Effective Service Delivery Within the Homeless Response System

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About the Connecticut Coalition to End Homelessness

Founded in 1982 to provide a voice for the nonprofit organizations, faith-based groups, and municipal governments responding to the then-emerging crisis of homelessness, the Connecticut Coalition to End Homelessness is the leading statewide organization supporting efforts to end homelessness.

**Mission**

The Connecticut Coalition to End Homelessness, in partnership with members and communities throughout the state, creates change through leadership, advocacy, and building the capacity of members and the field to respond to environmental challenges.

Our collective mission is to prevent and end homelessness in Connecticut.

**Vision**

A statewide system capable of ensuring that homelessness is rare, brief, and non-recurring.
CCEH’s Roles and Functions

**Data and Analysis:** Administer statewide administrative data system on homelessness, conduct data analysis and research to inform and influence practice, policy, and funding decisions related to ending homelessness.

**Training and TA:** Working with providers to help them build capacity, share, learn and implement best practices.

**Advocacy:** Educating elected officials (state and federal), the public, philanthropic partners about the problem, the solutions, and the resources we need to end homelessness.

**Community Impact:** Strengthen local collaboration, create (and support adherence to) policies and procedures, provide staff support in communities, and ensure quality.

**Client Financial Assistance:** Raise money to fill gaps in emergency resources that frontline workers can access to help clients.
Focus Areas

Causes of Homelessness

Trauma and Experiencing Homelessness

Housing First Principles

Supportive Housing

Best Practices

Providing Services vs Effective Services

Scenarios
Causes of Homelessness
Causes of Homelessness

Lack of Housing – without housing options, people face eviction, instability and homelessness

Income and Housing Affordability

History of Health problems (Mental Health, Substance Abuse, Physical Health)

Escaping Violence – Many survivors of domestic violence become homeless when leaving an abusive relationship

Impact of Racial Disparities - minority groups in the US experience homelessness at a higher rate than Whites
Significant Racial Disparities in Homelessness

Most Minority Groups Make up a Larger Share of the Homeless Population than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population

Race

Homeless Population

Black - 39% & more than 50% of families with children experiencing homelessness

US Population

Black - 13%

*For CT the Black/African American population is 10.72% but 34% of the Homeless population

Source: National Alliance to End Homelessness
Trauma of Experiencing Homelessness

• Homelessness is traumatic

• People experiencing homelessness often live with a multitude of personal challenges, such as the sudden loss of a home or adjusting to conditions of shelter life

• Lack of privacy

• Not feeling safe

• Feeling alone, lack of support system, not knowing who to trust

• Within the larger society, people experiencing homelessness often are marginalized, isolated, and discriminated against

• Highly vulnerable to violence and victimization

• Often retraumatized, including within our homeless response system

• Most families who are experiencing homelessness are headed by single women, and these women experience posttraumatic stress disorder, depression, and substance use at a rate higher than the national average.
The Impact of Homelessness on Children

• Homelessness can have a tremendous impact on children – their education, health, sense of safety, and overall development.

• Fortunately, researchers find that children are also highly resilient and differences between children who have experienced homelessness and low-income children who have not typically diminish in the years following a homeless episode.

• When compared to low-income and homeless families, children experiencing homelessness have been shown to:
  • Have higher levels of emotional and behavioral problems;
  • Have increased risk of serious health problems;
  • Are more likely to experience separations from their families; and
  • Experience more school mobility, repeat a grade, be expelled or drop out of school, and have lower academic performance.
Trauma Informed Care Approach

**Trauma Informed Care** – *an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life- including service staff.*

Trauma-Informed Care requires a system to make a paradigm shift from asking, “What is wrong with this person?” to “What has happened to this person?”

A Trauma-Informed Care approach strives to understand the whole of an individual who is seeking services.

*When trauma occurs, it affects an individual's sense of self, their sense of others and their beliefs about the world. These beliefs can directly impact an individual's ability or motivation to connect with and utilize support services.*
A Culture Shift: The Core Values of a Trauma-Informed System of Care

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Making tasks clear and maintaining appropriate boundaries
- Choice: Prioritizing choice and control
- Collaboration: Maximizing collaboration and sharing of power
- Empowerment: Prioritizing empowerment and skill-building

Cultural Responsiveness: Cultural, historical, and gender issues

Adapted from Roger Fallot, PhD and Maxine Harris, PhD, Community Connections, Inc.
Housing First – The belief that housing is a basic necessity that must be prioritized before an individual can pursue other personal goals and work towards improving their quality of life.

- Homelessness is a problem with a solution, the solution is housing.

- For everyone. Whether you follow the rules or not. Whether you are “compliant” with treatment or not. Whether you have a criminal record or not. Whether you have been on the streets for one day or ten years. Permanent housing is what ends homelessness. It is the platform from which people can continue to grow and thrive in their communities.

- Housing First is a philosophy that values flexibility, individualized supports, client choice, and autonomy. It never has been housing only, and it never should be.
Housing First Principles

#1. Homelessness is first and foremost a housing problem and should be treated as such.

#2. Housing is a right to which all are entitled.

#3. Return people who are experiencing homelessness or at imminent risk of homelessness to stable, permanent housing as quickly as possible and connect them to resources that sustain housing.

#4. Issues that may have contributed to a household’s homelessness can be best addressed once they are housed.
Survival and safety needs will drive behavior until these needs are met. Only then can a person focus on other “higher” needs.
Supportive Housing
Supportive Housing

Supportive Housing – an evidenced based approach to reduce homelessness by combining a rental subsidy with flexible support services. These support services are housing focused, but not housing only. Support Services should assist the client with teaching him/her the basic skills of tenancy and how to maintain their housing.

Rapid Re-Housing (RRH) and Permanent Support Housing (PSH) are both forms of Supportive Housing.

*Service Providers are responsible for the intervention, not the outcome. Services are voluntary for tenants but mandatory for providers.
Best Practices
Assertive Engagement

• Extremely important!
• Assertive engagement is both persistent and active. The persistence is friendly and active, involves trying new things and new approaches to engage.
• Where participants get their first impressions of the program and YOU as a service provider
• Build Rapport - engage in small talk, get to know the person
• A process, not an event, where we introduce the service relationship, explain our role, & find common ground
• Build Trust – Be consistent and reliable, non-judgmental, and honest
• Listen, observe, and communicate
• Be creative with approaches
• Emphasize strength-based approach
• Set/Maintain realistic expectations – Be clear!
• Highly individualized
• Stay positive
• Be flexible – Meet the person where they are (in all ways)
Assertive Engagement is Not…

• Calling a client and leaving one voicemail message prior to closing their case.

• Determining that a client is not interested in services because they did not attend their scheduled appointment.

• Returning a client that was matched to a housing subsidy to the CAN because they did not show up at the scheduled time to view the apartment.

• Only getting the client’s contact information.

• Requiring that the client comes to the office for all appointments.

• What are some other examples of what assertive engagement is not?
Harm Reduction

• Recognizes that people make their own choices based on their options and opinions of what feels right for them

• Acknowledges risky behaviors in a non-judgmental way

• Identifies practical ways of lessening consequences of such behavior

• Can be applied to substance use, mental health, and other behavioral health concerns
Motivational Interviewing

“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

(Miller & Rollnick, 2013, p. 29)
Responses to Motivational Interviewing

With MI done well client will...

• Feel understood and accepted
• Be more willing to follow plan
• Have feelings of hopefulness
• Be engaged

With MI done poorly client will...

• Feel judged and disrespected
• Be less likely to follow YOUR plan
• Shift back towards hopelessness
• Disengage

www.motivationalinterviewing.org for more on this topic
Person-Centered Planning

• Person-Centered Planning is a collaborative process resulting in a plan – housing stabilization plan

• Interventions are tailored to the person’s goals and needs

• Is directed by clients in partnership with care providers and natural supporters
  – is reflected in the co-created written Housing Stabilization Plan which outlines the person’s most valued goals and how all will work together to achieve them

Sample Key Practices in the Process of Person-Centered Planning

• Person is a partner in all planning activities/meetings; advance notice
• Person has reasonable control over logistics (e.g., time, invitees, etc.)
• Person offered a written copy
• Education/preparation regarding the process and what to expect
• Meeting ground-rules may shift
• Plan is strengths based – highlights their strengths and does not only focus on what’s wrong
Strengths-Based Communication

**Language Counts: Which is the best example of a strength-based perspective?**

1. Joe only has a 9\(^{th}\) grade education.

2. Sue didn’t graduate from high school because she got addicted to drugs in her senior year.

3. Kate was able to complete the 11\(^{th}\) grade and start her senior year, even while living in a home where domestic violence was common.

Avoid using Deficit-based (Negative) Language such as:
Suffering from, refuses to, non-compliant, substance abuse/abuser
Providing Services vs Effective Services
Effective Service Delivery/Case Management

- Focus on solving the housing crisis.
- Support and help client on a path for housing stabilization.
- Help resolve issues that impede access to housing.
- Connect client to community resources and services.
- Promote Self-Sufficiency.
- Emphasizes Skill-Building.
Effective Service Delivery = Housing Retention Focused

- Housing Plan goals focused on compliance with lease and how client will pay rent to maintain housing- housing stabilization
- Client Driven
- Strengths Based
- Housing Plan goals are SMART: Specific, Measurable, Achievable, Relevant, and Time-limited
- Focus on short-term goals
- Plan updated regularly
- Intensity increases if needed
## Providing Services vs Effective Services

<table>
<thead>
<tr>
<th>Service Delivery/ Case Management</th>
<th>Effective Service Delivery/ Effective Case Management</th>
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<tbody>
<tr>
<td>• Putting a client on a shelter waitlist because they said they needed to go to a shelter.</td>
<td>• Engaging the client in a problem-solving conversation/ Shelter Diversion. Assessing. Asking questions and Digging deeper.</td>
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<td>• Providing contact information to a resource</td>
<td>• Connection to a resource. Ensuring that the resource is appropriate and viable. Following up to get the outcome of the connection.</td>
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<tr>
<td>• Encouraging the client to get a job.</td>
<td>• Assisting with creating a resume. Teaching them where to look for jobs online. Connecting to employment programs. Practice interviewing skills.</td>
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<td>• Telling the client to do a budget.</td>
<td>• Check in to see if they know how to create a budget. Create a budget with them. Provide them with a budget template.</td>
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<td>• Telling the client that they can find an apartment and checking in with them weekly to see if they found one yet.</td>
<td>• Assisting the client with housing search. Providing them with information of what they should be looking for. Preparing them for interacting with landlords. Advocating. Engaging landlords.</td>
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<td>• Bringing the client to sign their new lease.</td>
<td>• Reviewing the lease with the client. Making sure that they understand the lease and what they have to do to be in compliance (rules and rental payments)</td>
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<tr>
<td>• Informing the client that they have to attend their appointments on time because they are always late or missing them.</td>
<td>• Inquire about the methods used to stay organize. Provide an agenda, teach them how to use the calendar feature on their cellphone, provide appointment reminders if necessary.</td>
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<tr>
<td>• Once the client moves into their apartment you check on them each month to see if they paid their rent. Discharge after they confirmed they have.</td>
<td>• Provide additional case management to ensure housing stability. Additional support services are in place prior to discharge. Educates client on how to find additional resources if necessary/</td>
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Scenarios
“Mr. Richards, 78, has been in shelter for one week, after being evicted last month from his apartment of five years. He has one daughter who lives in Maryland, but she does not have the space to have him stay or funds to send him. His wife passed away one year ago, and he lost most of his possessions - including his vehicle - in the eviction. He states that he is a veteran but does not know if he is eligible for benefits. He gets frustrated when his case manager raises the question of getting him connected to services, because he says he is too old to understand how to use a computer for the enrolment process, he doesn’t have a phone, and doesn't have the energy to stand in line all day. He says that his wife, who worked at the local public library, used to take care of all his appointments, accounts, and documents for him. He says that he receives a monthly social security retirement benefit but hasn't had access to his check since he was evicted because doesn't know what to put down for his address.”

Discussion questions:
• What information would help you fill in the details for Mr. Richards’ case file?
• What referrals could you make for Mr. Richards?
• How can you help Mr. Richards get connected, and stay connected to his benefits (think immediate and ongoing strategies)?
• What support do you think you would need to help Mr. Richards achieve his housing goals - do you need information about resources, or to work with another provider on a plan?
"Mr. Louis, 20, has been living in his friend's spare bedroom for the past three weeks, since leaving his parent's house after a disagreement. He does not have a vehicle or employment, and his family are not interested in reestablishing contact at this time. So far, he has been paying rent to his friend using two out of three available months of Youth Homelessness Demonstration Project (YHDP) rental assistance. He says that he cannot find a job but has applied to three in the past week. When asked how he has been applying for jobs, he says that he doesn't want to work in retail or food service, so he has been submitting his resume to companies online."

Discussion questions:
• What information would help you support Mr. Louis in his job search?
• Are there any techniques you could show Mr. Louis to help him keep track of his finances and application progress?
• How would you compromise with Mr. Louis on his expectations for his job search?
• How would you help set Mr. Louis up for success once he has found a job?
"Mrs. Saleem, 53, has been in shelter for three months. She came to the shelter after being discharged from the hospital because she developed pneumonia while she was sleeping in her car. Since her recovery, she has been earning minimum wage as a cashier at a bakery and has been saving paychecks since she started working. She has a younger sister and two young nieces who live in the same city. She has almost enough savings to pay for a deposit on an apartment but is having trouble finding a one-bedroom within walking distance of her sister's apartment, with enough room for them to stay and visit. She doesn't want to live in another town because she's worried her nieces won't visit her, and she doesn't want to live with a roommate because she wants privacy for herself and her family when they come over."

Discussion questions:
• What information would help you fill in the details for Mrs. Saleem’s case file?
• What resources would you use to set her up for success when searching for an apartment?
• How would you advocate for Mrs. Saleem when helping her search for an apartment?
• How would you compromise with Mrs. Saleem on her expectations for her apartment search?
Questions?

Type in questions below

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For any additional training needs please email training@cceh.org