



National Alliance to
END HOMELESSNESS

HOUSING-FOCUSED CASE MANAGEMENT

DURING A NATIONWIDE HOUSING CRISIS

PRESENTERS:

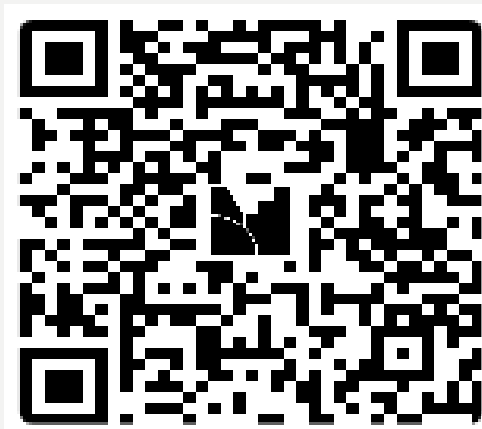
PAIGE THOMAS, MSW

MICHAEL HARHAGER, LMSW

LET'S GET STARTED – HOW ARE YOU?

Thank you for sharing space with us!

- Times are tough, so let's call out the elephant in the room and get it all out there before we start.
- We're all ears—we want to know how you're feeling!
- Zap that QR code to Share!



OUR SPEAKERS

PAIGE THOMAS, MSW



MICHAEL HARHAGER, LMSW



RESULTS

- This slide will show the results of how everyone is feeling about the work



SESSION GOALS

Identify

Identify the challenges within Housing-Focused Case Management

Reinvigorate

Reinvigorate our WHY

Discuss

Discuss how to keep the client in mind during this challenging time

Discuss

Discuss ways to mitigate case management barriers in a current housing crisis with tools and strategies

Put

Put the learned strategies to work in a role play scenario

Send

Send you all back into the field with new tools and inspiration



ACTIVITY: NAMING THE BARRIERS

1

Grab a Post-It Note On The Table

2

Write Down the BIGGEST barrier to Housing Based Case Management

3

Place your Post-It Note on the Board/ Flip Chart under the related Category

4

If it doesn't fit under a category choose "OTHER"

* Lack of Immediate Housing Options

* Mental Health and Substance Use Needs

* Limited Time and Caseload Capacity

* Client Distrust of Systems

RECONNECTING TO THE PURPOSE: OUR WHY



THE HEART BEHIND THE WORK

Centering the *human* experience behind homelessness — not just solving a problem but walking with people through it.

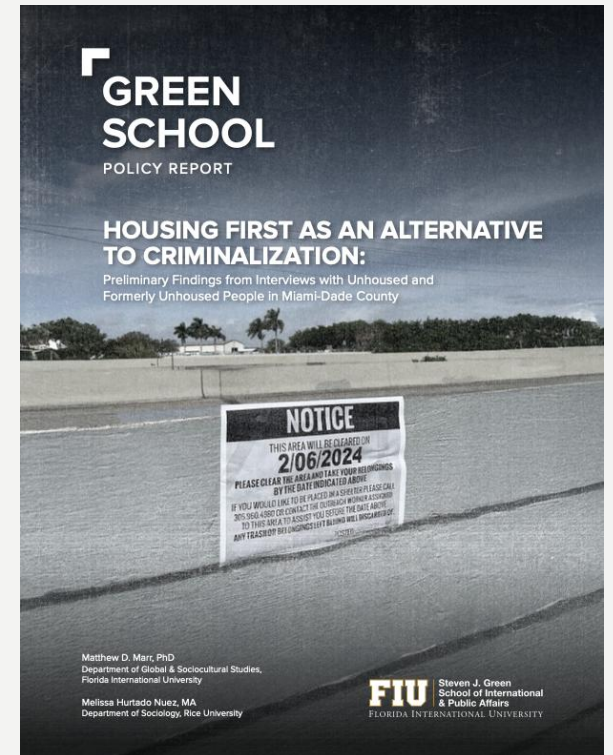
Remembering: Every adult, every youth, every parent, every “auntie”, every person has a story.

Our purpose isn't just shelter — it's **stability, dignity, and connection.**

EMPOWERMENT AND CLIENT-CENTERED PRACTICE



They described these outreach workers using approaches characterized by **listening, caring, and following through**; providing **equitable treatment**; and being **fair, nonjudgmental, and nondiscriminatory**. These traits and practices of specialized outreach help build **trust, bolster confidence, and overcome barriers**, especially bureaucratic delays (e.g., inspections) with the housing authority. Many felt **emotionally supported** by the specialized outreach team and referred to them as being like friends, siblings, parents, or “family.”



CORE STRATEGIES

• The Power of Relationship Building

- Change happens **through relationships**, not systems alone.
- We build trust by showing up with **empathy, consistency, and patience**.
- Asking: *What does the client need?* — Listening without assumption.
- Relationships help us prevent crises before they escalate — like avoiding a stint of homelessness.
- Develop a deeper level connection
- Gain an understanding of their situation
- Identify the strengths that you see in them



CORE STRATEGIES

- **Depersonalizing the Work While Staying Deeply Connected**

- Behavior is not personal — it's often a reflection of **trauma, stress, or unmet needs**.
- Staying grounded: *This is not about me. This is about them.*
- We are not here to fix — we're here to **support, understand, and guide**.
- Protecting our purpose protects our people — and prevents burnout.



CORE STRATEGIES

- **Partnering with Unsheltered**

- Being realistic with housing options (stats on housing options)
- Collaborate on housing goals instead of prescribing them
- Think outside of the box, get creative with housing



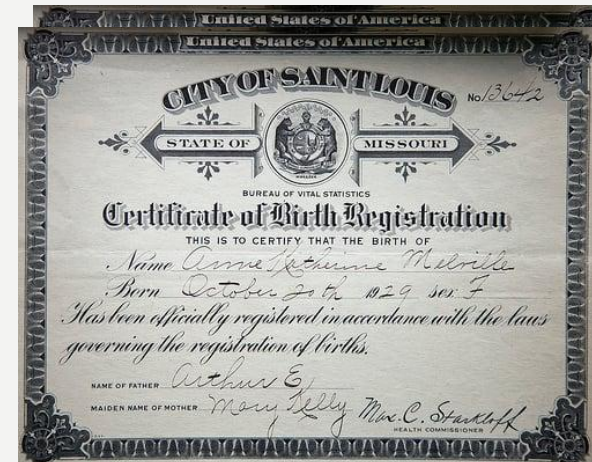
CORE STRATEGIES

SAMHSA Principles of Trauma-Informed Care



CORE STRATEGIES

- Realistic, Short-Term Goal Setting



DISCUSSION

“How do we engage clients when housing isn’t immediately available?”

- What’s helped you engage someone despite limited housing access?
- How do you keep hope alive without offering guarantees?
- What interventions help motivate and engage?

How are you able to incorporate the core strategies we discussed in practice?



5 MINUTE STRETCH BREAK



HOUSING-FOCUSED CASE MANAGEMENT TOOLS AND STRATEGIES

KEY PRINCIPLES OF HFCM

- Understanding what the Housing options are in your community
 - Get creative (Shared Housing, Master Leasing, Reconnect with Family)
 - Knowing what your resources are in the community
- What are we doing with every engagement that will move them closer
 - Getting access to benefits while they can access them
 - Having diversion conversation
- Building a Housing Focused Culture within your organization
 - Supervisors must actively champion and support strong case management practices.
 - The culture you create directly shapes how staff engage with and support clients.



SAMPLE TOOLS

Step 1: Initial Engagement Prioritization

Use these indicators to help prioritize who to engage first:

Priority Level	Indicators
High	- Medically vulnerable (visible conditions, reported diagnosis) - Seniors (age 60+), youth under 25, or households with children - Experiencing domestic violence or threats to personal safety - Unsheltered for extended period (chronic homelessness) - Sleeping in dangerous or isolated locations (under bridges, alleys, abandoned buildings)
Medium	- Newly unsheltered within past 30 days - Living in encampments or community-identified high-need areas - Expressed interest in housing but not connected
Low	- Already engaged and stably connected to services - Declining services but safe and oriented

Step 2: Outreach Workflow by Visit

1. **Pre-Planning & Safety Check**
 - o Review HMIS notes or past contact history
 - o Travel in teams, notify supervisor, carry ID & outreach card
2. **Initial Contact**
 - o Use person-centered, non-pressuring language
 - o Ask permission to engage: "Would it be okay if we talked for a moment?"
3. **Basic Assessment**
 - o Ask about needs, health, and housing history
 - o Document location & client name (with consent)
 - o Provide basic supplies (hygiene kits, water, etc.)
4. **Service Connection**
 - o Offer info on shelter, Coordinated Entry, diversion, or behavioral health
 - o Set expectations: "We can't guarantee housing today, but we can work with you on next steps."
5. **Follow-Up Plan**
 - o Schedule next check-in or referral handoff
 - o Document interaction in HMIS (or internal log)

SAMPLE TOOLS

Housing Stability Plan Ohio BoSCoC Homeless Assistance Projects

Instructions

This Housing Stability Plan is used to create and track progress on client housing plans. Program staff only need to complete goals and action steps for those areas where a goal is identified. Progress on each identified goal should be reviewed at least monthly. Updates or revisions to goals and/or action steps should be made as needed and signed-off on by both clients and staff. If no updates are needed, clients and staff should sign that they have completed the monthly review of the housing plan, no changes were needed, and progress continues. If the goal is not achieved and recertification is needed for ongoing assistance, amend target dates and add additional objectives or action steps, as needed.

Client Name		HMIS Client ID	Date		
Service Need		Housing			
Recommendation from Assessment					
Client Strengths					
How will they be used to achieve the goal?					
Goal		Obtain Permanent Housing			
Date Developed				Date Achieved	
Objective	Action Steps to Achieve Objective	Frequency	Person Responsible	Target Date	Date Achieved
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Client Signature and Date			Staff Name and Date		

Read each statement. Assess yourself from very weak (1) to very strong (5). There are no right or wrong answers.

1= very weak 2= somewhat weak 3= neither strong nor weak 4= somewhat strong 5= very strong

- | | | | |
|---|-------|--|-------|
| 1. Setting goals and achieving them. | 12345 | 1. Securing an income. | 12345 |
| 2. Getting what I need from government agencies. | 12345 | 2. Taking care of my health care needs if/when required. | 12345 |
| 3. Getting what I need from community agencies. | 12345 | 3. Having a network of friends/family that support me and care for me. | 12345 |
| 4. Taking care of my daily survival needs (e.g., access to food, toilet, water, safe accommodation, clothing, etc.) | 12345 | 4. Managing money. | 12345 |
| 5. Meeting my emotional support needs. | 12345 | 5. Managing stress. | 12345 |
| 6. Having meaningful things to do during the day. | 12345 | 6. Taking care of my mental health care needs if/when required. | 12345 |
| 7. Securing/protecting important documents like an identification. | 12345 | 7. Engaging effectively with social service professionals. | 12345 |
| 8. If applicable, reducing harm and impacts of my addiction. | 12345 | 8. Having personal motivation to get tasks done. | 12345 |
| 9. Sharing my feelings. | 12345 | 9. Asking for what I need. | 12345 |
| 10. Knowing what I like and don't like. | 12345 | 10. Engaging with landlords. | 12345 |



**SCAN FOR
ACCESS
TO TOOLS**



SCENARIO PRACTICE AND ROLE PLAY



SCENARIO 1

- It's 11 PM when a mother arrives at your youth homeless shelter with her two sons. She is visibly distressed, explaining that one of her sons has not been attending school, putting her at risk of truancy-related consequences that could cost her job. The youth is silent and refuses to engage during the intake process. The mother, overwhelmed, begins yelling at him in frustration, saying she will leave him if he doesn't cooperate. When informed that the shelter is voluntary and the youth must be willing to stay, she drives off, leaving both boys behind. One of the staff members engages the youth outside while the director contacts the mother by phone. Emotions are high, and both the youth and parent are struggling to communicate.

SCENARIO 1

- **Engagement # 1: Initial Connection**

- **Setting:** Parent is showing their clear frustration for the youth's behavior and need to respite inside the shelter
- **Case Manager:** How would you engage both the youth and the parent in the moment to establish trust and safety? What words, tone, or body language would you use to begin the conversation?

- **Engagement # 2: De-escalation and Support**

- **Setting:** Same location while parent is yelling and threatening to leave their children
- **Case Manager:** How would you help de-escalate the crisis, validate emotions, and guide both parties toward a calmer, solution-focused conversation?

SCENARIO 1

- **Engagement # 3: Relationship Building and Deeping the Trust**
 - **Setting:** Parent has left the premises without their children
 - **Case Manager:** How would you continue to build rapport with the youth and the parent to better understand their needs and perspectives? What strategies would you use to help them communicate more effectively with each other?
- **Engagement # 4: Using Relationships to Avoid Homelessness**
 - **Setting:** Same location while threaten to leave
 - **Case Manager:** How would you work to avoid a stint of homelessness for the youth and CPS involvement while ensuring both the parent and youth's safety and emotional needs are addressed?

SCENARIO 2

- Tony is a 48-year-old man who has been living unsheltered for the past 6 years, primarily in a wooded area behind a retail plaza. He has a long history of opioid use and occasional alcohol use. Tony has frequent interactions with outreach teams but has declined most services in the past. He receives occasional food and hygiene kits but often avoids shelters due to past negative experiences and a preference for staying outdoors. He does not have an ID and hasn't engaged with a doctor in years.



SCENARIO 2

- **Engagement # 1: Initial Connection**

- **Setting:** Outreach team visits Tony's encampment with socks, and hygiene items.
- **Outreach Worker:** What is your conversation going to look like with Tony?

- **Engagement # 2: Following up and Exploring Motivation**

- **Setting:** One week later, same location. Tony recognizes the worker and walks over first.
- **Outreach Worker:** What is your conversation going to look like with Tony? What small steps can you engage him in taking?

SCENARIO 2

- **Engagement # 3: Deeping the Trust and Taking next Step**
 - **Setting:** Outreach worker brings an ID application and sits with Tony under a tarp during a rainy day.
 - **Outreach:Worker:** What is your conversation going to look like with Tony? What small steps can you engage him in taking?



REVISITING BARRIERS AND CLOSING REFLECTIONS

TAKE AWAY



Tell me one thing you plan to do when you get back to community after this session.



Who would like to share this with



THANK YOU!

- Contact Info:

