

LEON

**Supplemental  
Assistance for  
Facilities to  
Assist the  
Homeless**

**of**

**Washington County  
Community Action Organization  
and  
Domestic Violence  
Resource Center**

## DESCRIPTION OF SAFAH PROGRAM

(Supplemental Assistance for Facilities to Assist the Homeless)

Washington County Community Action Organization has always been committed to the prevention of homelessness. The agency has been serving the economically disadvantaged in Washington County since 1965. The Domestic Violence Resource Center was founded in 1977 to provide emergency services and advocacy to women and children survivors of domestic violence.

The SAFAH program is a joint effort between the two agencies to address the issues of poverty, domestic violence and homelessness through self-sufficiency. It is a three year project designed to assist formerly homeless families break the cycle of homelessness. In order to participate families must presently reside in permanent housing.

By creating a support system, through case management, our expectation is that families will be able to set and attain constructive goals and decrease the likelihood of negative cycles. Families will sign an agreement committing themselves to two years of case management -- one year of intensive case management and one year of follow-up.

Self referrals should include two letters of support. One of these must be from a professional who has worked with you in the past (case worker, employer, etc.). The other may be a personal reference.

Agency referrals and self referrals will be accepted and reviewed on a monthly basis. The selection committee will meet the last Friday of each month. All referrals must be turned into the Intake & Assessment Specialist at the Neighborshare Office by the Wednesday preceding the meeting. Forms should be mailed to the office at 12750 SW Pacific Highway, Ste. 118, Tigard, Oregon 97123. You may also turn the forms into the WCCAO Main Office or the Domestic Violence Resource Center at 451 S. First Ave. in Hillsboro.

Once families have been selected they will be notified by the assigned family advocate. For further information, contact Martha Plaza at 639-0495, Olivia Estrada at 648-0829 or Kristin Juers at 640-5352.

# Housing Locator

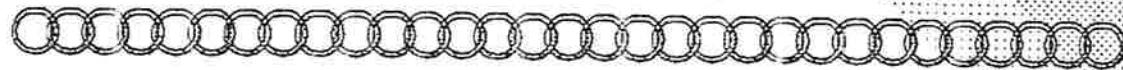
### HOUSING ASSISTANCE LOCATION

Washington County Community Action Organization is committed to working with families to locate permanent housing. A portion of the SAFAH project is allotted to this endeavor.

Currently, WCCAO will be conducting a weekly tenant education workshop with homeless families at the three shelters in Washington County. Our hope is that by conducting tenant education workshops we will give families some tools that will assist them in their efforts at locating permanent housing. The attached packet of information is a sample of the material which will be shared with clients at these tenant education workshops.

WCCAO is planning to offer assistance in other areas of housing location. Our goal is to establish and maintain current information on housing options available in the county and work on the development of relationships with landlords and property managers in order to advocate for and ensure client access to housing. Currently, we are doing this on a limited, informal basis, as staff and program are developed.

# Where can I look for a place to rent?



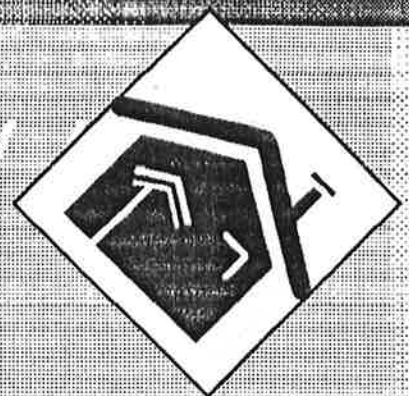
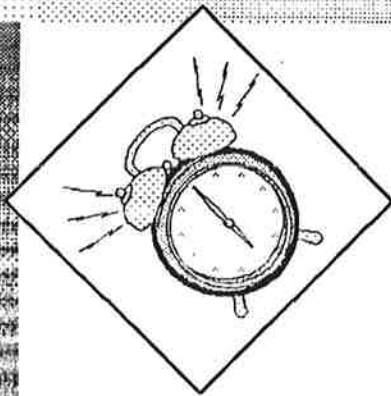
Friends  
Newspapers (Argus, etc.)  
Apartment Management  
Real Estate Agencies  
Foot or Auto Search  
Apartment Finders

# Warning Signs!

- 1) Being told that the unit is unavailable when it really is.
- 2) Receiving different rental terms (like a higher deposit) than other tenants.
- 3) Being placed in a particular area based on race, color, having children, etc.







# Important Phone #s

Welfare 646-9952

Fair Housing Complaint 648-0829

Housing Services of WC 648-8511

WCCAO 648-0829

Neighborshare (Tigard) 639-0495

Tenants Hot Line 648-7723

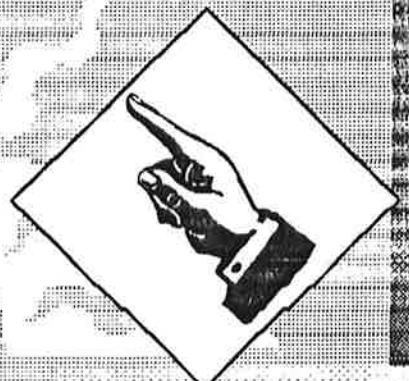
Tel-Law 1-800-452-4776

Shared Housing 225-9924

Housing Services of OR 640-6689

Access OR 646-8756 (disabilities)

Domestic Violence RC 640-1171



## **How Would You Do It?**

1) What things do you want when you are looking for a place? (location, rent, utilities, etc)

2) What do you do to start looking for a place?

3) How do you know what you can afford?

4) What questions would you ask a potential landlord?

5) What problems will you have in finding a place?

6) What good things about yourself can you share with a landlord?  
(such as steady income, good credit, motivation, etc.)



# Program Information

WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION  
DOMESTIC VIOLENCE RESOURCE CENTER  
CRITERIA  
SAFAH Program

The following is a list of criteria for participation in the SAFAH program. Case Managers are asked to follow the criteria as closely as possible and make referrals wisely.

1. The family needs to have relocated to permanent housing within the established boundaries since October 1992.
2. The family must show a demonstrated level of motivation to follow through on their goals. Please provide detailed information on the agency narrative to substantiate the level of motivation.
3. The family must show a need for structural and emotional support.
4. The family must demonstrate a willingness to participate in project activities and follow through with case management.
5. The family must be willing to sign a contract and agree to participate in the program over a two year period.
6. If appropriate, the shelter case managers will provide input from other staff within the shelter.

**WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION  
DOMESTIC VIOLENCE RESOURCE CENTER  
PROCEDURES  
SAFAH Program**

The following outlines the procedures for referrals to the SAFAH program and the case management procedures once the family is accepted into the program.

The shelter case managers and case managers from other self-sufficiency programs will make referrals to the SAFAH case managers. SAFAH case managers will accept referrals from the following programs:

- 1) WCCAO shelter
- 2) TCM shelter
- 3) New Directions
- 4) Next Steps (former clients)
- 5) DVRC Shelter and Outreach Programs
- 6) Self Referrals (from formerly homeless families)

Referrals from other programs will be dealt with on a case by case basis. It is preferred, but not required that a family or individual have been in a case management program before being referred to the SAFAH program. The family must have had a history of homelessness.

It is important that case managers from the different agencies make sure that the families meet the criteria for participation.

The following forms will be used by the agency staff making the referral:

- 1) Agency referral form
- 2) Agency narrative
- 3) Housing and Tenant Needs Survey (optional)

The first two forms must be filled out with all families who will be referred to the SAFAH program. The referral form and the narrative will be sent to the Intake & Assessment Specialist at the Neighborshare Office. The Housing and Tenant Needs survey will be used as a tool by the Case Managers to locate housing options for a family. A referral will only be made once a family is in permanent housing. Those families who have not found permanent housing when they leave the shelter will be told about the SAFAH program and given a copy of the referral and self narrative. The shelter case manager will encourage the family to keep in contact and send in the referral after finding permanent housing.

Once the SAFAH case manager has received the agency referral and narrative, she will review the paperwork. If she has any questions about the family's ability to participate in the program, she will

call the referring case manager and discuss the case. A selection committee comprised of case managers and the SAFAH team leader will meet monthly to select families for the program. Families will only be considered when there is an opening.

Once a family is accepted into the program and is living in permanent housing the SAFAH case manager will meet with the family at the office for an initial visit and assessment. At that time, the case manager will explain in more detail what the program involves and go over the forms with the family. The following case management forms will be filled out and explained in detail during the first visit:

- 1) Case Management Contract
- 2) Authorization for release of information
- 3) Initial WCCAO Assessment
- 4) Family Questionnaire
- 5) Case Management Plan
- 6) Social Support Inventory

It is important to review the contract with the clients so that they understand clearly the commitment they are making to follow through with their responsibilities.

In addition, the SAFAH case managers will use the following forms to document services provided and progress made in the program.

- 1) Services Provided Form (to be kept in the client's file)
- 2) Case File Review (to be filled out every 3 months with the client)
- 3) Case Management Notes

Case Management services will be for one year plus one year of follow-up.



Educational Status of adults in the family:

\_\_\_\_\_  
\_\_\_\_\_

AFDC caseworker: \_\_\_\_\_ Phone no: \_\_\_\_\_

Open CSD case: \_\_\_\_\_ CSD caseworker name & Phone no: \_\_\_\_\_

Immigration status of family members: \_\_\_\_\_

\_\_\_\_\_

**HOMELESS SITUATION AND HOUSING HISTORY:**

Date family initially became homeless: \_\_\_\_\_

How long was family homeless? \_\_\_\_\_

What led to homelessness (please be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the type of places (house, apartment, migrant camp, shelter, etc.) you have lived in the last two years, length of time in each place and reasons for leaving:

	Type of Place	Length of Stay	Reasons for Leaving
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Is the family living in subsidized housing? \_\_\_\_\_

If yes, which program? \_\_\_\_\_

If not, how much do they pay for rent? \_\_\_\_\_



Has family used shelter/hotel vouchers through FEMA or other programs? \_\_\_\_\_

Has family used rental assistance programs to move into permanent housing? \_\_\_\_\_

Has client used services of other agencies? \_\_\_ If yes, list below.

Program/shelter/agency	Contact	Dates	How long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### HEALTH/ MEDICATIONS

Are all members of the family in good health? \_\_\_\_\_

If not, please explain? \_\_\_\_\_

Do any family members take medication? \_\_\_\_\_ Whom: \_\_\_\_\_

If yes, what type and for what condition. \_\_\_\_\_

#### DRUG/ ALCOHOL ABUSE

History of drug/alcohol abuse in the family? \_\_\_\_\_ By whom: \_\_\_\_\_

Type of drug(s) used: \_\_\_\_\_

Please explain: \_\_\_\_\_

How long has the family member been sober or chemically free? \_\_\_\_\_

If chemically dependent, does client attend support groups? \_\_\_\_\_

If yes, how often per month? \_\_\_\_\_

Does client have a sponsor? \_\_\_\_\_

Name and phone number \_\_\_\_\_

**COUNSELING HISTORY**

Has anyone in the family been in counseling? \_\_\_\_\_ Whom: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

List places of employment for the last two years. Also, state the length of employment and the reasons for leaving.

	Place of employment	Length of time	Reason left job
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**HISTORY OF CRIMINAL INVOLVEMENT**

Has anyone in the family been convicted of a crime? \_\_\_\_\_

Whom: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Probation officer: \_\_\_\_\_ Phone no: \_\_\_\_\_

WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION  
DOMESTIC VIOLENCE RESOURCE CENTER  
SAFAH Program

Agency Narrative

Please answer the following questions in complete, descriptive sentences. Please be sure to type or print neatly. Use a separate sheet, if necessary.

1. What services has your agency provided this family?
2. Please describe the family's strengths, their level of motivation, and willingness to participate in the program:
3. Please describe what you believe to be the challenges/barriers that the family faces (ie: parenting, developmental issues with the children, mental health, etc.):
4. What structural and emotional needs has the family expressed to you or others in your agency?
5. Why and how do you think this family would benefit from the SAFAH program?

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If the SAFAH case manager has any questions or concerns, please call the shelter case manager.

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Case disposition: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ Accept for program      \_\_\_\_ Do not accept for program

Reasons for non-acceptance: \_\_\_\_\_

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WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION  
DOMESTIC VIOLENCE RESOURCE CENTER  
SAFAH Self Referral

To be completed by the individual or family.  
Please type or print neatly.

How did you find out about the SAFAH program? \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Date of referral: \_\_\_\_\_

HOUSEHOLD INFORMATION: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

In case of emergency:

Name	phone number	relationship
Family members	Relation* D.O.B. SS#	Income/Source*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Please see attached sheet for abbreviations.

Is mother pregnant? \_\_\_\_\_ If yes, what is due date? \_\_\_\_\_

Are all children staying with you? \_\_\_\_\_ If no, please explain:  
\_\_\_\_\_

If children are in school, where? \_\_\_\_\_

If no, where did children last attend school? \_\_\_\_\_

Where? \_\_\_\_\_

Educational Status of adults in the family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AFDC caseworker: \_\_\_\_\_ Phone no: \_\_\_\_\_

Open CSD case: \_\_\_\_\_ CSD caseworker and phone: \_\_\_\_\_

Immigration status of family members: \_\_\_\_\_

\_\_\_\_\_

**HOMELESS SITUATION AND HOUSING HISTORY:**

Date your family initially became homeless: \_\_\_\_\_

How long was your family homeless? \_\_\_\_\_

What led to homelessness (please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you participated in a homeless case management program, who was the case manager at the shelter?

Name

Phone number

\_\_\_\_\_

List the type of places (house, apartment, migrant camp, shelter, etc.) you have lived in the last two years, length of time in each place and reasons for leaving:

	Type of Place	Length of Stay	Reasons for Leaving
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Is the family living in subsidized housing? \_\_\_\_\_

If yes, which program? \_\_\_\_\_

If not, how much do they pay for rent? \_\_\_\_\_

Has your family used shelter/hotel vouchers through FEMA or other programs? \_\_\_\_\_

Has your family used rental assistance programs to move into permanent housing? \_\_\_\_\_

Has your family used services of other agencies? \_\_\_ If yes, list below.

Program/shelter/agency	Contact	Dates	How long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH/ MEDICATIONS**

Are all members of the family in good health? \_\_\_\_\_

If not, please explain? \_\_\_\_\_

Do any family members take medication?

If yes, what type and for what condition. \_\_\_\_\_

**DRUG/ ALCOHOL ABUSE**

History of drug/alcohol abuse in the family? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

How long has the family member been sober or chemically free? \_\_\_\_\_

If chemically dependent, does the person attend support groups? \_



If yes, how often per month? \_\_\_\_\_

Does the person have a sponsor? \_\_\_\_\_  
Name and phone number

**COUNSELING HISTORY**

Has anyone in the family been in counseling? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

List places of employment for the last two years. Also, state the reasons for leaving.

	Place of employment	Length of time	Reason left job
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**HISTORY OF CRIMINAL INVOLVEMENT**

Has anyone in the family been convicted of a crime? \_\_\_\_\_

Whom: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Probation officer: \_\_\_\_\_ Phone: \_\_\_\_\_

WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION  
DOMESTIC VIOLENCE RESOURCE CENTER  
SAFAH Program

Self Narrative

Please answer the following questions in complete descriptive sentences. Please be sure to type or print neatly. Use a separate sheet, if necessary.

1. What services have you received from WCCAO or DVRC?
2. Please describe your family's strengths and your willingness to participate in the program:
3. Please describe what you believe to be the challenges/barriers you face as a family in your life: (ie: parenting, developmental issues with the children, mental health, education, etc.):
4. What structural (ie: case management, legal, housing, etc.) and emotional needs does your family have at the present time?
5. Why and how do you think your family would benefit from this program?

\_\_\_\_\_  
If the SAFAH case manager has any questions, she will call you for clarification.

Case Disposition: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Accept for program

\_\_\_\_\_ Do not accept for program

Reasons for non-acceptance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Partners

St. Vincent Medical Hospital and Medical Center  
9205 S.W. Barnes Road  
Portland, Ore. 97225  
Contact: Sean Hogan, Decision Support Coord.  
Phone: 291-2018

Camp Fire Hispanic Program  
718 West Burnside  
Portland, Ore. 97209-3522  
Contact: Mark Korman, Director  
Phone: 224-7800

Portland Community College -Rock Creek  
P.O.Box 19000  
Portland, Ore. 97219-0990  
Contact: Jeannie Garcia, Community Resource Specialist  
Phone: 244-6111 ex. 7448

Healthy Start Inc.  
265 S.E. Oak Suite B  
Hillsboro, Ore. 97123  
Contact: Jean Jenk-Mylensky, Outreach Worker  
693-4512

Healthy Start Inc.  
Barnes Professional Building  
9340 S.W. Barnes Road  
Suite C  
Portland, Ore. 97225  
Contact: Winnie Archer, Office Mgr.

Dept. of Health and Human Services  
155 No. First Ave.  
Hillsboro, Ore. 97124  
Contact: Dian Sharma, Director  
Phone: 693-4402

American Cancer Society  
Dept. of Public Education  
330 Curry St.  
Portland, Ore. 97201  
Contact: Carolyn Johnston  
Phone: 295-6422 ex. 244

Dept. of Housing Services  
111 N.E. Lincoln St. #200-L  
Hillsboro, Ore. 97124  
Contact: Darlene Girard, Mgmt. Officer  
693-4773

Dept. of Human Resources  
1430 S.W. Broadway  
Portland, Ore. 97201  
Contact: Irma Hepburan, Assistant District Mgr.  
Phone: 229-5174

Oregon Legal Services  
230 N.E. Second Suite A  
Hillsboro, Ore. 97124  
Contact: Ruth Heller, Attorney at Law  
Phone: 648-7163

Washington Co. Employment and Training  
334 S.E. 5th St.  
Hillsboro, Ore. 97123  
Contact: Irene Morgan, Assessment  
Phone: 640-0817

Virginia Garcia Memorial Health Center  
85 N. 12th Ave.  
Cornelius, Oregon 97113  
Contact: Mildred Lane, Director  
Phone: 359-5564

Neighborhood Mediation Program  
4755 S.W. Griffith Dr.  
Beaverton, Ore. 97005  
Contact: Barbara Hallmark  
Phone: 526-2523

Ayuda  
265 S.E. Oak  
Hillsboro, Ore. 97123  
Contact: Naomi Moreno  
Phone: 640-5223

A Child's Place Inc.  
951 S.E. 13th  
Hillsboro, Ore. 97123  
Contact: Lupe Zepeda  
Phone: 648-8413

# Case Management

Issues Causing Prevention	Strategies For Resolution	
	Intervention Activities	Stabilization Activies
<u>Alcohol and Drug Abuse</u>	<ul style="list-style-type: none"> <li>*Share basic A&amp;D info</li> <li>*Assist in accessing program</li> </ul>	<ul style="list-style-type: none"> <li>*Link to program</li> </ul>
<u>Mental Health Issues</u>	<ul style="list-style-type: none"> <li>*Info on resources and access program</li> <li>*Develop private counseling resources</li> <li>*Medication management</li> </ul>	<ul style="list-style-type: none"> <li>*Mental health agencies</li> <li>*Counseling programs</li> <li>*Support groups</li> </ul>
<u>Gang Activity/Involvement</u>	<ul style="list-style-type: none"> <li>*Contact law enforcement agencies</li> <li>*School referrals</li> <li>*Information to parents on gangs and resources for assistance</li> </ul>	<ul style="list-style-type: none"> <li>*Anti-gang programs</li> </ul>
<u>Employment</u>	<ul style="list-style-type: none"> <li>*Info on job resources</li> <li>*Pre-employment training resources</li> <li>*Bus tickets</li> <li>*Child care referrals/assistance</li> </ul>	<ul style="list-style-type: none"> <li>*Employment programs</li> </ul>
<u>Education</u>	<ul style="list-style-type: none"> <li>*Ensuring children in school, link with schools counselor</li> <li>*Bus tickets</li> <li>*Info on resources for adult education</li> <li>*Assisting in obtaining financial aid</li> </ul>	<ul style="list-style-type: none"> <li>*Schools</li> <li>*Other education programs</li> </ul>
<u>Health and Disabilities</u>	<ul style="list-style-type: none"> <li>*Resource information</li> <li>*Linkage for support</li> <li>*Coordinate providers for interventions</li> <li>*Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>*Health clinics and other programs</li> </ul>
<u>Housing Problems</u> Landlord/tenant conflict Unauthorized tenants Non-payment of rent Non-compliance with lease (including non-payment of HAP charges) Damage to property Habitability Tenant-to-tenant conflict Vehicles registration Trespass violation	<ul style="list-style-type: none"> <li>*Negotiate with landlord</li> <li>*Refer to Legal Aid and/or fair housing</li> <li>*Review lease with tenant and do "reality check"</li> <li>*Educate tenant on responsibilities and rights</li> <li>*Mediation</li> </ul>	<ul style="list-style-type: none"> <li>*Fair housing agencies</li> <li>Legal assistance</li> <li>Mediation program</li> </ul>



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## **IMPLEMENTING THE PLAN**

Implementing the service plan is aimed at mobilizing the formal and informal resources and the services needed to maximize the client's physical, social, and emotional well-being and coordinating and monitoring the service delivery. The case manager also advocates on behalf of the plan for needed client resources and services.

Our delivery system is structured around a funding such as comprehensive Energy Assistance, Low Income Energy Assistance, Emergency Assistance to prevent eviction, Leveraged community dollars, etc. Our case managers will be more effective in a delivery system that is designed to reduce fragmentation.

Implementation of case management activities involves working with the client from enrollment to "graduation":

- \* Identifying and agreeing to tasks
- \* Teamwork to ensure the tasks are accomplished
- \* Review and reflection on the work being done
- \* Record keeping to keep track of progress

Good case management is an effective partnership between families and case managers, each of them doing her part to stabilize the family and move them toward self-sufficiency. For many of the families we will assist, this will be a long and difficult process. To ease the difficulty our families experience in trying to meet new expectations, we will do the following:

**HOME VISITS:** This is a tool to get a sense of what is happening in the family. We will meet the family on their own "turf." This is much more convenient for families with many children, and gives us a chance to see how they are managing in their new home. It is not the only way to case manage.

**LISTEN:** Listening means taking the time to hear what the client is saying and trying to understand her point of view. It is not judging her, or necessarily giving her advice. It involves paying close attention not only to the way in which the client presents her views but also to the way in which you receive them. Our own body language or physical response to the client can affect their

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comfort in talking about very personal issues. In most cases it is best to put our own agenda on hold until the client has had a chance to express her feelings. Is she ready to discuss what is on your agenda, or is there something else on her mind?

**DEFINE OUR ROLE:** It is crucial to be clear about boundaries and to establish from the beginning the roles of both the case manager and the client. A common problem is the confusion about these limits. "But you did this for me before...why can't you do it now?"

*"Let the clients know that you're there to help, but you expect them to help themselves; let them know it's a two-way street."*

--Ron, Case Manager  
Beyond Shelter

**KEEP THE TASKS SIMPLE:** Generally, our clients have a great deal to think about, and so it does no good to overload them with things to do. We keep the tasks in our case plans simple, achievable, and above all, reasonable. It must make sense to the client to do the tasks identified in the plan.

*"Let the client know it's okay to be a dreamer, that they do not have to settle for just anything, but by the same token, they need to be realistic."*

--Jennifer, Case Manager  
Beyond Shelter

**REMOVE THE BARRIERS:** To the greatest extent possible, we remove the practical barriers that impede families from making progress. Bus tokens are a common resources used by case managers throughout the country. We will work on developing special funds to enable families to reach their goals.

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**SUPPORT AND ENCOURAGE OUR CLIENTS IN THEIR ENDEAVORS:** You can never praise a parent or a child too much for a job well done. Too many of our families experience such tremendous shame and guilt for having become homeless, that when they do accomplish something, they fail to give themselves credit. We need to be there to remind them of their successes.

*"Start with the client from where she is."*

--Barbara, Case Manager  
Beyond Shelter

**PROVIDE STRUCTURE AND GUIDANCE:** Many homeless families have been living very unstructured lives, moving from place to place and keeping erratic hours. They probably are not eating or sleeping well, either. Under such circumstances, it may be difficult to get them moving. By closely monitoring the case plan and keeping in regular contact with the client the case manager can begin to reintroduce some organization into the client's life

**TEACH CLIENTS HOW TO GET THE MOST FOR THEIR MONEY:** Most of our clients have so little money they cannot afford a mistake in handling their finances. We will teach our families to make the most of the resources that are available to them: how to prioritize the spending, how to save money on cleaning supplies, free ways to entertain the kids, and so forth. We also recognize that money management must address the emotional issues connected to consumerism. Some families do not know how or want to defer gratification and buy many items on "time" or installment plans which charge high interest rates. When a family can exercise better control over their money they will be in better control of their lives.

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## COORDINATING SOCIAL SERVICES

Generally families who have lost their home, as well as most of their belongings, will have a number of needs. After a family is stabilized in permanent housing, the case manager must be prepared to identify existing as well as newly developing needs and coordinate, if not directly provide, the needed services.

Some of the services below may be offered in-house or in collaboration with another agency or by referral to a community resource.

- housing search assistance
- tenant "readiness education"
- assistance in obtaining subsidized housing
- assistance in obtaining move-in monies (rent assistance)
- assistance in obtaining a below market-rate rental unit
- lease negotiation
- tenant-landlord mediation
- furnishings and other household essentials
- household management
- "survival skills" training/independent living
- life goals planning
- "crisis" intervention
- psychotherapy or marriage and family counseling
- parenting education
- money management counseling, including how to budget and personal issues with money
- welfare or other entitlement advocacy
- child abuse and/or neglect intervention and prevention
- assessment and intervention for children's development, emotional and physical needs, special education
- liaison with schools
- medical care
- dental care
- job readiness and development
- job training
- legal services
- substance abuse counseling
- after-school and youth programs

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Note that completion of the evaluation does require a certain measure of honesty. It does no good if the client and/or case manager feels compelled to impress some outside party. Ideally a friendly discussion about the past three months will take place with a view to what needs to improve.

We do not expect all families to meet 100% of their goals. Indeed, if all the goals were met, then perhaps there should have been more goals included in the case management plan. It all depends on the substance of the plan, and the client's and case manager's capacity to follow through. An evaluation might indicate more about the case manager's ambitions for the family, than it does about the client's own abilities.

Other programs may have very different evaluations, depending on the client population and the program's goals.

**EVALUATIONS ARE HELPFUL BECAUSE THEY:**

- \*Remind us of what we set out to do and help us stay on track.*
- \*Give us a chance to see how our strategies worked.*
- \*Compel us to analyze our work--which can so easily be lost in going from day to day tasks.*
- \*Give us the opportunity to think through why we didn't meet our goals or decide on new ones.*
- \*Show our clients a structured way of thinking about goals and objectives.*

**AND BECAUSE...**

- \*How do you know if you met your goal if you don't evaluate?!*

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## WHAT TO EXPECT IN CASE MANAGEMENT

Most of our clients possess strengths which are important to their success:

- **OPENNESS.** This willingness to talk can really move forward the case management process.
- **RESILIENCY.** Many families are skilled in coping with tremendously difficult situations.
- **INTEREST IN CHANGE AND GROWTH.** Families enrolled in WCCAO/DVRC programs desire to regain control over their lives, which motivates them to work with their case manager.
- **THEY OFTEN CAN IDENTIFY RESOURCES THEY NEED.** The problems they face, however, are in *accessing* those resources.

Although we do our best to support our clients, there may be issues that can challenge case management staff.

### **Distrust**

Most of WCCAO/DVRC's clients have experienced abuse in one form or another. They may have been abused in their own home by family members, violated in their community by criminal activity, or poorly treated by agencies supposedly designed to assist them. It is no small wonder that such experiences would lead to cynicism and distrust of service providers. We build trust by not judging the client, by being direct and honest, and by following through on what we say we will do.

### **Listlessness**

Again, this is common in families who have experienced homelessness. In some cases the mother may seem "blank" and getting a response may be very difficult. A good approach is to take things slowly, and build on small successes. The client needs to see she is capable of doing things right. A good case manager will be able to structure tasks in such a way to allow the client to build her confidence and regain her hope.



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### **Manipulation**

Many families have been through "the system" enough times to have become jaded. A common form of coping with such experiences is to resort to *manipulation* in an attempt to get her way. While this can be annoying for the case manager, it can be addressed with consistent reaffirmation of the boundaries of the program and the expectations one has of the client. Since people also manipulate others when they feel powerless, we can also try to show our clients the ways in which they *do* have power.

### **Failure to Follow Through and Self-Sabotage**

The client may agree to do certain tasks and then fail to follow through and complete them. When this happens repeatedly, the case manager and client need to discuss why this is happening. Are the goals set forth in the case management plan unrealistic? Is there something preventing the client from following through that the case manager was not aware of? Is the client "owning" the problem that needs to be addressed and, in fact, interested in a solution? Clients who persistently fail to follow through despite efforts to address the situation may not yet be ready for this type of case management program.

### **Poor Judgment and Lack of Responsibility**

There are times when our clients fail to "own" their problem and take responsibility for handling it. Or, because they're in denial about their situation, they make unrealistic plans or pin their hopes on a single solution to their problem. An inordinate amount of time can be spent trying to convince the client to think of alternative plans. Similar to the problems with clients who fail to follow through, such clients must be vested in changing their situation, or they really are not ready to move forward.

*"Sometimes their actions and their consequences are a world apart."*

--Dolores, Case Manager  
Beyond Shelter

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### **Substance Abuse**

Even though we screen for current substance abuse, we do not always detect when a client is abusing drugs. Sometimes the physical manifestations do not appear, or are masked by other health problems. The most reliable indicator of problems is the client's general stability. Often we find the clients who behave most erratically have been abusing drugs or alcohol. In some cases this occurs with people who have admitted past drug use, but it can just as easily happen with clients who deny ever using drugs. For this reason we look more to the client's actions than her words.

Depending on the client's history, we may be inclined to treat the use as a relapse, and work with the client from the point of view that recovery is an ongoing process and we need to identify how the client will cope in permanent housing, and what supports she has to help her maintain sobriety. For the most part, however addicts with a history of relapses are probably not a good risk.

### **Family Violence**

On occasion we may have families that enter the program and have ongoing violent episodes, either between parents or between parent and child. Though the family managed to mask the violence during the intake process, after admittance into the program, patterns of instability and violent responses to family conflict may emerge. Our intervention depends on the nature of the conflict. Endangered children must be removed from the household; if a parent is a victim, she must be referred to the Domestic Violence Resource Center. WCCAO may need to relocate families to a second unit if the mother has been tracked down by the man who has previously abused her. Unfortunately, even with these interventions the cycle of abuse may continue. How long we can continue to provide assistance to a family under such circumstances will depend on the our own defined role.

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### Crisis Orientation

Because the vast majority of people we serve are very low-income, they are vulnerable to the smallest setback. They generally cannot absorb problems such as a loss of income and prevent it from becoming a crisis. In addition, many of our clients have become accustomed to having their needs met through a crisis. Crises may be the only way their problems will attract any attention. Indeed, many social service organizations are created specifically to help people cope with crises. Or, because agencies are so burdened by demand for services, only people in crisis will be seen or listened to. Consequently, creating an urgent situation could become a client's strategy to get help.

WCCAO/DVRC is striving to distance this program from being crisis-centered. By responding to families when they have a *problem*, and by teaching clients to identify problems *before* they become a crisis, we may, for example, be able to prevent a loss of income from turning into a loss of housing as well. This approach still doesn't prevent crises from occurring--and we'll have many harried days to attest to this!--but the emphasis is crucial to getting clients back into a more stable lifestyle.

*"Look at the whole story. There are reasons why people make poor decisions."*

--Richard, Case Manager  
Beyond Shelter

### Denial

The greatest barrier to working with a family is rooted in any denial the family may have about their situation. A parent lacking skills or education may have unrealistic expectations about getting a high paying job during a recession; or may fail to recognize that his child has behavioral or health problems. Instead of applying for AFDC, he may let his unemployment payments run out and find himself completely without income, despite our warnings to the contrary. This sort of resistance is most difficult because the client simply refuses to acknowledge the problem exists.

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This scenario should not be confused with a difference of opinion between case manager and client regarding a specific course of action. The problem of denial becomes a centerpiece around which all family problems eventually revolve, and until that denial is lifted, the family will experience recurrent problems.

When clients fail to comply with their contract, and no resolution can be made, WCCAO/DVRC will terminate the case and notify the landlord that social services have ended. This is not, however, grounds for eviction. We notify the landlord only because we made a commitment to work with them and if we cannot maintain our end of it, we feel duty-bound to disclose that information.

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## WHEN IS A CRISIS A *CRISIS*?

We often use the term "crisis intervention" to refer to the advocacy and work needed to help a client with a serious problem. Crises of course can have a spectrum of intensity. A crisis could be:

an **emergency** wherein someone is in imminent danger or needs immediate attention, or

a crucial situation requiring focused, but not necessarily immediate attention.

In working to prevent crises from occurring, we also need to be aware of **problems**, which without appropriate attention could become a crisis or an emergency.

*Even after a case has closed, a client may call with a crisis and need help.*

1. Listen to the caller very carefully and take notes.
2. When the client finishes explaining his or her crisis, repeat what s/he said to be sure you understand the nature of the crisis.
3. Determine if in fact, the matter is an emergency, a crisis, or a problem. Is the caller in danger? Are children present? Are they in danger? If no one is in imminent danger, ask if the caller has any ideas about a resolution for their situation. If not, suggest various options for the client and make them part of the process of resolution. Stay clear of problem solving for the client so that they have some responsibility for its resolution.

Assist the caller by making appropriate phone calls in order to de-escalate the crisis.

Depending on the extent of the crisis, you may have to drop everything to begin helping the client.

NOTE: If you find yourself repeatedly having to drop everything for a *particular* client, it may be that the client has difficulty identifying or attending to problems.

If you find yourself repeatedly dropping everything for *many different clients*, you may need to think about your own identification of what constitutes a crisis. While case managers should try to support clients during a crisis, they should try to avoid becoming a "rescuer."

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*"The process of closure actually begins as soon as the family enters a case management program."*

--Kathleen, Case Manager  
Beyond Shelter

### CLOSURE AND GRADUATION

After a year's work, most families should be ready for closure. This, however, does not occur without work on the part of the case manager. From the beginning of services, the case manager will frame the case management plan in terms of what can be accomplished by the end of twelve months. As noted earlier, to make the plans manageable, they are made quarterly. As the family enters the third quarter of services, the case manager reminds the family that in six months they should be ready to close the case. At these intervals the case manager will also remind the client that we will want to track them for another year.

Families tend to respond to closure in a variety of ways:

- \* acceptance
- \* apparent acceptance with a subsequent increase in need/demand for services
- \* creating crisis situation
- \* open reluctance to accept closure
- \* requesting to continue the service relationship longer

A case manager needs to be sensitive to why the family may feel anxious about closure. They may feel abandoned, angry and scared. This does not, however, imply that the case must remain open until the client no longer shows anxiety! As with everything in case management, this is yet another opportunity to discuss and educate the family about facing fears and learning to discern real problems that need attention, and knowing how to go about getting help in the community.

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## Being a Case Manager

After all this discussion about what case managers need to do in helping families, we need to remind case managers not to forget their own needs. Just as clients can be frustrated, depressed and drained, so too can case managers. And how can a client take seriously the advice of a case manager who doesn't look too well for the wear? And what about attitude? The case manager-client relationship is inherently unequal. How should a case manager handle that?

Each of the topics in this section could easily fill a book. What we want to do here is raise these issues so that staff and their supervisors are aware of these different aspects to their work.

*"You are a role model. You do not have the privilege to be anything but that."*

--Sybil, Director of Social Services  
Beyond Shelter

### Power

Case managers are in a position of power. They have access to resources their clients need, they may be in a position to hear the client's most private concerns, and they are mandated to report suspected child abuse and neglect. This clearly puts the case manager in a position of authority. Case managers cannot be in this line of work to feed their egos. They must be sensitive to the fact that they are dealing with people's lives and must be responsible for their work. Case managers must be sensitive to this position of authority without abusing it.

### Physical and Emotional Health

And speaking of abuse, what about what case managers do to themselves? Case management is hard work. It takes a great deal of energy to help families plan, handle emergencies, advocate for them with other agencies and so on. Sleep deprivation, poor eating habits and little exercise won't help. Case managers need to pay attention to themselves before they can attend to others.

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It is important to leave work at the office and use free time to its fullest so that the next day at work is not a grind. Key to understanding this is self-awareness. Be alert to when your energy dwindles, or the stress level rises. Remember the boundaries of good listening skills. Burnout can come from internalizing and personalizing the clients problems. Empathize with your clients without assuming responsibility for their problems. When a call is stressful, talk about it with a co-worker. The same side affects from stress you see in your clients will affect you too.

#### **Gender Differences**

Most of WCCAO/DVRC's case management staff are women and most of our clients are single mothers. However we will have male staff and on occasion single fathers. The male staff we have must be aware of the sensitivity of their position--particularly since many clients have had poor relationships with men.

*"I think the biggest barrier I face is distrust. Most of the women I work with have been abused by their husband or boyfriend. They'll tell me they don't trust me and I'll ask, 'What do you mean?' They'll say, 'Well, my boyfriend used me; he took my money...now you're asking for information...' At first they don't think I'm really going to help them."*

--Ron, Case Manager  
Beyond Shelter

All staff, regardless of gender, need to be aware of their professional boundaries. however, because our clientele is predominately female, the male staff will find themselves under greater pressure to behave appropriately at all times.



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### Culture

Cultural differences certainly exist between some staff and some clients. As we do our work, we need to be aware that some behaviors are very much part of a cultural norm. Lack of eye contact, use of space in the home, cooking, and even aspects of parenting can be shaped by culture. We need to respect cultural differences when providing assistance.

*"We all have biases in our cultures, but we can't let those biases turn into judgements of our clients."*

--Sybil, Director of Social Services  
Beyond Shelter

### Class

People working in "poverty organizations" confront this issue daily. Many of us have come from a middle-class or upper-middle-class background. If we have not ever experienced poverty it may be difficult to fully empathize with our clients. Or, we may have worked our way out of poverty and need to be sensitive to the fact that what helped us move up the socio-economic ladder may not work for our clients. It is important to take time to reflect on the assumptions we make about the way in which people live (or the way we *think they should* live). Ideally this awareness will prevent us from having unfair or inappropriate expectation of our clients.

We plan on arranging for a staff training on these sensitive issues. Our goal is to address difficult topics constructively.

Much of the previous information on case management has been gleaned from the NASW Standards for Social Work Case Management and the Beyond Shelter Manual.

WASHINGTON COUNTY COMMUNITY ACTION ORGANIZATION  
SAFAH PROGRAM  
PARTICIPANT AGREEMENT

I (we) understand that the SAFAH Program is designed to help families stabilize from a homeless situation to permanent housing and remain in permanent housing. I (we) am (are) agreeing to participate in this long term program which involves my (our) working toward a life of self reliance and stable housing.

I (we) understand:

- that the SAFAH Program involves a commitment of one year intensive counseling and case management services. I (we) also am (are) aware that my (our) family service specialist will be following up, informally, on the work I (we) do for the second year.
- that all information shared with WCCAO staff is confidential. In order to share information about me (us) with someone outside the agency, WCCAO will need written consent.
- that domestic violence brings up important issues of safety. If some form of domestic violence occurs in my (our) home, my (our) family service specialist may need to redesign my (our) case management plan.
- that services are free

I (we) agree to:

- participate in the SAFAH program for two years (one year intensively and the second year for follow up purposes).
- join in partnership with my (our) family service specialist to make a plan focused on meeting my (our) needs and my (our) personal goals. Partnership means maintaining regular contact with my (our) family service specialist and working toward open communication.
- participate in an alcohol or drug program if I (we) have alcohol or drug issues.

### GRIEVANCE PROCEDURE

If I (we) have a complaint regarding my family service specialist, program plan, or program services, I (we) understand and agree to follow these steps:

- Discuss first the complaint with my (our) family service specialist.
- If this doesn't resolve the problem, I (we) can ask for mediation with an ally (this can include a peer or other WCCAO staff member).
- If the problem is still unresolved, then it should be referred to the SAFAH lead staff person.
- If the problem is still unresolved, then it should be referred to the Client Services Director.
- If this doesn't resolve the problem, the client will be referred to the WCCAO Executive Director.
- If the problem is still unresolved, it will need to be referred to the WCCAO Board of Directors.

WCCAO has a policy of fair and unbiased treatment of our participants. We do not discriminate on the basis of sexual preference, race, religious beliefs, income or physical disability.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Service Specialist

\_\_\_\_\_  
Date