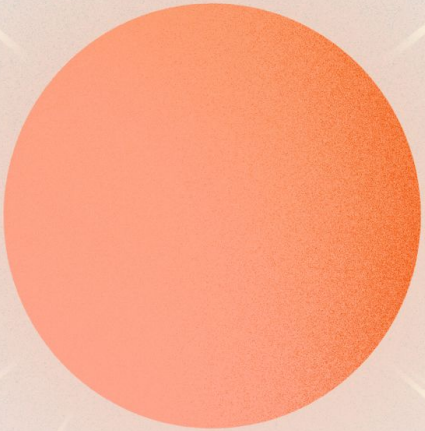
BFZ Case Conferencing

Topical Breakout

Emma Beers & Taylor Grills

Access the slides here

Welcome



Taylor Grills
Strategy Lead
Large-Scale Change

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Senior Policy Analyst II
Homebase

Our Goal

In the next hour...

1. Introduce the **purpose, value, & key concepts** of case conferencing.
2. Introduce **strategies & tools** for case conferencing.
3. Identify **next steps** to create sustainable & collaborative case conferencing.

Your Role

- **Know** we are all here to learn!
- **Ask** Questions
  - **Write** down your questions on post its!!
- **Create** a mindset of change and improvement

Case Conferencing Implementation

The shift in your approach to reach outcomes

What is Case Conferencing?

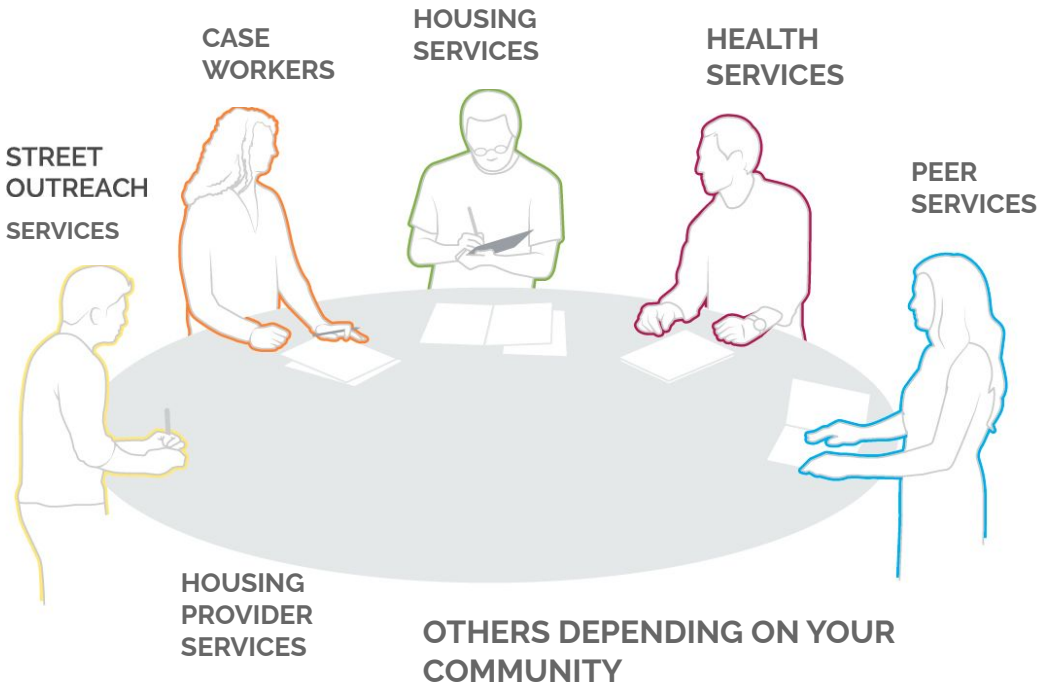
Case Conferencing is a structured collaborative process:

- Holds the BNL & **acts as a vault** for personal identifying information
- Uses the BNL to help individuals **create the pathway out of homelessness**
- **Connects individuals to the services & resources they need** (stable housing, health, employment, and other support)
- Identifies who the **best service** is to engage with a person
- Holds the **services responsible** for carrying out agreed actions

What is Case Conferencing?

Everyone who works frontline and is a touch point in the system, **works together to end a person's experience of homelessness and reach functional zero on the BNL**.

Act as a **local-level team** to respond in real-time to individuals.



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Key question to keep asking…

Do we have each touch point of the homelessness system is working together in our case conferencing meeting?

Fundamentals

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Goals Case Conferencing

Support Individuals out of homelessness and **into housing as quickly and sustainably as possible.**

Represent the homelessness sector where they hold collective responsibility, and utilise the BNL.

Be an opportunity for **team-building & collaboration**. You can create a culture of knowledge-sharing and mutual support.

Be action-oriented. These meetings need to be centered around identifying actionable next-steps with ambitious deadlines.

Be the subject of **consistent improvement.** Regularly assess the meeting to ensure it is effective to reach your desired outcomes.

Fundamentals

Outcomes Case Conferencing

OUTCOMES

- ➔ This coordinated approach **reduces duplication** of services, ensures that cases are addressed **holistically**, and keeps the team focused on specific, measurable **outcomes.**
- ➔ Makes **homelessness rare & brief** by ensuring that individuals do not fall through the cracks and receive the right support, at the right time, to secure and maintain stable housing.

What do we mean by "case conferencing"?

Action-Oriented

Centered around one goal: to **move people experiencing homelessness into housing** as quickly and sustainably as possible.

- Identify actionable next-steps with ambitious deadlines.

Measurably Effective

Meetings should be regularly evaluated to **ensure that the practice is an effective way to reach your desired outcomes**.

- Impacts around Length of Time measures, or Housing Placement Rates
- Impacts on the overall experience of attendees.

Team Building

Create a culture of knowledge-sharing, mutual support, and a safe space.

- A healthy culture creates a motivated team and shared accountability without autocracy.

What it is NOT

REPORTING

It's not to ask people for favors, or to report-back on progress. It's to **pull on the collective genius** of the group.

Tip: *Ask everyone to submit updates on the next-step identified at the previous meeting 24 hours before the upcoming meeting.*

REFERRAL

Coordinated Entry referrals should be happening **live whenever possible.**

Urgency: *Each week you wait for a meeting to make a program referral is another week someone spends experiencing homelessness.*

AN EMAIL

Keeping an open feedback loop helps you gauge what **value the meeting offers**, and in what ways it could be improved to provide more value.

Tip: *If the meeting feels like it could be an email, it is time to test something new!*

What a community needs to do

- Enhance Collaboration
- Coordinate Scarce Resources
- Become Data-Driven
- Adopt a Person-Centred Approach
- Leverage Local Expertise
- Create Accountability & Ownership

Adopting a Person-Centered Approach

We need to change the system, not the person.

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Core Values

Our system creates **equitable** outcomes regardless of race, color, religion, national origin, sex (including gender identity and sexual orientation), familial status, and disability.

Our system is **efficient** in supporting people to move quickly from homelessness or housing instability to permanent housing.

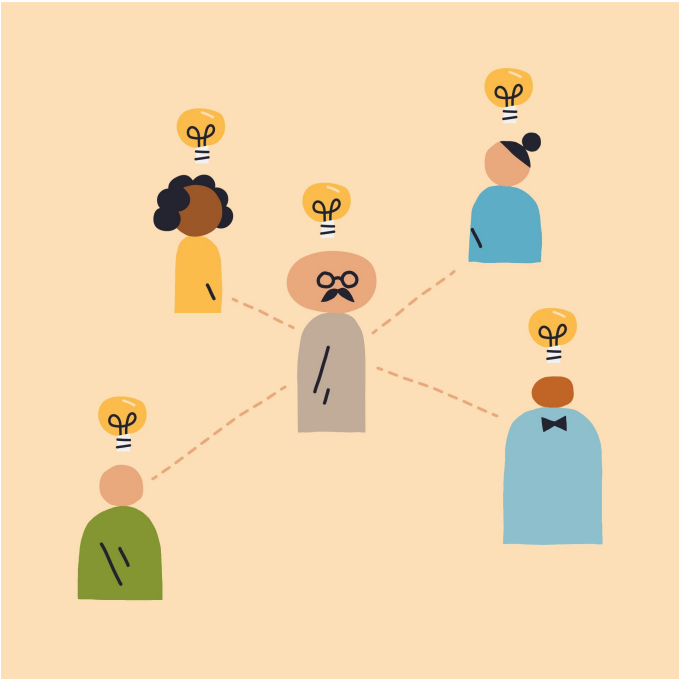
Our system is **accurate** in assessing and prioritizing those with the highest level of need for housing and services first.

Our system is **effective** at reducing the duplication of services across agencies community-wide.

Person-Centred

To operate a system that creates **equitable outcomes**, we need to think about delivering **higher quality care**.

This means we may not see more housing placements, or reductions in length of time when we do this work — but we'll provide **a kinder, more fair experience for system utilizers**.



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Understanding Trauma

Equity starts with empathy and education.

Experiencing homelessness is a traumatizing event, even without a prior history of adverse experiences.

Using the principles of **Trauma-Informed Care** helps us to remain person-centered.

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Trauma Reactions

I don't need your help! I've been managing on my own just fine.

Stop calling to check in! You can't tell me what to do and I know you can't help me.

I'm kind of a loner. Nobody ever sticks around, but I don't need them anyway.

I don't have an address so I won't be able to get my ID. It's useless!

Well I *was* going to go to check out that unit today but I got a late start.

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Trauma-Informed Care

Understanding Trauma	Promoting Safety	Demonstrating Trustworthiness
Supporting Autonomy	Sharing Power	Communicating Openly
Integrating Care	Navigating Cultural Issues	Fostering Healing

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Individualized Housing Needs

Untangling Different Functions of Assessments

Triage

Focused on defining the nature of a current crisis, and ensuring immediate safety

Prioritization

Identify which households have the greatest needs and will receive accelerated access to housing and services

Problem-Solving

Identify household strengths and existing support networks, explore different housing options and homeless response systems

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Individualized Housing Needs

Assessment Characteristics

Triage

A **quick, objective assessment** at first contact. Geared toward **immediate needs**, with referrals for longer-term supports as needed.

Prioritization

Elements of an assessment would be used to determine level of need, and how quickly or slowly a household would be **matched with a housing resource**.

Problem-Solving

An **in-depth, conversational assessment** would provide a comprehensive picture of a household's **strengths and barriers**.

Who in my community is already doing this?

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High Acuity Households

Our system has **limitations**.

Identifying when someone needs a higher level of care than we are set up to provide is vital.

Look for:

- Someone who needs daily support with medication management or healthcare administration
- Someone who poses a threat to themself or others

Alternate Solutions

- Live-in care facilities or support funded through the VA or Medicaid
- Temporary behavioral health crisis housing
- Substance use programs
- Transitional housing
- Housing with supportive property management
- Shared housing
- Choosing apartments over scattered-site

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Learning Loop

When in doubt, stick to the **Learning Loop**:

CLIENT NAME
Amount of time on the BNL & housing stage they are in

SYSTEM BARRIER
What barrier is preventing them from moving to the next part of the housing process?

ACTION STEP
What action will we take this week to move them along?

TARGET MOVE-IN DATE
Given what we know, when do we predict they'll move into permanent housing?

FOLLOW-UP
Did we do the last action step? If no, what will we do now? If yes, what do we learn from it?

Community Solutions: https://docs.google.com/document/d/1lDOi9rPSa1WNkFCmYpeKcRteK7bGI1Zbdye6Cqk799Q/edit#heading=h.77thvydgt9we

Enhancing Collaboration

Working together towards a common goal.

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Enhance Collaboration

Case conferencing fosters stronger relationships between key service providers while creating opportunities to connect with new partners who are also involved in the homelessness system.

In this collaborative space, it encourages:

Cross-sector engagement	**Breaking down silos**	**Ensure all relevant stakeholders work together effectively.**

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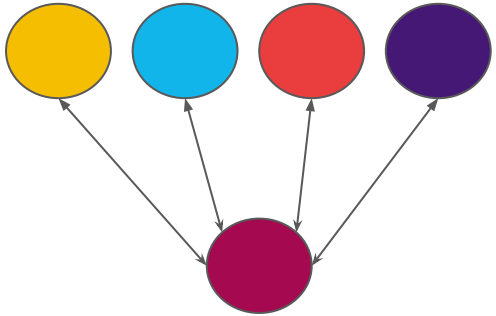
Team Alignment

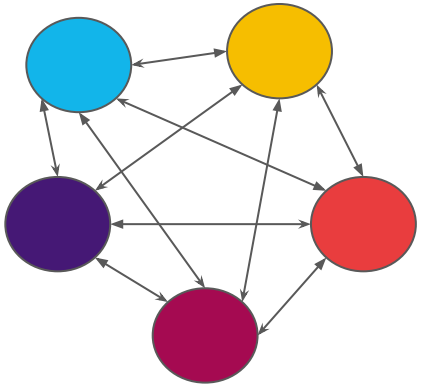
What is the difference?

Group



Coordinate efforts but act as individuals

Team



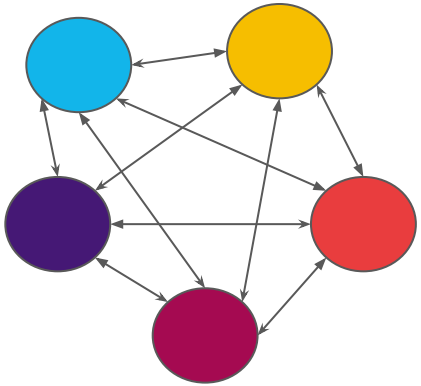
Share a common goal & act as a cohesive unit

Team Alignment

How do you build a team?

1. Have a **shared aim** and **objectives**
2. Create an **action-oriented agenda**
3. Remove silos and shift thinking from “my client” to **“our client”**
4. Create a **sense of urgency** to reach FZ goals

Team



Share a common goal & act as a cohesive unit

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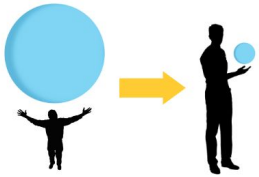
Improvement Mindsets

Growth Mindset We don't know how to solve the problem - *yet!* That doesn't mean we can't figure it out!

Bias Towards Action Just start! Remember, We don't need busy 10-year plans to end homelessness, we need 10-day plans!

Embrace Failing Forward Test a theory, if/when there is failure — embrace it fully & quickly! Then re-iterate & improve based on what we learned.



Shrink the Change The challenge can feel so large & urgent — but you need to stay focused on system thinking & making small changes that are in your control as a team! You can do it!

Curious Thinking Ask questions to draw out challenges, opportunities, and to get clear!

Problem-Solving Process out loud with your team! Refocus around being solution-driven at all times & organize your ideas.

Resources

Actions to Improve Collaboration

- ✓ Volunteers for each of the three **meeting roles**. — Jobs in Your Meeting
- ✓ A consistent, goal-oriented **agenda**. — Agenda Building Kit

Next Steps

Review the **Facilitate the Learning Loop** document.

Watch the Case Conferencing Summit recording **Craft Team Dynamics as a Master Facilitator**.

Resources

Actions to Improve Your Facilitation

- ✓ Phrases to help facilitators create a collaborative & safe space — **Facilitator Phrases**
- ✓ How facilitators can address challenging behaviors — **Challenging Behaviors**
- ✓ Shift from (1) Problem-Fixed Narratives and (2) "my" to "our" client thinking — **Shift Thinking**

Next Steps

Review the **Facilitator Guide for Case Conferencing** document.

Is this Landing?

Coordinating Scarce Resources

Using what you have as effectively as possible.

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Scarce Resources

With such limited resources available and prioritized for those with the highest level of need, we're left with a support gap for those with mid to low service needs.

Housing Problem-Solving (HPS) allows us to identify and solve for those whose housing crisis could be resolved with lighter touch interventions, while also ensuring as many people as possible within the system receive some level of support.

Problem-Solving

HPS is **an approach and set of techniques that support the effective implementation of diversion and rapid exit strategies** that should be a part of every Coordinated Entry (CE) process and offered as potential alternative housing pathways for all populations.

HPS can increase equity, reduce trauma, and support community efforts to end homelessness while ensuring housing assistance is prioritized for the most vulnerable.

Problem-Solving

HPS is a person-centered approach that can be integrated into virtually any program type and involves exploratory and creative conversations that seek to **identify flexible and cost-effective alternative housing solutions** that can be implemented quickly.

HPS is typically initiated through an **exploratory conversation** that occurs during a Street Outreach, an Emergency Shelter intake, or at a CE access point.

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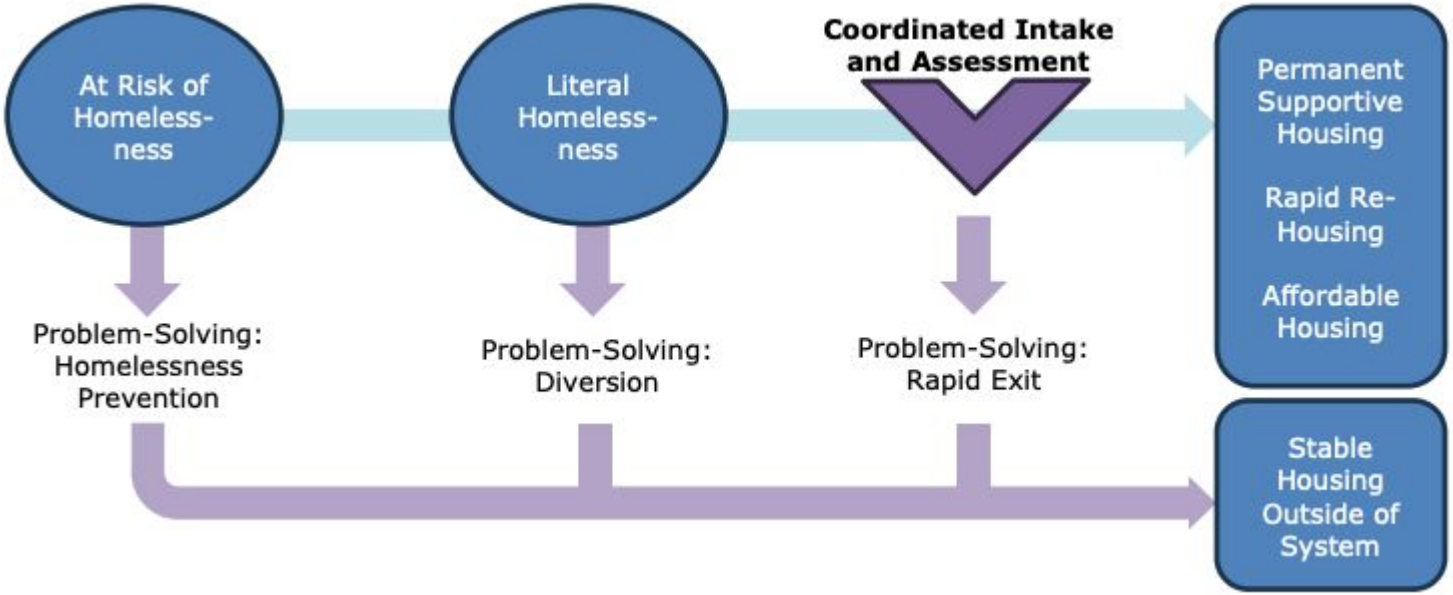
Problem-Solving

HPS has **3 primary outcomes** according to HUD:

1. HPS results in housing with limited case management, and no financial assistance.
2. HPS results in housing with support from case management and limited financial assistance, designated for HPS.
3. HPS does not result in housing and the household proceeds with a Coordinated Entry (CE) intake.

HPS Pathways



Source: HUD Housing Problem-Solving Foundations: Funding HPS Guide

Problem-Solving

There are 2 main components to HPS conversations that can be encouraged through case conferencing facilitation:

Active Listening and **Strength Exploration**

Scarce Resources

Using **Active Listening** allows us to better understand the client's unique needs.

Instead of just going through a triage script...

- We focus on their body language and what they might be communicating,
- We paraphrase back to them what we're hearing to gauge for understanding, and
- We empathize with what they're saying.

Scarce Resources

Using **Strength Exploration** allows us to help clients identify times when they have felt interdependence before, and begin to identify networks.

Some client strengths that might help to resolve a housing crisis are:

- Past experience as a tenant
- Work experience, education, or skills (like home repair!)
- Support from family, faith-based, or other communities
- Experience navigating systems
- Willingness/motivation to set goals for the future

Being Data-Driven

Using data isn't scary, we promise!

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Data-Driven

TRIAGE
(like a hospital emergency department)

PREVENTION

DATA-DRIVEN ADVOCACY / SYSTEM PLANNING

Data-Driven

DEMOGRAPHICS	AGE,GENDER, RACE/ETHNICITY
STATUS	ROUGH SLEEPING, COUCH SURFING, TA, HOTEL
POPULATIONS	SINGLE ADULTS, YOUTH, FAMILIES
SUBPOPULATIONS	CHRONIC, VETERANS, OVER 55s, ROUGH SLEEPERS
LENGTHS OF TIME	INTO HOUSE, MOVING BETWEEN “HOUSING STAGES”

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BNL Template

Want this resource?

Case Conferencing Tool Bank: BNL Template

Case Conferencing Tool Bank: BNL Template

File Edit View Insert Format Data Tools Add-ons Help Last edit was made 3 minutes ago by Emma Beers

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Identification				Housing Status			Prioritization		Housing Process Buckets		Learn	
2	HMIS ID	First Name	Last Name	Last four of SS	Housing Status	Length of Time on BNL	Date BNL Status Updated	Assessment Score	Date of Last Contact	Process Bucket	Data Status Changed	Current Barrier	This Week's Action Step
3													
4													
5													
6													
7													
8													

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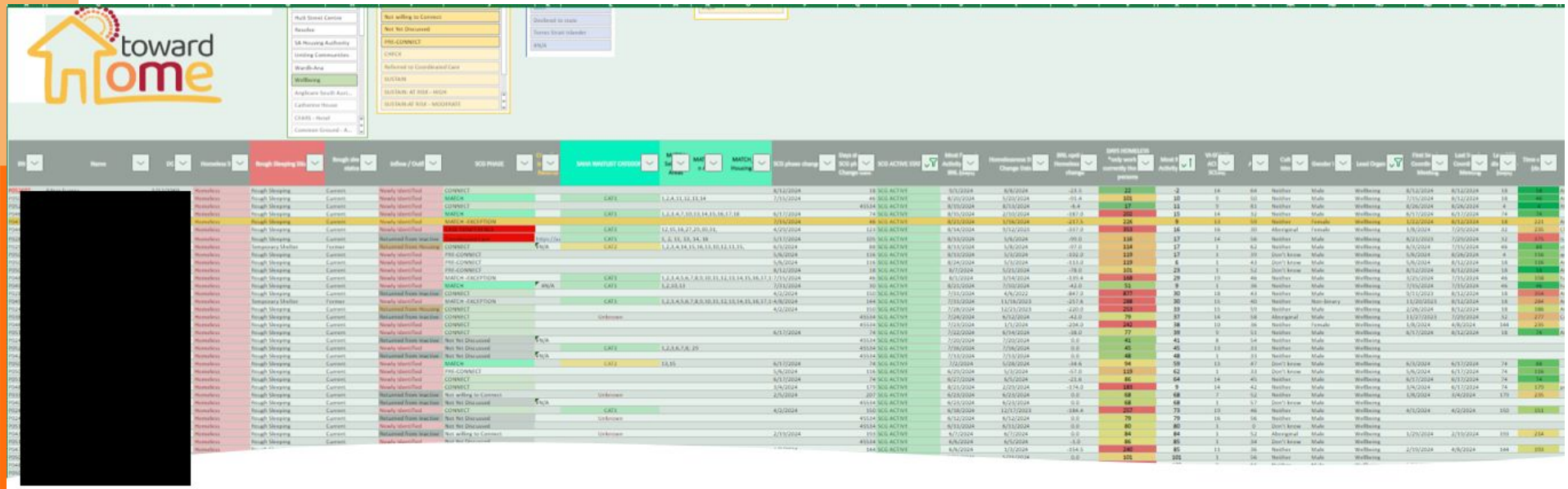
Community Example



ADELAIDE zero PROJECT

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Bucket System

Want this resource?
Buckets Bootcamp Video

IDENTIFICATION

ASSESS

To advance clients to the next bucket:

- ❑ Complete assessment

MATCH

To advance clients to the next bucket:

- ❑ Match to resource, program, or housing plan

NAVIGATE

To advance clients to the next bucket:

- ❑ Locate housing and get moved in

MOVE IN

Housing Pathways

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MELBOURNE ZERO

A to Z

Assess	Match	Primed	Recovery: 6 – 12 months post housing
Goals of the assess stage are: 1. Engage with and build relationships with workers. 2. Be prioritized (ideally with a VI SPDAT) 3. Complete housing and support needs (IAP) assessment 4. Identify needed services. 5. Be placed on Prioritization List for support and housing	Goals of the match stage are: 1. Connect with support workers when allocated. 2. Have a bank account. 3. Have Centrelink payments secured. Private rental 4. Be linked to PRAP and actively seeking PR properties if appropriate. Social housing 5. Sign consents to follow up VHR if appropriate. 6. Have all key documents for VHR. 7. Engage in VHR completion process	Goals of the primed stage are: 1. Ideally move from sleeping rough and into a more sheltered and safe form of sustainable accommodation (if they choose). 2. Continue to engage with the service system so that when an offer is made, they are ready to inspect, and the service system is ready to put in place sustaining housing supports. 3. Transition housing plan is developed to maximise chances of successful new tenancy. 4. Have been made an offer of long-term housing (either PR or Social housing). 5. Have a support worker to help establish their tenancy.	Goals of the recovery stage are: 1. Person is paying rent in their new housing and staying there as often as they can. 2. Person is connected to the right type and frequency of support necessary to maintain their housing. 3. Person reports that they are feeling safe and secure in their housing.
To advance client to next stage: • Service system is engaged with person • Complete assessment	**To advance client to next stage:** • Match the person to the right resource, service or housing and secure their access to it	**To advance client to next stage:** • Person is ready to move into housing when it comes (contactable) • Plans for housing and support are in place	**Completion of this stage:** • 12 months of paying rent with no debt • Tenancy issues under control • Continued connection to support

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Housing Pathways

LOGAN ZERO

Identification

Service System Engagement with Rough Sleepers
(Engaging the client with service system)

- ❑**Identification of persons experiencing homelessness** – added to the By Name List
- ❑**Immediate assessment** - Established client wants and needs – respond to immediate needs
- ❑**Verify if currently connected to support system/s**
- ❑**Offered service system linkages**
- ❑**Ongoing engagement** – Building rapport between client and services
- ❑**Establish ways to communicate with client** – phone, email, location
- ❑**Complete Vi-SPDAT**

❑ **OUTCOME: Client engaged in seeking housing and supports**

Service System Assessment
(Assessing eligibility and required documentation)

- ❑**Detailed homelessness and housing assessment**
- ❑**Prioritised services and supports required**
- ❑**Noted support type:**
  - Specialised case management
  - Informal case management
  - Care Coordination
- ❑ **Assessed financial affordability**
  - Income Statements/ Pensions / Wage /Debts/Assets /Budget/ Superannuation
- ❑**Assessed identification documentation**
  - Divers License/ Passport / Birth Certificate 18+ Card/ Medicare
- ❑**Assessed rental history** – TICA listing / QCAT matters/ Evictions
- ❑**Assessed suitable housing option** – Private/Social/Aged Care/ Disability/ Indigenous/ DFV
- ❑**Assessed additional housing/ income eligibility documentations required** - Medical reports /Support letters/Proof of homelessness/ citizenship /residency / Financial administrator

❑ **OUTCOME: Client assessed for supports and service eligibility**

Service System Connection
(Establishing housing and supports to sustain a tenancy)

- ❑**Completed items required for housing eligibility**
  - bank account
  - identification
  - financial benefits/pension/entitlements/wages /concessions
  - housing affordability budget
  - Removed TICA listing barrier
- ❑**Completed application for housing or housing products**
  - Department of Housing products – public and community housing/ rent connect/ bond loan/ rental grant/ rental security subsidy
  - homelessness/housing databases - QHIP/ Shared Tenancy
- ❑**Confirmed housing application/s**
  - Private rental/ community housing
  - Specialized supportive housing - aged care, disability
- ❑**Connected to appropriate supports**
  - Specialist housing and homeless services and products- emergency shelters/ emergency placements / transitional accommodation
  - Specialists domestic and family violence services and products - DFV crisis shelters /emergency placement/ transitional accommodation
  - Identified support services - mental health/ AOD/health/ cultural/legal/financial/ advice / youth/aged/disability

❑ **OUTCOME: Client matched to resource, program or housing plan**

Permanent Housing
(Assisting the client to navigate into housing with supports)

- ❑**Confirmed housing offer**
  - housing offer
  - utilities connections
- ❑**Confirmed housing support plan**
  - support services are aware of new address
  - tenancy sustainment plan
  - housing and support service monitoring/check ins
  - implementation of financial affordability plan- rental subsidy assistance/ budget
- ❑**Completed steps in preparation to move in**
  - house inspection
  - housing contact
  - agreed housing adjustments
  - removalist and housing furnishing
  - change of address on personal documents
- ❑ **Tenant equipped with life skills to sustain housing**
  - public transport and local geography
  - dispute resolution mechanisms
  - tenancy advice services and rental supports services

❑ **OUTCOME: Client housed with tenancy sustainability plan**

Move in to house

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Target Move-In

Improvement Tool

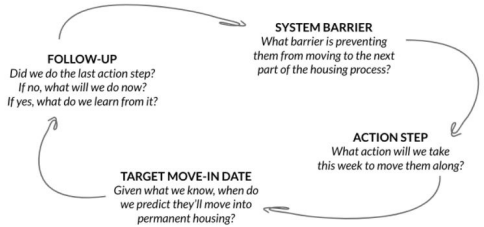
1. Ask questions that provoke action and problem-solving
2. Creates a sense of urgency
3. Moves the conversation toward action
4. Helps to identify barriers when you don't meet the date

Target Move-In Dates Guide

This game changer turns your case conferencing meeting into an improvement system

Setting target move-in dates helps your team learn which actions move clients forward.

This practice is a crucial step in the Learning Loop. It can feel scary at first, but once you reassure your team that it generates data for improvement (not judgment!), target move-in dates bring new purpose and urgency to your meeting.



The secret pay off of data

- Your team's jobs will become **easier** and more fulfilling (start seeing clients' lives change as a result).
- It stops homelessness from feeling perpetual with no end in sight.
- **Alerts you to process bottlenecks**, when a client doesn't move in as predicted (and these can be escalated)
- Build a **culture of accountability** in the team

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Tally Sheet

Measure your meeting by using a **Tally Sheet:**

Questions	Meeting 1	Meeting 2	Meeting 3	Meeting 4
How many clients discussed?				
Of the clients discussed, what percentage have action steps with a due date?				
Of the clients discussed, what percentage have a target move-in date within the next 2 months?				
What percentage of actions were completed from last meeting?				
How many people have been housed since the last meeting?				
What changes were tried today?				

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Tally Sheet

Measure your meeting by using a **Tally Sheet**

- aka *“habit tracker”*
- You can see in one place whether your meeting is working for (1) team members and (2) clients
- Done at the end of each meeting with facilitator & BNL worker
- Reflect on areas to make improvements & brainstorm ideas to test

Data-Driven

Actions to Strengthen Your BNL Infrastructure

- ✓ Implement the **Action Cycle** Data Elements.
- ✓ Identify, and start tracking, **Buckets**.

By-Name List (BNL) Template

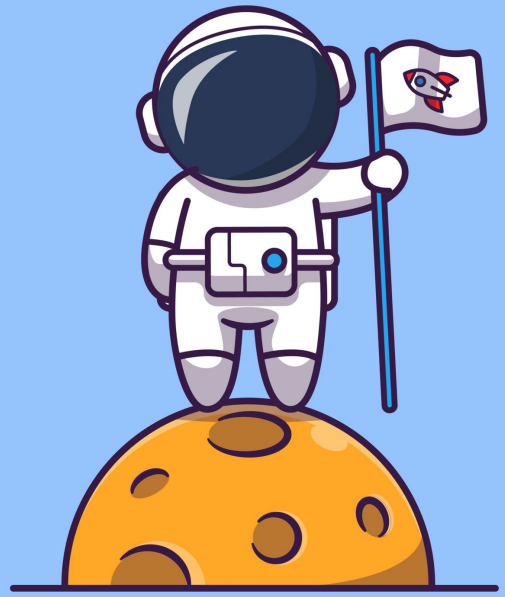
Buckets Facilitation Slides

Next Steps

Review the **Target Move-In Dates Guide**.

Watch the Case Conferencing Summit recording **Buckets Bootcamp: Speed Clients Through System Bottlenecks**.

Is this Landing?



Close Out

How to start in your community!

Next Steps

1. What has been your biggest takeaway?
2. What tool could you start using tomorrow for your community?
3. Any outstanding questions?

Resources

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What you can do...

1 Case Conferencing Academy

SCAN ME

2 Case Conferencing Tool Kit

SCAN ME

3 Session Tools/Resources

SCAN ME

Contact us!

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