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Case Management For Homeless Clients Who Are Not Obviously Disabled

Case managers working in Health Care for the Homeless facilitate the stabilization of health, income, and housing for their homeless clients. Some of these individuals are not sufficiently impaired to qualify for Federal disability benefits; many others have disabilities which are masked or which they are not prepared to address. Published research on case management for homeless persons has largely neglected these individuals. This issue of Healing Hands focuses on the creative strategies HCH practitioners use to address the case management challenges these clients present.

Without the assistance of a skilled and dedicated case management team, many displaced individuals have difficulty gaining access to the health and social services they need to manage chronic illness, sustain employment, and ultimately achieve financial and residential stability.

HCH CASE MANAGEMENT Definitions and conceptions of case management vary widely, particularly when applied within a homeless service context. Case managers working in Health Care for the Homeless have diverse educational backgrounds and work experience, and use varied approaches to care, but services are generally more inclusive than those provided in traditional healthcare settings. Primary functions that characterize most case management include:

- client identification and outreach;
- assessment;
- linkage/referral to needed services and supports;
- ongoing monitoring and evaluation of progress and needs; and
- advocating on the client's behalf to get the help they need (Morse, 1998, 7–3).

Each of these tasks is more challenging when clients lack stable housing.

For **Jennifer Alfredson, MSW, APSW**, Mental Health Supervisor of Case Management at HCH of Milwaukee, the "core of HCH case management is being out in the community, meeting clients in various environments around the city where they sleep and receive meals." Once a week, she and other case managers hit the streets at four in the morning because "that's the only time we can catch them."

Although outreach workers are distinguished from case managers, the practice of outreach is essential to engage homeless clients in case management, and serves as a building block to an effective working alliance. Obtaining a quality assessment involves determining a person's needs and interests, current and potential strengths. This can be problematic for homeless individuals who may not be eager to talk or share personal information.

Connecting displaced people with the care they need is often complicated by the scarcity or inaccessibility of services to those without financial resources or necessary documentation. Competent referrals require in-depth knowledge of available services and service providers who are receptive to homeless people, as well as assisting with transportation, accompanying clients to appointments, or otherwise helping to resolve access barriers.

Core Principles of Case Management Services for Homeless People

- Assertive and persistent outreach to meet homeless people on their own turf and on their own terms
- Active assistance to help clients access needed resources
- Following the client's own self-directed priorities and timing for services
- Respecting client autonomy
- Nurturing trust and a therapeutic working alliance
- Small case loads for case management staff

Morse 1998, 7-14.

Client advocacy is especially important. Case managers must frequently intercede with hospitals and landlords on behalf of homeless clients to ensure their access to health care and housing. "More than anything, we're there to advocate for our clients," asserts **John Croner, MA**, case manager at Peter's Place, a drop-in center for elderly homeless persons in New York City where case management staff once considered changing their titles to client advocates to reflect the primacy of this role.

EFFECTIVE CASE MANAGERS Regardless of their educational background or professional experience, good case managers have a number of characteristics in common. Providing case management services for homeless persons "has a lot to do with being flexible and focusing on meeting basic needs," says Ms. Alfredson.

Asked to identify the characteristics sought in case managers at HCH Baltimore, **Jan Caughlan, LCSW-C**, mentions open-mindedness ("willingness not to know everything"), creativity, a strong interest in learning, and a sense of humor, in addition to professional knowledge.

Rachel Rodriguez-Marzec, MS, FNP-C, PMHNP-C, a family case manager with Albuquerque HCH for 8 years, emphasizes the need for

patience and optimism: "You need to keep your hope up and have a lot of patience; it's very slow work." Baltimore HCH Therapist Case Manager **Annick Barker, LCSW-C**, agrees that the process can be very slow and requires trust that in time your efforts may help, even if it feels like you are "spinning your wheels." Both the agency and providers need to "hang in there for a very long time" to be successful. The Bureau of Primary Health Care's definition of effective HCH case management echoes many of the characteristics mentioned: "client-centered, respectful, flexible, patient, collaborative and creative in carrying out their work" (PAL 99–12).

Stabilizing homeless clients requires a substantial time commitment from case managers — from outreach and engagement through follow-up after housing is obtained. Frequent service contact has been shown to be an important contributing factor to treatment adherence and housing retention (Morse, 7–12). But the demand for case management is high, and case managers routinely carry caseloads of 25 or more, sometimes averaging one encounter every two weeks.

Ideally, HCH case managers should manage no more than 12 to 15 clients at a given time, with provider teams convening weekly, advises **Karen Rotondo, BSN, RN**, former HCH Director at Mercy Medical Center in Springfield, MA, who assists new and potential HCH grantees with applications for HCH status and provides peer mentoring.

IT TAKES A VILLAGE Meeting the complex health and psychosocial needs of homeless individuals requires a multidisciplinary approach to care by service providers with a broad range of expertise, at multiple points of engagement. For this reason, Ms. Caughlan recommends that all HCH providers play a role in the case management process. Clinicians who help clients obtain federal entitlements, for example, can better engage them in therapeutic relationships and make a critical difference in their quality of life; and awareness of clients' medical conditions is important to social service providers' effectiveness.

The confusing, often overwhelming nature of systemic obstacles these clients face makes it imperative to integrate fragmented services. Coordination with community agencies is key. "Our case management is most effective when it's a team approach and when multiple agencies are involved," says **Dana Gamble, LCSW-C**, of the Santa Barbara HCH. "We're all trying to work together to close the gaps."

In the context of the HCH Program, case management is …

"a practice modality which, in coordination with the physical health/mental health/chemical dependency treatment of the clients, addresses the problems and needs associated with the condition of homelessness.

Case managers coordinate support services to meet the basic needs of an individual by:

1) helping individuals obtain safe, affordable, and permanent housing;
2) assuring access to treatment services;
3) providing crisis assistance;
4) identifying educational and employment options; and
5) developing a social support network."

Bureau of Primary Health Care/HRSA, Federal Program Assistance Letter 99-12

HCH Case Managers Help Clients Achieve Stability in Health, Income & Housing

The primary goals of case management services for homeless individuals are to help them stabilize their health, maximize income, and achieve residential stability. Optimally, criteria for determining exemplary case management practices to achieve these goals should be derived from both clinical wisdom and empirical research (Morse 1998). But because most case management research has focused on individuals with obvious disabilities (primarily severe and persistent mental illness), its applicability to those with less severe or more ambiguous impairments is often limited. Practitioners have by necessity developed a number of innovative case management approaches to meet these clients' needs.

INNOVATIVE MODELS Case managers working in homeless healthcare report that individuals who are not functioning optimally but do not appear to be disabled, those whose disabilities are masked by substance use, and those who are not prepared to address their disabilities comprise the majority of their clients. "These folks often need more help than they seem to need," observes Jan Caughlan.

Therapist Case Managers Ms. Caughlan and her colleagues have developed an innovative approach to case management featuring highly integrated care. After noticing significant overlap in the work being done by case management staff and behavioral health therapists, they decided to merge these roles into one position: Therapist Case Manager. All therapist case managers at HCH, Baltimore, have Master's degrees, while bachelor-level "case workers" identify those who might benefit from the services of a therapist case manager and provide other casework assistance. This model is especially effective for clients who do not have severe impairments, says Caughlan.

Therapist Case Manager Annick Barker reports what she likes best about the model is the flexibility it gives her to "work with people where they are" and respond to needs they want to address. For many homeless people, she notes, navigating bureaucratic red tape and the pragmatic problems of every day life are front

Case Example: Therapist as Case Manager

A 56 year old male encountered as walk-in client was very negative and pessimistic. He said he had given up hope that anyone could help him. Living in emergency shelters and on the streets, he had no friends and no specific goals. His therapist case manager focused on the client's practical concerns, validated his feelings of depression, acknowledged their impact on his motivation, and learned that he was concerned about his mother. Together, they located her and discovered that she had died. "My case manager helped me a lot," the client acknowledged. As a result of working with her, he said he was "much more focused," was sleeping well, and even had been able to come to terms with his mother's death. In addition, he was able to obtain Social Security benefits and is currently waiting to be assigned to a public housing unit.

and center. Addressing practical needs helps build clients' trust and readiness to address tougher issues. Explains Ms. Barker, "In my mind, case management is an integral part of mental health care. It's the way to build a relationship with someone and work on a problem together."

Restorative Policing The HCH in Santa Barbara engaged law enforcement officials in case management teams to better serve homeless persons who were heavily involved with police for multiple non-violent offenses. This approach has not only met the needs of these individuals, but has raised awareness and built meaningful collaborations with community law enforcement. There is no budget for this program, but the team convenes every one or two weeks to manage roughly 15 cases at a time. Their slogan is "one person at a time."

Case Example: Restorative Policing

A 32-year old man who had lived in alleys for several years had prompted about 500 calls to police within 1 1/2 years. Calls were generally for public drunkenness or urination and disturbing the peace. Providers on the team had conflicting perspectives of the intensity of his alcohol use. The officer on the team was encouraged to engage in trust-building activities with this man. In the process of working with him, the officer noticed some strange behavior; for example, during lunch the man would express fear that his food had been poisoned or was covered with worms. After a couple of months, the man agreed to have an assessment and was diagnosed with schizophrenia. He was enrolled in transitional housing for individuals with mental illness. The program allowed him the flexibility to adjust to living indoors over a period of time. Eventually he did adjust, and after 18 months, he got into a long-term housing program for mentally ill individuals. He was also reunited with his family, who recently helped him celebrate his birthday.

STABILIZING HEALTH One of the most effective tools case managers have to move clients toward stabilization is getting them hooked up with medical and psychiatric providers, affirms Jennifer Alfredson. Removing healthcare access barriers such as lack of transportation or health insurance can be key. Having a good relationship with a contact person at a health clinic who can respond quickly is also important to case managers, Ms. Alfredson says, because clients are not always willing or able to keep appointments. Public health nurses often provide case management for individuals with complex medical needs.

Case Example: Stabilizing Health

A public health nurse conducting street outreach in Santa Barbara helped a 39-year old homeless woman obtain a diagnosis and treatment for ovarian cancer. A heavy drinker who had been on the streets for several years, the client did not reduce her drinking after cancer treatment was initiated. She suffered from frequent infections and was dying quickly. The nurse and other members of the case management team worked intensively with the client. With their help, she was finally able to stop drinking and was admitted to a shelter. Only after she achieved sobriety was the case management team able to coordinate needed services for this client. Eventually her health stabilized and she was able to move into an apartment complex. This case raised community awareness about barriers to service access for homeless individuals with substance use disorders. Before achieving sobriety, the client's lifestyle and homeless status had prohibited her from receiving the services she needed to survive.

MAXIMIZING INCOME Without Federal disability benefits, many homeless people can't afford housing or healthcare. Although most HCH clients do not have impairments of sufficient severity to qualify for SSI/SSDI, some individuals who may qualify — especially those with mental illness — resist applying for benefits because they don't realize they are ill.

Case Example: Maximizing Income

A female client had been working at McDonalds and living with a roommate. When she lost her job because she could not maintain the required work pace, she could no longer pay her rent and became homeless. Her case manager arranged for a psychiatric visit. Although the client showed signs of depression, she did not meet a Social Security listing. She was illiterate and had an IQ of 72, just over the maximum required to demonstrate developmental disability. The client was staying in a traditional women's shelter which required residents to leave by 6:30 a.m. and did not allow them to return until 6:00 p.m. A diagnosis of depression was sufficient to qualify the woman for a specialized shelter for people with mental illness. The case manager there helped her find a food service job, where she has been working for about six months. Although her income is not substantial, it may enable her to obtain more stable, subsidized housing.

"This woman wouldn't have gotten her job if she hadn't been in a specialized shelter that provided case management," concludes Ms. Alfredson.

Accessing entitlements is often critical to helping clients achieve financial stability. "When they get benefits, everything turns around," observes Ms. Alfredson. But financial assistance is often contingent on the determination of disability. To elicit information that may indicate functional impairments that meet the Social Security disability standard, practitioners involved in case management are urged to take careful, longitudinal case histories: Ask clients about education, learning problems, job history, legal problems, and personal relationships, as well as emotional and physical health (Rosen and Perret 2005, Post et al. 2007).

Documenting Disability for Persons with Substance Use Disorders and Co-Occurring Impairments

"SSA acknowledges that it is often difficult or impossible to separate functional limitations resulting from drug or alcohol use from those resulting from other mental impairments andrecognizes that *an individual should be found disabled when it is not possible to separate limitations*."

Recommendations for Clinicians:

- Support disability claims submitted by persons with substance use disorders if their impairments meet or medically equal the criteria of a medical listing or prevent them from engaging in substantial gainful activity….
- Advise such persons to apply for SSI/SSDI if they have not already done so.
- Ensure that functional impairments and medical diagnoses are thoroughly described.
- Take a comprehensive longitudinal history.

Post et al. 2007, pp. 7–8. The complete report can be found at: http://www.nhchc.org/DAAguide.pdf

John Croner stresses the importance of supporting clients through the complex process of applying for entitlements. One of his elderly clients with hepatitis C (who did not have a substance use disorder) was initially very concerned about his health. Obstacles encountered in obtaining Medicare seriously undermined his motivation. Without a case manager, it is likely he would have simply given up trying to get well.

STABILIZING HOUSING HCH case managers agree that housing is critical to their clients' ability to achieve stability and realize life goals.

Ms. Rotondo calls case management the "backbone" of the HCH model of care precisely because it serves as a critical link to housing: "It's why we're in this business. Housing *is* health care."

Although obtaining housing is an important step, it is critical to continue to provide follow-up care and support for clients once they have obtained housing to ensure that the transition is a successful one.

Case Example: Stabilizing Housing

For an Albuquerque HCH client recovering from a methamphetamine addiction, moving from a homeless shelter into an apartment made a notable difference, not only in her life, but in her children's lives as well: "Shelter life just isn't healthy for kids. [Since moving here], the turnaround in my kids is remarkable. I can't believe that just moving in like I did turned everything around for them." This client considers her family case managers key to her current success and relies on them as partners to help her through her past issues, which are emerging now that she is sober and in stable housing. She choked back tears as she spoke of her case managers: "They treat you with respect, and you can tell they really listen to you. They take however much time you need. Just for little old me."

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