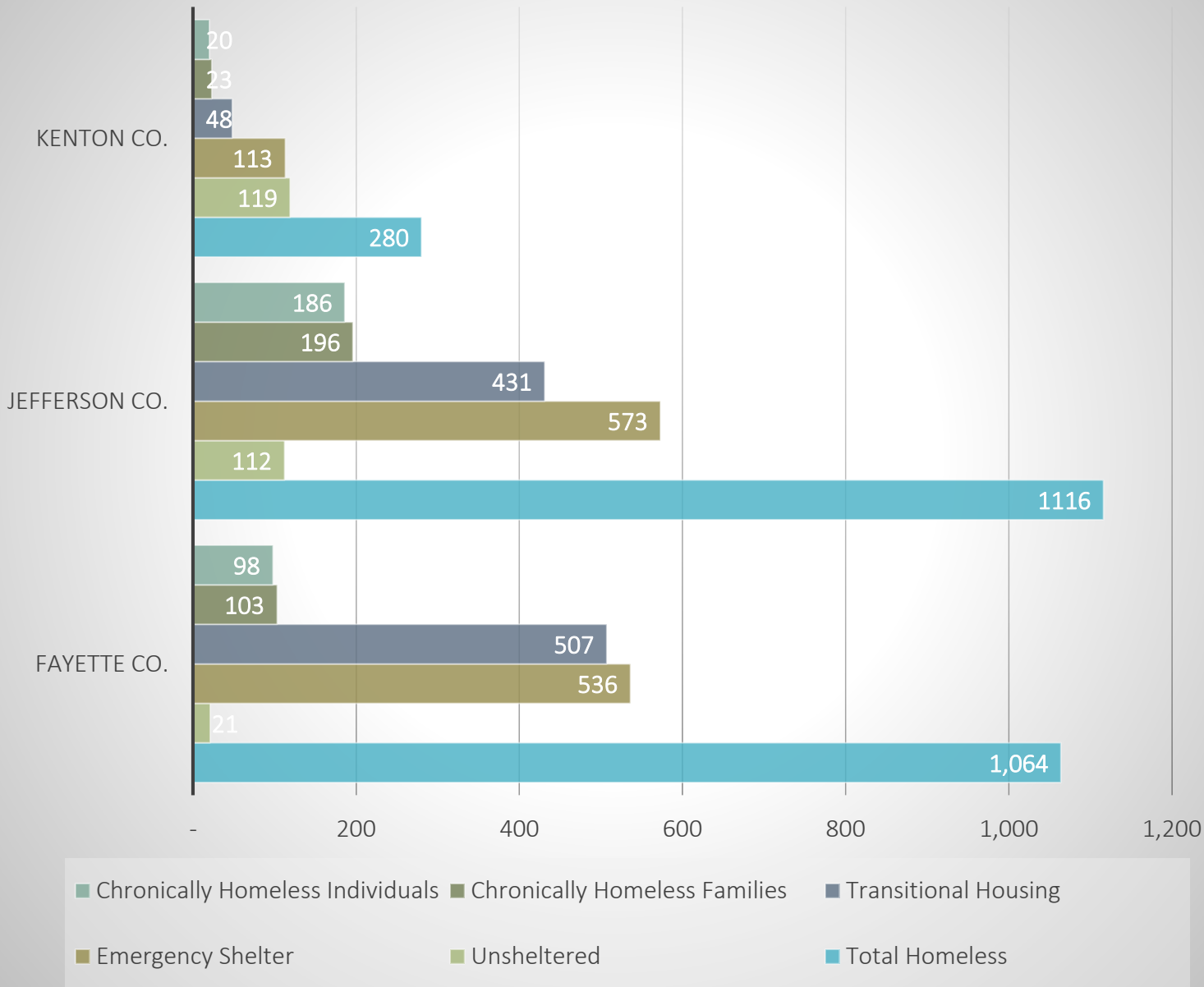


2016 Kentucky Point in Time Count

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.

K-Count Data for the 3 Largest Counties in Kentucky



"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

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