Role of Housing Case Manager

This position is responsible for establishing permanent housing for individuals who have a serious mental illness and are homeless or at risk of being homeless. Through a Housing First integrated support model, this worker will work in conjunction with the Housing Supervisor and Case Management team to aid clients in securing and maintaining safe, affordable housing in the community.

Case Management

- Utilize a client centered, biopsychosocial approach to assess clients overall well-being and mental health on an ongoing basis.
- Utilize a wellness approach to maintain mental health and promote independence.
- Work with clients to monitor and manage symptoms.
- Assist clients in identifying their goals and goal planning.
- Complete client and falls risk assessments and refer where necessary (OT, Lifeskills etc.)
- Crisis intervention and prevention
- Support clients to appointments when necessary (psychiatrist, GP, NP)
- Coordinate care with service providers and assist clients with maintaining appointments with other health care professionals.

Housing Advocacy

- Advocate to landlords the benefit of having clients within the supportive housing program in their apartments.
- Provide supportive and proactive approach to landlords when facing issues with clients residing in their building and work quickly to rectify any issues in order to maintain positive relationship between the supportive housing program, client and landlord to ensure client's housing stability.
- Provide an open and welcoming environment for clients to share their housing concerns and address clients housing needs.
- Developing, seeking out and recommending potential market based landlords.

Completion of Apartment Checks every 6 months (or more frequently as needed)

- Assess safety of the apartment
- Ensure smoke detector is working
- Ensure client remains happy within their apartment

Case Management 3 Month Tracking

- Meet with Clinical Case Managers regularly and utilize the "Clients in Case Management Tracking Calendar" to ensure that all clients who come into Clinical Case Management are assessed for their potential need and suitability for the Supportive Housing Program.

Weekly Supportive Housing Meeting

- Review the Supportive Housing Program at each meeting.
- Discuss any client risks or issues and utilize team approach to identify action plan
- Review new housing referrals
- Review incoming clients
- Review upcoming discharges
- When supportive housing program is full, prioritize and maintain housing waitlist.
- Keep meeting minutes

Locate Housing

- Locate safe, affordable and quality housing.
- Establish and maintain positive working relationships with landlords and potential landlords.
- Provide client with choice of where they would like to live that is within the supportive housing program budget and deemed safe.
- View apartments with the client.
- Liase with landlord and client to ensure smooth transition into supportive housing program and new apartment.
- Liase with clients source of income (employment, ODSP, OW) to facilitate continued rental payments
- Assist in preparation for move (coordinate moving companies, provide moving supplies, obtain necessary funding through the MRB for moving cost and Last Month Rent when able)
- Inform CMHA finance department of incoming client and where client is moving and where is supplement must be paid.

Locate Community Funding Supports

- Complete MRB (Municipal Rent Benefit) funding applications to help with covering Last Month Rent deposits and moving cost and rental arrears.
- Complete funding applications if required to community providers (Salvation Army, Inn of the Good Shepherd, St. Vincent de Paul, NeighbourLink)

Assistance in Meeting Basic Needs

- Liaising with community service providers for voucher for housing essentials (i.e. beds, bedding, furniture, kitchen items, clothing, etc).
- Assisting with receiving additional food and cleaning items from food banks.
- Utilize community resources when necessary to advocate for assistance with dental coverage, utility and rental arrears etc.

Coordinating Services and Supports

- Connecting consumers to financial supports (i.e. Ontario Works, ODSP)
- Assess for appropriate community services and refer when appropriate (i.e. individual counseling, brain injury association, WLCHC, etc).
- Locate and complete referrals to GP's (WLCHC) or NP's (Twin Bridges)
- Connect to Mental Health First Response Team and Brief Services if appropriate.
- Help clients with renewing identification (health cards, driver's license)
- Assist clients in applying for income related benefits and completing reviews in regard to these (ODSP, OW, OAS) as well as applying to necessary agencies to provide benefits when client is on ie. OAS such as senior copay.
- Collaborate with other health care providers and agencies as deemed appropriate.