RHODE ISLAND CONTINUUM OF CARE

Supportive Housing

Case Management Standards

Adopted 5/3/2018

Background

Housing instability and homelessness is an issue that affects thousands of Rhode Islanders every year. Services for those experiencing homelessness are offered by a wide range of providers using a breadth of practice. Due to the significant variation of services provided it is necessary to standardize the case management model. The goal of this standardization is to create better outcomes for those served; to ensure Rhode Island has a high-quality supportive housing system; to ensure resources allocated to end homelessness and housing instability become investments in that goal; and to end homelessness and reduce housing instability.

Why is Housing Important?

According to the World Health Organization, social determinants of health are the economic and social conditions that affect health outcomes and are the underlying, contributing factors of health inequities.   Over the past decade, housing has emerged as one of the most significant social determinants of health. As a social determinant, stable housing is the foundation of improved health among all Rhode Islanders, but especially those who are touched by chronic disease and poverty.

For example, a recent local analysis of People Living With HIV/AIDS (PLWHA) who receive care at The Miriam Hospital Immunology Clinic found that:

- Upon entering care, patients with unstable housing had weaker immune systems than patients with stable housing;
- During the study period, unstable housing among patients was associated with higher HIV viral loads and irregular retention in care; and,
- During the study period, transition from unstable to stable housing was associated with improved HIV viral suppression.

These standards were drafted collaboratively with Rhode Island Continuum of Care (RICOC) Leadership. Drafts were circulated to RICOC Stakeholders to solicit feedback. Public feedback sessions were held and anonymous electronic and hard-copy surveys disseminated to evaluate constituents and Supportive Housing Case Manager's (SHCM) experiences to inform the final standards.

The goal of this document is to support SHCM funders, SHCM agencies, SHCM staff and SHCM tenants in mutual understanding of the role of an SHCM. This will result in transparency and accountability to everyone and every entity involved in, or considering involvement in, the supportive housing continuum of care resulting in progress made towards ending homelessness in Rhode Island.

Defining Supportive Housing

According to the Corporation for Supportive Housing, supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery, and personal growth. It focuses on balancing three distinct components of the model: housing, supportive services, and property management. These three components can be viewed as a "three-legged stool," in which each part must bear equal weight.

Quality supportive housing can be implemented in a variety of ways as diverse as the communities in which they are located. Despite these differences, all supportive housing:

- Targets households whose heads of household are experiencing homelessness, at risk of homelessness, or are inappropriately staying in an institution. They may be facing multiple barriers to housing stability, including mental illness, substance use, and/or other disabling or chronic health conditions;

- Is affordable, meaning the tenant household ideally pays no more than 30% of its income toward rent;

- Provides tenant households with a lease or sublease identical to non-supportive housing;

- Proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy;

- Effectively coordinates with key partners to address issues resulting from substance use, mental health, and other crises, with a focus on fostering housing stability;

- Is integrated into the larger community, providing an opportunity for social support networks to develop and meaningful lives to be cultivated;

- Supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks.

The Standards of Supportive Housing Case Management

Case Management is a component of many disciplines including Nursing and Social Work. Among these professions exists a standard of care to guide and enhance the relationship between the Case Manager and the tenant. It implies a process to plan, facilitate, evaluate, and advocate for services on behalf of a tenant in Supportive Housing.

The Standards herein, provide a foundation of expectations and responsibilities to insure the competency of the Supportive Housing Case Manager (SHCM). They are intended to:

- Promote the awareness of the SHCM as it relates to the current values and priorities of the Rhode Island Continuum of Care (RICoC)
- Inform the SHCM about Supportive Housing interventions, using the most recent evidence-base available
- Improve the quality of Supportive Housing Case Management Services; and
- Advance the practice of Supportive Housing Case Management as a critical component of the service provider organization.

The standards are as follows:

Standard 1. Use a Housing First Approach

Standard 2. Provide Tenant-Centered services

Standard 3. Provide Responsive, Timely, and Flexible services

Standard 4. Accurate and Complete Documentation

Standard 5. Meet and maintain Education and Qualifications

Standard 1. Use a Housing First Approach

Housing First is a process focused on moving individuals from the streets and shelters expeditiously into housing, without preconditions of sobriety, treatment, medication (or other) compliance, or income. The application process is short and tenants are housed quickly in a unit of their choice. The SHCM provides coaching on being a good neighbor and the rights and responsibilities of a leaseholder. They SHCM explains the roles of other staff involved, such as the Property Manager, but works on behalf of the tenant at all times.

Interpretation

It is the philosophy of Housing First, that housing is a basic human right, not something that must be earned. According to the founder of Housing First, Sam Tsemberis, "housing first is also based on the belief that people are capable of defining their own goals."

The principles of Housing First are:

- Housing is a basic human right.
- All participants will be treated with respect, warmth, and compassion from the moment they enter the program. For example, using language such as "Welcome, Mr. Smith, we're glad to see you."
- All participants will be served for as long as they need and the service provider will provide evidence of this through at least monthly contact. This includes times when a participant is hospitalized, incarcerated, or returns to homelessness.
- Housing is integrated in the community in independent apartments. There is a diversity of housing options to meet varied consumer wants and needs.
- There is a clear separation of housing, such as property management, and supportive services that recognize their differing roles. When an eviction does occur, it is for a lease violation and the supportive services continue and include re-housing the participant.
- Consumer choice and self-determination are indicated by asking participants "What is it that you want?" while encouraging and supporting participants in determining their own priorities.
- Recovery-orientation is used to support participants in determining their own treatment goals while staff convey messages of hope possibility, using peer specialists when possible.
- Harm reduction uses multiple strategies, including abstinence, to help participants manage their health, including substance use disorders by reducing the negative consequences of harmful behaviors, such as debt or unprotected sex and maintaining their stated treatment goals, such as keeping their apartment. For example, the

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dissonance between a participant spending all their rent money on drugs or alcohol and being able to pay the rent to keep their apartment is where the SHCM can begin strategizing as a partner with the participant.

Standard 2. Provide Tenant-Centered Services

Services provided in Supportive Housing are voluntary, customized and comprehensive, reflecting the needs and wishes of all members of the household.

Interpretation

Tenant-centered case management is an approach to service delivery that capitalizes on the relationship between the SHCM and the tenant to set goals and enable tenants to have an active role in creating the life they want to live. The SHCM exercises respect, a non-judgmental attitude, attentive listening, and empathy to establish trust and maintain the dignity of the tenant. The tenant is considered the expert of their personal situation and reality, thus the SHCM actively solicits tenant feedback on their housing unit and its impact on their health.

SHCM services are voluntary for the tenant. However, the SHCM is required to continually engage tenant experiencing housing instability to support housing retention. SHCMs are encouraged to use a team approach, case staffing and supervision to troubleshoot disengaged tenants experiencing housing instability.

Consumer choice extends to the relationship between the SHCM and the tenant; a tenant has the right to request a new case manager if they so choose. The SHCM should support the transition of a tenant in accordance with the household's wishes and coach the tenant on agency reasonable accommodation policy and RICOC Grievance Procedures as needed.

Due to ranges in subpopulations, sizes of households and the spectrum of acuity scores, case load size may fluctuate significantly among SHCMs. The supervisor, in coordination with the SHCM, is expected to right-size the case load based on each SHCM's skills and strengths in addition to the SHCM's existing caseload composition.

Standard 3. Provide Responsive, Timely and Flexible Services

The SHCM actively works to ensure that tenants are able to access the services they wish, according to the priorities of the tenant.

Interpretation

While the home visit remains the cornerstone of the SHCM role, the SHCM remains flexible enough to provide services and coordination of care according to the tenant's goals. The service provider organization must have a plan for 24-hour crisis intervention, commit to

returning requests for contact from the tenant within 24 hours, and conduct the following activities:

- Initial assessment of service needs at first meeting or as soon as possible thereafter using the SPDAT,
- Development of a comprehensive, individualized care plan, within 5 business days of initial assessment,
- Timely and coordinated access to healthcare and support services,
- Continuous, weekly tenant monitoring to assess the tenant and stay abreast of threats to tenancy,
  Annual re-evaluation of the tenant using the full SPDAT and the goal plan. An annual SPDAT is the minimum requirement; the SHCM is encouraged to conduct the SPDAT semiannually or quarterly and any time a significant change occurs in the household.

A suggested best practice is utilization of a team-approach to service delivery. In this approach, the Supportive Housing Provider Agency and Supervisor ensures that SHCMs utilize the knowledge, strengths and creativity of the entire SHCM team to support case conferencing, collaborative problem solving, and case load delegation whenever possible.

Standard 4. Accurate and Complete Documentation

Documentation is an essential means of communication between provider agencies and SHCM's.

Interpretation

Good documentation will facilitate communication between service providers and ensure coordinated, rather than fragmented service provision. It is important to be able to access relevant tenant information at any given time. This is necessary for the legal protection of both the service provider organization and the SHCM. Documentation runs concurrently throughout the entire case management process and should be concise, accurate, up-to-date, meaningful, and consistent. The following information should be documented:
- history and needs of a tenant;
- any services that were rendered;
- outcomes achieved or not achieved during periodic reviews; and
- any additional information (e.g. case conferences, email exchanges, consultation with others, and any additional exchanges regarding the tenant).

Case note documentation is recommended to be completed in Rhode Island's Homeless Management Information System (HMIS) so community partners can understand who the tenant is and where they are in the process of obtaining or maintaining housing.

A Data, Assessment (and response), and Plan (DAP) note is a form of documentation utilized to document interactions with a tenant. There are three phases of DAP note documentation, they include:

1. Data: subjective and objective data about the tenant, details of the reason for the interaction
2. Assessment: SHCM and tenant description of the concern/interaction
3. Plan: describes the plan for managing the tenants concern

The SHCM should ensure that the tenant file includes:

- Important enrollment forms and information such as Intake forms, consent for enrollment forms, release of information forms etc.
- Information used to develop the initial assessment and the individualized goal plan
- Medical information and service provider information
- Benefits/entitlement coordination and referral to services provided. Documentation should include assistance in obtaining access to both public and private programs, such as but not limited to, Medicaid, General Public Assistance, SSI/SSDI, and other state and local healthcare documents and supportive services
- Whether the tenant has declined services at any time while being an active tenant in case management
- Timelines for providing services and re-evaluations
- Clear documentation of the need and coordination with case managers of other programs
- Entries with documentation in chronological order. Do not skip lines or leave spaces
- Be specific, use time frames, and quotations if indicated. Avoid generalizations.
- Avoid labeling or judging a tenant, family, or visitor in the documentation
- Document all interactions with the tenant, outside organizations and other parties involved

General Documentation Principles
- Document electronically or in ink (only when using paper)
- Record date on all entries
- Ensure the type of encounter is identified (face-to-face, telephone contact, consult, etc.)
- SHCM must sign all entries with full name and professional title.
- Ensure that entries are legible
- All entries should be made in a timely manner (i.e., the same day). Late entries should be clearly indicated as such
- If an error is made, then make one strike through, initial and date the error, do not use white out under any circumstances
- Thoroughly complete all forms, applications, and other documents with the most accurate information available
- Do not alter forms, applications, or other documents

- Do not forge signatures (i.e., do not sign for the provider (MD/DO, APRN, PA), tenant, etc.)
- Paper records must be stored in locking file cabinets in locked rooms
- Electronic records must be stored securely and in compliance with the particular database's security standards

Standard 5. Meet and Maintain Education and Qualifications

SHCM uses evidence-based interventions to support the housing stabilization of the tenant.

Interpretation

An effective SHCM or Peer Specialist can come to the work from a myriad of backgrounds, educational perspectives, and experiences, however, the SHCM must be adept and committed to being empathic, encouraging, assertive, and engaging. The SHCM must operationalize the belief that housing is a basic human right in partnership with and on behalf of their tenants.

The supportive housing provider agency should ensure that the SHCM receives at least one (1) hour of supervision per week and attends case conferencing sessions at lease monthly.

A SHCM should have competencies in the following areas:
Housing First
Community-Based Outreach
Harm Reduction
Critical Time Intervention
Motivational Interviewing
Connecting to community-based services and benefits/entitlements

Glossary

Case Management-is the coordination of services, including housing, healthcare, or meaningful activities on behalf of an individual. 'Case management' is not the only terminology used to describe this service coordination, other commonly used terms are care coordination and care advocacy. These same standards apply when providing the above described coordination of services, regardless of variations in title.

Community-Based Outreach-is a proven approach to building rapport with the tenant or individual you wish to help. The model is designed to literally meet people where they are, for example: a coffee shop, the hospital, their home, or the street. The approach requires consistent effort to engage and creativity to determine what the individual wants and is most motivated to get. Sometimes, this may be simple, like a pack of cigarettes.

Critical Time Intervention-is a time-limited intervention that mobilizes support for individuals during a crisis or an episode of decompensation.

Harm Reduction-is a set of practical strategies aimed at reducing the negative consequences associated with an individual's choices, usually related to substance use.

Housing First-is a recovery-oriented approach to ending homelessness that centers on quickly moving people into independent, permanent housing without preconditions, and providing supports and services as needed.

Motivational Interviewing-is an approach that attempts to elicit an individual's intrinsic desire to change and accomplish stated goals through the recognition of behaviors that are counter-productive to obtaining positive results.