



# Housing Plans for All Clients Connecticut

# **Part One: Typologies**



# Intensity by Acuity

ACUITY LEVEL	CONSIDERATIONS
<b>Low</b>	<ul style="list-style-type: none"><li>• Self resolve where possible</li><li>• Direct communication &amp; expectations</li><li>• Use of passive tools</li></ul>
<b>Moderate</b>	<ul style="list-style-type: none"><li>• Self resolve where possible</li><li>• Check-ins at least every 2-3 days</li><li>• Determine immediate barriers &amp; resolve</li><li>• Can be candidates for RRH</li></ul>
<b>High</b>	<ul style="list-style-type: none"><li>• Self resolve where possible</li><li>• Attempts to check-in daily</li><li>• Connect to longer-term supports</li><li>• Can be candidates for PSH or RRH</li></ul>



# **Part Two: Service Orientation & Practical Ways to Implement**

# From a Place of Compassion

From the Latin *pati* and *cum* meaning: **to suffer with.**

“Compassion is not a relationship between the healer and the wounded. It’s a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.” *(Pema Chodron, The places that scare you: a guide to fearlessness in difficult times)*



# Practical Ways to Serve Compassionately

- Actively live your empathy
- Do not jump to conclusions
- Exercise active listening
- Avoid judgment
- Regardless of how or what the person presents, find strengths



# Fiercely Support Choice

- Choice is paramount to ongoing change and building connectivity.
- Regardless of the housing market, *real* choice has to be offered in housing solutions.
- Program participant has to have a say on the type of services they want to want to receive, how often they want to receive those service, how long they want services, and how intense they want services to be.



# Practical Ways to Support Choice

- Provide meaningful information - even viewpoints different than your own.
- Teach people how to rate pros and cons of potential actions.
- Avoid providing advice or opinion.
- Use open-ended questions.
- Explore what is likely to occur based upon decisions that are made.



# In Vivo

- Engage people in their most natural settings.
- Attempt to neutralize power dynamic of having program participants come to you.
- Enhances empathy by seeing first hand the realities of living as a program participant.
- Increases likelihood of outcomes being realized when connections and referrals are made.



# Practical Ways to Deliver Services In Vivo

- Spend more time in community than in your office.
- Ask people where they would like to meet.
- Be visible.
- Schedule times to meet in advance.
- Have clear objectives for interactions.



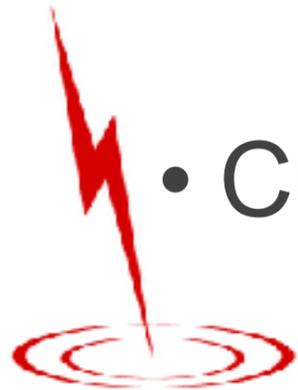
# What is Trauma?

- All trauma contains three common elements:
  - It was unexpected
  - The person was unprepared
  - There was nothing the person could do to stop it from happening
- Trauma can be physical, emotional or psychological



# Principles of a Trauma Informed Approach

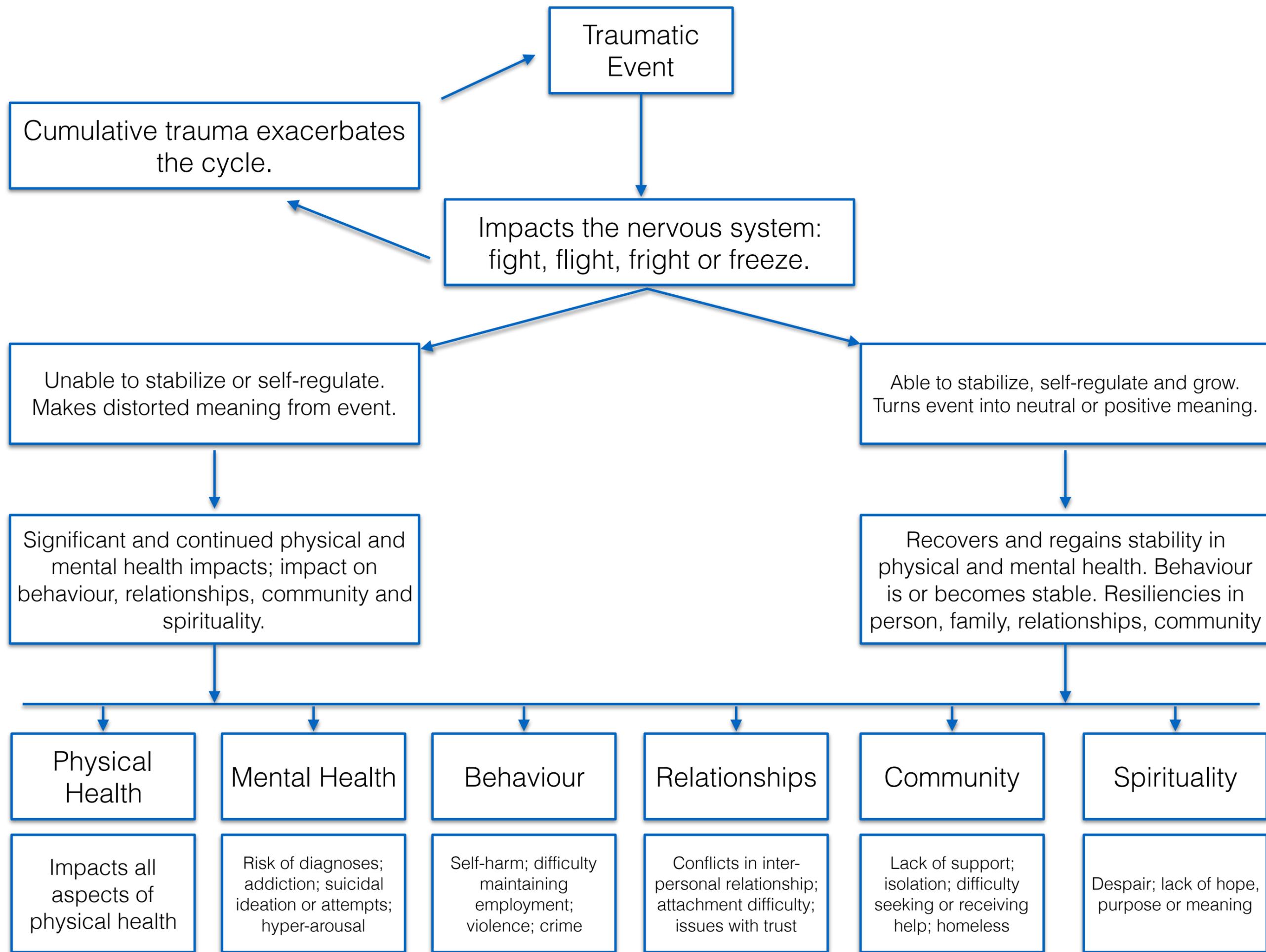
- Safety
- Trustworthiness through transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historic and gender issues



# Three Pillars

1. Safety
2. Connections
3. Managing emotions





Traumatic Event

Cumulative trauma exacerbates the cycle.

Impacts the nervous system: fight, flight, fright or freeze.

Unable to stabilize or self-regulate. Makes distorted meaning from event.

Able to stabilize, self-regulate and grow. Turns event into neutral or positive meaning.

Significant and continued physical and mental health impacts; impact on behaviour, relationships, community and spirituality.

Recovers and regains stability in physical and mental health. Behaviour is or becomes stable. Resiliencies in person, family, relationships, community

Physical Health

Mental Health

Behaviour

Relationships

Community

Spirituality

Impacts all aspects of physical health

Risk of diagnoses; addiction; suicidal ideation or attempts; hyper-arousal

Self-harm; difficulty maintaining employment; violence; crime

Conflicts in inter-personal relationship; attachment difficulty; issues with trust

Lack of support; isolation; difficulty seeking or receiving help; homeless

Despair; lack of hope, purpose or meaning

# Practical Ways to Serve Those That Have Lived Through Exacerbated Trauma

- Flexible appointments, including bringing appointments to the person
- Write out steps and tasks
- Avoid judgment
- Create emotional safety; reinforce physical safety
- Build connections outside of the program
- Take nothing personally
- Engage in harm reduction
- Reinforce meaningful activities
- Provide an active voice in determining type, duration, frequency and intensity of services

# The Brain in Transition

## Frontal Lobe:

self-control,  
judgment,  
deferred gratification,  
and emotional regulation  
don't start developing  
until around 16-17  
and isn't completely developed until  
the mid twenties.

We can postulate all we want about  
what people should be able to do, but  
the fact is they can't do what their  
brains aren't ready to do.



# The Brain in Transition

## Corpus Callosum:

intelligence,  
consciousness,  
and self-awareness  
do not reach full maturity  
until the mid to late 20's

My sense of self is still mostly  
externally defined. I am what my  
friends think I am.



# The Brain in Transition

## **Parietal Lobes:**

responsible for integrating auditory, visual, and tactile signals don't begin to mature until the early 20s.

I can't decode emotional signals because I am still using the amygdala rather than the frontal cortex.



# The Brain in Transition

**Temporal Lobes:**  
appropriate emotional response and  
emotional maturity are still  
developing between the ages  
of 16 and 24

This is the part of the brain that let's  
me take another person's perspective.  
Until this region develops, it won't  
come naturally.



# Practical Ways to Serve People With a Brain Injury

- Avoid consequential approaches to reinforcing change.
- Establish transparent objectives for each interaction.
- Be patient.
- Reinforce worthiness through acknowledgment of achievements.
- Break larger goals into smaller tasks that are measurable.
- Normalize, acknowledge and invite ambivalence.



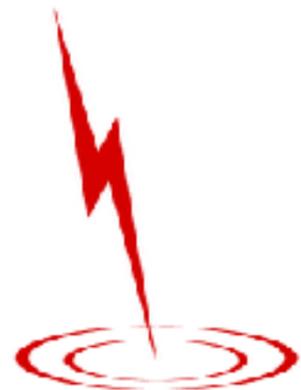
**Do no harm.**



# Understanding the Recovery Orientation

Each person/family holds the possibility of engaging in a unique process of overcoming their history and recovery what was lost.

- Rights
- Roles
- Responsibilities
- Sense of purpose
- Identity
- Stability
- Decision-making
- Self-esteem
- Potential
- Well-being
- Capabilities
- Happiness



# Practical Ways to Apply a Recovery Orientation

- Address stigma and model it.
- Provide education opportunities to deeper understanding.
- Build connections to trained peers.
- Appreciate the uniqueness of each journey.
- Be transparent of what community supports (including clinical supports) may be available, waiting times, expectations of those supports, etc.
- Establish crisis plans and approaches for maintaining housing stability.



# Harm Reduction

- Harm reduction is any program or policy designed to reduce drug-related harm without requiring the cessation of drug use.
- Harm reduction further applies to other behaviors that may be considered higher risk such as sex work or actively compromised mental health without medication and/or medical assistance, which impacts the individual and the broader community. As with substances, this is about reducing harm without cessation.



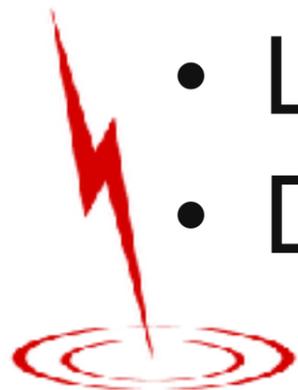
# Re-framing Perspective of Alcohol and Other Drugs

- The Surgeon General has been clear: from a medical perspective we need to be considering addiction and dependency as chronic disease, not as character flaw, moral failing, or personal shortcoming.
- Other researchers are helping inform a new way of looking at this:
  - *In the Realm of Hungry Ghosts* - Dr. Gabor Mate
  - *High Price* - Dr. Carl Hart
  - *The Sober Truth* - Lance Dodes



# Agreement on Outcomes

- Most programs focus on cessation followed by abstinence and see recurrence as failure.
- It is possible to reconsider the intended outcome from other perspectives as well:
  - Reduction
  - Movement from non-palatable to palatable
  - Use within consumption thresholds
  - Increasing periods of time between use
  - Less harm to community
  - Decreased ancillary harm



# Is Harm Reduction Enabling?

*...by respecting these choices and being available to deal with their consequences, the therapist intentionally strengthens the therapeutic alliance. Rather than seeing this as enabling the client to keep harming himself, the therapist understands that he or she cannot realistically prevent a client from making particular choices at the given moment. But by keeping the door open and helping to ameliorate adverse consequences when they occur, the clinician can strengthen the motivation of the client to behave in a less harmful way, and facilitate their engagement in further treatment when the client is ready to move closer to a less harmful pattern of use or abstinence.*

- CAMH



# Practical Ways to Reduce Harm

- Avoid judgment.
- Budgeting for substance use.
- Access to harm reduction supplies.
- Very pragmatic, open goal setting.
- Explicitly acknowledge *your* acceptance of *their* choices.
- Focus on behaviour not on use or any particular exploitive action.



# Engage Progressively

- Give people an opportunity to demonstrate what they know how to do rather than assuming they know how to do nothing.
- Add more supports when people ask or when it is clearly demonstrated that more support is needed.
- Do not assume that your approach to doing work is the only way to do things or always the right way.

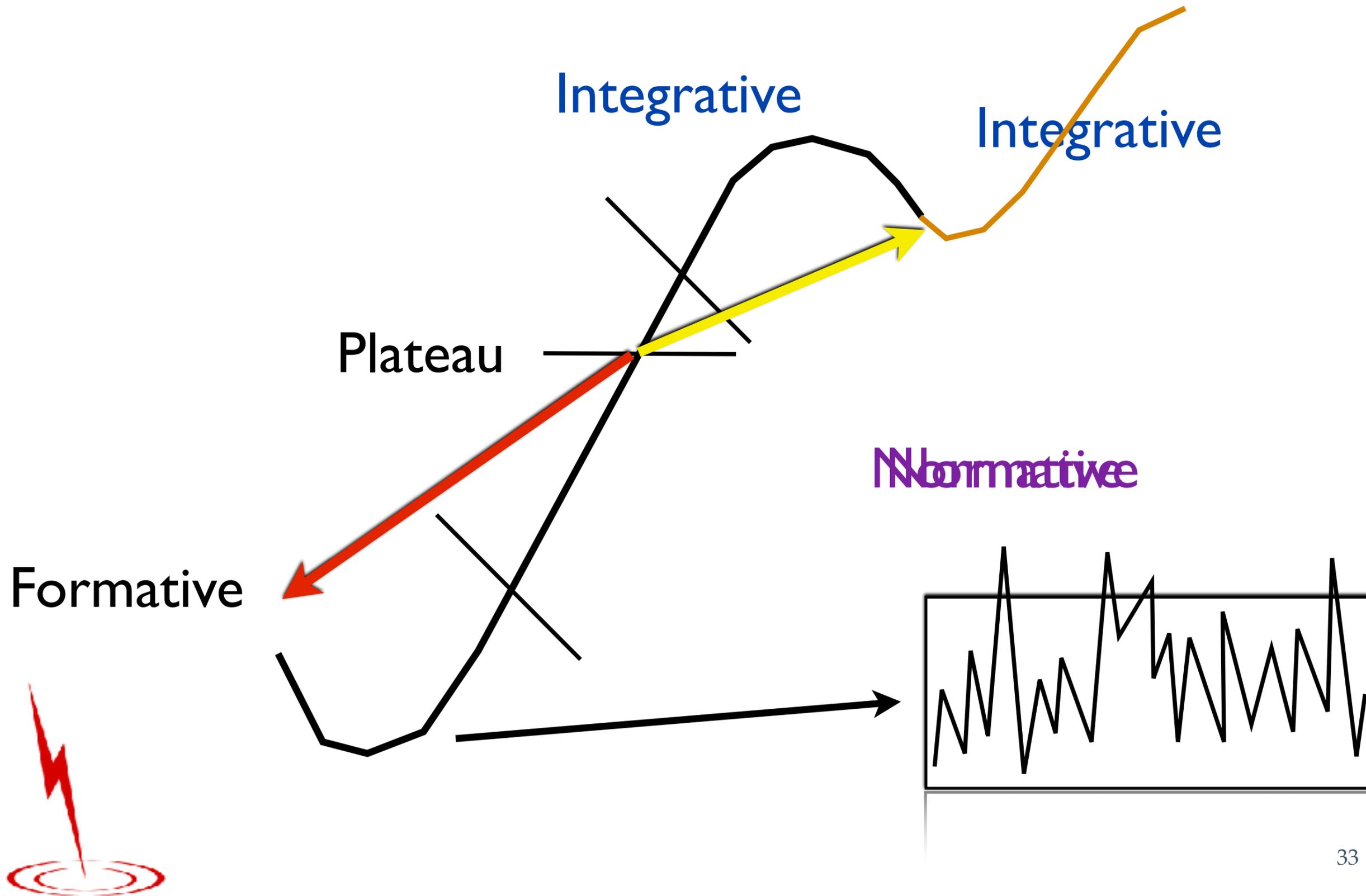


# Practical Ways to Progressively Engage

- Be proximate.
- Separate skill issues from motivation issues.
- Ask about the level of support they think they would benefit from.
- Use expectations rather than rules.
- Clearly establish timelines for task completion.



# **Part Three: 5 Essential & Sequential Steps for Housing Stability**



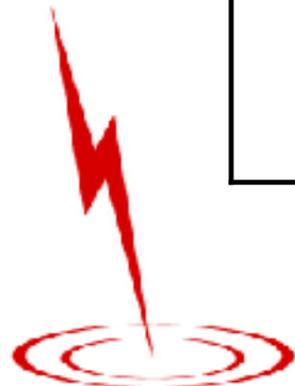
Housing

Relationship Impacts

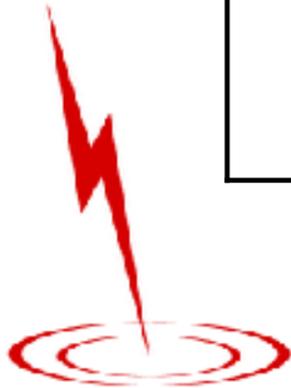
Support

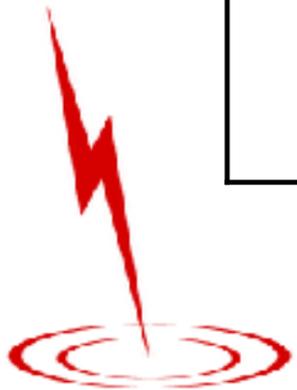
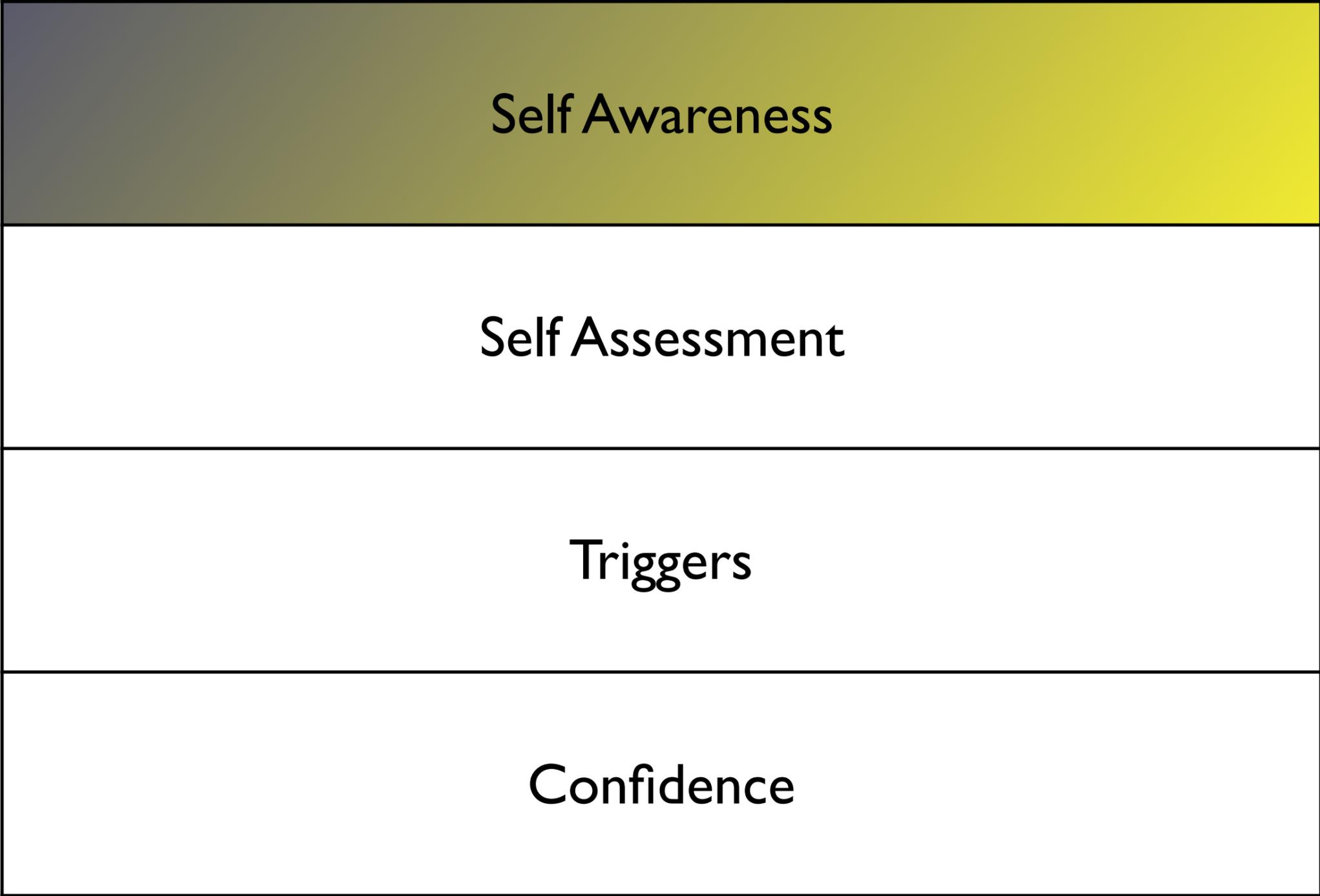
Basic Needs

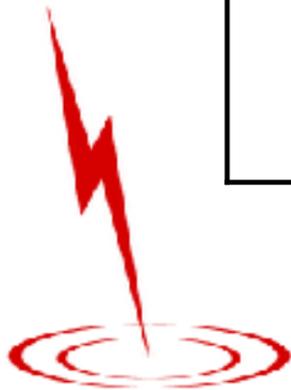
Safety



Individualized Service Plan
Life Stability
Meaningful Daily Activities
Employment/Education
Other System Connections
Social Awareness







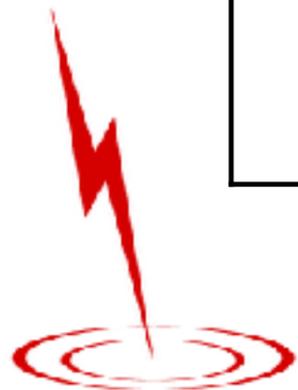
## Reframe/Rebuild

Physical & Social Infrastructure

Relationship Management

Purpose & Identity

Greater Independence



Dependent &  
Unaware

Sta

Dependent &  
Aware

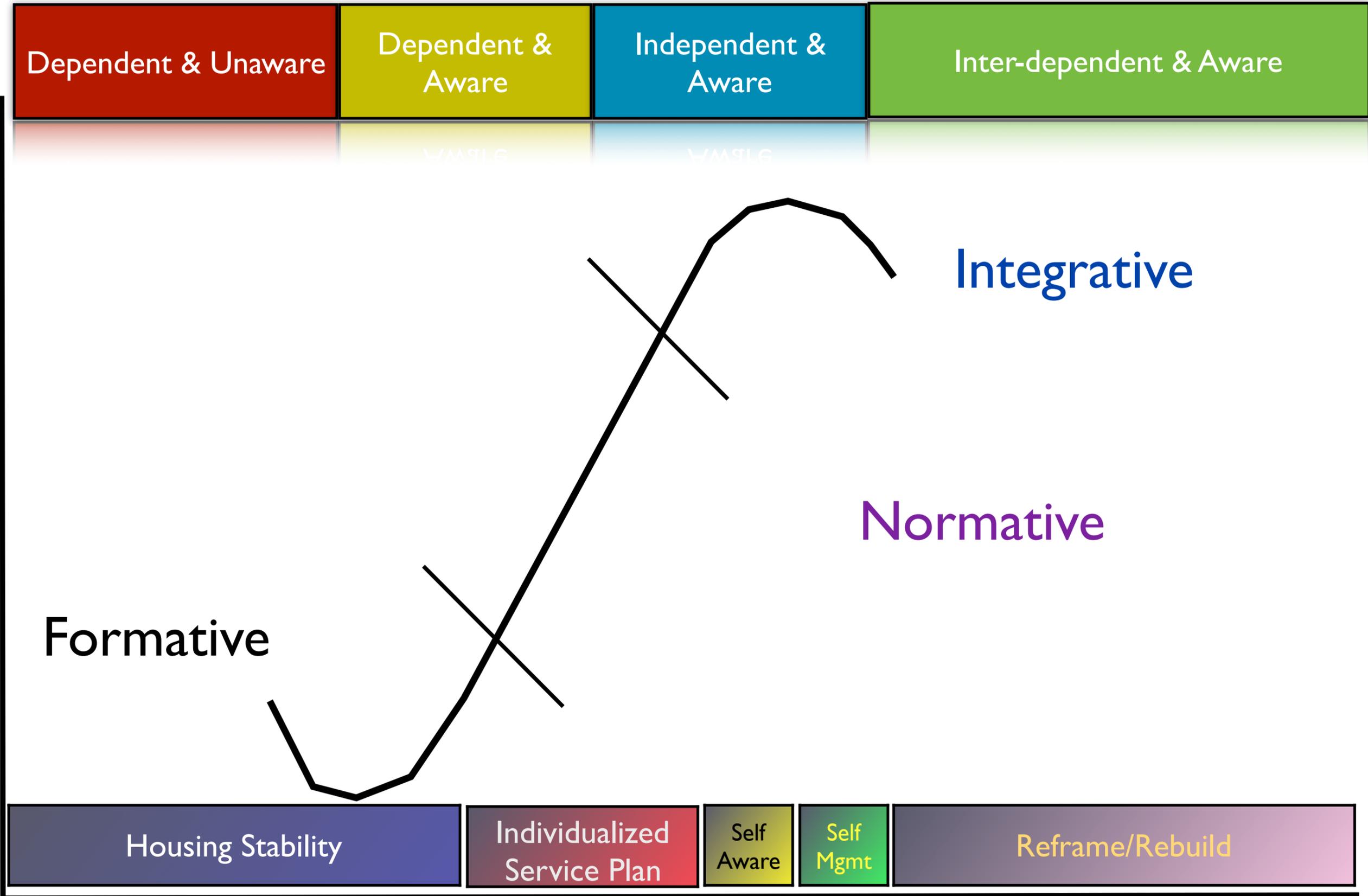
war

Independent  
& Aware

Jou

Inter-  
dependent &  
Aware





# Practically Speaking

- Keep the housing plan short and specific.
- First things first - get housing stable prior to moving onto bigger issues.
- Stay in your lane! Your job is **HOUSING** not everything.
- Accept that many - if not most - of the people you are supporting will remain in poverty, continue to have major life events compounded by things like trauma, and struggle with housing stability and social isolation.



# **Part Four: Staff Roles & Phases in the Process**

# Historically

- Resources are achieved through self-advocacy and persistence, or luck, or first come/served
- The best case managers are the ones that work their way around the system, not through the system – and “side doors” abound
- Experience is used (confused?) as a form of assessment
- Disconnects between emergency side of the homeless service delivery system and the solution side of the service delivery system
- There is no coordinated approach for matching the right person/family to the right resource in the right order



Phase 1

Eligibility Screening  
& Acuity  
Confirmation

Informed Consent  
& Desire to  
Participate

Document  
Readiness

Phase 2

Housing Search

Lease Up

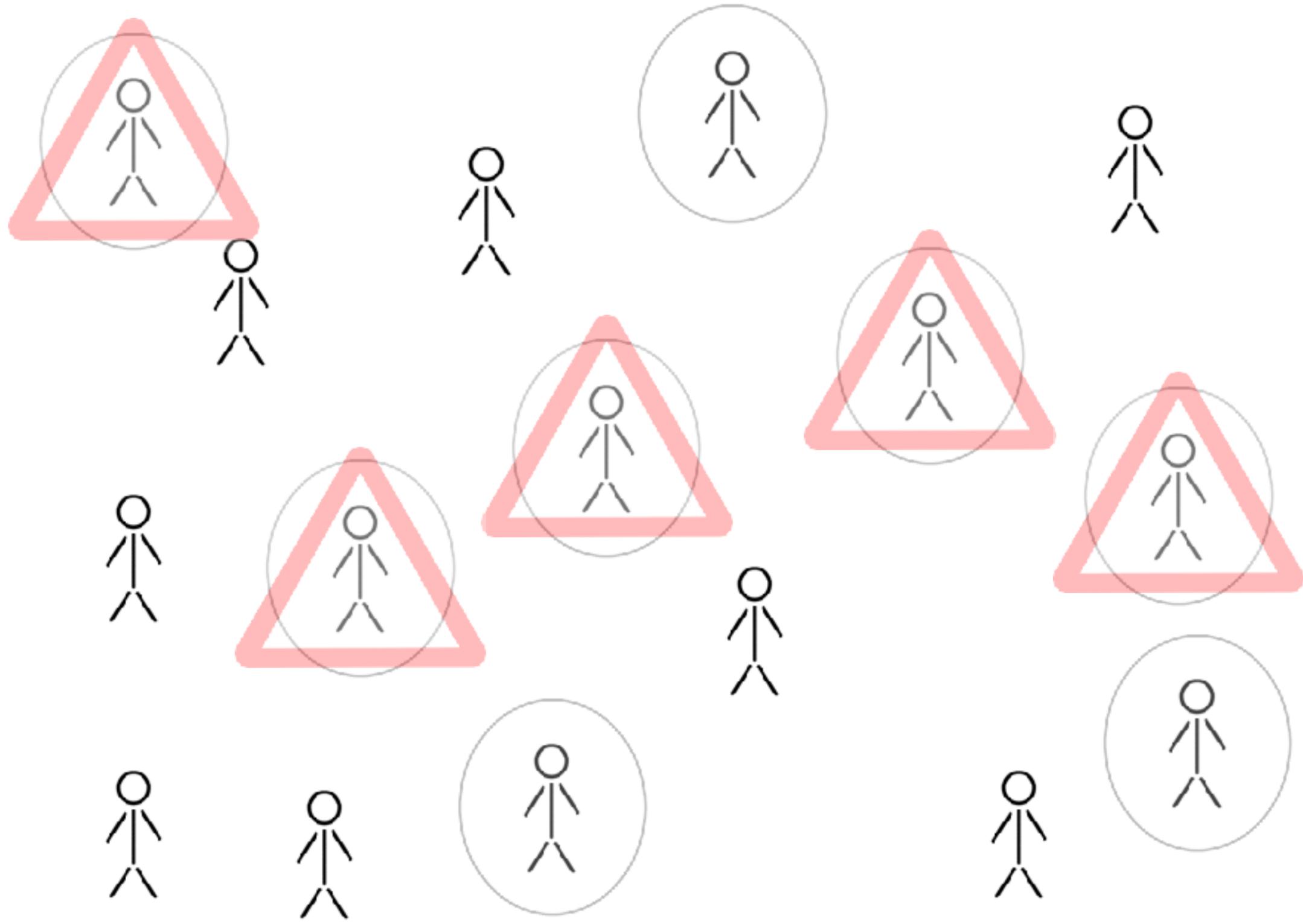
Move In

Phase 3

Progressive  
Engagement

Coaching

Greater  
Independence



# **The Housing-Based Case Manager**

A housing-based case manager is an organized and trained professional that acts as a positive change agent in holistically assisting individuals/families in achieving and maintaining housing, while concurrently promoting awareness and teaching strategies that reduce the likelihood of a return to homelessness in the future.



# Service Requirements

- Trained, professional staff with knowledge of the interventions, application of standards, adherence to ethics, and applied boundaries
- Low staff to participant ratios
- Flexible hours and not 9-5
- Personalized case management delivered through home visits
- Vast system knowledge
- Structured, documented and strategic



# Requirements to Do Housing First

- Remove all barriers to housing:
  - No income or employment requirements
  - No sobriety or treatment requirements
  - No medication or care requirements
  - Locate housing for the program participant
- Program participant voluntarily participates
- Program participant determines type, frequency, duration and intensity of supports; and, supports are personalized
- Tenancy is not linked to support participation; and, no limits on re-housing



# **Part Five: Engagement through Objectives to Realize Goals (Not Just Tasks)**

# Addressing Refusal Rates

- Even with voluntary services that are transparently offered (without any coercion or threat) research shows 10-25% of persons that may benefit will refuse the supports. (Watson, 2005; Kazdin, 2000)
- Some of those that may benefit the most from services are the least likely to voluntarily engage or stay engaged.



# Addressing Attrition Rates

After acceptance into a program with home visits, research shows 20-67% of participants will experience resistance to participation after move-in or even drop-out (Watson, 2005; Kazdin, 2000; Gombay, 1999).



# It Has Also Been Proven That...

- Interest diminishes if first engagement is driven by crisis rather than voluntary interest.
- Prompt follow through when there is expressed interest is important.
- Random control trials (Katz et al, 2001) show follow-up visits soon after move in decreases drop-out and future refusal rates.
- Active rather than passive approaches are necessary if a participant begins to disengage or misses visits/ appointments.



## A pathway to change discussion...

Get **out** of the RETRIBUTION mindset:

- No coercion or threats
- No intimidation or undue pressure

Get **out** of the RECIPROCITY mindset:

- No obligation through ingratiation
- No bargaining

Get **into** the REASONING mindset:

- Presentation of facts relative to needs
- Appeal to values
- Appreciate personal goals
- Assess needs



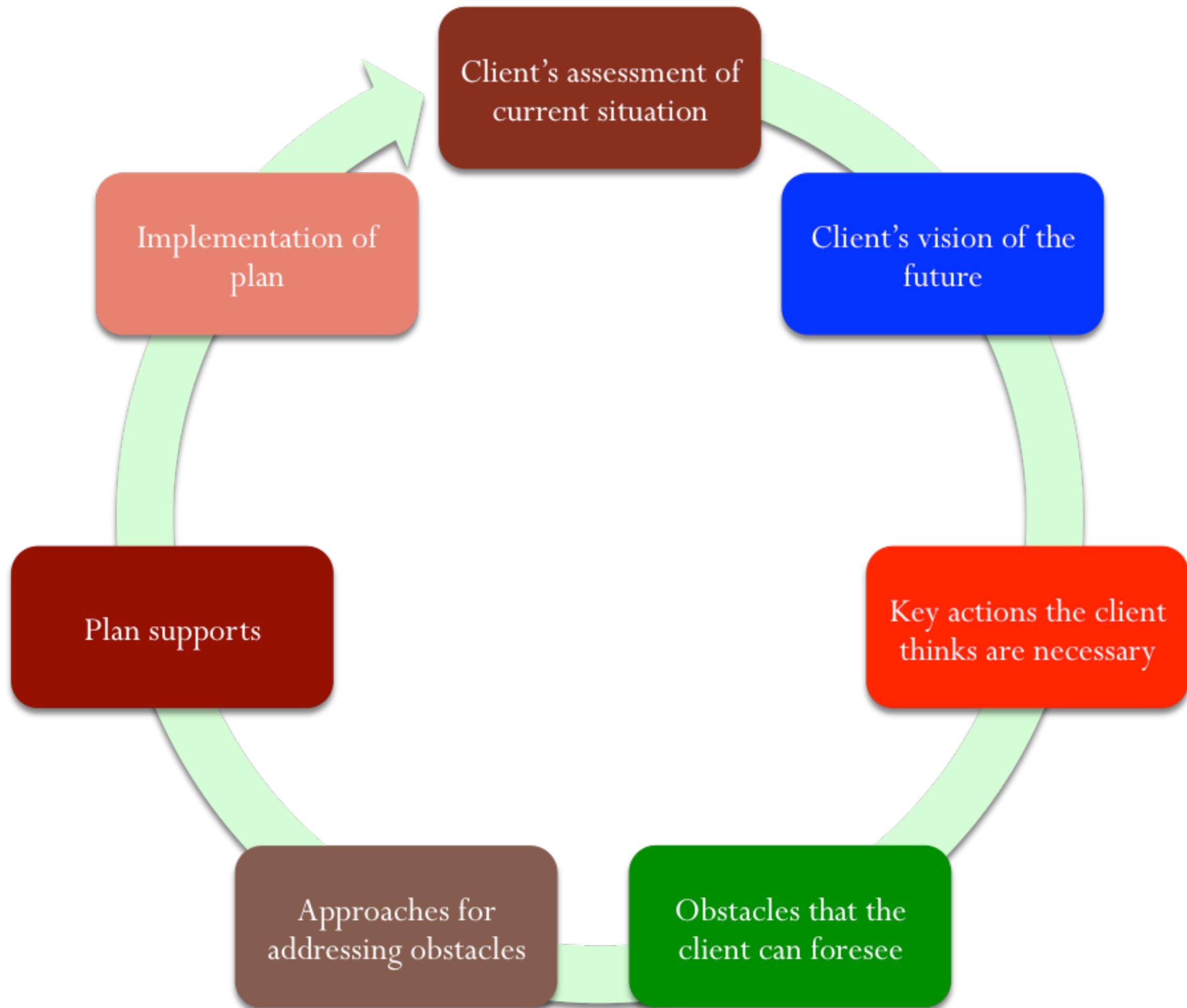
# Using an Objective-Based Approach

Hi (name) good to see you today and we have xx minutes for our visit. As we talked about on (date of last visit) we agreed that we would talk about:

- A.
- B.
- C.

At the end of dealing with those objectives for today we will select some objectives for our next visit.





# **The Question You MUST Ask**

How do you think  
that will impact  
your housing?

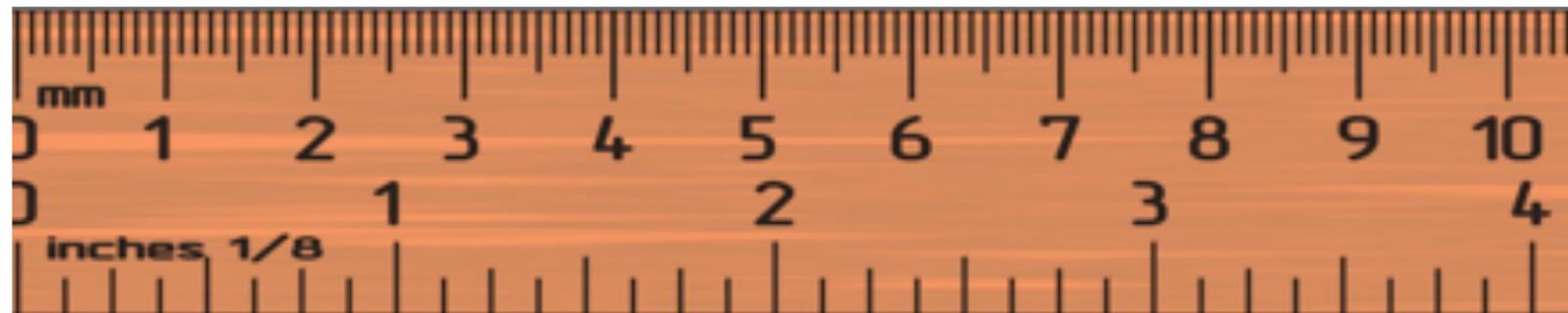


# Narrowing Down Opportunity

How important is it to you to make a change in this part of your life?



How ready are you to make a change in this part of your life?



How confident are you to make a change in this part of your life?



# **Part Six: Tools for Your Toolbox**

## **If they screen in:**

- ❖ Ask them to describe what they think the case management supports will look like.
- ❖ Ensure that they are comfortable with home visits.
- ❖ Show them what a case plan looks like.
- ❖ Let them know that honesty is the currency of success.
- ❖ Make sure that they know your primary focus is going to be on housing stability.
- ❖ Ask them what they think it means to be a responsible tenant.



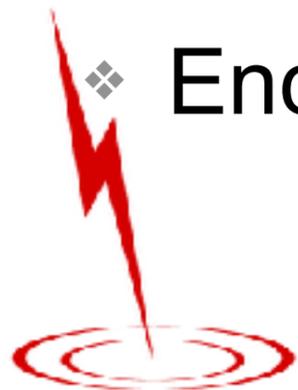
# Good Preparatory Practices

- ❖ Only do move-ins on Mondays, Tuesdays or Wednesdays.
- ❖ Usually only one move-in per day - maximum of 2!
- ❖ Discuss/role-play the move-in before it happens.
- ❖ Book a time to meet - and then be early.
- ❖ Pick out furniture in advance.



# On the Day of Move In

- ❖ Do a walk through. Exude positivity.
- ❖ Have your cleaning kit ready and roll up your sleeves WITH your client.
- ❖ Arrange for furniture & basic supplies to be delivered.
- ❖ Provide orientation to building & community.
- ❖ Review fire safety plan and safe use of appliances.
- ❖ Make sure lock and keys work; discuss strategies for lost keys.
- ❖ Encourage meeting neighbors.



# 5 Necessary Functions in the First Month

- ❖ 1. Crisis Plan
- ❖ 2. Budget
- ❖ 3. First Case Plan
- ❖ 4. Risk Assessment
- ❖ 5. Personal Guest Policy



# Sample Crisis Plan Form

Version \_\_\_\_\_

Date \_\_\_\_\_

In an emergency CALL 911.

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Health Card Number/Version:</b>	
<b>Emergency / Medical Contacts:</b>	
1.	<b>Telephone:</b>
2.	<b>Telephone:</b>
3.	<b>Telephone:</b>
<b>Support Worker Name:</b>	<b>Telephone:</b>
<b>Support Worker Back-up or Team Leader Name:</b>	<b>Telephone:</b>

Depending on the situation, I may also use these community resources when in crisis:

<b>Name of Community Resource:</b>	<b>Telephone Number</b>

**Understanding and managing a crisis:**

My definition of a crisis is:

Things that cause me to go into crisis are:

The signs that I am about to go into crisis are:

The signs that I am in crisis are:

If you notice I am doing and/or saying ..... give me space.

In the past to deal with a crisis effectively, I have:

If I am in crisis it is best if these people are contacted...

If I am about to be in crisis or I am in crisis, these are the special arrangements or things I need to have taken care of for me...

# Budget

- ❖ Reinforcing basic concepts.
- ❖ Reflection leads to better information.
- ❖ Does not have to be perfect.
- ❖ Important to raise awareness, not pass judgment on how people spend or access money.



<b>THE HONEST MONTHLY BUDGET</b>			
VERSION:		DATE:	
The things I HAVE to spend money on are:		The formal ways I get money are:	
RENT:		JOB:	
UTILITIES:		GENERAL WELFARE:	
FOOD:		DISABILITY:	
ARREARS:		PENSION:	
REPAIRS:		INHERITANCE:	
<b>TOTAL:</b>		<b>TOTAL:</b>	



Other money that comes in goes to:		The informal ways I get money are:	
CHILD SUPPORT:		BINNING/BOTTLE COLLECTING:	
DEBTS:		ODD JOBS:	
CIGARETTES:		TREASURE HUNTING:	
COFFEE:		BABYSITTING:	
ALCOHOL:		SEX WORK:	
OTHER DRUGS:		DRUG RUNNING/DEALING:	
HEALTH STUFF:		DAY LABOR:	
HOUSEHOLD SUPPLIES:		THEFT/PAWNING:	
GIRLFRIEND/BOYFRIEND:		FRIENDS/FAMILY:	
KIDS:		SELLING PRESCRIPTION:	
OTHER FRIENDS:		GAMBLING:	
CABLE:		MEDICAL RESEARCH/CONTRIBUTION:	
SOCIALIZING/PARTYING/NIGHT's OUT:		PANHANDLING:	
SEX:		SELLING CRAFTS:	
BUS:		BUSKING/STREET ENTERTAINMENT:	
TAXIS:		HONORARIUMS:	
GAMBLING:		NON-MEDICAL RESEARCH:	
LEGAL STUFF/FINES:		OTHER:	
OTHER BILLS:			
<b>TOTAL:</b>		<b>TOTAL:</b>	



All the things I spend money on equals:	
All the ways I get money equals:	



# The First Case Plan

- ❖ First time to demonstrate SMARTER goal-setting
- ❖ No more than 3 areas of attention
- ❖ All 3 areas related to housing stability



# SMARTER

- ❖ Is it SPECIFIC?
- ❖ Can it be MEASURED?
- ❖ Is it ATTAINABLE?
- ❖ Is it RELEVANT?
- ❖ What is the TIMELINE?
- ❖ How will be EVALUATE whether it is the best goal?
- ❖ When will we REVISIT the goals?



# The Risk Assessment

- ❖ Should be completed within two weeks of being housed.
- ❖ By identifying risks, the intent is to define the people, processes and/or technology that can help minimize the risk, not prevent service.
- ❖ Risk assessments should be updated periodically.



# Personal Guest Policy

- ❖ Intent is to help the client define who can visit, when, and who is responsible for the actions of guests.
- ❖ Can be turned into a fun project.
- ❖ Idea should be introduced during the housing search, discussed during the move-in, and completed during the first two home visits.



# Types of Questions You May Ask to Help Form the Guest Policy

- ❖ What time of day do you want to allow guests (or not allow guests)?
- ❖ Is there anyone that you don't want at your apartment (even if you may hang out with them somewhere else)?
- ❖ Is there anybody you'd only invite over on certain days or certain times?
- ❖ If someone comes over with a friend, and you don't know the person, is that alright with you?
- ❖ If a guest damages something in the building who is responsible?
- ❖ Are there any activities, language or other things that you do not want happening in your apartment?



- ❖ If people want to crash on your floor or couch, is that cool with you? What if doing so is against your lease?
- ❖ If people want to smoke drugs in your apartment, how will you make sure that doesn't result in you getting evicted?
- ❖ If a buddy wants to "borrow" your apartment for a couple hours to have a date with his girlfriend, is that okay with you?
- ❖ If people get in a fight - including a fight with you - how will you respond to that and not lose your housing?
- ❖ Can people eat your food or use your things?
- ❖ What can you do to make sure there are no noise complaints?





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