CT Outreach (OR) Training
Best Practices in Outreach to Homeless People
Session #2: Housing First and Housing-Focused Case Management

DECEMBER 9, 2024

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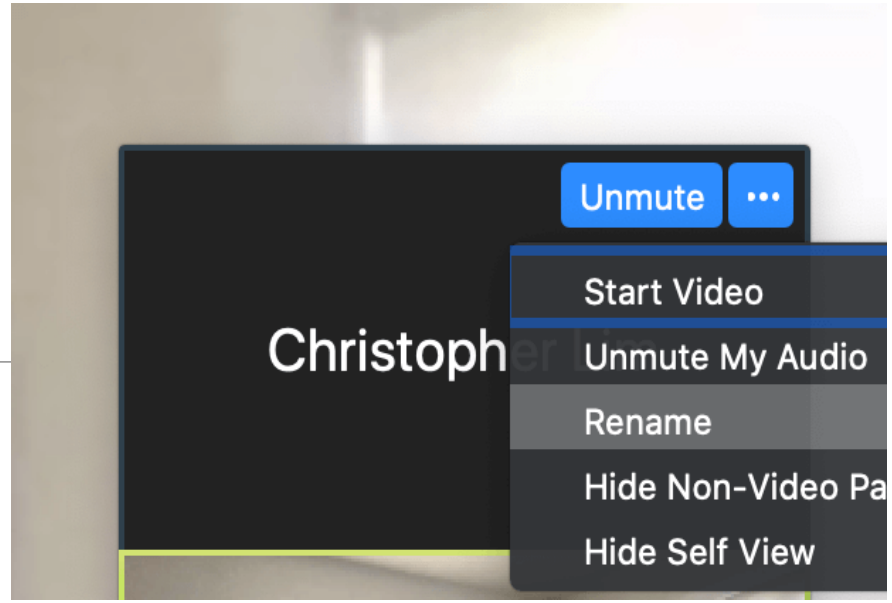
Housing Innovations

Welcome



- Introduce Facilitators
- Goals for the Session
- Housekeeping
  - **PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN.**
  - **Please put your name as you would like to be addressed as your screen name.**
  - **We will upload the slides to the chat box momentarily.**
  - **We love interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk!**
  - **The session is being recorded and will be posted to the web.**
  - **Today's session is 2 hours- some slides are for reference.**

We Love Interaction

If you don’t have a microphone, participate in discussions by joining via phone:

- Phone: 646-876-9923
- Meeting ID: 835 1380 1855
- Passcode: 044730

Who is here today?

Please put in the chat box:

- Your agency and role/title
- Your location
- Your favorite ice cream flavor or alternate treat if you don't like ice cream

- Welcome & Introductions
- *Strategies to Achieve Outcomes:*
  - *Housing First and Housing-Focused Case Management*
  - *Coordination with Partners*
  - *Client Support Through Move-In*
- Closing Comments
- Additional Resources

Housing First

Everyone is ready for housing, regardless of the complexity or severity of their needs. Services post housing support stability and prevent returns to homelessness.

Housing First Best Practices

- Assertive engagement using motivational techniques
- Comprehensive assessment and housing planning
- Harm reduction approach that is recovery oriented
- Links to Community Supports: income and benefits, health and behavioral health services, social connections, faith community, libraries, sports, arts, recreation
- Individualized, goal-based and person-centered

Building Motivation for Change: Hope, Meaning and Confidence

HOPE	• How can you change if you don't think it is possible?
MEANING	• How can you change if you don't think it is important?
CONFIDENCE	• How can you change if you don't think you can do it?

Break Out Discussion

Introduce yourselves to one another

Share strategies you have used to:

- Build a client's confidence
- Brainstorm ways to make progress with a person who has given up hope or said they have no goals
- Build motivation for housing

Service Planning Process

- Requirements:
  - Complete service plans within 30 days of enrollment
  - Update the plan at least every 90 days

Tool Use Optional:

Assessment and Service Plan Template

- Completed Sample

Needs Assessment

- Is a process
- Requires trust that offering information will lead to needed services/resources
- Information unfolds over time
- As client experiences challenges and progress, assessment will deepen.
- Listen for what the person wants, is interested in…..
- The assessment informs the service plan

Assessment and Planning Domains

Areas of Focus for Assessment and Planning

- Housing and homelessness history and barriers to stability
- Income and financial literacy, education/training and employment
- Life skills
- Family, friends, and other supports
- Psychiatric and substance use issues
- Health and medical issues

Assessment looks at history, current, strengths, barriers, motivation and GOALS

Service plans reflect the person's goals and connects housing success to those goals

Understand Housing and Homeless History

Housing History –

- Places lived, with whom (last 5 years)
- Experience as a leaseholder
- What worked
- What didn't

Homelessness History -

- Cause of initial episode
- Length of time homeless
- Places stayed
- Routine & Role
- Supports

Service Planning

- Guides and provides structure for the work.
- Goals focused on what matters to the client.
  - "So that" principle. I want x so that y happens
- Makes progress manageable by breaking out small steps.
- Requires on-going assessment - Informed by discussions with client, team, informal supports & community resources.
- Evolves over time.
- Builds hope and a sense of accomplishment as objectives are achieved.
- **Type in the Chat Box some of the goals you are working on with people.**

Assessment and Service Planning Webinar

Presentation Slides: PATH Assessment and Planning - PDF

Recording: https://youtu.be/-Wx7Kxkfa7g

Partnerships and Linkages - Examples

- Housing: CAN, landlords, vital documents, emergency assistance,
- Financial: benefits & employment income, credit repair, financial literacy
- Health: regular physical and dental check up, specialty care
- Mental Health/Substance use: psychiatry, therapy, medication management, harm reduction, withdrawal management/detox, rehab, peer support, mobile crisis
- Social connection: family, friends, faith/spirituality, group membership, domestic violence services
- Life skills: home care, cooking, shopping, transportation, recreation
- Legal: civil, criminal, immigration legal services
- Education: GED, training opportunities, ESL, trade school, college

Coordinating with Partners & Making Successful Linkages

Be knowledgeable

- Know full range of resources in your community
- Ask users for feedback
- Know what they provide, eligibility, application process

Introduce yourself and your service

- Identify how you can help partner meet their goals
- Explain your role and what they can expect from you
- Gather and share history (with consent)

Accompany to assist with engagement

- Maintain regular contact to see how things are going
- Keep your promises

Income Assistance - Benefits & Employment

- Screen for public benefits eligibility and assist in applying for benefits.
- Screen for military service and connect to the VA.
- Accompany to appointments whenever possible.
- Help increase income through meaningful goal setting, breaking steps into manageable pieces.
- Explore formal and informal work (e.g., sweeping up, lawn mowing, day labor).

Income and Benefit Sources

Sources of Income & Benefits:

- CT Dept. of Social Services
  - Connect CT: See if you may be eligible for medical benefits, help buying food, and/or cash assistance, apply for benefits, access your account
- SSI/SSDI Outreach, Access, and Recovery (SOAR) – increases access to benefits for those who are homeless and have SMI, and/or co-occurring substance use disorder.
- Employment Resources
- Supported Employment

Accessing a Temporary Place to Stay

What are the options?

Shelter/Hotel/Motel?

Doubling up with friends/family?

What are the responsibilities?

How does it connect to what the person wants?

Housing Navigation

Choices that may be available:

- Rapid Re-Housing
- Permanent Supportive Housing
- Market Rate Rentals and Low-income Tax Credit Buildings
- Shared Housing
- Subsidized Housing such as Housing Authority Properties

Help clients to explore:

- What they are eligible for
- What is the waiting time for each?
- What are the expectations in each?
- What are their individual preferences and non-negotiables?
- How do available options connect to long-term aspirations?

Sample framework for helping clients to evaluate housing options

Housing Preferences Worksheet - DOC

Webinar: Helping Clients to Understand Housing Options

Presentation slides:

Understanding Housing Options – PDF

Webinar recording:

https://youtu.be/NI_8EzpHEv4

The Transition to Housing

- Opportunity for change and a new start
- Both loss and gain
- Can increase symptoms
- Involves lots of unknowns
- Unknowns/uncertainty can create anxiety
- Requires a new daily schedule and role(s)
- Can triggers fears of failure

Break Out Discussions

Introduce yourselves to one another

Discussion Prompts:

- What challenges have you seen clients face when they transition to housing?
- What supports can help people through the transition?

Support During Housing Application & Move-In Process

- Participate in CAN Case Conferencing and Matching meetings
- Prepare and support clients for success:
  - Teach tenancy rights and responsibilities.
  - Anticipate housing stability risks and help clients establish plans to mitigate risks.
  - Assist to set up the apartment to feel like home.
  - Help plan how client will structure their initial days in housing.
  - Offer support post move-in for 90 days post lease date – may keep enrollments open

Warm Hand-offs

- Leverage outreach workers' deep ties.
- Accompany clients to appointments with new service providers whenever possible.
- Provide follow-up support on a gradually declining basis to both new staff and the client.
  - Standard: monthly attempts to visit or contact clients after move-in to assess on-going service needs and connect clients to appropriate services for at least 3 months after move-in

Closing Comments

Closing

- Housing First eliminates barriers to housing access and emphasizes the supports needed to maintain housing.
- In housing-focused case management, we support people in setting a housing goal and working toward it using the Service Planning Process
- We meet clients where they are and help them get to where they want to be
- The transition can be tough so extra support before and after the move into housing is critical.

Additional Resources

Best Practices in Street Outreach – Part 1

- Slides: Best Practices in Street Outreach, Session 1
- Recording: https://youtu.be/vnNca8imTxE

Communities of Practice: Schedule

All meetings will be from 10-11 AM

- 12/12/24
- 2/13/25
- 4/10/25
- 6/12/25

Zoom:

https://us02web.zoom.us/j/89707921341?pwd=E0HGHKt1R5SaZ5RTjiYajup7kklykT.1

Meeting ID: 897 0792 1341; Passcode: 216034;
Phone: 646-876-9923

Upcoming Outreach Webinars:

- Dates are tentative
- Watch for Email Invites

  - Best Practices in Street Outreach – Part 3 – January 13, 2025 from 1:30-3:30
  - Working with People & their Pets – January 27, 2025 from 1:30-3:30
  - Supervisors Sessions: Supervising Street Outreach Staff & Programs
    - February 3 and 10, 2025 from 1:30-3:30
  - Agency Session: Requirements for Agencies Receiving Outreach Funding
    - February 24, 2025 from 1:30-3:30

Naloxone Training & Resource Fair

12/17/24 10:30am – 12:30pm

Lee Auditorium at Merritt Hall

CT Valley Hospital

1000 Silver St, Middletown, CT

Quarterly Outreach Meetings

Next Meeting: 3/19 at 1pm

Join on your computer or mobile app

Click here to join the meeting

Passcode: YRSRpB

Or call in (audio only)

+1 860-840-2075

Phone Conference ID: 636 766997#

Street Outreach Training Inventory

Web-based training available on topics including:

- Best Practices and Engagement Strategies
- Homeless Response System Overview
- Housing Options
- Housing Assessment & Planning
- Mental Health
- Crisis Intervention & De-escalation
- Harm Reduction
- Encampments
- Trauma-Informed Outreach
- Self-Care, Vicarious Trauma & Staff Resiliency
- Working with Special Populations (Youth, Older Adults, LGBTQIA, DV)
- Racial Trauma & Equity
- Disaster Response Planning

Other Resources

- CT Homelessness Response System Acronyms
- Core Elements of Effective Street Outreach to People Experiencing Homelessness (United States Interagency Council on Homelessness)
- 19 Strategies for Communities to Address Encampments Humanely and Effectively (United States Interagency Council on Homelessness)
- National Outreach Guidelines for Underserved Populations (Health Outreach Partners)
- Within Reach: Perspectives of Hard-to-Reach Consumers Experiencing Homelessness (National Health Care for the Homeless Council)

Contact Info

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Questions?