

# Working in Supportive Housing: An Orientation for New Case Managers

CSH/DMHAS Catalog Training  
April 3, 2024



Supportive Housing  
TRAINING CENTER

Your Source for Professional Development

# CSH What We Do

CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing



TRAINING AND  
EDUCATION



LENDING



POLICY REFORM



CONSULTING &  
TECHNICAL  
ASSISTANCE

# TODAY'S FACILITATORS

**Phylicia Adams**  
**Senior Program Manager**  
**CSH CT**

**Luz Osuba**  
**Senior Program Manager**  
**CSH CT**

# Morning Agenda

- Objectives
- Define Supportive Housing
- History of Supportive Housing in CT
- Housing First
- Lunch
- Activity
- Overview of DMHAS
- Overview of Supportive Housing Quality Initiative

# Objectives

## 1. Obtain an overall understanding of:

- The history of supportive housing CT
- Housing First & Supportive Housing
- CTs Coordinated Access Network
- DDaP, HMIS, and Targeted Case Management

## 2. Become familiar with the operations of:

- DMHAS – Department of Mental Health & Addiction Services
- SHQI – Supportive Housing Quality Initiative

## 3. Receive documentation guidance on:

- Target dates
- The Assessment/Acuity Index
- Service Plans
- Progress Notes

# Ice Breaker: Back to Back Drawing

- Get into pairs (2 people)
- Sit facing away from each other.
- One person receives a card with a picture or phrase.
- Without saying directly what they see on the card, describe it to their partner without using words or phrases that clearly give it away.
- The partner has to draw a specific picture.





# Supportive Housing



## What is Supportive Housing?

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.



# Supportive Housing is for People Who:

Are experiencing chronic homelessness.

Cycle through institutional and emergency systems and are at risk of long-term homelessness.

Are living with intellectual and developmental disabilities

Are living with chronic health conditions

Are being discharged from institutions and systems of care.

Without housing, cannot access and make effective use of treatment and supportive services.



# High Quality Supportive Housing

A variety of housing models exist with common factors including:



**Located in *within safe neighborhoods* with close proximity to:**

- **Transportation**
- **Employment opportunities**
- **Services**
- **shopping, recreation, and socialization.**



**Tenants *have a lease identical to those of tenants who are not in supportive housing.***

**Services are *voluntary and consumer-driven.* They focus on ensuring that tenants can obtain and thrive in stable housing, regardless of barriers they may face.**



**The housing and its tenants are *good neighbors, contributing to meeting community needs* and goals whenever possible.**



# Key Components Of Supportive Housing

**1** Engages households with multiple barriers

**2** Housing is affordable

**3** Provides unit with lease

**4** Engages tenants in flexible, voluntary services

**5** Coordinates among key partners

**6** Supports connecting with community

# Supportive Housing is not:

- Treatment model or method
- Transitional
- Licensed Community care




# Quality Practices Result in Positive Outcomes



# Supportive Housing Models



**Built**  
Single-Site  
or  
Scattered  
Site



**Integrated**  
Mixed Income  
and Mixed  
Tenancy



**Leased**  
Scattered-Site

# Assessing a BUILT SINGLE-SITE Strategy

## Advantages

- Permanently expands the housing stock available to the targeted population
- Ongoing control over the operations and maintenance of the building
- Units are affordable on a long-term basis
- The building and units can be designed to meet needs of the tenants
- Efficient access to on-site services and case management



# Assessing a BUILT SINGLE-SITE Strategy

## Challenges

- Lengthy period before units will be available
- Requires significant upfront funding and technical expertise
- An expensive or 'tight' housing market may limit location choice
- The community may oppose the project and its intended site
- Tenant choice of units may be restricted to one building or neighborhood





# Assessing a LEASED SCATTERED-SITE Strategy

## Advantages

- Save time by accessing existing housing stock
- Cost effective with limited upfront capital investment for construction
- Leverage property owners' management and maintenance infrastructure and expertise
- Property owner has access to operating subsidies
- Opportunity for collaboration on marketing and tenant selection



# Assessing a LEASED SCATTERED-SITE Strategy



## Challenges

- Not adding to permanent supportive housing stock when subject to a lease
- An expensive or ‘tight’ housing market may limit choices of units for tenants
- Convince private owners on merits of supportive housing
- Lack operating control over the property
- Cost inefficiencies for scattered-site property management and maintenance

# Assessing a Mixed Tenancy/Income Strategy

## Advantages

- Permanently expands the affordable housing stock available to the targeted population
- Expands access to private market capital resources
- Addresses 'tight' housing market and community opposition
- Leverage property owners' management and maintenance infrastructure and expertise
- Opportunity for collaboration on marketing and tenant selection



# Assessing a Mixed Tenancy/Income Strategy

## Challenges

- Lengthy period before units will be available
- Requires significant upfront funding and technical expertise
- Tenant choice of units may be restricted to one building or neighborhood

# Supportive Housing in CT



# Supportive Housing Programs From Inception to Present Day



**Demonstration  
Program**



**Supportive Housing  
Pilots Initiative**



**Next Steps Initiative**



**Supportive Housing  
Tax Credits**

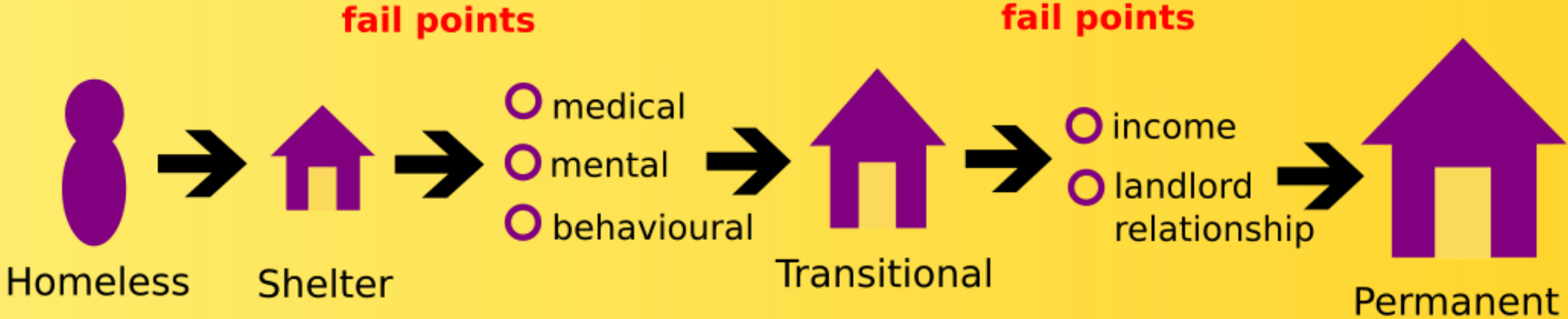


**Permanent  
Supportive Housing**

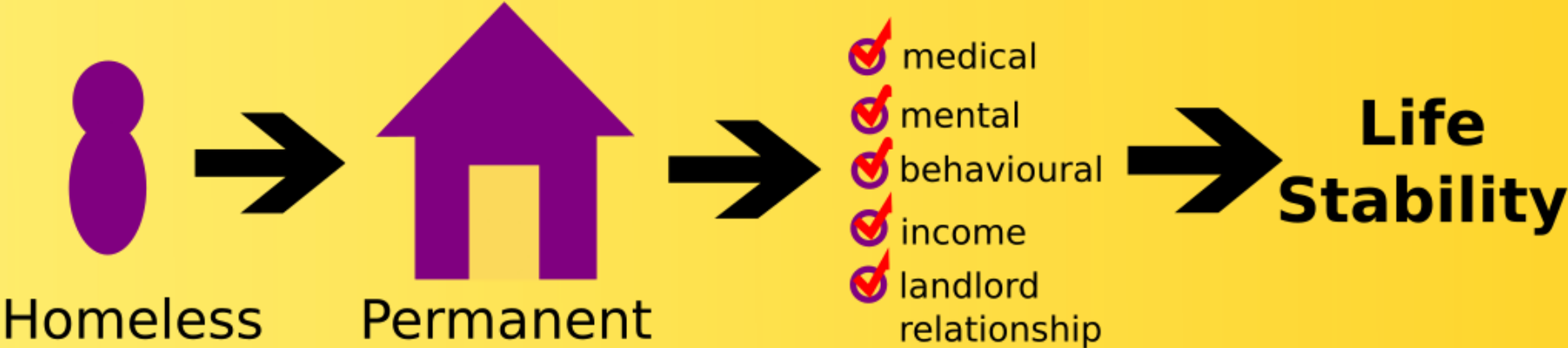


# Housing First

# Housing Readiness



# Housing First





# Housing First Principles

- Homelessness is first and foremost a housing problem and should be treated as such
- Housing is a right to which all are entitled
- 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
- Issues that may have contributed to a household's homelessness can be best addressed once they are housed.

# Housing First



Maximize tenant choice



Accept tenant choice without judgment



Accept that risk is part of the human experience



Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others



Help tenants understand the legal obligations of tenancy



Provide meaningful opportunities for tenant input and involvement

# Housing First

***We are responsible for the intervention; not the outcome.***



# Teamwork makes the dream work

Case Managers, Supervisors, Housing Coordinators, and Tenants all play integral, distinct roles.

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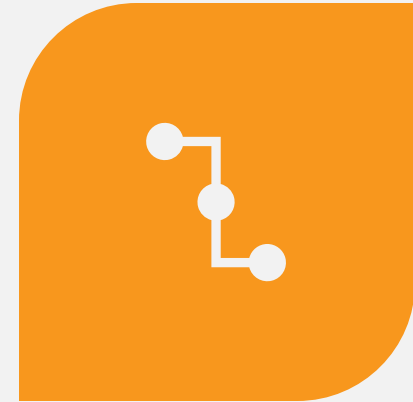
# Types of Case Management



PARTNERSHIPS



DIRECT SERVICE

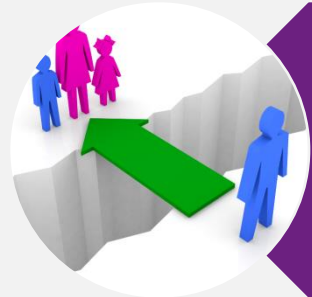


REFERRALS AND  
BROKERED SERVICES  
FOR ADDITIONAL  
NEEDS

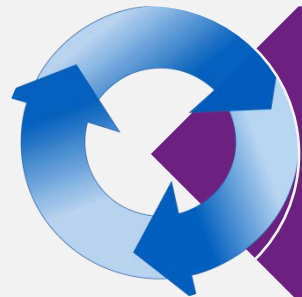
# Supportive Housing: Services



Tenant  
Centered



Flexible



Voluntary

# Supportive Housing: Services

What are voluntary services?

Participation in services  
is not a condition of  
tenancy

Staff must work to build  
relationships with  
tenants

Emphasis should be on  
user-friendly services  
driven by tenant needs  
and individual goals

# Supportive Housing: Services

Flexible, voluntary

Counseling

Health and mental health services

Substance use services

Independent living skills

Money management/  
rep payee

Community-building activities

Vocational counseling and job placement

Housing stability services



# Supportive Housing: Services

## Tenants May

- Be engaged in high risk activity
- Struggle to adjust to living indoors or near others,
- Struggle to trust others
- Be ambivalent to change or resistant to treatment adherence

## Staff May

- Feel burned out
- Experience secondary trauma
- Not know the best way to help
- Risk re-traumatization or build resistance, even with the best of intentions

Supportive  
Housing:  
Tenant  
Responsibilities

Pay Rent

Abide by the Lease

Communicate with the Landlord

**Supportive  
Housing:  
Service  
Provider  
Responsibilities**

Service Planning

Coordinating Care

Helping Manage Crisis

Develop Life Skills

Connecting to Employment, Community

Supportive  
Housing:  
Landlord/Property  
Manager  
Responsibilities

Collect Rent

Take Care of the Property

Make Repairs

Reasonable Accommodation

Communicate about Issues

# Services in Supportive Housing: YOU

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Flexibility, creativity, and teamwork

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Role, tasks, functions and limitations

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Supervision

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Self-care

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Engagement skills

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Professional development

# Key considerations for all populations

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Services should:

- Coordinate care across sectors
- Apply diversity, inclusion and anti-racist approaches
- Promote community integration
- Prioritize Trauma Informed Care
- Train and utilize Evidence Based Practice approaches

# Elements impacting outcomes



Mix of staffing



Caseload size



Staff time in the  
community versus in  
the clinic/office



Evidence base to  
population match



Tenant and staff  
involvement in  
decision-making



Staff training

# Hiring Service Providers with Lived Expertise: Peer Specialists

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CAN BE A STAND ALONE SERVICE, OR PEERS WORKING AS PART OF A TEAM

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IN BEHAVIORAL HEALTH, COMMUNITY HEALTH WORKERS ARE COMMONLY CALLED PEER SUPPORT SPECIALISTS.

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OFFERING HOPE, EXPERTISE AND THE EXPERIENCE OF RECOVERY

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BRINGS UNIQUE AND NEEDED LENS, REQUIRES INTENTIONAL AND INCLUSIVE ORGANIZATIONAL SUPPORT



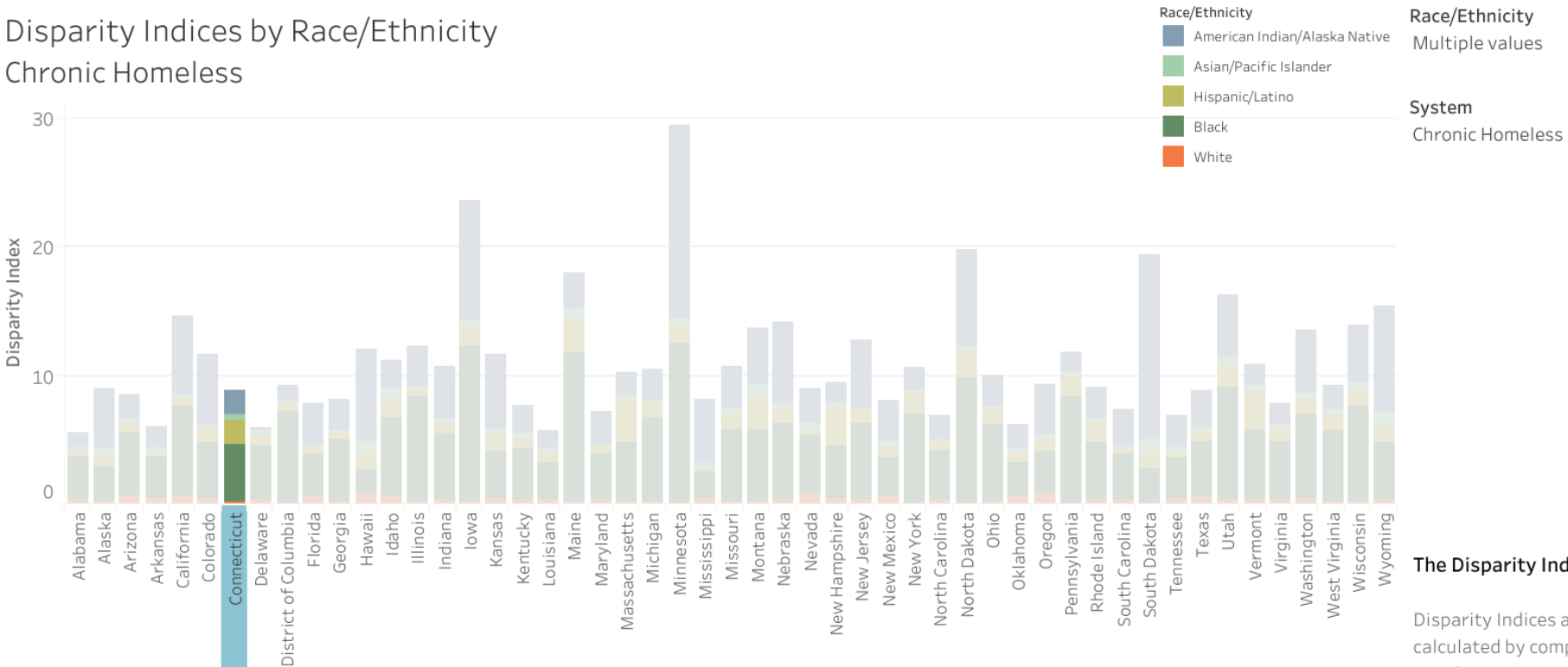




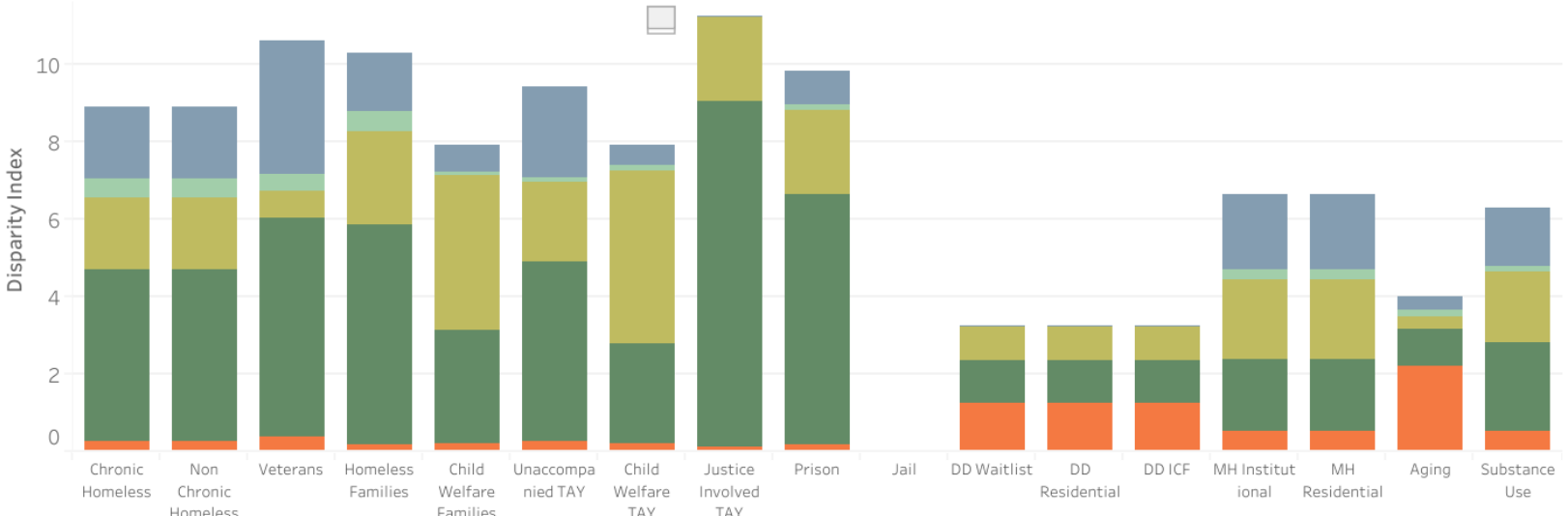
# Understanding Need and Addressing Disparities

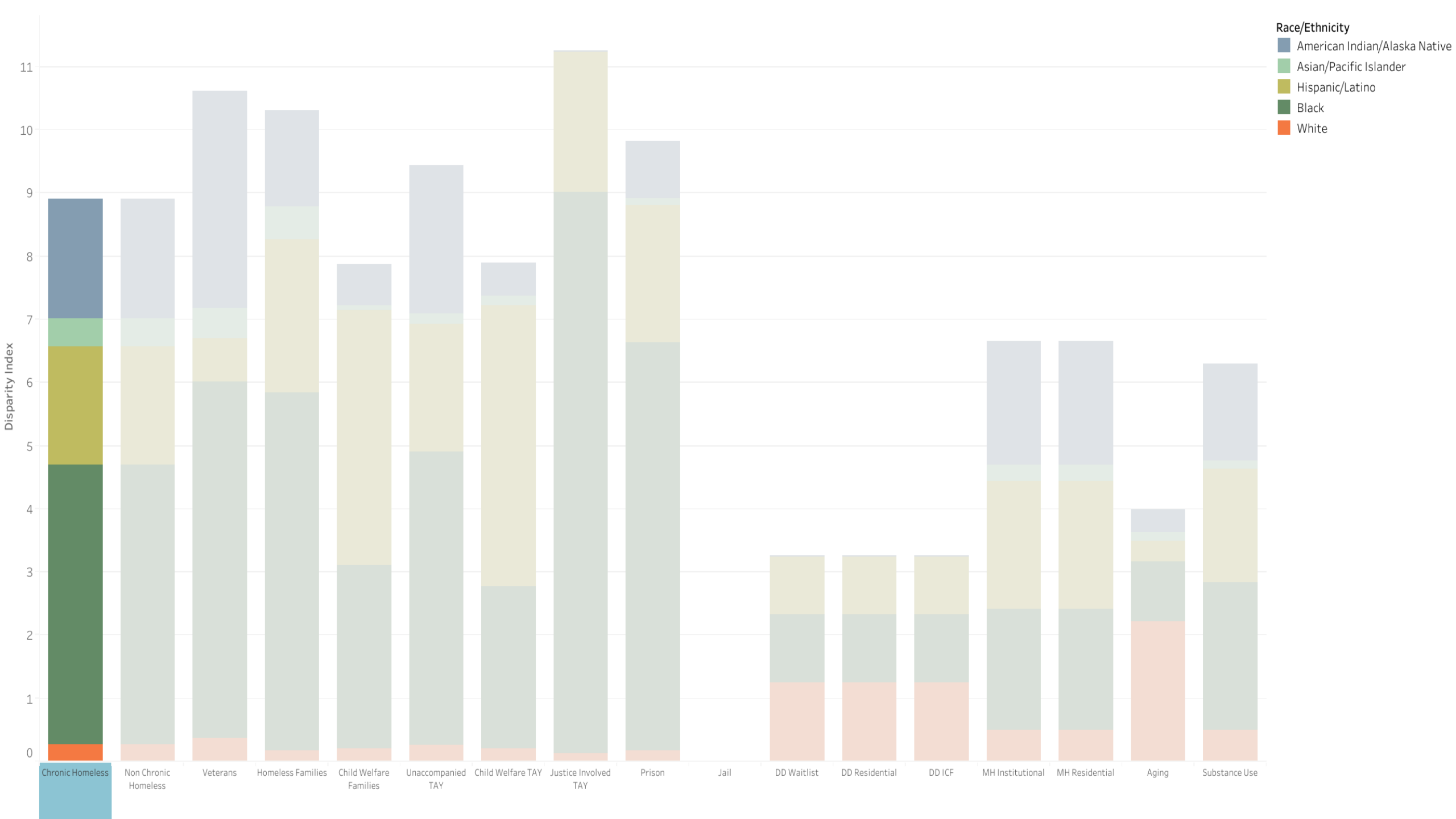
# Disparity Indices by Race/Ethnicity

## Chronic Homeless



## Disparity Indices in Connecticut





# Impact of Racism and Discrimination

Gentrification

Redlining

Racially  
Restrictive  
Covenants

Block-Busting

Subprime  
Lending

Segregated  
Neighborhoods

Homeownership  
Disparities

Food Deserts

Racial Wealth  
Gap

Educational  
Gaps

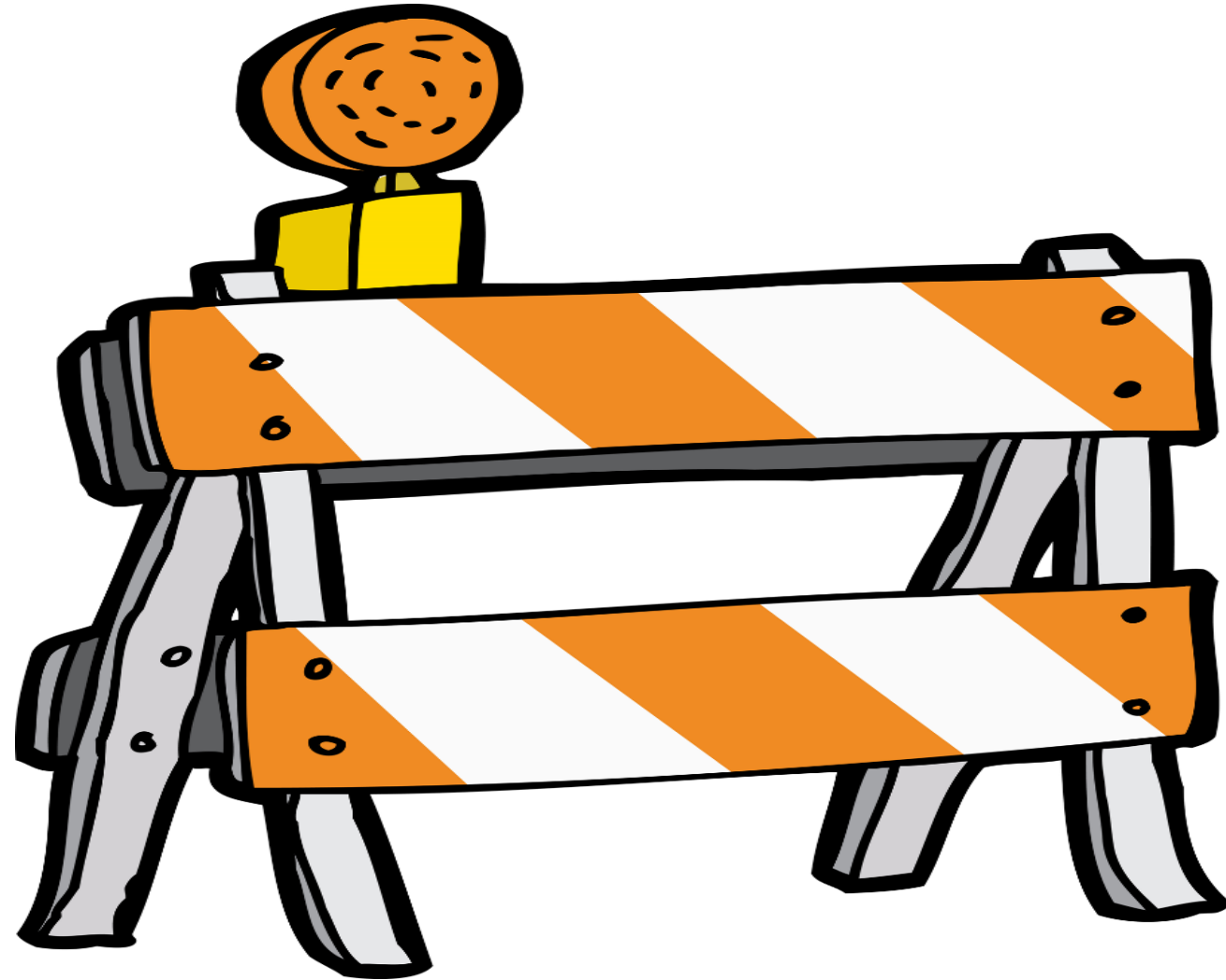
Disparate  
Exposure to  
Environmental  
Toxins

# LUNCH

See you  
at  
1:00pm



# Afternoon Activity





# DMHAS Quality Monitoring

# Supportive Housing Quality Initiative (SHQI) Overview

- Reviews
- Assessment/Acuity Index
- Forms & Documents
- DMHAS Supportive Housing Training Catalog
- Learning Collaborative
- Supportive Housing Community





# Review - Quality Improvement Process

## Ongoing Internal Quality Improvement

- Self-evaluation
- Assessment
- Improvement & Alignment

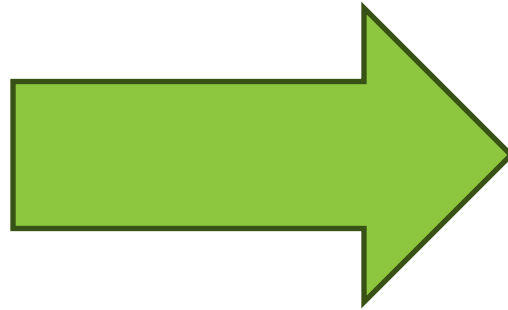
## CSH Quality Monitoring Review Process

- Pre-review Information
- Policy Review
- Interviews
- Chart Reviews
- Discussion
- Recommendations and Report

# Assessment and Acuity Index

## Assessment/ Acuity Index

- Service Planning
- Caseload distribution
- Level of contact
- Moving On



## Service Planning

- Connection to service plan goals
- Tenant choice
- Evidence in notes

# Where to Find Forms, Documents & Training

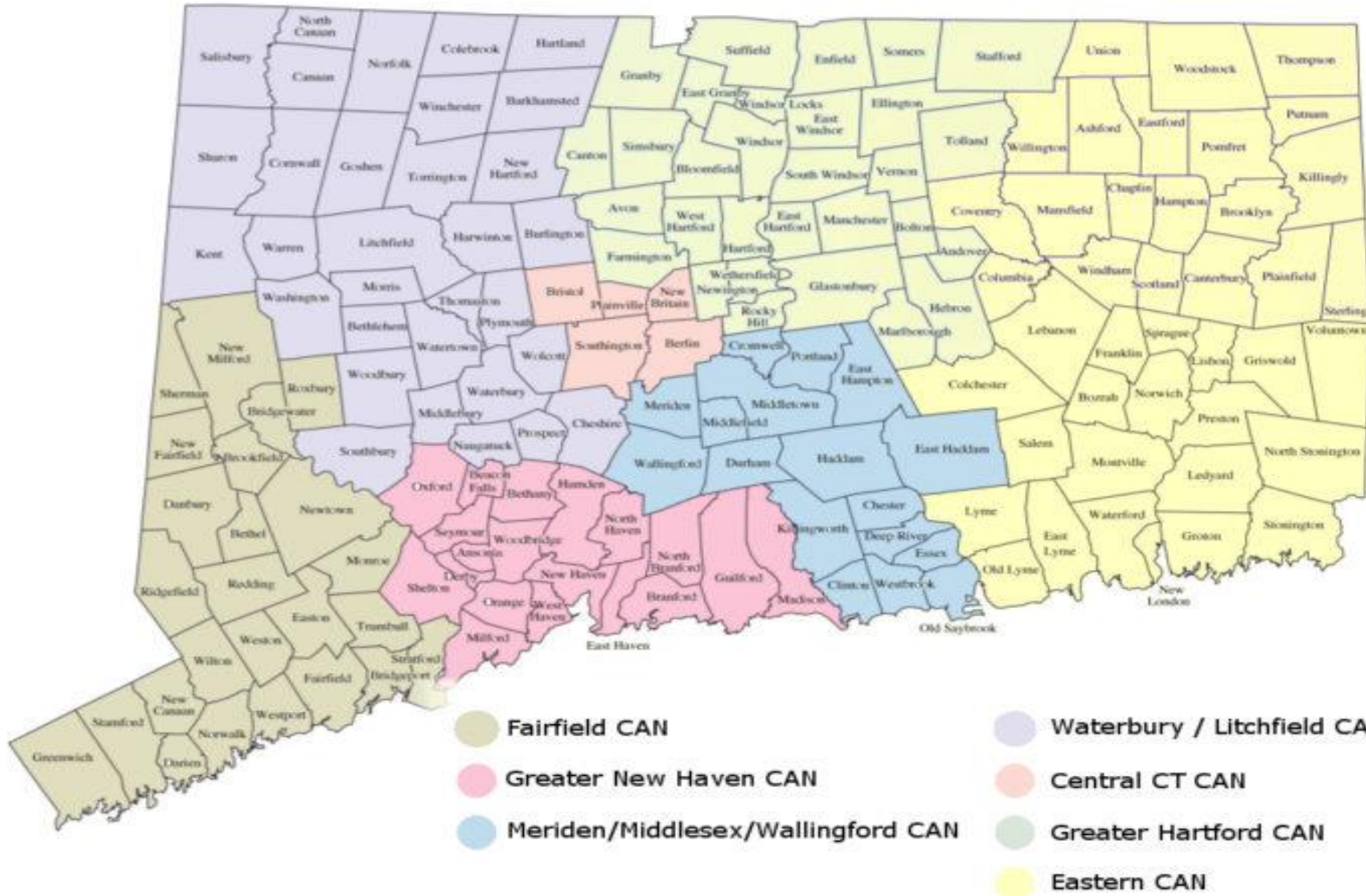
- Sample forms for providers
- Review & Guidance documents
- DMHAS Supportive Housing Training Catalog
- Peer Learning Collaborative

[CT Quality Page on the CSH Website](#)

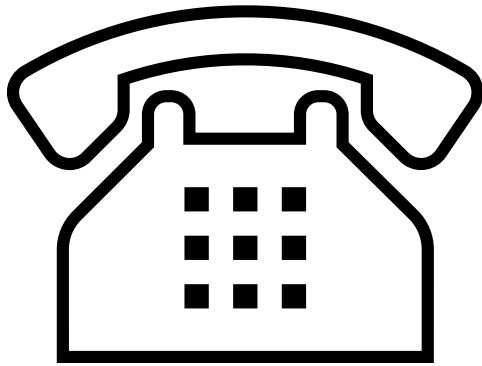
# Resources, Community, & Network



# Coordinated Access Networks



# Coordinated Access Networks

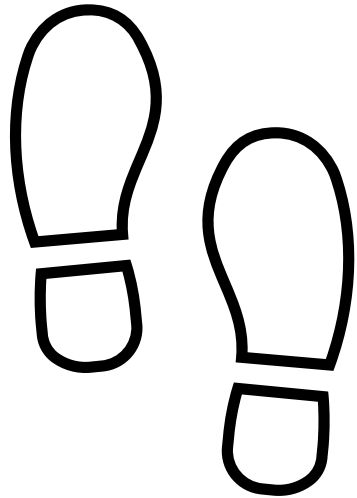


## Identification and Entry

- People in a housing crisis should dial 2-1-1
- People can call *any hour of any day* to schedule a coordinated entry assessment

<https://ct.211counts.org/>

# Coordinated Access Networks



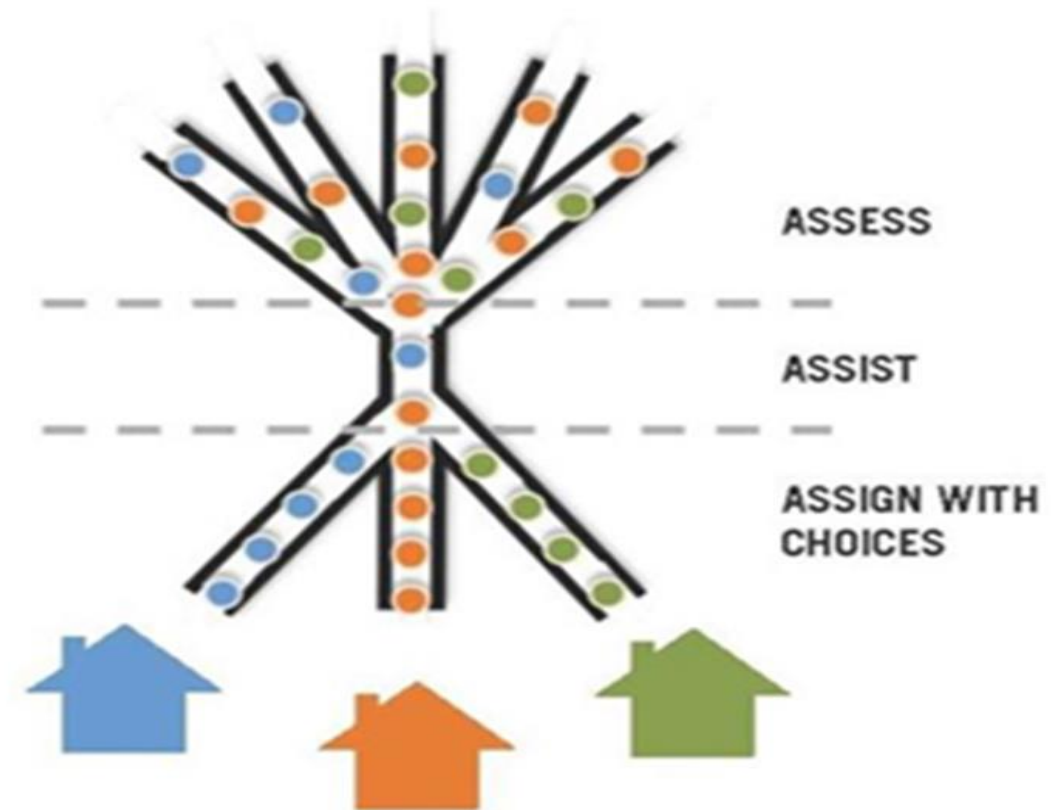
## HUBS

- Walk-in appointments
- Are you currently homeless or will become homeless within 5-days (Individuals) or 14-days (Families and Youth)?
- If yes then visit us at one of our locations or call our HUB line to get connected to resources.

# Coordinated Access Networks

## CAN Assessment

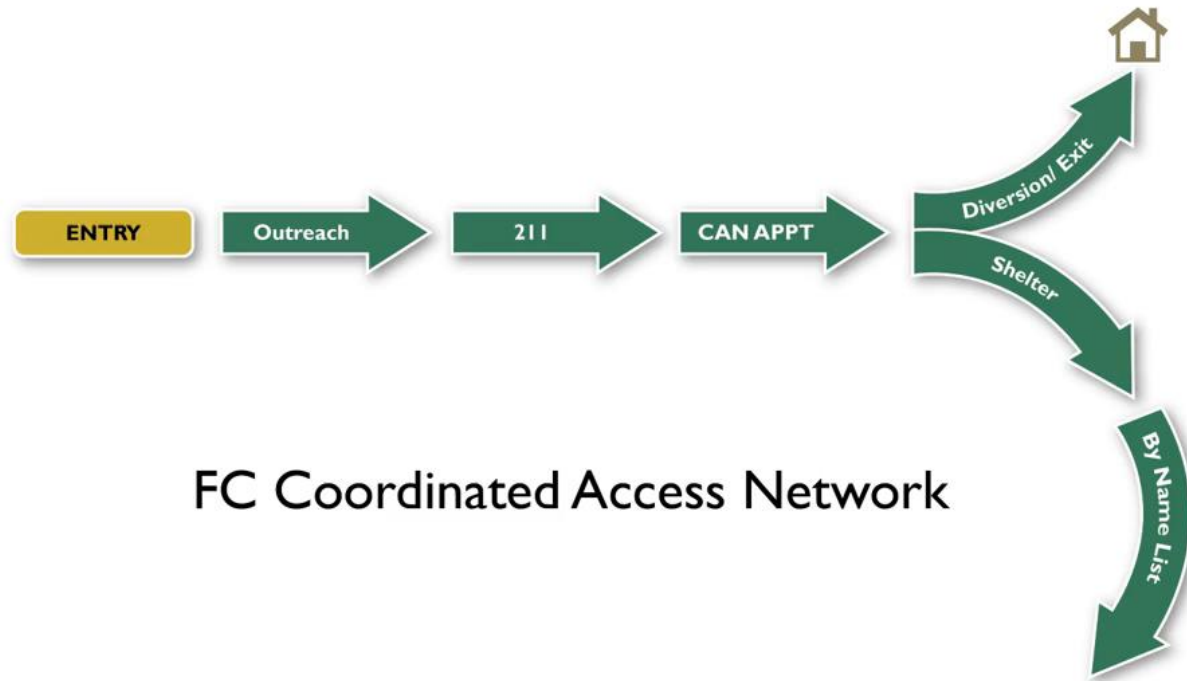
- CANs assess housing needs with a focus on identifying special populations like Chronic, Veterans, Families, Youth, etc.
- People not diverted are enrolled in the CAN system and entered into HMIS
- People who can self-resolve their homelessness are reported to do so within 14 days.





# Coordinated Access Networks

## CAN Matching Process - Video



FC Coordinated Access Network

# DDaP & HMIS



Services



Subsidy (primarily)

For questions about HMIS, please contact  
**Nutmeg Consulting** or **CCEH**

# Assessment/Acuity Index: FAQ

Do I need to re-ask all the assessment questions every 6 months?

- Once all sections are completed you only need to update information as things change
- Do not re-ask all questions every 6 months, especially about history and trauma

Can I leave some sections blank?

- All sections must be filled out
- Write not applicable or N/A for areas that don't apply and use comments section to explain

What if some of the information I include is incorrect?

- Initial assessment is often skewed
- Takes time for tenant to trust and build relationship
- Update information as it is revealed

# Tips for Assessment/Acuity Index

Conduct using video or in-person if possible, to pick up on non-verbal cues

Do your homework: much of the information may already be in HMIS or CAN documents.  
Create a list of information you still need

Have a conversation, don't "implement an assessment"

Be clear that the purpose is to get to know them better and to help think about ways you can support them

Be clear that information will not be shared

# Assessment/Acuity & Service Plans

- Acuity Area Addressed/Non-Acuity Area Addressed
- **Goals = “Destination”**
  - Tenant driven and person-centered
  - Positively stated
  - Focused and concrete, not too vague
  - Reflected in quotes as “I” statements
- **Objectives = “What”**
  - Goal broken into manageable steps/smaller pieces
    - What’s the next step towards the goal?
    - What change can happen that the tenant can feel good about?
- **Interventions/Actions Steps = “How”**
  - How is the tenant going to get there?
  - Actions taken to achieve the objective



# Progress Note Guidelines

## Content of a Note

- Goal related
- Frequency of contact or attempts at contact
- Awareness of tenant issues
- Advocacy
- Responsive to tenant choice or preference
- Obtaining/maintaining benefits
- Critical Incidents or incidents of child abuse or neglect
- Moving On conversations



# Progress Note Guidelines

<b>Note #</b>	<b>Date of Note</b>	<b>Date of Service</b>	<b>Duration of Contact</b>	<b>Location/Type of Contact</b>	<b>Staff Entering Note</b>	<b>Service Plan Goal(s) Addressed</b>
1						
2						
3						
4						

Signature of each staff entering notes above:

\_\_\_\_\_

Case Manager Signature

\_\_\_\_\_

Date

# Targeted Case Management (TCM)

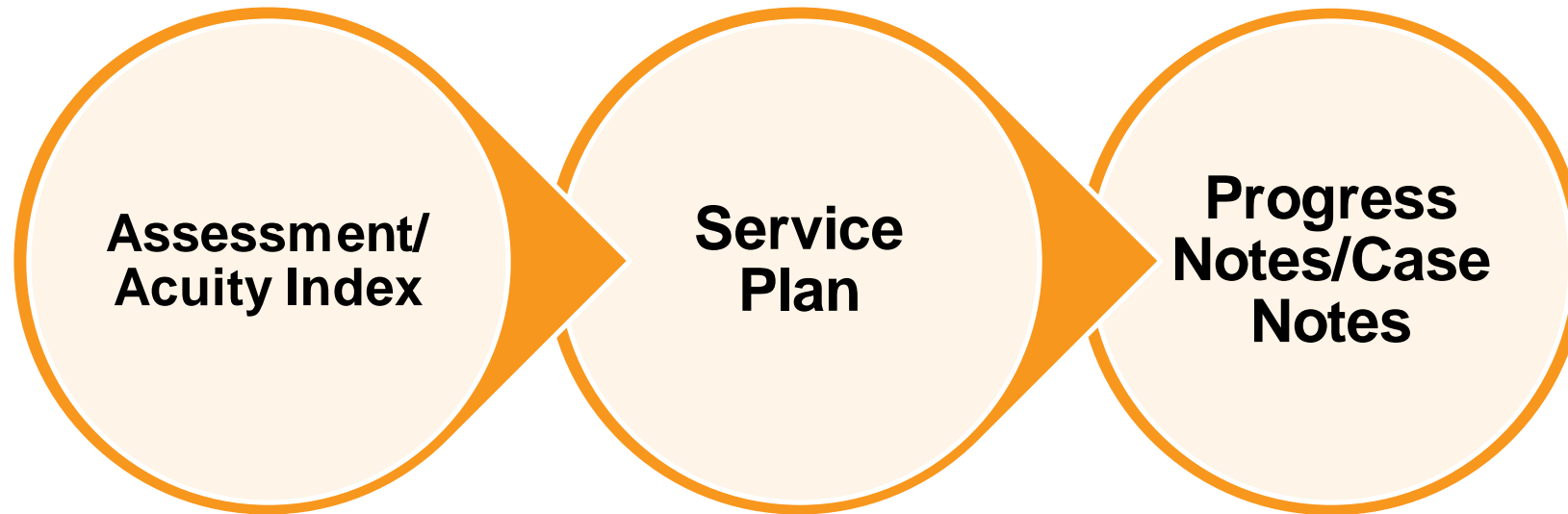
...assessment, planning, linkage, support  
and advocacy activities  
delivered by a case manager  
to assist and enable tenants to gain  
access to



[DMHAS TCM Training](#)



# Connecting the Assessment/Acuity Index, Service Plan, and Progress Notes



# Target dates



- First contact (progress note) – within 10 days of program admission
- All progress notes – within 1 week of service delivery
- Assessment/Acuity Index (AAI) – within 30 days of move-in
- Service plan – within 60 days of move-in AFTER AAI
- Tenant guide – reviewed and signed at time of admission and annually
- Release Of Information - annually
- Assessment of the unit by the CM (Health & Safety) – at 6-month intervals
- Deferred elements from the AI discussed – before the next service plan written

## Discharge

- Provision of the discharge grievance process to a tenant being discharged - as soon as discharge is underway
- Contact or attempts at contact with a discharged tenant post discharge – 1x per month for three months at approximately 30-day intervals

# Objectives

## 1. Obtain an overall understanding of:

- ✓ The history of supportive housing CT
- ✓ Housing First & Supportive Housing
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## 2. Become familiar with the operations of:

- ✓ DMHAS – Department of Mental Health & Addiction Services
- ✓ SHQI – Supportive Housing Quality Initiative

## 3. Receive documentation guidance on:

- ✓ Target dates
- ✓ The Assessment/Acuity Index
- ✓ Service Plans
- ✓ Progress Notes

# Working in Supportive Housing for New Case Managers DMHAS Training Evaluation



- Use the QR Code to complete the Course Evaluation.
- The Course Evaluation will also be emailed to you.
- Please only complete one survey per course.

# QUESTIONS



# Thank You

Contact Details:

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