



Housing Case Management Practices

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July 2021



Logistics

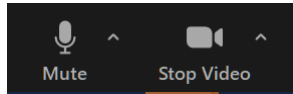
- All callers are muted upon entry
- If you need help or have a question please put it in the Chat box
- 2.0 General CEU's for Social Workers are approved for this training
 - ▶ To receive a certificate you must:
 - 🔗 Attend the whole session
 - 🔗 Enter your name in the chat box at the beginning of session and at the end of the session so we can document attendance to full session
 - 🔗 Complete the training evaluation form at the end of the training – link to a google doc will be provided
- If you need help and the chat box is not working for you please email Melany at mmondello@tacinc.org



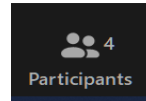
Zoom Controls on Zoom Panel

Typically on the bottom of the screen

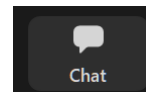
- Mute and Stop Video – gives you control of sound and picture



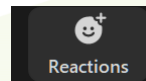
- Participants – see your peers on the call



- Chat – talk with your peers on the call



- Reactions – emojis to respond to questions



3



Introductions

- In the chat, please introduce yourself (name, preferred pronouns, agency)
- Technical Assistance Collaborative

The Technical Assistance Collaborative is a nonprofit organization dedicated to helping our nation's human services, health care, homelessness, and affordable housing systems implement policies and practices that empower people to live healthy, independent lives in the communities they choose.

4



Agenda

1. **Introduction** (5 minutes)
2. **Structuring Case Management** (60 minutes)
3. **Client-Centered Service Delivery** (20 minutes)
4. **Boundaries & Confidentiality** (15 minutes)
5. **Question & Answer** (20 minutes)

5



POLL QUESTION #1



Q1: What is your current role in your project?

- ▶ Housing Case Manager
- ▶ Supervisor of Housing Team
- ▶ Other role in housing project
- ▶ Other role in non-housing project

6

Training Goals



- Attendees will learn principles and frameworks to support effective case management, building upon their basic knowledge of case management.
- Attendees will leave with an understanding of how to incorporate practices into their daily work with program participants.

7

Format of Training

- Zoom webinar
- Interactive presentation
 - ▶ [Jam board](#) activities - test
- Use the chat for questions and comments

8

Structuring Case Management

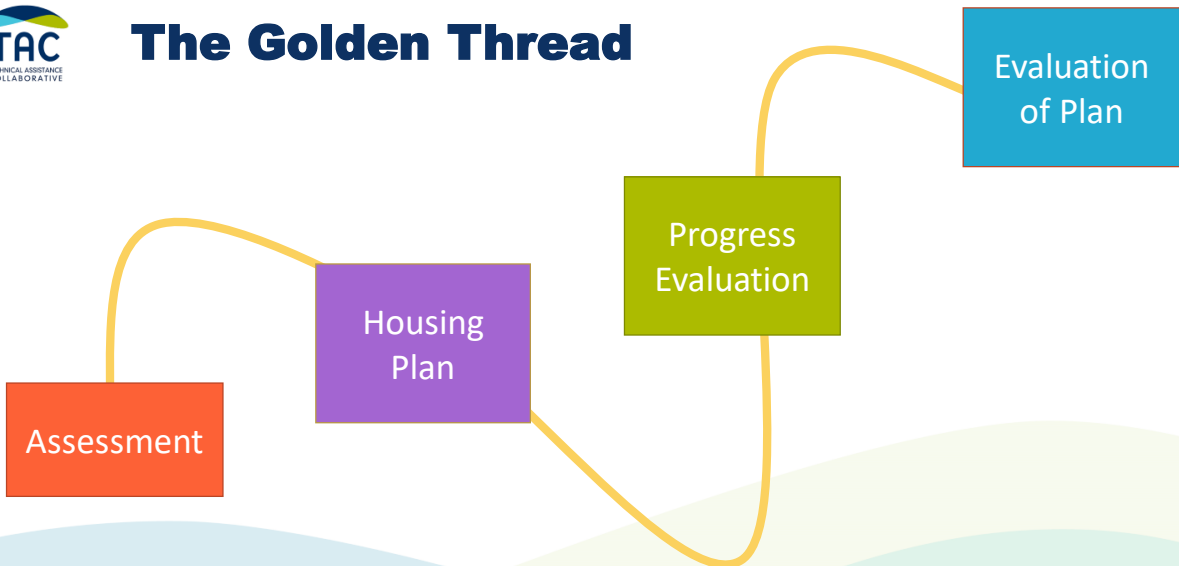
The Golden Thread

The Golden Thread Concept

- The Golden Thread is the concept of connecting the client's needs to their treatment plan that identifies goals to address these specific needs, ultimately leading to the accomplished goal.

- Background in clinical treatment and provides a framework for documentation
 - ▶ "If it's not documented, it didn't happen"
 - ▶ Documentation should tell a story

The Golden Thread



11

Assessment

- **Tenant Screening Barriers:** barriers that may make it difficult for a client to **obtain** housing; based on the screening criteria for the housing that are pursuing
- **Housing Retention Barriers:** barriers that may make it difficult for a client to **maintain** housing; based on patterns in the housing history
- **Assessing Strengths:** identifying what attributes and experiences the client has that demonstrate strengths and could help them accomplish their goals
- The assessment of these barriers will inform the client's service needs necessary for obtaining and maintaining housing, ultimately influencing their individual service plan.

12

Practicing Assessment

- Patricia is a new client of yours. She has been deemed eligible for your housing program and is now enrolled.
In your first meeting with Patricia this is what Patricia has shared with you:
 - ▶ She is 56 years old and is estranged from her two children that live in the neighboring parish.
 - ▶ Patricia has a long history of employment in various customer service jobs (grocery stores, department stores, etc.) and has struggled to maintain employment because of various mental and physical health issues. She thinks she was diagnosed with bi-polar disorder.
 - ▶ She has no income, no criminal history, and was evicted from the last apartment she rented.
 - ▶ Patricia has been homeless for 18 months, staying in the local emergency shelter and was staying with friends for months at a time before that. She has not rented her own apartment since the 90s.
 - ▶ She stated she would like to be employed again but does not think she can because of her health issues. She has also expressed that she would like a one bedroom apartment or studio on the first floor of a building.

What is one housing retention barrier? What is one strength you identify?

13

Housing Plans Content

- Individual Service Plans, or Housing Plans in our case, should focus on:
 - ▶ how the person will obtain and maintain housing,
 - ▶ services you will provide and any services they will be connected to
 - ▶ resources you will provide and resources they will be connect to, such as mainstream benefits.
- Developed based on the assessment of their strengths and needs



14

Housing Plans



- Characteristics of a good housing plan:
 - ▶ Led by the client and created collaboratively
 - ▶ Individualized – some will need more intensive involvement while others will not
 - ▶ Outlines realistic goals with action steps to meet those goals
 - ▶ Action steps are timely and identifies who is responsible
 - ▶ Limited in scope

Housing Stabilization: Think Step-By-Step (Multiple Plans)

Initial emergency and housing search plan:

- Emergency health and safety needs that must be immediately met; goals/action steps for housing search

Housing stabilization plan:

- Once housing is secured - update regularly as goals are achieved, need to be scaled back, or circumstances change

Housing retention plan:

- With follow-up options, continuation toward longer-term goals; plan for future housing emergencies



Practicing Housing Plans

- With the information you currently know about Patricia and the purpose of your program, what is one goal that you would add to the housing plan?
- What is one action step that either you or Patricia can take to work towards that goal?

Example:

My goal is to exercise at least 30 minutes five days a week.

One action step I will take is buy a gym membership at Planet Fitness by the end of the week.

17



Progress Evaluation

- Regular check-ins/home visits
- Reviewing and updating the housing plan
- Case management activities should relate to the housing plan goals
- Case notes
 - ▶ Telling the story (who, what, where, etc.)
 - ▶ Directly reflect the progress/work related to the housing plan goals
 - ▶ Not making assumptions or stating opinions as facts



18

Practicing Case Notes

Patricia has been in your program for six months now and moved into a one bedroom apartment three months ago. After she moved in, you and Patricia created a Housing Stabilization Plan together which included you helping Patricia apply for SSDI because of her mental health diagnosis and that you would connect her with the agency's Employment Specialist to update her resume and gain part-time employment.

The plan also stated that you would conduct monthly home visits and support tenancy issues that arise. Today, you met with Patricia at her apartment and she shared about her appointment with the Employment Specialist. You also noticed her apartment was a mess, there were fruit flies in her kitchen, and the trash was building up around the trash can.

Write a few sentences in a case note about today's meeting.
You can take some creative liberties!

19

POLL QUESTION #2

Q2: Which example(s) are acceptable case notes?

- ▶ Example 1
- ▶ Example 2
- ▶ Both Examples
- ▶ Neither Example



Example 1: Met with Patricia today. When I showed up she was very mad. She went to her appointment with the Employment Specialist but it didn't go well. Patricia is not motivated to get a job.

Example 2: Today I met with Patricia in her apartment. When I got to the apartment, Patricia appeared aggravated and was pacing around the apartment. The client stated that her appointment with the Employment Specialist "did not go well" and the Specialist was "not helpful". I asked Patricia if it would be helpful for me to join the next meeting with the Specialists and she agreed.

Patricia and I created a list of questions to ask the Specialist and marked which action steps on her housing plan the Specialist could help with. Patricia agreed to bring her housing plan to the next meeting and stated she would schedule another appointment with the Employment Specialist for Tuesday next week during our regular appointment time.

20

Evaluation of the Plan

- While you will regularly review and update the plan to reflect progress on current goals, you should complete an evaluation annually.
 - ▶ Based on assessment of current needs and interests, which may differ from the initial assessment
 - ▶ Often built into programs as a regulatory requirement
 - ▶ Can be done in conjunction with income evaluations, rental assistance changes, annual inspections of the unit, etc.

21

Questions to Evaluate the Plan



- Have I completed the action steps I agreed to?
- Did the person complete the action steps they agreed to?
- Were the goals accomplished? Why or why not?
- Did new needs and/or goals arise?

Individual outcomes will impact program-level and system-level evaluation of outcomes.

22

Client-Centered Service Delivery

- **Client-Centered Service Delivery** is the idea that the client drives the type and intensity of services they receive; being responsive to the needs and preferences identified by the client.
- Characteristics of client-centered service delivery
 - ▶ Individualized care – not a one-size-fits-all approach
 - ▶ Treating people with innate dignity, worth, respect, and compassion
 - ▶ Supporting self-determination and client choice
 - ▶ Using a strengths-based perspective
 - ▶ Coordinating services and collaborating with support networks

25

Client-Centered Service Delivery Outcomes

- Outcomes of client-centered service delivery:
 - ▶ Increased investment in the relationship and the plan
 - ▶ Increased independence and sense of autonomy
 - ▶ Sense of control and choice



26



Unconditional Positive Regard

- Unconditional Positive Regard means to completely support and accept the client despite the behavior or emotions the client is presenting.
- Their behavior does not impact what they “deserve” from you. How hard you work for someone, how much assistance you give them, and how much support you encourage them with is NOT determined by their behavior or what they “prove” to you.
- Outcomes of unconditional positive regard:
 - ▶ Trust is built, better rapport
 - ▶ Client’s sense of self-worth increases
 - ▶ Lack of judgement empowers clients to share more freely and honestly

27



What Does Client-Centered Service Delivery Look Like?

- Offering services that are appealing to the client and directly relate to the needs and preferences they voiced
- Creative problem-solving to find solutions that work for the client
- Acknowledging the client’s expertise
- Encouraging clients
- Avoiding punitive measures of accountability
- Respecting the client’s choices and decisions

28

Boundaries & Confidentiality

Professional Boundaries

Boundaries are the ethical guidelines that protect the mental, emotional, and physical health and safety of you and your client. Setting boundaries helps you decide what is and is not professionally appropriate.



Examples for boundary-breaking:

- Disregarding confidentiality
- Gift-giving or special treatment
- Hugging without permission or while alone, other physical engagements
- Directing/giving advice
- Providing services you are not trained or certified to give
- Interacting with clients outside of work
- Over-sharing personal experiences

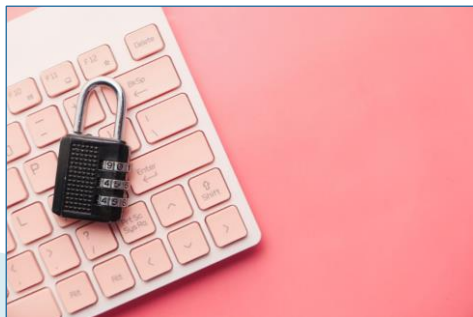
Setting Professional Boundaries

- Clarifying your purpose and role as their case manager
- Recognizing the power dynamic between you and your client
- Understanding when it is and is not appropriate or helpful to share personal experiences
- Acknowledging your expertise, and lack of expertise
- Consult with a supervisor when the lines are blurring

Confidentiality

Confidentiality is setting boundaries around to whom, when, why, and what information you share about your client.

Confidentiality respects the right to privacy of the client and is essential to developing trust between you and your client.





Confidentiality

Confidentiality is:

- Being mindful of your surroundings when discussing a client's case
- Meeting with the client in places that make the client feel comfortable sharing with you
- Receiving permission from the client to share information
- Only sharing the information necessary to support the client in their goals
- Keeping files organized and in a locked location

Confidentiality is not:

- Talking about your client in public spaces like elevators or open workspaces
- Meeting with clients in a place where others around you can hear
- Openly sharing information about your client without permission
- Sharing information that is not relevant to the client's goals
- Storing files in an open space where others have access

33



Organizational Considerations

- Organizations should have a confidentiality policy that clarify expectations around maintaining confidentiality and provide training
- Case managers should have outlets for consultation around boundary-setting, such as regular supervision or case conferencing
- Written and electronic information should be secure and protected, such as locks on file cabinets or file rooms, lockboxes for documents that are with staff, password protection, secure or encrypted emailing options, etc.

34

Question & Answer



Evaluation

- CEU Requirement – If you would like CEUs issued for attendance today you must complete the survey available at the link below
- We encourage all others to also complete the evaluation to give us feedback.
- [Housing Case Management Practices Training Evaluation Link](#)



Case Management as a Profession Training Series

- 7/14/2021 - 10 AM to Noon – Housing Case Management Practices

- 7/28//21 – 9 AM to 11 AM - Basics of Motivational Interviewing
 - ▶ Register :
https://us06web.zoom.us/webinar/register/WN_6QdkbCcqRPOQ_gboOiH3QA

- 8/11/2021 – 9 AM to 11 AM – Basics of Trauma-Informed Care
 - ▶ Register:
https://us06web.zoom.us/webinar/register/WN_Fdu9OAggSOOWdDSfsjfSaA

37



Thank you for attending!

38