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Housing-Based Case Management

Who are we?

- Presented by Collaborative Solutions Inc.
  - Mackenzie Harkins
  - Steven Procopio
  - Crystal Pope

- Funding for this project is provided by the U.S. Department of Housing and Urban Development's (HUD) Rural Capacity Building Program.

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Who are you?

- Name
- What is your role at the organization?
  - Executive Director
  - Case Manager
  - Another position
- What do you hope to learn from this training?

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Learning Objectives

- Increase knowledge about case management and specific application in housing settings;
- Learn how to employ trauma-informed care in your practice;
- Identify key aspects of motivational interviewing as a counseling tool;
- Understand that housing is the platform for all services;
- Develop strategies for improved relationships with landlords and property managers; and
- Strengthen eviction prevention techniques.

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Logistics/Housekeeping

- Resource materials
  - Manual
  - Handouts
- Activities
- Questions (the "Parking Lot")
- Restrooms and telephones
  - Please silence or turn off cell phones.

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Module One: Housing and Health Overview

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Housing and Health Outcomes

An illustration with HIV/AIDS:

PLWHA who are homeless are *less likely* to

- Report good or excellent health
- Take HIV medication
- Comply with treatment guidance
- Have CD4 > 200
- Have an undetectable viral load

Homelessness and Children

- Young children who experience homelessness for greater than six months are significantly more likely to be at risk for:
  - developmental delays
  - fair or poor health
  - hospitalizations
  - weight problems, including obesity

…compared to children who were never homeless or only homeless for less than six months

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Housing and Health Outcomes: Substance Use and Mental Illness

- According to the Office of National Drug Control Policy, approximately 30% of people experiencing chronic homelessness have a serious mental illness, and two-thirds have a primary substance use disorder or other chronic health condition.

Housing and Health Outcomes: Rural Issues

- Homeless shelters are virtually nonexistent in rural communities.
- In rural areas, clients are more likely to live in a car or camper or in overcrowded and/or substandard housing.
- Clients in rural areas are more likely to be white, female, married, and currently working.
- Homelessness among Native Americans and migrant workers (typically from Mexico/Central America) is also more common.

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Housing and Health Outcomes Rural Issues

- Perhaps the most distinguishing factor of rural homelessness is access to services.
- Unlike in urban areas, many rural homeless assistance systems lack the infrastructure to provide quick, comprehensive healthcare to those experiencing homelessness.
- Reasons for this difference abound, including lack of available affordable housing, limited transportation methods, and the tendency for federal programs to focus on urban areas.

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Housing and Health Outcomes

- Housing status is likely the most important characteristic of each new client – the most **significant determinant of each PLWHA's health** and risk outcomes.
- Case management must focus on housing assessment, placement and housing stability.

Housing is healthcare!

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Housing and Health Outcomes: Risk Factors

RISK FACTORS	
HOMELESSNESS	A history of homelessness in the last six months is an indicator of housing instability
AFFORDABILITY	A rent burden over 30% of the household's income is an indicator of housing instability
RENT INCREASE	A perceived need to move due to an increase in rent of $50 or less is an indicator of housing instability
TENURE	A short tenure at the current residence (less than 1 year) could indicate housing instability
SUBSTANCE ABUSE	A history of treatment for substance abuse in the last 6 months could indicate housing instability
MENTAL HEALTH	A history of receiving mental health services in the last 6 months could indicate housing instability

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Module One: Key 'Take-Away'

It's all about housing…

"I tell my staff, 'if you're not talking about housing, you're having the wrong conversation."

- Deronda Mertz, Salvation Army, Charlotte, NC

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Module Two: Fundamentals of Case Management

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Case Management Defined

- A process to plan for, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client.

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Case Management Goal

- The primary goal of case management (CM) is to enhance and improve client functioning and wellbeing by:
  - Providing and coordinating high-quality services,
  - In an effective and efficient manner,
  - For clients with multiple and complex needs.

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What is the most important task for successful housing based case management?

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Case Management: Core Functions

- Building Rapport
- Assessment
- Goal setting
- Service coordination
- Discharge Planning
- Termination

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Building Rapport

- An interactional, interpersonal process in which the social worker creates an environment of warmth, empathy and genuineness that enables a client to enter into a helping relationship and actively work toward change.

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Barriers to Engagement

- What do we as providers do that impedes engagement?
- How do systems impede engagement?

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Rapport-building Strategies

What methods have you used to engage hard to reach clients? Those who are distrustful?

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Strategies to Manage Bias

If housing staff feel disappointed, frustrated, **angry, concerned, judgmental...**

- What can we do that is constructive?
- What can we say/avoid saying?
- How do we prevent perception that we feel judgment?

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Assessment

- Biopsychosocial assessment is the gold standard
  - Identifies client strengths and limitations
  - Identifies extenuating circumstances (ex. alcohol abuse)
- Assessment level is based upon timing and possible services
- Assessment is ongoing

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Goal Setting

- Setting goals is a collaborative effort
- Goals must be SMART!
  - Specific
  - Measurable
  - Achievable
  - Realistic
  - Time-sensitive

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Service Coordination

- Service coordination is defined as assistance in accessing medical, social, educational, and other appropriate services and supports that will help a client enhance his/her self-sufficiency and improve wellbeing.
  - Referral
  - Brokering relationships between client and other helping professional(s)
  - Assisting client to access services

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Discharge Planning

- Clients should be involved in discharge planning.
- Successful discharge plans include a higher level or frequency for vulnerable consumers.
- If possible, clients should receive a follow-up assessment after discharge to determine efficacy of the aftercare plan.

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Termination

- Termination can occur for a number of reasons, including:
  - Noncompliance
  - Lack of funding
  - Treatment is complete

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Module Three: Trauma-Informed Care

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What is Trauma-Informed Care?

- Trauma-informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

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Trauma Defined

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that **has lasting adverse effects on the individual's** functioning and mental, physical, social, emotional, or spiritual wellbeing.

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Traumatic Events: Basics

- A person experiences, witnesses or is confronted with actual or threatened death or serious injury or threat to the physical integrity of oneself or others.
- Often includes a response of intense fear, helplessness or horror.
- Examples: Rape or sexual assault, fire or natural disaster, robbery or other crime, other physical violence.

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Dissociation Defined

- It is a disturbance of thinking, awareness, identity, consciousness or memory.
- Dissociation is more than just ordinary forgetfulness.
- It is not associated with any underlying cause of memory deficits or altered consciousness (e.g., neurological illnesses, substance or alcohol abuse).
- Some people have dissociative events that last only moments where as others experience extended periods of dissociation.

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The 3 E's

- Event(s)
- Experience of event(s)
- Effect

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Impact of Trauma

- **Strong and prolonged activation of the body's** stress management systems in the absence of the buffering protection of adult support, disrupts brain architecture and leads to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness.

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Basics for Case Managers

- The nature of trauma is complex.
- Trauma affects people in different ways.
- Trauma recovery is possible but it is challenging.

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Guidance on Screening and Assessment

- Know your scope of practice.
- If screening, use only validated tools.
- Avoid screening without adequate capacity for mental health support.
- Only conduct assessment if evidence-based trauma treatment can be accessed.

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Normalizing Responses

- I believe you.
- I believe what happened was wrong. There is no excuse for that.
- I believe what happened was not your fault.
- I believe events like this often cause harm.
- Many people experience _____ name symptom) as you report.
- I believe people can get better.
- I am willing to help.

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Module Four: Motivational Interviewing

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Motivational Interviewing

"**Motivational interviewing is** a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring **the person's own reasons for change** within an atmosphere of acceptance and compassion."

Miller & Rollnick, 2012

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Assumptions

- □ Lack of information is often not the most important issue for clients not consistently engaging in healthy choices.
- □ Lasting change is most often evoked from clients.
- □ The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.
- □ Readiness to change is not solely a client trait, but a fluctuating product of interpersonal interaction.

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Assessing Ambivalence Activity

Always

⇕

Sort of

⇕

Never

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Core Skills

- Open Questions: *Questions that explore who, what, how, etc.*
- Affirmations: *Finding strengths, praising attempts, building self-efficacy*
- Reflective Listening: *Careful listening to find motivation, resolve ambivalence*
- Summaries: *Focusing on priority content and feelings – emphasis on reiterating Change Talk*

Setting the Agenda

- Eliciting the client's agenda
  - How would stable housing fit into your hopes for yourself?
  - What is your priority today?
  - "Miracle question"
- Offering a menu
  - Bubble sheet

Introducing the Provider's Agenda

- When giving education, consider an Ask-Tell-Ask approach.
  - 'Could I offer some additional information about…'
  - Offer the education in brief, non-coercive terms.
  - Ask the consumer's reaction/understanding of the information you presented.
- Asking permission to discuss your agenda.
  - Would it be all right if we also talked a bit about . . .?

Collaborative Agenda-Setting
Establish the 'Patient's Dilemma'

Patient's
Goals

Possible
Consequences/
Perceived Benefits

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Readiness to Change

Importance ➕ Confidence ＝ Readiness

Module Five: Innovation in Systems

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Group Work

- ☐ Find group in which you have experience.
- ☐ Identify strengths of consumers in that sub-population.
- ☐ Identify unique challenges for consumers in that sub-population.
- ☐ Discuss ways programs can accommodate challenges/build on strengths.

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Unique Needs of Sub-Populations: Persons Living with HIV/AIDS

- ☐ Strengths:

- ☐ Challenges:

- ☐ Implications for Program Design

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Unique Needs of Sub-Populations: Chronic Homelessness

- ☐ Strengths:

- ☐ Challenges:

- ☐ Implications for Program Design

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Unique Needs of Sub-Populations: Veterans

- □ Strengths:

- □ Challenges:

- □ Implications for Program Design

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Unique Needs of Sub-Populations: Rural Communities

- □ Strengths:

- □ Challenges:

- □ Implications for Program Design

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Housing First

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Housing First (HF) Philosophy

The Housing First philosophy is simple.

1. Provide individuals and families experiencing homelessness with *immediate* access to permanent or affordable supportive housing.
2. Supplement the housing by offering supportive treatment services such as mental and physical health, substance abuse, education, and employment.

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Housing First vs. Linear Model

Linear Model

| Homeless | Emergency Shelter (60 days) | Transitional Housing (24 months) | Permanent Housing (25+ months) |

Housing First Model

| Homeless | Housed | Voluntary Services |

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Pathways to Housing

- Housing First began in New York City in 1992 by a man named Sam Tsemberis.
- Program was designed to meet the housing and services needs of homeless individuals with severe psychiatric disabilities and concurrent addiction disorders.

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Housing First Emphasizes…

- Consumer choice
- Voluntary services
- Eviction prevention

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HF at the CoC Level – a Checklist

- Core element #1
  - Everyone in the CoC system accepts and embraces the Housing First philosophy and holds each other accountable to its principles.

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HF at the CoC level – a Checklist

- Core element #2
  - Emergency shelter, street outreach providers, and other parts of the crisis response system are aligned with Housing First and recognize their roles to encompass housing advocacy and rapid connection to permanent homes.
  - ALL staff in crisis response system believe that all people experiencing homelessness are ready for a home.
  - Crisis response system staff are trained in how to assist people to apply for and obtain permanent homes.

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HF at the CoC level – a Checklist

- Core elements #3 and #4
  - Community has a unified, streamlined, and user-friendly community-wide process for applying for rapid rehousing, permanent supportive housing and/or other housing interventions.
  - Community has a coordinated entry system that matches households that are high need and experiencing homelessness to some type of permanent home.

HF at the CoC level – a Checklist

- Core element #5
  - Community has a data-driven approach to prioritizing the highest need cases for housing assistance.

HF at the CoC level – a Checklist

- Core element #6
  - Policies and regulations related to permanent supportive housing, social and health supportive services, benefit and entitlement programs, and other essential services support and do not inhibit the Housing First approach.
    - As an example, eligibility and screening policies for benefit and entitlement programs or housing do not require the completion of treatment or sobriety as a prerequisite.

HF at the CoC level – a Checklist

- Core element #7
  - Every effort is made to offer a tenant a transfer to another permanent home if his/her tenancy in the current home is in jeopardy.
  - Eviction is avoided at (almost) all costs.

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Harm Reduction in Housing

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What is Harm Reduction?

- Public health intervention that seeks to reduce the negative consequences associated with certain behaviors
- Does not reject abstinence-based treatment or 12-step models but acknowledges a spectrum of safer use→ managed use→ abstinence
- Traditionally refers to substance use, but can also be applied to mental health
- Harm Reduction is NOT "anything goes"

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Harm Reduction and Substance Use

- Substance use: abstinence is seen as an ideal goal at the end of a longer continuum of acceptable outcomes
  - Reduced frequency of use
  - Reduced quantity of use
  - Use of safer alternatives/safer use practices
- **Seattle's Downtown Emergency Services** Center **– "wet house" model and moderation**-based case management

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Harm Reduction and Housing First

- Harm Reduction is an important part of the Housing First model—based on principles of self-determination and individual choice
- Examples:
  - Individualized plans for psychiatric medication compliance
  - Scheduling CM meetings first thing in the morning
  - Budgeting for alcohol/recreation
  - Going to AA/NA meetings while a person is still using
  - Direct vendor checks or rep payee for rent
- These practices should be tailored to the culture and needs of your community

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Rapid Re-housing

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Goal of RRH Programs

Move households quickly from shelter and/or
streets to permanent housing

1. Reduce length of stay from homeless
   system entry to exit to permanent housing
2. Increase the number of households being
   rapidly re-housed to reduce homelessness
3. Inclusive rapid rehousing programs that can
   serve anyone

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Why rapid re-housing?

- Housing First: People experiencing
  homelessness deserve housing first without
  preconditions.
- **Maslow's Hierarchy of Needs**: Survival and
  safety needs will drive behavior until these
  needs are met. Only then can a person focus
  on other "higher," needs.
- Crisis/stress biology: The neurohormones
  related during stress drive people to
  unconsciously prioritize short term rewards.

Marge Wherley, ABT Associates, NAEH Conference, New Orleans 2014

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Provider Perspective: RRH is Beautiful

- Many funding sources can fit into a RRH lineup
- We can serve waaaaayyy more households with
  RRH
- Every household can benefit from RRH
- Shelters become a place where people work on
  housing, not figure out how to be homeless
- A focus on housing provides hope
- Households getting housed quickly with a very
  light touch frees up staff and financial resources to
  be used on those who need more support

Melanie Zamora, The Road Home, Salt Lake City, UT, NAEH 2015 DC
Conference

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Remember

RRH Does

- Reduces the length of time people experience homelessness
- Minimize the negative impact of homelessness on their lives
- Assist people to access resources that can help with long term goals – if they choose

RRH Does Not

- Eliminate poverty
- Assure people will have affordable housing
- Protect people from impact of life losses or bad choices
- Eliminate housing mobility

Core Components of RRH

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Core Components of RRH

Housing Identification

Rent and Move-In Assistance (Financial)

RRH Case Management & Services

Housing Identification

- Help households find permanent housing and negotiate lease
- Help resolve issues that impede access to housing
- Provide time-limited services that help households stabilize in housing
- Be available to help resolve crises
- Connect households to resources to help them achieve short and long-term goals
- Services are client-directed and voluntary

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Rent and Move-in Assistance

- Move-in costs
- Deposits
- Rental assistance
- Utility assistance
- Typically six months or less

Goal: Provide what is necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing.

Basic Tenets of Rent and Move-in Assistance

- Assistance is short term
- Assistance should be the minimum amount necessary for each household
- Flexible and individualized assistance
- Leverage all resources

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RRH Case Management and Services

- Help households find permanent housing and negotiate lease
- Help resolve issues that impede access to housing
- Provide time-limited services that help households stabilize in housing
- Be available to help resolve crises
- Connect households to resources to help them achieve short and long-term goals
- Services are client-directed and voluntary

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Module Six: Housing Based Case Management

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Focus of Housing-Based Case Management

- Added focus on:
  - Housing readiness measures – are they ready?
  - Housing stability measures – how stable are they?
  - Development of ongoing housing-related goals that emphasize
    - Housing acquisition
    - Ongoing stability

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Goal in Housing-Based Case Management

Goal: Helping clients to *secure and maintain* stable, affordable housing

- For clients not currently in safe, decent, affordable housing, the primary goal is to develop a strategy to assist them in securing housing
- For those already housed, the goal is to assure that adequate supportive services are in place so the client can maintain housing

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Emphasis in Housing Based Case Management

The housing lens focuses on:
- Decrease risk of homelessness
- Housing needs and preferences
- Income to obtain and maintain housing
- Eligibility for housing and available housing funding
- Skills and support needed to maintain housing stability and supporting access to care

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Housing-Based Case Management: Consumer Goals

- A safe affordable place to live
- Community
- Services appropriate to their needs
- Choice
- Money enough to live on
- A role in the community and in their families
- A chance for their children and themselves to get ahead

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Case Management Functions

- Building Rapport
- Assessment
- Goal-Setting
- Service Coordination
- Discharge Planning
- Termination

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Housing-Based Case Management Functions – Building Rapport

Common experiences of people that have been homeless or marginally housed:
- Loss of power
- Loss of role
- Loss of connection
- Change in routine
- Lack of privacy, nutrition, sleep
- Fear

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Housing Focused Needs Assessment

Assessment
- History: What actions, behavior or circumstances led to housing problems?
- In what setting has the client been happiest and most stable? What settings did not work?
- What supports will this client need in order to enter and remain stable in housing?

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Housing Focused Needs Assessment

Suggestions…
- Use a checklist of barriers with the client and use this information to guide the rest of the discussion
- Develop a housing history by reviewing the client's housing situation over the past several years.

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Barriers Checklist Example

- No rental history
- Eviction(s) ____
- Large family (3+ children)
- Single parent HH
- Head of HH <18
- Sporadic employment history
- Recent criminal history
- Poor credit/no credit
- Debts/insufficient savings
- No high school diploma/GED
- Insufficient/no income
- Repeated/chronic homelessness
- Recent history of substance abuse
- History of DV

Housing History Example

Type of Residence	Dates of Residence	Reason for Leaving
❑ Emergency Shelter		
❑ Permanent housing for formerly homeless		
❑ Psychiatric hospital/facility		
❑ Substance abuse treatment		
❑ Hospital (non-psychiatric)		
❑ Room, apartment or house that you rent		
❑ Apartment/house you own		
❑ Staying/living in a family member's room, apt., etc.		
❑ Hotel or motel		
❑ Place not meant for habitation		

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Housing Focused Needs Assessment

Step 1: Learn about the client
- History
- Choices, preferences, aspirations

Step 2: Share information with the client
- Housing realities and available options
- Expectations of tenancy

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Housing Focused Goal-Setting

Goal-Setting
- Understanding the client's housing preferences.
- Review realistic options.
- Find the right "fit".
- Assure that Goals incorporate the steps needed to get into and successfully stay in housing.

"Before we tried to change people, now we support change in people."

-Staff member, The Road Home, Salt Lake City, UT

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Housing Plan Components: Potential Goals

- Family health and stability.
- Employment/income – create budget, address credit issues, make a savings plan.
- Education.
- Supportive services – community resources to be accessed.
- Housing – explore homeownership, linkage to housing counseling, available and appropriate housing options, expected adjustments with transition.

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Housing Focused Goal-Setting

Managing our bias!

- Not our plan
- Not our priorities
- Client-driven plans are realistic
- **Avoid 'setting clients up' to fail**
- EVERY goal written with success in mind

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Housing-Based Functions

Service Coordination

- Connecting clients to the support services needed to achieve and maintain housing stability.
- Monitoring client progress in housing and making service adjustments as needed.

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Housing-Based Functions

Resource Development

- Listings of affordable housing
- Listings of openings in supportive housing programs
- Relationships with landlords

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Group Exercise

Martha is your client who is living on a **relative's couch. She pays $200 a month for this. Martha works part time at McDonald's** *but has a poor credit history and owes old utility bills from five years ago. She cannot afford move-in costs for her own place. She also receives mental health services and reports being depressed. The relative has been actively using drugs and Martha is desperate to move out.*

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Module Six: Key 'Take-Aways'

- ▫ HBCM builds on the models of case management.
- ▫ Key difference includes the focus on housing stability/future goals related to home ownership.
- ▫ As in other models, starting with relationship-formation is essential. Effective practice involves thorough, accurate assessment leading to client-driven goals.

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Module Seven: The Tenant, Case Manager, and the Property Manager Relationship and Unit Availability

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Partnerships are Important

- Partners should include providers, funders, landlords, other housing entities
- Partnerships need cultivation
- Everybody has something somebody else needs
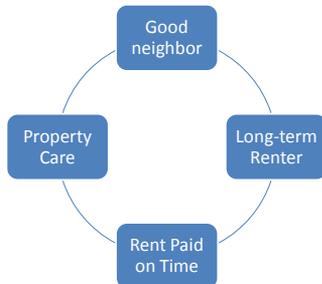- You never know what will come up

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Key Elements for Developing Creative Landlord Partnerships

- Honesty
  - Be honest about what you can and cannot control
  - Don't make promises you cannot keep
  - Be clear about your role
- Integrity
  - Always follow through with what you say you will do
  - Be accountable to the landlord, keep them informed of any changes

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Four Things Landlords Want

Good neighbor / Long-term Renter / Rent Paid on Time / Property Care

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Working With Landlords

- Engagement:
  - Proactive outreach (landlord associations, newspapers, knocking on doors)
  - Be patient and persistent
  - Know fair housing law
  - Recognize that they are business owners and that renting housing is their livelihood
  - Focus on how you can be helpful and respond to their needs

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Working With Landlords

- Understand landlord priorities:
  - Rent payments
  - Apartment maintenance
  - Peaceful community
  - Keeping units filled
  - Assistance with problem tenants
- Provide appropriate program education:
  - Available services
  - Knowledge of tenancy expectations
  - Positive experiences with other landlords

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Benefits to Landlords

- Participation in ending homelessness
- Communication and introduction to the potential tenant
- Of course, money
- Another party in the transaction
- Someone to help things end well

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Case Manager's Role

- A relationship with the participant
- Knowledge of what the participant wants and needs
- Translation skills
- Ongoing ties to the participant
- Drive to keep the participant housed

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Rules of Engagement

- When a program is launched, there should be a written strategy of how to engage landlords best suited to the population. Ongoing ties to the participant.
- **Landlords should know everything they're** agreeing to.
- Landlords deserve an answer every time.

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Step 1

- Learn about the existing units in your service area.
- Make contact with the property managers and landlords and introduce yourselves/agency.
  - Property managers are very conscious of two things:
    - Vacant units: vacant units generate $0 – complexes make money when there are tenants in <u>all</u> of their units.
    - Fair housing: fair housing is a big deal and property managers have to affirmatively further fair housing.

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Step 2

- Know the rules!
- The following issues can make a potential tenant ineligible:
  - Legal history
  - Poor rental history
  - Credit problems
  - Unpaid utilities
  - History of eviction, foreclosure, or an unpaid balance with a previous landlord

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If the client or your agency has a voucher…

- This information needs to be known at the beginning of the application process because it can affect how the property manager scores your client's application.
  - Example: Credit history is not as important IF a voucher will be used to pay the rent.

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Module Eight: Eviction/Lease Non-Renewal

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Eviction – Defined

- …to expel, remove or dislodge a person, especially a tenant, from land or a building by legal process.

HOUSING

Reasons for Eviction

- Unpaid or late rent
- Criminal activity
- Unauthorized guests
- Neighbor disturbance
- Poor housekeeping
- Other breach in the lease

HOUSING

Reasons for Eviction

Lease not renewed…

- Landlords have no general duty to allow tenants to renew their lease, and may choose not to renew for any reason, or even no reason at all. They may not, however, evict tenants or refuse to renew tenants' leases for improper reasons, as defined by statute.
- Eviction may occur when a tenant remains on the premises after the lease has expired or been terminated.

HOUSING

Case Manager Responsibilities

- Helping client understand rights and responsibilities in relation to eviction
- Provide clients with possible housing options to keep clients from re-entering into homelessness
- Advocating for tenants with landlords for fair treatment during eviction process.

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HOUSING

Preventing Eviction: Deborah's Place

Deborah's Place, a supportive housing provider in Chicago, has been providing services for homeless women since 1985.

RURAL SUPPORTIVE
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Deborah's Place

Senior staff decided that placing a tenant back into homelessness defeats Deborah's Place's mission and is inconsistent with their agency vision of ending homelessness.

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Deborah's Place

Committees were formed to develop an eviction prevention plan and agreed upon a 4-step process:

1. Incorporating a homeless specialist (staff position) to work with each woman to determine and address eviction risk.
2. Adding special assessments and programs for clients, focused on preventing eviction.

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Deborah's Place

Committees were formed to develop an eviction prevention plan and agreed upon a 4-step process:

3. Utilizing a volunteer prevention committee to develop guidelines, hear cases of pending eviction, and make recommendations.
4. Allowing any client with a pending eviction to select a staff advocate to partner with them on the process.

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Deborah's Place

After implementing an eviction prevention process, evictions dropped from 10 to 2 per year.

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Q & A

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Contact Information

- □ Collaborative Solutions, Inc.
  www.collaborative-solutions.net

  - ▫ Mackenzie Harkins
    - mackenzie@collaborative-solutions.net

  - ▫ Crystal Pope
    - crystal@collaborative-solutions.net

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