



Minnesota Association of County
Social Service Administrators

Counties Unique Role in Case Management: A MACSSA Policy Statement

Supportive Housing - Homelessness Case Management

What is Supportive Housing-Homeless Case Management?

Homelessness is traumatic. People experiencing homelessness often live with a multitude of losses. People who are homeless have lost the protection of home and community, and are marginalized, isolated, and stigmatized within the larger society. The homeless are highly vulnerable to violence and victimization. Counties in Minnesota are in a unique position to bring these concepts together and integrate services through their case management work.

Four Primary Functions of County Case Managers



Meeting people where they are—geographically, philosophically, emotionally—is the essence of outreach and case management to people experiencing homelessness. Case managers take services to where people are, and are often the first and only point of contact for people who might otherwise be service-disconnected. While the definition of homeless in Minnesota is complicated, generally speaking, persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years are eligible for this type of case management.

Unique Characteristics of Supportive Housing-Homeless Case Management

Housing First is an evidence-based practice that looks at housing as a tool, rather than a reward, for recovery. It is an approach to ending homelessness that centers on providing permanent housing first and then providing services as needed and requested.

Motivational Interviewing is a collaborative, person-centered approach to elicit and strengthen motivation to change behaviors. It offers providers a useful framework for being with and interacting with people who are experiencing homelessness or struggling with substance use, mental illness, and traumatic experiences. Assisting people to find the motivation to change behaviors can be a lengthy, yet effective process, especially when many learned behaviors have been essential to survival on the streets.

What Does Success Look Like?

It is increasingly clear that if a family does not have stable long-term housing the outcomes for the adults and children are awful. The same can be said for adults of all types. You can't address child welfare issues if families are homeless. You can't stabilize a person's mental illness if they are homeless. It is critical that the skills and knowledge county case managers have about homelessness come together through strong case management models that integrate services across the spectrum of services.

In virtually all communities housing is a major challenge because of cost, availability and access issues. County case managers build relationships with landlords and other community partners to bridge these issues.

Length of time in stable housing, reduced use of the Emergency Room, fewer detox visits, fewer arrests, employment, and access to health care are all examples of outcomes demonstrating success.

Example from the Field...

Mary was a street case manager who would spend her entire day building relationships with the homeless population. She once provided a tour to county staff of all the places homeless folks lived nearby in the community. They were invisible to staff until Mary's tour.

Chuck was a homeless man diagnosed with schizophrenia, who roamed the downtown area with a scowl on his face. He was very tall and with long hair that appeared to not have been washed in a long time. The county often received calls from citizens asking the agency to do something about him. Mary interacted with him, on his terms, for over 18 months. She would sit next to him. She would ask him if he needed anything.

Eventually, he felt comfortable with Mary.

Eventually, he listened to Mary.

Eventually, he got help because of Mary.

Through Mary's efforts, Chuck found an apartment and he chose to wash and cut his hair. He then chose to see a psychiatrist, and began taking medications for his mental illness. Chuck was no longer homeless. ▲

January 2016



Minnesota Association of County
Social Service Administrators

Minnesota Association of County Social Service Administrators
125 Charles Avenue, St. Paul, MN 55103-2108
651-789-4340
www.macssa.org