Guiding the Journey to Housing Resources: Strengthening Housin Case Management

Presented by Abt Global in Partnership with
California DHCS and CalMHSA

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

California Mental Health Services Authority

Meet Your Presenters

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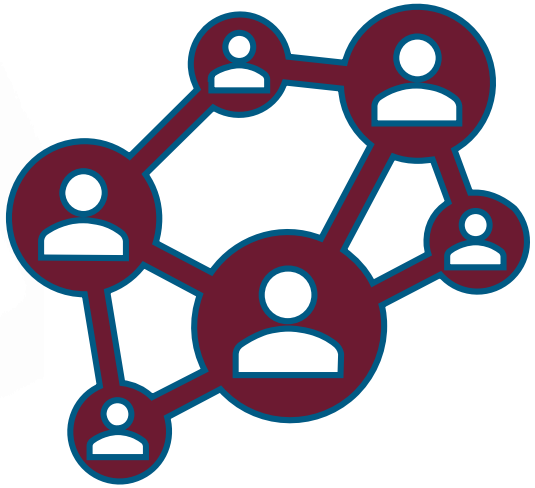
Agenda

- Purpose
- Building a Common Language
- Roles and Scope Clarification
- Documentation
- Collaborative Housing Case Management
- Warm Handoff
- Q/A

Purpose

Provide insight in the joint care planning and navigation across housing and health systems



Building a Common Language

Terminology

BH "Case management" vs. Housing "Navigation" vs. "Care coordination"

BH "Treatment planning" vs. Housing "Service planning"

BH "Wraparound services" vs. Housing "supportive services"

Terminology

Behavorial Health

- **Case Management:** Coordinated and integrates care to support a client's health and wellbeing. Includes planning, referrals, and support across systems.
- **Care Coordination:** Brings providers together to streamline mental health care and improve outcomes through an integrated approach.
- **Treatment Planning:** Personalized mental health goals created with the client to guide care and track progress, built on trust and partnership.

Continuum of Care

- **Housing Case Management:** Strategic planning and coordination for individuals and families in homelessness systems; includes assessments and resource connections.
- **Housing Navigation:** Helps individuals in CES access housing by providing referrals, documentation support, and matching to resources.
- **Service Planning:** Cross-agency planning for services that prevent or address homelessness. Adapts to changing individual or population needs.

Terminology

Behavorial Health

- **Clinical Stability:** When psychiatric symptoms are managed so individuals can function safely, often through medication, crisis intervention, coping skills, mental health services, case management, and peer support.
- **Wraparound Services:** Holistic, family-driven care for individuals with complex mental health needs. Focuses on teamwork, community supports, and care coordination in home, school, and community settings.

Continuum of Care

- **Housing Stability:** Ongoing housing support that helps people experiencing or at risk of homelessness achieve long-term stability and self-sufficiency.
- **Support Services:** Services like case management, education, transportation, and recreation that help individuals maintain housing and move toward independence.
- **Housing Focused:** A model that prioritizes giving people permanent housing **without any** preconditions, recognizing that housing is foundational to improving the quality of life. Services are tailored to individual needs.

Roles and Scope Clarification

Behavioral Health Case Managers

Core Clinical Functions Include:

- Conduct comprehensive behavioral health assessments
- Develop individualized treatment plans with measurable goals
- Coordinate care across multiple providers and service systems
- Support client in managing medication and ensure that treatment provided meets the client's needs
- Provide crisis intervention and safety planning
- Document treatment progress and modify plans as needed
- Facilitate therapeutic referrals and linkages
- Support recovery goal achievement and skill development

Housing Case Managers

Housing Case Manager: Core Housing Functions

- Conduct housing assessments through Coordinated Entry System
- Navigate housing placement process
- Assist with housing applications, documentation, and income verification
- Coordinate move-in support and housing inspections
- Provide ongoing housing retention and tenancy support
- Connect to rental assistance and housing subsidies
- Mediate landlord-tenant issues and prevent evictions
- Develop individualized housing stability plans

Role Clarification and Scope Definition

Behavioral Health Case Managers primarily focus on clinical functions such as treatment planning, care coordination, and symptom management.

Housing Case Managers primarily focus on housing placement and stability .

Both roles involve significant overlap in supporting individuals with complex needs, but their primary expertise and focus areas differ based on their specialized training and program objectives.

Documentation

Documentation Alignment

DOCUMENT READY

Being "document ready" refers to having all required documentation organized, current, and readily available to complete housing applications efficiently.

This preparation is critical because housing opportunities often have tight deadlines and document requirements can be extensive.

Documentation Alignment - Housing

Basic Documentation Needed for Housing

- Valid government-issued photo ID (driver's license, state ID, passport)
- Proof of citizenship and Social Security Cards
- Birth certificates for all household members
- Immigration status documents (if applicable)

Income Verification

- Pay Stubs and Bank Account information
- Tax Returns
- Public Assistance (SNAP, SSI etc.)
- Unemployment Benefits
- Disability Benefits

Housing History

- Landlord references or rental history
- Credit reports
- Background check consent forms
- Previous eviction records (if any)

Collaborative Housing Case Management

Do you attend any Collaborative Housing Case Conferencing calls in your community (CoC)? If you do, who is missing from the meeting?

Collaborative Housing Case Management Focus

Community-wide, team-based housing navigation to help individuals and families rapidly obtain housing.

Reviewing client cases where significant housing barriers, including those related to health/housing disparities are preventing the housing provider from assisting the household in obtaining permanent housing.

Reviewing interventions assigned to determine how best to meet the needs of the individual household with housing resource that is available.

Discussing longer term housing needs of those who are over or under-served by current programming.

Identifying clear barriers that need to be addressed system-wide, including those related to housing, service provision, and system goals.

Collaborative Housing Case Management Goals

To ensure holistic, coordinated, and integrated assistance across providers for all households experiencing homelessness in the community.

To allow for a transparent, open forum to discuss client information that may need to inform prioritization level or other interventions.

To identify systemic barriers to certain populations gaining access to services, resources and positive outcomes in order to further enhance the community's effort to promote equity across the homeless service system.

To clarify roles and responsibilities and reduce duplication of services.

To review progress and specific housing barriers related to individual households housing goals.

Housing Case Conferencing Shared Meeting Agreements

Our North Star: Housing is healthcare.

One Team: We are one team for the individuals and families we are serving, providing hands-on, practical service for our clients to the degree needed.

Coordination: We will coordinate with each other, respect each other's roles, maximize our specialties and proactively communicate with each other

Follow Through: We will follow through and do what we say we'll do for our clients.

Accountability with Grace: We will kindly hold each other accountable and extend grace during this challenging work.

Relationships: Housing case conferencing is a place for us to build relationships across the CoC and community partners.

Warm Handoff Protocol

What is a Warm Handoff?

A warm or supported handoff is a handoff that is conducted in person, by phone or virtually between two members of a health care team, in front of the client (and family, if present).

Warm Handoff Protocols

What does it take?

Time

Resources

Leadership

Goal of Warm Handoffs

Supporting clients/families transitions to service options throughout their continuum of care.

Research shows that providing warm-handoffs in the community increases the likelihood that someone will follow through with the next recommended service option.

Warm Handoff Planning Starts at Entry!

BH providers creating a housing placement and stability plan to address potential problems and access specific community resources, regularly review goal progress, keep exit date flexible, and adjust, as necessary.

Discuss options and criteria for ending assistance with transparency and well in advance.

Warm Handoffs include transparency with other community partners, including the CoC!

BH providers and/or supervisor should review progress on housing plans and tentative housing placement and stability plan regularly with community partners associated with the individual/family.

Six Steps to Warm Handoffs

1. Assess service options.

2. Recommend service options based on assessment(s).

3. Reach out to providers that can potentially provide services.

4. Educate clients on their options.

5. Make referral.

6. Following up with client and provider.

Participant Survey - POLL

1. Overall, how would you rate this training?
   - Excellent
   - Good
   - Fair
   - Poor
2. This training improved my understanding of key topics around case management protocols:
   - Yes, definitely
   - Somewhat
   - Not really
3. Do you feel more prepared to collaborate and engage with community partners with case management practices?
   - Yes, definitely
   - Somewhat
   - Not really
4. What part of the training did you find most helpful?
   - Open-ended
5. What other topics do you need more intensive training on?
   - Open-ended

Q&A

Thank You!