



# Case Management

*Breaking the Cycle of Homelessness*

Guidelines, Roles, and Responsibilities for Housing  
Focused Case Management and Collaboration with  
Community Providers



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# Introduction

In June 2006, the Homeless Solutions Leadership team adopted the *Homeless Solutions Community 10-Year Plan: A Blueprint for Ending Chronic Homelessness and Reducing Overall Homelessness*. To view the Homeless Solutions plan and the progress that has been made go to: [http://www.mcoho.org/departments/human\\_services\\_planning\\_and\\_development/homeless\\_solutions/homeless\\_solutions\\_plan.php](http://www.mcoho.org/departments/human_services_planning_and_development/homeless_solutions/homeless_solutions_plan.php)



In order to succeed in ending chronic homelessness and reducing overall homelessness quality housing focused case management must be provided at every program. The purpose of this manual is to provide agencies with the minimum standards needed to deliver housing focused case management.

## *Case Management*

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive needs. The focus for each program must be appropriate for the client and type of program they operate. The case management principles outlined in this manual are broad enough, yet comprehensive enough, to guide and develop case management for a variety of organizations to work with the homeless to help them achieve and maintain stable housing. Case management is the basic process by which the employees of an organization will provide the help clients need to break the cycle of homelessness.

## *Housing Focused Case Management*

Effective housing focused case management is essential to helping people in a housing crisis achieve and maintain stable permanent housing. Housing is the immediate solution to homelessness. Engagement with services supports the ability to maintain housing and achieve other

goals. Housing focused case management should be the core of case management for every program in the homeless system.

Effective case managers provide a blend of assessment and coordination of services. They possess in-depth knowledge of community services and housing, mixed with genuine empathy and respect for the families and individuals seeking their assistance. Case managers use this expertise and empathy to provide services that intervene to help families move through crisis towards stability.

Community programs are intentionally designed to link human services with housing supports. This linkage is often established by case managers who serve as the focal point for assessing client needs, developing appropriate case plans, providing referrals and accompanying clients to service providers, facilitating the placement of clients into housing, conducting routine follow-up and home visits, and evaluating progress on

### Case Managers:

The strongest linkages are forged when:

- Case managers are intentional about creating them;
- The linkages are informed by a thorough assessment of client needs;
- The involvement of case managers is intensive, meeting with clients purposefully and frequently.

## Housing Focused Case Management

Housing focused case management addresses the behaviors and patterns that have affected the client's ability to secure and maintain housing while working on individual needs. It assists the client to develop relationships with individuals in the social service system and community to encourage self-sufficiency and provide a support network outside of the homeless system. Basic goals include housing, income from benefits and/or employment, money management, stabilization and im-

provement of health and mental health, and alcohol or drug treatment if appropriate for the client.

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### **Case Manager Responsibilities**

Case managers help clients identify and achieve their goals and meet their needs through the provision of various services. A case manager addresses the physical, psychological and social needs of the person and helps him/her to maintain housing. Roles and responsibilities of a case manager might include:

- Providing support
- Assisting clients identify and achieve goals
- Evaluating progress to attain goals and guidance to revise case plans as needed
- Offering educational and vocational services
- Offering counseling and/or treatment (sometimes for the entire family)
- Supporting recovery from substance abuse
- Helping manage crisis
- Medication management
- Building community living skills

## **Engaging the Client in Services**

### **Establishing a Relationship**

The quality of the relationship between a client and case manager has a great impact on the success of the client reaching their goals. Clients respond to regular, consistently scheduled appointments as well as to access to their case manager in an emergency. The relationship starts in

the first contact/meeting with the client. Rapport is about making a two-way connection. It happens when the client experiences genuine trust and respect for you. To establish the connection:

- ◇ **Be approachable.** Smile. Make eye contact. Use their name and ask what they want to be called.
- ◇ **Ask questions.** People love to talk about themselves. Asking questions and paying attention to the answers helps you learn more about the other person and shows that you have a genuine interest in them. Use open ended questions such as:
  - “What do you think about....?”
  - “What do you feel about...?”
  - “What are some ideas you have....?”
  - “Can you tell me more about....?”
- ◇ **Explain case management services and confidentiality.**  
To establish trust, a client needs to feel safe and to know that the case manager will not discuss the client and their household members with others unless the client has given written permission to do so. The information that the client gives you is personal, private and sensitive and it is a case manager’s legal and ethical obligation to protect the client’s confidentiality. It should also be explained when confidentiality can be broken - in case of a danger to self or others or suspected child or elder abuse. *(See page 12 for more information.)*
- ◇ **Show Empathy.** Empathy is the ability to understand, feel and relate to the client on the same emotional level. You can show the client that you have empathy by comments like:
  - “That sounds really stressful.”
  - “You sounded really (sad, angry, happy, frustrated, and disappointed) when you said...”
  - “I am sorry for what you have been going through.”
- ◇ **Avoid Judgment.** Being non-judgmental can be difficult but is critical for engagement. We all live with our own ideas of what is

right and wrong, and if someone or something does not fit our idea we can easily become judgmental. Avoid WHY questions such as "why didn't you..." or "why did you...?"

***Be curious, not judgmental.***

*- Walt Whitman -*

## **Case Manager and Client Responsibilities**

### ***Clients are responsible for:***

- Working with the case manager to be housed or stay housed
- Having an active role in planning, reviewing and changing their case plan
- Following through on case management tasks
- Give accurate information about circumstances that may impact their housing
- Assist by making and keeping a safe environment
- Notifying the agency if a scheduled appointment needs changed

### ***Case Managers are responsible for:***

- Working with the client to be housed or stay housed
- Working with the client on case management tasks to overcome housing barriers
- Advocating on behalf of the client
- Referring to community resources and assuring linkage with those resources
- Modifying case plans to change with client need
- Monitoring, evaluating, and recording client progress
- Treating clients with dignity and respect
- Responding to and assisting clients in crisis

## Professional Ethics

Case managers have the responsibility to adhere to the highest standard of ethical behavior in their relationships with clients. It is recommended that case managers be fully trained and knowledgeable about the NASW Code of Ethics which specifies that professional helpers abide by a set of core values. For the social work profession, these include:

- Service
- Social Justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence and Scope of Practice

Professional social workers are bound by the NASW Code of Ethics. However, the Code has relevance for all helping professionals including housing focused case managers. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers' conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve. They also serve as a practical guide for case managers. Licensed employees will also follow the code of ethics of their professional organizations.

Complete Code of Ethics is accessible online at  
<http://www.socialworkers.org/pubs/code/default.asp>

## Professional Boundaries

Professional boundaries define effective and appropriate interactions between case managers and the people they serve. Boundaries exist to protect both the case manager and the client. The client/case manager relationship is by definition an unequal relationship, which results in a power imbalance in favor of the professional. This is due to the case manager's position of authority, control over resources, and knowledge in relation to the client's unique circumstances and personal history. A

client's desire to improve his or her housing stability leads to a need to establish trust in a case manager much more quickly and completely than he or she might do otherwise. The power in the relationship also results from recommendations made by the case manager and their influence on possible benefits the client may or may not receive. If the case manager uses this position of power and violates appropriate boundaries, it is an abuse of power, whether done consciously or unconsciously.

A boundary violation occurs when a case manager's professional behavior goes beyond appropriate professional limits. Boundary violations generally arise when a personal interest displaces the case manager's primary commitment to the client's welfare in ways that harm the client or the client-case manager relationship.

Critically examine your own actions by asking yourself the following questions:

1. Is this activity a normal, expected part of practice for members of my profession?
2. Might engaging in this activity compromise my relationship with this client? With other clients? With my colleagues? With my institution? With the public?
3. Could this activity cause others to question my professional objectivity?
4. Would I want my other clients, other professionals, or the public to know that I engage in such activities?

**Reconsider your actions if the answers to these questions indicate that an activity may violate professional boundaries.**

**Examples of boundary violations:**

- The case manager shares inappropriate personal information about themselves with a client.
- The case manager gives or accepts gifts/money from a client.
- The case manager discusses his/her opinion about other workers or clients with another client.

- The case manager invites a client to his/her home and/or church.
- The case manager asks a client to pray with them.
- The case manager hires a client to mow their lawn.
- The case manager engages in a “friendship” with a client.
- The case manager meets with a client after work hours or in an inappropriate setting, like a bar.
- The case manager smokes cigarettes or drinks alcohol with a client.
- The case manager hires a former client to work for them.

## Protecting Client Information

Clients have the right to confidential services. Case managers must often talk with others in order to obtain resources, advocate for the client and coordinate services. Clients must sign a written release of information giving their permission BEFORE you share their information with others. It is accepted practice to get a separate release of information for each agency or individual (including other family members, schools, professionals, organizations or businesses) with whom information is to be shared. In certain health or safety emergencies, exceptions may be made, but you should check with your supervisor first, or as soon as possible during an emergency. Refer to your agency’s Client Confidentiality Policy.

### Tips on protecting confidentiality:

- Speak with the client in a private location.
- Do not discuss client situations in areas where confidentiality cannot be maintained such as hallways, restaurants, restrooms, reception areas and other public spaces.
- Note your surroundings when talking on the phone.
- Protect client records. Keep all documentation in a secure and locked area.
- Do not remove client information from your agency or take it to your home.

- When using electronic record keeping, always ensure that your computer is secure and your screen cannot be seen by others.

## Confidentiality Exceptions

Case Managers are **mandated reporters of child abuse and neglect** of children under the age of 18. Knowledge of, or reasonable cause to suspect physical or emotional harm due to abuse or neglect should be reported to Montgomery County Children Services Division (CSD) at (937) 224-KIDS. Being homeless is not a reason to make a referral to CSD. Reports of abuse or neglect to Children Services are confidential; therefore, it is imperative that a case manager who learns about a report filed by another mandated reporter must not divulge to the client the identity of the individual or organization who made the report.

Case Managers are **mandated reporters of elder abuse and neglect** for adults over the age of 60. Suspected elder abuse or neglect should be reported to Adult Protective Services at (937) 225-4906. Suspected abuse or neglect of persons aged 18 to 59 with developmental disabilities should be reported to (937) 457-2765. Each incident must be reported and case managers have an individual responsibility to report.

Duty to warn refers to the responsibility of a case manager to breach confidentiality if a client or other identifiable person is in clear or imminent danger. Case managers have the ethical and legal obligation to prevent their clients from physically harming themselves or others. If you believe a client is dangerous, you must take decisive action to both protect and warn the potential victim of your client's violence. **Always involve your Supervisor and follow the policies and procedures of your agency.**

## Client Rights

The client has certain rights as a client of your agency. Case managers should be trained in and aware of the Client Rights Policy of their agency.

**Minimum client Rights for an organization must include:**

1. The right to not participate in religious activities.
2. The right to object to the religious character of an organization and be referred in a reasonable time to an alternative organization.
3. The right to appeal termination from a program.

**Client Grievance Process**

The case manager must be aware of and be able to explain and assist a client with a grievance, if requested.

Generally, each agency will have a Complaint or Grievance Policy that outlines a process for filing a written complaint/grievance, a timeline for filing the grievance, and a process for reviewing and responding to the grievance. The grievance process should be reviewed at client intake and posted in a centralized location. It is the case manager's responsibility to advise the client about the process for filing a complaint and to either assist them in filing the complaint or to provide a referral for assistance in filing the complaint. The client should also be advised of information for contacting the local Ombudsman's Office which may be able to assist them in resolving their complaint. (Dayton-Montgomery County Ombudsman, 11 West Monument Avenue, Dayton, Ohio 45402.) (937) 223-4613 or 1-800-395-8267.)

Before the client enters the program, rules and expectations should be explained. When rules are not followed, case managers should work with the client to minimize violations in order to stay in the program.

**Non-compliance and Exiting the Program**

Before a client is asked to leave a program due to noncompliance with rules or lease violations, it is imperative to have a case conference with the client and individuals involved with the client. The conference will ensure the client understands rule violations and be a part of the solution to prevent removal. Terminating a client from a program should occur only in the most severe cases.

Procedures for terminating a client from a program must follow due process:

- Written notice given stating a reason for termination.
- The termination shall be reviewed by a person other than the person terminating the client or their subordinate.
- The client must have an opportunity to appeal the termination.
- A written notice of final decision shall be provided to the client in a timely manner.
- Clients can re-enter the program after they have been terminated.

## Workplace Safety

Each case manager is expected to obey the safety rules of their agency and to exercise caution in all work activities. It is recommended that all case managers arrange the furniture in their offices to position themselves closest to the door. This allows for a quick and easy exit if a client were to become threatening or hostile.

Case managers should never transport a client, who is reporting thoughts of hurting others, in their own vehicle. Instead, call the police non-emergency line at **(937) 333-COPS (2677)** to transport the client to an area hospital. It is recommended that case managers do not transport clients without another staff person present. If a client is under the influence of drugs or alcohol it is suggested that the case manager reschedule the appointment for a time when the client is sober. Home visits should not take place if there is a report of domestic violence in the home. Instead, schedule the meeting at your office. It is necessary to note these safety regulations may vary depending on your job position. Please check with your supervisor for safety regulations specific to your agency.

# Home Visits and Home Visit Safety

The primary purpose of the home visit is to ensure the client's well-being. The home visit provides a candid picture of how a client is managing in the apartment and in the building. The case manager can also observe the client's mood, health status, and physical condition. Case managers can learn an enormous amount about clients by carefully observing their living space. They may notice half-empty wine bottles on the kitchen counter. What condition is the apartment in? How comfortable is the client in his or her home? Has he or she unpacked everything since moving in? Is there evidence that the client cooks meals? These observations and questions may be addressed or they may also be noted as points of reference and can be returned to/ addressed during a future visit.

For best results in ensuring the client is home for the visit, the visit must be scheduled in advance. It is useful to schedule all home visits for the month at the beginning of each month and at a time that is convenient for the client. In this way, the client can anticipate and prepare for the visit. Case managers prepare for the home visit by reading the client's most recent progress notes and reviewing the client's goals, so there can be effective follow-up during the visit.

When making home visits, case managers need to be aware of safety issues. Some tips for safe home visits include:

- Avoid making unannounced visits. A letter or call prior to the visit may avoid a surprised client.
- Call the home before you leave to let clients know you are on your way.
- Let a co-worker and/or supervisor know where you are going and when you plan to be back. Ideally, programs should have a sign out system. Take a cell phone, if possible.
- If you need to make a home visit to a household you don't know well, take a co-worker with you.
- Have directions and/or a map to the home.

- Once at the home, notice your surroundings. Does anything seem unsafe? Unsecured dogs? Large groups of people in the yard? If you can, call the client to inquire.
- Once inside the home, introduce yourself (unless you have already) and explain the purpose for your visit.
- Notice the location of the exit.
- If you notice illegal substances, weapons or the client or a household member seems impaired by drugs or alcohol, leave the home as quickly as possible.
- Bottom line: Follow your instincts! If you feel unsafe you need

## Assessment

On August 1, 2010 the Homeless Solutions Policy Board implemented the Front Door Assessment process to identify the issues that led to a person or family's homelessness and determine the most appropriate program in the homeless system to help the household exit homelessness.

The Front Door Committee, a planning body of the Homeless Solutions Policy Board, instituted this new process with a set of guiding principles that inform the design, implementation, and oversight of the system of care for persons experiencing a housing crisis in Montgomery County. The Homeless Solutions Policy Board members and homeless assistance providers' goals are to:

- Rapidly exit people from their homelessness to stable housing
- Ensure that the hardest to serve are served
- Serve clients as efficiently and effectively as possible
- Be transparent and accountable throughout the referral and assessment process

### Front Door Assessment

All households who enter any of the community's gateway shelters (Daybreak, St. Vincent Apple Street, Gettysburg Gateway for Men, Daybreak, and YWCA) or who are homeless on the street (MVHO PATH) are assessed using the same Front Door Assessment (FDA) tool. The

household's barriers to housing are scored and filtered through a decision matrix to determine the appropriate type of program to meet their need. Once the appropriate program has been determined the household is either referred directly to the program, or placed on a central waiting list for transitional housing, permanent supportive housing or Safe Haven. This process is managed by Homeless Solutions staff. All Front Door Assessments with the exception of the YWCA DV program are entered into HMIS.

### **Referral Priority**

Once a household is determined to need permanent supportive housing or Safe Haven their immediate circumstances are reviewed to see if they meet any of the criteria to be housed quickly due to vulnerability or some other situation.

1. Clients who meet the definition of chronic homeless and those that are at risk of becoming chronically homeless (as documented by providers that the person has a disabling condition and 4 episodes of homelessness in a three year period.
  - Those with longest history or homelessness and most severe service needs
  - Those with the longest history of homelessness
  - Those with the most severe service needs
  - Other chronic households
2. Unsheltered/Street Homeless with referral/recommendation from PATH when weather is life threatening
3. Large family households (5 or more members) without other placement options or family with pregnant woman in her final trimester.
4. Clients with chronic and/or debilitating health conditions or fragile health conditions based on Vulnerability Index scores.
5. Clients with the longest cumulative length of stay homeless (as documented by providers and HMIS of 200+ nights)
6. Unsheltered/Street Homeless with referral/recommendation from PATH (non-life threatening)
7. Young adults 18-24

8. Clients who are 60 years of age and older with no option for senior housing.
9. Clients that have been reassessed by PSH/Safe Haven by the move-up assessment.

### **Front Door Assessors**

Front Door Assessment providers work collaboratively with clearly defined roles and expectations that guide the day-to-day operations of the Front Door Assessment and referral process. Front Door Assessment providers:

- Complete initial and comprehensive Front Door Assessments within timeframe guidelines.
- Make a referral in HMIS to the program type appropriate for each client based on housing barriers and assessment.
- Initiate a case conference if client is rejected by two homeless providers. (See Case Conference Meeting section.)
- Participate in case conference meetings as appropriate.

### **Program Receiving Referrals**

All non-gateway shelter programs funded through the homeless system are required to fill any vacancies through the Front Door Assessment process. When there are openings in transitional housing, permanent supportive housing, or Safe Haven (Red Cross Family Living Center programmatic shelter has its own wait list and contacts providers directly), the homeless provider will e-mail the "Homeless Front Door" of the opening. Homeless Solutions staff will refer the next eligible individual or family to the opening. If there is an opening at a housing program with multiple partners, all partners must agree on the timing to request a referral into the program.

Once a referral from the Front Door has been made, the program receiving the referral:

- Prints and reviews the Front Door referral (HMIS Front Door Intake and Comprehensive Assessment) and conducts any

additional screening processes (client interview, case review, etc.).

- Makes a determination to accept or reject the referral within 7 days of receiving the electronic referral from the Front Door Assessment provider for agencies without external funders. For permanent supportive housing this may be a conditional acceptance pending final eligibility determination as required for LIHTC, Section 8 and Shelter+Care.
- Providers must accept 1 of every 4 referrals. Denials are documented to the referring agency and the Homeless Solutions staff.

### **Accepting Referrals**

- If the receiving agency accepts the referral, they contact the Front Door Assessment provider to establish a move-in date and arrange logistics.
- For programmatic shelter and transitional housing, move-in is to be completed within three business days of accepting the referral.
- Participate in case conference meetings as appropriate.

The Front Door Assessment is meant to be a building block for case management. All agencies accepting referrals should review the assessment. All agencies must print the Front Door Assessment for every client entering a program. If the household is entering a program from the YWCA, a copy of the Front Door Assessment should be added to the chart.

### **Case Conference Meetings**

Case conferences will be scheduled as needed. Homeless Solutions staff will participate in these meetings via telephone or in person as schedules allow. Case conferences will be held when:

- Two providers reject the same client
- Providers reject 4 referrals in a row
- Involuntary termination (see below)

If a client is to be involuntarily terminated from a program, the agency must notify the Homeless Solutions staff. Case conferences will be held to discuss the issues leading to the termination recommendation, including discussion of alternative approaches to assisting the household in the current program and plan for housing if termination goes forward. Case conferences will assess the housing planning (placement options) for clients with the most difficult/challenging barriers and the accuracy of the assessment process in making an appropriate referral.

Case conferences will include:

- Referring agency staff
- Receiving agency staff
- Homeless Solutions staff

In cases where the client poses an immediate threat to others, the provider will seek emergency removal as needed to ensure safety. In cases where the client will not be returned to the program, the Homeless Solutions staff and Front Door Assessor will be notified of the removal within 24 hours and the case will be referred for case conferencing.

## **Secondary Assessments**

### **Re-Assessment at Gateway Shelter**

During an individual's or households' stay at the Gateway Shelter if new information and documentation have been obtained which would change barriers to housing placement, an updated assessment can be completed by the Assessor to determine if a level of care change needs to occur. If a household is at the Gateway Shelter for more than 6 months, the client's progress needs to be reviewed to determine if a Level of Care change needs to occur based on barriers that were not identified in the original assessment and work to get supportive documentation as needed.

### **Mid-System Re-Assessment**

If a client is placed in a program and it is determined that the client needs to go to another program option, the provider that originally referred the client to the program and the agency currently serving the client will jointly update the Comprehensive Assessment and Barriers

Screen. If the client scores for another program type, the program will call the Homeless Solutions staff. The client will not have to return to a Gateway Shelter to complete the Mid-system Assessment. If a client moves to permanent housing from programmatic shelter or transitional housing, that program can make a referral for Supportive Services to support the client's transition to permanent housing.

## **HMIS**

The Homeless Management Information System (HMIS) is the management framework for the homeless system in Dayton and Montgomery County. The data collected in the HMIS is personal information about people in the community who are experiencing a housing crisis. With informed client consent, information is gathered to track outcomes and assist in the decisions of the Homeless Solutions Policy Board. Information is easily shared across programs to allow for better collaboration and improve service delivery to households experiencing homelessness and make data entry more efficient.

# Case Plan Development & Implementation

## **Housing First Practice**

The goal of this manual is to provide a framework to assist case managers in finding housing and keeping clients housed. **Housing First** is a proven method to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness access to permanent or supportive housing without clinical prerequisites like completion of treatment or evidence of sobriety and with a low threshold for entry.

Housing First yields higher housing retention rates, lower return to homelessness, and significant reductions in the use of crisis service and institutions. Due to its high degree of success, Housing First is a core strategy for ending homelessness. For more information on Housing First and core strategies for ending homelessness, go to: Opening Doors: the Federal Strategic Plan to End Homelessness at [http://www.usich.gov/opening\\_doors/annual\\_update\\_2012/](http://www.usich.gov/opening_doors/annual_update_2012/).

## Framework of Housing Focused Case Management

There are several key practice models in housing case management. These practices grouped with the housing first model can be used to assist in housing focused case management.

### ◇ **Motivational Interviewing**

Motivational Interviewing attempts to increase a client's awareness of problems, consequences, and risks as a result of behavior. It is a method for helping people recognize problems or potential problems, help resolve ambivalence to get moving along the path to change, and is persuasive rather than argumentative and confrontational. The main stages of Motivational Interviewing are:

- **Asking permission:** Asking permission communicates respect for the client. For example, "Do you mind if we talk about (insert behavior)?"
- **Eliciting/Evoking Change Talk:** This strategy elicits reasons for changing from clients by having them give voice to the need or reason for changing. For example, "What would you like to see different about your current situation?" or "What will happen if you don't change?"
- **Open-Ended Questions:** Open ended questions encourage the client to do most of the talking while the case manager listens and responds with reflection. For example, "What happens when you behave that way?" or "What's different about quitting this time?"
- **Reflective Listening:** Reflective listening involves listening carefully, and then making a reasonable guess about what they are saying by paraphrasing the clients comment back to them. For example, "It seems as if..." or "What I hear you saying..."

*"Motivation should not be thought of as a personality problem. Rather, motivation is a state of readiness to change, which may fluctuate from one time or situation to another. This state is one that can be influenced."*  
- William Miller

### ◇ **Harm Reduction**

The path to housing stability is not always a straight line nor does a “one-size-fits-all” model work. Harm reduction is an emerging prevention and practice model for helping professionals that views any positive change in undesired, problematic, or risky target behaviors as a successful outcome. It is an essential component in a housing program using a Housing First approach.

Harm Reduction has five primary principles: a) pragmatism, doing what works; b) humanistic values, respecting the dignity and rights of the person, regardless of the nature of the risk-taking behavior; c) focus on harm, giving greatest attention to decreasing the negative consequences of a given behavior to self, others, or the broader society, rather than putting all effort into eliminating the problematic behavior itself; d) balancing costs and benefits, determining whether the cost of an approach is warranted compared to some other intervention or to no intervention at all; and e) hierarchy of goals, prioritizing goals and engaging a person to address the most pressing needs first (Riley & O’Hare, 2000).

### ◇ **Stages of Change**

The Stages of Change model originated in the recovery field as an understanding that, for most clients, a change in behavior occurs gradually, with the client moving from being uninterested, unaware or unwilling to make a change (pre-contemplation), to considering a change (contemplation), and to deciding and preparing to make a change. Genuine, determined action is then taken and, over time, attempts to maintain the new behavior. Relapses are almost inevitable and become part of the process of working toward lifelong change.

#### **The stages are:**

- Pre-contemplation: people are not intending to take action in the foreseeable future. They are often characterized in other theories as resistant or unmotivated. (I love smoking!)

- Contemplation: people are thinking about changing but still ambivalent. (I should probably quit smoking.)
- Preparation: people prepare to make a specific change. These individuals have a plan of action which they can articulate and they have become convinced that change is necessary. (I am going to quit smoking when I finish this pack.)
- Action: people have made specific, observable changes in their lifestyles within the past six months. (I have not had a cigarette in a month.)
- Maintenance and Relapse Prevention: involves incorporating the new behavior "over the long haul." However, most people find themselves "recycling" through the stages of change several times before the change becomes truly established.



Source : EngenderHealth (2005)

<http://www.engenderhealth.org/res/onc/sti/preventing/sti6p2.html>

## First Case Management Appointment

In the first contact, the case manager should make an initial assessment of the housing status, strengths, resources and service needs of each participant with regards to achieving stable housing. In order to do this, the Front Door Assessment in HMIS should be reviewed with the client to see if there are any changes in information received at the Front Door Intake. The initial assessment determines participant eligibility for services, evaluates the willingness and readiness of the client to engage in

services, and provides the basis for the development of future goals. When meeting with the client:

- Encourage the client to ask questions and express their desires.
- Be clear in what you can and cannot do for the client.
- Agree to “next steps” after each conversation and make sure to follow through in doing what you said you were going to do, when you said you would do it.

Part of any case management plan is to document goals and objectives. Case plans are different for each client. Acknowledge that every person has different goals and ideas of how to reach those goals. Though goal setting is an individual process, housing should always be a goal. Housing focused case managers should always be working on getting a client housed, or keeping a client housed. When working on a case plan:

- The case plan is an ongoing process throughout a client's participation in a program.
- The choices of the client are central to the case planning process. It is a client-driven activity.
- It is important to use tools to enable you to write the plan with client participation. Some of these tools include engagement techniques such as; Motivational Interview, Reflective Listening, and Harm Reduction.

## **Ongoing Case Management**

Follow-up is the provision of continuing assistance that clients need in order to successfully meet the goals of their case plan. Follow-up is necessary to determine the client's progress and what adjustments to the case plan may be necessary. Follow-up is also important to the relationship between the case manager and client. As follow-up contacts with the client occur, a relationship of trust is established. It is this relationship that may have the most impact on clients as they learn new skills and roles.

Program design, client need, and outcome requirements of a program should determine how often contact should occur. The case manager and client should set a schedule for how often follow-up contacts will occur.

As these contacts are scheduled, the case manager needs to assure consistent, timely follow-up. Consistent follow-up will help establish trust with clients. Time management is essential for case managers tracking and following multiple clients.

Case managers should also address what the client is learning about being able to access services on their own. The more a client learns about how to seek and obtain services independently and advocate for themselves, the more self-reliant they will become. This self-reliance is the ultimate goal of case management services.

If a client is resistant to meet for appointments, case notes should reflect lack of contact and next steps taken for future engagement.

## Comprehensive Case Plan

The initial case plan charts the course of action for the case manager, client and others who will assist in helping the client to achieve the desired outcomes. The key to developing a successful initial case plan is to be able to link the needs that were identified during the initial Front Door Assessment to specific, measurable, achievable, realistic, time framed, strength based actionable goals.

SMARTS can be used as a guide for writing goals.

*SMARTS Goals, Objectives and Tasks are:*

- Specific– Goal, Objectives and Tasks should specify what the person wants to achieve.
- Measurable– You and the person should be able to measure whether the goals, objectives and tasks are being achieved
- Achievable– Are the goals, objectives and tasks achievable and attainable?
- Realistic– Can the person realistically achieve the goals, objectives and tasks with the resources he/she has?
- Time Framed– Is there a specific timeframe set for each goal, objective and task?
- Strength-based– Were the person's strengths and resources

used in developing the goals, objectives and tasks?

The case plan identifies the needs forming the basis of the goals and objectives along with the methods/services that will be used to attain them. It indicates strengths and assets relevant to achieving the stated goals and objectives. The case plan also identifies the extent of the client's desire and motivation to change.

### ***Content of a Comprehensive Case Plan***

- Specifies long-term goals
- Identifies measurable, short-term objectives
- Identifies services and other resources needed
- Identifies organizations and/or individuals who will provide the services and resources
- Identifies the tasks and responsibilities of the case manager
- Identifies the tasks and responsibilities of the client
- Identifies the formal and informal supports
- Identifies the skills the person must learn
- Specifies time frames/schedules
- Specifies starting and ending dates of services
- Specifies a schedule for subsequent contacts between the case manager, the client and other relevant people
- Specifies what will happen if one of the parties breaks their end of the agreement
- Includes signatures of the case manager, the client, and any other individuals who are a specific part of the plan

**At a minimum case plans should be updated every 30 days.** For programs that have a shorter length of stay, client case plans should be updated more frequently. See your supervisor for agency specific requirements. **Progress** towards goals should be discussed at every case management appointment. If progress is not seen by action steps in a case plan, get a supervisor involved.

## **Maintaining Case Records and Documentation**

The following are some basic principles behind maintaining accurate and timely case records:

- Provides quick access to information relevant to client in case of crisis.
- Allows for continuity of support when any given worker is not present.
- Acts as an official record of progress.
- Can be used as a tool to tailor support services to the needs of a client.
- Can be used as an accurate history of crisis patterns. Clients may experience crisis on anniversary dates, holidays and birthdays.
- Enhances the quality of service delivery. With heavy caseloads, referencing case records can assist case managers in the delivery of service.

### **Funding sources require that at a minimum, client files must include:**

- Income verification
- Verification of homelessness or risk of homelessness
- Services and assistance received, including annual assessment of services with adjustment to service package as appropriate
- Front Door Assessment
- Compliance with termination requirements
- Housing inspections if applicable

### **Case Notes**

Case management activities are documented in case notes. The clients file should include the following information:

- Name of the assigned case manager
- Name of the client
- Details of support persons and collaborating community providers
- Releases signed by client to facilitate communication with sup-

- port persons and collaborating providers
- Details of referrals
- Need for coordination with other service providers and actual coordination of services that takes place
- Dates, locations and time spent on all case management activities
- Assessments, case plans, case notes and other required program-specific documentation

### **Tips for Writing Good Case Notes**

- ✓ Think about what you are going to write and formulate it before you begin.
- ✓ Be sure you have the right chart or HMIS record.
- ✓ Be thorough yet concise.
- ✓ Make sure the client's name is on every page.
- ✓ Write notes immediately after you meet with the person or complete an activity on behalf of the client.
- ✓ Date and sign all entries and indicate the amount of time spent on case management activities.
- ✓ Record as "late entry" or backdate in HMIS anytime it doesn't fall in chronological order.
- ✓ Write neatly and legibly if the note is handwritten and print if handwriting is difficult to read.
- ✓ Use proper spelling, grammar and sentence structure. Errors should have a line through incorrect information. Write error, initial and date.
- ✓ Use respectful language and avoid slang.
- ✓ Describe what you directly observed rather than offer an opinion.
- ✓ Make sure the note contains an assessment of progress made toward goals.
- ✓ Make sure new information that has been gathered is noted or placed in the chart.
- ✓ Proofread.

***Reminder: Case notes should read like a book from back to front. Another case manager should be able to read the progress notes and provide needed follow-up.***

## **Time Management**

Time management means developing and using processes and tools that help you control the amount of time you spend on specific activities, and its primary goal is to increase efficiency and productivity.

For case managers, ensuring the quality of your outcomes is a key reason to establish good time management. Good time management skills not only help you plan, set goals, organize, schedule, and prioritize your tasks, but also help clients take responsibility for their daily lives. It can also balance your time spent with clients and paperwork. Poor time management increases stress level. Constantly feeling overwhelmed and stressed can result in serious negative effects.

As a case manager you are responsible for not only hands on work with clients but also reports, case notes, and data entry. Write down

Criteria of prioritizing activities:

- Urgent and important
- Important but not urgent
- Important but not time limited

tasks that need completed and prioritize them based on importance. As a case manager, your goal is to help clients be self-sufficient. You have to set boundaries regarding your role, your availability, and client's responsibility in the initial contact during the service period. Be on time for appointments, and if running late let desk staff know so they can inform the client. Be a role model to your clients for problem-solving. Spend longer time with clients when they first come to you with new problems.

Ways to help with time management:

- Plan each day putting the most important tasks on top
- Set up walk-in hours
- Close the door when you need to focus on paperwork
- Use your calendar for tasks and appointments
- Set boundaries during appointments
- Tell the client where they should meet you for their case management appointment i.e. your office, their home, the front desk
- Develop a system to help you remember each contact with clients such as having a notebook to write down case management meetings
- Take a break when needed. Too much stress can derail attempts to get organized

## **The Client/Caseworker Relationship**

The client/caseworker relationship is extremely important to ensure the ongoing success of any case management process (AHURI, 2009). A critical aspect of the relationship is the level of engagement and respect achieved throughout the case management process that starts from the first meeting.

The engagement includes getting to know the client's interests, what motivates them to action and what barriers they perceive. It is also about building trust and mutual respect so that the relationship stands up in times of conflict or when there are 'road blocks' preventing the client from moving forward.

## **Engaging Clients who are not Making Progress**

Sometimes clients may need something else to be in place or to happen before they can act on a particular goal or issue. The client may need additional support to take the first step or more information to help them work out the best way forward. This can involve helping a client to attend the first few appointments with a counselor, showing them where to find information, or helping them to go through the process of apply-

ing for housing. This will help caseworkers get to know their clients well enough to understand these factors and be able to talk openly about them.

Clients become unmotivated for many reasons. A client's internal barriers may cause noncompliance and can include: doubting their ability to reach their goal, being afraid of rejection, not knowing how to go about meeting their agreed actions, being anxious about an anticipated outcome of an action, having a developmental delay that causes emotional or cognitive immaturity, having a mental illness, or being under the influence of alcohol or another drug.

External barriers can also effect motivation and can include: long-term unemployment due to job shortages, friends or a partner who is having a negative influence, lack of access to services or support that the client needs, or lack of education/skills.

A caseworker may need to use evidence based practices such as Motivational Interviewing and Stages of Change (see pages 22-24 of the manual), approach to revisit with a client what their hopes and aspirations are, to remind them of their strengths and abilities to achieve their goals, and help them to work out the steps to get there in more detail.

Sometimes the case management process can become overwhelming for the client and the caseworker can help break it down to a more achievable level. An effective relationship with the client will enable these issues to be identified and responded to more effectively.

With clients having different barriers and motivation, some clients will be more challenging than others. The goal is not to give up. If a client will not engage in case management, or fails to achieve case management objectives, get assistance from a supervisor.

# Planning for Client Exit

## Discharge Planning

Discharge planning commences in the initial contact when the case manager and client discuss desired outcomes and goals. Throughout the case management process, the worker and client should be conducting an ongoing evaluation of the client needs, progress and choices as well as any barriers that arise that may prevent a successful outcome. It is recognized, therefore, that client progress may not be linear or continuous, and that goals and potential outcomes may need to be renegotiated should circumstances change or desired outcomes become impossible. If a need for aftercare is identified by the client and case manager, they should work together to develop a plan to identify services in the community the client can access after they leave the program. The client exit process should include all team members including family members, legal guardians, and others as appropriate.

The primary purpose of all service provision is to help participants achieve the goals set out in the case plan. To maximize the chance that progress will be maintained once the client is no longer in the program, case managers, with input from the client and support persons, should create a follow-up plan. The plan must be in place before exit from the program and should include a future homelessness prevention plan.

**Client Exit Procedures** should include, but are not limited to:

- A discharge meeting prior to end date to include the individual, guardian, as applicable, team members, and others as appropriate.
- Linkage to community services and supports.
- Information on the client's satisfaction with services.
- Follow-up contact, when appropriate and with the individual's permission.

A plan, created prior to closing, to allow for a smooth transition of

services. The plan should identify specific steps to obtain the services.

### **Client Transition to Other Agencies or Programs**

When a client is exiting to a program that requires/strongly encourage supportive services to maintain housing, it is critical to have a smooth "hand off" to the new provider. Many times, the client has already built a relationship with the current provider and is reluctant or does not feel they need case management from a new provider. Helping to transition the person to a new program/case manager will start the path to a successful relationship and assist making a smooth transition into housing. It is important that clients know rules and expectations before entering into housing or other program.

Clients exiting to a program (transitional housing, programmatic shelter, facility based permanent supportive housing) or being housed in the community (S+C or FMR) and will be receiving supportive services from another agency. Engagement with the new provider is critical to successfully keeping a client housed. Because a relationship has already been established between the current case manager/client, clients are often reluctant to start the process over with a new provider. Examples of a "hand off" to a new provider are:

- Have the new provider meet the client and case manager at lease signing
- Have a meeting with the client and new provider before moving into housing
- Have a conference call or face to face meeting with the provider to introduce the new worker and establish the role of the new provider
- Go to program and housing interviews with the new provider

## Collaboration with Other Agencies

**Case coordination** is a routine part of case management involving regular communication and information sharing among providers or several independent agencies. The goal is to ensure coordinated delivery of services and activities identified in the case plan. For example, if a client is linked with a community mental health agency, calling the case manager to confirm appointments should be expected. **Case conferencing**, in contrast, is a formal mechanism in which agencies and individuals involved with the client come together to address a client's need. This typically happens when there are multiple providers that serve different aspects of the client's case plan. The meeting would make clear the role of the providers while the client hears the role and expectations while in a program. All coordination activities should be recorded in case notes.

## Client Exit

Conditions under which a client exits a program include, but are not limited to:

- Positive termination (planned, positive housing outcome)
- Left voluntarily (further services recommended but not requested)
- Left without the case manager's knowledge
- Police/court prevented further services
- Client is asked to leave program for non-cooperation, refusal to work toward defined goals, or behavior which cannot be tolerated and may present a risk to the case manager such as criminal acts, threats of violence or violence. An individual, when terminated from a program, is provided with written resources and referrals. The client has the right to appeal termination (see Terminating Assistance process on page 13 ).

## ***In Conclusion...***

This manual is intended to provide agencies with minimum standards needed to deliver housing focused case management to all clients, regardless of where they are in the homeless system. It is not meant to replace agencies individual training, but to be used as a building block to provide housing focused case management in all programs.

Without the dedication of Providers and the hard work of the front line staff, none of this would be possible. We applaud all of the hard work that is being done, and hope this tool will assist in the overall goal of ending chronic homelessness and reducing overall homelessness in Montgomery County.

With the guidance of Katherine Rowell, Professor of Sociology at Sinclair Community College, and a dedicated Case Management Subcommittee consisting of a broad spectrum of homeless providers, and community representatives this manual was created.



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