

# CASE MANAGEMENT SERIES: ENGAGEMENT AND ASSESSMENT



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THE FLORIDA HOUSING COALITION



The Florida Housing Coalition, Inc., is a nonprofit, statewide membership organization whose mission is to **bring together housing advocates and resources so that all Floridians have a quality affordable home and suitable living environment.**



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**CONSULTING SERVICES**

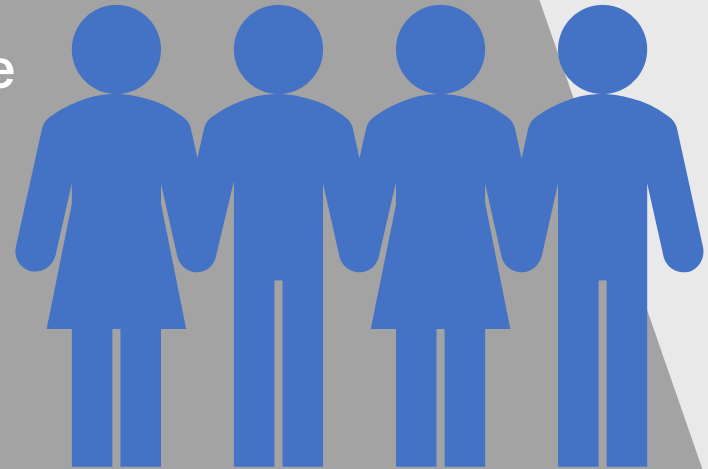
In the areas of affordable housing, fair housing, ending homelessness, & related issues

# Webinar Logistics

- Participants are muted
- Enter your questions in the box in your webinar panel
- Handouts are available with this webinar
- Forgot to ask a question or want to ask privately?  
Email me at [rosado@flhousing.org](mailto:rosado@flhousing.org)
- This webinar is being recorded and will be available  
at [www.flhousing.org](http://www.flhousing.org)
- A survey will immediately follow the webinar; *please*  
complete it! Thanks!

# Quick Poll – Who Are You?

- A. Case Manager/Support Services Staff
- B. Frontline Staff
- C. Supervisor/Executive Staff
- D. Funder/Grant Administration
- E. Other



# Case Management Must Haves

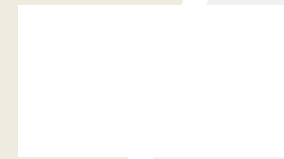
**Trauma  
Informed**

**Housing  
Focused**

**Recovery  
Oriented**

**Person  
Centered**

**Must Haves**



## Trauma Informed

- Recognizes that individuals experiencing homelessness have a higher prevalence of trauma histories
- “What is wrong with you?” to “What happened to you?”

## Recovery Oriented

- Recognizes the participant as the expert and their strengths are essential to their recovery
- Recovery looks different for everyone

## Housing Focused

- Stable housing is always the goal
- Housing First philosophy

## Person Centered

- Assessments are focused on strengths
- Offer choice in decisions (housing, treatment, programs)

<b>Progressive Engagement</b>	<b>Minimal assistance in beginning. Increased only if necessary. Good model for RRH. Client does not “fail” out of services.</b>
<b>Critical Time Intervention</b>	<b>Usually used post-institutionalization or when intensive services are needed. Intensive services in the beginning; decreased as client becomes stable. Time limited (9 months).</b>
<b>Assertive Community Treatment</b>	<b>Reserved for people with the most serious mental illness; 24 hour coverage; provider of all services; most intense community CM available; can be used in PSH</b>
<b>Intensive Case Management</b>	<b>Usually associated with PSH or in the mental health system; intensive case management provides a high level of case management as long as is needed; coordinates all services for clients</b>

# Case Management Models



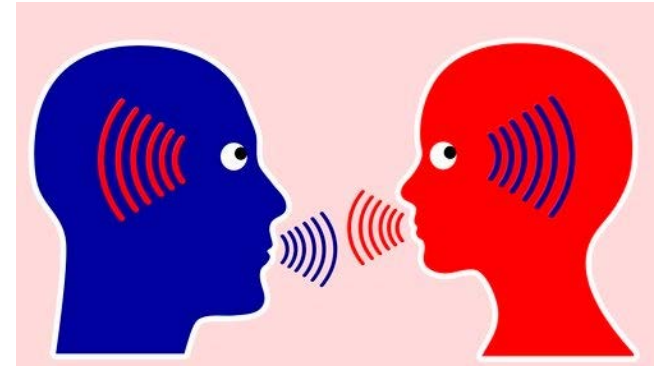
# Assertive Engagement

# Discussion Today: Voluntary Services

- Participant has the choice to engage or not
- No “participate or else”
- Voluntary for participant; not voluntary for staff
- Housing is not tied to participation in services

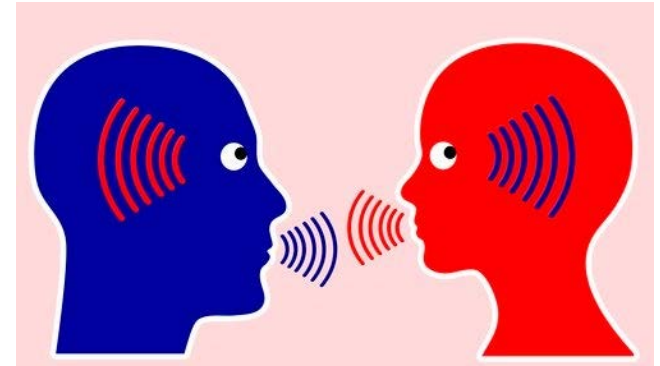
# Why?

- Removes barriers to participants engaging
  - Missing appointments
  - Premature case closure
  - Power imbalances
- Really listens to participants' goals and works to accommodate those
- Rapport, rapport, rapport!



# How?

- Throw away “one size fits all” approach
- Meet participant where they are at
- Be authentic
- Be flexible
  - Where does the participant feel comfortable meeting?
  - Should walk in hours be available?
- Be transparent
  - What are you able to offer? What is not a part of your service scope?
- Be persistent
  - Can I come back next week?
  - Is there a better time for you?
  - Is there anything I can do for you?



# Case Management is NOT

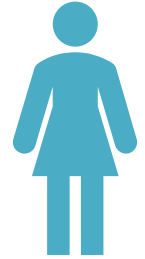
- Parenting
- Mentoring
- Fixing



# Case Management IS

- Partnering
- Encouraging
- Solution-focused





# Example – “Mary”

## Challenges

- High utilizer with over 15 inpatient psychiatric admissions in the past 6 months
- Cycling through the system (jail, emergency room, psych hospital, shelters)
- In denial of substance abuse (alcohol, marijuana)
- Refusing housing options that have been recommended
- Misses appointments
- Recently evicted from PSH
- Argumentative with providers
- Banned from several social service providers

What Are  
Your  
Ideas?



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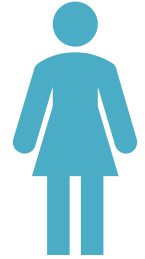


**Start with  
Strengths!**



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## Example – “Mary”

### Strengths

- Engaging with the mental health system on some level
- Receptive to outreach worker
- Potential for Supplemental Security Income/Social Security Disability Insurance Outreach, Access and Recovery (SOAR) candidate
- Fewer admissions when housing was stable in the past
- Responds well to peer support

# Assessment

**“Talk of problems  
and you create  
problems; talk of  
possibilities and you  
create possibilities.”**

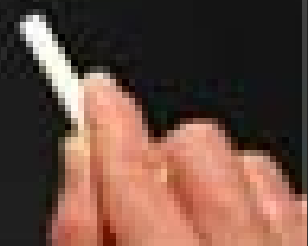
-Kerstin Mahlberg and Maud Sjoblom

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~~Problems~~

Solutions



# Solution-focused

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- Not-knowing stance
  - We make no assumptions
- Everyone is doing the best they can
- Actively listening to responses
- Client is the expert



# Assessments are Interventions

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- Not just required paperwork – an opportunity to have a conversation

Simply, we are trying to find out:

- Why are they here?  
(Housing)
- What do they want?
- What are the solutions?



# Motivational Interviewing



# Utilize Motivational Interviewing - OARS

## Open ended questions

- How can I help you with \_\_\_\_?
- Help me understand \_\_\_\_?
- How would you like things to be different?
- What are the good things about \_\_\_\_ and what are the less good things about it?
- What have you tried before to \_\_\_\_? (ex. help you stay housed, stay sober, drink less, keep appointments, consistently take medication?)
- What do you want to do next?

# Utilize Motivational Interviewing - OARS

## Affirmations

- I appreciate that you are willing to meet with me today.
- I know it took you a lot of time to get here on the bus. I really appreciate you taking that time.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion, great idea, etc.
- If I were in your shoes, I don't know if I could have managed nearly so well.
- I've enjoyed talking with you today.

# Utilize Motivational Interviewing - OARS

## Reflective Listening

- **Repeating or rephrasing:** Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said.
  - It sounds like you didn't like that program very much.
- **Paraphrasing:** Listener makes a restatement in which the speaker's meaning is inferred.
  - It seems like no one is really listening to what you're saying you need help with.
- **Reflection of feeling:** Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening.
  - So you feel a bit hopeless and discouraged.

# Utilize Motivational Interviewing - OARS

## Summarize

- Let me see if I understand so far...
- Here is what I've heard. Tell me if I've missed anything.
- (If there's ambivalence) "On the one hand..., on the other hand..."

**“If your services are meaningful to participants’ goals, they will choose engagement.”**

Staff Observation from the HomeFree rapid re-housing program in Portland, OR

# Case Management Series

- [2/1/2018 - Case Management Components and Standards Part 2: Service Planning, Documentation, and Exit Planning](#)
- [2/15/2018 - A Collaborative Approach to Ending Homelessness: Finding Your Role](#)
- [3/1/2018 - Introduction to Working with Special Populations](#)
- [3/15/2018 - A Trauma-Informed Approach](#)
- [4/5/2018 - How to Work with Difficult Cases](#)
- [4/26/2018 - Self-Care for Human Service Workers](#)