A collage of diverse people's faces, including a woman with red hair, a man with glasses, a woman with glasses, a woman with a colorful patterned shirt, a man with a beard, and a woman smiling, arranged in a circular pattern around the central text.

Victoria Training, January 29, 2019

INTENSIVE CASE MANAGEMENT/COMMUNITY AND SOCIAL
INTEGRATION/HOUSING FOCUSED OUTREACH/PEER SUPPORT

Introducing CAEH training and technical assistance

The CAEH is working toward a Canada without homelessness. We are mobilizing communities to take action and are supporting them to apply proven approaches including Housing First and plans to end homelessness to transform programs, policies and systems toward the goal of ending homelessness.

We're a leading voice on homelessness in Canada and we work with our partners in the private, public and non-profit sectors to build public and political support for the funding and policy change necessary to help communities achieve their goal of ending homelessness.

The Training and Technical Assistance Program is a **mission based, non-profit training and technical assistance program** of the CAEH that provides on the ground training and support to communities and front line workers.

The mission of the program is to facilitate and accelerate the shift to Housing First and ending homelessness in Canada by providing high quality, accessible, affordable, evidence based training and technical assistance.

The program is built off the Mental Health Commission of Canada's (MHCC) Housing First Training and Technical Assistance program developed from the *At Home/Chez-Soi* project – the world's largest research demonstration project of Housing First, conducted by the MHCC.



RainCity Housing and Support Society is a grassroots organization built around compassion, purpose and a commitment to delivering progressive housing and support solutions for people living with mental illness, addictions and other challenges.

The people who benefit from the services of RainCity Housing are treated with dignity and respect, and are offered a safe place to live, independence and improved quality of life.

Since 1982, RainCity Housing has provided shelter and housing for thousands of people in the Lower Mainland. With a proven track record, a strong leadership team, and a clear vision for the future, RainCity Housing is a leader in finding workable, cost-effective solutions that ultimately benefit everyone in our community.



Jolanta Krynski, Program Manager

Surrey Housing First ICM Team

RainCity Housing & Support Society

jkrynski@raincityhousing.org

www.raincityhousing.org

Outline

- 8-9am-Check-in; continental breakfast; Elders Welcome
- 9-930am-introducing CAEH, RainCity Housing, Outline of the presentation, speaker and audience intro's
- 9:30 to 10:30 am-Defining Intensive Management/multiple definitions and approaches/team make up
- Background on At Home project
- 10:30-10:45 am - break
- Housing first principles/video
- Access to housing/Principle 1
- 12-1pm - Lunch
- 1-2:30pm - Choice/principle 2
- Recovery/principle 3/Peer Support
- Individualized person driven supports/Principle 4
- 2;30-2:45pm - break
- 2:45-4pm - Social and community integration/Principle 5
- Recap/final thoughts and Q&A

Introductions

1. Name & role, any HF, outreach or peer involvement
2. Any questions you were hoping to have answered today?

BY THE WAY WHO ARE YOU

Defining Intensive Case Management

s.

ICM is a wrap-around service including street outreach and provision of services in the community, where people are located geographically. Clients are engaged via multi-disciplinary teams, integrating the provision of direct services with the coordination and navigation of services and systems to support individuals and families in the community.

BC Ministry of Health. (2014). *Intensive Case Management Team Model of Care Standards & Guidelines*.

Intensive Case Management (ICM):

The Mental Health Commission of Canada defines ICM Teams as a team-based approach that supports individuals through a case management approach, the goal of which is to help clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. It has a moderately strong evidence base. It is designed for clients with lower acuity, but who are identified as needing intensive support for a shorter and time-delineated period

Retrieved from: <http://homelesshub.ca/solutions/supports/intensive-case-management-icm-teams>

Team Composition:

The Provincial Guidelines and The Mental Health Commission of Canada proposes a slightly different approach.

Ultimately, the team will be shaped by opportunities and constraints of it's context and the people it is intended to support.

The ICM Team Staff Structure

1. Program Manager
2. Peer Support Specialist
3. Aboriginal Service Coordinator
4. Housing First Specialist
5. General Outreach Worker unique/all staff peers

Team approach

1. Housing First
2. Health Equity
3. Social Justice
4. Strengths-based, Recovery Model
5. Lifespan Development
6. Community Collaboration
7. System Integration

BC Ministry of Health. (2014). *Intensive Case Management Team Model of Care Standards & Guidelines*.

ICM Team Partners

Community

- Agencies
- Individuals
- Groups

Housing

- MPA/ housing procurement
- Landlords
- BCH
- Shelters/transitional/modular

Peers

- Mental Health
- Substance Use

Justice

- RCMP
- Transit Police
- Probation, Legal Aid, Court

Primary Care

- General Practitioners
- Nurse Practitioners, STOP team

Food

- Food Banks
- Community Kitchens

Income Security

- MSD
- CPP

Vocation

- Employers
- Volunteer Agencies
- Education
- Temp agencies

Family

- MCFD

Health

- Mental Health
- Substance Use
- Public Health

ICM versus ACT

Element	ICM	ACT
Primary Diagnosis or Concern	Severe substance use dependency with or without: psychosis, severe anxiety or depression, panic disorder, fetal alcohol spectrum disorder/pervasive developmental disorder, mood disorders	Psychosis
Functioning - level of severity	Moderate to severe	Severe
Direct vs. brokerage	Direct & brokerage	Direct
Client-to-staff ratio	16 to 20:1	7 to 10:1

BC Ministry of Health. (2014). *Intensive Case Management Team Model of Care Standards & Guidelines.*

Housing First and ICM...lets bring it all together.

Introduce the videos and their origin from the At Home Project. Mention that they are briefs from longer videos available on the RCH website. There are also facilitator and participant handbooks on our website available if your agency is looking to do more HF training.

Raincity Housing was involved with the At Home/Chez Soi Project

- Largest study of its kind in the world
- Implemented in 5 Canadian cities, Vancouver, Winnipeg, Toronto, Montreal and Moncton.
- Began in 2009 and ended in 2013,
- Based on Housing First model
- Action research on how to support people with severe mental illness to exit homelessness
- HF ACT Team, involved as a Peer



An At Home/Chez Soi participant and his Service Provider
- Photo is from the Focusing the Frame exhibit, a Participant photography project

Housing First Learnings

➤ Housing stability outcomes

- **62%** of the Housing First clients were housed for the entire time of the study
- only **29%** of those not receiving housing first were housed the entire time of the study
- **73%** of the Housing First clients had stable housing throughout the study
- only **32%** of those not receiving housing had stable housing throughout the study

➤ Cost analysis



- For every **\$10** spent on housing and supporting our clients in Housing First, there was a return of **\$9.60** through the reduction in use of other services (reduced use of shelter, hospital, criminal justice system, etc)

Break



Housing First for the chronically homeless is premised on the notion that housing is a basic human right, and so should not be denied to anyone, even if they are abusing alcohol or other substances.



https://en.wikipedia.org/wiki/Housing_First

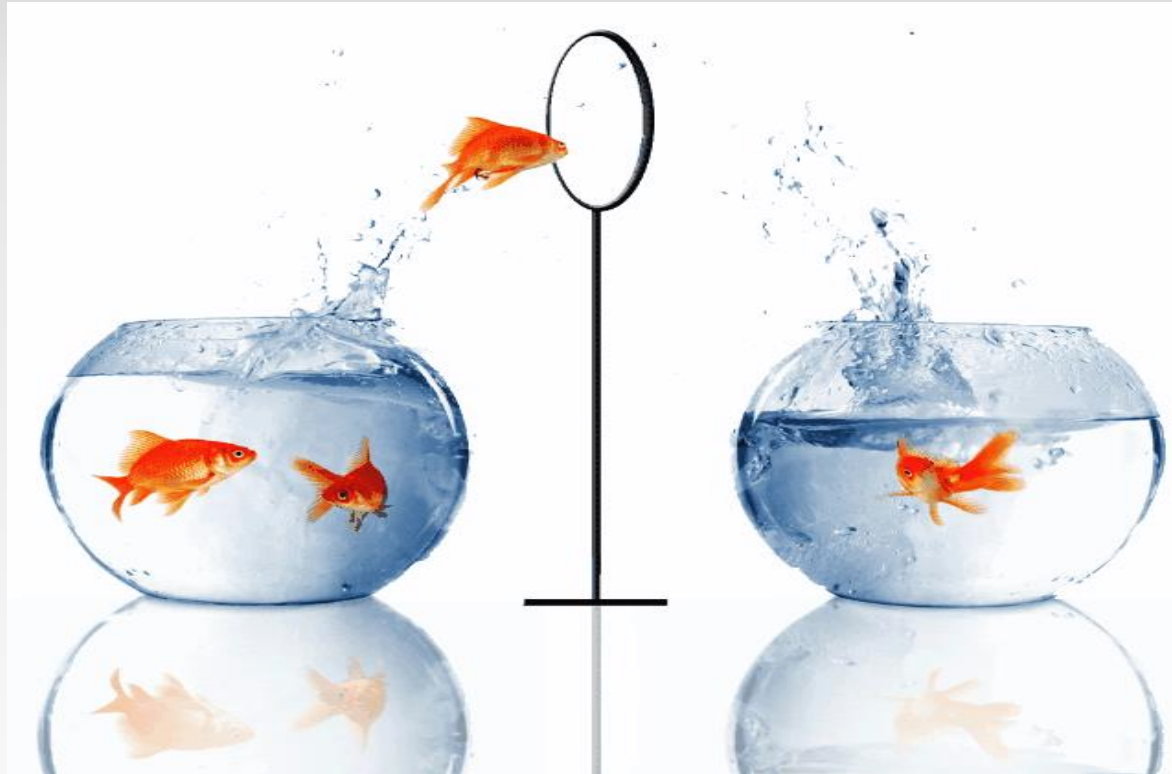
Sam suggests:

“We can’t predict who can make it, we have to give every individual a chance”

Sam Tsemberis

Founder, Pathways to Housing

The Housing First model, thus, is philosophically in contrast to models that require the homeless to abjure substance-abuse and seek treatment in exchange for housing.



https://en.wikipedia.org/wiki/Housing_First

The Housing First approach starts in a place where most programs end, with safe and secure housing in a community of the individuals choice.



Housing First Principles:

The five principles are:

1. Immediate access to housing with no readiness conditions
2. Consumer choice and self-determination
3. Recovery orientation
4. Individualized and person-driven supports
5. Social and community integration



Housing First_ Principles Into Practice_1.mp4 - Community Workspace on Homelessness.url



PRINCIPLE 01

IMMEDIATE ACCESS TO HOUSING



NO

HOUSING READINESS CONDITIONS



Housing Procurement:

1. Procurement strategies need to be varied and customized
2. Housing stock or 'reserve' can be useful
3. Affordability of housing is imperative
4. Responsiveness is the key to success
5. Re-housing will happen
6. Be cautious of saturation
7. Plan for discharge from admission

The housing is combined with a rent subsidy & supportive services and treatment services which are individualized to each person in the program

Participants are seen by the support teams up to daily if needed and includes regular home visits

Most often people who are homeless when given a choice will choose a market rental apartment-Just like you & I!



Housing

➤ Based on choice:

- Clients choose their apartment from a selection in a choice of neighborhoods
- immediate move-in, as per Housing First, safe and secure own kitchen, bathroom, and entrance
- Landlords choose who they wish to house
- Team assists with housing searches, viewing, lease signing, access to info on how to sustain a tenancy, tenants rights and responsibilities, arbitrations,
- Team involved in tenant and landlord relations/problem solving, weekly at home visits

Types of Housing



- Different models across sites
- Scattered site private market units
- Maximum of 30% of income for rent
- Participants holding their own lease
- Rights and responsibilities as a tenant
- Efforts to engage landlords
- Commitment to re-housing and client choice

Partnering with Landlords Housing First

- 0.2% occupancy rate in Vancouver/Lower Mainland
- Positive social environment - community desire to help the homeless
- Some Landlords want to be a part of the solution - want to be engaged
- Housing procurement can be done by other agencies but also by the team
- Agency pays rent each month directly to landlord- no non-payment of rent issues for landlord!
- Funds for damages/ junk removal and incidentals will help sustainability
- Secure a tenant insurance program if funding permits
- landlords need to be made into partners in housing. They need to see themselves as not only running a business but in an indirect way also giving back to their community.
- **as a team and agency-Remember you are not promising problem free tenancy- you are promising responsiveness!!!!**

What the team can continue to do while supporting the Participant as well as the landlords

- Keep all lines of communication open while protecting confidentiality
- Encourage participants to establish working relationship with their landlord
- Encourage participants to be accountable and adhere to all the terms and conditions of their lease
- If interested encourage taking a being a good tenant courses on line through “renting it right courses” via tenants.bc.ca



Furnishing the unit



- **Pre-furnishing – makes unit more inviting to client**
- **Reduces need to bring discarded furniture in off the street**
- **Reduces the risk of bringing bedbugs or pests into the building**
- **Makes unit more livable while client gets settled**
- **furniture belongs to the client and moves with them if they move**
- **confronts landlord fears about importing pests**
- **ensures a minimum level of furniture**
- **allows for immediate move-in**

Unsuccessful tenancies & planned moves

Types of eviction

- 10 Day Notice for Unpaid rent
- 1 Month Notice for Cause
- 2 month Notice for landlord use of property

- Guests vs. occupants

- Neighbor complaints

- Getting units and keeping units; when to let a unit go

- Be prepared to let unit go! RTA dispute process



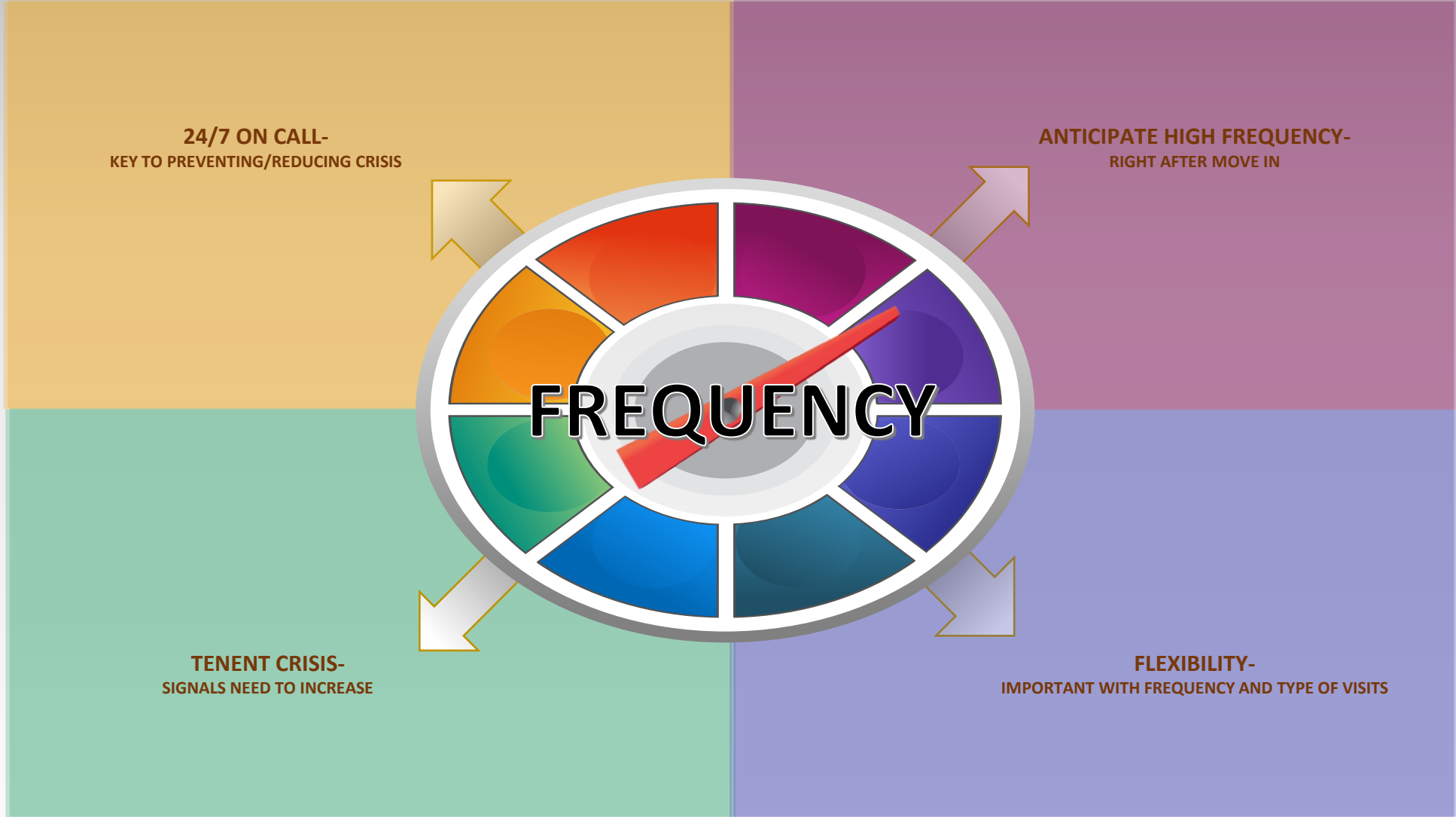
Home Visit Fundamentals



- Visiting someone in their home is a privilege
- Power Differential
- Respect boundaries
- Respect space, duration, biorhythm



- Depends on the person's need and teams assessment
- Person's needs vary over time
- Standard arc –high to low
- It is non-linear process
- Minimum visits



Targeted Intervention

Engage, Assess, Provide

Each home visit should be purposeful and goal directed.

Strength based and client driven based on their chosen goals.

Encourage, support, motivate, and explore.

Interventions or plans can extend from home to community.



Lunch



2

PRINCIPLE 02

C O N S U M E R

CHOICE

AND

SELF DETERMINATION

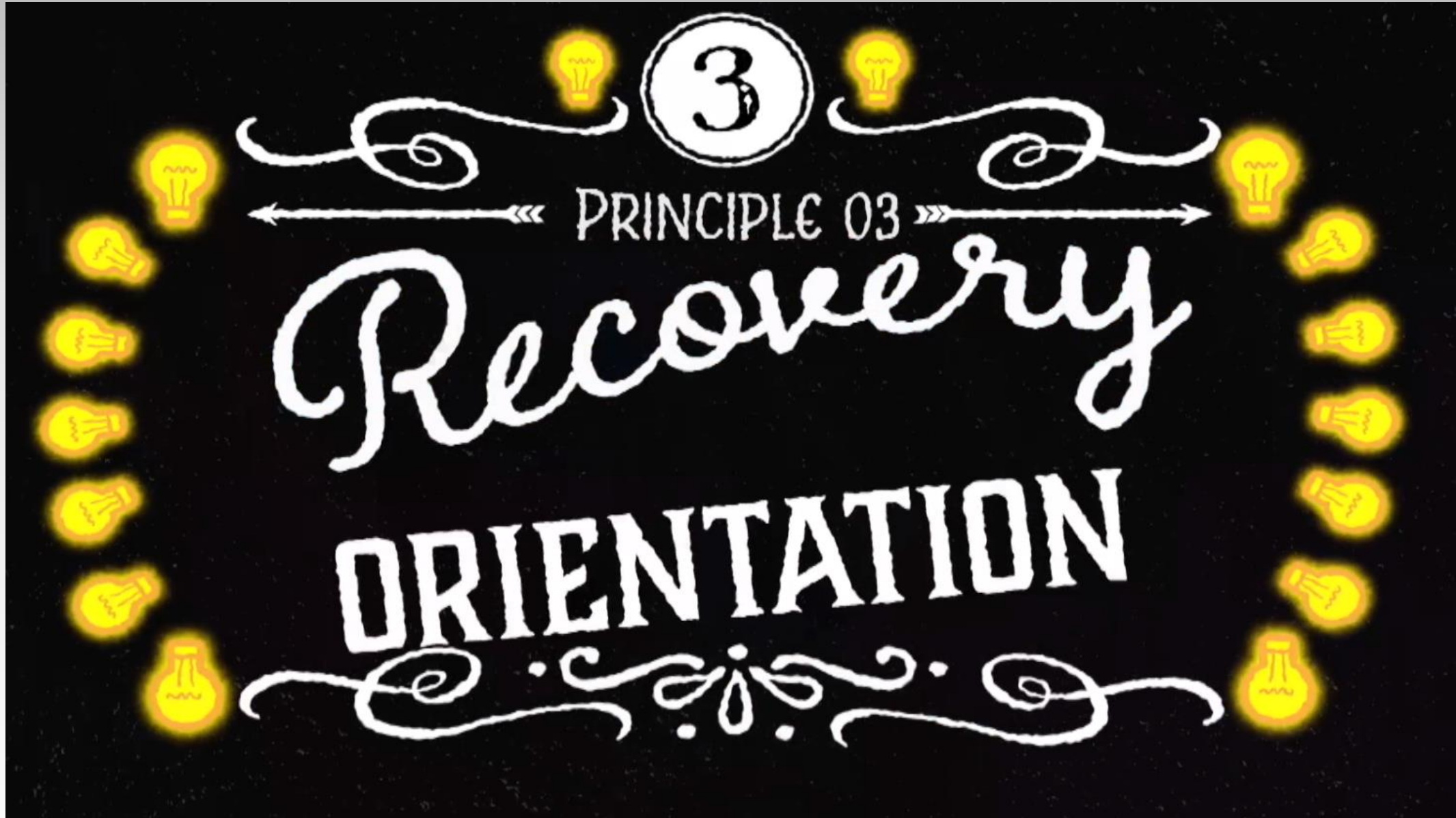
Client Choice:

1. Choice and power can feel new and unfamiliar
2. Focus on clearing the way, not setting the direction
3. Much learning for everyone will be experiential
4. Peer supports and learning can be key
5. Choice is individualized not multiple choice

Case Management/ Engagement/Follow a Consumer Driven Philosophy

Participants are the experts on identifying and addressing their problems. If we deny those facing the problem the opportunity to solve it then we deny them the opportunity to learn.





Recovery Orientation:

1. Keep the individual and their potential in the forefront
2. Be mindful of practice orientations on evaluation metrics that can shift work away from the client
3. Stay focused on client goals as they often share the intention of the support team

Home Visits or weekly Meetings/Client Centered and goal oriented/familiar location

NEW BUT FAMILIAR VERSUS

PREVIOUS SETTING-OFFICE

- Time/duration
- Environment, setting
- Recovery based
- Meeting Participants-as they are
- Casual and broader conversation



- Roles, boundaries, ethics
- Content is always about the Participant
- Intention is always to work on goals
- hope, looking into the future

Peer Support intertwined in Case Management and Housing First practice

Who are peer support workers?

A peer support worker shares a story of making a difference,“ My client said, “Do you know who the first person who believed in me was?”

I admitted that I didn’t know.

He said “YOU! You believed in me before I did. You were always sharing what you thought were strengths and talents I had. You kept doing it until I started believing in me too!”

Who are peer support workers?

Peer support workers are people who have experience receiving mental health or addiction services, who have received peer support training, and who have then been hired on contract to provide 1:1 support to others receiving mental health services. Peer support recognizes the value in lived experience: it is one of the qualifications for the work. After receiving training, peer support workers support their peers to achieve personal goals that the client has identified for him or herself, to learn new skills and/or to link with community resources. Goals vary depending on the needs and interests of each client. Examples include everything from taking a weaving class with someone who is too anxious to go on their own, to supporting a client in job maintenance and retention.

How peer support workers make a difference

Peer support workers provide services from the perspective of someone who “walks the walk” of recovery and are often in a unique position to inspire hope, speak about resources from the perspective of having used them, and to share strategies and ideas. Clients receive highly personalized, one-to-one support. The system benefits from the opportunity for other mental health workers to work, as colleagues, alongside people who are open about their mental health and addiction issues. This can result in system practices being better informed by lived experience and can also result in the breaking down of stigma.

From vchnews.ca

More on Peer Support

Peer Support Canada defines **Peer Support** as

Peer support is emotional and practical support between two people who share a common experience, such as a mental health challenge or illness. A Peer Supporter has lived through that similar experience, and is trained to support others.

-Also is involved in certification,

People with lived experience can be trained by

their local Peer Support training providers or

contact VCH, Peer Support Program

-Organizations can enhance that training and hire Peers



Recovery Model

“The recovery model is a holistic, person-centered approach to mental health care. The model is based on two simple premises:

- 1. it is possible to recover form mental health condition.**
- 2. the most effective recovery is patient-directed.”**

10 characteristics of recovery model are self-directed, individualized and person centered, empowerment, holistic, nonlinear, strengths-based, peer support, respect, responsibility, hope.

4 dimensions: Health, Home, Purpose, Community.”

quoted from `The recovery Model by Sarah Lyon, OTR/L, May 7, 2018`, (verywellmind.com)

More on recovery model

A holistic approach means

thinking about the big picture. ... In a medical setting, **holistic** refers to addressing the whole person, including their physical, mental, and emotional health, while taking social factors into consideration.

A nonlinear process

Pat Deegan also discusses the nonlinear nature of recovery and how recovery is frequently interspersed with both achievement and setbacks.

Recovery is not a linear process marked by successive accomplishments. The recovery process is more accurately described as a series of small beginnings and very small steps. Professionals cannot manufacture the spirit of recovery and give it to consumers. Recovery cannot be forced or willed. However, environments can be created in which the recovery process can be nurtured like a tender and precious seedling. To recover, psychiatrically disabled persons must be willing to try and fail, and try again ([Deegan, P 1988](#), p. 11).

PSR and Peer Support

What is PSR?

Psychosocial rehabilitation (PSR) promotes resilience, personal recovery, full community integration, and a sense of purpose and meaning for those living with any mental health condition and/or addiction issue.

PSR supports practitioners and organizations to provide recovery-oriented services.

Judi Chamberlin (1944-2010) was a leader in the Consumer/Survivor Movement. She said this about recovery: "...it's very important to recognize that recovery is not something that happens to a few exceptional, privileged or lucky people....recovery is possible for everyone who's been diagnosed with a major mental illness." [CLICK TO LEARN MORE ABOUT PSR/RPS CANADA](#)

LEARN MORE ABOUT PSR/RPS CANADA at psrrpscanada.com

Trauma Informed Practice

6 principles of Trauma informed practice.

- Safety.
- Trustworthiness and Transparency.
- Peer support.
- Collaboration and mutuality.
- Empowerment, voice and choice.
- Cultural, Historical, and Gender Issues.

Break





Supporting Individuals:

1. It's not housing only. It's Housing First, then supports
2. Client 'resistance' may be an indication that the client's desires have slipped out of focus
3. Honoring individualized recovery plans may feel uncomfortable and/or risky at times

Assess Well-being: Establishing a Baseline

How is the person today?

- Their greeting
- Clothing
- State of alertness
- Mood
- Changes from usual patterns
- Condition of Apartment



Opportunity for Engagement

- Opportunities to know and engage
- Clues about tastes and interests
- Living space as a reflection of personal space



Services & Support

- Responding to a concern

- Consumer

- Landlord

- Physical health

- Mental Health

- Medication support

- Social support

- Community Integration

- Religious institutions or self help groups



HOME VISIT DILEMMAS



Do we intervene?

When do we intervene?

And how do we intervene??



“Looks like we have guests!”

Who is the guest?

- A. You
- B. The tenant’s friends



What do you do?

1. **Leave immediately and tell the person to clean it up**
2. **Report to landlord**
3. **Report to your Supervisor**
4. **All of the above**





Whose job is it to report these problems?



- A. Tenant**
- B. Case Manager**
- C. Superintendent**
- D. Housing Specialist**

When the person does not answer...

- A.** Return later that day?
- B.** Stick with the schedule and return on the next scheduled visit?
- C.** Leave a note?
- D.** Wait for the person to call you?



- How assertive is assertive?
- Keying in?
- Mobile Crisis?

5

PRINCIPLE 05

SOCIAL

AND COMMUNITY

INTEGRATION

Developing Community:

1. Individuals may be challenged to join communities that have marginalized or oppressed them historically
2. Connectedness comes in many ways
3. Attempts at facilitating community integration must also be individualized
4. Advocacy and education efforts are done both formally and informally

Know, Known, Missed

Engage & Assess: Environmental Data (Participant)

- How does the Participant manage relationships with Neighbors; Building Management; Others:
- Neighborhood, Community, Ethno-Racial Mix; Socio-economic Mix
- Sense of Safety; Stigma; Prejudice; Discrimination?



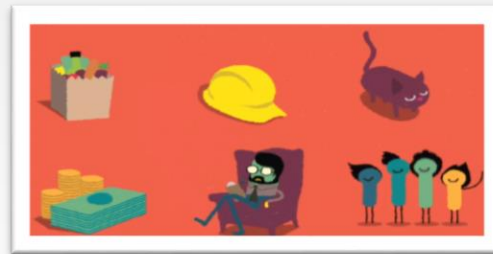
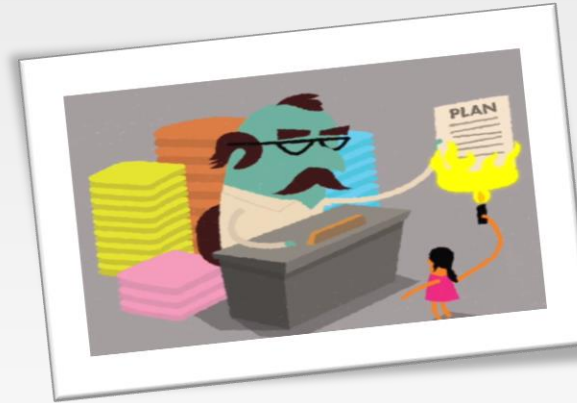
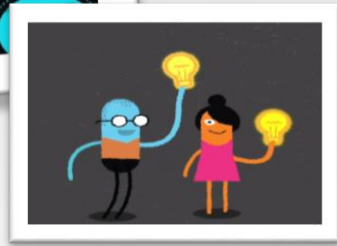
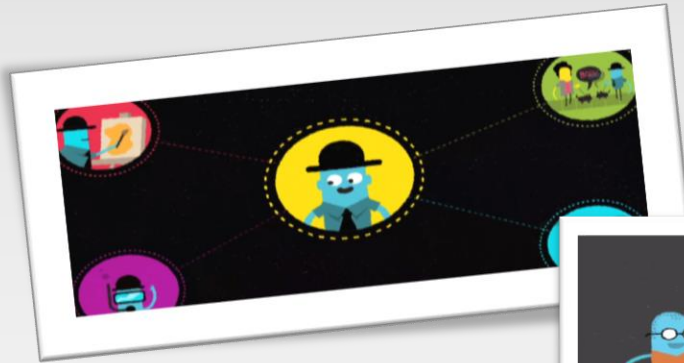
Recap of Core Support Services:

1. Outreach
2. Income, Housing and Food Security
3. Coordination and Continuity of Care
4. Equity Focused Services: Harm Reduction, Cultural Safety and Trauma Informed Practice
5. Primary Care Connections
6. Recovery and Psychosocial Rehabilitation
7. Crisis Response
8. Transition to Discharge

Final Thoughts:

1. Housing First is often a challenging, but rewarding paradigm shift for everyone involved.
2. Fidelity to all principals is critical. There is no 'Housing First Light'
3. We can not predict who Housing First will or will not work for.
4. ICM Teams are context specific and play a key role in the continuum of supports.
5. ICM Teams are the brokers and cannot function in isolation. Collaboration is imperative.
6. Housing First...then the work begins.

Questions & Conversations



<https://www.surveymonkey.com/r/VictoriaLandlordPeerHF>