EFFECTIVE SERVICES AND SUPPORTS
Implementation of Evidence-based Practices
March 13 – 14, 2017
Grays Harbor County

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It takes an interconnected network of different kinds of support.
As with bridges, support networks may look different in different situations. No two are exactly alike.

SUPPORTS

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Each is important and all in combination are necessary.
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KINDS OF PSH SUPPORT
Different kinds of supports interlink to make a network. This is the foundation of tenant success in PSH.

MAINSTREAM SUPPORTS
Mainstream support includes accessing financial and healthcare benefits, services and resources such as:
- SSI/SSDI
- TANF
- Medicare
- Medicaid
- Utility assistance
- Veterans benefits
This may involve helping people get ID cards and deal with barriers, including the complicated application processes.

SPECIALIZED SUPPORTS
Specialized supports are specific treatment and services delivered by trained providers. They may include:
- Medication management
- Case management and clinical services such as therapy, trauma support
- Substance abuse and addiction services
- Supported employment
- Health and wellness services
- Recovery and peer support groups
INDIVIDUALIZED PSH SUPPORTS

PSH staff provide specialized supports tailored to meet the specific needs of each tenant.

- The supports are typically provided in the tenant’s home or community.
- The initial emphasis is on side-by-side, hands-on assistance and skill building. This may change as tenant’s needs change over time.
- Individualized support is available for as long as needed.

PRACTICAL SKILL BUILDING

PSH staff offer practical skill building and may help with things such as:

- Understanding and meeting lease requirements
- Managing money
- Shopping and making meals
- Remembering and managing medications
- Getting along with others
- Dealing with difficulties
- Problem-solving and decision making
- Building connections in community
- Learning transportation

COMMUNITY SUPPORTS

Community supports are the resources and the natural social and support networks people typically have as members of a community. These may include:

- Friends
- Family
- Neighbors
- Peers and other people in recovery
- Work colleagues
- Community and church groups
- Activity or hobby groups

PEER SUPPORT

People benefit by involvement in mutual assistance and self-help.

- Some supportive housing programs directly include a self-help or mutual assistance component within the program itself, or the program links people into existing self-help groups or organizations.

People learn many practical coping strategies from peers and can find role models that help them see that recovery is possible. Peers share experiences, feel less alone, and become important supporters of one another.

BROADENING THE NETWORK: MOVING BEYOND THE MENTAL HEALTH SYSTEM

People with psychiatric disabilities want to have social relationships with people outside the mental health system. Often it is possible to help people identify their interests and find social outlets beyond the mental health community. You can help people form a broad social support network by assessing the person’s strengths, interests, motivations, dreams, and talents!

SUCCESS IN PSH IS BUILT ON

An interlinked network of mainstream, specialized, and community supports that integrates with a structured process that includes:

- Assessment and access
- Transition and settling in
- Sustaining tenancy
- Dealing with issues
SERVICES AND SUPPORTS

The Toolkit recommends that supports and services be provided through teams, with a caseload size not exceeding 1:15. These teams facilitate and coordinate all PSH services and supports such as:

- Facilitate access to housing;
- Provide or help to access necessary supports and services;
- Link and coordinate with case management and clinical services;
- Offer intensive support during transition and other critical periods;
- Help people access community resources.

STRENGTHS-BASED ASSESSMENT AND PLANNING

People who come to us may need many types of services and supports, beyond access to a housing unit. Supporting long term tenancy isn’t possible unless we help people address the life patterns that contributed to their situation.

What are strengths?

- Personal Characteristics
- Talents and Skills
- Environmental Strengths
  - Strengths within the family
  - Strengths within the community
  - Strengths within the culture
- Interests, Hopes & Aspirations

STRENGTHS-BASED ASSESSMENT AND PLANNING

PLAN FOR SUCCESS

MATERIAL FOR THIS PORTION OF THE TRAINING IS DRAWN FROM: “THE STRENGTHS APPROACH: HELPING PEOPLE RECLAIM A FULL LIFE AFTER PSYCHIATRIC DISABILITY” PRISCILLA RIDGWAY, PH.D.

People who are in our public mental health systems, especially people who have been homeless, are survivors!

Everyone has untapped assets

Build on those strengths.

Elements of the Strengths Approach to Practice:

- Engaging the Person & Building a Relationship
- Assessing for Strengths
- Planning Goals
- Developing a Personal Plan
- Linking into the Natural Community Resources
Assessing for Strengths

- The qualities of the person
- The skills and talents the person already has
- The strengths that already exist in the person’s surroundings, family, community, and culture
- The person’s own interests/aspirations/hopes for the future

STRENGTHS-BASED ASSESSMENT AND PLANNING

Assessing for Strengths

- Across important life domains
  - Daily Living Situation
  - Financial
  - Vocational/Educational
  - Social Supports
  - Intimate Relationships
  - Leisure/Recreation
  - Health and Wellness
  - Spirituality

STRENGTHS-BASED ASSESSMENT AND PLANNING

Please take a look at the personal scenario at your table. Break into small groups, read the scenario. Select a person to be the case manager, and a person to be Elaine/Calvin. Conduct a strengths assessment.

PERSONAL SCENARIO

1. The plan is thorough, detailed and very specific
2. The working document is updated regularly
3. The assessment is made in a conversational style
4. The person sets the pace
5. The person’s own words are used

KEY POINTS ABOUT PERSON-CENTERED PLANS

- Creates a holistic understanding of the person-in-situation
- Honors the standpoint of the person—encourages personal ownership of goals and process

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- Focuses primarily on the here and now and the future, includes what worked well in the past
- Worker encourages & coaches the person
- Is ongoing, dynamic, ever-changing

Why do goals in treatment plans fail?
- Not really the person’s goal
- Not enough resources or supports
- Access to resources is blocked
- Lack of skills or self-confidence
- Fear of success
- No reward
- Too abstract/unclear

Effective goals are:
- Stated in positive terms
- Have a high likelihood of success (small wins)
- Measurable and observable
- Specific, small, and time-limited
- Understandable and meaningful to the person

Establishes a mutual agenda of work between the homeless person and the helper
- The worker and person negotiate and agree upon:
  - The most important long-term goals
  - Short-term goals or tasks to be undertaken
  - Who will do what by when

Concentrate on what is truly meaningful to the person—the person sets the priorities
e.g. what are the top three things you want to work on?
- Get very specific in short-term goals
- Support and encourage the person to find practical ways to take very small steps that move them toward achieving their goals, that demonstrate progress

Please take another look at the personal scenario at your table.
Select a person to be the case manager, and a person to be Elaine/Calvin. Working together, develop at least two goals in the person-centered plan.