

Stabilization Case Management

And Community Integration in a Housing First Model

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Core Elements of Stabilization Case Management during the first 30 days of housing

- Case planning
- Benefit Acquisition
- Behavioral Health Navigation
- Community Integration Training
- Preparing for Transfer



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Housing Retention Plan

1. Are you working with any providers outside of CCH? (A provider is a case manager, social worker, mental health professional or medical doctor that you met with on a regular basis)

□ Yes □ No

Provi der Name	Agency	Phone	Email
1.			
2.			

2.	Are you current	ly or	have	youir	the	past	worked	withany	other	staff	within C	CH?	

- i. If yes, who/when? ___
- b. Completed an EHR intake? ______ Date of intake _____
- _____ Date of GPRA ___ c. Completed a GPRA? ______
- d. Do you have a Mental Health Diagnosis? e. Are you currently engaged in therapy?
 - - If yes, with whom?
- f. Do you take any med cati on?
- g. Is the med cation moritored? ___
- h. Do you have a Medical Diagnosis?
- i. Who is your Medical Provider? __
- 3. On a scale of 1 to 10, what is your anxiety level about moving into your new home?

(1 being very low anxiety and 10 being very high anxiety)

4. What specific anxieties do you have about housing?

What would help get your anxiety level doser to a 1?

5. Emergency Contact:

Name	Phone Number	Relation ship	ROI

Client and task tracking

	CL	LIENT						Admin	Basic Needs								
serv if a otl sup	rrent vices any/ ther oport ou vices loc		Client Info Sheet	Clubhous e Referral	GPRA	Briefing Date	Lease Up Date	Phone Number	Clinical Intake	Med Provider	Transfer to team	СМ	Basic Needs Basket	Order Bed		Transfer Untilities	Transport ation

COLORADO COALITION FOR THE HOMELESS PARTICIPANT CASE STUDY

Housing Stabilization Case Management

SIB PROJECT

1. Participant Description

Participant had a history of chronic homelessness of more than 20 years including generational homelessness. Client suffered from PTSD, Schizophrenia and Alcohol Use Disorder.

2. Participant Circumstances (Problems Presented)

When the client first moved into his apartment he was afraid to sleep inside and suffered from audio and visual disturbances that convinced him that he was not welcome in the apartment. Obtaining benefits for the client was also difficult due to his discomfort around large groups of people.

3. Action Taken

Spent time with the client in his apartment to help identify the sounds that he was hearing. Helped to connect the client with his neighbors in the complex. Worked with Clinical Case Manager to co-case manage client. Creating therapeutic environments while navigating community settings.

4. Results of Action

Client has been stably housed for the last two years in the same apartment and has engaged in clinical and medical services.

Take Away (What we Learned) Co-case management is effective with high acuity clients to help them stabilize in their home.

Clinical Services

- Insurance coverage
 - Navigating insurance needs
- Disability Verification
 - Help to establish chronic homelessness
- Information of clinical wrap around services
 - What is an Assertive Community Treatment team
 - Clinic
- Clinical Intake
 - Options

Clinical Services

- Treatment Plans
 - Identifying goals
- Crisis Intervention
 - Phone, on-location
- Referral Sources
 - Community based to meet needs

Community Integration

- Different approaches to Community Integration
 - Tour of the Community
 - If you don't have the capacity
 - Welcome Notebook
 - Create one for each city

Community Integration

- Knowing your new community is key to sustaining your housing:
 - Opportunity for Stabilization Case Managers
 - Food banks near by
 - RTD information
 - Grocery Stores
 - Recreation Centers
 - Inquire and share about community groups
 - Walking groups/Fitness
 - Arts and Crafts
 - Various opportunities for socializing if your client is comfortable

Basic Needs Kit

- Example of items in Kit
 - Towels, washcloths
 - Soap (bar, dishwashing, laundry)
 - Cleaning supplies (mop, broom, all-purpose cleaner, disinfectant wipes)
 - Toilet plunger
 - Toilet paper
 - Dishes
 - Bedding
 - Trash can (trash bags)
 - Alarm clock radio
 - Used TV(tv antenna and converter box)
 - Daily planner/notebook
 - Key lanyard
 - Approximately \$30 in food to last until food bank registration

Welcome Notebook

Welcome to the Neighborhood/Welcome Home

SECTION 1: Local Bus Stop/Route Information

-You are here...

SECTION 2: Case Management Contact Information

-Name:

-Phone Number:

SECTION 3: Landlord reference guide

-Contact Info

-What to do if...

SECTION 4: Recreation Centers Nearby and Activities Provided

-(silver sneakers-walking groups, arts and crafts, swimming, ect)

SECTION 5: Grocery Stores

-Maybe include maps

SECTION 6: Libraries

-Maps and reminders about free DVD series and community activities

SECTION 7: Food Banks

-Maps and services provided

SECTION 8: Post Office

-Map

SECTION 9: Crisis Lines

GREAT TO ACCOMPANY PLANNER AND KEY LANYARD

Preparing For Transfer: Communication with Client

- Start at first meeting
 - Explain roles up front
 - Intake Flow Chart
 - Establish boundaries
 - Set expectations
- Throughout Intake
 - Revisit Flow Chart
 - Assess Expectations
- Preparation for Transfer
 - Ask client how they'd like to meet new team
 - Safe space
 - le: local park, McDonalds, in the office, at a partner agency etc.

Preparing For Transfer: Communication Long-Term Case Management Team

- Sharing Transfer Information
 - Ask case manager how they'd like to receive information
 - Trauma History
 - Client preferences
 - Income
 - Vocational Status
 - Support Networks
- Transfer
 - Personalized
 - History
 - Common ground
 - Strengths based
 - Casual/Comfortable Space
- Concrete action planned for next visit

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