A Conversation of Best Practices for Service Delivery in the Unhoused Community

Presenters:
Jessica Craig, LPC
Zipporah Lee

Presenters

Jessica Craig, LPC

has over 15 years of experience in providing individualized recovery services using staged matched interventions, evidenced based techniques for rehabilitation and clinical case management. Over the last 5 years at St Patrick Center Ms. Craig has honed understanding and skills to navigate the intersection of behavioral health concerns and homelessness.

Currently Ms. Craig is the Assertive Community Treatment Team Leader for Team Edith (Team 1) at St Patrick Center located in downtown St Louis, MO.

Zipporah Lee, MDiv

has been an advocate for Housing First policies and low-barrier Safe Haven shelter models, as a member of the Core Team for St. Louis Winter Outreach and facilitator of temperature based emergency shelter AmeriCorp located in Soulard neighborhood of St Louis. Through volunteer work and professional experience they have been providing crisis intervention to youth and adults struggling with mental illness and homelessness.

Currently, they work at St. Patrick Center on the Hospital to Housing team as the St. Louis University Hospital Service Coordinator, providing side-by-side case management for unhoused persons with complex medical needs, behavioral health concerns, and those struggling with substance use.

Objectives

- Homelessness
  - Who & What
  - Coordinated Entry
  - Housing First
- Evidence Based Practices
  - Trauma-Informed
  - Staged Match Intervention
  - Other Clinical Interventions
- Case Studies: Identifying Systemic Challenges

What is Homelessness?

McKinney-Vento Act:

- An individual who lacks a fixed, regular, and adequate nighttime residence

  AND

- An individual who has a primary nighttime residence that is:
  - a supervised publicly or privately operated shelter to provide temporary living accommodations
  - an institution that provides a temporary residence for individuals intended to be institutionalized (not incarceration!)
  - or a public or private place not designed for, nor ordinarily used as a regular sleeping accommodation for human beings

Who are the “unhoused”?

25% struggle with mental illness

18% struggle with addiction

14% are actively fleeing a domestic violence situation

26% of households include a child or youth

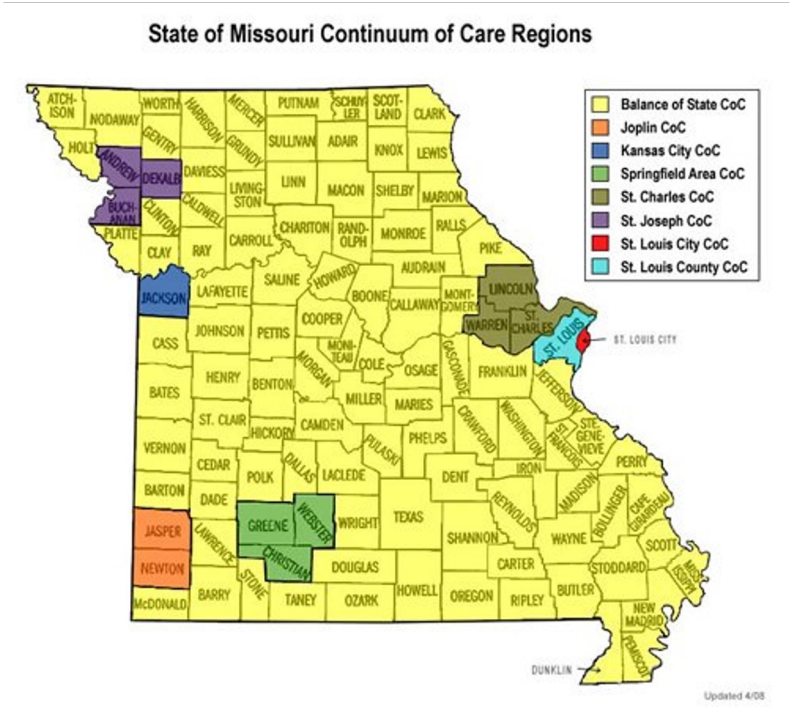
10% are veterans

Continuum of Care (CoC)

In 1994, HUD began requiring communities to submit comprehensive plans on how to address homelessness in the area for federal funding.

Missouri has 8 CoCs:

- Assist with applications to and management of federal funding for local agencies
- Develop long-term strategies for reducing homelessness in their selected region
- Navigate & evaluate coordinated entry processes in their region

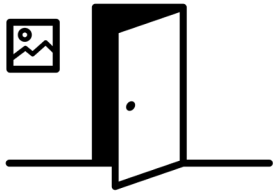


Coordinated Entry: Why It Matters to You

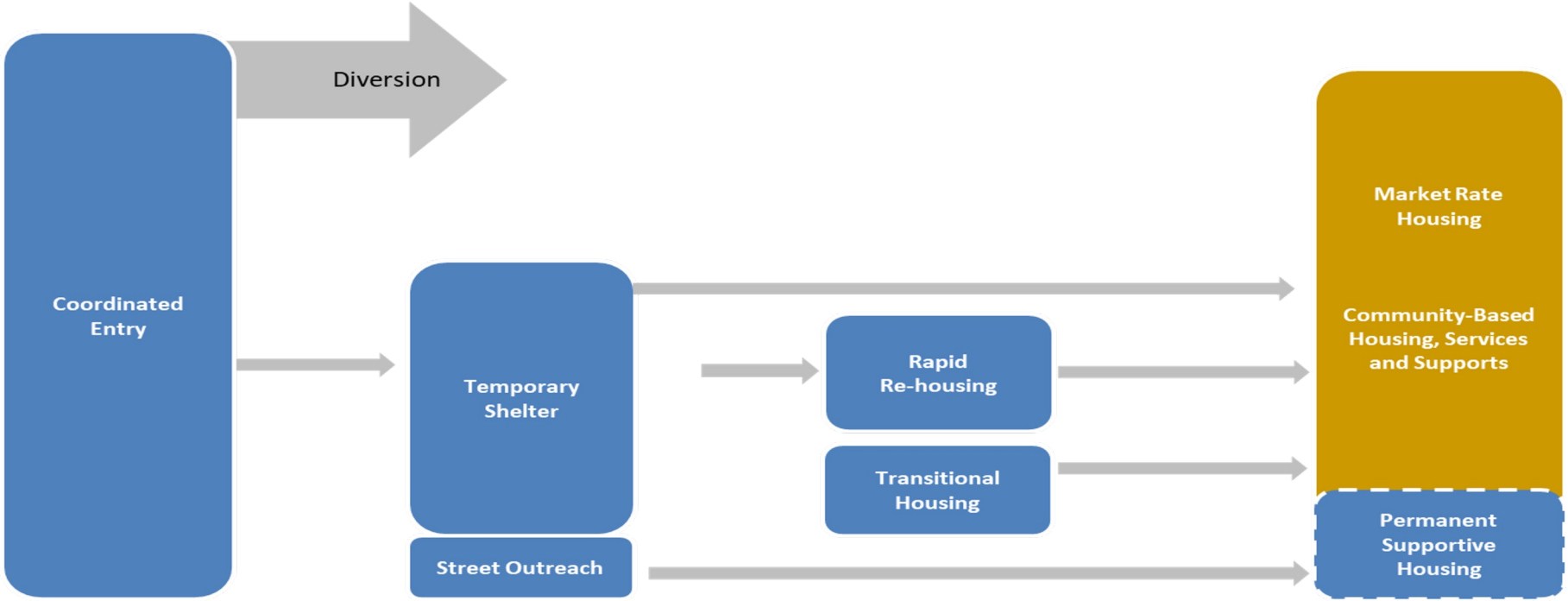
Coordinated Entry is designed for ANYONE who is experiencing a housing crisis.

A Coordinated Entry process includes four core operational elements:

- ACCESS
- ASSESSMENT
- PRIORITIZATION
- REFERRAL



Coordinated Entry in Context: St. Louis City



Housing First Approach

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

Understanding Chronicity & Its Effects

30% of the unhoused population in Missouri meets the definition of chronic homelessness (HUD DEF). Of these, 41% are unsheltered.

How this affects the unhoused person

- Anxiety/Worry/Negative Stress
- Worsen ability to Emotionally Regulate (Aggression/Mood Swings)
- Poor/short attention span
- Inhibits ability to follow health care directives
- Distrust & other Negative Core Beliefs about the world & people
- Developmental delays - loss of ability/will to care for oneself

Trauma-Informed Approach

Trauma-informed care (TIC) acknowledges the need to understand a patient's life experiences in order to deliver effective care

Trauma = Event(s), Experience of events, and Effect

Assumptions = Realize, Recognize, Respond, & Resist re-traumatization

Delivery = 6 key principles

Knowledge

- Understand how unhoused person has survived
- Understand homelessness services & community resources in your area
- Beware of medical comorbidity & how to help people address physical wellness.

Skills

- Developing rapport, motivation, & hope
- Continuous screening at each interaction
- Connection with & retention of community resources

Attitudes

- Accept and understand powerful emotional responses to client behavior
- Meet clients where they are rather than where they should be.
- Think of change as incremental & self-reinforcing

Self-Care

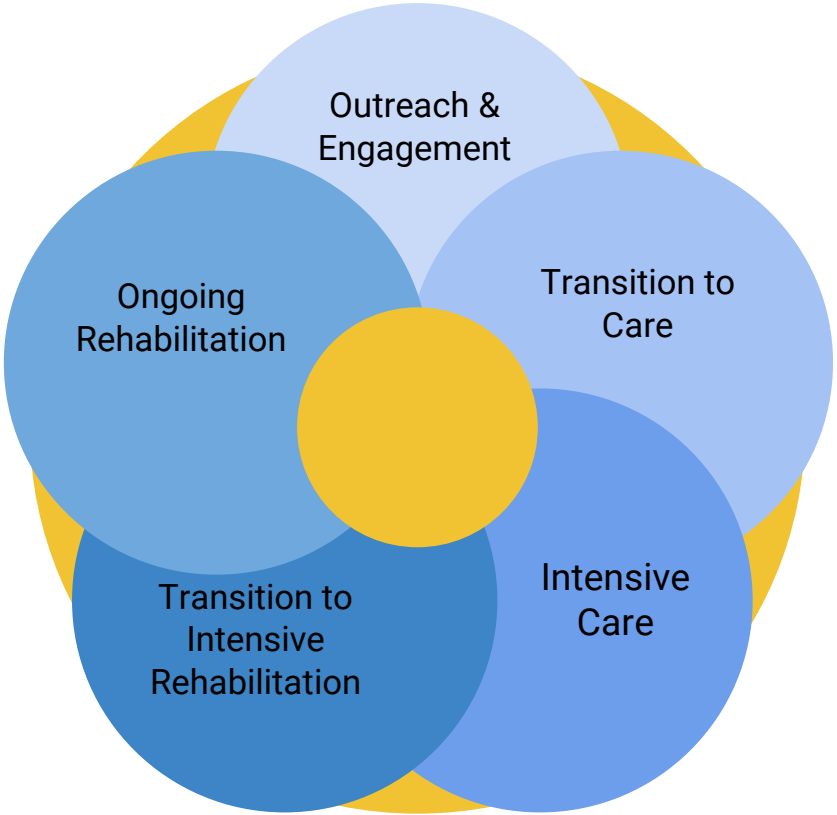
- Develop & maintain sources of support
- Be mindful of internal responses & reflect on them
- Work closely with your supervisor & be open about any difficulties

*see SAMHSA TIP 55

Staged Match Intervention

Stages of Homelessness Rehabilitation

- Outreach & Engagement
  - Goal: Capture interest
- Transition to Care
  - Goal: Agreeing to care & Establishing care
- Intensive Care
  - Goal: Skilling the client up
- Transition to ongoing rehabilitation
  - Goal: Planning for sustaining recovery
- Ongoing rehabilitation
  - Goal: No longer identify as homeless



Clinical Models and Interventions

- Critical Time Intervention (CTI)
- Integrated treatment for COD (ITCD)
- Assertive Community Treatment (ACT)
- Motivational Interviewing
- Behavior Modification/Contingency Management
- Illness Self-Management

Identifying Systemic Challenges

Case Study 1: Outreach & Engagement

Case Study 2: Transition to Care

Case Study 3: Adjustment to “New” Housing

What strategies would you use to offer assistance in these situations?

Case Study #1 Outreach & Engagement

Case Demographics

Juan mid-thirties, chronically homeless

Uses area Soup Kitchen, sits alone and will walk away when approached by staff

Unemployed

Easy to anger, and often out of proportion to the stimulus

History of being banned from shelters due to outburst and fighting

Utilize Discussed EBP

Case Study #2: Transitions of Care

Case Demographics

Sammy, 34 y/o, male

D/C from state hospital last week & referred to CMHC for continuing care

In last 8 years 3 admission to state hospital due to stopping antipsychotic medications and Etho

In last 8 years intermittently attended CMHC

6 years ago lived in a group home, last 4 years living primarily at a deer hunting camp

Utilize Discussed EBP

Case Study #3: Adjustment to “New Housing”

Case Demographics

Tubby, early-thirties, male, chronically homeless

Sporadic engagement with homeless services and frequent use of area ED’s

Historical diagnosis’ Schizophrenia and Substance Induced Psychosis (Meth)

Has moved into first known independent residence

Utilize Discussed EBP

References

Data - St. Louis Continuum of Care. (n.d.). https://cocstl.org/data/

U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (June 2009) *Continuum of Care 101.* https://files.hudexchange.info/resources/documents/CoC101.pdf

Coordinated Entry - St. Louis Continuum of Care. (n.d.) https://cocstl.org/about-coc/best-practices/coordinated-entry/

Menschner, C. & Maul, A.(2026) Key Ingredients for Successful Trauma-Informed Care Implementation [White paper] Center for Health Care Strategies. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

National Alliance to End Homelessness. (August 2022). *Housing First Fact Sheet.* [Fact Sheet] https://endhomelessness.org/wp-content/uploads/2022/08/Housing-First-Fact-Sheet_Aug-2022.pdf

Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless", 80 F.R. 75791. https://www.federalregister.gov/documents/2015/12/04/2015-30473/homeless-emergency-assistance-and-rapid-transition-to-housing-defining-chronically-homeless

Trauma-Informed Care Implementation Resource Center. (2024) *What is Trauma Informed Care?* Center for Health Care Strategies. https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

Substance Abuse and Mental Health Services Administration. *Behavioral Health Services for People Who Are Homeless.* Treatment Improvement Protocol (TIP) Series 55. HHS Publication No. (SMA) 13-4734. Rockville, ME: Substance Abuse and Mental Health Services Administration, 2013.

Reference Continued

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.