

Recording Link: https://youtu.be/v5N7cUn1_gU

Case Management 101

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please mute yourself

Housekeeping

Agenda

Introductions

**Test your
knowledge**

**4 goals of
case
management**

Best Practices

**Case Examples-
Break outs!**



Introduce Yourself in Chat!

Name, Agency, Role &
Favorite Holiday Movie

The background features several concentric circles of varying radii, some solid and some dashed, creating a ripple effect. A blue callout box with a downward-pointing triangle at the bottom is centered on the page. Inside the box, the text "See Where You Are" is written in white, bold, sans-serif font.

See Where You Are

Barriers

What gets in the way of doing your case management work? Poll

- a) Trying to manage your participant's behavioral health needs
- b) Not knowing how to do your job
- c) Lack of training or support
- d) Getting too emotionally involved
- e) All of the Above

How many
people are
currently on
your caseload?

Poll

- a) 1-10
- b) 10-20
- c) 20- 30
- d) 30 +

**How long are
your
meetings?**

How long are your case management meetings with participants? Poll

- a) 10 minutes or less
- b) 30 minutes
- c) 1 hour
- d) More than an hour



Goals of Case Management

Natalie Siva



4 Goals of Case Management

Document readiness

Increase income and connect
to benefits

Connection to services

**Connect to permanent
housing**



Housing Stability Plan



Goal 1:
Document
Readiness

**Test your
Knowledge!**

**Which housing documents do you know
how to assist a participant in attaining?
Click all that apply. Poll**

- 1) ID (identification card)
- 2) Social Security card
- 3) Birth certificate
- 4) Income verification
- 5) Disability certification

How to get your participants doc ready

- **ID:** use the fee waiver form to apply for a new ID
- **Social Security Cards-**
 - Visit the local social security office
- **Income Verification-**
 - SSI- Make an account online
(faster): <https://www.ssa.gov/manage-benefits/get-benefit-letter>
 - CalWORKS & GA- make an account online
(faster): <https://www.mybenefitscalwin.org/#/home>
- **Birth Certificates**
 - Vital Records
(fastest): <https://www.cdph.ca.gov/Programs/CHSI/Pages/Obtaining-Certified-Copies-Online.aspx>
- **Disability Certification**
 - SSI award letter sometimes works but preferred HUD disability form signed by a Licensed Clinician (see next slide)

Disability Certification

DISABILITY CERTIFICATION

(Please complete all sections including signatures)

1. Name of Client: _____

The above named individual is a client of the _____ program. As required by the US Department of Housing and Urban Development (HUD), we must verify the following self-reported disabilities before entering this information into the Homeless Management Information System: Mental health issues, chronic health conditions, physical/medical conditions, developmental disabilities.

A disability as defined by HUD is as follows:

- (1) a disability as defined in Section 223 of the Social Security Act;
- (2) a physical, mental, or emotional impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
- (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; OR
- (5) a diagnosable substance abuse disorder.

Other Definitions:

- *Mental Health Problem* - a mental health condition that is expected to be of long-continued and indefinite duration and may substantially impede a client's ability to live independently. A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.
- *Chronic Health Condition* - a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.
- *Physical/Medical* - a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
- *Developmental* - a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

2. Please indicate the type of disability that is being verified (you may check more than one) and sign below to certify that the individual meets HUD's definition of said disability. Certification must be signed by a qualified licensed professional.

Mental Health Problem: _____ Chronic Health Condition: _____

Physical/Medical: _____ Developmental

Print Name

Date

License No and License Type

Signature

Contact Info (phone or email)

Uploading Documents

Step 1: Click on the global 'Files' tab

Charlie Fake Brown -test

PROFILE CONTACT LOCATION PROGRAMS SERVICES NOTES ASSESSMENTS **FILES** HISTORY REFERRALS

Step 2: Once under files, click on 'Add File'

CLIENT FILES

ADD FILE (+)

Step 3: Edit the category of the file you're uploading and click 'select file' to upload a file you already have saved on your computer and click 'Add Record'

UPLOAD A FILE

Category	Chronic Homeless Verification & Disability Verification	▼
Predefined Name	All Housing Referral Documents In One File (in case not separate)	▼
File	<input type="button" value="Select File"/>	
	<small>Trouble attaching files? Switch to the Basic Uploader</small>	
Private	<input type="checkbox"/>	

ADD RECORD

CANCEL



Goal 2:
Increasing Income
& Connecting to
Benefits

Steps to Increasing Income

Budgeting



```
graph TD; A[Budgeting] --> B[Increasing Income]; B --> C[Decreasing Expenses]; C --> D[Forecasting Potential Income]
```

Increasing Income

Decreasing Expenses

Forecasting Potential Income



**Increasing
Income &
Budgeting**

**Your job is to help your participants
maximize their available income to pay for
housing**



**By helping the participant increase
income**



**By helping the participant decrease
expenses**

Budgeting

To know how much rent a person could currently pay, the first step is a budget assessment:

- **Current income:** sources and amounts
- **Current debts:** amounts and monthly payments
- How much is currently available for housing?
 - If that is not enough for housing, the gap is what you and the participant must seek to close.

Remember: Without a deep, permanent subsidy, many participants will pay more than 50% of their income for housing.

- *see budgeting template*

Increasing Income through Benefits

Connect your participants to benefits!:

- CalFresh, CalWORKS, General Assistance and Medi-Cal
: <https://www.mybenefitscalwin.org/#/applyForBenefitsAnonymous>
- WIC: <https://cchealth.org/wic/apply.php>
- SSDI: <https://www.ssa.gov/applyfordisability/>
- SSI: <https://www.ssa.gov/benefits/ssi/start.html>
- Medicare: <https://cchealth.org/insurance/medicare/>

Increasing Income through Employment

Questions to Ask:

- What kinds of jobs are they interested in and what do they pay?
- What is their projected income? Will that pay the rent?
- If they are on disability, how many hours can they work?
- Are there health risks associated with this person working?
- Do they need child-care in order to go to work?
- What about transportation to get to work?
- **Resources:**
 - Contra Costa Workforce Development: <https://www.wdbccc.com/bounce-back-contra-costa/jobseeker/>
 - Rubicon: <https://rubiconprograms.org/>

Combining Benefits and Earned Income



**COMBINING BENEFITS WITH
EARNED INCOME MIGHT BE
NECESSARY**



**KNOWING HOW/IF THESE CAN BE
COMBINED IS IMPORTANT**

Decreasing Expenses

Food Pantries

Clothing
closets/consignment
shops

Nonprofit/religious
furniture donations

Daycare vouchers

Bus passes

Reducing Storage Units

**Test you
Knowledge!**

**How can you help your
participants prepare for housing?
Poll**

- a) Budgeting
- b) Increasing Income
- c) Decreasing Expenses
- d) Forecasting Potential Income
- e) All of the Above



Goal 3:
Connection
to Services

Connecting Participants to Services

Services

- Behavioral Health Services:
 - Alcohol and Other Drugs (**AOD**)
 - Mental Health
 - Enhanced Care Management (ECM)
- Healthcare for the Homeless (**HCH**)
- Financial Assistance Services
- VA Benefits
- Legal Services
- Transportation
- In Home Supportive Services (**IHSS**)

**Services-
Behavioral
Health & AOD**

Behavioral Health Access Line
800-846-1652

- 1. OFFER TO CALL THE ACCESS LINE WITH YOUR PARTICIPANT.**
- 2. A CLINICAL STAFF MEMBER WILL ASK THE PARTICIPANT QUESTIONS TO ASSESS THEIR ELIGIBILITY FOR TREATMENT.**
- 3. IF FOUND ELIGIBLE, ASSIST YOUR PARTICIPANT IN GETTING TO AND FROM THEIR APPOINTMENTS IF THAT IS HELPFUL TO THEM.**

The background features several concentric, curved lines in shades of gray, some solid and some dashed, creating a sense of motion and depth. A blue speech bubble shape is positioned on the left side of the slide.

Services- Physical Health

- **County Clinics:**
 - <https://cchealth.org/centers-clinics/>
- **Health Care for the Homeless (HCH):**
 - <https://cchealth.org/healthcare-for-homeless/>

**What barriers do you find in
getting people connected to
benefits and services?**

Answer in the chat!



Goal 4:
Connecting to
Permanent
Housing

**See Where
You Are!**

What is the most common barrier you see to getting your participants housed?

Poll

- a) Eviction
- b) Poor credit history
- c) No rental history
- d) Criminal history
- e) Low income
- f) All of the above

Types of Housing

Permanent

- **Rapid Rehousing***
- Shared Housing
- Sober Living Environments
- **Permanent Supportive Housing**
- Affordable Housing
- **Vouchers**
- Skilled Nursing Facility
- Board and Care

Connecting to Permanent Housing

- **Community Queue**
- **Coordinated Entry**
 - VI-SDPAT scores, length of time homeless
 - Permanent disability (needed for PSH)
 - Chronically homeless (needed for PSH)



After you've completed and saved the VI-SPDAT, you'll be taken to this screen. Click 'Send Referral' and your participant will be added to the CQ

REFERRAL: ADD TO CQ

Send to Queues	Housing Queue
Referred Program	Community Queue
Referred to Agency	Community Queue
Referring Agency	Contra Costa CES
Private	<input type="checkbox"/>

B *I*

SEND REFERRAL

CANCEL

**Test your
Knowledge!**

Which is NOT one of the 4 goals of case management? Poll

- a) Addressing client interpersonal issues
- b) Increasing income and benefits
- c) Connecting to services
- d) Document readiness



Best Practices to use in Case Management

Models

Motivational Interviewing

Trauma Informed Care

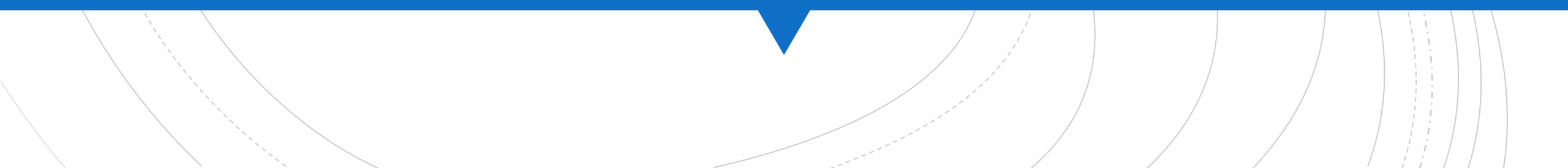
Housing First

Harm Reduction (coming in 2023)

Critical Time Intervention



What are your Best Practices?



Recognition

Recognize one of your case managers!



Case Study

Case Study

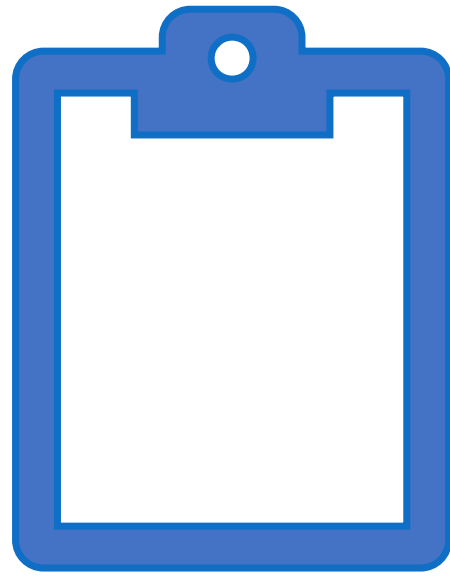
- You are working with a family, a mother and adult daughter. Mother and daughter appear to have a strained relationship and bring this to every interaction you have with them. Despite challenges, mother and daughter want to be housed together. Mother has no income and daughter has earned income. Mother is not document ready; daughter is. Mother has unaddressed medical and mental health needs and daughter is expressing concern regarding those needs.

Case Study: Break Out Groups

- You will be assigned to a breakout group
- Identify a note take/reporter to report out to the larger group
- You will have 10 minutes.
- Questions to answer:
 - What are the identified needs of this family?
 - Where might you connect them to?
 - What barriers do they have?
 - What might get in the way of your work?
 - What is not for you to solve?

A group of seven colorful wooden figures (red, yellow, orange, light wood, green, and pink) are arranged in a circle on a white surface, holding hands. A blue speech bubble overlay is centered over the group, containing the text "Group Report Out".

Group Report Out



Survey!

Questions

Contact Natalie Siva: nsiva@cchealth.org

HOUSING STABILITY PLAN

Date:

Head of Household Name:

Phone #

Create attainable goals to reduce or remove the impact of the housing barriers identified during assessment/reassessment. Define concrete action steps toward completion of each goal, including assistance you will need from your Case Manager or another outside source, and establish a target date for completion.

CLIENT'S CURRENT SITUATIONS IS FACTUALLY AS FOLLOWS:

Client has a monthly income of \$0000 from SOURCE(S). Client struggles with PHYSICAL, MENTAL HEALTH, SUDS Dx.

Client's needs are as or may be as follows:

- 1) Generate or Increase Income
- 2) Link to benefits or services
- 3) Attain housing documentation
- 4) Generate housing plan & complete

HOUSING STABILITY PLAN

Goal #1: Generate or Increase Income

Does client have sustaining income? Yes No

Action Steps Toward Goal	Who is responsible	Target Date	Date Completed	Notes/Progress
1.				
2.				
3.				
4.				

HOUSING STABILITY PLAN

Goal #2: Link to benefits or services

Action Steps Toward Goal	Who is responsible	Target Date	Date Completed	Notes/Progress
1.				
2.				
3.				
4.				

HOUSING STABILITY PLAN

Goal #3: Attain housing documentation

Action Steps Toward Goal	Who is responsible	Target Date	Date Completed	Notes/Progress
1.				
2.				
3.				
4.				

HOUSING STABILITY PLAN

Goal #4: Generate housing plan & complete *the goal is to find client sustainable, permanent housing.*

Action Steps Toward Goal	Who is responsible	Target Date	Date Completed	Notes/Progress
1.				
2.				
3.				
4.				

By signing below, I certify that I agree to work to achieve the above goals in order to progress toward long-term housing stability.

Head of Household Signature: _____

Date: _____

Client Name: _____

Budget

	Current		Future	Monthly	Annual
Income:					
Service connection				\$0.00	\$0.00
Employment		\$1,000.00	\$2,000.00	\$1,000.00	\$12,000.00
SSI/SSDI				\$0.00	\$0.00
Stipend				\$0.00	\$0.00
Total	\$0.00	\$1,000.00	\$2,000.00	\$1,000.00	\$12,000.00
Home Expenses:					
Rent/Mortgage			\$1,500.00	\$0.00	\$0.00
Rental Insurance				\$0.00	\$0.00
Other				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00
Transportation:					
Car Payments				\$0.00	\$0.00
License & Registration				\$0.00	\$0.00
Car Insurance				\$0.00	\$0.00
Fuel				\$0.00	\$0.00
Bus/Transit Pass		\$50.00		\$50.00	\$600.00
Other				\$0.00	\$0.00
Total	\$0.00	\$50.00	\$0.00	\$50.00	\$600.00
Utilities:					
Electric/gas				\$0.00	\$0.00
Cell Phones		\$50.00		\$50.00	\$600.00
Internet/cable/telephone				\$0.00	\$0.00
Water				\$0.00	\$0.00
Trash				\$0.00	\$0.00
Total	\$0.00	\$50.00	\$0.00	\$50.00	\$600.00
Medical:					
Health Insurance				\$0.00	\$0.00
Dental				\$0.00	\$0.00
Glasses & Contacts				\$0.00	\$0.00
Prescriptions		\$50.00		\$50.00	\$600.00
Other				\$0.00	\$0.00
Total	\$0.00	\$50.00	\$0.00	\$50.00	\$600.00
Financial:					
Bank Fees				\$0.00	\$0.00
Debt Repayment				\$0.00	\$0.00
Credit Card Repayment				\$0.00	\$0.00
Income Taxes Due				\$0.00	\$0.00
student loans				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Enjoyment:					
Travel				\$0.00	\$0.00

Movies/Netflix				\$0.00	\$0.00
Cigarettes		\$100.00		\$100.00	\$1,200.00
Pets				\$0.00	\$0.00
Hobbies				\$0.00	\$0.00
Restaurants/Fast Food				\$0.00	\$0.00
Other		\$100.00	\$0.00	\$100.00	\$1,200.00
Total	\$0.00	\$200.00	\$0.00	\$200.00	\$2,400.00
Routine Expenses:					
Groceries				\$0.00	\$0.00
Clothing				\$0.00	\$0.00
Toiletries				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family:					
Childcare				\$0.00	\$0.00
Family Activities				\$0.00	\$0.00
School Costs				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Income	\$0.00	\$1,000.00	\$2,000.00	\$1,000.00	\$12,000.00
Total Expenses	\$0.00	\$350.00	\$1,500.00	\$350.00	\$4,200.00
Difference	\$0.00	\$650.00	\$500.00	\$650.00	\$7,800.00