ABODE SERVICES

Because everyone should have a home.

JOB DESCRIPTION

Position: **Housing Navigator**
Program: **HOPE Project**
Status: **Full-time**
Exemption Status: **Non-exempt**
Location: **Fremont, CA**
Supervisor(s): **Community Health Services Manager**

Program Information:
The HOPE Project operates a 37 foot, state-of-the-art, mobile health clinic that takes its services to the streets; going directly to the people we serve and offering medical, mental health, substance recovery, and social services. The HOPE Project also provides street outreach to individuals living in Mid, Southern and Eastern Alameda County. Once engaged, Housing Navigators on the team work more intensely with a small group of people to help them obtain the resources necessary to obtain stable housing.

Job Purpose Summary:
The Housing Navigator will maintain a case load of 20-25 chronically homeless participants, many who will also have multiple barriers (i.e. Serious Mental Illness, Substance Use Disorders, Chronic Health Conditions, frequent contact with law enforcement, etc). The Housing Navigator will work with people from early rapport building supporting them to the point where they are able to secure stable housing. Once in housing, the Housing Navigator will work with the person for a period of time to teach skills that will support the participant in maintaining their housing as well support the participant in connecting to other supports in the community. The Housing Navigator will occasionally work with the Outreach team to provide street outreach.

This position fulfills requirements for students who are receiving the Prop. 63 stipend.
Clinical supervision available for those working towards licensure.

EXAMPLES OF DUTIES / RESPONSIBILITES:

- Provide outreach and engagement to homeless adults in the spirit of "doing whatever it takes.
- Maintain a case load of 20-25 participants. Provide Housing Navigations services:
    - *Outreach and Engagement*
        - Provide primarily field-based rather than office-based work for participants that may move among various programs and locations.
        - Respond to participant's priority felt needs or emergency situations – food, health, income, transportation, etc.
        - Link participants with interim or bridge housing resources as desired and available.
        - Link participants with services for mental health, housing, substance recovery, physical health care, educational programs, financial assistance, employment, housing, advocacy, socialization activities and other services.
        - Assist with increasing income and others resources.
    - *Partnership Development*
        - Develop rapport and build an ongoing relationship with participants via regular and consistent contact.
        - Establish communication links with and for participants – phone/cell phone, mailing address, e-mail, meeting locations, social support contacts.
        - Help participants link with *clinical care management* and other service resources as needed and desired.

        - Provide psychological/emotional preparation and support for participants around obtaining housing.
    - *Core Housing Preparation Work*
        - Assess and begin to address participant housing histories and barriers.
        - Get to know members or potential members of the participant's household including pets and companion animals.
        - Assess for potential to reconnect with family/friends for housing.
        - Assess eligibility for permanent housing resources – deposit/move-in financial assistance, rapid re-housing, affordable housing, and permanent supportive housing.
        - Assess the participant's financial and resource situation and potential budget for housing – help with income and benefits acquisition, develop plan to help fund move-in costs.
    - *Getting Housing*
        - Help participants identify and pursue other potential housing opportunities besides permanent supportive and affordable housing.
        - Help participants tour neighborhoods and properties – address rejections as part of reality testing – "at least look at the place, you don't have to take it"; provide options and discuss trade-offs.
        - Help participants complete and submit required housing applications and other materials, including housing navigator and/or other support person(s) on applications as a contact. Include release of information. Include advocacy/support letters with initial application.
        - Help participants complete housing program or site specific paperwork to obtain particular units or subsidies.
        - Assist participants with obtaining the resources necessary to apply for and move-in to housing (application fees, security deposits, first month rent, moving service, furnishings, bedding, etc.).
        - Support participants in preparing for housing interviews or other meetings that impact their ability to obtain permanent housing.
        - Assist participants in responding to rejections; help request reasonable accommodations or appeals when appropriate.
        - Utilize information and housing specialist(s) to find landlords that will accept housing subsidies for participants approved for voucher or tenant-based housing subsidy programs.
        - Assist participants with move-in to new unit and with transitioning support to permanent supportive housing service provider(s) and/or other resources.
    - *Moving-In and Transitioning (average of 6 months of support)*
        - Complete unit inspection and document any damage or issues prior to move-in.
        - Review key elements of rental agreement and expectations to ensure understanding. Review any subsidy agreement as well, if needed.
        - Establish utilities for the housing unit. Assist with obtaining furniture, fixtures, and other move-in needs (*See First Apartment Checklist*).
        - Establish method for ensuring rent payments made on time.
        - Develop a housing crisis response plan outlining plans if challenges arise that may jeopardize housing stability including key emergency contacts for service and housing-related issues (*Examples – WRAP plan or Housing Advance Directive).* Possible housing challenges include – mental health/substance use relapse, health and cognitive issues impacting ADLs/IADLs, non-payment of rent, conflicts with neighbors or landlord, IADLs/ADLs, unauthorized guests, hoarding/cluttering, smoking and fire hazards, plumbing/flooding issues.
        - Transition ongoing supports to appropriate service providers and natural supports using a critical time intervention model.
        - Review ability of participants to manage activities of daily living (ADLs) and instrumental activities of daily living (IADLs). (*See ADLs/IADLs checklist*).
        - Help address any challenges with independent living. Consider need for In-Home Supportive Services (IHSS). Support IHSS application and worker selection process if needed.
        - Help develop skills relevant to living with others in residential community – conflict resolution, communication skills, raising concerns with neighbors and landlords, etc.
        - Assist with helping individuals create a sense of home – personalization, inviting guests, art work, etc.
- Provide initial intakes and assist in the assessment and referral process to supportive housing and other services. Gather and assemble related information, and maintaining appropriate records and files.

- Utilize motivational interviewing techniques to explore participants' substance abuse and other harmful behavior and encourage reduction and/or support to move towards abstinence.
- Provide direct crisis counseling and problem identification.
- Responsible for gathering and compiling participant/service/outreach data and preparing timely periodic reports, as required by funders and collaborative partners. Maintain thorough and concise case notes.
- Attend and participate in weekly case management meetings.
- Assist Community Health Services Manager as needed.

MINIMUM QUALIFICATIONS:

- Possession of CAADE certification plus 4 years experience providing substance recovery services or BA/BSW plus 2 years experiences providing services to homeless individuals required. Masters in Social Work, Psychology or related field from an accredited university and registration with the BBS preferred.
- Must possess 1 year of field experience working with people with serious mental illness, individuals with a dual diagnosis and/or the homeless population.
- Experience with street outreach a plus.
- Must have a working knowledge of Psychiatric Disorders as well as knowledge and ability to implement the following evidence-based models: Harm Reduction, Psychosocial Rehabilitation, Strength-based Case Management and Motivational Interviewing.
- Ability to build supportive and respectful working relationships with individuals diagnosed with a mental illness that instills hope and promotes self-determination. Sensitivity to and understanding of the special needs of the homeless.
- Proven ability to work independently and as an effective and collaborative member of a team.
- Excellent verbal skills. Strong organizational and time management skills.
- Strong writing skills are a MUST.
- Possess an understanding of and practice cultural sensitivity through open dialogue and self-exploration with diverse groups, while providing direct services.
- Ability to effectively intervene in crisis situations, with de-escalation techniques.
- Reliable transportation and proof of a valid and current California Driver's License and current insurance along with a clean DMV record required.
- Ability to work flexible hours, including some weekends and evenings.

Notice: This description is to be used as a guide only. It does not constitute a contract, commitment or promise of any kind. We reserve the right to change, add, delete, upgrade or downgrade the position as dictated by business necessity at anytime with or without notice.

Equal Opportunity Employer - all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or national origin