
Connecticut Rapid Re-Housing

Supervision and Support for RRH Programs

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Welcome

- Housing Innovations
 - Andrea White
 - Liz Isaacs
- Goals for the Session
- Housekeeping
 - PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN
 - Put your name as you would like to be addressed as your screen name
 - We love interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk.
 - Please put in the chat your name, agency, location (city) and how long you have been a supervisor.



Agenda

- Goals of Supervision
- Supervisory Structures and Strategies
- Team Meetings
- Clinical Consultation
- Wrap up



Introduction

- RRH is a practice focused on the transition, making the transition from shelter or the streets with on-site services to a more independent life in the community with a network of care and support.
- Supervision and support are key to this process and provide assistance in three key areas: education on the model and case management techniques, support to the worker to develop skills and resolve challenges, and monitoring the implementation of the practice
- In addition to traditional supervision, agency supports are critical – e.g., hiring, P&P, resources, training

Question: How is supervision provided in your program? Please put it in the chat or speak out



Model Of Supervision



Alfred Kadushin, a pioneer in social work supervision, conceptualized casework supervision as consisting of three functional roles: administrative, educational, and supportive supervision. (Potter & Brittain, 2009)

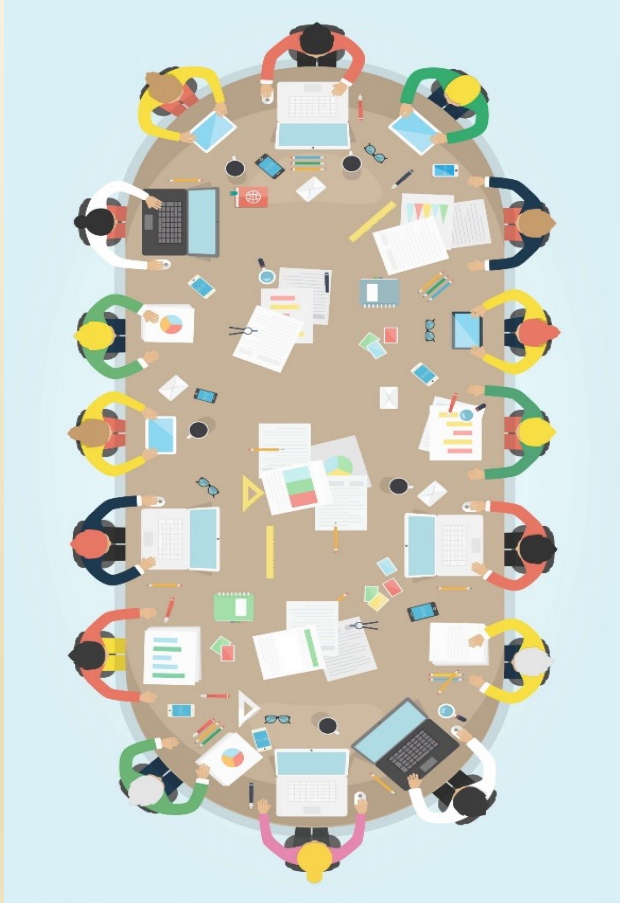
- Educational: educate of the structure and expectations of the program as well as tasks and goals of the intervention
- Administrative: both oversight of the practice, design of the program and managing case loads
- Supportive: supports case manager's skill and assists to negotiate for resources. Gathers information to support the program and workers within the system.

Supervision Strategies and Supports



- Individual Supervision
- Team Meetings/Group Supervision
- Clinical Consultation
- Workload Management
- Staff Education and Training
- Agency Negotiation for Resources
- Program Design and Modification
- Policies and Procedures
- Oversight of Documentation and Practice
- Identifying Patterns in the Practice
- Communities of Practice

Goals of Supervision and Support for CTI



Supervision, teamwork and agency support key to implementation

Goals

- High quality services consistent with the practice
- Achievement of program goals and outcomes
- Support and resources for staff and participants
- Complex needs and challenges posed by participants
- Development of staff skills and knowledge of CTI and other evidence-based practices (EBP's)

Supervision Structures

- **Individual Supervision:**
 - Weekly staff supervision meetings
 - Caseload tracking through the program
- **Case Conferencing:**
 - Highlight best practices, identifies themes around barriers, highlights resources, provides clinical consultation
- **Team Meetings:**
 - Team meetings have an informational, monitoring and support function, track where people are in the transition
 - Recommended weekly



Focus Areas



- Timely movement through the program
- Assisting workers with making decisions/problem solving
- Sharing of resources between workers and accessing new resources
- Proper documentation (Phase Plans, Progress Notes, Closing Notes)
- Proper weighting of assignments
- Safety on home visits
- Highlighting best practices, common barriers, patterns and challenges in implementation
- Arranging specialized clinical consultation
- Looking at the practice critically, assessing implementation and working on program planning

Group Discussions



Introduce yourselves to one another

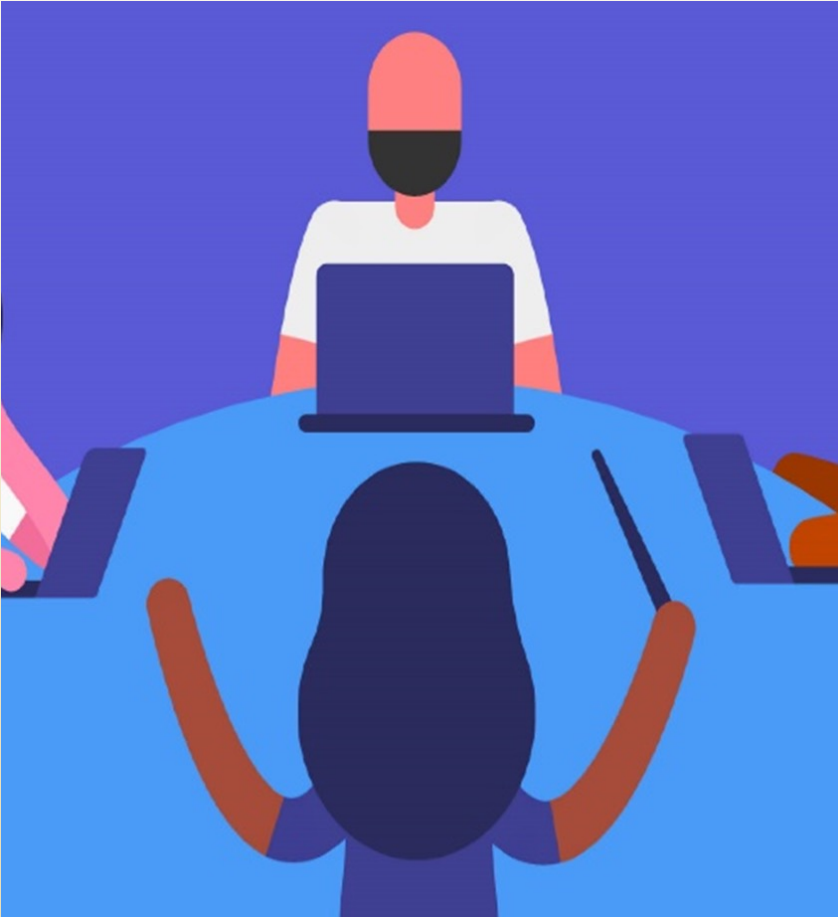
Discussion prompts:

- What are your agency/program supervision practices?
- Are they meeting the needs of staff and the program?
- What support do staff need to fully implement RRH?
- What has been most effective for you in supervising/implementing RRH?

Team Meetings

- Good time to review RRH standards and techniques and do some mini trainings specific elements of RRH
- Review resources currently in use and encourage staff to discuss new resources they have developed
- Encourage staff to train on their areas of expertise
 - One staff may be particularly good at job applications, negotiating for food stamps, another may be the landlord whisperer
- Identify systemic barriers to accessing resources and enlist the supervisors or other agency senior staff help in negotiating pathways





Case Review in Team Meetings

- Case presentation of each new participant
- Review of participants at two months, four months and six months
- Review of participants that are facing major crisis or cannot be located
- Review of participants that have experienced major success or positive change
- Brief review of entire caseload every two weeks to ensure that changes are on schedule, resources are where they need to be and that cases are not overlooked

Clinical/Expert Consultation



*Specialized consultation is essential. RRH participants can present with complicated clinical pictures. Having the resources to address these challenges is key.

*Use resources from community providers and DMHAS:

- psychiatry, medical and substance use, trauma specialties
- your own program resources and DOH
- Provide input into assessments and plans
- Can see participants individually when another assessment is needed or may be their regular treatment provider
- Assist with coordination of care
- Provide connections with specialty services (such as inpatient programs, substance use treatment, medical services, assistance with chronic disease management)

CTI Team Supervision Form

This form is filled out every week during the team supervision meeting to document in-depth discussions about the highest priority clients (use reasons listed below as a guide).

Before the meeting, the case manager fills in the names of clients with highest priority, based on past week's fieldwork and any change to client status and records explanation and one reason code.

The supervisor places a ✓ mark in the far right column next to each client who has been discussed.

Client's name	Worker's initials	Explain why it is important to discuss this client at today's meeting. Record the reason code in the box. 1=ready to give new case presentation 2=client faced with a crisis or big change 3=cannot be located 4=discuss whether refusal is permanent 5=time to prepare for a new phase 6=time to prepare for end of intervention 7= difficult problem with support network 8= positive occurrence to share with team 9=other	Place ✓ mark in box when team discusses client

Closing

- Supervision is key to the process of fully implementing RRH.
- Supervision provides assistance in three key areas: education on the model and case management techniques, support to the worker to develop skills and monitoring the implementation of the practice
- The supervisor is often responsible for engaging resources to support the practice, identifying patterns of strong work as well as challenges, training staff in the model and providing support to the staff that directly support Veterans during this transition
- The tools, supports and resources are many but access and perception of need is often an issue. It is an essential role of supervisors to support this important work.
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Wrap up

Final comments, questions?

Many thanks!

PLEASE TURN ON YOUR CAMERAS TO SAY GOOD-BYE

