

The Colorado Coalition for
the Homeless Presents:

Housing First, Trauma Informed Service Delivery

In a Post Affordable Care
Act Community

Daniel Harter, LCSW
Elissa Hardy, LCSW

History of Housing First Programs at the CCH

- **DHFC:** Original Housing First program, many participants had been housed successfully for at least 10 years and needed to make capacity to bring in new referrals.
- **16SHF:** Started 2 years after DHFC and was starting to experience the same bottle neck as DHFC, again needed capacity to bring in new referrals.
- **DDOT:** Three year SAMHSA grant funded program ending in 2014.
- **COMPASS:** A substance treatment focused program that used Housing First methods.

The Importance of Change

- Four programs doing similar work strained our fiscal budget.
- Those same four programs did much of the same work but there was a lack of communication between them.
- Each team had different operating rules but worked in the same office space.
- Transitioning clients to the most appropriate team was difficult and disruptive.
- The teams lacked central and consistent oversight.
- Clients who had been with the same team for years were relapsing at an alarming rate and losing housing.
- Colorado's Medicaid Reform added a new player to the game.
- Electronic Health Record documentation was poor.

A New Service Delivery Model

- In 2013 Colorado voluntarily expanded Medicaid to 10,000 formerly uninsured individuals.
- One large team.
- Multiple phases.
- Each Phase can have targeted interventions.
- Clients can seamlessly move through phases depending on current need.
- Each new phase takes what was best from the old teams and integrates it into the new phase.
- Utilize staff strengths by placing them in the appropriate phase.
- Allows us to better target services and recoup Medicaid funds.

A Phased Approach to Housing First: Version 1.0

- Phase I
 - 13:1 caseload
 - Highest intensity, daily to weekly contact
 - All new referrals from street outreach
- Phase II
 - 10:1 caseload 10:1 therapy
 - Large push for clinical services
 - Client care in this phase suffered
- Phase III
 - 25:1 caseload
 - Bi-weekly contact at minimum
 - Community reintegration

What Worked in Version 1.0

- Placed clients based on actual and perceived needs.
- The staff wanted to be on Phase II yet it was the hardest place to be.
- Move staff to positions where their strengths were utilized.
- Increased communication between all staff and integrated the cultures from the old teams.
- Increased oversight led to standardized service delivery and better documentation.

The Challenge of Being Everything to Everyone

- Phase II was overwhelmed and care to clients suffered.
- Clients felt they could not get responsive support (AEB Consumer Satisfaction Survey).
- We noticed that clients had become overly dependent on “their” old case manager.
- Confusion about who was responsible for what.
- Transitions were rushed and not accomplished in a trauma informed way.

Slide 7

- 1 I wonder if some of the information on this slide would work better early on. The stuff about clients becoming dependent seems like something worth adding earlier on. But the stuff about P2 and the responsiveness works here.

Daniel Harter, 2/23/2014

Why Version 1.0 Did Not Work

- Stress on the clinical case managers.
- Lost Medicaid billing.
- The size of the teams.
- Longer transition times.

So We Created: Version 2.0

- More specialization.
- More training opportunities.
- More autonomy.
- Better leadership.
- Expectations that are more clear.
- Less stress/emphasis on billing.
- More input from the team during transition.
- Allow staff to help create policies and procedures.
- Office coverage is shared by all phases.

A Phased Approach to Housing First: Version 2.0

- Phase I
 - 13:1 caseload, more case management
 - Highest intensity, daily to weekly contact
 - All new referrals from street outreach
- Phase II
 - 18:1 therapy
 - Specialized clinical care focusing on mental health, substance use, trauma and homelessness
 - Increased billing revenue
- Phase III
 - 25:1 caseload, more case management
 - Monthly contact at minimum is goal
 - Community reintegration and increased independence

Goals for this year: How will we know it's working?

- Higher client satisfaction results.
- Increased Medicaid revenue .
- More overall contacts.
- More staff specialization equals less waste.
- A more balanced budget due to increase in Medicaid revenue.
- Quicker rehousing times for clients equals less time homeless and less money spent supporting homelessness .
- Higher staff satisfaction and retention.
- Enrolling and housing more clients in 2014.

How Trauma Informed Care comes in to play.

- Trauma Informed Care leads us to ask the question: “What happened to you” instead of “what is wrong with you”.
- We approach every day with the knowledge that the people we serve did not become homeless because of never experiencing trauma.
- How does this knowledge affect the Housing First Program?
 - We took into account this information when creating the phases
 - We know that staff are affected by vicarious trauma and that by placing them in positions that utilized their strengths, and allow for flexibility we will lean toward staff retention which equals retaining knowledge and better client satisfaction and less trauma.

How Version 2.0 helped us become more Medicaid compliant

- Treatment planning.
- Documenting.
- Best practice.
- Less room for error.
- Better understanding of HIPAA leads to better client care.
- Clear expectations lead to better accountability which led to fewer errors which equals more money.

Final Thoughts

- Both transitions were traumatic for clients and staff alike however we maintained:
 - 90% housing retention.
 - 95% client satisfaction.
 - We retained about half of the original staff, however some positions were cut due to CCH budget cuts and some staff left.
 - We hired several new staff with fresh ideas and energy.

The slide features a light green border with a fine grid pattern. At the top, there is a dark grey rectangular header bar. The main content area is white and contains the text "Questions?".

Questions?