

Case Management for Persons Who Are Chronically Homeless: A Collaborative Approach

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Case Management

Individuals who are homeless need specialized forms of case management.

Remember, these are individuals who are not well served by the existing system.

We can't just do more of what we always do—we need a creative approach!

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Case Management— A Collaborative Approach

Case management for people who are homeless presents extra challenges for providers.

First, people who are homeless have no resources.

Second, services for people who are homeless occur within local Continuums of Care, and require interagency coordination—a complicating factor!!

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Case Management— A Collaborative Approach

For individuals who are making the transition from homelessness to "indoors", wraparound services are essential.

Crises and concerns don't happen on a schedule!

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Wraparound Services

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Wraparound Services

What do we mean by wraparound services?

- ◆ Responsive
- ◆ 24/7 coverage
- ◆ Intensive approach—daily contact if needed
- ◆ Flexible array of services

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Wraparound Services (con.)

A responsive approach is labor intensive for case managers. It means responding to perceived crises—even when the case manager is not sure he or she *needs* to respond.

Some calls must be responded to no matter what—a midnight call from the landlord, for example.

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Wraparound Services (con.)

The provision of wraparound services requires the capacity to respond 24 hours/day, 7 days per week.

- ◆ Flexible, over-lapping case management shifts help provide this coverage.
- ◆ The agency must have the resources to compensate case managers for overtime and create incentives for case managers to respond to after-hours calls.

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Wraparound Services (con.)

A system or agency providing wraparound services must design those services to accommodate daily contact, if needed.

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Wraparound Services (con.)

Case managers providing wraparound services should be ready for anything in terms of service provision. The traditional linking role is inappropriate in this context and the array of allowable services should be flexible.

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Summary of Effective Case Management Approaches for People Who Are Homeless

Emphasize skill-building and behavior rather than symptom management.

Knowing how to talk to the landlord is the focus—even if the person continues to hallucinate!

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Summary of Effective Case Management Approaches for People Who Are Homeless (con.)

Lean into the person's strengths.

Homeless people are survivors.

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Summary of Effective Case Management Approaches for People Who Are Homeless (con.)

“Whatever it takes.”

Creative case management for homeless people includes such tasks as finding accommodation and care for a pet, storing trash bags full of belongings, and responding to shelter staff’s concerns at 3 a.m. (in person!).

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Summary of Effective Case Management Approaches for People Who Are Homeless (con.)

“Whatever it takes” examples:

- ◆ Instead of requiring a person to know how to cook, link them to Meals on Wheels.
- ◆ Instead of requiring a person to be sober, work with them to reduce the consequences of their continued use of alcohol/drugs.

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Substance Abuse Issues

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Dealing with Substance Abuse

Substance abuse presents a challenge to effective case management for people who are homeless.

Substance abuse complicates medication compliance and the ability to follow through on other recovery activities.

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Substance Abuse Issues

Substance abuse presents a challenge to housing stability.

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Substance Abuse Issues (con.)

Dealing with substance abuse issues within our systems must include two distinct strategies:

1. Improved access to substance abuse treatment resources for people who can or will use those resources.
2. Helping people move from “where they are” towards recovery.

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Dealing with Substance Abuse

For Strategy #1, the Continuum of Care system should include substance abuse treatment resources, such as detox and residential treatment.

Most systems do not have enough treatment slots to meet the need.

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Substance Abuse Issues

If there are not enough treatment slots for everyone, we need alternate approaches.

Also, some people do not have abstinence as a goal.

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Dealing with Substance Abuse

For Strategy #1, Continuum of Care systems can improve access to system resources for substance abuse treatment. This might include pre-paid treatment slots, expedited referral procedures, or the creation of enriched service packages for specified groups.

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Dealing with Substance Abuse (con.)

For Strategy #2, service systems must learn to help people through relapse and even if they have not yet made the decision to seek sobriety.

Case management is an essential tool in this effort.

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Dealing with Substance Abuse (con.)

Sobriety is not usually required as a pre-condition for case management. Effective case management, then, demands that case managers and the system have tools to help people move to recovery.

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Dealing with Substance Abuse (con.)

An essential tool is the clinical understanding that substance abuse recovery is a process that may include relapse.

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Dealing with Substance Abuse (con.)

If abstinence is not the immediate goal, and services are not denied on the basis of substance abuse, then case managers need tools to help people *even if they are still using*.

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Dealing with Substance Abuse (con.)

Case management with this group requires that staff support people through relapse, as well as the spiritual and emotional growth inherent in recovery.

It requires a paradigm shift!

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Dealing with Substance Abuse (con.)

Addiction is an illness, not a moral failing or lack of character. The illness includes a high risk of relapse.

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Dealing with Substance Abuse (con.)

An improvement in quality of life is a successful outcome. Redefining success to include reduced use or reduced harm from use must be acceptable to agencies, boards and funding sources.

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Dealing with Substance Abuse (con.)

Another tool is learning to be realistic with people about the risks of alcohol and drug use. Many people are in the “pre-contemplation” stage, and a useful technique is to point out how substance abuse is affecting daily life.

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Dealing with Substance Abuse (con.)

Supporting people in making choices is essential in helping people move to recovery. People are making choices already. If you are supporting their choices in an intentional way, you are in a better position to help them make informed and competent decisions.

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Dealing with Substance Abuse (con.)

A Case Study

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Dealing with Substance Abuse (con.)

Example:

Clarence is a 67 year old who's been alcohol dependent since his teens. He's had no periods of sobriety in his life. He's been through jail, detox and rehab dozens of times. Clarence's pattern is to have a shot glass of whiskey about every 2 hours. His nutrition is extremely poor, and his weight has dropped from 180 to 130 pounds. He's refused treatment and refused to cut back on his whiskey.

[From: Pooler, A. (2003). *Addressing Alcohol and Other Drug Problems in the Partnership Program: A Self-Study Manual and Best Practices Guideline*. Center for Excellence in Long Term Care, University of Wisconsin-Madison, School of Nursing, Chapter 3—Harm Reduction, pp. 51–52.]

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Dealing with Substance Abuse (con.)

Example:

Ideal Goal: Clarence enters treatment and never drinks again.

Using an incremental approach:
Staff make a contract with Clarence that every time he drinks a shot glass of whiskey, he will eat a peanut butter sandwich or drink a Boost. Clarence agrees, and regains 14 pounds in six weeks.

[From: Pooler, A. (2003). *Addressing Alcohol and Other Drug Problems in the Partnership Program: A Self-Study Manual and Best Practices Guideline*. Center for Excellence in Long Term Care, University of Wisconsin-Madison, School of Nursing, Chapter 3—Harm Reduction, pp. 51–52.]

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Dealing with Substance Abuse (con.)

Successful approaches for individuals with co-occurring disorders include:

- ◆ Integrated treatment plan
- ◆ Wet, damp, and dry housing
- ◆ Encouraging abstinence
- ◆ Housing & retention penalty for using illegal substances
- ◆ Dual Recovery & Self-help programs
- ◆ Supported or integrated employment

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Service Integration—Making the System Work for People!

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Continuum of Care Service Integration

Continuum of Care systems have an incentive from HUD to create service integration strategies, and to monitor the effectiveness of their systems.

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Continuum of Care Service Integration (con.)

The growth of HMIS allows communities to take a look at how people move through the system and allows an assessment of how well the system is working (number of drop-outs, number of recidivists at entry points, number of successful housing and job placements, etc).

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Continuum of Care Service Integration (con.)

Continuum of Care systems are an opportunity to assess service integration barriers and pilot test solutions.

Solutions might apply to larger systems.

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Service Integration—Making the System Work

Typical barriers to service integration:

- ◆ Agencies are funded in silos, with no requirement for coordination of activity.
- ◆ Agencies guard their resources, seeking to serve people who will be successful.

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Service Integration—Making the System Work (con.)

Typical barriers to service integration:

- ◆ Outreach workers don't have access to real resources.
- ◆ There is no communitywide sense of mission and no incentives from funding sources to work on the problem as a whole community. Indeed, in many communities, there are "perverse disincentives".

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Service Integration—Making the System Work (con.)

Enrollment in mainstream services is often difficult:

- ◆ There are multiple doors (one for mental health, one for family services, one for substance abuse, one for physical health, one for entitlements, etc.).
- ◆ There are multiple requirements for documents and information. People seeking services often lack documents, and certainly lack multiple copies.

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Service Integration—Making the System Work (con.)

Enrollment in mainstream services is often difficult:

- ◆ There are conflicting eligibility requirements.
- ◆ There are waiting lists for services.
- ◆ Services may be offered in required packages.
- ◆ Housing and services may be bundled.

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Service Integration—Making the System Work (con.)

Additional barriers to making the system work:

- ◆ Everyone is overworked and underpaid.
- ◆ The system is stretched to the breaking point.

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Service Integration—Making the System Work (con.)

Making the system work requires an objective assessment of how things are working now and where changes could be made.

You can attack system problems in an incremental way, or approach the problem as a whole.

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Service Integration—Making the System Work (con.)

Optimism is necessary—recovery is possible for systems as well as people!

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Service Integration—Ideas for Making the System Work

Needs assessment and eligibility determination:

- ◆ Shared forms (every agency has forms from all agencies in the community and staff trained to assist people in filling out the forms). No or low cost.

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Service Integration—Ideas for Making the System Work (con.)

Needs assessment and eligibility determination:

- ◆ Integrated eligibility—agencies work to create one form that establishes eligibility for multiple programs. Moderate cost—training and support for the new paper system. Higher cost—making this system electronic.

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Service Integration—Ideas for Making the System Work (con.)

Treatment planning:

- ◆ Agencies establish standards that mandate treatment plans that are comprehensive and that require additional steps when making referrals to other agencies (followup, active assistance to the client). Low or no cost.

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Service Integration—Ideas for Making the System Work (con.)

Treatment planning:

- ◆ Community establishes procedures and a forum for interagency treatment planning. Representatives at the forum must have access to real resources. Interagency treatment planning must have followup built in to the process. Low or no cost.

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Service Integration—Ideas for Making the System Work (con.)

Expedited referrals:

- ◆ Priority access—All of the agency participants in the Continuum of Care are required to put partner agency referrals ahead of other community referrals. Low or no cost.

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Service Integration—Ideas for Making the System Work (con.)

Expedited referrals:

- ◆ Pre-paid service slots— City/county/umbrella organization can pre-pay for highly contested service slots. If detox beds are at a premium, the umbrella agency could pre-pay for two detox “homeless” beds that cannot be filled by non-homeless people. Cost is relatively high.

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Service Integration—Ideas for Making the System Work (con.)

Redefined performance objectives:

- ◆ Funding source or umbrella agency sets performance objectives that prioritize smooth functioning of the system. Low or no cost.
- ◆ Mandated participation in communitywide coordination meetings
- ◆ Tracking complaints from partner agencies
- ◆ Contract provisions that spell out eligibility and referral procedures.

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Service Integration—Ideas for Making the System Work (con.)

Redefined performance objectives:

- ◆ Job descriptions for staff that prioritize going the extra mile and creating cooperative interagency relationships. Low or no cost.
- ◆ Job incentives for creative solutions (administrative leave days, for example). Low to moderate cost.

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Service Integration—Ideas for Making the System Work (con.)

No Wrong Door strategies:

- ◆ Cross training of staff
- ◆ Interagency case management
- ◆ It IS my job (even if it is not my agency's mission).
- ◆ Eligibility established at any door in the system.

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Service Integration—Ideas for Making the System Work (con.)

Creation of enriched service package for identified group.

1. Identify a group of individuals for special attention (high cost system users, people with extreme vulnerability and risk issues).
2. Identify needed elements of the service package.
3. Identify funding sources.
4. Create blended funding (pool housing resources, mental health, substance abuse, transportation, child care, etc).

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Service Integration – Ideas for Making the System Work

5. Establish criteria for admission to enriched funding package.
6. Train staff in multiple agencies on access and operation of enriched service package.
7. Create tracking system for clients and staff/agency activity. Track the client “flow” through the system.
8. Establish outcome and performance measures.
9. Evaluate and trouble shoot the project.

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