Georgia PATH Program
Projects for Assistance in Transition from Homelessness

Georgia Department of Behavioral Health
and Developmental Disabilities

PATH SUPPORTS

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Introductions

Who are you?

- What is your role?
- Where are you located?
- Who is your favorite Superhero?

Objectives

During this session, participants will:

- Be able to describe effective outreach and engagement
- Be able to name at least three evidence-based practices that work with addressing homelessness and behavioral health disorders

Outreach and Engagement

Coordinated, persistent outreach and engagement mean that services are taken directly to people experiencing homelessness.

What is street outreach?

Moving outside agency walls to engage with people experiencing homelessness who may be disconnected from services and supports. This is very important work, and the intent is to build a supportive and trusting relationship.

Outreach

Definition: Outreach is the fundamental bridge between people who are un- or unstably housed and available services and resources.

Homeless Outreach

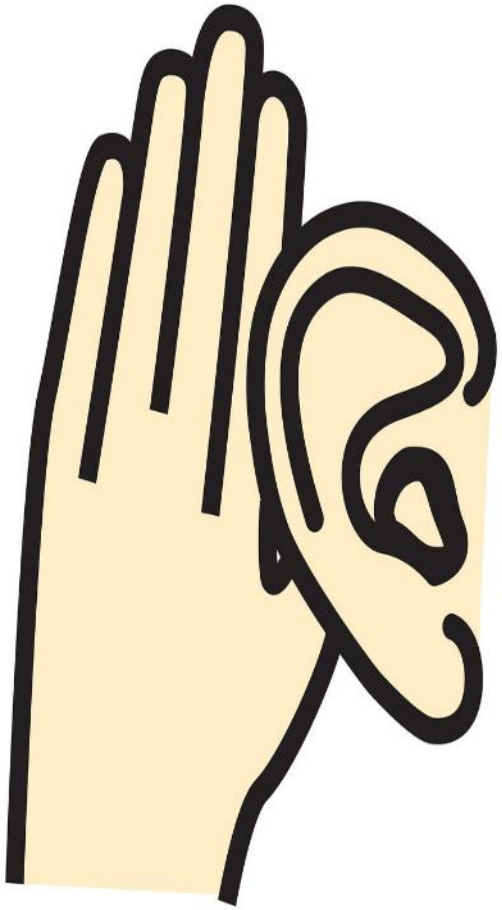
- The “front door” to an agency
- Takes place in the streets, camps, under bridges, in temporary shelters, meal sites, libraries, public facilities… anywhere people are staying
- Meeting clients “where they are”

Components of Successful Outreach

- Come to understand the individual and his/her circumstances
- Understand individual needs and cultural barriers
- Do a personalized assessment of risk behaviors and circumstances
- Develop a positive relationship (it takes time)
- Listen with the intent of hearing, not forming your response
- Do not over-promise; if you make a promise, keep it
- Take something to share (coffee, water, sunscreen, bug spray, blankets, hats, socks, can openers…)

Listen

- What is being asked for?
- What is the best first approach?
- Do you have a range of intervention available?
- How prepared are you to intervene?
- Does the potential client resist intervention? If so, what do you do next?



Principles of Outreach

- Help people meet their basic needs
- Be respectful and treat people with dignity
- Meet people where they are – geographically, emotionally and physically
- Recognize that relationship becomes synonymous with engagement
- Create a safe, open space
- Once a client is engaged, serve as a navigator or a bridge to services

Effective Outreach

- Team work makes the dream work
- Outreach can be done in teams that include outreach workers, case managers, medical personnel, and/or peers
- Be safe – always let your supervisor know where you are going
- Go in pairs whenever possible
- Be aware of signals and body language before you approach
- Don’t interrupt
- Be careful of sharing client locations

Home






No matter where people are staying, act as if you are entering their living room as an invited guest.

Outreach Locations

- Woods and near rivers
- Alleys, streets
- Libraries
- Community centers
- Meal sites
- Transportation stops
- Where else?

Tips for Approaching Potential Clients

- Do not surprise or corner someone
- Clearly identify yourself, your agency, and your purpose
- Be yourself
- LISTEN
- Respond rather than react
- Dress for the street
- Wear closed shoes
- Keep your promises

Outreach Challenges

- Unmanaged/untreated mental illness
- Unmanaged substance use disorders
- Backgrounds of significant trauma
- Lack of trust/fear of commitment
- Limited resources and available housing
- Lack of fixed address or contact information; high mobility

Effective Practices

- Person-centered
- Harm reduction
- Consistent, trusting relationship
- Honest communication
- A persistent approach
- Cultural competence
- Trauma informed care

DON'Ts

- Invade someone's space
- Make promises you can't keep
- Go alone
- Preach, pry or prod
- Not too early or too late

Outcomes of Successful Outreach

- Engagement
- Reduction in use of high-end, high-cost services
- Housing + Services work better than housing or services alone
- People get their lives back

Reaching Others

To reach others, we must first know ourselves. To connect with the truth of who we are, we must engage in some activity or practice that questions what we assume to be true about ourselves.

Support Strategies and EBPs

Making a difference

Housing First

- Housing First is an approach that emphasizes quick and low-barrier access to permanent housing. Choice of both housing and services is "…likely to make a client more successful in remaining housed and improving their life." (National Alliance to End Homelessness, 2016).
- When agencies are using the Housing First approach in their housing programs, those programs score as high-fidelity Permanent Supportive Housing.

Housing First and PSH

- Permanent Supportive Housing is a combination of housing and services
- Designed for people with serious mental illnesses or other disabilities who need support to live stably in their communities.
- Services can include case management, substance abuse or mental health counseling, advocacy, and assistance in locating and maintaining employment.
- Permanent Supportive Housing is a proven solution for people who have experienced chronic homelessness as well as other people with disabilities, including people leaving institutional and restrictive settings.

Housing First and PSH

- Housing First is an approach and framework for ending homelessness
- Centered on the belief that everyone can achieve stability in permanent housing directly from homelessness
- Stable housing is the foundation for pursuing other health and social services goals.
- Implementing Housing First at project level, including in permanent supportive housing models, means having screening practices that promote the acceptance of applicants *regardless* of their sobriety or use of substances, completion of treatment, and participation in services.

Housing First: Beyond a “Program”

- Housing First can result in remarkable results for individuals.
- This approach, adopted as a system strategy, can also transform how a community addresses homelessness and improves community integration for people with disabilities.
- Good research evidence supports PSH – it increases housing stability for people thought “difficult to house”
- Alcohol use declines with time in housing
- People do just as well in housing if they are actively using drugs/alcohol at the time of entry; neither treatment nor transitional housing improve outcomes

Clinical Expertise

- Successful housing supports require a high level of clinical skill. A team approach is recommended along with a small caseload.
- Good clinical leadership is essential. This could be the psychiatrist working with the team; it could be a clinical director providing supervision; it could be the program leader or a team leader.
- Crucial elements are experience with people with serious mental illness and (often) co-occurring disorders, experience with recovery-oriented programs, and a belief in real recovery.

Clinical Expertise

"….In some ways, it is understandable that the housing agency, the landlord, and the team are frustrated and disappointed when a client relapses and damages a brand-new apartment. But any expression of exasperation is misplaced, and it only occurs because providers have lost sight of who is really suffering in this situation.... There is no need for providers to be judgmental or express their disappointment or frustration to this client with a look or a phrase. This would be a failure of empathy and compassion. The correct clinical response to the client who has relapsed is 'I am really sorry you are going through this. How can I help?'" – Sam Tsemberis

Motivational Interviewing (MI)

- Motivational interviewing is a *skill set*. While the principles and the basic concepts can be taught, skills are achieved through interactive training, practice, and feedback.
- It is a way of being with people in partnership. MI is collaborative. In essence, the MI practitioner helps people change.
- MI holds that the individual is the expert on his/her own life
- Acceptance and compassion are tools used to prioritize the client's wellbeing

Motivational Interviewing

- MI is a method of communication rather than an intervention
- It works in a broad range of settings and with a range of concerns
- The full framework is a complex skill set that requires time and practice

- MI has observable practice behaviors that allow clinicians to receive clear and objective feedback from a trainer, consultant or supervisor.
- MI helps with all of the following:
  - High ambivalence about change
  - Low confidence in ability to change
  - Low desire and uncertainty about whether to make a change
  - Low importance attached to the benefits of change

MI Questions

Motivation to change varies across people, situations, and time.

- Motivational interviewing is a patient-centered counseling style based on the principles of the humanistic psychology of Carl Rogers.
- For a person to "grow," s/he needs an environment that provides genuine openness and that enables self-disclosure, acceptance that includes being seen with positive regard, and empathy that says s/he is being listened to and understood.
- Communication should be open-ended, affirming, reflective, and summarizing.

Harm Reduction

…a set of strategies and ideas aimed at reducing negative consequences associated with drug use.

"Harm reduction refers to a range of services and policies that lessen the adverse consequences of drug use and protect public health. Unlike approaches that insist that people stop using drugs, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help."

Source: What Is Harm Reduction? - Open Society Foundations

Critical Time Intervention (CTI)

CTI is a time-limited and evidence-based practice. It mobilizes support for a community's most vulnerable during periods of transition.

CTI facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems.

CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups.

Core Components

- Addresses a period of transition
- Time-limited
- Phased approach
- Focused
- Decreasing intensity over time
- Community-based
- No early discharge
- Small caseloads
- Harm reduction approach
- Weekly team supervision
- Regular full caseload review

CTI Phases

Pre-CTI: ***Develop a trusting relationship with the client***	**Phase 1: Transition** ***Provide support and begin to connect the client with people and agencies who will assume the primary support role (home visits, collaborative assessments, meet with existing supports, introduce to new supports, assist)***
Phase 2: Try-Out *Monitor and strengthen support network and the client's skills (observe operation of support network, mediate conflicts, help modify network, encourage personal responsibility)*	**Phase 3: Transfer of Care** *Terminate CTI services with support network safely in place (step back, set long-term goals and set in motion, meet with client and supports, review progress)*

Whatever it takes

A Working Plan

A plan is a tool that can be an active part of helping people.

A real plan can help people make decisions up front about what they want to do, who they want to help them, and what they want to happen in a crisis situation.

Planning Ahead

- Assessment - Start with the end in mind.
- What kind of living arrangements does the person want?
- What do they like about where they are now?
- What do they want in a new place?
- What amenities do they want?
- How do they want to live? With a roommate? A pet?
- Neighborhood?

Planning Ahead

- Where are the barriers?
- Where might the person have difficulties?
- The planning process offers an opportunity to have conversations about the person's illness, stress, threats, or when they get confused or off course.
- A criminal history may be a housing barrier – it's also an opportunity to explore.

Principles of the Strengths Model

- People can recover, reclaim and transform their lives
- Focus on the individual's strengths
- The community is an oasis of resources
- The client directs the helping process
- The case manager/client relationship is essential

The client drives the bus

Characteristics of an Effective Outreach Worker

- Recovery-focused values
- Good listener
- Empathetic
- Comfortable with a secondary role
- Resourceful, practical, tenacious
- Skilled at multi-tasking; expert in supporting recovery in creative ways
- Sense of humor
- Flexibility

Questions and Discussion

Advocates for Human Potential, Inc.
Real World Solutions for Systems Change

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